

1. Preface

1.1 Transmittal Title Page

State	Indiana
Demonstration Name	Healthy Indiana Plan
Approval Date	February 1, 2018
Approval Period	February 1, 2018 – December 31, 2020
Demonstration Goals and Objectives	Improving quality, accessibility, and health outcomes.

2. Executive Summary

In this reporting period the program continued stable operations. Indiana’s Community Engagement program, Gateway to Work, went live January 1, 2019. We explain this further in section 7 below.

3. Enrollment

- (Required) The state has attached the required enrollment metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to enrollment metrics in Appendix X and has not included any narrative on this topic in the section that follows.

In this quarter, enrollment of the total number of HIP enrollees remained stable.

As of June 30, 2019, 71.6% of overall HIP enrollees are enrolled in the PLUS program compared to 23.3% who are enrolled in the HIP-Basic program. Enrollment of HIP Basic members has decreased by 2.6%.

3.2 Anticipated Changes to Enrollment

- The state does not anticipate changes to enrollment at this time.

4. Benefits

- (Required) The state has attached completed the benefit metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the benefits metrics in Appendix X and has not included any narrative.

4.1 Benefit Issues: New and Continued

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
Benefit measures are not available for Q1 2019.	DY 4 Qtr. 4, 3/25/2019	N/A	Benefit metrics are reported to the State on a quarterly basis by Indiana’s Mangaged Care Entities (MCEs). The Reporting Manual used to report these metrics underwent a wholesale review based on a 2018 External Quality Review recommendataion. These revisions included additions, removal, and changes to existing reports; Report designs and formatting; And elements within the Reporting Manual instructions. Due to these substantial changes, the MCEs were given an extension to implement the changes and submit data. Q1 data, which are normally due the last day in April, was extended by one month to accommodate these changes.	<i>Resolved</i> —Q1 data is reported in this 1115 Quarterly Monitoring Report (Q2). See Table 2 and Table 4 attached in Appendix X.

4.2 Anticipated Changes to Benefits

- The state does not anticipate changes to benefits at this time.

5. Demonstration-related Appeals

- (Required) The state has attached completed the appeals metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the appeals metrics in Appendix X and has not included any narrative.

5.1 Appeal Issues: New and Continued

5.2 Anticipated Changes to Appeals

- The state does not anticipate changes to appeals at this time.

6. Quality

- (Required) The state has attached the quality measures in Appendix X.
- (If applicable) The state does not have any issues to report related to the quality measures in Appendix X and has not included any narrative.

6.1 Quality Issues: New and Continued

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*
Quality measures are not available for Q1 2019.	DY 4 Qtr. 4, 3/25/2019	N/A	Quality metrics are reported to the State on quarterly basis by Indiana’s Managed Care Entities (MCEs). The Reporting Manual used to report these metrics underwent a wholesale review based on a 2018 External Quality Review recommendation. These revisions included additions, removal, and changes to existing reports; Report designs and formatting; And elements within the Reporting Manual instructions. Due to these substantial changes, the MCEs were given an extension to implement the changes and submit data. Q1 data, which are normally due the last day in April, was extended by one month to accommodate these changes.	<i>Resolved</i> —Q1 data is reported in this 1115 Quarterly Monitoring Report (Q2). See Tables 10-19 attached in Appendix X.

6.2 Anticipated Changes to Quality

- The state does not anticipate changes related to quality at this time.

7. Other Demo Specific Metrics

- (If applicable) The state has attached completed the other metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the other metrics in Appendix X and has not included any narrative.

Indiana’s Community Engagement program, Gateway to Work (GTW), went live on January 1, 2019. GTW connects HIP members with ways to look for work, train for jobs, finish school, and volunteer. Some HIP members are required to do GTW activities to keep HIP benefits. All HIP members receive a referral status of Exempt, Reporting met, or Reporting (defined below). The GTW Program status are found in Appendix X. Members are not required to report activities until July 1, 2019. More program information can be found at <https://www.in.gov/fssa/hip/2592.htm>.

Gateway to Work Status	Status Definition
Exempt	The member meets an exemption for GTW and is not required to participate for the months they are exempt. Members are still able to participate and use GTW resources if they choose.
Reporting met	The member already works at least 20 hours per week. They do not need to do anything new for GTW unless they report a change in employment to FSSA. Members are still able to participate and use GTW resources if they choose.
Reporting	The member is required to participate in GTW to keep their HIP benefits. They will need to participate in qualifying activities for a certain number of hours each month and report them by calling their health plan or using the FSSA Benefits Portal.

7.1 Other Metric Issues: New and Continued

None to report during this quarter.

7.2 Anticipated Changes to Other Metrics

- The state does not anticipate future changes to other metrics at this time.

8. Financial/Budget Neutrality

The current budget neutrality demonstration has one MEG, for Substance Use Disorder (SUD). Indiana has not developed CMS 64 waiver logic for identification of expenditures for the SUD MEG. Values in this report were developed using a two-step process. Under current system constraints, CMS reporting must be performed using a one-step process. This requires SUD MEG members to be identified before CME reporting is run. A process has not yet been developed to accomplish this and do not currently have a timeline for remediation.

- (Required) The state has attached completed the budget neutrality workbook in Appendix X.

8.1 Financial/Budget Neutrality Issues: New and Continued

8.2 Anticipated Changes to Financial/Budget Neutrality

The state anticipates that Institution of Mental Disease (IMD) and residential treatment utilization will continue to grow as the program matures and additional providers are identified. Residential treatment for members meeting ASAM Levels 3.1, 3.3, 3.5, or 3.7 was authorized effective March 1, 2018.

- The state does not anticipate future changes to budget neutrality at this time.

9. Demonstration Operations and Policy

In May 2019, the state posted for public comment the HIP Workforce Bridge Amendment. This amendment proposes to add in the final year of the demonstration program components to help individuals who are no longer eligible for HIP due to increasing income successfully transition to commercial market coverage. The HIP Workforce Bridge Amendment includes a \$1,000 account, funded with remaining POWER Account dollars, that helps supports the cost of commercial coverage following HIP disenrollment and modifications to Gateway to Work exemptions.

10. Implementation Update

Item	Date and Report in Which Item Was First Reported	Implementation Status
Indiana’s Community Engagement program, Gateway to Work, went live on January 1, 2019.	Q1 2019 Monitoring Report 5/30/2019	Implemented

11. Demonstration Evaluation Update

In May 2019 (Q2), the State and evaluator submitted the Final Evaluation Design to CMS. In June 2019, CMS provided written comments to the State on the Final Evaluation Plan submitted in May 2019. The State held meetings with CMS to discuss this feedback. Based on the feedback, the State plans to submit the Final Revised Evaluation Design to CMS in August 2019 (Q3).

The State also began sharing data files with the evaluator for the Interim Evaluation. The evaluator will begin data analysis and incorporate findings into the Interim Evaluation Report drafts that will be shared and reviewed with the State (Q3, Q4).

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Final Revised Evaluation Design	Q3 2019	The State received feedback from CMS on the Final Evaluation Design in June 2019.	

12. Other Demonstration Reporting

None to report during this quarter.

12.1 Post Award Public Forum

If applicable within the timing of the demonstration, the state should provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicate any resulting action items or issues. A summary of the post-award must be included in the monitoring report for the period during which the forum was held and in the annual report pursuant to 42 CFR § 431.428 .

- The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).
- There was not a post-award public forum held during this reporting period and this is not an annual report.

13. Notable State Achievements and/or Innovations

None to report during this quarter.

Appendix X

1. Enrollment Metrics

Table 1. HIP Enrollment

Reporting Period: April 1, 2019 – June 30, 2019

FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	33,036	25,806	58,842	29.2%	79,471	53,595	133,066	66.0%	9,779	4.8%	201,687	52.3%
5%-10%	449	190	639	21.8%	1,352	787	2,139	72.9%	155	5.3%	2,933	0.8%
11%-22%	1,154	389	1,543	20.9%	3,539	1,822	5,361	72.7%	471	6.4%	7,375	1.9%
23%-50%	1,466	4,449	5,915	21.4%	5,638	14,287	19,925	72.2%	1,756	6.4%	27,596	7.2%
51%-75%	1,744	6,330	8,074	21.2%	7,409	20,340	27,749	73.0%	2,207	5.8%	38,030	9.9%
76%-100%	1,894	7,215	9,109	20.2%	9,005	24,571	33,576	74.6%	2,300	5.1%	44,985	11.7%
Total <101%	39,743	44,379	84,122	26.1%	106,414	115,402	221,816	68.8%	16,668	5.2%	322,606	83.7%
101%-138%	1,699	3,990	5,689	9.5%	14,214	37,256	51,470	85.8%	2,812	4.7%	59,971	15.6%
>138%	14	12	26	0.9%	2,536	171	2,707	90.4%	261	8.7%	2,994	0.8%
Grand Total	41,456	48,381	89,837	23.3%	123,164	152,829	275,993	71.6%	19,741	5.1%	385,571	100.0%

*Source: FSSA Data & Analytics, as of June 30, 2019

2. Benefits Metrics

Table 2. Preventive Services and Chronic Care - Q1

Reporting Period: January 1, 2019- March 31, 2019

Table 2 data is reported quarterly by Managed Care Entities (MCEs) for a 12 month rolling period.

Service	MCE	Data Description	Basic	Plus	State Plan
Adults' Access to Preventive/ Ambulatory Services	MCE 1	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	59.10%	82.12%	88.29%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	58.33%	87.78%	94.99%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	54.69%	78.40%	77.56%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	53.50%	84.36%	91.08%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	50.90%	78.50%	86.60%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	44.40%	83.40%	94.30%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	52.90%	78.20%	86.90%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	42.30%	82.50%	94.50%
Breast Cancer Screening	MCE 1	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	131	3,562	2,079
		Women enrolled with the MCE, ages 40 - 64 years	458	5,913	3,361
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	28.60%	60.24%	61.86%
	MCE 2	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	30	559	198
		Women enrolled with the MCE, ages 40 - 64 years	433	2196	796
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	6.93%	25.46%	24.87%
	MCE 3	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	32	1687	1744
		Women enrolled with the MCE, ages 40 - 64 years	195	2984	2905
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	16.41%	56.53%	60.03%
	MCE 4	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	34	1,082	1,507
		Women enrolled with the MCE, ages 40 - 64 years	181	1,860	2,305
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	18.78%	58.17%	65.38%

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Cervical Cancer Screening	MCE 1	Women who had one or more PAP tests, ages 21 - 64 years	2,847	13,838	17,489
		Women enrolled with the MCE, ages 21 - 64 years	13,065	39,655	44,612
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	21.79%	34.90%	39.20%
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	991	2617	2590
		Women enrolled with the MCE, ages 21 - 64 years	13785	15035	15420
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	7.19%	17.41%	16.80%
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	1004	8277	13674
		Women enrolled with the MCE, ages 21 - 64 years	5583	22170	32945
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	17.98%	37.33%	41.51%
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	1,069	4,294	9,749
		Women enrolled with the MCE, ages 21 - 64 years	4,508	11,957	22,791
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	23.71%	35.91%	42.78%
Comprehensive Diabetes Care	MCE 1	Number of members ages 18-75 with diabetes who had an HbA1c test	408	3,700	5,790
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	1161	5808	8011
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	35.14%	63.71%	72.28%
	MCE 2	Number of members ages 18-75 with diabetes who had an HbA1c test	229	1121	760
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	440	1588	1046
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	52.05%	70.59%	72.66%
	MCE 3	Number of members ages 18-75 with diabetes who had an HbA1c test	117	1860	4278
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	322	2,849	5,992
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	36.34%	65.29%	71.40%
	MCE 4	Number of members ages 18-75 with diabetes who had an HbA1c test	111	911	3,075
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	168	1058	3502
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	66.07%	86.11%	87.81%

*Source: OMPP Quality and Reporting

Table 3. Preventive Services and Chronic Care – Q2

Reporting Period: April 1, 2019- June 30, 2019

Table 3 data is reported quarterly by Managed Care Entities (MCEs) for a 12 month rolling period.

Service	MCE	Data Description	Basic	Plus	State Plan
Adults' Access to Preventive/ Ambulatory Services	MCE 1	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	55.4%	80.6%	88.4%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	53.8%	85.8%	95.2%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	47.6%	77.0%	86.6%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	41.1%	83.5%	96.1%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	48.7%	78.5%	86.3%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	42.0%	82.0%	94.2%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	48.2%	78.1%	86.8%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	38.2%	81.0%	94.3%
Breast Cancer Screening	MCE 1	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	93	3,118	2,694
		Women enrolled with the MCE, ages 40 - 64 years	992	11,171	7,855
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	9.4%	27.9%	34.3%
	MCE 2	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	66	904	414
		Women enrolled with the MCE, ages 40 - 64 years	1211	3897	1427
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	5.5%	23.2%	29.0%
	MCE 3	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	27	1550	1709
		Women enrolled with the MCE, ages 40 - 64 years	423	5134	4281
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	6.38%	30.19%	39.92%
	MCE 4	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	31	1,040	1,553
		Women enrolled with the MCE, ages 40 - 64 years	325	3,354	3,514
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	9.54%	31.01%	44.19%
Cervical Cancer Screening	MCE 1	Women who had one or more PAP tests, ages 21 - 64 years	2,252	12,344	19,275
		Women enrolled with the MCE, ages 21 - 64 years	9,233	38,800	50,956
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	24.4%	31.8%	37.8%

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	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	834	904	1017	
		Women enrolled with the MCE, ages 21 - 64 years	11160	3897	15387	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	7.5%	23.2%	6.6%	
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	914	7839	12799	
		Women enrolled with the MCE, ages 21 - 64 years	4688	22412	32174	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	19.50%	34.98%	39.78%	
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	756	4,023	9,453	
		Women enrolled with the MCE, ages 21 - 64 years	3,303	12,755	23,759	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	22.89%	31.54%	39.79%	
	Comprehensive Diabetes Care	MCE 1	Number of members ages 18-75 with diabetes who had an HbA1c test	288	2,851	6,731
			Number of members ages 18-75 at the end of the measurement period identified with diabetes	712	5100	9619
			Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	40.4%	55.9%	70.0%
MCE 2		Number of members ages 18-75 with diabetes who had an HbA1c test	131	979	322	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	243	1472	657	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	53.9%	66.5%	49.0%	
MCE 3		Number of members ages 18-75 with diabetes who had an HbA1c test	92	1740	4113	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	231	2,719	5,729	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	40%	64.0%	71.8%	
MCE 4		Number of members ages 18-75 with diabetes who had an HbA1c test	78	889	3,086	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	117	1043	3531	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	66.67%	85.23%	87.40%	

*Source: OMPP Quality and Reporting

Table 4. Emergency Room Utilization – Q1

Reporting Period: January 1, 2019- March 31, 2019

The Emergency Room Utilization data is collected on a paid basis not an incurred basis, meaning that this data reflects the claims paid during the experience period with a 90 day claims lag time. This table show the claims payment activity for January 1, 2019- March 31, 2019 for HIP Plus, HIP Basic, and HIP State Plan.

Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	99,124	34,646	64,478	57	35.0%	65.0%
HIP Basic	61,397	19,295	42,102	97	31.4%	68.6%
HIP State Plan	188,121	68,342	119,779	107	36.3%	63.7%

Table 5. Emergency Room Utilization – Q2

Reporting Period: April 1, 2019 – June 30, 2019

The Emergency Room Utilization data is collected on a paid basis not an incurred basis, meaning that this data reflects the claims paid during the experience period with a 90 day claims lag time. This table show the claims payment activity for April 1, 2019 – June 30, 2019 for HIP Plus, HIP Basic, and HIP State Plan.

Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	94,196	30,976	63,220	54	32.9%	67.1%
HIP Basic	52,880	15,318	37,562	89	29.0%	71.0%
HIP State Plan	177,035	60,939	116,096	101	34.4%	65.6%

3. Appeals Metrics

Table 6. Hearings Opened

Reporting Period: April 1, 2019 – June 30, 2019

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1,319		
Pending	6	0.5%	
Rejected	60	4.5%	11.9
Accepted	1,253	95.0%	11.3

**Source: FSSA Data & Analytics*

Table 7. Hearings Accepted

Reporting Period: April 1, 2019 – June 30, 2019

Hearings Accepted	Count		Average Days
In Process	42	3.4%	
Dismissed	1,057	84.4%	35.2
Hearings Held	154	12.3%	34.5

**Source: FSSA Data & Analytics*

Table 8. Hearings Held

Reporting Period: April 1, 2019 – June 30, 2019

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	22	14.3%		
Released	132	85.7%		50.4
Withdrawn	8		6.1%	
Favorable to State	83		62.9%	
Favorable to Appellant	47		35.6%	

**Source: FSSA Data & Analytics*

Table 9. Top 5 Appeal Reasons

Reporting Period: April 1, 2019 – June 30, 2019

Count	Reason
528	004 Unable to Determine eligibility
502	001 Financially Ineligible
145	027 Other
66	047 Non Payment of Power Account
38	021 Effective Date of Assistance

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 10. New Member Health Needs Screen – Q1

Reporting Period: January 1, 2019- March 31, 2019

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	13,086	4,047	5,416	4,199	26,748
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	651	1,781	758	508	3,698
New Members Net of Terminated	12,435	2,266	4,658	3,691	23,050
Number of Members in Item #1 that have been Classified as Unreachable	2,732	1,124	1,450	567	5,873
New Members Net of Terminated and Unreachable	9,703	1,142	3,208	3,124	17,177
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	2,330	621	3,152	1,990	8,093
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	18.7%	27.4%	67.7%	53.9%	41.9%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	24.0%	54.4%	98.3%	63.7%	60.1%

**Source: OMPP Quality and Reporting*

Table 11. New Member Health Needs Screen – Q2

Reporting Period: April 1, 2019- June 30, 2019

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	17,065	3,701	6,504	6,777	34,047
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	1,082	405	837	664	2,988
New Members Net of Terminated	15,983	3,296	5,667	6,113	31,059
Number of Members in Item #1 that have been Classified as Unreachable	6,945	422	1,668	1,006	10,041
New Members Net of Terminated and Unreachable	9,038	2,874	3,999	5,107	21,018
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	5,127	907	3,949	4,130	14,113
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	32.1%	27.5%	69.7%	67.6%	49.2%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	56.7%	31.6%	98.7%	80.9%	67.0%

**Source: OMPP Quality and Reporting*

Table 12. Physical Health Complex Care Management – Q1

Reporting Period: January 1, 2019- March 31, 2019

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Asthma	2,141	500	144	977	52,214	136	840
Diabetes	4,998	318	143	1,787	81,762	506	1,332
COPD	1,700	148	5	703	19,329	117	586
Coronary Artery Disease	519	0	58	410	21,447	50	387
Congestive Heart Failure	693	0	36	379	11,362	33	363
Chronic Kidney Disease	803	45	38	354	12,471	77	295

**Source: OMPP Quality and Reporting*

Table 13. Physical Health Complex Care Management – Q2

Reporting Period: April 1, 2019- June 30, 2019

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Asthma	2,561	595	194	1,169	73,765	183	1,029
Diabetes	5,366	344	228	1,990	120,400	452	1,593
COPD	2,179	181	126	1,093	63,633	176	965
Coronary Artery Disease	669	0	92	498	32,047	51	472
Congestive Heart Failure	1,062	32	46	455	19,692	83	395
Chronic Kidney Disease	960	41	68	396	20,502	57	347

**Source: OMPP Quality and Reporting*

Table 14. Behavioral Health Complex Care Management – Q1

Reporting Period: January 1, 2019- March 31, 2019

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Depression	7,112	1,256	542	4,325	240,809	871	3,577
ADHD	451	1,252	44	210	16,420	20	202
Autism/Pervasive Developmental Disorder	444	1,252	89	401	32,613	42	383
Inpatient Discharges from Psychiatric Hospital	2,700	1,251	20	2,807	168,240	878	1,947
Bipolar Disorder	2,162	1,252	117	1,327	67,133	276	1,082

Table 15. Behavioral Health Complex Care Management – Q2

Reporting Period: April 1, 2019- June 30, 2019

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Depression	7,912	1,485	710	4,243	292,684	643	3,735
ADHD	541	1,484	80	308	25,774	24	297
Autism/Pervasive Developmental Disorder	220	1,483	82	361	29,996	31	343
Inpatient Discharges from Psychiatric Hospital	3,240	1,483	23	2,649	176,087	806	1,856
Bipolar Disorder	2,162	1,483	140	1,225	79,046	196	1,051

Table 16 and Table 17. Prenatal and Postpartum Care – Q1

Reporting Period: January 1, 2019- March 31, 2019

Table 16 assesses the weeks of pregnancy at the time of enrollment in to the MCE for women who delivered a live birth during the previous 12 months, as well as the average number of prenatal visits during the enrollment.

MCE	Data Description	Prior to Week 15 of Pregnancy	Weeks 15 through 28 of Pregnancy	Weeks 29 through 36 of Pregnancy	Week 37 or later of Pregnancy
MCE 1	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,454	1,221	518	229
	Prenatal visits in Weeks 1-14	8,402			
	Prenatal visits in Weeks 15-28	18,506	2,989		
	Prenatal visits in Weeks 29-36	18,536	5,045	1,139	
	Prenatal visits in Week 37 and later	17,324	4,825	1,948	405
	Average number of visits in Weeks 1-14	1.9			
	Average number of visits in Weeks 15-28	4.2	2.4		
	Average number of visits in Weeks 29-36	4.2	4.1	2.2	
	Average number of visits in Weeks 37 and later	3.9	4.0	3.8	1.8
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	338	813	435	215
	Prenatal visits in Weeks 1-15	81			
	Prenatal visits in Weeks 15-29	350	725		
	Prenatal visits in Weeks 29-37	232	671	317	
	Prenatal visits in Week 37 and later	226	530	318	132
	Average number of visits in Weeks 1-15	0.2			
	Average number of visits in Weeks 15-29	1.0	0.9		
	Average number of visits in Weeks 29-37	0.7	0.8	0.7	
Average number of visits in Weeks 37 and later	0.7	0.7	0.7	0.6	
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,083	1,156	499	271
	Prenatal visits in Weeks 1-16	4,744			
	Prenatal visits in Weeks 15-30	13,971	2,820		
	Prenatal visits in Weeks 29-38	17,329	5,014	1,150	

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	Prenatal visits in Week 37 and later	19,715	5,390	2,233	736
	Average number of visits in Weeks 1-16	1.2			
	Average number of visits in Weeks 15-30	3.4	2.4		
	Average number of visits in Weeks 29-38	4.2	4.3	2.3	
	Average number of visits in Weeks 37 and later	4.8	4.7	4.5	2.7
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,395	957	425	170
	Prenatal visits in Weeks 1-17	3,874			
	Prenatal visits in Weeks 15-31	9,866	2,181		
	Prenatal visits in Weeks 29-39	9,012	3,292	751	
	Prenatal visits in Week 37 and later	7,787	2,886	1,142	269
	Average number of visits in Weeks 1-17	1.6			
	Average number of visits in Weeks 15-31	4.1	2.3		
	Average number of visits in Weeks 29-39	3.8	3.4	1.8	
	Average number of visits in Weeks 37 and later	3.3	3.0	2.7	1.6

*Source: OMPP Quality and Reporting

Table 17 assesses timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

MCE Prenatal & Postpartum Care	Data Description	Basic	Plus	State
MCE 1	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	47.4%	70.9%	72.9%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	43.4%	61.8%	60.2%
MCE 2	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	25.2%	34.7%	52.7%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	18.3%	29.0%	44.4%

MCE 3	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	58.3%	70.3%	70.0%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	53.6%	66.4%	53.8%
MCE 4	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	55.6%	69.4%	69.8%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	27.8%	67.3%	56.6%

*Source: OMPP Quality and Reporting

Table 18 and Table 19. Prenatal and Postpartum Care – Q2

Reporting Period: April 1, 2019- June 30, 2019

Table 18 assesses the weeks of pregnancy at the time of enrollment in to the MCE for women who delivered a live birth during the previous 12 months, as well as the average number of prenatal visits during the enrollment.

MCE	Data Description	Prior to Week 15 of Pregnancy	Weeks 15 through 28 of Pregnancy	Weeks 29 through 36 of Pregnancy	Week 37 or later of Pregnancy
MCE 1	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,893	1,633	703	273
	Prenatal visits in Weeks 1-14	9,361			
	Prenatal visits in Weeks 15-28	20,687	3,947		
	Prenatal visits in Weeks 29-36	20,587	6,764	1,522	
	Prenatal visits in Week 37 and later	19,298	6,446	2,620	535
	Average number of visits in Weeks 1-14	1.9			
	Average number of visits in Weeks 15-28	4.2	2.4		
	Average number of visits in Weeks 29-36	4.2	4.1	2.2	
Average number of visits in Weeks 37 and later	3.9	3.9	3.7	2.0	
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2717	824	394	132

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	Prenatal visits in Weeks 1-15	1515			
	Prenatal visits in Weeks 15-29	11834	1995		
	Prenatal visits in Weeks 29-37	10783	3039	771	
	Prenatal visits in Week 37 and later	9942	2830	1232	214
	Average number of visits in Weeks 1-15	0.6			
	Average number of visits in Weeks 15-29	4.4	2.4		
	Average number of visits in Weeks 29-37	4.0	3.7	2.0	
	Average number of visits in Weeks 37 and later	3.7	3.4	3.1	1.6
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,335	1,557	605	273
	Prenatal visits in Weeks 1-16	4,545			
	Prenatal visits in Weeks 15-30	14,426	3,605		
	Prenatal visits in Weeks 29-38	18,294	6,745	1,345	
	Prenatal visits in Week 37 and later	21,102	7,418	2,756	822
	Average number of visits in Weeks 1-16	1.0			
	Average number of visits in Weeks 15-30	3.3	2.3		
	Average number of visits in Weeks 29-38	4.2	4.3	2.2	
	Average number of visits in Weeks 37 and later	4.9	4.8	4.6	3.0
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,623	1,295	532	199
	Prenatal visits in Weeks 1-17	4,146			
	Prenatal visits in Weeks 15-31	10,969	2,978		
	Prenatal visits in Weeks 29-39	9,785	4,358	917	
	Prenatal visits in Week 37 and later	8,481	3,881	1,407	313
	Average number of visits in Weeks 1-17	1.6			
	Average number of visits in Weeks 15-31	4.2	2.3		
	Average number of visits in Weeks 29-39	3.7	3.4	1.7	
	Average number of visits in Weeks 37 and later	3.2	3.0	2.6	1.6

*Source: OMPP Quality and Reporting

Table 19 assesses timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

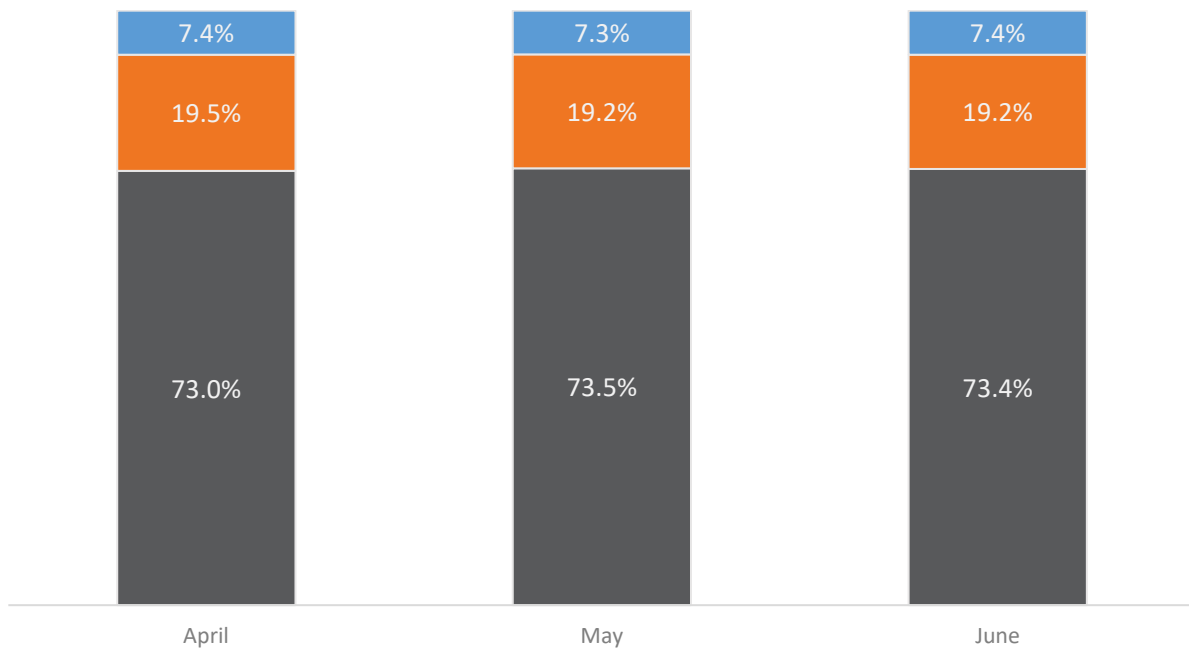
MCE Prenatal & Postpartum Care	Data Description	Basic	Plus	State
MCE 1	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	48.6%	72.3%	76.0%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	48.6%	65.9%	60.9%
MCE 2	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	22.4%	45.4%	61.3%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	19.6%	34.6%	52.1%
MCE 3	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	62.2%	73.3%	70.9%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	53.3%	65.9%	54.3%
MCE 4	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	37.5%	66.7%	71.3%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	31.3%	66.7%	57.7%

**Source: OMPP Quality and Reporting*

5. Other Demo Specific Metrics

Table 20. Percent of members in each Gateway to Work Referral Status

HIP Members with a Gateway to Work **Exemption** have increased in Q2 2019. HIP Members with a **Reporting** status have slightly decreased, where as members with a **Reporting Met** status have remained stable.



*Source: FSSA Data & Analytics

6. Financial/Budget Neutrality

Table 21. Enrollment and Expenditure Summary - Actual

Actual Experience Incurred and Paid through June 30, 2019

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Enrollment and Expenditure Summary Actual Experience Incurred and Paid through June 30, 2019				
Enrollment (Mbr Mos.)	DY 4	DY 5	DY 6	Total
SUD	10,614	4,523		15,137
Total Enrollment	10,614	4,523		15,137
Expenditures	DY 4	DY 5	DY 6	Total
SUD	\$ 73,040,669	\$29,589,501		\$ 102,630,169
Total Claim Cost	\$ 73,040,669	\$29,589,501		\$ 102,630,169
Per Member Per Month	DY 4	DY 5	DY 6	Total
SUD	\$ 6,881.54	\$6,542.01		\$ 6,780.09
Composite PMPM	\$ 6,881.54	\$6,542.01		\$ 6,780.09

**Source: Milliman, Inc.*

Table 22. Enrollment and Expenditure Summary - Projected

Projected Expenditures (Including Enrollment Completion)

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Enrollment and Expenditure Summary Projected Expenditures (Including Enrollment Completion)				
Enrollment (Mbr Mos.)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	196	7,854	12,501	20,551
Total Enrollment	196	7,854	12,501	20,551
Expenditures	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	\$ 1,677,813	\$ 55,748,215	\$ 90,414,444	\$ 147,840,473
Total Claim Cost	\$ 1,677,813	\$ 55,748,215	\$ 90,414,444	\$ 147,840,473
Per Member Per Month	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	\$ 8,569.12	\$ 7,098.07	\$ 7,232.71	\$ 7,193.98
Composite PMPM	\$ 8,569.12	\$ 7,098.07	\$ 7,232.71	\$ 7,193.98

**Source: Milliman, Inc.*

Table 23. Enrollment and Expenditure Summary – Actual and Projected

Actual and Projected Experience

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Enrollment and Expenditure Summary Actual and Projected Experience				
Enrollment (Mbr Mos.)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	10,810	12,377	12,501	35,688
Total Enrollment	10,810	12,377	12,501	35,688
Expenditures	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	\$ 74,718,482	\$ 85,337,716	\$ 90,414,444	\$ 250,470,642
Total Claim Cost	\$ 74,718,482	\$ 85,337,716	\$ 90,414,444	\$ 250,470,642
Per Member Per Month	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	\$ 6,912.11	\$ 6,894.86	\$ 7,232.71	\$ 7,018.43
Composite PMPM	\$ 6,912.11	\$ 6,894.86	\$ 7,232.71	\$ 7,018.43

**Source: Milliman, Inc.*

Table 24. Budget Neutrality Summary

Includes Experience Incurred and Paid through June 30, 2019

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Budget Neutrality Summary Includes Experience Incurred and Paid through June 30, 2019			
	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>
Enrollment (Mbr Mos.)			
SUD	10,614	4,523	-
Total Enrollment	10,614	4,523	-
PMPM (Without Waiver)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>
SUD	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92
Composite PMPM	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92
Without Waiver Expenditures	\$ 72,543,612	\$ 32,428,146	
PMPM (Actual)	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>
SUD	\$ 6,881.54	\$ 6,542.01	
Composite PMPM	\$ 6,881.54	\$ 6,542.01	
With Waiver Expenditures	\$ 73,040,669	\$ 29,589,501	
Waiver Margin*	\$ (497,057)	\$ 2,838,646	

*The state will not be allowed to obtain budget neutrality "savings" from the SUD MEG, as stipulated in Section XIV.3.e of the STCs

*Source: Milliman, Inc.

Table 25. Budget Neutrality Summary

Budget Neutrality Projected - Includes Experience Incurred and Paid through June 30, 2019

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Budget Neutrality Summary Includes Experience Incurred and Paid through June 30, 2019			
Enrollment (Mbr Mos.)	DY 4	DY 5	DY 6
SUD	10,810	12,377	12,501
Total Enrollment	10,810	12,377	12,501
PMPM (Without Waiver)	DY 4	DY 5	DY 6
SUD	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92
Composite PMPM	\$ 6,834.71	\$7,169.61	\$7,520.92
Without Waiver Expenditures	\$ 73,881,832	\$ 88,738,263	\$ 94,017,291
PMPM (Actual and Projected)	DY 4	DY 5	DY 6
SUD	\$ 6,912.11	\$ 6,894.86	\$ 7,232.71
Composite PMPM	\$ 6,912.11	\$ 6,894.86	\$ 7,232.71
With Waiver Expenditures	\$ 74,718,482	\$ 85,337,716	\$ 90,414,444
Waiver Margin*	\$ (836,650)	\$ 3,400,547	\$ 3,602,847

*The state will not be allowed to obtain budget neutrality "savings" from the SUD MEG, as stipulated in Section XIV.3.e of the STCs

*Source: Milliman, Inc.