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State/Territory Name: IN

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



June 20, 2018

Shane Hatchett, Acting Medicaid Director
Family and Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

ATTN: Angela Todd

RE: Transmittal Number (TN) 18-0003

Dear Mr. Hatchett:

Enclosed for your records is an approved copy of the following state plan amendment TN 18-0003:

- This state plan amendment outlines the alternative benefit plans for Healthy Indiana Plan Basic and adds enhanced substance use disorder benefits.
- Effective Date: February 1, 2018
- Approval Date: June 20, 2018

If you have any questions, please have a member of your staff contact Jennifer Maslowski at (217) 492-4120 or by email at jennifer.maslowski@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Angela Todd, FSSA
Kelly Flynn, FSSA

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Indiana**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

IN-18-0003

Proposed Effective Date

02/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 C.F.R. 435.119; 42 C.F.R. 440, Subpart C

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2018	\$ 0.00
Second Year	2019	\$ 0.00

Subject of Amendment

Outlines the ABPs for HIP Basic. This amendment is to add enhanced substance use disorder benefits and update minor corrections.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Indiana's State Plan does not require Governor's office review. Please see section 7.4 of the State Plan.

Signature of State Agency Official

Submitted By: **Kelly Flynn**
Last Revision Date: **Jun 15, 2018**
Submit Date: **Mar 28, 2018**

Date Received: February 13, 2018

Signature of Regional Official: /s/

Typed Name: Ruth A. Hughes

Title: Associate Regional Administrator

Date Approved: June 20, 2018

Effective Date of Approved Material: February 1, 2018

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: **Indiana**
Transmittal Number: **IN-18-0003**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

IN ABP 15-0024 - HIP Basic ABP revisions

Description:

This submission outlines the ABP for HIP Basic. The fiscal impact of the expansion is reflected in the related eligibility group SPAs, and per CMS guidance, the fiscal impact submitted with this transaction is \$0.

Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.***
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. *If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.***
- The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.***

Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

1

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.*

0

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: **Indiana**
Transmittal Number: **IN-18-0003**

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	1
ABP2a		1

TN: 18-0003

Approval Date: 6/20/2018

Indiana

Effective Date: 2/1/2018

Form Code	Form Name	Uploaded Form Count
	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0
ABP2c	Enrollment Assurances - Mandatory Participants	1
ABP3	Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	1
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

Medicaid Alternative Benefit Plan: File Management Detail

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form
Please provide a short description of this ABP1 form: ABP 1 HIP Basic Uploaded Form Name: ABP1 HIP Basic-Update 3.28.18.pdf Date Uploaded:

Support Documents

Document
Please provide a short description of this support document: HIP Waiver 1115 Public Notice Uploaded Document Name: Public Notice for Indiana HIP 2.0 1115 Waiver Renewal.pdf Date Uploaded:

Form ABP2a: Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a Forms List

Form
Please provide a short description of this ABP2a form:

Form	
HIP Basic ABP 2a	
Uploaded Form Name:	Date Uploaded:
6.1.15 ABP2a HIPBasic.pdf	

Support Documents

Document	
Please provide a short description of this support document: Medically Frail Population Identification	
Uploaded Document Name:	Date Uploaded:
6.2.15 Medically Frail Population Identification Update.pdf	
Please provide a short description of this support document: Medically Frail Methodology Examples	
Uploaded Document Name:	Date Uploaded:
6.2.15 Medically Frail Methodology Examples.pdf	

Form ABP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2b Forms List

Form

Support Documents

Document

Form ABP2c: Enrollment Assurances - Mandatory Participants

ABP2c Forms List

Form	
Please provide a short description of this ABP2c form: HIP Basic ABP 2c	
Uploaded Form Name:	Date Uploaded:
ABP2c HIP Basic-Update 3.28.18.pdf	

Support Documents

Document

Form ABP3: Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3 Forms List

Form	
Please provide a short description of this ABP3 form: HIP Basic ABP 3	
Uploaded Form Name:	Date Uploaded:
3.20.15 ABP3 HIP Basic.pdf	

Support Documents

Document

Form ABP4: Alternative Benefit Plan Cost-Sharing

ABP4 Forms List

Form	
Please provide a short description of this ABP4 form: HIP Basic ABP 4	
Uploaded Form Name:	Date Uploaded:
ABP4 HIP Basic-3.28.18.pdf	

Support Documents

Document

Form ABP5: Benefits Description

ABP5 Forms List

Form	
Please provide a short description of this ABP5 form: HIP Basic ABP5	
Uploaded Form Name:	Date Uploaded:
ABP5 HIP Basic-3.28.18.pdf	

Support Documents

Document

Form ABP6: Benchmark-Equivalent Benefit Package

ABP6 Forms List

Form

Support Documents

Document

Form ABP7: Benefits Assurances

ABP7 Forms List

Form	
Please provide a short description of this ABP7 form: HIP Basic ABP 7	
Uploaded Form Name:	Date Uploaded:
12.2.14 ABP7 HIPBasic.pdf	

Support Documents

Document

Form ABP8: Service Delivery Systems

ABP8 Forms List

Form	
Please provide a short description of this ABP8 form: HIP Basic ABP8	
Uploaded Form Name:	Date Uploaded:
ABP8 HIP Basic-3.28.18.pdf	

Support Documents

Document

Form ABP9: Employer Sponsored Insurance and Payment of Premiums

ABP9 Forms List

Form	
Please provide a short description of this ABP9 form: HIP Basic ABP 9	
Uploaded Form Name:	Date Uploaded:
12.11.14 ABP9 HIP Basic.pdf	

Support Documents

Document

Form ABP10: General Assurances

ABP10 Forms List

Form

Please provide a short description of this ABP10 form:

HIP Basic ABP 10

Uploaded Form Name:

Date Uploaded:

12.2.14 ABP10 HIPBasic.pdf

Support Documents

Document

Form ABP11: Payment Methodology

ABP11 Forms List

Form

Please provide a short description of this ABP11 form:

HIP Basic ABP 11

Uploaded Form Name:

Date Uploaded:

12.2.14 ABP11 HIPBasic.pdf

Support Documents

Document

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name:

Indiana

Transmittal Number:

IN-18-0003

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

TN: 18-0003

Approval Date: 6/20/2018

Indiana

Effective Date: 2/1/2018

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Indicate the key issues raised in Indian consultative activities:

- Access
 - Summarize Comments
 - Summarize Response
- Quality
 - Summarize Comments
 - Summarize Response
- Cost
 - Summarize Comments
 - Summarize Response
- Payment methodology
 - Summarize Comments
 - Summarize Response
- Eligibility
 - Summarize Comments
 - Summarize Response
- Benefits
 - Summarize Comments

	^ v
Summarize Response	
	^ v
<input type="checkbox"/> Service delivery	
Summarize Comments	
	^ v
Summarize Response	
	^ v
<input type="checkbox"/> Other Issue	

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

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TN: 18-0003

Approval Date: 6/20/2018

Indiana

Effective Date: 2/1/2018

Signature of State Agency Official

Submitted By:

Shane Hatchett

Last Revision Date:

Mar 28, 2018

Submit Date:

Mar 28, 2018