

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUL 17 2014

Joseph Moser
Medicaid Director
Indiana Family & Social Services Administration
402 W. Washington St., Room W461
Indianapolis, IN 46204

Dear Mr. Moser:

Thank you for your recent section 1115 demonstration application titled, Healthy Indiana Plan (HIP) 2.0. The Centers for Medicare & Medicaid Services (CMS) received your application on July 2, 2014. After completing a preliminary review of your application, we have determined that it does not meet the requirements for a complete application as specified under sections 42 CFR 431.408 and 42 CFR 431.412(c). Specifically, at time of submission, the state did not meet the requirements for tribal consultation with the Pokagon Band of Potawatomi Indians as specified under section 42 CFR 431.408(b).

This item must be addressed in order for CMS to determine that the application is complete. Once an application has been determined complete, CMS can begin the official review process, including initiation of the 30-day federal public comment period. At this time, we will not be able to begin our 30-day federal public comment and notice process as specified under 42 CFR 431.416(b). Once we receive a revised application that includes the missing elements as described above, or explains how the current request addresses the missing element, we will conduct another preliminary review to determine if the revised application is complete. We will notify you of our determination no later than 15 days after receipt of your revised application.

We look forward to our continuing work with you and your staff, and are available to provide technical assistance as you revise the state's application.

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If you have additional questions or concerns, please contact your project officer Wakina Scott, Division of State Demonstrations and Waivers, at (410) 786-0921, or at Wakina.Scott@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela D. Garner", with a stylized flourish extending to the right.

Angela D. Garner
Acting Director
Division of State Demonstrations and Waivers

cc:

Eliot Fishman, Director, Children and Adults Health Programs Group, CMCS
Verlon Johnson, Associate Regional Administrator, Chicago Regional Office