

## 1. Preface

### 1.1 Transmittal Title Page

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

## 2. Executive Summary

In this reporting period the program continued stable operations and did not experience any policy or programmatic changes. We do continue to see some decline in enrollment. We explain this further in section 3 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, we saw a 2.7% reduction in the number of HIP enrollees. We continue to attribute this to the change in eligibility processing that requires members to verify income when the state receives information that the member has new or a change in income.

As of September 30, 2018, 72.2% of overall HIP enrollees are enrolled in the PLUS program compared to 27.8% who are enrolled in the HIP-Basic program. This is an increase in PLUS enrollment from 71.3% in the last quarter.

### 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 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 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.

### 6.2 Anticipated Changes to Quality

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

## 7. Other Demo Specific Metrics

No other demo specific metrics to report in this quarter.

## 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 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**

No demonstration operations or policy considerations that positively or negatively impacted HIP to report this quarter.

## **10. Implementation Update**

None to report during this quarter.

## **11. Demonstration Evaluation Update**

The State completed a competitive procurement process and awarded a contract to The Lewin Group, Inc. (Lewin) to provide independent evaluation services for the HIP waiver demonstration period. The State has turned over the Draft Evaluation Design to Lewin for review and finalization, prior to submitting to CMS.

## **12. Other Demonstration Reporting**

The State has completed its current assistance with the federal evaluation of HIP conducted by Social & Scientific Systems' (S3), regarding the identification of focus group participants. The State remains prepared to assist S3 should further analyses or member identification be needed.

The State continues to meet regularly with Mathematica to discuss the completion of their federal evaluation. On August 20, 2018, the State completed the delivery of the requested sample Disenrollment file layouts for Mathematica to use to review and develop inquiries to ensure that their intended methodology to evaluate member disenrollment from HIP is sound. The State is planning to complete delivery of updated Monthly and Annual Enrollment file layouts to Mathematica in October 2018.

### 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).

#### Post Award Forum Summary:

The 1115 demonstration waiver post award forum was held on July 19, 2018 during a special meeting of the Medicaid Advisory Committee and was open to the public. The state presented on HIP eligibility and enrollment as well as presenting on the development of the community engagement program, Gateway to Work. 12 people provided comments in support of the HIP program, including representatives from Cover Kids and Families of Indiana, the Indiana Minority Health Coalition, the Indiana Hospital Association, St. Vincent Hospital, Indiana Primary Health Care Association, IU Health, MDwise, CareSource, MHS, Anthem, a HIP member, and the Medicaid Advisory Committee.

Most public questions were related to the new Gateway to Work (GTW) program. GTW questions centered around program documentation standards, member reported information, public opportunity to give program feedback, and additional safeguards for members facing challenges. In summary, Indiana addressed questions to satisfaction.

One public commenter proposed holding listening sessions with the community where OMPP would be in attendance. OMPP expressed support for this idea and reiterated commitment to attend public meetings. An MCE commented that the HIP program enhancement has enabled them to further support their members by focusing on social determinants of health through programs addressing such issues as housing, education, and employment, those sentiments were echoed across all the MCEs. The chairman of the Medicaid Advisory Committee stated that he appreciates the sensitivity of the State for rolling out the GTW program with a delayed implementation.

### 13. Notable State Achievements and/or Innovations

None to report during this quarter.

## Appendix X

### 1. Enrollment Metrics

**Table 1. HIP Enrollment**

Reporting Period: July 1, 2018—September 30, 2018

FPL Levels	BASIC				PLUS				TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage
<5%	33,759	29,343	63,102	33.7%	69,907	53,803	123,710	66.2%	186,812	51.8%
5%-10%	513	212	725	25.2%	1,275	873	2,148	74.7%	2,873	0.8%
11%-22%	1,299	501	1,800	24.7%	3,460	2,024	5,484	75.2%	7,284	2.0%
23%-50%	1,390	5,690	7,080	27.0%	4,715	14,402	19,117	72.9%	26,197	7.3%
51%-75%	1,630	8,254	9,884	27.2%	5,699	20,668	26,367	72.7%	36,251	10.1%
76%-100%	1,803	9,563	11,366	26.4%	6,834	24,770	31,604	73.5%	42,970	11.9%
<b>Total &lt;101%</b>	<b>40,394</b>	<b>53,563</b>	<b>93,957</b>	<b>31.0%</b>	<b>91,890</b>	<b>116,540</b>	<b>208,430</b>	<b>68.9%</b>	<b>302,387</b>	<b>83.9%</b>
101%-138%	1,867	4,441	6,308	11.4%	11,178	37,650	48,828	88.5%	55,136	15.3%
>138%	72	43	115	3.7%	2,780	189	2,969	95.9%	3,084	0.9%
<b>Grand Total</b>	<b>42,333</b>	<b>58,047</b>	<b>100,380</b>	<b>27.8%</b>	<b>105,848</b>	<b>154,379</b>	<b>260,227</b>	<b>72.2%</b>	<b>360,607</b>	<b>100.0%</b>

\*Source: FSSA Data & Analytics

**2. Benefits Metrics**

**Table 2. Preventive Services and Chronic Care**

Reporting Period: July 1, 2018 – September 30, 2018

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
<b>Adults' Access to Preventive/ Ambulatory Services</b>	<b>MCE 1</b>	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	46.77%	74.50%	81.50%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	51.83%	83.72%	92.64%
	<b>MCE 2</b>	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	23.71%	57.69%	44.11%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	30.54%	71.14%	66.83%
	<b>MCE 3</b>	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	39.55%	71.25%	80.09%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	39.77%	78.70%	92.34%
	<b>MCE 4</b>	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	37.22%	68.64%	77.81%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	39.46%	76.40%	91.84%
<b>Preventive Exam (Rollover related)</b>	<b>MCE 1</b>	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	17.43%	53.89%	55.12%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	43.54%	62.49%	71.21%
	<b>MCE 2</b>	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	20.01%	41.21%	33.86%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	19.96%	41.10%	33.73%
	<b>MCE 3</b>	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	17.35%	49.22%	54.43%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	37.74%	57.57%	69.43%

Medicaid Section 1115 Monitoring Report  
 Indiana – Healthy Indiana Plan  
 DY4 – January 1, 2018 – December 31, 2018  
 Q3 – July 1, 2018 – September 30, 2018  
 Submitted on November 27, 2018

	<b>MCE 4</b>	Percentage of members who received a preventive exam (As described in HIP Preventive Services Policy; Preventive Exam or Alternative Preventive Exam Codes apply)	6.41%	25.19%	28.70%
		Percentage of members who received a preventive service (other than a preventive exam). (Other preventive services are described in HIP Preventive Services Policy)	0.30%	0.70%	1.23%
<b>Breast Cancer Screening</b>	<b>MCE 1</b>	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	743	8,148	5,199
		Women enrolled with the MCE, ages 40 - 64 years	10,336	29,636	20,912
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	7.19%	27.49%	24.86%
	<b>MCE 2</b>	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	123	1358	334
		Women enrolled with the MCE, ages 40 - 64 years	3277	7208	3113
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	3.75%	18.84%	10.72%
	<b>MCE 3</b>	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	106	3905	3740
		Women enrolled with the MCE, ages 40 - 64 years	1666	11624	11845
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	6.36%	33.59%	31.57%
	<b>MCE 4</b>	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	91	1,768	1,798
		Women enrolled with the MCE, ages 40 - 64 years	465	3,647	3,032
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	19.57%	48.48%	59.30%
<b>Cervical Cancer Screening</b>	<b>MCE 1</b>	Women who had one or more PAP tests, ages 21 - 64 years	2,843	9,664	13,537
		Women enrolled with the MCE, ages 21 - 64 years	33,092	54,378	66,702
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	8.59%	17.77%	20.29%
	<b>MCE 2</b>	Women who had one or more PAP tests, ages 21 - 64 years	625	2469	1582
		Women enrolled with the MCE, ages 21 - 64 years	11276	15634	14460
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	5.54%	15.79%	10.94%
	<b>MCE 3</b>	Women who had one or more PAP tests, ages 21 - 64 years	993	6140	9043
		Women enrolled with the MCE, ages 21 - 64 years	12542	34026	46430
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	7.92%	18.05%	19.48%
	<b>MCE 4</b>	Women who had one or more PAP tests, ages 21 - 64 years	1,202	5,453	11,358
		Women enrolled with the MCE, ages 21 - 64 years	4,163	12,365	21,931
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	28.87%	44.10%	51.79%
<b>Monitoring for Patients on</b>	<b>MCE 1</b>	Members that received at least 180-day supply ACE inhibitor or ARB	823	8,922	7,680
		Members with appropriate follow-up for ACE inhibitor or ARB	73.39%	78.78%	85.91%
		Members that received at least 180-day supply of Diuretics	535	6,312	5,843

Medicaid Section 1115 Monitoring Report  
 Indiana – Healthy Indiana Plan  
 DY4 – January 1, 2018 – December 31, 2018  
 Q3 – July 1, 2018 – September 30, 2018  
 Submitted on November 27, 2018

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<b>Persistent Medications</b>	<b>MCE 2</b>	Members with appropriate follow-up for Diuretics	73.64%	78.91%	86.02%
		Members that received at least 180-day supply ACE inhibitor or ARB	90	1021	408
		Members with appropriate follow-up for ACE inhibitor or ARB	56.66%	76.10%	64.46%
		Members that received at least 180-day supply of Diuretics	2	26	14
	<b>MCE 3</b>	Members with appropriate follow-up for Diuretics	100.00%	61.53%	64.28%
		Members that received at least 180-day supply ACE inhibitor or ARB	234	3891	5270
		Members with appropriate follow-up for ACE inhibitor or ARB	67.52%	78.33%	84.91%
		Members that received at least 180-day supply of Diuretics	172	2727	3899
	<b>MCE 4</b>	Members with appropriate follow-up for Diuretics	68.02%	77.74%	84.97%
		Members that received at least 180-day supply ACE inhibitor or ARB	112	1,467	2,728
		Members with appropriate follow-up for ACE inhibitor or ARB	77.24%	77.46%	86.85%
		Members that received at least 180-day supply of Diuretics	77	1,057	2,077
<b>Comprehensive Diabetes Care</b>	<b>MCE 1</b>	Members with appropriate follow-up for Diuretics	81.91%	77.61%	87.64%
		Number of members with diabetes (type 1 and type 2), ages 19-64 years	643	4,289	6,451
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	67.50%	86.29%	85.65%
	<b>MCE 2</b>	Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	74.81%	83.70%	88.40%
		Number of members with diabetes (type 1 and type 2), ages 19-64 years	445	877	522
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	25.84%	38.19%	31.60%
	<b>MCE 3</b>	Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	39.77%	45.95%	43.48%
		Number of members with diabetes (type 1 and type 2), ages 19-64 years	155	2323	5127
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	66.45%	85.06%	84.51%
	<b>MCE 4</b>	Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	80.00%	82.39%	86.91%
		Number of members with diabetes (type 1 and type 2), ages 19-64 years	319	1,551	3,848
		Percentage of members with diabetes who had a HbA1c testing, ages 19-64 years	63.95%	82.66%	85.08%
		Percentage of members with diabetes who received medical attention for Nephropathy, ages 19-64 years	76.49%	83.49%	88.15%

\*Source: OMPP Quality and Reporting

**Table 3. Emergency Room Utilization**

Reporting Period: July 1, 2018 – September 30, 2018

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, 2018 – June 30, 2018 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	36,458	23,926	12,532	76	65.6%	34.4%
HIP Basic	18,918	13,001	5,917	111	68.7%	31.3%
HIP State Plan	69,604	46,405	23,199	139	66.7%	33.3%

*\*Source: OMPP Quality and Reporting*

**3. Appeals Metrics**

**Table 4. Hearings Opened**

Reporting Period: July 1, 2018 – September 30, 2018

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1586		
Pending	0	0.0%	
Rejected	38	2.4%	2.8
Accepted	1,548	97.7%	3.2

*\*Source: FSSA Data & Analytics*

**Table 5. Hearings Accepted**

Reporting Period: July 1, 2018 – September 30, 2018

Hearings Accepted	Count		Average Days
In Process	60	3.9%	
Dismissed	1277	82.4%	20.3
Hearings Held	212	13.7%	24.1

*\*Source: FSSA Data & Analytics*

**Table 6. Hearings Held**

Reporting Period: July 1, 2018 – September 30, 2018

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	44	20.8%		
Released	168	79.2%		41.7
Withdrawn	12		7.1%	
Favorable to State	84		50.0%	
Favorable to Appellant	72		42.9%	

*\*Source: FSSA Data & Analytics*

**Table 7. Top 5 Appeal Reasons**

Reporting Period: July 1, 2018 – September 30, 2018

Count	Reason
632	004 Unable to Determine eligibility
564	001 Financially Ineligible
180	047 Non Payment of Power Account
145	027 Other
25	021 Effective Date of Assistance

*\*Source: FSSA Data & Analytics*

#### 4. Quality Measures

**Table 8. New Member Health Needs Screen**

Reporting Period: July 1, 2018 – September 30, 2018

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	14,715	6,788	6,730	6,207	34,440
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	1,483	860	1,008	421	3,772
New Members Net of Terminated	13,232	5,928	5,722	5,786	30,668
Number of Members in Item #1 that have been Classified as Unreachable	6,322	319	1,275	1,044	8,960
New Members Net of Terminated and Unreachable	6,910	5,609	4,447	4,742	21,708
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	2,667	1,249	4,330	3,122	11,368
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	20.2%	21.1%	75.7%	54.0%	42.7%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	38.6%	22.3%	97.4%	65.8%	56.0%

*\*Source: OMPP Quality and Reporting*

**Table 9. Physical Health Complex Care Management**

Reporting Period: July 1, 2018 – September 30, 2018

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	1,928	477	3	522	9,376	137	385
Diabetes	4,642	311	34	1,506	43,670	523	983
COPD	1,702	144	12	654	14,574	129	525
Coronary Artery Disease	447	27	1	241	5,089	10	231
Congestive Heart Failure	789	41	5	357	6,319	79	278
Chronic Kidney Disease	692	56	3	276	5,091	71	205

*\*Source: OMPP Quality and Reporting*

**Table 10. Behavioral Health Complex Care Management**

Reporting Period: July 1, 2018 – September 30, 2018

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	5,965	482	18	2,898	106,163	655	2,243
ADHD	271	64	0	40	796	1	39
Autism/Pervasive Developmental Disorder	187	0	0	55	1,605	2	53
Inpatient Discharges from Psychiatric Hospital	2,047	0	0	2,630	186,660	386	2,244
Bipolar Disorder	1,879	18	1	1,054	33,279	240	814

**Table 11. Prenatal and Postpartum Care**

Reporting Period: July 1, 2018 – September 30, 2018

Table 11 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 timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

Report Name	Data Description	MCE 1	MCE 2	MCE 3	MCE 4
Weeks of Pregnancy	Prior to 0 weeks	71.7%	1.0%	65.8%	78.2%
	1-12 weeks	11.2%	5.7%	12.8%	7.3%
	13-27 weeks	6.7%	31.0%	14.6%	4.3%
	28 or more weeks	10.4%	62.3%	6.8%	8.5%
	Unknown	0.0%	0.0%	0.0%	1.8%
Prenatal and Postpartum Care	Percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester OR within 42 days of enrollment	72.6%	88.0%	75.3%	62.0%
	Percentage of deliveries that received a postpartum care visit on or between 21 and 56 days after delivery	56.9%	84.0%	52.0%	55.6%
	Percentage of deliveries with greater than or equal to 81 percent of the expected number of prenatal care visits	52.6%	8.0%	42.5%	46.3%

*\*Source: OMPP Quality and Reporting*

**5. Financial/Budget Neutrality**

**Table 12. Enrollment and Expenditure Summary - Actual**

Actual Experience Incurred and Paid through September 30, 2018

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Enrollment and Expenditure Summary Actual Experience Incurred and Paid through September 30, 2018				
<b>Enrollment (Mbr Mos.)</b>	<b><u>DY 4</u></b>	<b><u>DY 5</u></b>	<b><u>DY 6</u></b>	<b><u>Total</u></b>
SUD	4,970			4,970
<b>Total Enrollment</b>	<b>4,970</b>			<b>4,970</b>
<b>Expenditures</b>	<b><u>DY 4</u></b>	<b><u>DY 5</u></b>	<b><u>DY 6</u></b>	<b><u>Total</u></b>
SUD	\$ 30,912,154			\$ 30,912,154
<b>Total Claim Cost</b>	<b>\$ 30,912,154</b>			<b>\$ 30,912,154</b>
<b>Per Member Per Month</b>	<b><u>DY 4</u></b>	<b><u>DY 5</u></b>	<b><u>DY 6</u></b>	<b><u>Total</u></b>
SUD	\$ 6,219.75			\$ 6,219.75
<b>Composite PMPM</b>	<b>\$ 6,219.75</b>			<b>\$ 6,219.75</b>

*\*Source: Milliman, Inc.*

**Table 13. 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	3,983	9,043	9,133	22,158
<b>Total Enrollment</b>	<b>3,983</b>	<b>9,043</b>	<b>9,133</b>	<b>22,158</b>
Expenditures	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	24,860,203	59,090,229	62,605,499	\$ 146,555,931
<b>Total Claim Cost</b>	<b>24,860,203</b>	<b>59,090,229</b>	<b>62,605,499</b>	<b>\$ 146,555,931</b>
Per Member Per Month	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>	<u>Total</u>
SUD	\$ 6,241.60	\$ 6,534.71	\$ 6,854.91	\$ 6,614.00
<b>Composite PMPM</b>	<b>\$ 6,241.60</b>	<b>\$ 6,534.71</b>	<b>\$ 6,854.91</b>	<b>\$ 6,614.00</b>

*\*Source: Milliman, Inc.*

**Table 14. Enrollment and Expenditure Summary – Actual and Projected**

Actual and Projected Experience

<b>State of Indiana—Family and Social Services Administration            Healthy Indiana Plan - 1115 Demonstration Waiver            Enrollment and Expenditure Summary            Actual and Projected Experience</b>				
<b>Enrollment (Mbr Mos.)</b>	<b><u>DY 4</u></b>	<b><u>DY 5</u></b>	<b><u>DY 6</u></b>	<b><u>Total</u></b>
SUD	8,953	9,043	9,133	27,128
<b>Total Enrollment</b>	<b>8,953</b>	<b>9,043</b>	<b>9,133</b>	<b>27,128</b>
<b>Expenditures</b>	<b><u>DY 4</u></b>	<b><u>DY 5</u></b>	<b><u>DY 6</u></b>	<b><u>Total</u></b>
SUD	\$ 55,772,357	\$ 59,090,229	\$ 62,605,499	\$ 177,468,085
<b>Total Claim Cost</b>	<b>\$ 55,772,357</b>	<b>\$ 59,090,229</b>	<b>\$ 62,605,499</b>	<b>\$ 177,468,085</b>
<b>Per Member Per Month</b>	<b><u>DY 4</u></b>	<b><u>DY 5</u></b>	<b><u>DY 6</u></b>	<b><u>Total</u></b>
SUD	\$ 6,229.47	\$ 6,534.71	\$ 6,854.91	\$ 6,541.77
<b>Composite PMPM</b>	<b>\$ 6,229.47</b>	<b>\$ 6,534.71</b>	<b>\$ 6,854.91</b>	<b>\$ 6,541.77</b>

*\*Source: Milliman, Inc.*

**Table 15. Budget Neutrality Summary**

Includes Experience Incurred and Paid through September 30, 2018

State of Indiana—Family and Social Services Administration Healthy Indiana Plan - 1115 Demonstration Waiver Budget Neutrality Summary Includes Experience Incurred and Paid through September 30, 2018			
	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>
<b>Enrollment (Mbr Mos.)</b>			
SUD	4,970	-	-
<b>Total Enrollment</b>	<b>4,970</b>	<b>-</b>	<b>-</b>
	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>
<b>PMPM (Without Waiver)</b>			
SUD	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92
<b>Composite PMPM</b>	<b>\$ 6,834.71</b>	<b>\$ 7,169.61</b>	<b>\$ 7,520.92</b>
<b>Without Waiver Expenditures</b>	<b>\$ 33,968,509</b>	<b>\$ -</b>	<b>\$ -</b>
<b>PMPM (Actual)</b>			
SUD	<u>DY 4</u>	<u>DY 5</u>	<u>DY 6</u>
<b>Composite PMPM</b>	\$ 6,219.75	\$ -	\$ -
	\$ 6,219.75	\$ -	\$ -
<b>With Waiver Expenditures</b>			
	<b>\$ 30,912,154</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Waiver Margin*</b>			
*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 16. Budget Neutrality Summary**

Budget Neutrality Projected - Includes Experience Incurred and Paid through September 30, 2018

<b>State of Indiana—Family and Social Services Administration            Healthy Indiana Plan - 1115 Demonstration Waiver            Budget Neutrality Summary            Includes Experience Incurred and Paid through September 30, 2018</b>			
<b>Enrollment (Mbr Mos.)</b>	<b>DY 4</b>	<b>DY 5</b>	<b>DY 6</b>
SUD	8,953	9,043	9,133
<b>Total Enrollment</b>	<b>8,953</b>	<b>9,043</b>	<b>9,133</b>
<b>PMPM (Without Waiver)</b>	<b>DY 4</b>	<b>DY 5</b>	<b>DY 6</b>
SUD	\$ 6,834.71	\$ 7,169.61	\$ 7,520.92
<b>Composite PMPM</b>	<b>\$ 6,834.71</b>	<b>\$ 7,169.61</b>	<b>\$ 7,520.92</b>
<b>Without Waiver Expenditures</b>	<b>\$ 61,191,073</b>	<b>\$ 64,831,323</b>	<b>\$ 68,688,130</b>
<b>PMPM (Actual and Projected)</b>	<b>DY 4</b>	<b>DY 5</b>	<b>DY 6</b>
SUD			
<b>Composite PMPM</b>	\$ 6,229.47	\$ 6,534.71	\$ 6,854.91
	<b>\$ 6,229.47</b>	<b>\$ 6,534.71</b>	<b>\$ 6,854.91</b>
<b>With Waiver Expenditures</b>			
	<b>\$ 55,772,357</b>	<b>\$ 59,090,229</b>	<b>\$ 62,605,499</b>
<b>Waiver Margin*</b>	<b>\$ 5,418,716</b>	<b>\$ 5,741,094</b>	<b>\$ 6,082,631</b>

\*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.