

Indiana Family and Social Services Administration

**Amendment Request to Healthy Indiana Plan (HIP)
Section 1115 Waiver Extension Application
(Project Number 11-W-00296/5)**



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Section 1. Overview

The Healthy Indiana Plan (“HIP”) 2.0 1115 demonstration program was implemented by the State of Indiana (“State”) on February 1, 2015, building upon the framework and successes of the original HIP program, which has offered proven consumer driven healthcare to able-bodied low-income Hoosiers since 2008. Over 400,000 individuals are fully enrolled in HIP.

HIP offers low-income Hoosiers a high deductible consumer-driven health plan paired with a Personal Wellness and Responsibility (“POWER”) account, which is similar to a health savings account. The POWER account contains contributions made by the State as well as the required monthly contributions from the member currently equal two percent (2%) of income. The POWER account provides a financial incentive for members to become more invested and engaged in their healthcare by adopting healthy behaviors and seeking price transparency to make value conscious decisions. HIP policies are designed to improve member utilization of healthcare services leading to better outcomes.

On January 31, 2017, the State submitted a HIP 1115 waiver extension application (“extension”), seeking to continue the HIP 2.0 demonstration waiver program for three years in its current form with technical revisions and updates, as well as program enhancements aimed at improving member health outcomes through coordinated efforts targeting tobacco cessation, substance use disorder, chronic disease management, and employment.

In addition to the technical changes and program enhancements requested in the original extension request earlier this year, the State now submits this amendment to the state’s pending waiver extension application seeking federal approval to strengthen its HIP program through the following program revisions, each of which is described in more detail below:

1. *HIP Gateway to Work Expansion.* The current HIP Gateway to Work initiative is a voluntary program that connects HIP members to available job training and employment services on a voluntary basis. To increase participation and help HIP meet its goal of increasing employment among HIP members, Indiana seeks to require member participation in Gateway to Work as a condition of eligibility for non-disabled working age members.
2. *POWER Account Income Tiers.* Currently HIP requires members to contribute 2% of income to their POWER account monthly. For purposes of easing administrative burden and to facilitate member compliance with POWER account contributions, the State will realign POWER account contributions to pre-defined income tiers that are roughly equivalent to 2% income across each income tier.
3. *HIP Employer Link Closure.* The current HIP Employer Link program puts excessive administrative burden on employers and the state around plan review and benefit wrap. Further, it excludes members whose employers do not take advantage of the optional participation through the employer portal. Finally, there has been minimal engagement in member enrollment. Therefore, The State will close this element of the HIP 2.0 program.

4. *Technical Revisions.* To gain administrative efficiencies, the State also seeks several additional technical revisions to the transitional medical assistance program, benefits provided to refugees, and funding for Medicaid rehabilitation option.

Section 2. Types of Waivers Requested

2.1 Title XIX Waiver Requests

In addition to the revisions to the HIP waivers requested in the January 31, 2017 extension, the State seeks the following Title XIX waivers:

1. **Eligibility**

Section 1902(a)(10)(A)

To the extent necessary to enable the State to require all able-bodied HIP participants, as a condition of eligibility, to: (1) work at least 20 hours per week over eight (8) months of an eligibility cycle; (2) be enrolled in full-time or part-time education, or (3) participate in the Gateway to Work initiative.

2.2 Costs not Otherwise Matchable

The State requests that expenditures related to the Gateway to Work expansion be regarded as expenditures under the State's Medicaid Title XIX State Plan.

Section 3. Discussion

3.1 Gateway to Work Enhancements

Gateway to Work was launched in 2015 to promote the connection between employment and health by integrating the State's various work training and job search programs with HIP. Through this initiative, all eligible HIP members who are unemployed or working less than 20 hours per week are referred to available employment, work search and job training programs to assist the member in securing gainful employment. After the referral is made via Gateway to Work, member participation in the available employment and training programs is voluntary. The process to date has not been successful in connecting individuals with sustained employment. One of the main goals of the HIP demonstration project is to "provide HIP members with opportunities to seek job training and stable employment to reduce dependence on public assistance." Therefore, to provide these critical services to more HIP members to help meet one of the foundational goals of the program, the State seeks to strengthen HIP's employment initiative and improve participation rates by making participation in the Gateway to Work program a condition of eligibility for all able-bodied working age adult HIP members who are unemployed or working less than 20 hours per week averaged over eight (8) months of the eligibility period or are a student.

In general, employed individuals are both physically and mentally healthier, as well as more financially stable, as compared to unemployed individuals.¹ Due to the strong connection

¹ F.M. McKee-Ryan, Z. Song, C.R. Wanberg, and A.J. Kinicki. (2005). Psychological and physical well-being during unemployment: a meta-analytic study. *Journal of Applied Psychology*, 90 (1), 53-76.; K.I. Paul, E.

between employment and overall health, people who are unemployed have higher mortality and poorer health outcomes, and, further, longitudinal studies have found that these effects of unemployment exist regardless of any pre-existing health conditions.² Additional studies reveal conflicting data in the relationship between employment and health outcomes, including:

1. Increased access to healthcare coverage results in decreasing disability claims in the low-income working poor.³
2. There is minimal evidence linking workplace wellness programs with significant ROI. Additionally, wellness programs may have the unintended consequence of targeting those with chronic diseases that disproportionately affect low-income workers.⁴
3. Low-wage workers face numerous obstacles to obtaining recommended health care despite healthcare access.⁵
4. Working long hours undermines health.⁶
5. When unemployment rises, so do deaths from suicide and drug overdoses.⁷

Given this information, a well-designed process to connect individuals to employment in a way that promotes positive health outcomes and financial stability is essential.

Through this HIP extension amendment request, the State seeks to increase participation in the Gateway to Work initiative to connect members to gainful employment, in a way that improves physical and mental health and the individual's overall financial stability and well-being.

To this end, the State will modify the HIP Gateway to Work initiative to require that all able-bodied HIP participants, not otherwise meeting an exemption, will be required to either:

- (1) work on average 20 hours per week over eight (8) months during the eligibility period;
- (2) be enrolled in full-time or part-time education; OR
- (3) participate in Gateway to Work.

This requirement will be operationalized during the first year of the renewal period and phased in during the second year with a member grace period of six (6) months.

Gateway to Work will connect unemployed and under-employed HIP members to available job training, work search, and employment programs that will assist members in securing gainful employment. Qualifying Gateway to Work participation activities include the following:

Geithner, and K. Moser. (2009). Latent deprivation among people who are employed, unemployed, or out of the labor force. *Journal of Psychology*, 143 (5), 477-491.

² <http://www.commissiononhealth.org/PDF/0e8ca13d-6fb8-451d-bac8-7d15343aacff/Issue%20Brief%204%20Dec%2008%20-%20Work%20and%20Health.pdf>

³ Buchmueller, T.C. and R.G. Valletta, Work, Health, And Insurance: A Shifting Landscape For Employers

And Workers Alike. *Health Aff (Millwood)*, 2017. 36(2): p. 214-221.

⁴ *Id.*

⁵ Workforce Health And Productivity. *Health Aff (Millwood)*, 2017. 36(2): p. 200-201.

⁶ Caruso, C.C., Negative impacts of shiftwork and long work hours. *Rehabil Nurs*, 2014. 39(1): p. 16-25.

⁷ Ruhm, C.J., Recessions, healthy no more? *J Health Econ*, 2015. 42: p. 17-28.

- Employment (subsidized or unsubsidized);
- Managed Care Entities (MCE) employment initiatives;
- Job skills training;
- Job search activities;
- Education related to employment;
- General education (i.e. GED, community college);
- Vocational education/ training;
- Community work experience;
- Community service/public service;
- Caregiving services for a non-dependent relative or other person with a chronic, disabling health condition;
- Accredited homeschooling;
- Volunteer work (e.g. classroom volunteer, faith-based internship work or mission trips sponsored by a recognized religious institution, etc);
- Exemptions as necessary based on individual review

In addition, due to the inextricable link between substance use disorder (SUD) and unemployment, Gateway to Work will also encourage members with a drug addiction to seek treatment. Finding a solution for the current drug epidemic requires a multi-faceted approach that not only treats the health-related consequences, but also addresses some of the underlying economic and social root causes of the epidemic, including unemployment. To encourage members to seek treatment for SUD, participation in SUD treatment activities will be included as an exclusion criteria for this program allowing for voluntary participation during recovery.

The Gateway to Work participation requirements will gradually increase over the member’s first year of participation from five (5) hours per week up to a maximum of twenty (20) hours per week as follows:

Table 1: Escalated Gateway to Work Participation Hours

HIP Eligibility Period	Required Participation Hours
1-6 months	0 hours per week
7-9 months	5 hours per week
10-12 months	10 hours per week
13-18 months	15 hours per week
18+ months	20 hours per week

Following a six (6) month grace period, HIP members who are unemployed or working fewer than 20 hours per week and not otherwise meeting an exemption listed in *Table 2* will be required to participate in the Gateway to Work program as a condition of eligibility. Members who fail to complete the specified number of required Gateway to Work participation hours will be suspended from HIP until the member satisfies the Gateway to Work participation requirements for one (1) full month.

HIP members who are either students (full-time or part-time) or who are working at least 20 hours per week are not subject to the Gateway to Work requirements for so long as the member

continues their education and/or their 20 hours per week employment. In addition, pregnant women, individuals determined medically frail, adults who are the primary caregiver of a dependent (including a minor child less than age 12 or a disabled dependent), members receiving treatment for SUD, and members over the age of 60 are exempt from mandatory participation in Gateway to Work. Further, the participation requirements will be suspended temporarily for members who are unable to participate due to temporary illness or incapacity as certified by a licensed physician, advanced practice nurse, licensed behavioral health professional, a licensed physician assistant, or board certified psychologist.

Table 2: Participation Exemptions

Gateway to Work Participation Exemptions
Students (full-time and part-time)
Members who are employed & working more than 20 hours per week averaged over 8 of 12 months
Pregnant women
Members who are a primary caregiver of a dependent child below the compulsory education age or a disabled dependent
Members identified as medically frail (i.e. serious & complex medical conditions, chronic substance use disorder, or disability determination)
Members with a certified temporary illness or incapacity
Members in active substance use disorder (SUD) treatment
Members over the age of 60
Recent incarceration

Current HIP enrollment reports indicate the strong need for members to receive this enhanced assistance in obtaining or maintaining employment. Recent enrollment numbers show that approximately 40% of HIP members have less than a high school education. Reports also show that 244,000 HIP members were unemployed, while an additional 58,000 members were working fewer than 20 hours per week. Despite these numbers, with a voluntary Gateway to Work initiative, members are not properly incentivized to actively seek employment, resulting in only 580 Gateway to Work orientations being attended during the first fifteen (15) months of the program. The State believes that this data indicates non-exempt able-bodied HIP participants, as well as the State in general, would benefit from conditioning HIP eligibility on the member: (1) working at least 20 hours per week; (2) being enrolled in full-time or part-time education, or (3) participating in the Gateway to Work initiative. The State believes this will lead to improved overall health for members, as the correlation between employment and better physical and mental health has been documented,⁸ as well as a better-trained workforce within the State of Indiana with individuals who are able to transition to the private market.

These changes are necessary to further the HIP program goal of “provid[ing] HIP members with opportunities to seek job training and stable employment to reduce dependence on public

⁸ See F.M. McKee-Ryan, Z. Song, C.R. Wanberg, and A.J. Kinicki. (2005). Psychological and physical well-being during unemployment: a meta-analytic study. *Journal of Applied Psychology*, 90 (1), 53-76.; K.I. Paul, E. Geithner, and K. Moser. (2009). Latent deprivation among people who are employed, unemployed, or out of the labor force. *Journal of Psychology*, 143 (5), 477-491.

assistance.” By increasing participation in the Gateway to Work program, more HIP members will be connected and engaged with the critical vocational skills, job training, education and support available to them. Robust participation in Gateway to Work will encourage member self-sufficiency and foster an eventual transition to the private market, ultimately leading to decreased unemployment for Hoosiers and improved health and financial stability for members.

3.2 Income Tiers for POWER Account Contributions

One of the hallmarks of HIP is the POWER Account, a health savings-like account valued at \$2,500 which pays for the full cost of the member’s deductible. In addition to contributions made by the State, the POWER account contains the required monthly contributions from the member, equal to two percent (2%) of income. As detailed in the waiver extension submission, the POWER account design has been successful in giving members “skin-in-the-game” and providing a financial incentive for members to become more invested and engaged in their healthcare. However, in the interest of continuously seeking to improve upon the success of the HIP program, through this waiver extension amendment, the State seeks to replace the current 2% of monthly income contribution requirement with new tiered member contributions based on federal poverty level (“FPL”). The proposed POWER account contribution amounts are roughly equivalent to 2% of income.

Table 3: Monthly PAC Amounts

FPL	Monthly PAC Single Individual	Monthly PAC Spouses
<22%	\$1.00	\$0.50
23-50%	\$5.00	\$2.50
51-75%	\$10.00	\$5.00
76-100%	\$15.00	\$7.50
101-138%	\$20.00	\$10.00

The State seeks to make this change for several reasons. Most importantly, the tiered structure provides more stability for members as it results in fewer changes to contribution requirements than the current structure, which requires a change in contribution amount as a result of even a small change in monthly income. Additionally, this would ease administrative burden on the State from both a systems and member communication perspective.

3.3 HIP Employer Link

With the HIP 2.0 demonstration program approval, the State also implemented the HIP Employer Link program, which provides HIP eligible individuals support to enroll in their employer-sponsored health insurance (“ESI”) instead of HIP coverage. HIP Employer Link currently provides individuals with the benefits available on their ESI plan through the provision of a \$4,000 HIP Link POWER account. This account reimburses enrollees for the costs associated with the ESI plan, including premium costs that are in excess of the required monthly POWER account contribution and other out of pocket cost sharing (such as copayments) individuals receive benefits wrapped to one of the HIP Employer Link alternative benefit plans and the State is required to cover claims beyond the \$4,000 limit and provide individuals a chance to transfer back to HIP during their enrollment year should they exhaust their HIP

Employer Link POWER account. Utilization of HIP Link has been low and administrative burden has been high.

With this amendment, the State proposes to close the HIP Link program and re-allocate these resources to other components of the program.

3.4 Technical Revisions

3.4.1 Transitional Medical Assistance (TMA)

We request that the Transitional Medical Assistance program requirements per Section 1925 of the Social Security Act be waived for parent/caretakers with minimal increases in income. HIP 2.0 will operate TMA in a manner that will address only those truly at risk of losing coverage. TMA was a vital program when, for example, a family of three on Temporary Assistance for Needy Families (“TANF”) whose income increased to over \$310 a month would actually lose Medicaid coverage for the parent. However, now that we cover adults up to 138% FPL, the need for the program has lessened. Indiana has found that the vast majority of our Section 1931 parent/caretakers who qualify for TMA coverage per current rules never increase to over 100% FPL, and therefore are in no danger of having their HIP coverage end.

We propose that the new TMA extend coverage only to those who would be closed due to an increase in income that puts them over 138% FPL. All low-income parent/caretakers transitioning out of State Basic coverage due to increased job income above the MAGI-converted need standard will be afforded the opportunity to buy into Plus coverage to retain vision and dental benefits. However, TMA will be reserved for those whose job income increases to over 138% FPL, and will allow them to either attain or remain in PLUS coverage for up to twelve months. If after the first six (6) months of TMA coverage income remains over 138% but below 185% FPL, coverage can extend an additional six (6) months as long as POWER Account contributions are paid. Except for the income limit and frequency of reporting, all other existing TMA rules will be used for the over 138% FPL parent/caretaker group.

3.4.2 Refugees

Refugees are exempt from HIP for the first eight (8) months of arrival. Refugees will qualify for full coverage and will be protected for the first eight (8) months upon entering the United States. Benefits will be covered under traditional Indiana Medicaid Fee-For Service (FFS).

3.4.3 Medicaid Rehabilitation Option

Indiana seeks expenditure authority to reimburse providers of Medicaid Rehabilitation Option (“MRO”) services at enhanced HIP 2.0 provider payment rates like all other health care providers as required in state statute at IC 12-15-44.5-5(a)(2)(B). Previous guidance by CMS determined MRO services provided to HIP 2.0 members must be reimbursed at the same rate as the same services to other Indiana Medicaid members, since MRO services are not provided through managed care and are therefore paid through the same fee-for-service codes and claim system as other Indiana Medicaid members. Indiana seeks waiver authority

to reimburse MRO services for HIP 2.0 members at the enhanced reimbursement rate outside of the managed care program and at the FMAP rate applicable to the eligible member.

3.4.4 Tobacco Use Question on Application

Indiana seeks the authority to add a tobacco use question to the Indiana Health Coverage Programs application. CMS released guidance on June 18, 2013 regarding the streamlined application for health coverage and state alternative applications for health coverage. In that guidance, CMS indicated that “*States must only ask questions that are necessary for determining eligibility for coverage in a Qualified Health Plan (QHP) and all insurance affordability programs, or for the administration of these programs.*” A tobacco use question is necessary for the administration of the HIP program in determining the POWER Account contribution and the application of a tobacco use surcharge.

Section 4. Amendment Process Required Elements

4.1 Public Notice

FSSA will provide the public the opportunity to review and provide input on this waiver extension amendment by formally holding open a 30-day public comment period from May 24, 2017 to June 23, 2017. In addition, FSSA will publish formal notice of the amendment and public comment period in the Indiana Register on May 24, 2017.

In addition to the opportunity to submit written comments, the State will hold two public hearings. First, the waiver extension amendment will also be presented to the state’s Medicaid Advisory Committee on Thursday, May 25, 2017 at 10:00AM EDT in Conference Room C of the Indiana Government Center South Building located at 402 W. Washington St. Indianapolis, IN 46204. The meeting is open to the public and both committee members and the public will have an opportunity to provide comment on the amendment at this meeting. The Advisory Committee meeting will be available via web conference at <https://indiana.adobeconnect.com/ompp>. The second public hearing on the amendment request will be held on June 8, 2017 at 1:30PM EDT at the Indiana State Library, History Reference Room, 315 West Ohio Street, Indianapolis, IN 46204. This public hearing will allow members of the public the opportunity to provide verbal comments on the proposal in person as well as via web conference at <https://indiana.adobeconnect.com/indiana>. Notice of the public hearings will be published in the Indiana Register and on the FSSA website.

In addition to posting on the State’s HIP website, pursuant to 42 CFR 431.408(a)(2), the State will also notify stakeholders and the public of its intent to file this amendment and opportunities to comment via notification to an electronic mailing list on May 24, 2017. Further, the State initiated consultation and provided notice of this HIP waiver extension amendment and its contents to Indiana’s federally recognized Indian tribe, the Pokagon Band of Potawatomi Indians, on May 24, 2017.

4.2 Budget Neutrality Impact

Please see attached the detailed budget neutrality report attached as Attachment A analyzing the impact of this amendment.

4.3 CHIP Allotment

This requirement is not applicable to this amendment request, as the demonstration does not impact the CHIP program.

4.4 Evaluation

HIP has a comprehensive, CMS-approved evaluation plan that has been successful in tracking HIP’s progress toward achieving its stated goals. In addition to the new components proposed to the original evaluation design that were included in the extension request, the State also proposes the following additions to the evaluation plan in order to assess the impact of the changes proposed in this extension amendment request. Specifically, Indiana will include an analysis of the following within its evaluation plan:

<u>Hypothesis</u>	<u>Methodology</u>	<u>Data Source</u>
1. Gateway to Work enhancements		
HIP’s Gateway to Work initiative will promote employment among HIP members	Track and compare rates of employment among HIP members	<p>Eligibility and Enrollment Data</p> <ul style="list-style-type: none"> • Number and percentage of members who earn employment or qualifying engagement program that is sustained >90 days • Number and percentage of members who are disenrolled from HIP due to increased earnings from employment
HIP’s Gateway to Work participation requirements will encourage HIP members to transition to commercial health insurance coverage	<p>Track and compare rates of HIP members who secure:</p> <ul style="list-style-type: none"> • Individual private health insurance; • Private health insurance through a partner/spouse; • Individual employer-sponsored insurance; or • Employer-sponsored insurance through a partner/spouse 	<p>Eligibility and Enrollment Data</p> <ul style="list-style-type: none"> • Number and percentage of members who are disenrolled from HIP due to commercial insurance coverage <p>Member Survey Data</p> <ul style="list-style-type: none"> • Self-reported member description of health insurance coverage upon disenrollment from HIP <p>Recidivism into HIP due to unemployment</p> <p>Analysis of demographic patterns</p> <ul style="list-style-type: none"> • Age • Gender • Race/ethnicity • Location of residence by population
HIP’s Gateway to Work participation requirement will	Track and compare rates of participation	Administrative Data

<u>Hypothesis</u>	<u>Methodology</u>	<u>Data Source</u>
encourage active engagement in job searches among HIP members	in the Gateway to Work Program Track and compare rates of self-reported job search activities	<ul style="list-style-type: none"> Number and percentage of members enrolled in the Gateway to Work program Member Survey Data Self-reported member description of job search activities
HIP's Gateway to Work participation requirement will encourage active engagement in employment-related training among HIP members	Track and compare rates of participation in the Gateway to Work Program Track and compare rates of self-reported job training	Administrative Data <ul style="list-style-type: none"> Number and percentage of members enrolled in the Gateway to Work program Member Survey Data Self-reported member description of job training activities
2. Income Tiers for POWER Account Contributions		
HIP's income tier structure for POWER account contributions will increase member compliance with POWER account payments	Track and compare compliance rates with POWER account payments	Administrative Data <ul style="list-style-type: none"> Number and percentage of members making POWER account payments
HIP's income tier structure for POWER account contributions will be easier for members to understand	Track and compare compliance rates with POWER account payments	Administrative Data <ul style="list-style-type: none"> Number and percentage of members making POWER account payments Member Survey Data Member description of their understanding of POWER account contributions before and after tiered structure

Section 5. Conclusion

HIP has proven successful in meeting its program goals since its implementation in 2015. The State appreciates CMS' willingness to further support the goals of the program. The State believes that the changes requested in this waiver extension amendment request are necessary to further its main goals, including: promoting value-based decision-making and personal health responsibility; promoting private market coverage and family coverage options, and; providing HIP members with opportunities to seek job training and stable employment to reduce dependence on public assistance and improve health outcomes. To assist the State in furthering these goals, Indiana respectfully requests that CMS waive Section 1902(a)(10)(A) to the extent it would enable the State to require all able-bodied HIP participants, as a condition of eligibility, to: (1) work at least 20 hours per week; (2) be enrolled in full-time or part-time education, or (3)

participate in the Gateway to Work. Further, Indiana requests increased commitment to substance use disorder treatment access through enhanced reimbursement for MRO services. The State strongly believes that these efforts are consistent with the goals of Medicaid and the HIP demonstration project.

ATTACHMENT A. Budget Neutrality



1115 Waiver – Healthy Indiana Plan

Healthy Indiana Plan

First Renewal, additional proposed enhancements

Budget Neutrality Projections

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EXECUTIVE SUMMARY

This report has been developed for the State of Indiana, Family and Social Services Association (FSSA) to document budget neutrality projections for the Healthy Indiana Plan (HIP) 1115 waiver renewal (Project Number 11-W-00296/5).

This document presents amendments from the initial renewal submission, dated January 31, 2017. Please refer to the original renewal submission for full documentation.

The updated includes the following additional proposed program revisions:

1. HIP Gateway to Work Expansion
2. POWER Account Income Tiers
3. HIP Employer Link Discontinuation
4. Technical Revisions, affecting the transitional medical assistance program, benefits provided to refugees, and funding for Medicaid rehabilitation option services.

These program revisions are described further in the waiver submission and in the body of this report.

BUDGET NEUTRALITY – ACTUAL AND PROJECTED (DY01 – DY06)

The current waiver has been approved for the period February 1, 2015 through January 31, 2018. Indiana is currently requesting a three-year renewal.

Table 1 illustrates the actual and projected Waiver Margin for the Demonstration. Values were developed using CMS Schedule C reporting through September 30, 2016, with estimated adjustments for presumptive eligibility (PE) program reporting (described later in this report).

Table 1 State of Indiana, Family and Social Services Administration 1115 HIP Waiver Budget Neutrality Summary HIP 2.0 Waiver Renewal (11-W-00296/5) (Values in \$Millions)						
Calendar Year	Demonstration Year	Without Waiver Expenditures	With Waiver Expenditures	Total Savings	Waiver Margin	Cumulative Waiver Margin
2015	1	\$ 2,058.9	\$ 1,660.6	\$ 398.3	\$ 191.0	\$ 191.0
2016	2	\$ 3,295.2	\$ 2,611.9	\$ 683.3	\$ 231.3	\$ 422.3
2017	3	\$ 3,848.0	\$ 3,036.8	\$ 811.3	\$ 262.4	\$ 684.7
2018	4	\$ 4,122.1	\$ 3,285.6	\$ 836.5	\$ 289.8	\$ 974.5
2019	5	\$ 4,289.3	\$ 3,454.2	\$ 835.1	\$ 312.4	\$ 1,286.9
2020	6	\$ 4,389.0	\$ 3,561.2	\$ 827.8	\$ 331.7	\$ 1,618.6

Expenditures in Table 1 represent incurred expenditures for each demonstration year, and also reflect program adjustments proposed for the renewal period.

BASELINE PROJECTIONS

This section provides additional detail on the data, assumptions, and methodology associated with baseline projections for the 1115 waiver budget neutrality filing – before proposed changes to the waiver.

BUDGET NEUTRALITY MODEL

We continue to utilize the budget neutrality model provided for the first HIP waiver submission. It has been updated to reflect historical enrollment and expenditures through September 30, 2016, as reported by Indiana in Schedule C of the Form CMS 64.

We have also included an Excel file version of the development of the waiver budget neutrality exhibits: “HIP Budget Neutrality – 2018 HIP Renewal.xlsx”.

ADDITIONAL PROPOSED MODIFICATIONS TO THE HIP PROGRAM

This section describes additional modifications proposed by the State in the amendment to the renewal.

Gateway to work

The HIP Gateway to Work (GTW) program was launched in 2015 on a voluntary basis. It provides various work training, educational, and job search programs for unemployed or underemployed HIP members. To improve participation rates, the State proposes to make the program mandatory for able-bodied eligible members.

We have estimated that the program will be mandatory for approximately 30% of current HIP members; the remainder are exempted from mandatory participation, but may participate on a voluntary basis. The table below estimates the number of members who will be exempted from the program and reasons for the exemptions. The table is developed on a cumulative basis, so as not to double count members who may qualify under multiple exemptions.

Table 2 State of Indiana Family and Social Services Administration Healthy Indiana Plan Gateway to Work Target Population Estimate		
	January 31, 2017	
	Enrollees	Percentage
Total HIP Enrollment	438,604	100.0%
<u>Exemption Hierarchy</u>		
1 - Over age 60	21,143	4.8%
2 - Students	38,440	8.8%
3 - Pregnant Women	5,849	1.3%
4 - Medically Frail	54,891	12.5%
5 - Average 20+ hrs/wk: 8 out of 12 months	140,655	32.1%
6 - Average 20+ hrs/wk: Current month	2,479	0.6%
7 - Recent Incarceration	560	0.1%
<u>8 - Primary Caretaker</u>	<u>41,883</u>	<u>9.5%</u>
Total Exempted Members	305,900	69.7%
Gateway to Work Target Population	132,704	30.3%

Note:

Additional exemptions are anticipated for which we were unable to provide an estimate. These include exemptions for members with certified temporary illness or incapacity, and active substance use disorder (SUD) treatment.

Those required to participate will be referred to GTW on their anniversary date during the second year of the renewal. Those who are still enrolled in HIP one year after referral will be evaluated for compliance with GTW participation requirements, beginning in the third year of the renewal. Any member suspended from HIP due to non-compliance may be re-enrolled one month after meeting GTW participation requirements. Based on current lapse rates, we have estimated that approximately 75% of those referred to the program will still be enrolled one year later. Of those, we have estimated that approximately 25% will choose not to participate, and will have HIP eligibility suspended until compliance has been demonstrated.

Of those who elect to participate, improved employment outcomes may be anticipated. Compared with the status quo, additional members may lose eligibility each year due to gainful employment with income above 138% FPL, starting during the third year of the renewal.

Table 3 projects HIP enrollment reflecting implementation of the Gateway to Work program. The impact is phased in over redeterminations that will occur during DY 06.

Table 3 State of Indiana Family and Social Services Administration Actual and Projected Enrollment - Healthy Indiana Plan with Gateway to Work and Open Enrollment Policy						
Population	DY 01	DY 02	DY 03	DY 04	DY 05	DY 06
Section 1931 Parents	93,881	114,834	117,189	117,567	117,976	116,402
New Adult Group	134,179	225,322	269,015	276,864	276,917	268,723
Medically Frail	21,585	40,268	46,226	46,160	46,122	46,374
HIP Employer Link	1	97	1,696	-	-	-
HIP Presumptive Eligibility	81	78	55	43	34	26
Total Healthy Indiana Plan enrollment	249,728	380,598	434,181	440,634	441,049	431,525

The state requests that expenditures related to the Gateway to work program be regarded as expenditures matchable under the State's Medicaid Title XIX State Plan. These expenditures include costs for providing orientation, assessment, job skills training, job search assistance, and tracking member progress under the Gateway to Work program, and are estimated at \$90 per month per enrolled member. These costs are included in the cost neutrality exhibit, phasing in during DY 05 and fully implemented during DY 06.

POWER account income tiers

The POWER account income tiers have been proposed as an administrative simplification, and have been developed so as to avoid increasing participant contributions. The reduction in average contributions is illustrated below by income tier.

Table 4 State of Indiana Family and Social Services Administration Proposed HIP contribution tiers Estimated change in average contributions					
FPL	January 2017 HIP Plus members	Current contributions		Under Proposed tiers	
		Dollars	Average	Dollars	Average
0% to 22%	132,603	\$ 147,200	\$ 1.11	\$ 124,292	\$ 0.94
23% to 50%	21,745	225,563	10.37	97,471	4.48
51% to 75%	28,736	493,704	17.18	255,785	8.90
76% to 100%	32,924	763,920	23.20	435,641	13.23
101% to 138%	40,615	1,247,547	30.72	716,638	17.64
Total	256,623	\$ 2,877,933	\$ 11.21	\$ 1,629,827	\$ 6.35

HIP Employer Link discontinuation

The state has decided to discontinue the HIP Employer Link program. As of March 2017, there were 60 members enrolled in HIP Employer Link. They will be offered the opportunity to transition to other HIP coverage. The 1115 waiver exhibits reflect transition of projected HIP Employer Link members to the New Adult Group.

Transitional Medical Assistance (TMA)

TMA members with income at or below 138% FPL are eligible for the HIP program. The State proposes to enroll these members in the HIP program appropriate to their current income. These members will be afforded the opportunity to buy into Plus coverage to retain dental and vision benefits. TMA members above 138% FPL are not otherwise eligible for the HIP program and will remain in TMA (no change is proposed to how benefits are currently provided for those above 138% FPL).

As of the May 4, 2017, there were approximately 19,000 TMA members with income at or below 138% FPL, and an additional 3,500 with income above 138% FPL. Under the State's proposal, no change is anticipated for the 3,500 members who will remain in the TMA program. For those under 138% FPL the State may realize a small savings due to transition to the regular HIP program. Those who do not choose to remain in Plus may lose the enhanced benefits. For this population, the savings may be estimated at approximately \$20 per month for each member who loses enhanced benefits.

The 19,000 affected members represent approximately 16.2% of the Section 1931 Caretaker MEG, and assuming 25% of affected members choose not to make contributions, the overall impact is estimated at \$0.81 PMPM.

Refugees

There is no material projected fiscal impact for postponing refugee enrollment in HIP until eight months after arrival. Refugees will have access to all state plan benefits through the fee-for-service program for the first eight months after arrival, and after that time, will be enrolled in HIP.

There were an average of just over 400 refugees enrolled in Indiana's Medicaid program during the two years prior to HIP expansion (calendar years 2013 and 2014). The data is not fully credible, but per member per month costs do not appear to be materially different from other HIP members, so we have not made any adjustments to PMPM projections.

Medicaid Rehabilitation Option (MRO)

Indiana is currently reimbursing MRO providers at 130% of Medicaid reimbursement, as required in state statute at IC 12-15-44.5-5(a)(2)(B). However, reimbursement above the regular Medicaid reimbursement level is being paid using state only dollars. The State also proposes to reimburse Substance Use Disorder (SUD) providers according to state statute. Enhanced payments for MRO and SUD are projected at \$11.4 million for CY 2018. These amounts are not currently reflected in Schedule C reporting, but have been added to with waiver projections.

Population	Projected Enhanced MRO/SUD Expenditures	PMPM
Section 1931 Parents	\$ 2.6	\$ 1.84
New Adult Group	\$ 4.7	\$ 1.42
Medically Frail	\$ 4.1	\$ 7.31
Total	\$ 11.4	

LIMITATIONS

The information contained in this report has been prepared for the State of Indiana, Family and Social Services Administration (FSSA). 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 FSSA, approved December 16, 2015.

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.

APPENDIX 1: BUDGET NEUTRALITY EXHIBITS

Healthy Indiana Plan Summary Budget Neutrality Estimates - 1115 Waiver Application

Updated May 23, 2017

Without Waiver Summary	DY 01	DY 02	DY 03	DY 01 - DY 03
XIX - HIP Populations				
Section 1931 Caretakers	750,466,604	966,618,193	1,038,725,796	2,755,810,593
New Adult Group	877,758,261	1,490,205,952	1,798,738,553	4,166,702,766
Medically Frail	430,666,254	837,960,726	1,003,320,376	2,271,947,356
HIP Employer Link	5,225	407,813	7,247,906	7,660,944
Subtotal	2,058,896,344	3,295,192,684	3,848,032,631	9,202,121,658
XIX - Non-HIP Populations (SUD)				
Disabled Children Population				
Disabled Under 65 Population				
Aged Over 65 Population				
HHW Child Population				
HHW Adult Population				
Subtotal				
Total Without Waiver Costs	2,058,896,344	3,295,192,684	3,848,032,631	9,202,121,658
With Waiver Summary	DY 01	DY 02	DY 03	DY 01 - DY 03
XIX - HIP Populations				
Section 1931 Caretakers	557,518,446	734,327,216	775,613,053	2,067,458,715
New Adult Group	617,541,597	1,283,468,739	1,549,200,703	3,450,211,039
Medically Frail	483,610,759	593,034,046	710,058,669	1,786,703,474
HIP Employer Link	1,648	67,048	1,191,699	1,260,395
HIP Presumptive Eligibility	1,902,684	1,001,230	713,884	3,617,798
Subtotal	1,660,575,134	2,611,898,280	3,036,778,007	7,309,251,421
XIX - Non-HIP Populations (SUD)				
Disabled Children Population				
Disabled Under 65 Population				
Aged Over 65 Population				
HHW Child Population				
HHW Adult Population				
Subtotal				
Total With Waiver Costs	1,660,575,134	2,611,898,280	3,036,778,007	7,309,251,421
Total Waiver Margin	398,321,210	683,294,404	811,254,624	1,892,870,238
Waiver Margin excluding Newly Eligible	191,045,474	231,289,747	262,398,859	684,734,079
Coverage Estimates	DY 01	DY 02	DY 03	
Anticipated Enrollment				
Section 1931 Caretakers	93,881	114,834	117,189	
New Adult Group	134,179	225,322	269,015	
Medically Frail	21,585	40,268	46,226	
HIP Employer Link	1	97	1,696	
HIP Presumptive Eligibility	81	78	55	
Total HIP Enrollment	249,728	380,598	434,181	

Healthy Indiana Plan *Summary Budget Neutrality Estimates - 1115 Waiver Application*

Updated May 23, 2017

Without Waiver Summary	DY 04	DY 05	DY 06	DY 01 - DY 06
XIX - HIP Populations				
Section 1931 Caretakers	1,102,461,022	1,164,929,485	1,210,303,492	6,233,504,591
New Adult Group	1,938,898,407	1,997,455,300	1,996,494,890	10,099,551,363
Medically Frail	1,049,986,847	1,094,221,651	1,147,521,334	5,563,677,188
HIP Employer Link	-	-	-	7,660,944
Subtotal	4,091,346,276	4,256,606,435	4,354,319,716	21,904,394,086
XIX - Non-HIP Populations (SUD)				
Disabled Children Population	1,562,423	1,645,916	1,735,844	4,944,183
Disabled Under 65 Population	11,242,296	11,978,760	12,770,721	35,991,777
Aged Over 65 Population	1,263,060	1,353,980	1,448,436	4,065,476
HHW Child Population	15,334,694	16,274,236	17,310,441	48,919,370
HHW Adult Population	1,341,921	1,399,525	1,459,644	4,201,090
Subtotal	30,744,394	32,652,417	34,725,085	98,121,896
Total Without Waiver Costs	4,122,090,670	4,289,258,852	4,389,044,802	22,002,515,981
With Waiver Summary	DY 04	DY 05	DY 06	DY 01 - DY 06
XIX - HIP Populations				
Section 1931 Caretakers	812,120,706	852,029,703	878,237,236	4,609,846,359
New Adult Group	1,691,036,403	1,786,278,650	1,827,005,814	8,754,531,906
Medically Frail	751,123,557	782,768,133	820,900,659	4,141,495,822
HIP Employer Link	-	-	-	1,260,395
HIP Presumptive Eligibility	576,878	466,366	377,170	5,038,212
Subtotal	3,254,857,544	3,421,542,851	3,526,520,879	17,512,172,695
XIX - Non-HIP Populations (SUD)				
Disabled Children Population	1,562,423	1,645,916	1,735,844	4,944,183
Disabled Under 65 Population	11,242,296	11,978,760	12,770,721	35,991,777
Aged Over 65 Population	1,263,060	1,353,980	1,448,436	4,065,476
HHW Child Population	15,334,694	16,274,236	17,310,441	48,919,370
HHW Adult Population	1,341,921	1,399,525	1,459,644	4,201,090
Subtotal	30,744,394	32,652,417	34,725,085	98,121,896
Total With Waiver Costs	3,285,601,938	3,454,195,268	3,561,245,964	17,610,294,590
Total Waiver Margin	836,488,732	835,063,584	827,798,837	4,392,221,391
Waiver Margin excluding Newly Eligible	289,763,438	312,433,417	331,689,086	1,618,620,020
Coverage Estimates	DY 04	DY 05	DY 06	
Anticipated Enrollment				
Section 1931 Caretakers	117,567	117,976	116,402	
New Adult Group	276,864	276,917	268,723	
Medically Frail	46,160	46,122	46,374	
HIP Employer Link	-	-	-	
HIP Presumptive Eligibility	43	34	27	
Total HIP Enrollment	440,634	441,048	431,526	
Disabled Children Population	66,092	66,907	67,595	
Disabled Under 65 Population	217,874	222,819	227,886	
Aged Over 65 Population	126,813	129,692	132,641	
HHW Child Population	648,676	655,162	661,714	
HHW Adult Population	30,637	30,372	30,108	
Total Non-HIP Enrollment	1,090,092	1,104,952	1,119,944	
Grand Total Enrollment	1,530,726	1,546,000	1,551,470	

APPENDIX 2: WITHOUT WAIVER PROJECTIONS

Healthy Indiana Plan

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION

HIP POPULATIONS					
ELIGIBILITY GROUP	Trend	DEMONSTRATION YEARS (DY)			TOTAL WOW
		DY 01	DY 02	DY 03	
Section 1931 Caretakers					
Eligible Member Months		1,126,573	1,378,009	1,406,268	
Total Cost Per Eligible	5.30%	\$ 666.15	\$ 701.46	\$ 738.64	
Total Expenditure		\$ 750,466,604	\$ 966,618,193	\$ 1,038,725,796	\$ 2,755,810,593
New Adult Group					
Eligible Member Months		1,610,152	2,703,861	3,228,174	
Total Cost Per Eligible	1.10%	\$ 545.14	\$ 551.14	\$ 557.20	
Total Expenditure		\$ 877,758,261	\$ 1,490,205,952	\$ 1,798,738,553	\$ 4,166,702,766
Medically Frail					
Eligible Member Months		259,024	483,214	554,716	
Total Cost Per Eligible	4.30%	\$ 1,662.65	\$ 1,734.14	\$ 1,808.71	
Total Expenditure		\$ 430,666,254	\$ 837,960,726	\$ 1,003,320,376	\$ 2,271,947,356
HIP Employer Link					
Eligible Member Months		15	1,158	20,357	
Total Cost Per Eligible	1.10%	\$ 348.33	\$ 352.17	\$ 356.04	
Total Expenditure		\$ 5,225	\$ 407,813	\$ 7,247,906	\$ 7,660,944

Healthy Indiana Plan

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION

HIP POPULATIONS					
ELIGIBILITY GROUP	Trend	DY 04	DY 05	DY 06	TOTAL WOW
Section 1931 Caretakers					
Eligible Member Months		1,410,807	1,415,708	1,396,821	
Total Cost Per Eligible	5.30%	\$ 781.44	\$ 822.86	\$ 866.47	
Total Expenditure		\$ 1,102,461,022	\$ 1,164,929,485	\$ 1,210,303,492	\$ 6,233,504,591
New Adult Group					
Eligible Member Months		3,322,364	3,323,000	3,224,678	
Total Cost Per Eligible	3.00%	\$ 583.59	\$ 601.10	\$ 619.13	
Total Expenditure		\$ 1,938,898,407	\$ 1,997,455,300	\$ 1,996,494,890	\$ 10,099,551,363
Medically Frail					
Eligible Member Months		553,922	553,459	556,490	
Total Cost Per Eligible	4.30%	\$ 1,895.55	\$ 1,977.06	\$ 2,062.07	
Total Expenditure		\$ 1,049,986,847	\$ 1,094,221,651	\$ 1,147,521,334	\$ 5,563,677,188
HIP Employer Link					
Eligible Member Months		-	-	-	
Total Cost Per Eligible	3.00%	\$ 366.72	\$ 377.72	\$ 389.05	
Total Expenditure		\$ -	\$ -	\$ -	\$ 7,660,944
NON-HIP POPULATIONS					
ELIGIBILITY GROUP	Trend	DY 04	DY 05	DY 06	TOTAL WW
Disabled Children					
Eligible Member Months		793,108	802,886	811,142	
Total Cost Per Eligible	4.3%	\$ 1.97	\$ 2.05	\$ 2.14	
Total Expenditure		\$ 1,562,423	\$ 1,645,916	\$ 1,735,844	\$ 4,944,183
Disabled Adults Under 65					
Eligible Member Months		2,614,487	2,673,830	2,734,630	
Total Cost Per Eligible	4.3%	\$ 4.30	\$ 4.48	\$ 4.67	
Total Expenditure		\$ 11,242,296	\$ 11,978,760	\$ 12,770,721	\$ 35,991,777
Aged - Age 65 and Over					
Eligible Member Months		1,521,759	1,556,299	1,591,687	
Total Cost Per Eligible	4.3%	\$ 0.83	\$ 0.87	\$ 0.91	
Total Expenditure		\$ 1,263,060	\$ 1,353,980	\$ 1,448,436	\$ 4,065,476
HHW Child					
Eligible Member Months		7,784,109	7,861,950	7,940,569	
Total Cost Per Eligible	5.30%	\$ 1.97	\$ 2.07	\$ 2.18	
Total Expenditure		\$ 15,334,694	\$ 16,274,236	\$ 17,310,441	\$ 48,919,370
HHW Adult					
Eligible Member Months		367,650	364,460	361,298	
Total Cost Per Eligible	5.30%	\$ 3.65	\$ 3.84	\$ 4.04	
Total Expenditure		\$ 1,341,921	\$ 1,399,525	\$ 1,459,644	\$ 4,201,090

APPENDIX 3: WITH WAIVER PROJECTIONS

Healthy Indiana Plan DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION

HIP POPULATIONS					
ELIGIBILITY GROUP	Trend	DEMONSTRATION YEARS (DY)			TOTAL WW
		DY 01	DY 02	DY 03	
Section 1931 Caretakers					
Eligible Member Months		1,126,573	1,378,009	1,406,268	
Total Cost Per Eligible	3.5%	\$ 494.88	\$ 532.89	\$ 551.54	
Total Expenditure		\$ 557,518,446	\$ 734,327,216	\$ 775,613,053	\$ 2,067,458,715
New Adult Group					
Eligible Member Months		1,610,152	2,703,861	3,228,174	
Total Cost Per Eligible	1.1%	\$ 383.53	\$ 474.68	\$ 479.90	
Total Expenditure		\$ 617,541,597	\$ 1,283,468,739	\$ 1,549,200,703	\$ 3,450,211,039
Medically Frail					
Eligible Member Months		259,024	483,214	554,716	
Total Cost Per Eligible	4.3%	\$ 1,867.05	\$ 1,227.27	\$ 1,280.04	
Total Expenditure		\$ 483,610,759	\$ 593,034,046	\$ 710,058,669	\$ 1,786,703,474
HIP Employer Link					
Eligible Member Months		15	1,158	20,357	
Total Cost Per Eligible	1.10%	\$ 109.87	\$ 57.90	\$ 58.54	
Total Expenditure		\$ 1,648	\$ 67,048	\$ 1,191,699	\$ 1,260,395
HIP Presumptive Eligibility					
Eligible Member Months		971	933	658	
Total Cost Per Eligible	1.10%	\$ 1,959.51	\$ 1,073.13	\$ 1,084.93	
Total Expenditure		\$ 1,902,684	\$ 1,001,230	\$ 713,884	\$ 3,617,798

Healthy Indiana Plan DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION

HIP POPULATIONS					
ELIGIBILITY GROUP	Trend	DY 04	DY 05	DY 06	TOTAL WW
Section 1931 Caretakers					
Eligible Member Months		1,410,807	1,415,708	1,396,821	
Total Cost Per Eligible	3.5%	\$ 575.64	\$ 601.84	\$ 628.74	
Total Expenditure		\$ 812,120,706	\$ 852,029,703	\$ 878,237,236	\$ 4,609,846,359
New Adult Group					
Eligible Member Months		3,322,364	3,323,000	3,224,678	
Total Cost Per Eligible	3.0%	\$ 508.99	\$ 537.55	\$ 566.57	
Total Expenditure		\$ 1,691,036,403	\$ 1,786,278,650	\$ 1,827,005,814	\$ 8,754,531,906
Medically Frail					
Eligible Member Months		553,922	553,459	556,490	
Total Cost Per Eligible	4.3%	\$ 1,356.01	\$ 1,414.32	\$ 1,475.14	
Total Expenditure		\$ 751,123,557	\$ 782,768,133	\$ 820,900,659	\$ 4,141,495,822
HIP Employer Link					
Eligible Member Months		-	-	-	
Total Cost Per Eligible	3.0%	\$ 60.30	\$ 62.11	\$ 63.97	
Total Expenditure		\$ -	\$ -	\$ -	\$ 1,260,395
HIP Presumptive Eligibility					
Eligible Member Months		516	405	318	
Total Cost Per Eligible	3.0%	\$ 1,117.98	\$ 1,151.52	\$ 1,186.07	
Total Expenditure		\$ 576,878	\$ 466,366	\$ 377,170	\$ 5,038,212
NON-HIP POPULATIONS					
ELIGIBILITY GROUP	Trend	DY 04	DY 05	DY 06	TOTAL WW
Disabled Children					
Eligible Member Months		793,108	802,886	811,142	
Total Cost Per Eligible	4.3%	\$ 1.97	\$ 2.05	\$ 2.14	
Total Expenditure		\$ 1,562,423	\$ 1,645,916	\$ 1,735,844	\$ 4,944,183
Disabled Adults Under 65					
Eligible Member Months		2,614,487	2,673,830	2,734,630	
Total Cost Per Eligible	4.3%	\$ 4.30	\$ 4.48	\$ 4.67	
Total Expenditure		\$ 11,242,296	\$ 11,978,760	\$ 12,770,721	\$ 35,991,777
Aged - Age 65 and Over					
Eligible Member Months		1,521,759	1,556,299	1,591,687	
Total Cost Per Eligible	4.3%	\$ 0.83	\$ 0.87	\$ 0.91	
Total Expenditure		\$ 1,263,060	\$ 1,353,980	\$ 1,448,436	\$ 4,065,476
HHW Child					
Eligible Member Months		7,784,109	7,861,950	7,940,569	
Total Cost Per Eligible	5.3%	\$ 1.97	\$ 2.07	\$ 2.18	
Total Expenditure		\$ 15,334,694	\$ 16,274,236	\$ 17,310,441	\$ 48,919,370
HHW Adult					
Eligible Member Months		367,650	364,460	361,298	
Total Cost Per Eligible	5.3%	\$ 3.65	\$ 3.84	\$ 4.04	
Total Expenditure		\$ 1,341,921	\$ 1,399,525	\$ 1,459,644	\$ 4,201,090