



1115 Waiver Status Quo Renewal

Healthy Indiana Plan

Budget Neutrality Projections

State of Indiana

Family and Social Services Administration

Prepared for:
Debra Minott
Secretary
Family and Social Services Administration

Prepared by:
Robert M. Damler
FSA, MAAA
Principal and Consulting Actuary

Christine Mytelka
FSA, MAAA
Consulting Actuary

111 Monument Circle
Suite 601
Indianapolis, IN 46024-5126
USA

Tel +1 317 639-1000
Fax +1 317 639-1001

milliman.com

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EXECUTIVE SUMMARY

BACKGROUND

The Healthy Indiana Plan 1115 Waiver was originally approved for a five year period from January 2008 through December 2012. It was extended for two one-year periods: for calendar year 2013 (DY 06), and then again for calendar year 2014 (DY 07).

This document describes a request for a three year renewal, for calendar years 2015 through 2017 (DY 08 through DY 10), with no material changes in the program. The status quo renewal described by this document will only be requested in the event that the HIP 2.0 expansion is not approved. The status quo renewal projects HIP to continue in its current form, with enrollment limited to 45,000 and income capped at 100% FPL (105% with MAGI). Budget Neutrality projections have been developed to support the submission:

Indiana is transitioning from 209(b) status to 1634 status as of June 1, 2014. As part of the 1634 transition, Indiana will no longer be required to maintain a spend down program for higher income individuals with significant medical needs. To mitigate the impact on members, Indiana raised the disability income standard for full Medicaid eligibility to 100% FPL and also raised the income standards for the Medicare Savings Program.

Medicare enrollees with End Stage Renal Disease (ESRD) have significantly higher cost sharing than other Medicare enrollees. More significantly, Medicare supplement insurance of some kind (such as Medicaid) is required for members to maintain active status on kidney transplant lists.

To allow members with ESRD to remain on kidney transplant lists, Indiana is proposing a 1915(i) that will cover these members. Until Indiana is able to implement this program, Indiana proposes to cover these members through an amendment to its existing 1115 waiver. It is estimated that ESRD members will be able to transfer to the new 1915(i) program on October 1, 2014 (anticipated effective date). However, only those enrollees with income at or below 300% FPL will be able to participate in a new 1915 (i) waiver. There are estimated 50 members who will remain on the 1115 waiver due to income of higher than 300% of FPL as of December 31, 2014.

BUDGET NEUTRALITY

Initial Waiver Period and Approved Renewals (DY01 – DY07)

Table 1 illustrates the Waiver Margin for the first seven years of the Demonstration, using data through December 31, 2013. Values for 2014 are projected. Values for CY 2013 include an adjustment for estimated completion.

As illustrated in Table 1, the waiver margin gradually increased each year until DY 05, when provider reimbursement increases were implemented.

In DY 07, the waiver margin is projected to become more negative for the following reasons:

- Projected enrollment increase for HIP Adults. Expenditures for this population are only included in the With Waiver expenditures, not in the Without Waiver expenditures, so increased enrollment reduces the margin directly
- Reflection of reimbursement increases (expiration of rate reductions) in the 2014 capitation rates
- Reflection of the cost for the Health Insurer Tax (HIT) in 2014, mandated under ACA Section 9010
- Addition of the 400 ESRD eligible members

Table 1 State of Indiana, Family and Social Services Administration 1115 HIP Waiver Budget Neutrality Summary Initial Waiver Period and Approved Renewals (Values in \$Millions)					
Calendar Year	Demonstration Year	Without Waiver Expenditures	With Waiver Expenditures	Waiver Margin	Cumulative Waiver Margin
2008	1	\$ 1,723.3	\$ 1,591.2	\$ 132.1	\$ 132.1
2009	2	\$ 1,974.8	\$ 1,858.2	\$ 116.6	\$ 248.7
2010	3	\$ 2,171.7	\$ 1,789.2	\$ 382.6	\$ 631.3
2011	4	\$ 2,262.6	\$ 1,665.4	\$ 597.2	\$ 1,228.4
2012	5	\$ 2,371.0	\$ 2,411.1	\$ (40.1)	\$ 1,188.3
2013	6	\$ 2,340.2	\$ 2,321.2	\$ 19.0	\$ 1,207.4
2014	7	\$ 2,666.8	\$ 2,822.3	\$ (155.5)	\$ 1,051.9

The projected waiver margin does not reflect the State's proposed amendment capping Non-Caretaker enrollment as of July 1, 2014.

Renewal with Continuation of HIP Status Quo (DY08 – DY10)

Table 2 illustrates the projected Waiver Margin for 2015 through 2017 under continuation of HIP Status Quo.

The annual waiver margin is projected to improve gradually. We have assumed the Without Waiver trends are at 5.10%. With Waiver cost trends for the mandatory populations are assumed the same as without waiver cost trends. However, we have assumed that actual cost trend for HIP populations is held to 3.50% per year due to program design and the impact to utilization of health care services. In addition, 50 ESRD members with income of 300% of FPL or higher will remain on the 1115 waiver with anticipated annual cost trend of 3.0%. No significant reimbursement increases are projected.

Table 2 State of Indiana, Family and Social Services Administration 1115 HIP Waiver Budget Neutrality Summary Three Year Renewal with Continuation of HIP Status Quo (Values in \$Millions)					
Calendar Year	Demonstration Year	Without Waiver Expenditures	With Waiver Expenditures	Waiver Margin	Cumulative Waiver Margin
2015	8	\$ 3,153.7	\$ 3,299.1	\$ (145.4)	\$ 906.5
2016	9	\$ 3,385.4	\$ 3,531.5	\$ (146.1)	\$ 760.3
2017	10	\$ 3,634.6	\$ 3,781.1	\$ (146.5)	\$ 613.9

The enclosure illustrates additional detail, including enrollment and expenditures for each population.

We have also included an Excel file version of the development of the waiver budget neutrality exhibit: "HIP Budget Neutrality – 2015 HIP Status Quo Renewal.xlsx".

DATA, ASSUMPTIONS, AND METHODOLOGY

This section provides additional detail on the data, assumptions, and methodology associated with the 1115 waiver budget neutrality filing.

DATA

Historical Enrollment – Current Waiver Populations

For DY 01 through DY 06, Data through December 31, 2013 was used to prepare the budget neutrality exhibits for this filing. Enrollment was summarized from the State of Indiana's Enterprise Data Warehouse for each 1115 Waiver population, by month from January 2008 through December 2013.

Historical Expenditures – Current Waiver Populations

For DY 01 through DY 06, actual to-date expenditures were provided by FSSA, as reported on the Form CMS 64.9 Waiver, project number 11-W-00237. These were summarized by demonstration year (calendar year), according to dates of service.

ESRD Enrollment

ESRD members who will be eligible for the proposed 1915(i) must meet the following conditions:

- Dual eligible (non-dual eligible members are eligible for commercial exchange coverage)
- Spend down status with income below 300% FPL (those with income below 150% FPL are already eligible for appropriate coverage)
- ESRD diagnosis (diagnosis code 585.6)

Members with spend down status and Medicare eligibility were identified from the Medicaid enrollment data. Those with an ESRD diagnosis were identified from Medicaid claims data from the prior year. The list of members who met these requirements was provided to the Indiana's Division of Family Resources (DFR), which is responsible for eligibility determinations. They matched ESRD members to income data, and were able to determine that there were approximately 400 dual eligible ESRD members with income above 150% FPL.

Projected Enrollment

To develop estimates of the eligible but unenrolled populations that may enroll in regular Medicaid in 2014, Milliman developed population summaries by income range, health coverage status, age, and parental status. This analysis was performed using Indiana-specific data from the ACS Data sample provided by the U.S. Census Bureau.

ASSUMPTIONS AND METHODOLOGY

Baseline Budget Neutrality Model

We utilized the budget neutrality model, "IN HIP BN with 36500 noted.xls" Excel workbook provided by CMS. We have updated the model for historical experience through December 31, 2013, as reported by Indiana in Schedule C of the Form CMS 64.

Enrollment Growth – Mandatory Populations

For the mandatory populations, HHW Caretakers, HHW Children, and HHW Pregnant Women, actual enrollment was used through December 2013 (DY 06). Baseline enrollment growth for DY 07 and the three year renewal period was developed using the average enrollment growth rate during DY 01 through DY 06 (CY 2008 through CY 2013).

Eligible but Unenrolled: Using ACS data, we have assumed there are approximately 122,000 individuals (106,000 children and 16,000 adults) in the State of Indiana who are eligible for Medicaid but not currently enrolled. We have assumed 75% or approximately 91,000 of these individuals will ultimately enroll. This reflects national coverage changes anticipated to begin January 2014, including the individual mandate, referrals from the exchange, and potential shifts in employer coverage. To reflect gradual enrollment of this population, we have reflected three quarters of this increase in DY 07, and the remaining one quarter in DY 08.

HIP Enrollment Projections

Due to the elimination of the waitlist for Non-Caretakers and other enrollment restrictions, HIP enrollment is assumed to reach the enrollment target of 45,000 in DY 07, with approximately 25,000 Caretakers and 20,000 Non-Caretakers. It is projected to remain at this level through the renewal period.

ESRD Enrollment Projections

Due to the implementation of 1915(i) waiver for the ESRD eligible member, only those with income above 300% of FPL will remain as part of the 1115 waiver (estimated 50 members as of December 31, 2014) and will lapse off the waiver at a rate of 25% a year due to a receipt of transplant or death.

Without Waiver Trend Rate

The Without Waiver projection model requires a baseline trend rate to project future PMPM expenditures for the Mandatory and Optional populations. For DY 01 to DY 06, a 4.40% annual trend rate was used for all waiver populations. For DY07, the 4.40% trend rate was reduced to 1.94% per year for children, but retained at 4.40% per year for adult populations.

For the renewal (DY 08 through DY 10), we have assumed the without waiver trend rates reflect the President's Budget Trend rate, illustrated as 5.10%. **With Waiver Cost Per Eligible**

With Waiver cost per eligible is illustrated using actual expenditures through DY 06 (CY 2013), although adjustments have been made to DY 06 to project estimated claims completion.

For mandatory populations, the With Waiver trend reflects the expected trend in the Hoosier Healthwise population. However, for Healthy Indiana Plan populations, the, With Waiver PMPM values were projected using an annual trend rate of 3.50% instead of 5.10%. This reflects our expectation that the Healthy Indiana Plan design will support more thoughtful utilization of health care services.

In addition, the following adjustments were made:

- Supplemental expenditures for the Primary Care Fee Schedule increase, effective for CY 2013 and CY 2014, have been excluded from the budget neutrality exhibits, as allowed by CMS in the STCs.
- DY 07 PMPM values reflect actual 2014 capitation rate increases. Increases for DY 07 were higher than historical norms, due to inclusion of fee-for-service reimbursement increases related to expiration of temporary rate reductions.
- As of DY 07 (CY 2014), all PMPM values were increased by an additional 2.0% to account for payment of the Health Insurer Fee required under section 9010 of the Affordable Care Act.

The average cost for members with ESRD is estimated as \$315.54 and includes the following components:

- \$104.90 per month for the Medicare Part B premium
- \$86.07 for the Medicare clawback payment
- \$124.57 for other Medicaid costs (after meeting spend down).

Average Medicaid cost after spend down is based on recent historical experience for this population. PMPM values for DY 08 through DY 10 were projected using 3.0% annual trend rate.

Diverted Disproportionate Share Hospital (DSH) Payments

The initial waiver filing provided for diverting a portion of Indiana's DSH payments in order to maintain budget neutrality. This was discontinued as of DY 06.

LIMITATIONS

The information contained in this report has been prepared for the State of Indiana, Family and Social Services Administration (FSSA) and the Office of Medicaid Policy and Planning (OMPP). This report has been developed to assist in the development of the 1115 waiver filing to be submitted to the Centers for Medicaid and Medicare Services (CMS) associated with the Healthy Indiana Plan. The data and information presented may not be appropriate for any other purpose.

It is our understanding that the information contained in this report may be utilized in a public document. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the information presented.

Milliman makes no representations or warranties regarding the contents of this correspondence to third parties. Likewise, third parties are instructed that they are to place no reliance upon this correspondence prepared for OMPP by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

Milliman has relied upon certain data and information provided by the State of Indiana, Family and Social Services Administration and their vendors. The values presented in this letter are dependent upon this reliance. To the extent that the data was not complete or was inaccurate, the values presented in our report will need to be reviewed for consistency and revised to meet any revised data.

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and OMPP, approved May 14, 2010, and last amended December 30, 2013.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries, and meet the qualification standards for performing the analyses in this report.

Enclosure 1
Budget Neutrality Exhibits
Continuation of HIP Status Quo

Healthy Indiana Plan

Summary Budget Neutrality Estimates - Waiver Renewal - DRAFT

Scenario: Includes Experience through December 31, 2013

Updated June 23, 2014

Without Waiver Summary		DY 01	DY 02	DY 03	DY 04	DY 05	DY 01 - DY 05
XIX - Mandatory Populations		1,616,049,521	1,802,640,241	1,961,741,870	2,049,208,435	2,146,914,464	9,576,554,531
HIP Parents		22,229,213	70,694,055	107,253,382	117,392,639	120,421,477	437,990,766
HIP Adults		-	-	-	-	-	-
DSH		85,001,705	101,417,834	102,754,618	96,003,617	103,648,918	488,826,691
Total		1,723,280,439	1,974,752,130	2,171,749,871	2,262,604,690	2,370,984,859	10,503,371,989
With Waiver Summary		DY 01	DY 02	DY 03	DY 04	DY 05	DY 01 - DY 05
XIX - Mandatory Populations		1,503,594,121	1,634,301,054	1,525,588,718	1,460,215,147	2,220,583,063	8,344,282,104
HIP Parents		29,206,820	72,749,845	120,440,480	115,478,395	107,605,576	445,481,117
HIP Adult Optional Population		-	-	-	-	-	-
HIP Adult Waiver Population		58,331,939	151,090,998	143,034,516	89,582,245	82,734,445	524,774,143
ESRD Members		-	-	-	-	-	-
Waiver Administrative Expenditures		19,108	56,476	107,593	144,085	163,400	490,662
Total		1,591,151,988	1,858,198,374	1,789,171,307	1,665,419,872	2,411,086,484	9,315,028,026
Waiver Margin		132,128,450	116,553,756	382,578,564	597,184,818	(40,101,625)	1,188,343,963
Coverage Estimates		DY 01	DY 02	DY 03	DY 04	DY 05	DY 01 - DY 05
Test A							
Limit		1,701,051,226	1,904,058,075	2,064,496,489	2,145,212,051	2,250,563,382	10,065,381,223
Expenditures		1,561,945,168	1,785,448,528	1,668,730,827	1,549,941,477	2,303,480,908	8,869,546,909
Limit less Expenditures		139,106,058	118,609,546	395,765,662	595,270,574	(52,917,526)	1,195,834,314
Test B							
Limit		22,229,213	70,694,055	107,253,382	117,392,639	120,421,477	437,990,766
Expenditures		29,206,820	72,749,845	120,440,480	115,478,395	107,605,576	445,481,117
Limit less Expenditures		(6,977,608)	(2,055,790)	(13,187,098)	1,914,244	12,815,901	(7,490,351)
Combined Test A and Test B		132,128,450	116,553,756	382,578,564	597,184,818	(40,101,625)	1,188,343,963
Cumulative Combined Test		132,128,450	248,682,206	631,260,770	1,228,445,588	1,188,343,963	

Healthy Indiana Plan Summary Budget Neutrality Estimates - Waiver Renewal - DRAFT

Scenario: Includes Experience through December 31, 2013

Updated June 23, 2014

Without Waiver Summary	DY 06	DY 07	DY 01 - DY 07
XIX - Mandatory Populations	2,223,870,922	2,545,374,484	14,345,799,937
HIP Parents	116,364,090	121,422,000	675,776,857
HIP Adults	-	-	-
	-	-	488,826,691
Total	2,340,235,012	2,666,796,484	15,510,403,485

With Waiver Summary	DY 06	DY 07	DY 01 - DY 07
XIX - Mandatory Populations	2,104,476,982	2,517,352,665	12,966,111,750
HIP Parents	126,470,309	135,768,000	707,719,426
HIP Adult Optional Population	-	-	-
HIP Adult Waiver Population	90,089,635	168,388,800	783,252,578
ESRD Members	-	757,305	757,305
Waiver Administrative Expenditures	160,940	14,798	666,399
Total	2,321,197,865	2,822,281,568	14,458,507,458

Waiver Margin	19,037,147	(155,485,084)	1,051,896,026
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Coverage Estimates	DY 06	DY 07	DY 01 - DY 07
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Test A			
Limit	2,223,870,922	2,545,374,484	14,834,626,628
Expenditures	2,194,727,556	2,686,513,568	13,750,788,032
Limit less Expenditures	29,143,366	(141,139,084)	1,083,838,596

Test B			
Limit	116,364,090	121,422,000	675,776,857
Expenditures	126,470,309	135,768,000	707,719,426
Limit less Expenditures	(10,106,219)	(14,346,000)	(31,942,569)

Combined Test A and Test B	19,037,147	(155,485,084)	1,051,896,026
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Cumulative Combined Test	1,207,381,110	1,051,896,026	
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Healthy Indiana Plan Summary Budget Neutrality Estimates - Waiver Renewal - DRAFT

Scenario: Includes Experience through December 31, 2013
 Updated June 23, 2014

Without Waiver Summary		DY 08	DY 09	DY 10	DY 01 - DY 10
XIX - Mandatory Populations		3,026,059,072	3,251,266,475	3,493,657,783	24,116,783,266
HIP Parents		127,614,000	134,121,000	140,961,000	1,078,472,857
HIP Adults		-	-	-	-
DSH		-	-	-	488,826,691
Total		3,153,673,072	3,385,387,475	3,634,618,783	25,684,082,814
With Waiver Summary		DY 08	DY 09	DY 10	DY 01 - DY 10
XIX - Mandatory Populations		2,984,142,317	3,205,567,546	3,443,752,919	22,599,574,532
HIP Parents		140,520,000	145,437,000	150,528,000	1,144,204,426
HIP Adult Optional Population		-	-	-	-
HIP Adult Waiver Population		174,283,200	180,384,000	186,698,400	1,324,618,178
ESRD Members		154,399	119,439	92,181	1,123,324
Waiver Administrative Expenditures		-	-	-	666,399
Total		3,299,099,916	3,531,507,985	3,781,071,500	25,070,186,860
Waiver Margin		(145,426,844)	(146,120,511)	(146,452,718)	613,895,954
Coverage Estimates		DY 08	DY 09	DY 10	DY 01 - DY 10
Test A					
Limit		3,026,059,072	3,251,266,475	3,493,657,783	24,605,609,957
Expenditures		3,158,579,916	3,386,070,985	3,630,543,500	23,925,982,434
Limit less Expenditures		(132,520,844)	(134,804,511)	(136,885,718)	679,627,524
Test B					
Limit		127,614,000	134,121,000	140,961,000	1,078,472,857
Expenditures		140,520,000	145,437,000	150,528,000	1,144,204,426
Limit less Expenditures		(12,906,000)	(11,316,000)	(9,567,000)	(65,731,569)
Combined Test A and Test B		(145,426,844)	(146,120,511)	(146,452,718)	613,895,954
Cumulative Combined Test		906,469,182	760,348,672	613,895,954	

Enclosure 2

Without Waiver Projections

Healthy Indiana Plan

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION

CY 2008

MANDATORY POPULATIONS								
ELIGIBILITY GROUP	TREND		DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
HHW Care takers								
Eligible Member Months		30	1,267,393	1,321,085	1,358,352	1,348,869	1,337,306	
Total Cost Per Eligible	4.40%	30	\$ 328.07	\$ 342.50	\$ 357.57	\$ 373.30	\$ 389.73	
Total Expenditure			\$ 415,793,622	\$ 452,471,613	\$ 485,705,925	\$ 503,532,798	\$ 521,188,267	\$ 2,378,692,224
HHW Children								
Eligible Member Months		30	5,766,985	6,234,677	6,574,005	6,635,026	6,692,151	
Total Cost Per Eligible	4.40%	30	\$ 180.51	\$ 188.45	\$ 196.74	\$ 205.40	\$ 214.44	
Total Expenditure			\$ 1,040,998,462	\$ 1,174,924,881	\$ 1,293,369,744	\$ 1,362,834,340	\$ 1,435,064,860	\$ 6,307,192,288
HHW Pregnant Women								
Eligible Member Months		30	334,455	352,518	351,958	337,451	337,054	
Total Cost Per Eligible	4.40%	30	\$ 476.17	\$ 497.12	\$ 519.00	\$ 541.83	\$ 565.67	
Total Expenditure			\$ 159,257,437	\$ 175,243,748	\$ 182,666,202	\$ 182,841,296	\$ 190,661,336	\$ 890,670,020
OPTIONAL POPULATIONS								
ELIGIBILITY GROUP	TREND		DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
HIP Caretakers								
Eligible Member Months			71,113	216,627	314,803	330,042	324,289	
Total Cost Per Eligible			\$ 312.59	\$ 326.34	\$ 340.70	\$ 355.69	\$ 371.34	
Total Expenditure			\$ 22,229,213	\$ 70,694,055	\$ 107,253,382	\$ 117,392,639	\$ 120,421,477	\$ 437,990,766

Healthy Indiana Plan

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION

CY 2013

CY 2014

MANDATORY POPULATIONS			
ELIGIBILITY GROUP	DY 06	TREND RATE	DY 07
HHW Caretakers			
Eligible Member Months	1,336,336	10.49%	1,476,568
Total Cost Per Eligible	\$ 406.88	4.40%	\$ 424.78
Total Expenditure	\$ 543,728,392		\$ 627,216,555

HHW Children			
Eligible Member Months	6,642,974	13.30%	7,526,533
Total Cost Per Eligible	\$ 223.88	1.94%	\$ 228.22
Total Expenditure	\$ 1,487,229,019		\$ 1,717,705,361

HHW Pregnant Women			
Eligible Member Months	326,662	-0.47%	325,125
Total Cost Per Eligible	\$ 590.56	4.40%	\$ 616.54
Total Expenditure	\$ 192,913,511		\$ 200,452,568

OPTIONAL POPULATIONS			
ELIGIBILITY GROUP	DY 06	TREND RATE	DY 07
HIP Caretakers			
Eligible Member Months	300,155	-0.05%	300,000
Total Cost Per Eligible	\$ 387.68	4.40%	\$ 404.74
Total Expenditure	\$ 116,364,090		\$ 121,422,000

Healthy Indiana Plan

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION

CY 2015

MANDATORY POPULATIONS						
ELIGIBILITY GROUP	TREND RATE	DY 08	TREND RATE	DY 09	DY 10	TOTAL WW
HHW Caretakers						
Eligible Member Months	3.82%	1,532,952	1.07%	1,549,278	1,565,778	
Total Cost Per Eligible	5.10%	\$ 446.44	5.10%	\$ 469.21	\$ 493.14	
Total Expenditure		\$ 684,371,091		\$ 726,936,730	\$ 772,147,763	\$ 5,733,092,755
HHW Children						
Eligible Member Months	18.10%	8,888,536	2.87%	9,143,511	9,405,800	
Total Cost Per Eligible	5.10%	\$ 239.86	5.10%	\$ 252.09	\$ 264.95	
Total Expenditure		\$ 2,132,004,245		\$ 2,304,987,688	\$ 2,492,066,710	\$ 16,441,185,311
HHW Pregnant Women						
Eligible Member Months	-0.47%	323,596	-0.47%	322,074	320,559	
Total Cost Per Eligible	5.10%	\$ 647.98	5.10%	\$ 681.03	\$ 715.76	
Total Expenditure		\$ 209,683,736		\$ 219,342,056	\$ 229,443,310	\$ 1,942,505,200
OPTIONAL POPULATIONS						
ELIGIBILITY GROUP	TREND RATE	DY 08	TREND RATE	DY 09	DY 10	TOTAL WW
HIP Caretakers						
Eligible Member Months	0.00%	300,000	0.00%	300,000	300,000	
Total Cost Per Eligible	5.10%	\$ 425.38	5.10%	\$ 447.07	\$ 469.87	
Total Expenditure		\$ 127,614,000		\$ 134,121,000	\$ 140,961,000	\$ 1,078,472,857

Enclosure 3
With Waiver Projections

Healthy Indiana Plan

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION

CY 2008

MANDATORY POPULATIONS						
ELIGIBILITY GROUP	DEMONSTRATION YEARS (DY)					TOTAL WW
	DY 01	DY 02	DY 03	DY 04	DY 05	
HHW Caretakers						
Eligible Member Months	1,267,393	1,321,085	1,358,352	1,348,869	1,337,306	
Total Cost Per Eligible	\$ 320.07	\$ 329.53	\$ 292.59	\$ 277.99	\$ 464.29	
Total Expenditure	\$ 405,654,478	\$ 435,337,140	\$ 397,440,212	\$ 374,972,093	\$ 620,897,803	\$ 2,234,301,725

HHW Children						
Eligible Member Months	5,766,985	6,234,677	6,574,005	6,635,026	6,692,151	
Total Cost Per Eligible	\$ 164.50	\$ 166.30	\$ 149.68	\$ 140.46	\$ 204.11	
Total Expenditure	\$ 948,669,033	\$ 1,036,826,785	\$ 983,997,068	\$ 931,955,752	\$ 1,365,934,941	\$ 5,267,383,579

HHW Pregnant Women						
Eligible Member Months	334,455	352,518	351,958	337,451	337,054	
Total Cost Per Eligible	\$ 446.31	\$ 459.94	\$ 409.57	\$ 454.25	\$ 693.51	
Total Expenditure	\$ 149,270,611	\$ 162,137,129	\$ 144,151,438	\$ 153,287,302	\$ 233,750,320	\$ 842,596,800

OPTIONAL POPULATIONS						
ELIGIBILITY GROUP	DEMONSTRATION YEARS (DY)					TOTAL WW
	DY 01	DY 02	DY 03	DY 04	DY 05	
HIP Caretakers						
Eligible Member Months	71,113	216,627	314,803	330,042	324,289	
Total Cost Per Eligible	\$ 410.71	\$ 335.83	\$ 382.59	\$ 349.89	\$ 331.82	
Total Expenditure	\$ 29,206,820	\$ 72,749,845	\$ 120,440,480	\$ 115,478,395	\$ 107,605,576	\$ 445,481,117

WAIVER POPULATIONS						
ELIGIBILITY GROUP	DEMONSTRATION YEARS (DY)					TOTAL WW
	DY 01	DY 02	DY 03	DY 04	DY 05	
HIP Adults						
Eligible Member Months	112,673	316,527	226,367	168,762	170,946	
Total Cost Per Eligible	\$ 517.71	\$ 477.34	\$ 631.87	\$ 530.82	\$ 483.98	
Total Expenditure	\$ 58,331,939	\$ 151,090,998	\$ 143,034,516	\$ 89,582,245	\$ 82,734,445	\$ 524,774,143

ESRD Members						
Eligible Member Months						
Total Cost Per Eligible						
Total Expenditure						

Healthy Indiana Plan

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION

CY 2013

CY 2014

MANDATORY POPULATIONS			
ELIGIBILITY GROUP	DY 06	TREND RATE	DY 07
HHW Caretakers			
Eligible Member Months	1,336,336	10.49%	1,476,568
Total Cost Per Eligible	\$ 474.20	7.20%	\$ 508.35
Total Expenditure	\$ 633,690,531		\$ 750,613,343

HHW Children			
Eligible Member Months	6,642,974	13.30%	7,526,533
Total Cost Per Eligible	\$ 201.33	7.20%	\$ 215.83
Total Expenditure	\$ 1,337,429,955		\$ 1,624,451,617

HHW Pregnant Women			
Eligible Member Months	326,662	-0.47%	325,125
Total Cost Per Eligible	\$ 408.24	7.20%	\$ 437.64
Total Expenditure	\$ 133,356,495		\$ 142,287,705

OPTIONAL POPULATIONS			
ELIGIBILITY GROUP	DY 06	TREND RATE	DY 07
HIP Caretakers			
Eligible Member Months	300,155	-0.05%	300,000
Total Cost Per Eligible	\$ 421.35	7.41%	\$ 452.56
Total Expenditure	\$ 126,470,309		\$ 135,768,000

WAIVER POPULATIONS			
ELIGIBILITY GROUP	DY 06	TREND RATE	DY 07
HIP Adults			
Eligible Member Months	137,912	74.02%	240,000
Total Cost Per Eligible	\$ 653.24	7.41%	\$ 701.62
Total Expenditure	\$ 90,089,635		\$ 168,388,800

ESRD Members			
Eligible Member Months			2,400
Total Cost Per Eligible			\$ 315.54
Total Expenditure			\$ 757,305

Healthy Indiana Plan

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION

CY 2015

MANDATORY POPULATIONS						
ELIGIBILITY GROUP	TREND RATE	DY 08	TREND RATE	DY 09	DY 10	TOTAL WW
HHW Caretakers						
Eligible Member Months	3.82%	1,532,952	1.07%	1,549,278	1,565,778	
Total Cost Per Eligible	5.10%	\$ 534.28	5.10%	\$ 561.53	\$ 590.17	
Total Expenditure		\$ 819,025,595		\$ 869,966,075	\$ 924,075,202	\$ 6,231,672,471

HHW Children						
Eligible Member Months	18.10%	8,888,536	2.87%	9,143,511	9,405,800	
Total Cost Per Eligible	5.10%	\$ 226.84	5.10%	\$ 238.41	\$ 250.57	
Total Expenditure		\$ 2,016,275,506		\$ 2,179,904,458	\$ 2,356,811,306	\$ 14,782,256,421

HHW Pregnant Women						
Eligible Member Months	-0.47%	323,596	-0.47%	322,074	320,559	
Total Cost Per Eligible	5.10%	\$ 459.96	5.10%	\$ 483.42	\$ 508.07	
Total Expenditure		\$ 148,841,216		\$ 155,697,013	\$ 162,866,411	\$ 1,585,645,640

OPTIONAL POPULATIONS						
ELIGIBILITY GROUP	TREND RATE	DY 08	TREND RATE	DY 09	DY 10	TOTAL WW
HIP Caretakers						
Eligible Member Months	0.00%	300,000	0.00%	300,000	300,000	
Total Cost Per Eligible	3.50%	\$ 468.40	3.50%	\$ 484.79	\$ 501.76	
Total Expenditure		\$ 140,520,000		\$ 145,437,000	\$ 150,528,000	\$ 1,144,204,426

WAIVER POPULATIONS						
ELIGIBILITY GROUP	TREND RATE	DY 08	TREND RATE	DY 09	DY 10	TOTAL WW
HIP Adults						
Eligible Member Months	0.00%	240,000	0.00%	240,000	240,000	
Total Cost Per Eligible	3.50%	\$ 726.18	3.50%	\$ 751.60	\$ 777.91	
Total Expenditure		\$ 174,283,200		\$ 180,384,000	\$ 186,698,400	\$ 1,324,618,178

ESRD Members						
Eligible Member Months		478	-25.00%	359	269	
Total Cost Per Eligible	TREND	\$ 323.01	3.00%	\$ 332.70	\$ 342.68	
Total Expenditure		\$ 154,399		\$ 119,439	\$ 92,181	\$ 1,123,324