

## 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

At the start of 2020, HIP Operations and member enrollment had remained stable from prior years. This all changed when the COVID-19 Public Health Emergency (PHE) went into effect. HIP policies were temporarily changed, and continue through this reporting period, to ensure Indiana’s HIP members maintain coverage throughout this unprecedented time. We explain these policy changes further in Section 9 below. Each section is clearly marked as a quarterly (Q4), or an Annual update.

## 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.

**Q4:** In this quarter, we saw an 8.9 percent increase in the total number of HIP enrollees. Due to Indiana’s COVID-19 response, HIP members were not disenrolled for the month of March and will not be disenrolled for the duration of the PHE. More information can be found in Section 9 below.

As of December 31, 2020, 73.1% of overall HIP enrollees are enrolled in the PLUS program compared to 20.4% who are enrolled in the HIP-Basic program. There was a 10.4% increase in Plus enrollment this quarter since all members enrolling into HIP will automatically enroll in Plus throughout the duration of the PHE. Due to this policy, the basic enrollment slightly increased (0.7%) compared to Q3 2020.

Similarly, members enrolled in the HIP Maternity category saw a 21.2% increase in total enrollment. This increase is due to members not being disenrolled from their current coverage category regardless if they are past their post-partum period.

**Annual:** Total enrollment in HIP increased by 41.1% in 2020 (Graph 1.A). There has been an increase in HIP Plus and HIP Maternity members throughout the year (Graph 1.B). This is due to the change in policy to keep HIP members enrolled, and with no benefit downgrades. Since enrollment has increased in both HIP Plus and HIP Maternity, there is an inverse relationship with our HIP Basic members. HIP Basic members have increased when we compare quarter-to-quarter, however most of the current members are enrolled in the Plus and Maternity aid categories.

### 3.2 Anticipated Changes to Enrollment

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

The state expects increases in enrollment throughout the duration of the PHE since members will not be disenrolled. This is explained further in Section 9 below.

#### 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.

All new HIP members will receive HIP Plus benefits at the time of enrollment during PHE.

#### 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.

The Office of Hearings and Appeals is putting cases where HIP members receiving continued benefits on hold, so members can continue to receive health coverage during the PHE.

#### 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.

Q4: There are no issues to report.

Annual: In 2020, preventive screenings for breast and cervical cancer decreased. Thirty-nine percent of women aged 40-64 years had a breast cancer screening in Q1 2020 compared to only 26.1% by Q4 2020. Due to a lag in reporting we see the decrease of utilization in Q3 and Q4 of 2020—this is due in part to the PHE. There was also a slight decrease in the cervical cancer screenings for women aged 21-64 years enrolled in HIP. See graphs 2A and 2B found 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.

### 7.1 Other Metric Issues: New and Continued

### 7.2 Anticipated Changes to Other Metrics

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

## 8. Financial/Budget Neutrality

**Q4 & Annual:** Indiana has adopted the Budget Neutrality workbook that CMS released on September 30, 2019. This workbook will be uploaded under its own deliverable in PMDA and as directed by CMS is not included in Appendix X due to the new formatting structure. In addition, CMS granted Indiana an extension to submit the Q4 & Annual budget neutrality workbook.

- (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

**Q4:** The HIP extension request was approved by CMS on October 26, 2020. The extension was granted for 10 years effective from January 1, 2021- December 31, 2021.

**Annual:** The following policy changes have been made in response to the COVID-19 Public Health Emergency:

### **Member Eligibility**

HIP member health coverage will not be terminated during the PHE. Member coverage will only end if a member voluntarily withdraws or moves out of the state. It does not apply to presumptive eligibility. This decision was implemented after letters were sent to members whose coverage was set to close on March 31. Those closures did not take place, and new letters were sent.

### **Redetermination of Eligibility**

The State ensured that no HIP members would be closed for not complying with redetermination requirements or not meeting eligibility criteria at redetermination during the PHE.

### **Cost Sharing**

All cost sharing is suspended for the duration of the PHE. Premiums and POWER Account contributions will be waived for the months of March-August 2020. All members who made payments for the month of March or any future months will have those payments applied as credits on their account when payments are required again. Member coverage will start when eligibility is determined and will not require a first payment in order to begin. Fast Track payments are not required during PHE. All new HIP members who enroll during the PHE will automatically be enrolled in HIP Plus.

### **Pharmacy**

Pharmacies are now allowed to fill prescriptions with name brand drugs if the generic drug the member takes is out of supply. Pharmacies can also now fill some prescriptions early and can fill maintenance prescriptions for 90-days, if requested.

### **Telehealth**

Telehealth restrictions and requirements for face-to-face encounters for various health care services and prescribing requirements have been suspended. This permits increased use of telehealth for statewide services, included Medicaid covered services, mental health and SUD treatment and prescribing.

### **Hearings and Appeals**

The Office of Hearings and Appeals is putting cases where HIP members receiving continued benefits on hold, so members can continue to receive health coverage during the PHE.

## 10. Implementation Update

There were no implementation updates to report this quarter due to the pause in policies for the PHE.

## 11. Demonstration Evaluation Update

### *Interim Evaluation Report*

In early March 2020 (Q1), CMS provided written comments to the State followed by meetings to discuss feedback on the Interim Evaluation Report. The State and evaluator met to discuss the recommendations included in these comments to respond to CMS within the allotted 60 days, and the evaluator developed a response summary and revised Interim Evaluation Report. The State submitted the response summary and a revised Interim Evaluation Report in April 2020 (Q2). In June 2020 (Q2), CMS approved the Interim Evaluation Report, and the State submitted a final 508 Interim Evaluation Report.

### *Evaluation Plan*

In late March 2020 (Q1), CMS provided written comments to the State on the evaluation plan. The State and evaluator met to discuss the recommendations included in these comments and submitted a response summary and a revised evaluation plan to CMS in May 2020 (Q2) and September 2020 (Q3). CMS approved the evaluation plan in October 2020 (Q4).

### *Community Engagement*

Effective April 30, 2020 (Q2), the State indefinitely suspended all community engagement activities in response to the COVID-19 public health emergency and the stay in the federal lawsuit involving Indiana Medicaid. As a result, the evaluator will not include new analyses related to community engagement in the Summative Evaluation Report.

### *Beneficiary Survey*

The COVID-19 public health emergency resulted in the pausing of many HIP policies, including suspension of member cost sharing and member disenrollment (unless a member voluntarily withdraws or moves out of state). As a result, the evaluator has recommended that a beneficiary survey not be conducted in 2021 due to the substantial resources involved, and because the HIP policies under evaluation are not in effect. The State agreed with this recommendation and is confirming this change with CMS.

### *Summative Evaluation Report*

In November and December 2020 (Q4), the evaluator conducted key informant interviews with FSSA staff, managed care entities (MCEs), provider associations, advocacy organizations, and members. The findings from the key informant interviews will be included in the Summative Evaluation Report.

<b>Type of Evaluation Deliverable</b>	<b>Due Date</b>	<b>State Notes or Comments</b>	<b>Description of Any Anticipated Issues</b>
<i>Revised Interim Evaluation Report</i>	<i>4/29/20 6/22/20 (508)</i>	<i>Updated report in response to CMS' feedback received in March 2020.</i>	<i>N/A</i>
<i>Revised Evaluation Plan</i>	<i>5/22/20</i>	<i>Updated plan in response to CMS' feedback received in March 2020.</i>	<i>N/A</i>
<i>CMS approval of the Evaluation Plan</i>	<i>October 2020</i>	<i>CMS approved the Evaluation Plan in October 2020.</i>	<i>N/A</i>

## 12. Other Demonstration Reporting

None to report.

### 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).

The 1115 demonstration waiver post award forum was held on July 30, 2020 during a special meeting of the Medicaid Advisory Committee and was open to the public. Due to the ongoing nature of the COVID-19 PHE, this meeting was held virtually. The state presented on HIP eligibility and enrollment and gave an update of the operational status. In addition, updates were provided for the Serious Mental Illness (SMI) waiver, the Substance Use Disorders (SUD) waiver, and the Maternal Opioid Misuse Indiana Initiative (MOMII) waiver.

Due to the virtual nature of this year’s public comment, the four managed care entities (MCEs) provided written comments in support of the HIP, SMI, and SUD waivers. 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, these sentiments were echoed across all the MCEs. In addition, all four of the MCEs were supportive about the start of Workforce Bridge Account Program which will help HIP members transition to commercial coverage if they disenroll for increased income. The WBA program is not currently active since HIP member coverage will not be terminated until disenrollment policies are re-established post the public health emergency and members are given ample notice.

Most questions received were in the “chat box” feature of the virtual meeting where guests of the meeting could type in questions and a moderator would repeat the question to the presenters. Questions were related to understanding HIP eligibility, POWER Accounts, results regarding the disparities found in the Interim HIP Evaluation, and ongoing operational and policy updates in response to COVID-19. The State also discussed its actions towards addressing the disparities found in the Interim Evaluation by establishing the Office of Healthy Opportunities which is focused on addressing the social determinants of health that our members and all Hoosiers face. In addition, the FSSA will interview for a new Chief Health Equity and ADA Officer to lead this office. In summary, Indiana addressed questions to satisfaction.

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

**Q4:** Indiana received approval to extend the Health Indiana Plan waiver for 10 years, effective from January 1, 2021 through December 31, 2021.

**Annual:** None to report for DY6



## Appendix X

### 1. Enrollment Metrics

**Table 1. Annual HIP Enrollment**

Reporting Period: January 1, 2020 – December 31, 2020

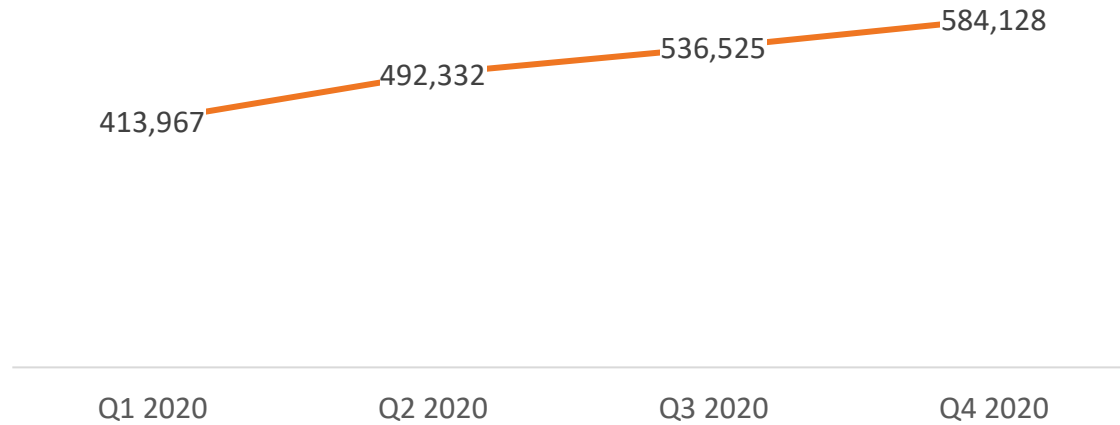
FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	48,214	32,244	80,458	24.3%	136,327	88,465	224,792	68.1%	24,779	7.5%	330,029	56.5%
5%-10%	585	193	778	20.2%	1,886	989	2,875	74.8%	188	4.8%	3,841	0.7%
11%-22%	1,837	548	2,385	20.8%	5,639	2,737	8,376	73.2%	676	5.9%	11,437	2.0%
23%-50%	4,350	4,084	8,434	21.3%	10,095	18,535	28,630	72.4%	2,465	6.2%	39,529	6.8%
51%-75%	3,942	5,522	9,464	18.8%	12,161	26,397	38,558	76.6%	2,264	4.5%	50,286	8.6%
76%-100%	3,117	5,447	8,564	16.2%	12,151	29,236	41,387	78.7%	2,634	5.0%	52,585	9.0%
<b>Total &lt;101%</b>	<b>62,045</b>	<b>48,038</b>	<b>110,083</b>	<b>22.6%</b>	<b>178,259</b>	<b>166,359</b>	<b>344,618</b>	<b>70.7%</b>	<b>33,006</b>	<b>6.8%</b>	<b>487,707</b>	<b>83.5%</b>
101%-138%	2,825	4,131	6,956	8.9%	19,507	47,305	66,812	86.4%	3,542	4.5%	77,310	13.2%
>138%	785	1,558	2,343	12.2%	6,861	8,622	15,483	81.0%	1,285	6.7%	19,111	3.3%
<b>Grand Total</b>	<b>65,655</b>	<b>53,727</b>	<b>119,382</b>	<b>20.4%</b>	<b>204,627</b>	<b>222,286</b>	<b>426,913</b>	<b>73.1%</b>	<b>37,833</b>	<b>6.5%</b>	<b>584,128</b>	<b>100.0%</b>

\*Source: FSSA Data & Analytics

**Graph 1A. Total HIP enrollment by quarter**

Reporting Period: January 1, 2020 – December 31, 2020

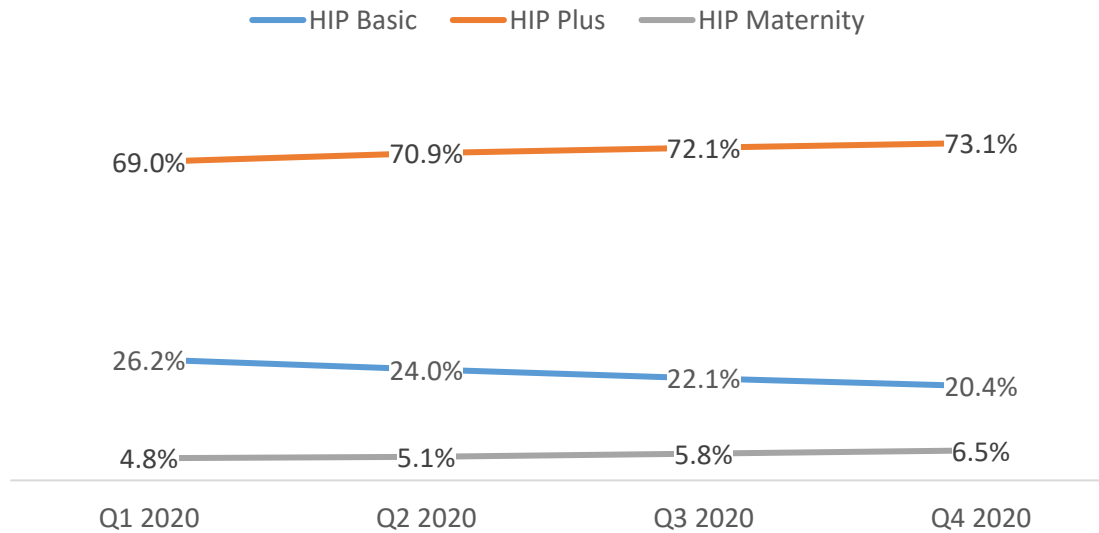
Total unique HIP enrollment at the end of each quarter



**Graph 1B. Percent of HIP enrollment by plan**

Reporting Period: January 1, 2020 – December 31, 2020

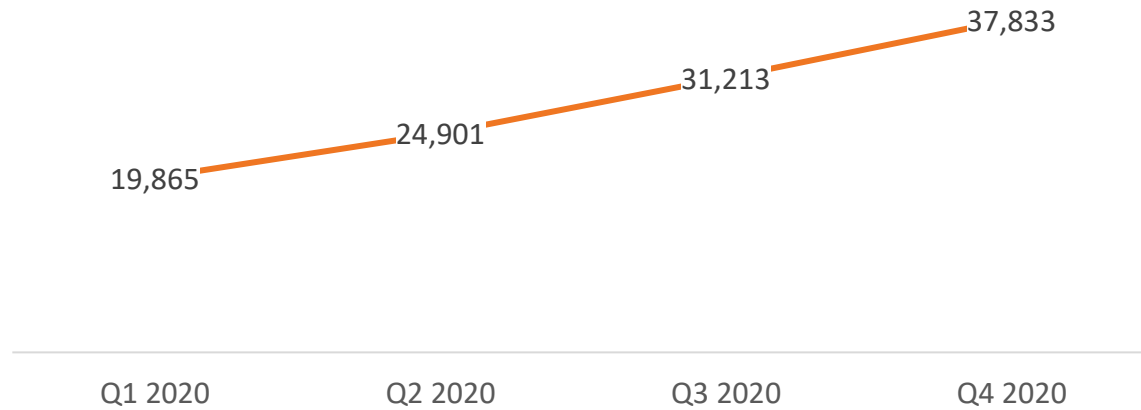
Percent of HIP Enrollment by plan



**Graph 1C. Pregnant women enrolled in HIP**

Reporting Period: January 1, 2020 – December 31, 2020

Number of unique pregnant women enrolled in HIP Maternity  
by quarter



**2. Benefits Metrics**

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

Reporting Period: October 1, 2020- December 31, 2020

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	49.2%	76.5%	85.7%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	48.8%	83.3%	92.6%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	33.7%	68.3%	79.5%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	31.3%	72.9%	89.8%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	43.1%	72.3%	83.1%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	40.3%	75.4%	91.4%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	39.0%	72.5%	84.0%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	36.4%	77.2%	92.5%
Breast Cancer Screening	MCE 1	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	157	2,701	3,696
		Women enrolled with the MCE, ages 40 - 64 years	1,380	12,911	11,573
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	25.0%	55.5%	57.9%
	MCE 2	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	15	457	419
		Women enrolled with the MCE, ages 40 - 64 years	356	2710	1799
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	14.7%	59.8%	45.5%
	MCE 3	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	30	1004	2221
		Women enrolled with the MCE, ages 40 - 64 years	500	4732	6034
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	14.7%	50.1%	58.4%
	MCE 4	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	32	814	1,756
		Women enrolled with the MCE, ages 40 - 64 years	392	3,985	4,611
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	20.4%	53.6%	62.8%
		Women who had one or more PAP tests, ages 21 - 64 years	2,703	11,711	31,786

Medicaid Section 1115 Monitoring Report  
 Indiana – Healthy Indiana Plan  
 DY5 Annual Report – January 1, 2020 – December 31, 2020  
 Q4 – October 1, 2020 – December 31, 2020  
 Submitted on March 31, 2021

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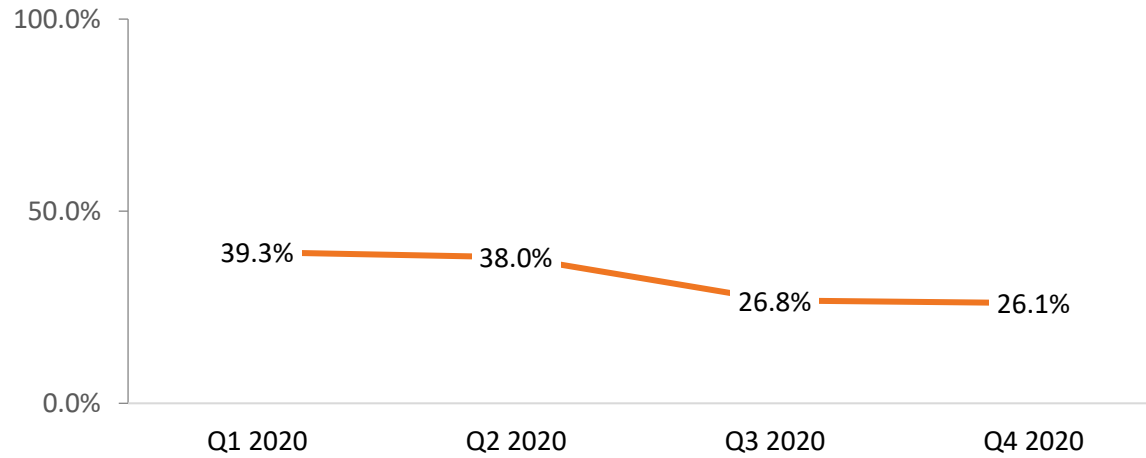
<b>Cervical Cancer Screening</b>	<b>MCE 1</b>	Women enrolled with the MCE, ages 21 - 64 years	9,715	48,185	82,305	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	39.9%	51.7%	58.3%	
	<b>MCE 2</b>	Women who had one or more PAP tests, ages 21 - 64 years	398	2089	4413	
		Women enrolled with the MCE, ages 21 - 64 years	2839	11138	14073	
	<b>MCE 3</b>	Percentage of women who had one or more PAP tests, ages 21 - 64 years	27.8%	43.9%	47.4%	
		Women who had one or more PAP tests, ages 21 - 64 years	852	6154	16295	
		Women enrolled with the MCE, ages 21 - 64 years	4358	23217	45075	
	<b>MCE 4</b>	Percentage of women who had one or more PAP tests, ages 21 - 64 years	28.5%	47.7%	50.1%	
		Women who had one or more PAP tests, ages 21 - 64 years	526	4,219	13,861	
		Women enrolled with the MCE, ages 21 - 64 years	2,706	16,464	34,634	
	<b>Comprehensive Diabetes Care</b>	<b>MCE 1</b>	Percentage of women who had one or more PAP tests, ages 21 - 64 years	29.3%	50.9%	57.7%
			Number of members ages 18-75 with diabetes who had an HbA1c test	338	2,678	9,293
Number of members ages 18-75 at the end of the measurement period identified with diabetes			762	5303	13869	
<b>MCE 2</b>		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	64.3%	83.2%	82.3%	
		Number of members ages 18-75 with diabetes who had an HbA1c test	61	452	1231	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	189	1325	2011	
<b>MCE 3</b>		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	69.3%	78.1%	80.2%	
		Number of members ages 18-75 with diabetes who had an HbA1c test	127	1256	4972	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	317	2,395	7,190	
<b>MCE 4</b>		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	62.6%	80.9%	82.0%	
		Number of members ages 18-75 with diabetes who had an HbA1c test	76	840	3,896	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	114	1005	4672	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	69.1%	83.7%	85.2%	

*\*Source: OMPP Quality and Reporting*

**Graph 2A. Breast cancer screening**

Reporting Period: January 1, 2020 - December 31, 2020

Percentage of women aged 40-64 years who had a breast cancer screening enrolled in HIP

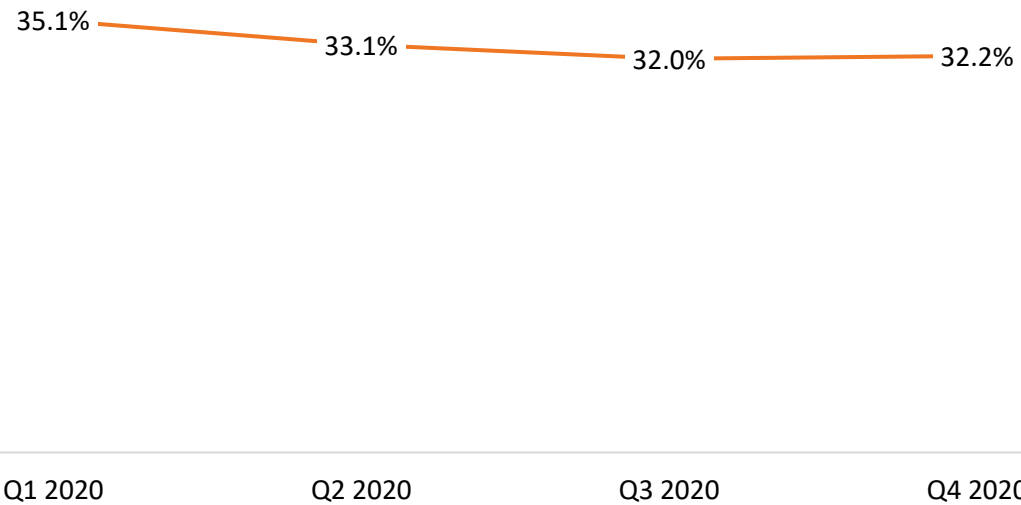


\*Source: OMPP Quality and Reporting

**Graph 2B. Cervical cancer screening**

Reporting Period: January 1, 2020 - December 31, 2020

Percentage of women aged 21-64 years who had a cervical cancer screening enrolled in HIP



*\*Source: OMPP Quality and Reporting*



**Table 3. Quarterly Emergency Room Utilization**

Reporting Period: October 1, 2020 – December 31, 2020

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 July 1, 2020 – September 30, 2020 for HIP Plus, HIP Basic, and HIP State Plan.

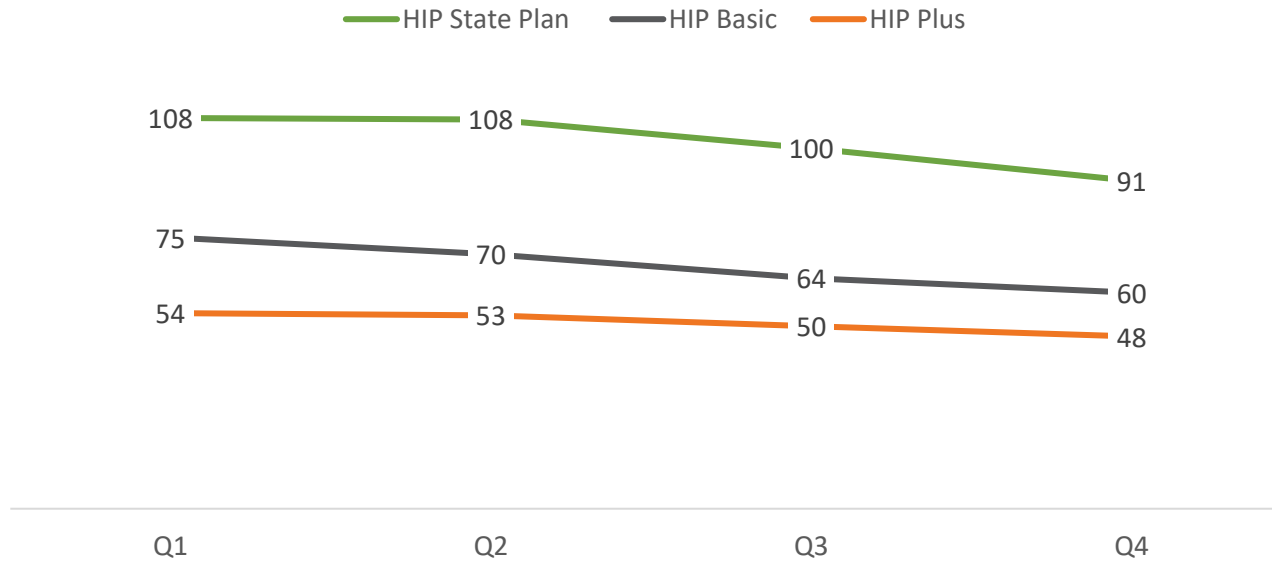
Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	92,416	44,431	47,985	48	48.1%	51.9%
HIP Basic	37,902	17,256	20,636	60	45.5%	54.4%
HIP State Plan	244,817	123,597	121,220	91	50.5%	49.5%

*\*Source: OMPP Quality and Reporting*

**Graph 3A. Annual Emergency Room Utilization—Number of adjudicated ER Claims per 1,000 members by HIP Plan**

Reporting Period: January 1, 2020 – December 31, 2020

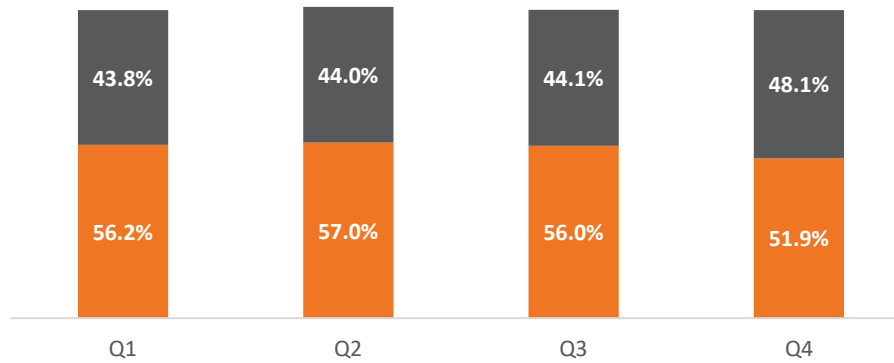
The number adjudicated ER Claims per 1,000 members by HIP Plan



**Graph 3B. Annual Emergency Room Utilization—Percent of emergent or non-emergent claims for HIP Plus**

Reporting Period: January 1, 2020 – December 31, 2020

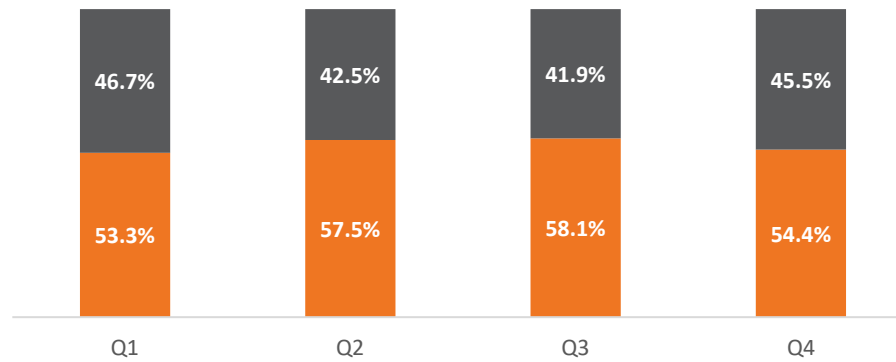
Updated CY2020 graph: Percent of claims deemed **emergent** or **non-emergent** for HIP Plus



**Graph 3C. Annual Emergency Room Utilization—Percent of emergent or non-emergent claims for HIP Basic**

Reporting Period: January 1, 2020 – December 31, 2020

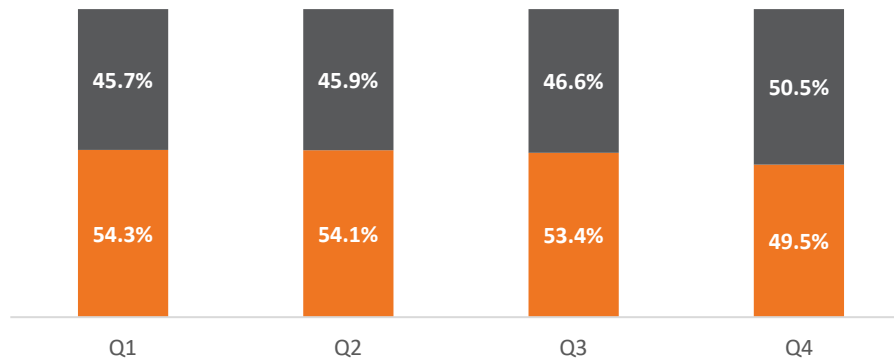
Percent of claims deemed **emergent** or  
**non-emergent** for HIP Basic



**Graph 3D. Annual Emergency Room Utilization—Percent of emergent or non-emergent claims for HIP State Plan**

Reporting Period: January 1, 2020 – December 31, 2020

Percent of claims deemed **emergent** or  
**non-emergent** for HIP State Plan



### 3. Appeals Metrics

**Table 4. Hearings Opened – Q4**

Reporting Period: October 1, 2020 – December 31, 2020

Hearings Opened	Count	Percent of Opened	Average Days
Opened	277		
Pending	0	0.0%	
Rejected	9	3.2%	10.4
Accepted	268	96.8%	6.9

*\*Source: FSSA Data & Analytics*

**Table 4A. Total Hearings Opened- Annual**

Reporting Period: January 1, 2020 – December 31, 2020

Hearings Opened	Count	Percent of Opened	Average Days
Opened	2,790		
Pending	8	0.3%	
Rejected	60	2.2%	4.8
Accepted	2,722	97.6%	6.8

*\*Source: FSSA Data & Analytics*

**Table 5. Hearings Accepted – Q4**

Reporting Period: October 1, 2020 – December 31, 2020

Hearings Accepted	Count		Average Days
In Process	5	1.9%	
Dismissed	222	82.8%	28
Hearings Held	41	15.3%	37

*\*Source: FSSA Data & Analytics*

**Table 5A. Total Hearings Accepted – Annual**

Reporting Period: January 1, 2020 – December 31, 2020

Hearings Accepted	Count		Average Days
In Process	426	15.7%	
Dismissed	1,962	72.1%	28.4
Hearings Held	334	12.3%	32.8

*\*Source: FSSA Data & Analytics*

**Table 6. Hearings Held – Q4**

Reporting Period: October 1, 2020 – December 31, 2020

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	4	9.8%		
Released	37	90.2%		49.8
Withdrawn	6		16.2%	
Favorable to State	18		48.6%	
Favorable to Appellant	14		37.8%	

*\*Source: FSSA Data & Analytics*

**Table 6A. Total Hearings Held – Annual**

Reporting Period: January 1, 2020 – December 31, 2020

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	38	11.4%		
Released	296	88.6%		50.2
Withdrawn	36		12.2%	
Favorable to State	141		47.6%	
Favorable to Appellant	122		41.2%	

*\*Source: FSSA Data & Analytics*



**Table 7. Top 5 Appeal Reasons – Q4**

Reporting Period: October 1, 2020 – December 31, 2020

Count	Reason
112	001 Financially Ineligible
92	004 Unable to Determine eligibility
43	027 Other
21	021 Effective Date of Assistance
2	021 Failure/Delay determ elig/Issue FS

*\*Source: FSSA Data & Analytics*

**Table 7A. Total Top 5 Appeal Reasons – Annual**

Reporting Period: January 1, 2020 – December 31, 2020

Count	Reason
1238	004 Unable to Determine eligibility
912	001 Financially Ineligible
346	027 Other
148	021 Effective Date of Assistance
88	047 Non-Payment of Power Account

*\*Source: FSSA Data & Analytics*

**4. Quality Measures**

**Table 8. New Member Health Needs Screen – Q4**

Reporting Period: October 1, 2020 – December 31, 2020

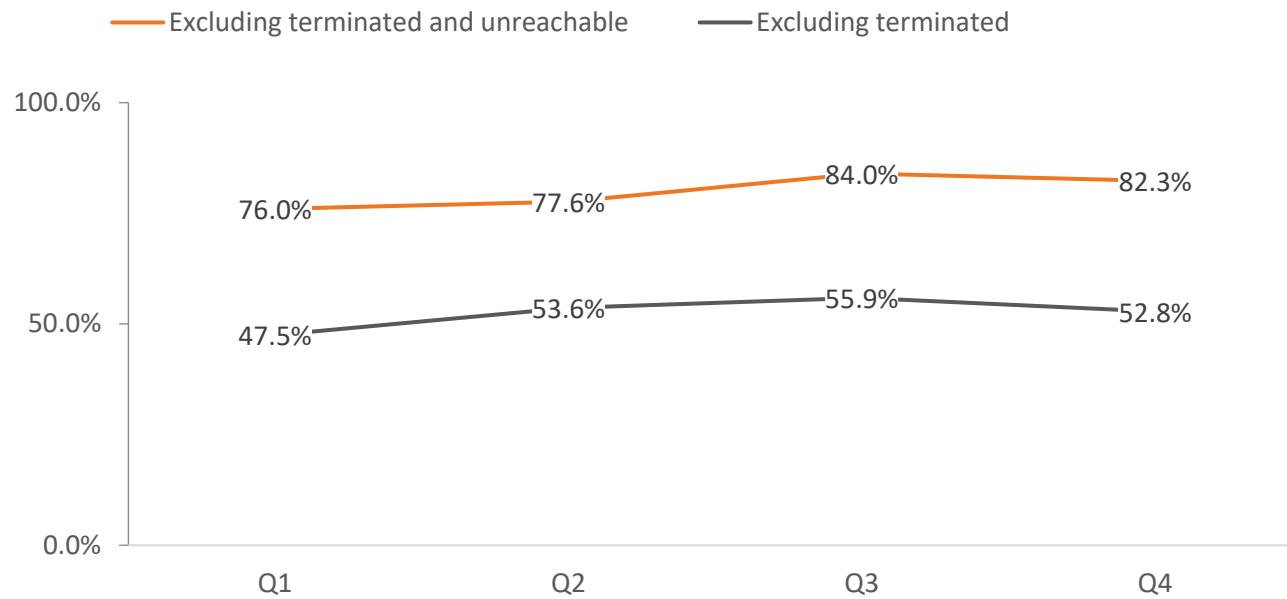
<b>c</b>	<b>Data Description</b>	<b>MCE 1</b>	<b>MCE 2</b>	<b>MCE 3</b>	<b>MCE 4</b>	<b>Total/Average %</b>
1	Number of New Members Enrolled During the Reporting Period	18,152	4,630	9,718	8,426	40,926
2	Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	89	127	217	202	635
3	New Members Net of Terminated	18,063	4,503	9,501	8,224	40,291
4	Number of Members in Item #1 that have been Classified as Unreachable	9,225	1,420	4,570	257	15,472
5	New Members Net of Terminated and Unreachable	8,838	3,083	4,931	7,967	24,819
6	Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	8,831	2,037	4,502	5,737	21,107
7	Performance Measure #1: % Screened Within 90 Days (all except Terminated)	48.9%	45.2%	47.4%	69.8%	52.8%
8	Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	99.9%	66.1%	91.3%	72.0%	82.3%

*\*Source: OMPP Quality and Reporting*

**Graph 8A. New Member Health Needs Screen – Annual**

Reporting Period: January 1, 2020 – December 31, 2020

Percent of new HIP members screened within 90 days of enrollment



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

Reporting Period: October 1, 2020 – December 31, 2020

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	2,192	355	7	456	9,763	97	365
Diabetes	5,868	397	33	1,101	28,898	465	648
COPD	1,823	133	18	503	10,977	112	398
Coronary Artery Disease	555	35	6	236	5,500	28	213
Congestive Heart Failure	1,010	45	12	299	6,082	82	220
Chronic Kidney Disease	892	54	20	230	5,576	76	160

*\*Source: OMPP Quality and Reporting*

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

Reporting Period: October 1, 2020 – December 31, 2020

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	6,214	962	127	1,415	67,773	430	1,002
ADHD	338	878	0	23	1,253	2	22
Autism/Pervasive Developmental Disorder	302	871	0	30	1,672	4	27
Inpatient Discharges from Psychiatric Hospital	3,959	874	18	2,639	149,702	1,026	1,397
Bipolar Disorder	2,117	895	41	437	20,826	136	308

*\*Source: OMPP Quality and Reporting*

**Table 11 and 12. Prenatal and Postpartum Care**

Reporting Period: October 1, 2020 – December 31, 2020

**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 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)	5,372	2,228	749	312
	Prenatal visits in Weeks 1-14	9,881			
	Prenatal visits in Weeks 15-28	21,823	5,574		
	Prenatal visits in Weeks 29-36	22,128	9,113	1,695	
	Prenatal visits in Week 37 and later	20,923	8,537	2,694	617
	Average number of visits in Weeks 1-14	1.8			
	Average number of visits in Weeks 15-28	4.1	2.5		
	Average number of visits in Weeks 29-36	4.1	4.1	2.3	
	Average number of visits in Weeks 37 and later	3.9	3.8	3.6	2.0
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	689	1077	405	180
	Prenatal visits in Weeks 1-15	473			
	Prenatal visits in Weeks 15-29	3134	3496		
	Prenatal visits in Weeks 29-37	2812	4136	1024	
	Prenatal visits in Week 37 and later	2587	3839	1310	341
	Average number of visits in Weeks 1-15	0.7			

Medicaid Section 1115 Monitoring Report  
 Indiana – Healthy Indiana Plan  
 DY5 Annual Report – January 1, 2020 – December 31, 2020  
 Q4 – October 1, 2020 – December 31, 2020  
 Submitted on March 31, 2021

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	Average number of visits in Weeks 15-29	4.5	3.2		
	Average number of visits in Weeks 29-37	4.0	3.8	2.5	
	Average number of visits in Weeks 37 and later	3.7	3.5	3.2	2.1
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	3,898	1,997	671	260
	Prenatal visits in Weeks 1-16	3,957			
	Prenatal visits in Weeks 15-30	11,279	3,604		
	Prenatal visits in Weeks 29-38	14,692	7,263	1,397	
	Prenatal visits in Week 37 and later	18,707	9,364	2,977	704
	Average number of visits in Weeks 1-16	1.0			
	Average number of visits in Weeks 15-30	2.9	1.8		
	Average number of visits in Weeks 29-38	3.8	3.6	2.1	
	Average number of visits in Weeks 37 and later	4.8	4.7	4.4	2.7
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,855	1,697	534	238
	Prenatal visits in Weeks 1-17	4,408			
	Prenatal visits in Weeks 15-31	11,502	3,893		
	Prenatal visits in Weeks 29-39	10,613	5,845	1,080	
	Prenatal visits in Week 37 and later	9,190	5,217	1,481	329
	Average number of visits in Weeks 1-17	1.5			
	Average number of visits in Weeks 15-31	4.0	2.3		
	Average number of visits in Weeks 29-39	3.7	3.4	2.0	
	Average number of visits in Weeks 37 and later	3.2	3.1	2.8	1.4

Reporting Period: October 1, 2020 – December 31, 2020

**Table 12** 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	59.8%	68.8%	78.6%
	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	44.9%	62.4%	57.3%
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	78.8%	77.4%	72.0%
	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	75.6%	71.9%	60.9%
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	71.1%	77.9%	75.5%
	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	56.6%	65.7%	53.6%
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	70.6%	33.3%	76.1%
	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	47.1%	75.0%	67.2%

*\*Source: OMPP Quality and Reporting*