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# Independent Evaluation

## Indiana's Children's Health Insurance Program for CY 2024

Prepared for
Indiana Family and Social Services Administration

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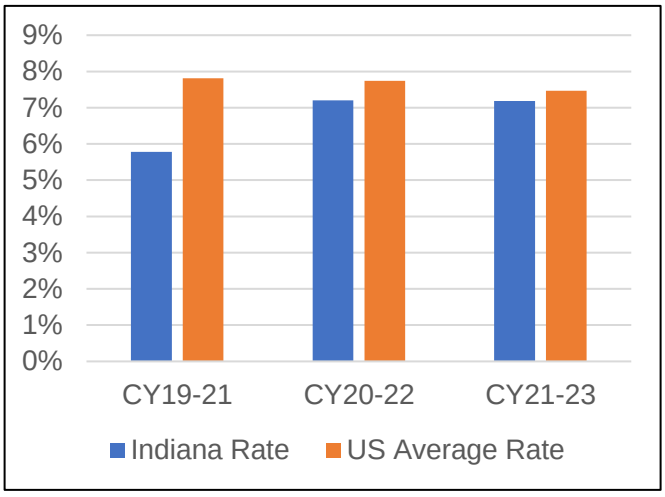
# Executive Summary

As of December 2024, enrollment in Indiana's Children's Health Insurance Program (CHIP) was at an all-time high of 142,475, an increase of almost 7% from the previous December. There were slight increases to both CHIP Package C and CHIP Package C Expansion. CHIP Package C and C Expansion are the portion of the program for families at the higher level of the income scale (defined as families with incomes up to 250% of the federal poverty rate, or $78,000 per year for a family of four in 2024). There was a small increase during Calendar Year (CY) 2024 in CHIP Package A which is the portion of the program for families at the lower level of the income scale (defined as families with incomes up to 158% of the federal poverty level, or $49,296 per year for a family of four in 2024.

In Federal Fiscal Year (FFY) 2024, child enrollment in Medicaid and CHIP combined in Indiana increased by 11,681, or 1.35%. During CY 2024, CHIP Package A enrollment increased by just over 7%, CHIP Package C increased by 5%, and regular child Medicaid had a light increase of less than 1%. Under the pandemic public health emergency (PHE) state Medicaid agencies were prohibited from disenrolling members from Medicaid or CHIP. Automatic Medicaid eligibility redeterminations ended on March 31, 2023, with the end of the federal Public Health Emergency (PHE). Returning to standard Medicaid eligibility processes extended through May 2024 in Indiana, which may have impacted the overall number of CHIP participants in CHIP Package A in early CY 2024.

Indiana's CHIP continues to serve as a way to keep the uninsured rate for children in lower-income families below the national average. For the most recent three years of reporting available, Indiana's uninsured rate for children in families at or below 250% of the federal poverty level (FPL) has been below the national average. (The uninsured rate is expressed as the most recent three years averaged together.) In the most recent period of reporting (the 3-year average of CY2021, CY2022 and CY2023 reporting), the difference between the Indiana's child uninsured rate and the national average rate narrowed to around 0.3%. Indiana's child uninsured rate was 7.2% and the national average rate was 7.5%.




Enrollment in CHIP is spread evenly throughout the state, but there is a higher distribution of minorities in Indiana's CHIP than the overall population of children ages 18 and younger. Because children under age 6 are eligible for regular Medicaid at higher family income levels, CHIP has a higher proportion of members in older child age groups. Children ages 6 to 12 represent 46.5% of CHIP enrollees while teenagers represent 39.5% of CHIP enrollees.

Each year, an independent evaluation of Indiana's CHIP is conducted as required by Indiana Code 12-17.6-2-12 which states that

> *Not later than April 1, the office shall provide a report describing the program's activities during the preceding calendar year to the: (1) Budget committee; (2) Legislative council; (3) Children's health policy board established by IC 4-23-27-2; and (4) Health finance commission established by IC 2-5-23-3.*

*A report provided under this section to the legislative council must be in an electronic format under 5-14-6.*

Burns & Associates, a Division of Health Management Associates (HMA-Burns), was hired by the Office of Medicaid Policy and Planning (OMPP) to conduct the evaluation for calendar year (CY) 2024. The HMA-Burns team has conducted this annual study for the OMPP since 2007. The OMPP is a part of the Family and Social Services Administration (FSSA) and is responsible for administering Indiana's CHIP, with support from the Division of Family Resources which conducts eligibility determinations.

## Background on Indiana's CHIP

All CHIP members enroll in the OMPP's Hoosier Healthwise program in the same manner as children in the Medicaid program. CHIP families select from one of the four contracted managed care entities (MCEs)—Anthem, CareSource, Managed Health Services (MHS) or MDwise.

There are only slight differences in the benefit package offered between MCHIP (Package A) and SCHIP (Package C). Co-pays are charged to SCHIP members for prescription drugs and ambulance services, and monthly premiums are also charged to SCHIP families on a sliding scale based on family income and the number of children enrolled.

| | Monthly Premiums | |
|---|---|---|
| **Family FPL** | **1 Child** | **2 or More Children** |
| 158% up to 175% | $22 | $33 |
| 175% up to 200% | $33 | $50 |
| 200% up to 225% | $42 | $53 |
| 225% up to 250% | $53 | $70 |

In a report released by the Kaiser Family Foundation in March 2020, it was found that Indiana's program resembles many other states CHIP programs in its design features. Among the CHIP programs nationwide, 22 states (including Indiana) require families to pay premiums for their children's coverage when the family income is above 200% FPL. States do differ on co-pays required in their programs. Like 16 other states, Indiana requires co-pays on some pharmacy scripts. But Indiana does not require co-pays on emergency department visits or non-preventive physician visits like some other states do.

## The Federal Government Has Enhanced Funding to States for CHIP in Recent Years

The State Children's Health Insurance Program was created by the Balanced Budget Act of 1997 when Congress enacted Title XXI of the Social Security Act. The original legislation has been extended five times since then. The Bipartisan Budget Act of 2018 authorized CHIP through Federal Fiscal Year (FFY) 2027.

Like the Medicaid program, CHIP is funded jointly by the federal government and the states subject to an annual cap. The federal match assistance percentage (FMAP) for CHIP is higher than the FMAP for Medicaid. The Families First Coronavirus Response Act became law in March of 2020 and increased FMAP for Medicaid to states by 6.2% and increased the FMAP for CHIP by 4.34% in response to the pandemic. Those increases were incrementally rolled back each quarter in 2023, ending as of December 31, 2023. The CY 2024 FMAP rates for Medicaid and CHIP are reflected in the chart below.

| | **CHIP** (SCHIP and MCHIP) | **Medicaid** |
|---|---|---|
| **Quarter** | FMAP | FMAP |
| January 1 - March 31, 2024 | 75.93% | 65.62% |
| April 1 - June 30, 2024 | 75.93% | 65.62% |
| July 1 - September 30, 2024 | 75.93% | 65.62% |
| October 1 - 31 December 31, 2024 | 75.43% | 64.90% |

For illustration, for every $100 spent in Indiana's CHIP in the last quarter of CY 2024, the state's responsibility was $24.57. For every $100 spent in the traditional Medicaid program in the last quarter of CY 2024, the state's responsibility was $35.10.

Total expenditures in Indiana's CHIP in CY 2024 were $448.7 million, an increase of 11% from the previous year[1]. Enrollment also increased during CY 2024, resulting in a total cost to the state on a per member per month basis of $268.28 in CY 2024, an increase of 2.8% from $261.01 during CY 2023. The state's share of the per member per month cost during CY 2024 was $65.92.

## Dashboard of Metrics to Review Indiana's CHIP at a Glance

The dashboard report that appears at the end of this Executive Summary shows metrics related to Indiana's CHIP related to enrollment, expenditures, access to services, outcome measures, and parent satisfaction with the program.

### *Access*

With respect to access, HMA-Burns matched claims of actual services received in FFY 2024 for primary care and dental services between where the member lives and where the provider is located. HMA-Burns found each provider's location and drew a 10-mile coverage radius to assess the availability of primary care and dental providers to CHIP members. On a statewide level, there are very few gaps. In fact, less than 1% of all CHIP members live more than 10 miles from an available primary medical provider. Around 3.5% live more than 10 miles from an available dentist.

Although the gaps are few throughout the state, there is some differentiation by region. For primary medical providers, a slightly higher proportion of CHIP members in the West Central and Southeast Regions live more than 10 miles from a provider. For dentists, a higher proportion of members in the Southeast Region live more than 10 miles from a provider. Members in the Southeast and West Central Regions have a moderately higher proportion of members that live more than 10 miles from a provider when compared to the majority of the other regions, A visual representation of the service coverage maps for each of the eight regions and the counties within each region appear in the Appendix (Appendix A shows primary care provider care providers, Appendix B shows dentists).

Separately, HMA-Burns computed the average distance that members travelled to their providers of choice. An average driving distance was computed for CHIP members in each of the 92 counties. The OMPP targets a threshold of no more than 30 miles for members to travel to seek primary care or dental care. For primary care, there are 2 counties where members, on average, travelled more than 30 miles. For dental care, there are 14 counties. Distances for averages for primary care and dental care are almost identical to 2023 average distances. The maps that show the results at the individual county level appear in Section III.

[1] Data for total CHIP expenditures for CY 2024 was provided to HMA-Burns on February 12, 2025, which may result in slight differences from FSSA reported CHIP expenditures due to report timing.

### *Outcomes*

The OMPP requires its MCEs in Hoosier Healthwise to measure health outcomes for children. Many of the measures that the MCEs report on are Healthcare Effectiveness Data and Information Set (HEDIS) measures, which are nationally recognized measures that health plans report on and are subject to an external auditor to compute. The OMPP compares the results of the HEDIS measures across the four MCEs and has set performance targets against national benchmarks for Medicaid health plans. HMA-Burns reviewed 12 HEDIS measures in this evaluation commonly used to assess children's health outcomes. Eight of these measures are shown on the dashboard report. All findings on selected HEDIS measures are reported in Section V.

- When compared to the median results for Medicaid health plans nationally, among the 12 measures reviewed, Anthem had 8 in which its rates exceeded the national median values, CareSource had 6, MDwise had 4, and MHS had 3.

- When comparing each MCE's own results year-over-year, among the 12 measures reviewed,
    - Anthem saw meaningful improvement on 5 measures, 4 measures remained steady, and 3 measures saw a meaningful decline.
    - CareSource saw meaningful improvement on 5 measures, 5 measures remained steady, and 2 measures saw a meaningful decline.
    - MDwise saw meaningful improvement on 4 measures, 8 measures remained steady, and no measures saw a meaningful decline.
    - MHS saw meaningful improvement on 5 measures, 4 measures remained steady, and 3 measures saw a meaningful decline.

### *Member Satisfaction*

The OMPP requires the MCEs to conduct an annual survey of parents of children enrolled in Hoosier Healthwise. The survey includes a sample of both CHIP and Medicaid children. The survey is a standardized tool used by Medicaid health plans nationally and results are reported to a national organization to benchmark plans against each other. Of these measures, 6 are shown on the dashboard report. All 8 findings on selected CAHPS measures are reported in Section V.

- When compared to the median results for Medicaid health plans nationally, among the 8 measures reviewed, Anthem and CareSource both had 5 measures in which rates exceeded the national median values. MDwise had 3 measures in which rates exceeded the national median values. Lastly, MHS lead the way with 7 measures that exceeded the national median values.

- When comparing each MCE's own results year-over-year, among the 8 measures reviewed,
    - Anthem saw meaningful improvement on 2 measures.
    - CareSource held steady on 7 measures.
    - MDwise saw meaningful improvement on 2 measures.
    - MHS saw meaningful improvement on 1 measure.

## Service Utilization

HMA-Burns measured the percentage of CHIP children that used primary care services, emergency department visits, preventive dental visits, and pharmacy prescription for the periods FFY 2022, FFY 2023, and FFY 2024. The focus on users of each service was limited to children who were enrolled in the program for at least 9 months within each year. Comparisons were also made across various demographic cohorts, such as by Package (CHIP A, CHIP C and CHIP C Expansion), by MCE, by

age group and by race/ethnicity. HMA-Burns also analyzed the utilization rate per 1,000 CHIP members for these same services. In the examination of utilization, unlike for users, all members who were enrolled in CHIP in each year were included, regardless of enrollment duration.

The key findings from studying this data are shown below.

- *Primary care visits*
  - The percentage of CHIP Package A members that accessed primary care remained steady over the three-year period studied, growing 1% each year (76-78% of members received a primary care service each year). The CHIP Package C usage rate has historically been higher than CHIP Package A, but now the rates are identical. Trends for the volume of services, or the utilization per 1,000 members, showed similar results.
  - Primary care visits are used more by children ages 5 and younger (87% of all members in FFY 2024) each year than the older members enrolled in CHIP (80% of all members for Ages 6 to 12 and 74% for ages 13 to 18).
  - When examined by race/ethnicity, the usage rate was lower for African American children than for Caucasian and Hispanic children (in FFY 2024, Caucasian was 80%, Hispanic was 78%, while African-American was 71%).
- *Emergency department visits*
  - The percentage of children enrolled at least 9 months in CHIP that use the ER each year was slightly increased across CHIP A, CHIP C, and CHIP C Expansion and across the MCEs.
  - Children in CHIP Package A are using the ED slightly more in FFY 2024 (24% of all children compared to 21% of children in CHIP Package C).
  - Use of the ER by race/ethnicity is similar for all race-ethnicity groups (22% to 24% in FFY 2024.
- *Preventive dental visits*
  - The percentage of children enrolled at least 9 months in CHIP that use preventive dental services each year was consistent across CHIP A, CHIP C, and CHIP C Expansion and across the MCEs (51% to 54%).
  - Dental usage is much higher for children ages 6 to 12 (61% to 62% in each of the three years examined) than children ages 13 and over (47% to 48% across the three years) or children ages 5 and under (41% to 43% across the three years).
  - Hispanic children in Indiana's CHIP have traditionally had a higher usage rate for dental services than other race/ethnicities (64% in FFY 2024).
- *Pharmacy scripts*
  - Both the pharmacy usage rate and the utilization per 1,000 member rates have been consistent between CHIP Package A and CHIP Package C across the three years studied.
  - This FFY 2024 usage rate was a little higher for the Ages 5 and under group when compared to the two older populations (67% for the younger population vs 64% and 63% for the two older populations), but decreased from the FFY 2023 rate.
  - A significantly higher percentage of Caucasian children have had pharmacy scripts (68% in FFY 2024) compared to minority children (56% to 62% in FFY 2024).

# INDIANA CHILDREN'S HEALTH INSURANCE PROGRAM AT A GLANCE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **ENROLLMENT in CHIP** as of December 2024 | | **142,475** | **6.72%** percentage reflects change from Dec '23 | | | | | |
| | CHIP A | 98,237 | 7.4% | CHIP C Original | 23,820 | 5.1% | CHIP C Expansion | 20,418 | 5.3% |
| **Child Enrollment in MEDICAID** as of Dec '24 | | **733,851** | **0.37%** percentage reflects change from Dec '23 | | | | | |

| | | | |
|---|---|---|---|
| **UNINSURED RATE**, for children in families up to 250% of the Federal Poverty Level | | | |
| 3-Year Average Rate | **Indiana** | **7.2%** | **US Average** **7.5%** |

| | | | | |
|---|---|---|---|---|
| **EXPENDITURES IN CHIP** | **CY 2023** | **$404.4M** | **CY 2024** | **$448.7M** |
| PMPM = Per Member Per Month | PMPM | $261.01 | PMPM | $268.28 |

**WHERE CHIP MEMBERS RECEIVED SERVICES** Average Driving Distance to Provider who Delivered the Service

| | | Number of Counties within each range of number of miles to provider | | | |
|---|---|---|---|---|---|
| | | 0-10 miles | 11-20 miles | 21-30 miles | >30 miles |
| **PRIMARY CARE** | FFY 2023 | 9 | 53 | 27 | 3 |
| | FFY 2024 | 9 | 50 | 31 | 2 |
| **DENTAL CARE** | FFY 2023 | 15 | 36 | 28 | 13 |
| | FFY 2024 | 15 | 30 | 33 | 14 |

**HEDIS & CAHPS MEASURES**

*HEDIS are used to measure health access and outcomes. CAHPS are used to measure client satisfaction.*

Colors compare scores to health plans nationally.

| |
|---|
| If MCE is below the 25th percentile nationally: |
| If MCE is >25th percentile but <50th percentile nationally: |
| If MCE is >50th percentile but <75th percentile nationally: |
| If MCE is >75th percentile but <90th percentile nationally: |
| If MCE is above the 90th percentile nationally: |

| | Anthem | CareSource | MDwise | MHS |
|---|---|---|---|---|
| **HEDIS Measures, 2024 reporting** | | | | |
| 6 or more well visits, first 15 mo | 69.0% | 61.2% | 62.1% | 61.8% |
| 2 or more well visits, 15-30 mo | 70.8% | 70.5% | 66.7% | 71.9% |
| Annual well visit, age 3 - 11 | 59.5% | 58.0% | 53.4% | 59.4% |
| Annual well visit, age 12 - 17 | 52.6% | 48.1% | 48.3% | 54.1% |
| Appropriate asthma meds, age 5-11 | 75.5% | 82.6% | 68.7% | 72.1% |
| Immunizations, young children | 58.6% | 46.4% | 51.5% | 53.5% |
| Immunizations, adolescents | 83.2% | 77.8% | 86.5% | 84.4% |
| Initial Follow-up after ADHD meds | 44.2% | 48.3% | 54.9% | 44.1% |
| **CAHPS Measures, 2024 reporting** | | | | |
| Rating of the health plan | 87.2% | 87.5% | 88.6% | 87.9% |
| Rating of their own health | 85.3% | 88.5% | 86.0% | 88.1% |
| Rating of their personal doctor | 90.7% | 89.8% | 86.5% | 80.6% |
| Getting Needed Care | 80.8% | 83.8% | 81.1% | 87.8% |
| Getting Care Quickly | 90.6% | 87.5% | 89.6% | 90.0% |
| MCE Customer Service | 89.5% | 89.9% | 82.6% | 92.3% |

# Section I: Introduction

Each year, an independent evaluation of Indiana's Children's Health Insurance Program (CHIP) is conducted as required by Indiana Code 12-17.6-2-12 and is due to the Legislature by April 1. Burns & Associates, a Division of Health Management Associates (HMA-Burns), was hired by the Office of Medicaid Policy and Planning (OMPP) to conduct the evaluation for Calendar Year (CY) 2024. HMA-Burns has conducted this study for the OMPP since 2007. The OMPP is a part of the Family and Social Services Administration (FSSA) and is responsible for administering Indiana's CHIP. The OMPP is supported by the Division of Family Resources which conducts eligibility determination for the CHIP.

## History of the Federal SCHIP and Indiana's CHIP

The State Children's Health Insurance Program (SCHIP, or simply CHIP) was created by the Balanced Budget Act of 1997 when Congress enacted Title XXI of the Social Security Act. Since this time, federal legislation has been enacted to extend funding for the program. The most recent legislation by Congress related to CHIP, the Bipartisan Budget Act of 2018 enacted on February 9, 2018, provided appropriations for CHIP for Federal Fiscal Years (FFYs) 2024 through 2027.

Like the Medicaid program, CHIP is funded jointly by the federal government and the states subject to an annual cap. In CHIP, however, the federal match assistance percentage, or FMAP, for states is higher than the FMAP for Medicaid. This is often referred to as the "enhanced FMAP." Further, during the public health emergency (PHE), State Medicaid Agencies across the country were each given a 6.2 percentage point increase on their normal FMAP and enhanced FMAP. The 6.2 percentage point increase was phased down during CY 2023 and ended on December 31, 2023. The table below illustrates the of the impact of FMAP and enhanced FMAP for CY 2024. In this example, for every $100 spend in Indiana's Medicaid/CHIP program, the state share of this $100 is shown:

| CY | Regular Medicaid FMAP | CHIP Enhanced FMAP |
|---|---|---|
| January 1 – September 30, 2024 | $34.38 | $24.07 |
| October 1 – December 31, 2024 | $35.10 | $24.57 |

When the original federal SCHIP legislation was introduced, states had the option to expand their existing Medicaid program, develop a state-specific program (that would not be an entitlement program), or a combination of the two. Indiana opted to implement the "combination" program similar to 20 other states. Therefore, Indiana's CHIP has two distinct components—CHIP Package A and CHIP Package C. CHIP Package A (the Medicaid expansion portion, also called MCHIP in Indiana) covers uninsured children in families with incomes up to 158% of the Federal Poverty Level, or FPL $49,296 per year for a family of four in 2024) who are not already eligible for Medicaid. This portion of CHIP began July 1, 1998. CHIP Package C (the non-entitlement portion, also called SCHIP in Indiana) covers uninsured children in families up to 250% of the FPL ($78,000 per year for a family of four in 2024). CHIP Package C was first introduced on January 1, 2000, to cover children in families with incomes up to 200% of the FPL. CHIP Package C was expanded on October 1, 2008, to cover children in families up to 250% of the FPL.

Families in SCHIP (Package C) pay monthly premiums whereas the families in MCHIP (Package A) do not. In addition to the income tests, children in SCHIP cannot have insurance coverage from another source.

The Affordable Care Act (ACA) also created what is known as a maintenance of effort requirement on state Medicaid and CHIP programs that prevented states from lowering their income thresholds for eligible groups through December 31, 2019. This maintenance of effort requirement was reauthorized in the HEALTHY KIDS Act of 2017 through September 30, 2023.

In March 2020, the Kaiser Family Foundation released a report in which the 50 states (and District of Columbia) were surveyed to compare Medicaid and CHIP eligibility policies.[2] As of January 2020, 49 states cover children with incomes at or above 200% of the FPL. Of these, 19 states extend eligibility to at least 300% of the FPL.

Among the CHIP programs nationwide, 22 states (including Indiana) require families to pay premiums for their children's coverage. The premiums are usually on a sliding scale based on the family's FPL. Among the states that do charge a premium, at the 200% FPL level, the range of the monthly premium is from $9 to $50. Indiana's 2024 premiums at 175% to 200% FPL are $33 for one child in the family and $50 for two or more children.

## The Impact of CHIP on Reducing the Rate of Uninsured Children in Indiana

As of December 2024, enrollment in Indiana's CHIP was at 142,475, an all-time high and an increase of 8,975 children, or almost 7%, from December 2023. The greatest increase was seen in CHIP Package A. Child enrollment in Medicaid and CHIP combined in Indiana has increased by 11,681, or 1% from CY 2023 to CY2024.

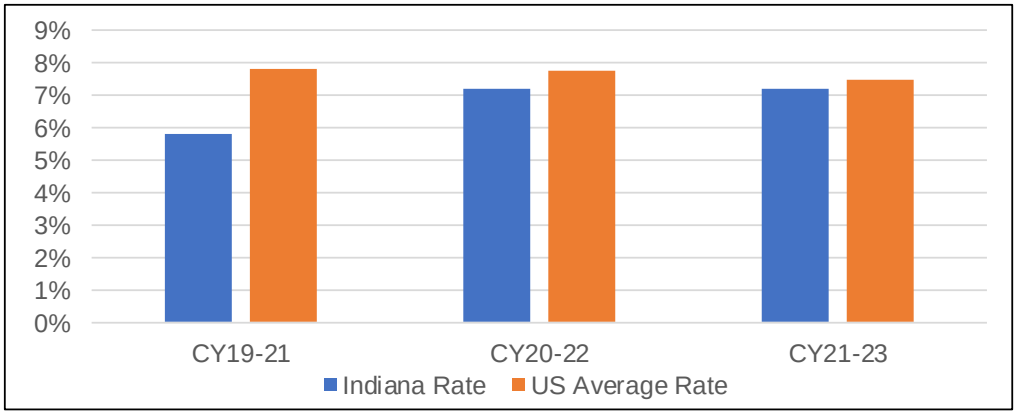
More enrollment statistics appear in Section II of this report.

The Census Bureau's Current Population Survey (CPS) surveys citizens annually on their health insurance status. An uninsured rate is computed for each state. Researchers often use an average over three years of annual CPS surveys to mitigate large swings in year-to-year results at the individual state level due to lower sample size in the study.

Exhibit I.1 compares the uninsured rate in Indiana against the national average over the most recent three-year period available for reporting for children in families with incomes up to 250% of the FPL. Indiana has consistently had an uninsured rate for children at this income level that is lower than the national average. For the most recent three-year period of CYs 2022 to 2024, Indiana's uninsured rate was 7.2%; the US average was 7.5%.

[2] Brooks, T., Roygardner, L., and Artiga, S. (March 2020) *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey.* Washington, DC: Georgetown University Center for Children and Families and The Kaiser Family Foundation.

**Exhibit I.1**
**Uninsured Rate Among Children in Families at or Below 250% of the Federal Poverty Level**
**For the Most Recent 3 Years of Reporting**
**The Uninsured Rate is Computed Using a Three-Year Average**




Source: U.S. Census Bureau, Current Population Survey
https://www.census.gov/cps/data/cpstablecreator.html

## Indiana's CHIP is Integrated with Other Medicaid Programs

Children in Indiana's CHIP are enrolled in the OMPP's Hoosier Healthwise program like most other children in the Medicaid program. Hoosier Healthwise is the state's Medicaid managed care program for children. CHIP enrollees, like all children in Hoosier Healthwise, select a primary medical provider (PMP) or they are assigned one by the managed care entity (MCE) that they enroll with. CHIP members must enroll with one of four MCEs that contract with the state—Anthem, CareSource, Managed Health Services (MHS), or MDwise.

With just a few limitations, Indiana's SCHIP (Package C) members are able to access the same services as their peers in the traditional Medicaid program. The actual services offered to CHIP members are also similar to those found in other state CHIP programs.

**Exhibit I.2**
**Benefits Offered to Indiana's CHIP Enrollees**

| | |
|---|---|
| Chiropractic Services | Non-Emergency Transportation* |
| Clinic Services | Nursing Facility Services* |
| Dental Care | Over-the-Counter Drugs |
| Doctor Visits | Physical, Occupational, and Speech Therapy |
| Emergency Transportation | Prescription Drugs |
| Family Planning Services | Routine Foot Care* |
| Home Health Care | Substance Abuse Serivces |
| Hospice Care* | Surgical Foot Care |
| Hospital Care | Vision Care |
| Lab and X-ray Services | Well-child Visits |
| Medical Supplies and Equipment | Wellness Visit |
| Mental Health Care | |

* There are some benefit limits for Hoosier Healthwise Package C members.

One difference between Indiana's CHIP and traditional Medicaid are co-payments that are imposed. Members in SCHIP (Package C) (the non-entitlement program) are charged co-payments for prescriptions ($3 co-pay for generic drugs and $10 for brand name drugs) and a $10 co-pay for ambulance service. There are no co-pays charged to children in MCHIP (Package A).
The other design difference between CHIP and traditional Medicaid is that families of children enrolled in SCHIP (Package C) are required to pay a monthly premium. The premium varies by the income level and the number of children covered in the family as outlined in Exhibit I.3 below.

**Exhibit I.3**
**Monthly Premiums Charged to Families in Indiana's SCHIP Package C**

| Family FPL | 1 Child | 2 or More Children |
|---|---|---|
| 158% up to 175% | $22 | $33 |
| 175% up to 200% | $33 | $50 |
| 200% up to 225% | $42 | $53 |
| 225% up to 250% | $53 | $70 |

## Expenditures in Indiana's CHIP[3]

Expenditures in Indiana's CHIP are paid in two ways. The first method is a monthly payment to the MCEs on a per member per month (PMPM) basis through what is known as a capitation payment. The capitation PMPM rate is adjusted for age and also adjusted by Package. The MCEs are at risk for the services that they are contracted to deliver. MCEs receive a set monthly amount of funding for each member regardless of the member's specific medical needs. If the medical needs of participants exceed the aggregate amount of funding provided, the MCEs are expected to cover those costs without additional funding from the state. MCEs must appropriately meet the needs of CHIP participants while effectively managing financial resources.

Some expenditures are made outside of the PMPM payment to the MCEs where each service is paid individually in what is called the fee-for-service program. The greatest percentage of payments made under this arrangement are for mental health rehabilitation services and some high-cost drugs that the OMPP pays outside of managed care.

HMA-Burns examined expenditures made on behalf of CHIP members from data included in the state's data warehouse. Total expenditures in the CHIP were $404.4 million in CY 2023 and $448.7 million in CY 2024. Approximately 73% of CHIP expenditures were made to the MCEs through the PMPM in CY 2024, up from 71% in CY 2023. The remaining 27% in CY 2024 and 29% in CY 2023 were paid out by the OMPP through fee-for-service claims.

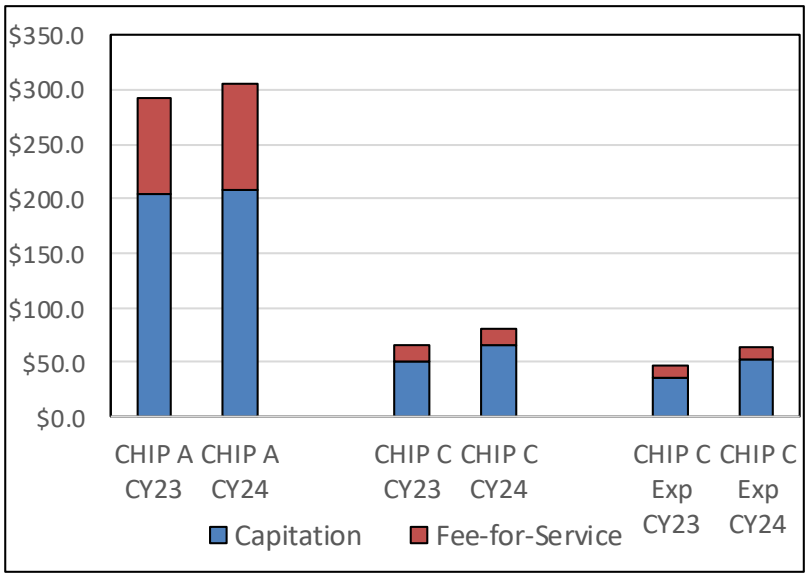
[3] Data for total CHIP expenditures for CY 2024 was provided to HMA-Burns on February 12, 2025, which may result in slight differences from FSSA reported CHIP expenditures due to report timing.

In CHIP Package A, total expenditures were $304.4 million in CY 2024, a 4.4% increase from CY 2023. Enrollment also grew in CHIP Package A, and the PMPM payment increased 5.2%, from $254.99 to $268.18.

In CHIP Package C, expenditures were $80.6 million in CY 2024, a 21.5% increase from CY 2023. The PMPM payment decreased, from $276.34 to $266.76.

In the expansion portion of CHIP Package C, total expenditures were $63.7 million in CY 2024, a 37.4% increase from CY 2023. The PMPM payment decreased 3.5%, from $280.46 to $270.73.

**Exhibit I.4**
**Expenditures in Indiana's CHIP, in millions**
**Calendar Year 2023 and 2024**



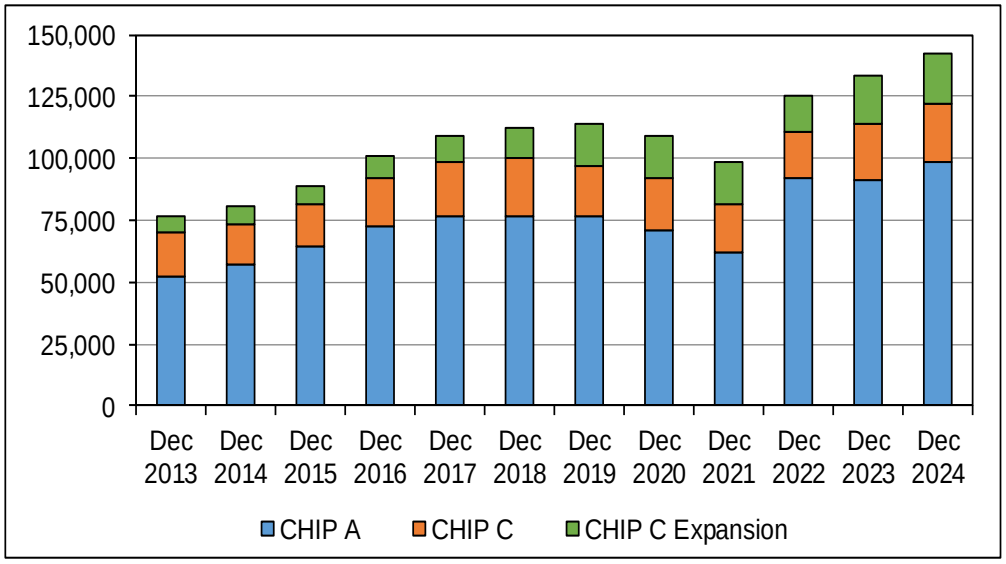

The results shown above are the total funds expended in the CHIP. As stated earlier, the federal government contributes more to state CHIP programs than the regular Medicaid program. For most of CY 2024, the state contribution was near 24.57% of total expenditures. For the entire CHIP program, therefore, the total expenditures in CY 2024 were $268.28 per member per month, but the state share was $65.92. Furthermore, for CHIP Package C, the state's outlay is further reduced by premiums paid by parents.

# Section II: Enrollment Trends in Indiana's CHIP

## Enrollment in Recent Years

Indiana's Children's Health Insurance Program (CHIP) experienced an increase in enrollment in CY 2024 to its all-time high level of 142,475 at the end of the year. The previous all-time high was last year of 133,500 last year. The 10-year enrollment trend in Indiana's CHIP is shown in Exhibit II.1.

**Exhibit II.1**
**Ten Year Trend in Enrollment in Indiana's CHIP at End of Each Calendar Year**

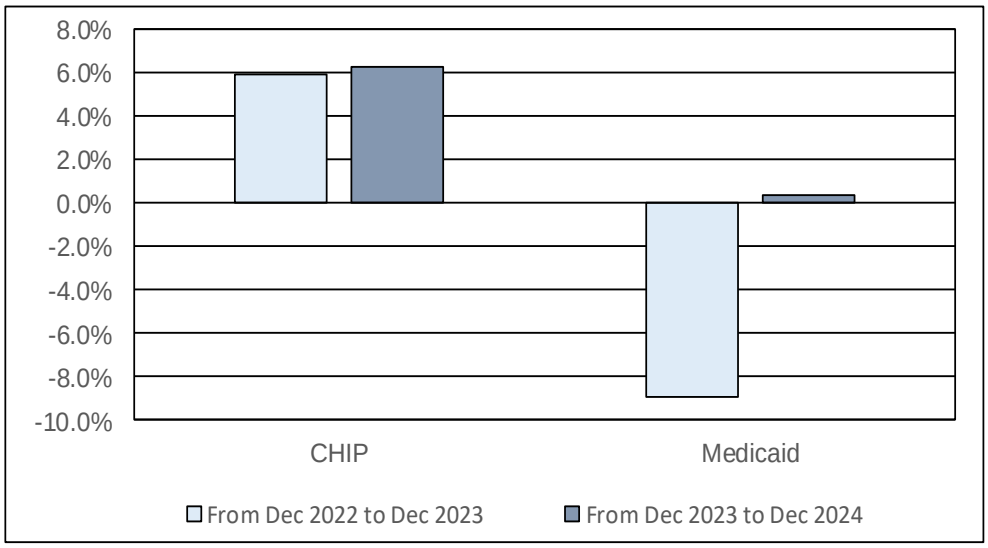



Source: Indiana's FSSA Enterprise Data Warehouse

At the end of CY 2024, 69% of enrollees were in the MCHIP portion and 31% were in the SCHIP portion of Indiana's CHIP. In MCHIP (Package A), the entitlement portion of the program, enrollment increased by 7.4% from December 2023 to December 2024. In SCHIP (Package C), the non-entitlement portion of the program, enrollment grew by 5.2%.

There was an increase in CHIP enrollment during both CY 2023 and CY2024. (refer to Exhibit II.2). Regular Medicaid enrollment for children decreased, in CY2023, but increased in CY2024.

**Exhibit II.2**
**Year-to-Year Change in Child Enrollment in Indiana's CHIP and Medicaid Programs**

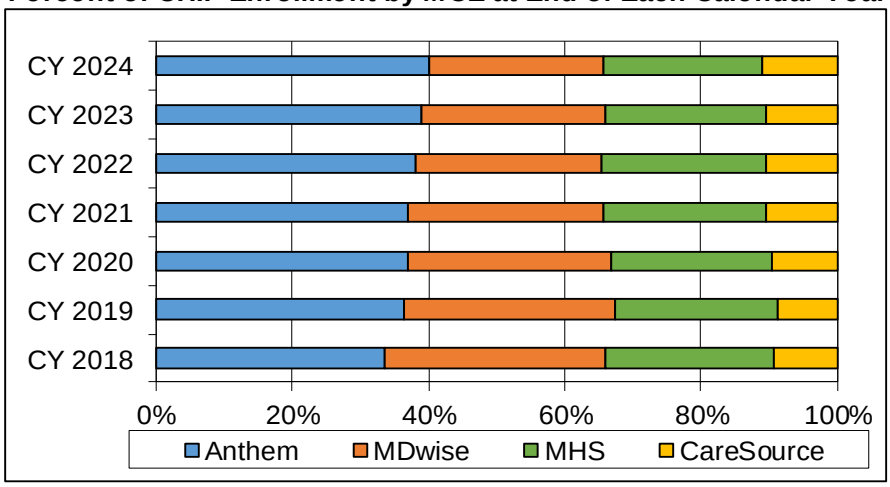



Source: Indiana's FSSA Enterprise Data Warehouse

## Demographic Profile of CHIP Members

Families select a managed care entity (MCE) at the time of application to Hoosier Healthwise. There are four MCEs that families can choose from. There has been some movement in the distribution of CHIP members across the MCEs in the last 5 years. At the end of CY 2024, Anthem had 40.0% of all CHIP enrollees, MDwise had 25.7%, MHS had 23.4%, and CareSource had 10.8%.

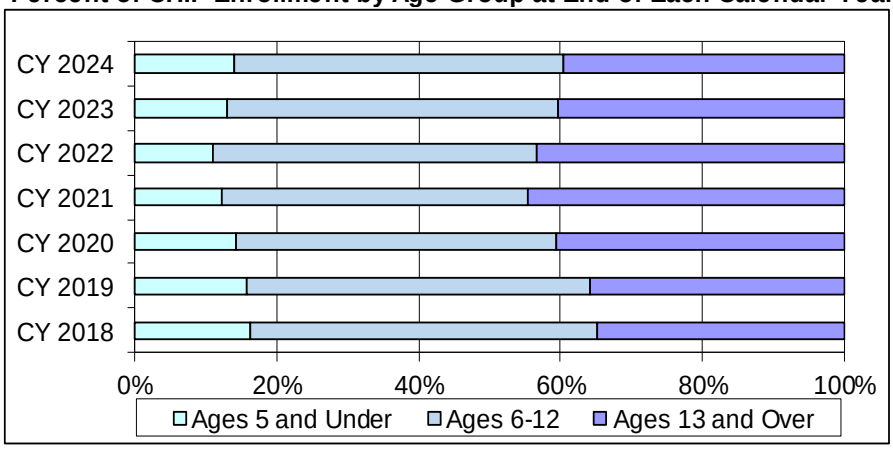
**Exhibit II.3**
**Percent of CHIP Enrollment by MCE at End of Each Calendar Year**




Source: Indiana's FSSA Enterprise Data Warehouse

In CY2024, the proportion of members enrolled in CHIP ages 6-12 was moderately higher than ages 13-18, 46.4% of the total were ages 6-12 and 39.5% were ages 13-18. The remaining 14.1% of members are ages 5 and under. Children at the lower age group are under-represented in CHIP because children under age 6 are eligible for Medicaid at higher family income levels.

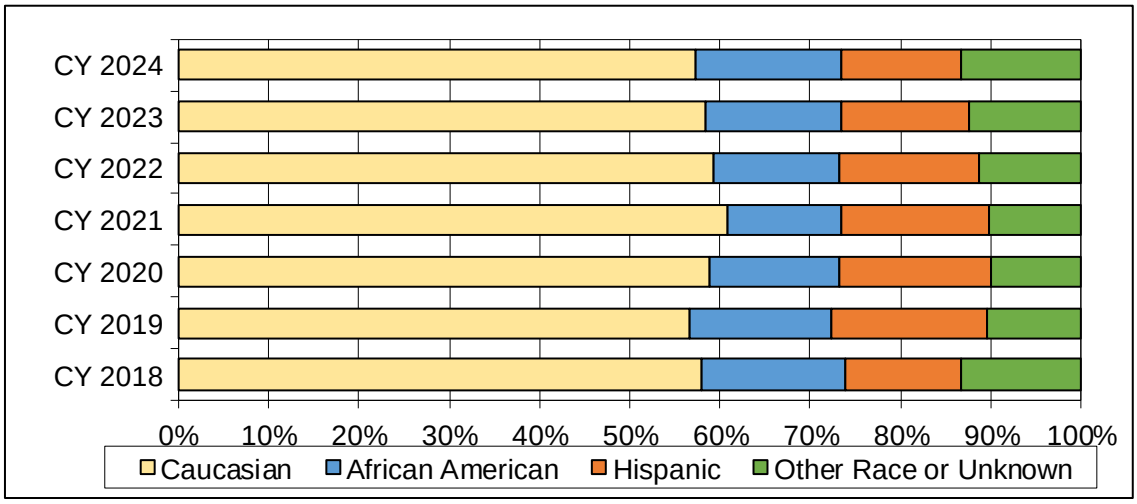
**Exhibit II.4**
**Percent of CHIP Enrollment by Age Group at End of Each Calendar Year**




Source: Indiana's FSSA Enterprise Data Warehouse

Minorities in Indiana's CHIP makeup around 43% of overall population in Indiana for children ages 18 and younger. African American children represented 16.3% of total CHIP enrollment in CY 2024. Hispanic children represented 13.2% of the total (as reported). This percentage slightly decreased from last year (14%). The proportion in "Other Race or Unknown" has increased slightly since CY 2022. The percentage of Caucasian children has held fairly steady between 59% and 61% of total CHIP enrollment in each of the last 5 years.

**Exhibit II.5**
**Percent of CHIP Enrollment by Race/Ethnicity at End of Each Calendar Year**




Source: Indiana's FSSA Enterprise Data Warehouse

HMA-Burns compared CHIP members enrolled to the total child population in Indiana as of July 2024. The distribution of CHIP members by region generally matches the overall child population in Indiana. The Central region has 34% of all CHIP members and 32% of the state's child population. The Northwest region has 10% of all CHIP members but 12% of the child state population. The regions are defined by the OMPP. These statistics have also remained relatively unchanged over the last 5 years.

**Exhibit II.6**
**Average Distribution of CHIP Members by Region Compared to Census Figures, July 2023**

# Section III: Access To Primary Medical Providers and Dentists

## Background

The Office of Medicaid Policy and Planning (OMPP) requires that each managed care entity (MCE) maintain a sufficient network of providers such that there is at least one primary medical provider and one dentist within 30 miles of each member's residence who is willing to accept new patients.

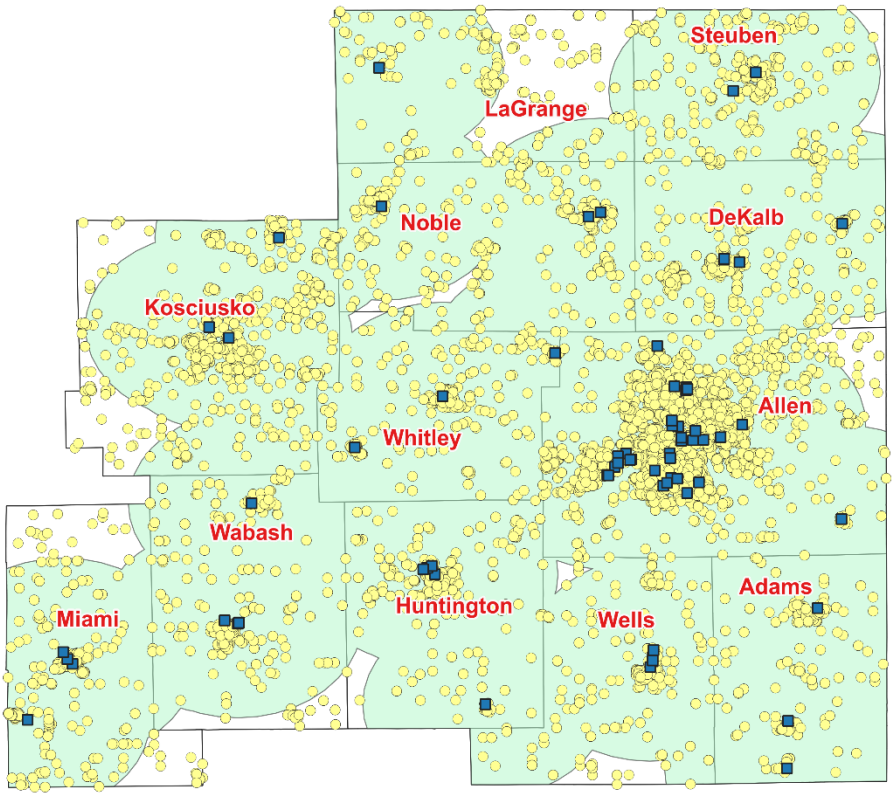
HMA-Burns examined both the proximity (nearest provider) of members to providers as well the average distance travelled by CHIP members within each county to seek primary medical and dental care.

## Proximity to the Nearest Provider

The data used to conduct this analysis was provided to HMA-Burns by the OMPP from its Enterprise Data Warehouse (EDW). Information was tabulated for access to primary medical providers (PMPs) and dental providers based on utilization from the time period October 1, 2023 – September 30, 2024. This time span was used in lieu of Calendar Year (CY) 2024 to allow the lag time for claims to be submitted by providers.

Claims were matched to each individual in the study. Each individual was mapped to one of Indiana's 92 counties based on their home address in the enrollment file provided from the EDW. The latitude and longitude coordinates of each member's home address were plotted. Likewise, the latitude and longitude coordinates of every provider with a claim in the study database was plotted. Radius circles were drawn to assess which providers were within 10 miles of the members' homes.

An example of how this data is displayed is showed to the right. The map shows the counties that comprise the Northeast Region. The blue squares on the map represent the locations of dentists that provide services to Medicaid and CHIP children. The yellow dots represent the home location of actual CHIP members enrolled in September 2024. Any area in green means that CHIP members have used a dentist within 10 miles of their home. Areas in white in each county means the distance is greater than 10 miles.



In total, 16 maps were created like the one shown on the prior page in an effort to assess proximity to providers. Eight maps were created to assess access to primary medical providers and another eight were created to assess access to dentists.

Each map represents a region commonly used by the OMPP for comparisons. These regions are listed in Exhibit III.1. Each of Indiana's 92 counties are mapped to one of these eight regions. The maps showing CHIP member access to primary medical providers appear in Appendix A. The same display showing access to dental providers appear in Appendix B.

It should be noted that only providers for which a service encounter was found to be delivered during the 12-month time period were plotted on each map. The MCEs may have other providers available in their provider directory, but HMA-Burns assumed that the presence of a claim implied that the provider was willing to accept CHIP patients.

Because the actual CHIP enrollment can change month-to-month, for purposes of display, HMA-Burns plotted children who were enrolled in CHIP as of September 2024 on each map in any portion of the program (CHIP Package A, CHIP Package C, or CHIP C Expansion).

Services delivered by Primary Medical Providers are defined as Evaluation & Management (E&M) office-based codes and clinic codes where the provider specialty is one of the following: General Pediatrician, Family Practitioner, General Practitioner, Internist, OB/GYN or Public Health Agency. For dental services, the OMPP utilizes a specific claim type to identify all dental services.

## Findings

On a statewide level, there are very few gaps when measuring access to both primary medical providers and dental providers using a 10-mile service coverage radius. In fact, less than 1% of all CHIP members live more than 10 miles from an available primary medical provider. 3.5% of all CHIP members live more than 10 miles from an available dentist.

Although the gaps are few throughout the state, there is some differentiation by region. Refer to Appendices A and B for the graphical representations shown for each region. Exhibit III.1 on the next page summarizes the counties within each region where at least 5 CHIP members live more than 10 miles from a provider. It should be noted that HMA-Burns is using a stricter metric with the 10-mile radius than what the OMPP requires in its contracts with its MCEs which is 30 miles. When the distance radius is broadened to 30 miles, access is greatly improved.

**Exhibit III.1**
**Assessing Accessibility of CHIP Members to Primary Medical and Dental Care**
**For Services Delivered Oct 1, 2023 - Sept 30, 2024**

| | Counties Where at Least 5 Members Reside More than 10 Miles from a Provider | |
|---|---|---|
| **Region** | **Primary Medical Provider** | **Dental Provider** |
| Northeast | Allen, Kosciusko, LaGrange, Miami, Wells | Allen, Kosciusko, LaGrange, Miami, Noble, Wabash, Wells |
| North Central | None | Elkhart, Fulton, Marshall, Pulaski, Starke, St. Joseph |
| Northwest | Jasper, LaPorte, Newton | Jasper, LaPorte, Newton, Porter |
| East Central | Blackford, Cass, Jay, Randolph | Cass, Grant, Henry, Howard, Jay, Randolph, Union |
| Central | Putnam, Rush | Boone, Hancock, Hendricks, Putnam, Rush |
| West Central | Benton, Clay, Clinton, Fountain, Montgomery, Parke, Sullivan, Tippecanoe, Vermillion, Warren, White | Benton, Carroll, Clay, Clinton, Fountain, Montgomery, Parke, Sullivan, Tippecanoe, Warren, White |
| Southeast | Bartholomew, Clark, Crawford, Decatur, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Switzerland, Washington | Bartholomew, Clark, Crawford, Decatur, Dearborn, Floyd, Franklin, Harrison, Jackson, Jefferson, Ohio, Ripley, Scott, Switzerland, Washington |
| Southwest | Brown, Dubois, Knox, Lawrence, Martin, Orange, Owen | Brown, Dubois, Greene, Know, Lawrence, Martin, Orange, Owen, Perry, Posey, Warrick |

## Average Distance Travelled to Providers

The average distance travelled was computed by taking the average distance for all claims/encounters within primary medical providers or dentists for members' utilization within a county. The data for this tabulation was limited to a single pairing of member-to-provider. For example, a single member may have had five visits to a dentist. Of these visits, 3 were to the same dentist, the fourth was to a second dentist, and the fifth was to a third dentist. In HMA-Burns' analysis, only three of these claim distances was computed—the first visit of three to provider #1, the only visit (4th overall visit for the member) to provider #2, and the only visit (5th overall visit for the member) to provider #3.

Bing Maps Distance Matrix API is used to map the driving distance from the member's home to the primary medical provider's or dentist's office[4]. In some cases, the latitude/longitude coordinates were not valid for either the member's home or the rendering provider's office. When this occurred, HMA-Burns excluded from the study the claims/encounters and computed distances when the trip was less than 0.2% of a mile or greater than 100.0 miles. The average distance for each county was then computed as the total miles across all non-excluded trips divided by the total trips for members to the specific specialty.

[4] Note that HMA-Burns computes the driving distance (turn by turn) as opposed to a crow flies distance.

## Findings

In 2 of the 92 counties, CHIP members travelled, on average, more than 30 miles to seek primary medical care. This is matches the number of counties that were reported in last year's evaluation. There were 14 counties where CHIP members travelled, on average, more than 30 miles to seek dental care. This is up from 13 counties reported last year.

For primary care, the greatest average distance travelled was 33 miles (Switzerland and Benton Counties). For dental care, the greatest average distance travelled was 49 miles (Pulsaki County). For the other 13 counties where the average distance was greater than 30 miles for dental services, 5 counties in the Southeastern part of the state fall into this category: Dearborn, Franklin, Jefferson, Switzerland and Ripley. The remaining counties with higher average distance (besides Pulaski) are mostly in the East Central, Northwest, Northcentral and West Central portions of the state. All but Pulaski and Switzerland, however, have an average distance of 39 miles or less.

Maps are color-coded in Exhibits III.2 and III.3 on the next two pages to show the differences in the average driving distance travelled for CHIP members seeking primary medical (Exhibit III.2) and dental (Exhibit III.3) services.

**Exhibit III.2**
**Average Driving Distance (in miles) for CHIP Members Seeking Primary Care**
**During the Period October 1, 2023 – September 30, 2024**
Color coding and values represent the average for each county

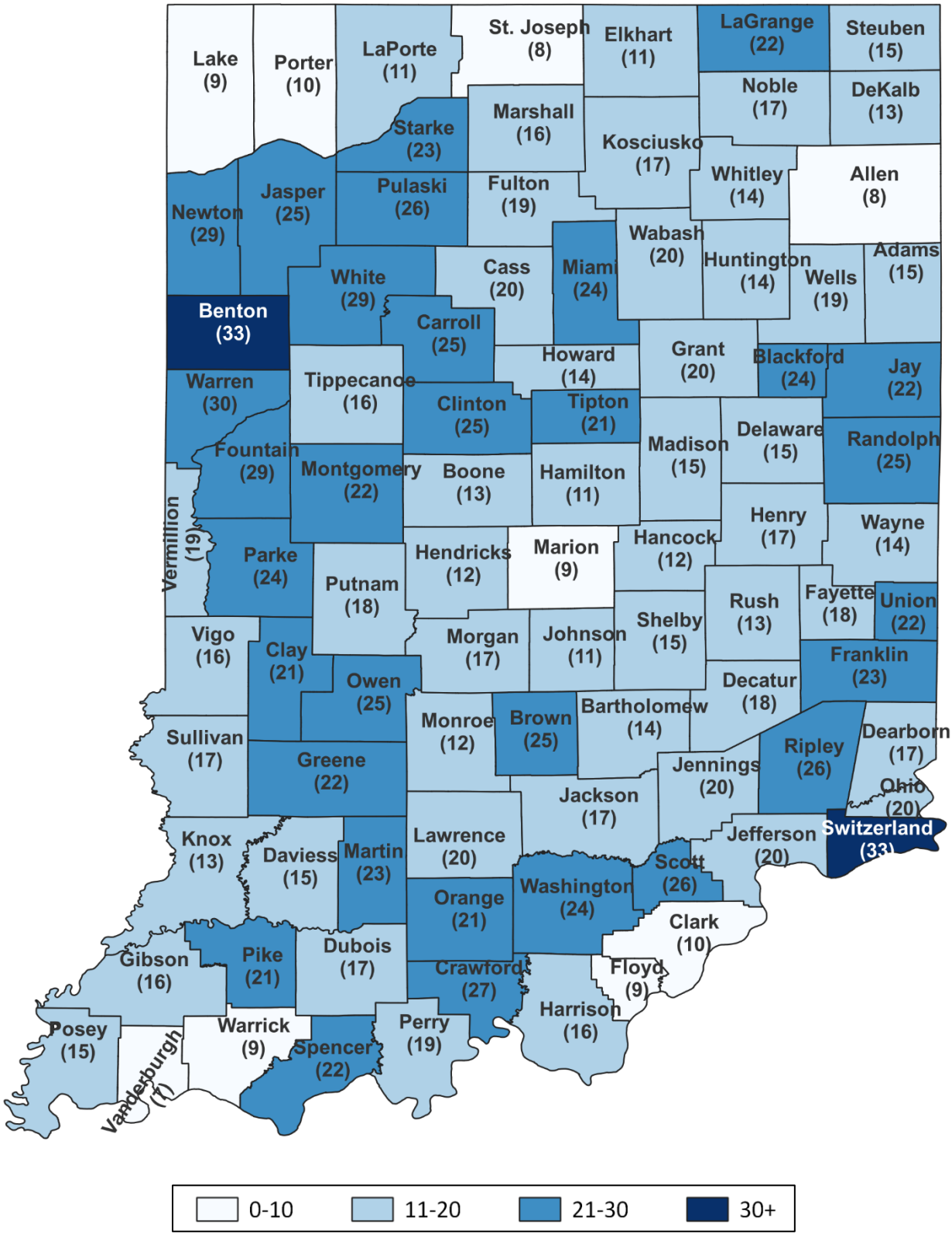
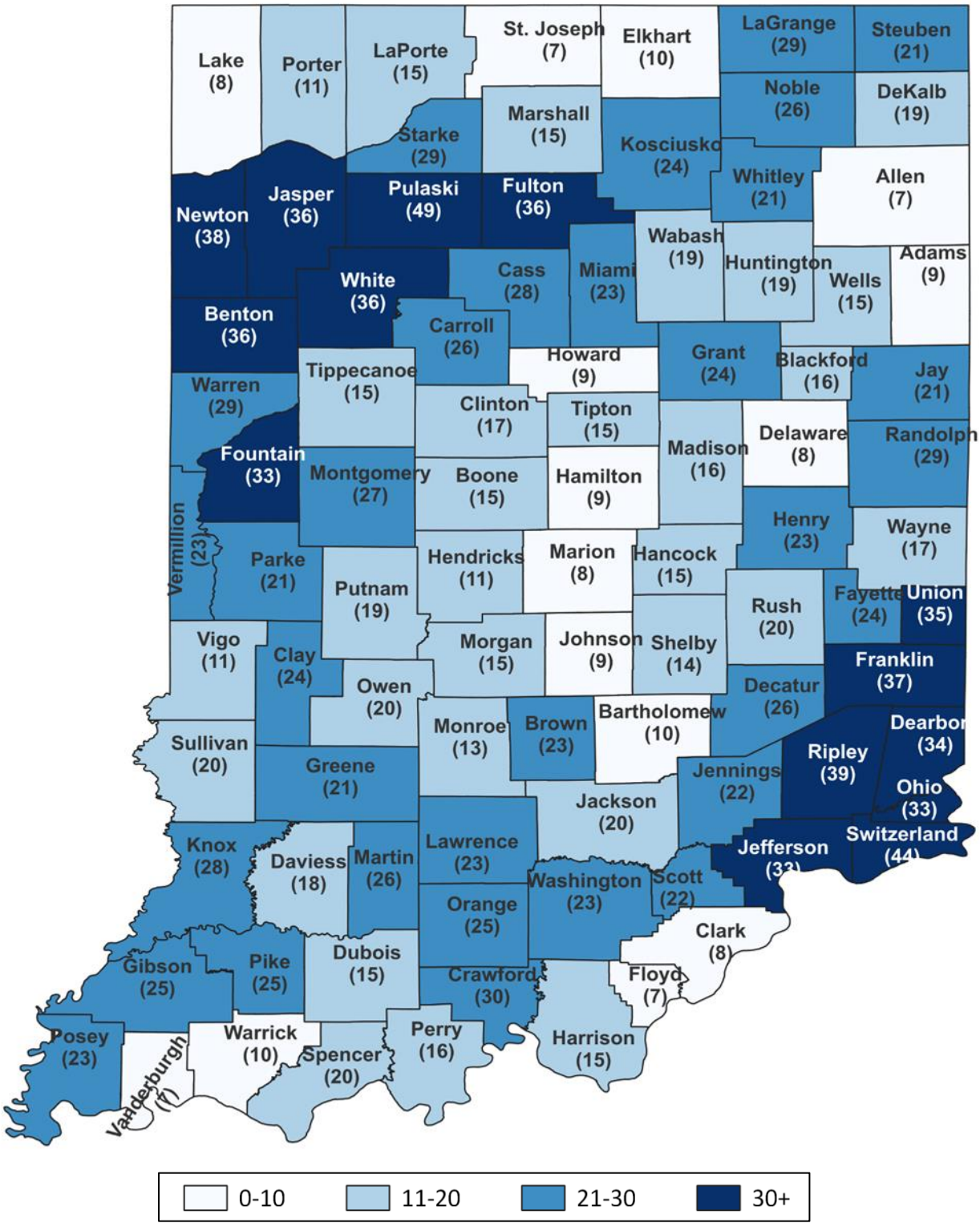


**Exhibit III.3**
**Average Driving Distance (in miles) for CHIP Members Seeking Dental Care**
**During the Period October 1, 2023 – September 30, 2024**
Color coding and values represent the average for each county



# Section IV: Service Use Among Populations In Indiana's CHIP

## Introduction

In addition to examining the access to providers, the HMA-Burns team analyzed the percentage of CHIP members that used particular services (*usage trends*) and the rate at which members utilized these services (*utilization per 1,000 member trends*). Key services offered in the CHIP such as primary care visits, emergency department (ED) visits, preventive dental care and prescriptions were examined. Results were compared between Federal Fiscal Years (FFY) 2022, 2023 and 2024 across populations within CHIP such as by CHIP Package, by managed care entity (MCE), by age, and by race/ethnicity.

HMA-Burns identified each unique member enrolled in CHIP at some point in time in either FFY 2022, 2023 or 2024. The *usage rate* is an annual measure. It measures the percentage of members that received the service during the FFY. HMA-Burns limited this calculation to those children who were enrolled for a minimum of 9 months in each year. This accounts for members that would have had an opportunity to actually use the service. Members could be included in one FFY of the study but not another year based upon their enrollment history. Children were included in the usage reports if they switched between MCHIP (Package A), SCHIP (Package C) and/or Medicaid during the year as long as they were enrolled for 9 months during the year in any program. In the event that a child did cross CHIP packages during a study year, the child was assigned to the enrollment category that s/he was in at the end of the study year. Therefore, each child is counted only once on each report. A member's age was assigned based upon his/her age at the end of the study year.

On the other hand, the *utilization per 1,000 member rate* is a point-in-time measure. It captures the number of services received in the service category divided by the number of members enrolled in the given month. For example, if there were 10,000 primary care visits in the month among a population of 50,000 members, this means that .20 of all members in the month (10,000 / 50,000) had a primary care visit. Because each portion of the CHIP has various levels of enrollment, to put the analysis on an apples-to-apples basis, this is shown as a rate of 200 members per 1,000 (.20 * 1,000). This is helpful when measuring the utilization per 1,000 rate across different populations (e.g., by age group).

Data used in this analysis was provided to HMA-Burns from the Office of Medicaid Policy and Planning's (OMPP's) data warehouse in February 2025. The FFY was selected instead of the Calendar Year to account for time for the MCEs to submit encounters to the OMPP.

For ease of comparison, the exhibits are displayed in a similar manner throughout this section. A single service is shown on one page. On the left side of the exhibit, the percentage of members who used the service in the FFY is displayed. Information is shown by CHIP package, by MCE, by age group and by race/ethnicity. On the right side, the utilization per 1,000 members is shown for these same member categories for FFY 2022, FFY 2023 and FFY 2024.

## Primary Care Visits

Primary care visits include visits to doctor's offices or clinics specializing in primary care. It can include both well visits and sick visits. All results are displayed on Exhibit IV.1 on the next page.

The percentage of CHIP Package A members that accessed primary care remained steady over the three-year period studied (around 77% of members received a primary care service each year). The same is true of CHIP Package C. The usage rate remained steady from FFY 2022 to FFY 2024, with about 77% on average. The CHIP Package C usage rate has historically been higher than CHIP Package A, but now the rates are the nearly the same. Trends for the volume of services, or the utilization per 1,000 members, showed similar results. Refer to the top two boxes in Exhibit IV.1.

For FFY 2024, the percentage of members who used primary care was in the range of 70% to 87% of members depending upon the subgroup examined. Notable variations in primary care use were observed in the following subgroups:

- When examined across MCEs, 3 of the 4 MCEs have similar usage rates for primary care each year, but CareSource was always a bit lower than its peers. Refer to second box on left side of the exhibit.

- Primary care visits are used more by children ages 5 and younger than the older members enrolled in CHIP. Refer to the third box on the left side of the exhibit.

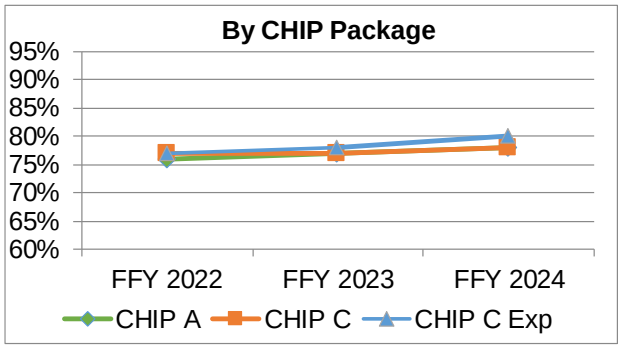
- When examined by race/ethnicity, the usage rate was lower for African American children in every year than was observed for other race/ethnicities. Refer to the bottom left box of the exhibit.

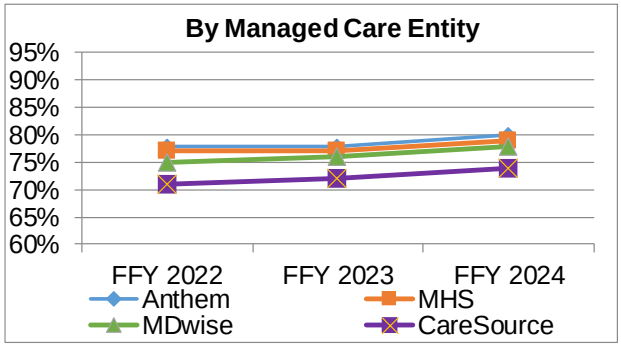
The utilization per 1,000 member trends for primary care shown on the right side of the exhibit mirror the usage trends on the left side, except for the usage rate for children ages 6 to 12. Children 12 and under, utilized primary care at a continuously increasing rate from FFY 2022 to FFY 2024. Refer to the third box on the right-hand side of the exhibit.

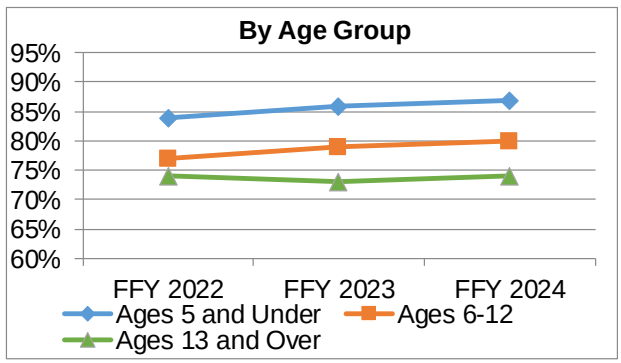
Although the percentage of children receiving primary care services was similar by race/ethnicity with the exception of African American children, it was found that Caucasian children used more of this service (that is, had more visits) than children in other race/ethnicities. Refer to the bottom right box of the exhibit for details.

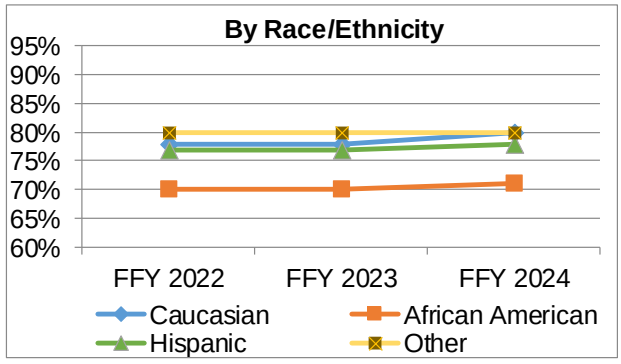
**Exhibit IV.1**
**Utilization of Primary Care in Indiana's CHIP**

Percent of Members Using the Service Each Year

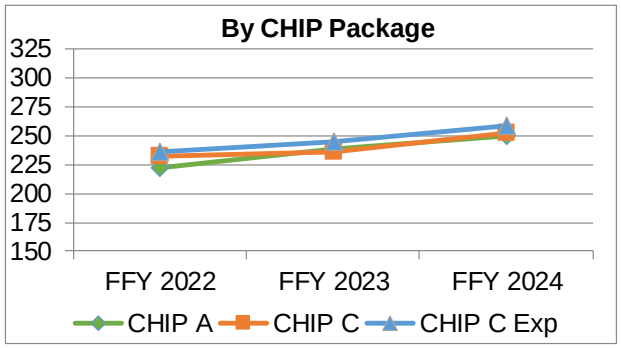


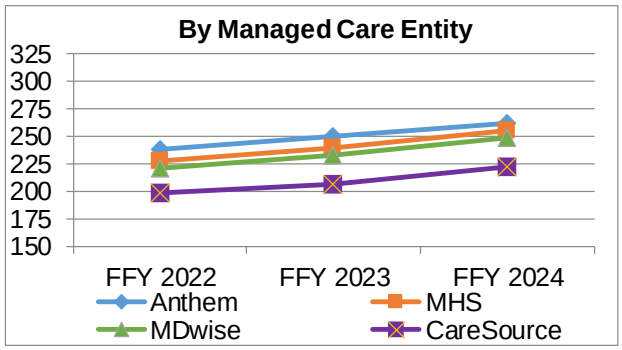



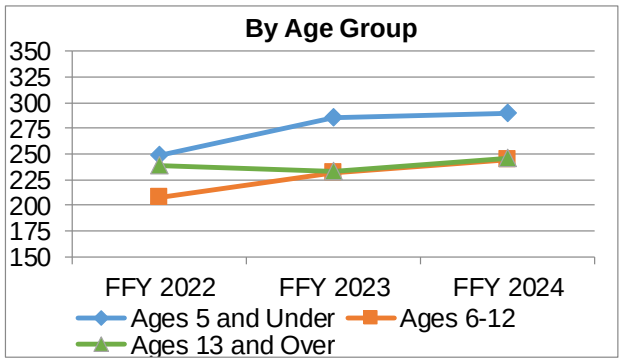



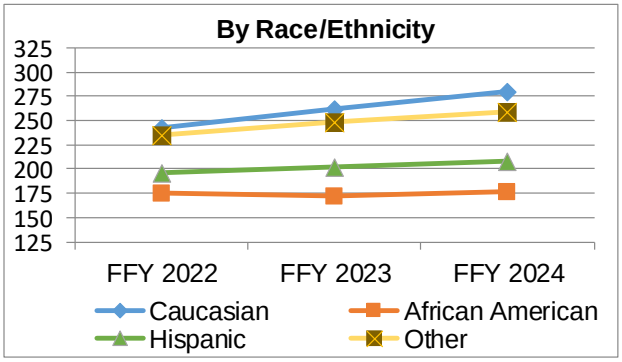




Utilization Per 1,000 Members During Time Period



## Emergency Department Visits

The chart on the top left side of Exhibit IV.2 indicates that the percentage of CHIP members that accessed the emergency department has slightly increased each of the past 3 years across Package (CHIP A, CHIP C and CHIP C Expansion) and across MCEs. Children in CHIP Package A are using the ED slightly more in FFY 2024 (24% of children compared to 21% of children in CHIP Package C and CHIP C Expansion). Utilization of the ED mirrors the increase of the percentage of CHIP members accessing the emergency department for all portions of the CHIP program the latest three years. Refer to the upper right box in the exhibit.

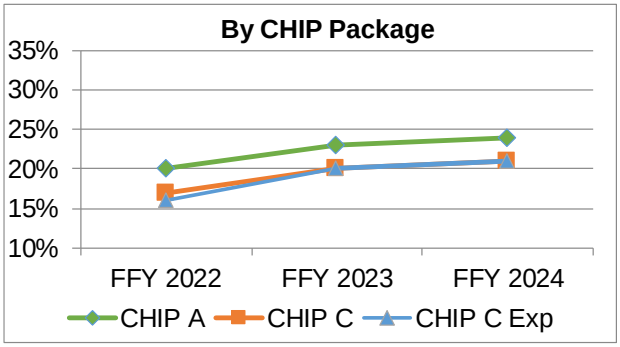
Both the usage rate and utilization per 1,000 members for ED visits have increased each year for every stratification (CHIP Package, MCE, Age and Race).

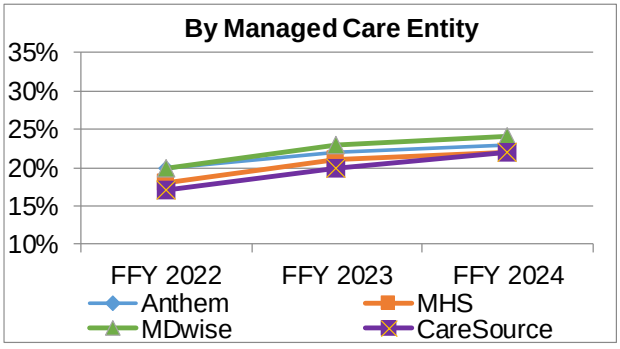
When stratified by age, younger children use the ED more often than older children. In FFY 2024, 31% of children ages 5 and under used the ED compared to 21% of children ages 6 to 12 and children ages 13 and over. When measured on a per 1,000 member basis, the rates are more similar between the ages 5 and under and the ages 13 and over age groups. What this means is that although a lower percentage of children ages 13 and over-used the ED at all, there is a higher proportion of children in this age group that used the ED multiple times during the year. Refer to the third row of boxes in the exhibit for details.

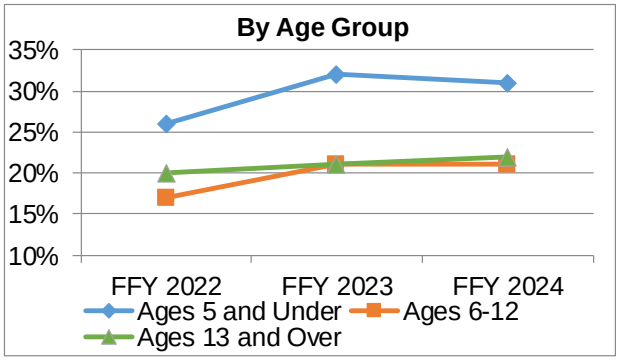
There is some variation in ED use by race/ethnicity, Hispanic children used the ED less often than others. Refer to the bottom row of boxes in the exhibit.

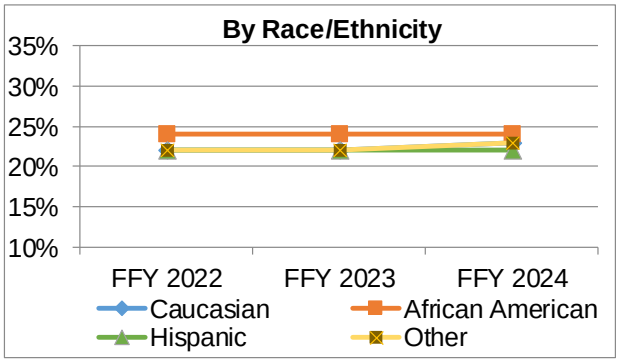
**Exhibit IV.2**
**Utilization of the Emergency Department in Indiana's CHIP**

Percent of Members Using the Service Each Year

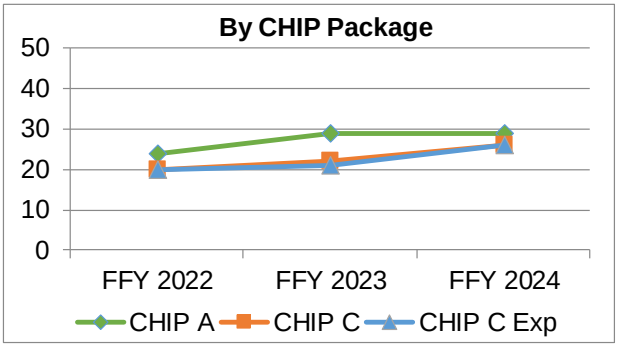


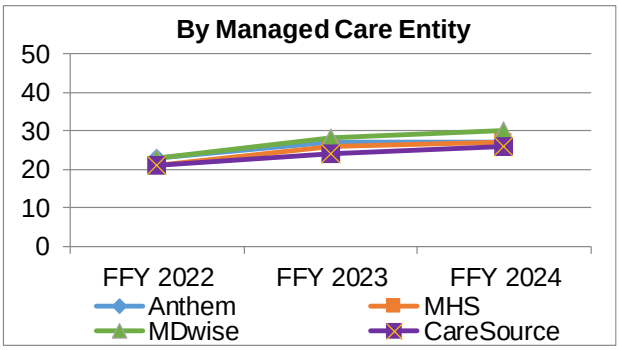



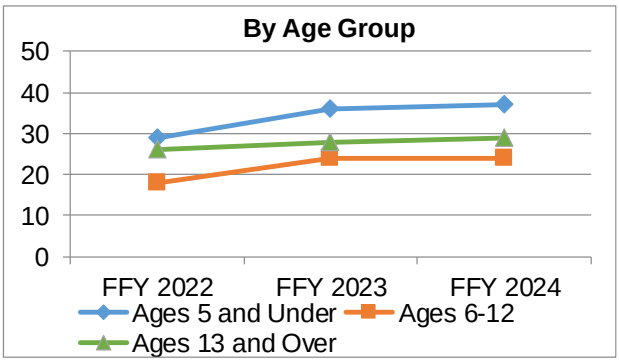



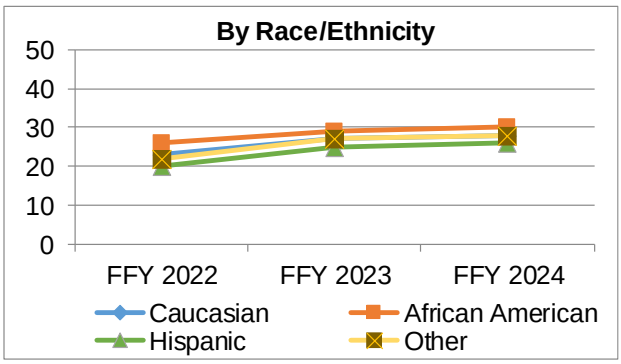




Utilization Per 1,000 Members During Time Period



HMA-Burns also examined the prevalence of children who are frequent users of the ED. In the most recent FFY, most CHIP children (84.6%) had no ED visits. There were 12.2% of children that had one or two ED visits during the year while 2.7% had 3-5 visits. These results are consistent across the MCEs, except for MDwise. MDwise has about 50% more ED usage from children 3 to 5 compared to the other three MCEs. The percentage of CHIP children that used the ED in FFY 2024 is comparable to FFY 2023, refer to the far-right column in Exhibit IV.3 below.

It should be noted that Exhibit IV.3 below differs from Exhibit IV.2 on the previous page when examining the percentage of members who used the ED due to the enrollment period of members in each exhibit. An average of almost 23% of CHIP children were found to use the ED in FFY 2024 in Exhibit IV.2. This examined children who were enrolled in CHIP for at least 9 months of the year. The usage rate of 15.4% shown below examines all children enrolled in CHIP during FFY 2024, regardless of their length of enrollment.

**Exhibit IV.3**
**Frequency of ED Utilization Among CHIP Members Using ER Services**
**For Claims Submitted with Dates of Service Oct 1, 2023 - September 30, 2024**

| | Percentage of All Members Using ER by MCE | | | | | |
|---|---|---|---|---|---|---|
| **Number of ER Visits per Member** | **Anthem** | **CareSource** | **MHS** | **MDwise** | **All MCEs This Year** | **All MCEs Last Year** |
| Zero | 84.6% | 85.1% | 84.6% | 84.3% | 84.6% | 83.1% |
| 1 to 2 | 12.8% | 11.9% | 11.9% | 11.6% | 12.2% | 12.6% |
| 3 to 5 | 2.3% | 2.5% | 2.8% | 3.4% | 2.7% | 3.3% |
| 6 to 10 | 0.3% | 0.4% | 0.6% | 0.6% | 0.5% | 0.8% |
| More than 10 | 0.0% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% |

Source: Indiana's FSSA Enterprise Data Warehouse
This exhibit includes all CHIP members in the year, regardless of their duration enrolled.

## Preventive Dental Visits

The top left chart of Exhibit IV.4 shown on the next page, shows the percentage of CHIP members that had a preventive dental visit was slightly higher for CHIP A members than CHIP C members. FFY 2024 reflected CHIP A members with a rate of 54%, while the CHIP C members had a rate of 52%. The percentage of users of preventive dental visits for all three CHIP packages have increased in FFY 2024. CHIP A increased 4%, CHIP C increased 3% and CHIP C Expansion increased 7% when compared to FFY 2023.

There is variation in the percentage of CHIP members using dental services across the MCEs. MDwise and MHS show similar rates with the highest usage, and Anthem is moderately below them. CareSource is much below the other MCEs (8% less than Anthem, 12% less than MDwise, and 13% less than MHS in FFY 2024).

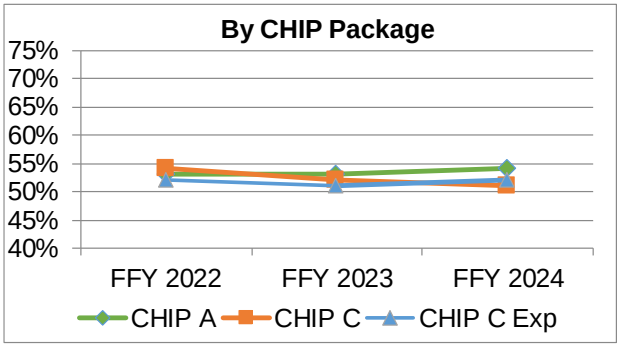
Dental usage is much higher for children ages 6 to 12 (61 to 62% each year) than children ages 13 and over (47% to 48% across the years) or children ages 5 and under (41% to 43% across the years).

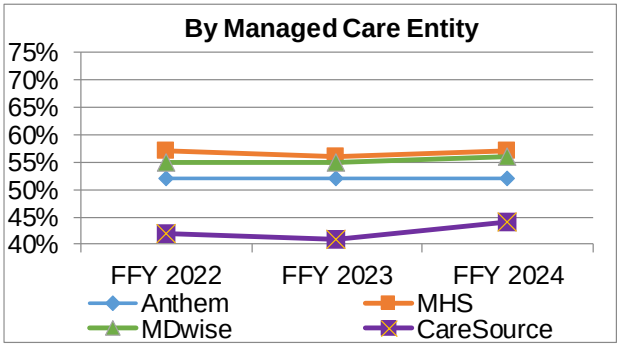
Hispanic children in Indiana's CHIP have traditionally had a higher usage rate for dental services than all the other race/ethnicities. Caucasian, African American and the 'Other' race/ethnicity group, all had similar usage rates over the three-year period (50% - 54%).

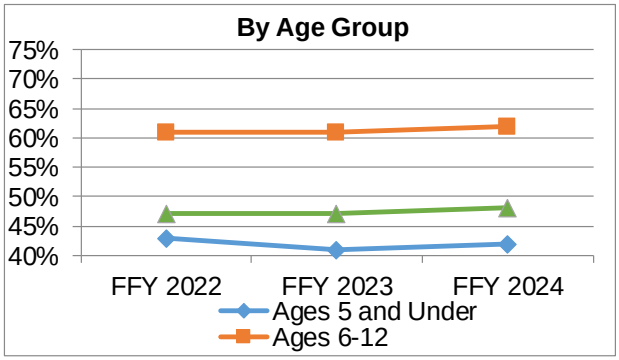
The utilization per 1,000 member trends for preventive dental visits shown on the right side of the exhibit mirror the usage trends on the left side, except for the utilization by age groups. The utilization per 1,000 members for the age groups 5 and under and 13 and over are similar, but it was found that fewer children ages 5 and under have had a visit each year compared to the teenagers.

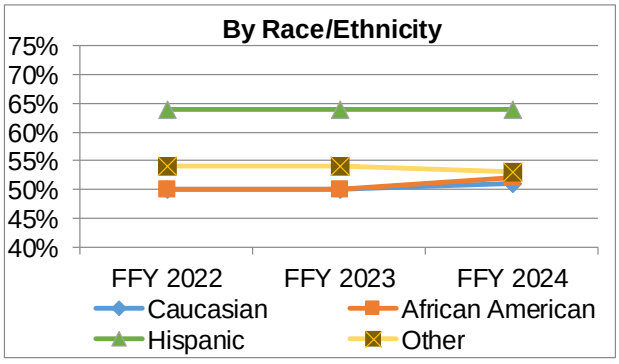
**Exhibit IV.4**
**Utilization of Dental Care in Indiana's CHIP**

Percent of Members Using the Service Each Year

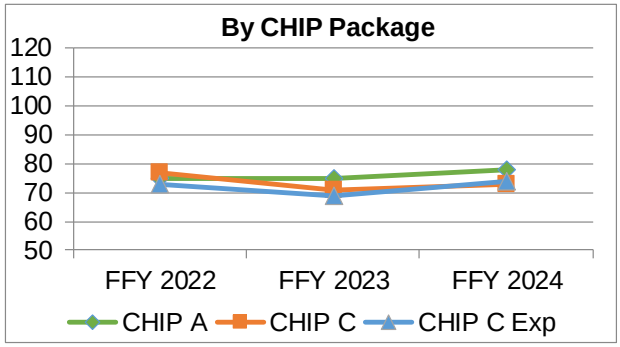


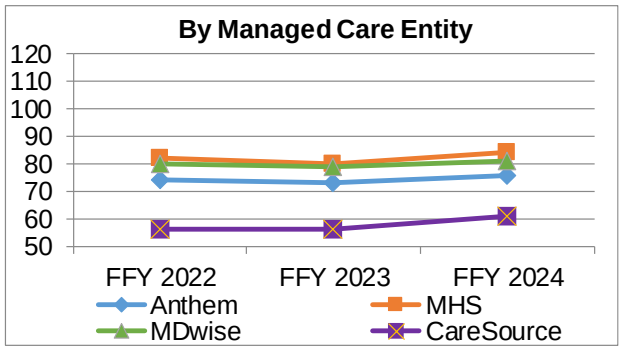



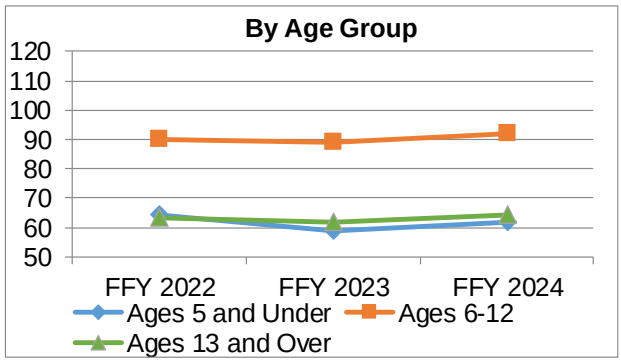



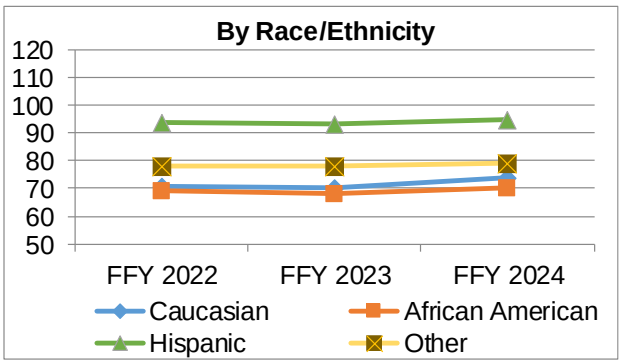




Utilization Per 1,000 Members During Time Period



## Pharmacy Prescriptions

Exhibit IV.5, shown on the next page, compares usage rates and utilization (scripts) for pharmacy across the subgroups within CHIP. Both the usage rate and the utilization per 1,000 member rates have been consistent between CHIP Package A and CHIP Package C across the three years studied. There were 64% of CHIP A and CHIP Package C children who received a pharmacy script in FFY 2024. The utilization per 1,000 members varied from 611 to 644 scripts. Pharmacy usage was almost identical from FFY 2023 to FFY 2024.

Anthem had the highest usage rates across the other three MCEs, while CareSource children have lowest usage rate each year. MDwise and MHS had similar usage rates each year. Children ages 13 and over have had a steady rate of pharmacy use the past three years and their utilization per 1,000 members is also much higher than the lower age groups. The percentage of pharmacy users is nearly identical in FFY 2024 as FFY 2023.

A significantly higher percentage of Caucasian children have had pharmacy scripts (68% in FFY 2024) compared to minority children (56% to 62%) in FFY 2023.

Whereas the utilization per 1,000 member trends were found to mirror the usage trends for primary care, ED visits, and dental services, there are some differences when examining pharmacy scripts. Most notably:

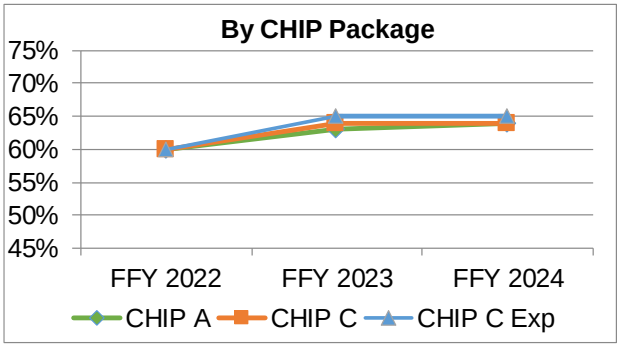
- Although the percentage of CHIP members who have pharmacy scripts is similar across the MCEs, CHIP members enrolled with MDwise have a higher number of scripts per 1,000 members than other MCEs across all three years. [Compare the 2nd row of boxes on the left and right side of the exhibit.]

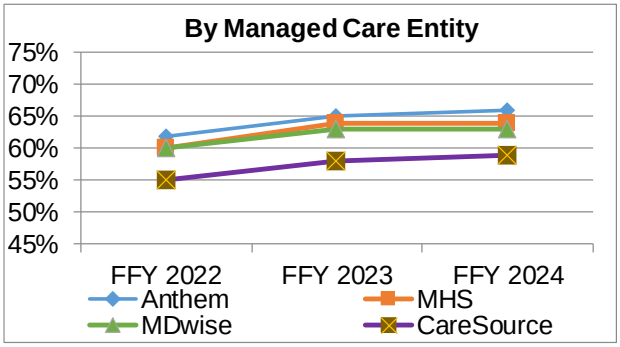
- The oldest children in CHIP have a much higher number of scripts per 1,000 members than the youngest children across all three years. [Compare the 3rd row of boxes on the left and right side of the exhibit.]

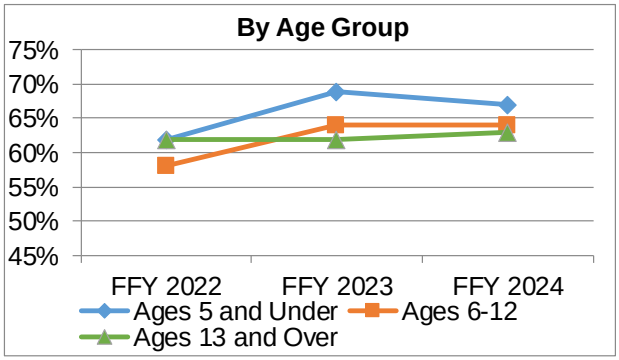
- African American children were found to have the lowest usage rate of pharmacy among CHIP members (bottom left box of the exhibit). The scripts per 1,000 Hispanic children are considerably lower, however, than other race/ethnicities (bottom right box of the exhibit). Caucasian children have much higher usage rates and utilization per 1,000 member rates than minority children for pharmacy scripts.

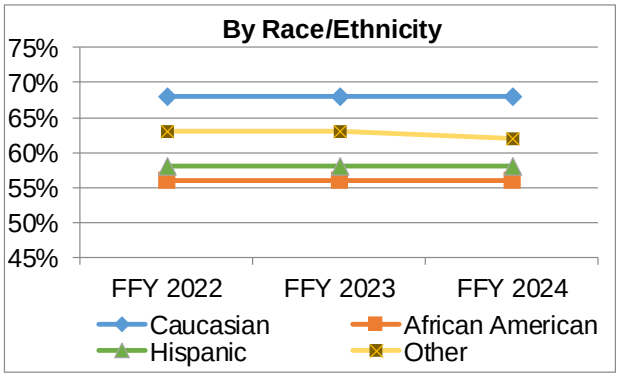
**Exhibit IV.5**
**Utilization of Pharmacy Scripts in Indiana's CHIP**

Percent of Members Using the Service Each Year

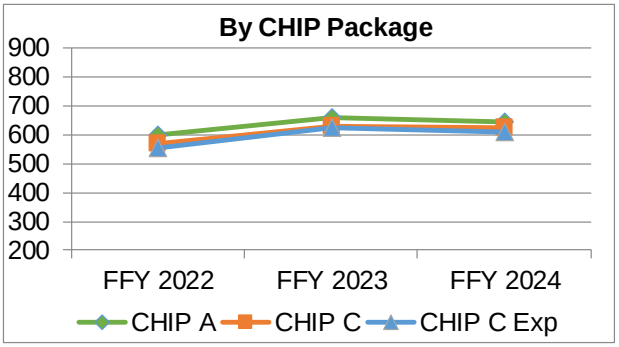


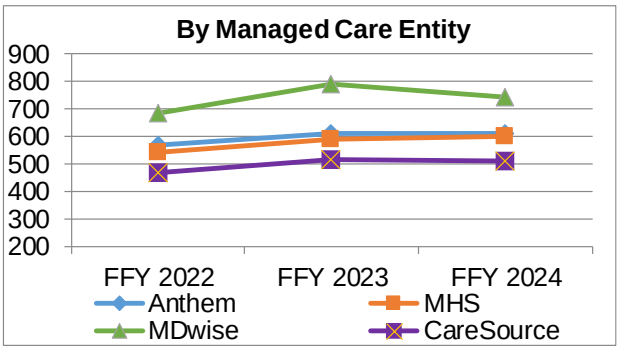



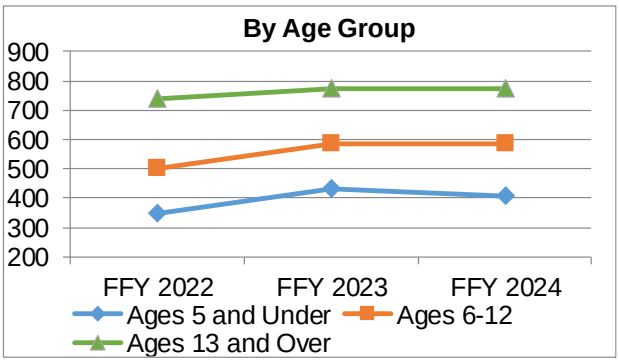



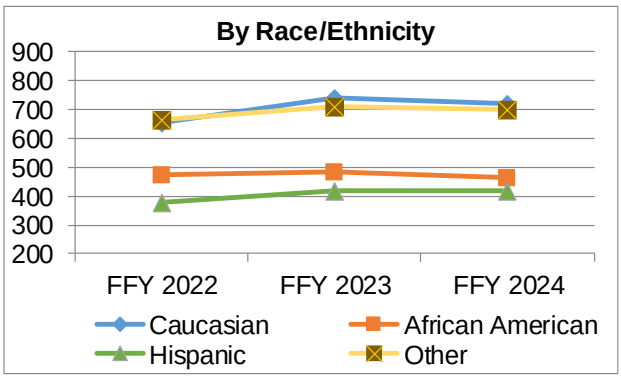




Utilization Per 1,000 Members During Time Period



# Section V: Measuring Quality and Outcomes in Indiana's CHIP

The Office of Medicaid Policy and Planning (OMPP) has the overall responsibility for ensuring that children in Indiana's CHIP receive accessible, high-quality services. The oversight process for the CHIP is completed as part of the review for Hoosier Healthwise (HHW) since CHIP members are seamlessly integrated into HHW. Since children represent the vast majority of HHW members, quality and outcomes related to children are given high priority.

## OMPP's Oversight of Quality

OMPP staff review data from reports submitted by the managed care entities (MCEs) that are contracted under the HHW program. OMPP personnel then conduct reviews of the MCEs on a monthly basis to oversee contractual compliance. Finally, OMPP hires an independent entity to conduct an annual external quality review of each MCE and reviews the results with each MCE.

In fulfilling its oversight responsibilities, the OMPP utilizes a variety of reporting and feedback methods to measure quality and outcomes for Indiana's CHIP:

1. OMPP requires the MCEs to report the results of HEDIS®[5] and CAHPS®[6] measures. The HEDIS are nationally recognized measures that use standard definitions. Results are attested to by certified auditors. The OMPP requires that its MCEs report their results to the National Committee of Quality Assurance (NCQA). The OMPP compares the results of the HEDIS measures across the MCEs and has set performance targets against national benchmarks. For child-specific HEDIS measures, results are reported for children in the CHIP and Medicaid programs combined. The CAHPS is a satisfaction survey and there are different surveys administered for adults and for parents of children. The OMPP requires the MCEs to administer each survey annually.

2. Separately, the Centers for Medicare and Medicaid (CMS) requires each state to report a set of core child measures annually to CMS. Currently, there are 23 core measures. These include some HEDIS and CAHPS measures as well. CMS hires a national evaluator to analyze the results of these measures and make comparisons across the state Medicaid agencies.

3. When OMPP developed the CHIP and gained CMS approval for federal matching funds, the federal government required that the State develop strategic objectives and performance goals for Indiana's CHIP. The review of these performance goals is part of the OMPP's overall quality strategy and results are submitted in an annual report required by CMS.

4. In addition to the goals set for its CHIP program specifically, the OMPP also develops a Quality Strategy plan each year. Many items within the Quality Strategy pertain to outcomes for children, both CHIP and traditional Medicaid members, such as improving the participation rate for Early Periodic Screening, Diagnosis and Treatment (EPSDT) and ensuring follow-up care for behavioral health hospitalizations within 7 days of discharge.

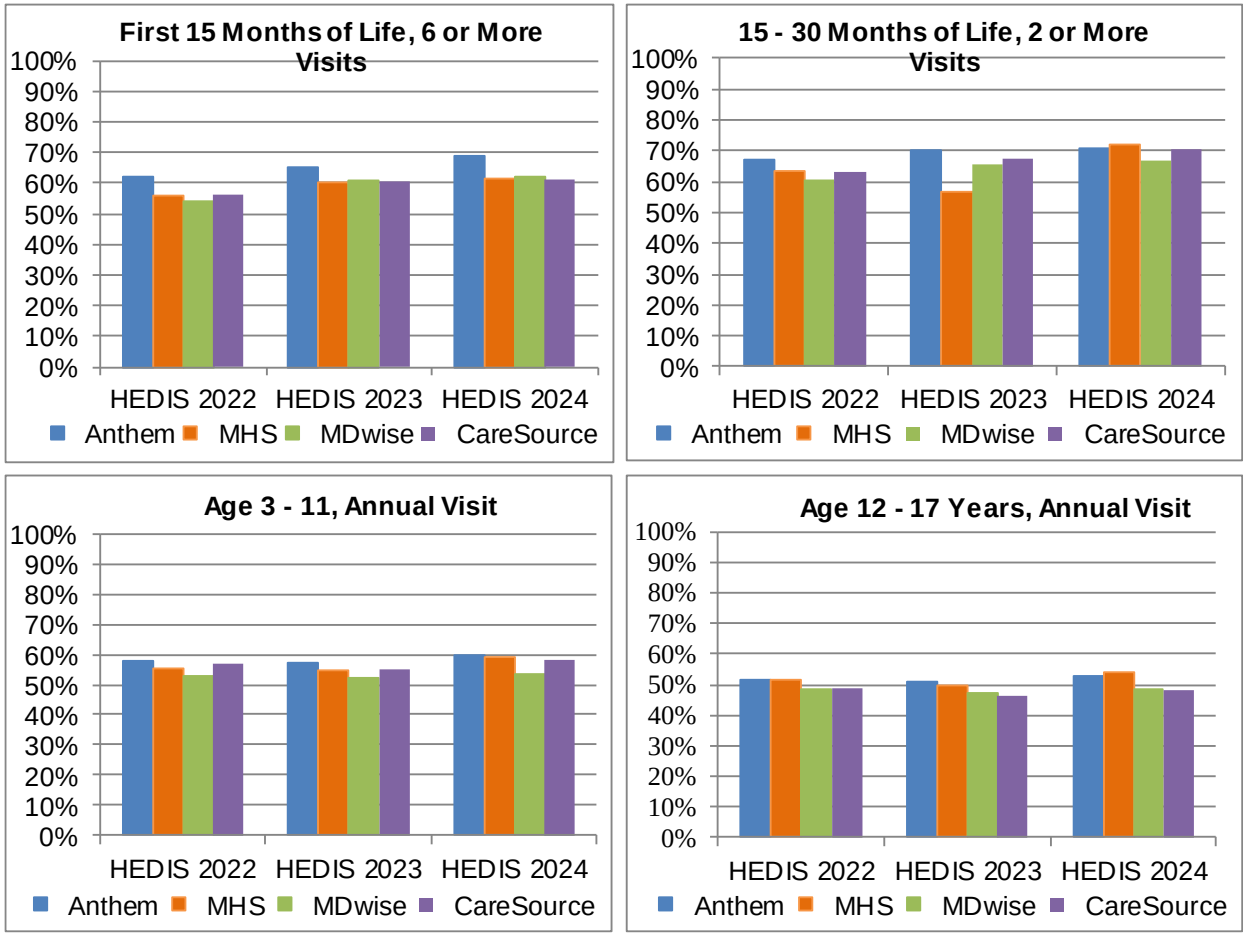
[5] The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).
[6] The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## HEDIS Results for Children Enrolled in Hoosier Healthwise

The results of the HEDIS represent the utilization of HHW members (both CHIP and Medicaid members) from the prior year. Therefore, in Calendar Year (CY) 2024, tabulations were collected on HEDIS rates for 2023 utilization.

Exhibit V.1 presents the HEDIS results for well care visits for each MCE. For children in the first 15 months of life (upper left box), the HEDIS rate shown represents the percentage of children with 6 or more well child visits. For the most current reporting year, the rate varied from 61% for CareSource to 69% for Anthem. For children ages 15 to 30 months, the measure is for two or more visits during this time (upper right box). The MCEs reported rates on this measure, ranging from 67% for MDwise to 72% for MHS. For children ages 3-11 years (lower left box) and adolescents (lower right box), the rate shown represents the percentage of children that had at least one annual visit. For the ages 3 to 11 group, the annual visit rate varied from 53% for MDwise to 59% for Anthem and MHS. For the adolescents, the rate varied from 48% for MDwise and CareSource, while MHS had a rate of 54%.

**Exhibit V.1**
**Summary of Results from HEDIS Well Care Measures (Percentage of Total)**



Some other annual HEDIS measures for children relate to asthma medication use and immunizations. In the upper two boxes of Exhibit V.2, the asthma medication ratio represents the percentage of children who had a ratio of controller medications to total asthma medications of 0.50 or greater during the year. For the younger children (upper left box), CareSource had the highest rate reported in HEDIS 2024 at 83%. MDwise had the lowest rate at 69%. For the older children (upper right box), Anthem had the highest rate in HEDIS 2024 (70%) whereas the other three MCEs were lower (63-66%).

For the childhood immunization measure (bottom left box), the rate reports the percentage of children who turned age 2 during the measurement year who were enrolled for the 12 months prior to their second birthday who received the immunizations as recommended by the American Academy of Pediatrics. The rate varied from 46% (CareSource) to 59% for Anthem in HEDIS 2024. For the adolescent immunizations HEDIS measure, MDiwse had the highest rate at 87% while CareSource was the lowest at 78%.

**Exhibit V.2**
**Summary of Results from Selected Child HEDIS Measures for Physical Health**

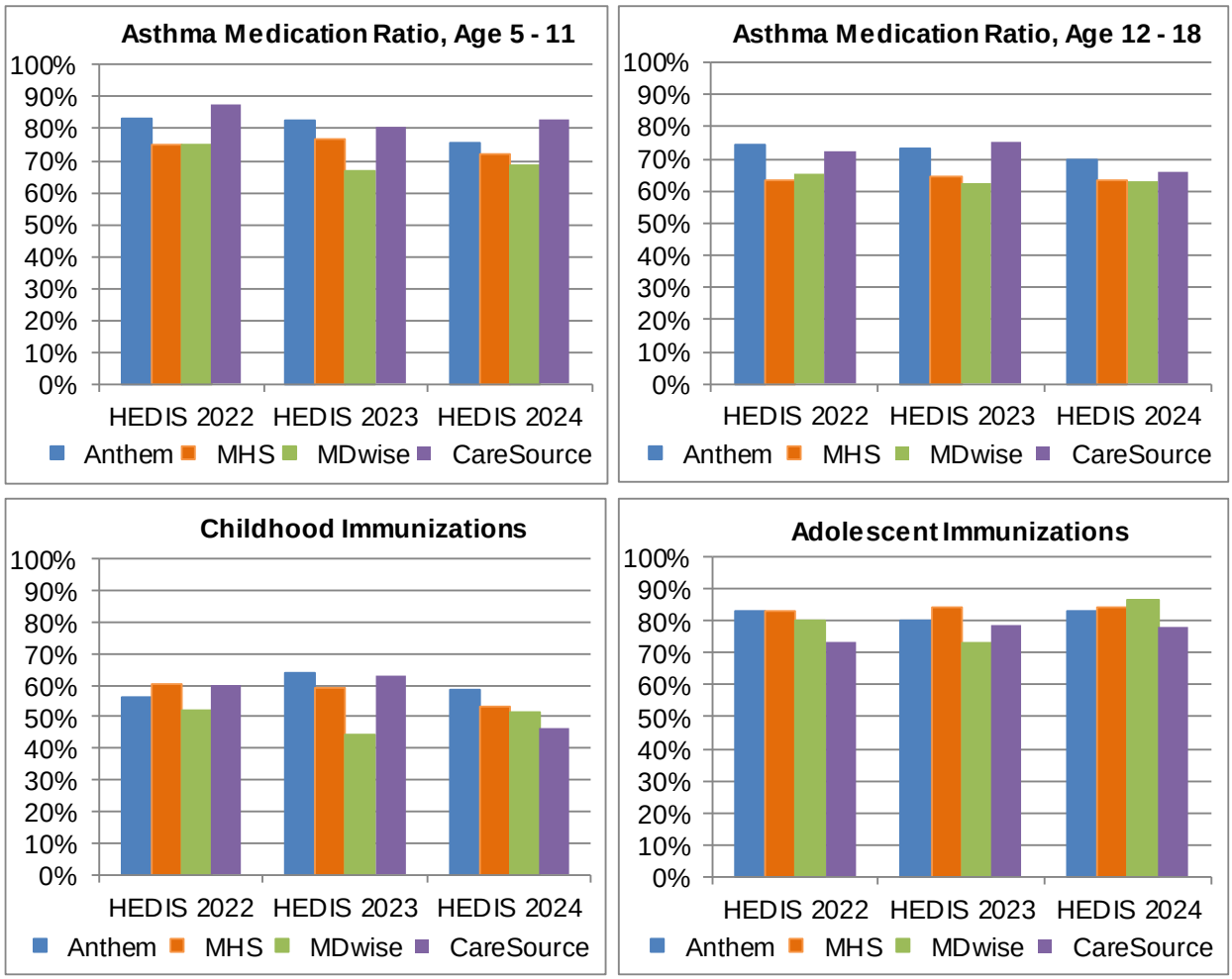
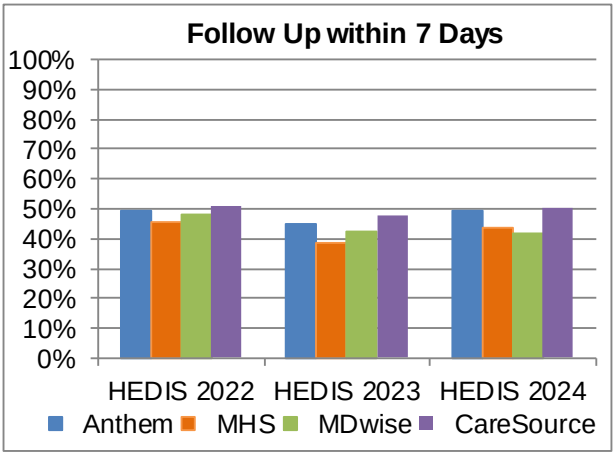


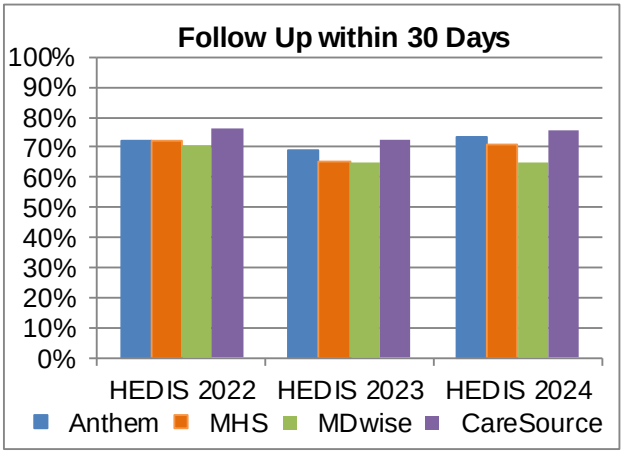
Exhibit V.3 presents the results of behavioral health HEDIS measures. The measures in the top boxes show the percentage of children in HHW with follow-up visits (within 7 days and 30 days) in the community after a hospitalization for mental illness. In the lower boxes, the measures show the percentage of children newly prescribed medication for attention deficit/hyperactivity disorder (ADHD) who had at least three follow-up care visits within a 10-month period. The left box shows percentage of children who had a follow-up visit within 30 days of prescribing ("initiation phase"). The right box shows the percentage who continued taking ADHD medication and had at least two visits after the first visit ("the continuation and maintenance phase").

The MCEs reported similar results for the follow-up visits after hospitalization, in the range of 42% to 50% for visits within 7 days and 65% to 75% of members who had a visit within 30 days. MDwise had the highest rates for follow-up after ADHD medication prescribed in both measures. The rate in the range reported was 44% for both Anthem and MHS to 55% for MDwise (initiation phase) and 50% for MHS to 65% for MDwise (continuation and maintenance phase).

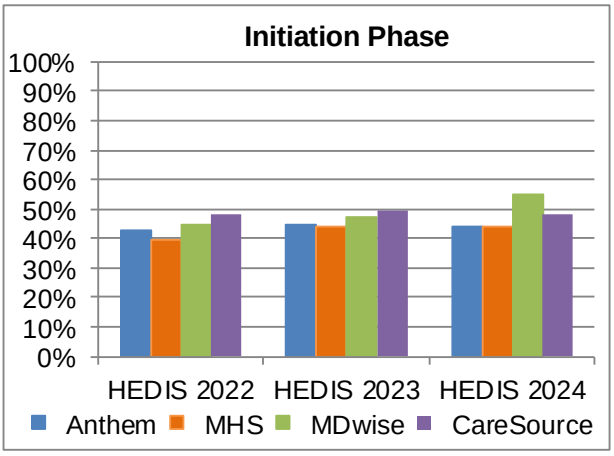
**Exhibit V.3**
**Summary of Results from Selected Child HEDIS Measures for Behavioral Health**

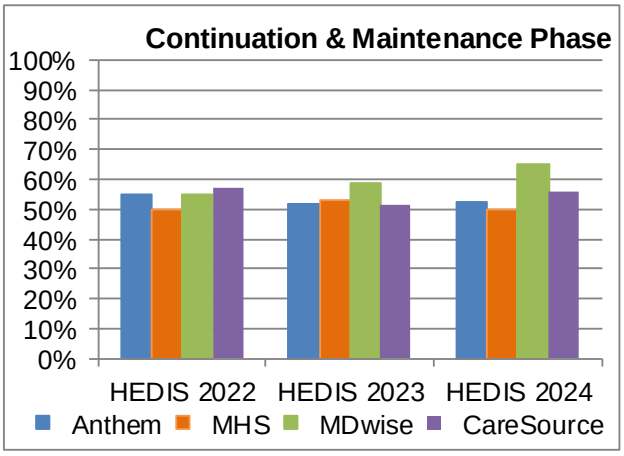
**Follow-Up After Hospitalization for Mental Illness**




**Follow-Up Care for Children Prescribed ADHD Medication**



In addition to the year-over-year changes for each MCE, HMA-Burns compared the latest HEDIS year results to see how Indiana's MCEs compared to Medicaid health plans nationally. The measures shown in Exhibit V.4 below track back to what was shown in Exhibits V.1 through V.3. Values highlighted in green, or blue indicate that the MCE scored better than the median value nationally. Among the 12 measures reviewed, Anthem had 8 in which its rates exceeded the national median values, CareSource had 6, MDwise had 4, and MHS had 3.

**Exhibit V.4**
**Comparing Hoosier Healthwise MCEs to Health Plans Nationally on Selected HEDIS Measures**

| Each MCE is color-coded to compare it to Medicaid health plans nationally. |
|---|
| If MCE is below the 25th percentile nationally: |
| If MCE is >25th percentile but <50th percentile nationally: |
| If MCE is >50th percentile but <75th percentile nationally: |
| If MCE is >75th percentile but <90th percentile nationally: |
| If MCE is above the 90th percentile nationally: |

| | Hoosier Healthwise HEDIS 2024 | | | |
|---|---|---|---|---|
| | Anthem | CareSource | MDwise | MHS |
| 6 or More Well Child Visits First 15 Months | 69.0% | 61.2% | 62.1% | 61.8% |
| 2 or More Well Child Visits, Months 15 - 30 | 70.8% | 70.5% | 66.7% | 71.9% |
| Annual Well-Care Visit Ages 3 - 11 | 59.5% | 58.0% | 53.4% | 59.4% |
| Annual Well-Care Visit Ages 12 - 17 | 52.6% | 48.1% | 48.3% | 54.1% |
| Appropriate asthma medication, Age 5-11 | 75.5% | 82.6% | 68.7% | 72.1% |
| Appropriate asthma medication, Age 12-18 | 69.9% | 66.0% | 63.3% | 63.4% |
| Childhood Immunizations, Combination #3 | 58.6% | 46.4% | 51.5% | 53.5% |
| Adolescent Immunizations, Combination #1 | 83.2% | 77.8% | 86.5% | 84.4% |
| Follow-Up After Mental Health Hospitalization: | | | | |
| Within 7 Days | 49.4% | 50.1% | 41.9% | 43.5% |
| Within 30 Days | 73.4% | 75.5% | 64.8% | 70.8% |
| Follow-Up Care when Prescribed ADHD Meds: | | | | |
| Initiation Phase | 44.2% | 48.3% | 54.9% | 44.1% |
| Maintenance Phase | 52.4% | 55.7% | 64.9% | 50.2% |

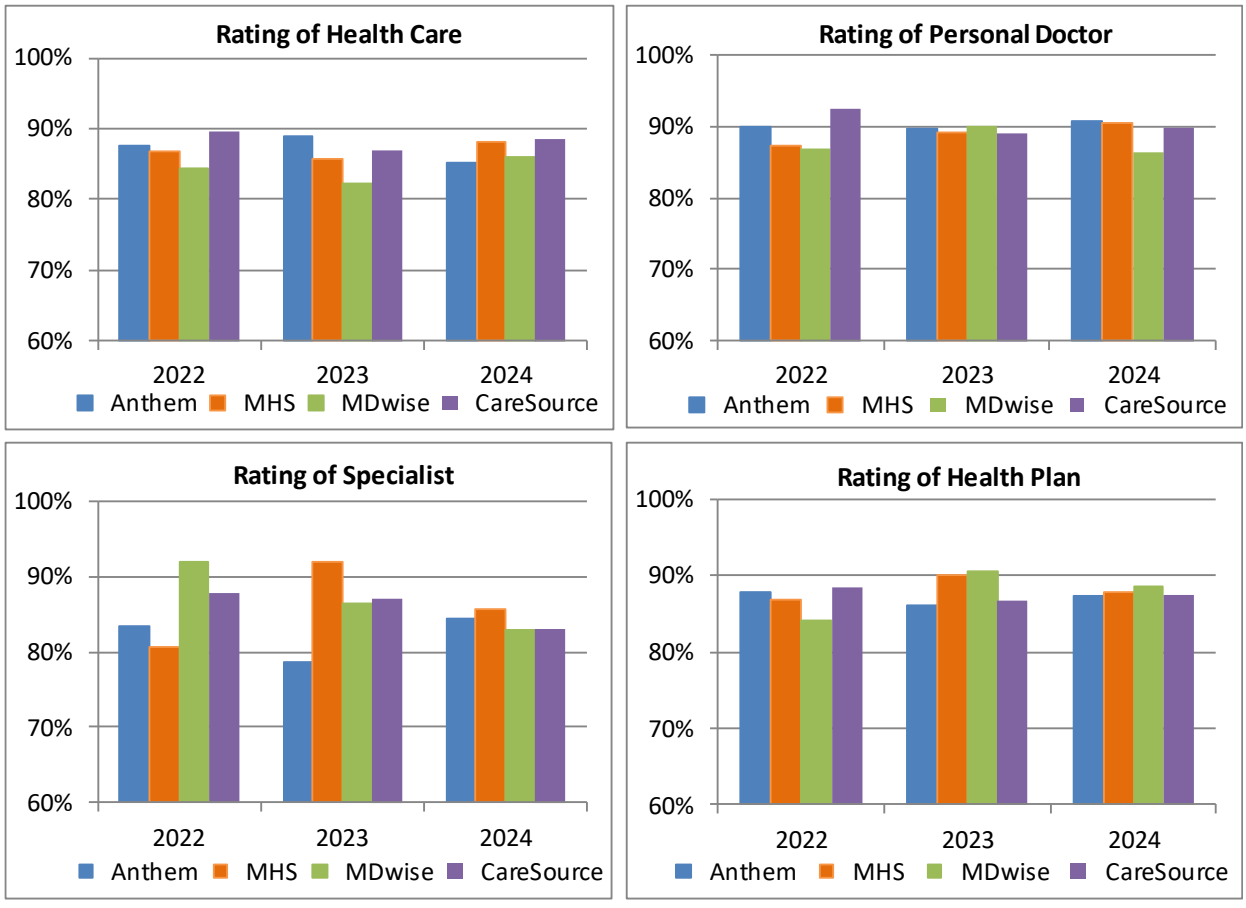
The arrow to the right of the result indicates if the MCE had a meaningful improvement or reduction in its rate from the prior year (+/- 2 percentage points). If there is no arrow, then the change from the prior year was not meaningful.

## CAHPS Results for Children Enrolled in Hoosier Healthwise

The Hoosier Healthwise MCEs contract with an outside survey firm to conduct the CAHPS surveys. The external surveyor compiles results which, in turn, are reported by the MCEs to the OMPP. One survey is specific to adults, and another is specific to children. Exhibit V.5 below summarizes the results from the child surveys that were administered over the last three years. The results presented include all children in Hoosier Healthwise—CHIP and traditional Medicaid.

The percentages in Exhibit V.5 reflect those members that assigned a value of 8, 9 or 10 for each rating, where zero is the "worst possible" and 10 is the "best possible." The ratings themselves represent a composite of multiple questions on the survey related to the topic. The results varied among MCEs in the most recent survey year. The ratings for Health Care increased slightly for all MCEs in CY 2024, except Anthem. MHS had the highest rating for Specialists. All four MCEs had a similar rating of the Health Plan itself (87% to 89%). Compared to the prior year, Anthem had an increase in 3 of the four ratings, while CareSource and MHS saw an improvement on two of the four ratings. MDwise saw an improvement in 1 of the 4 ratings.

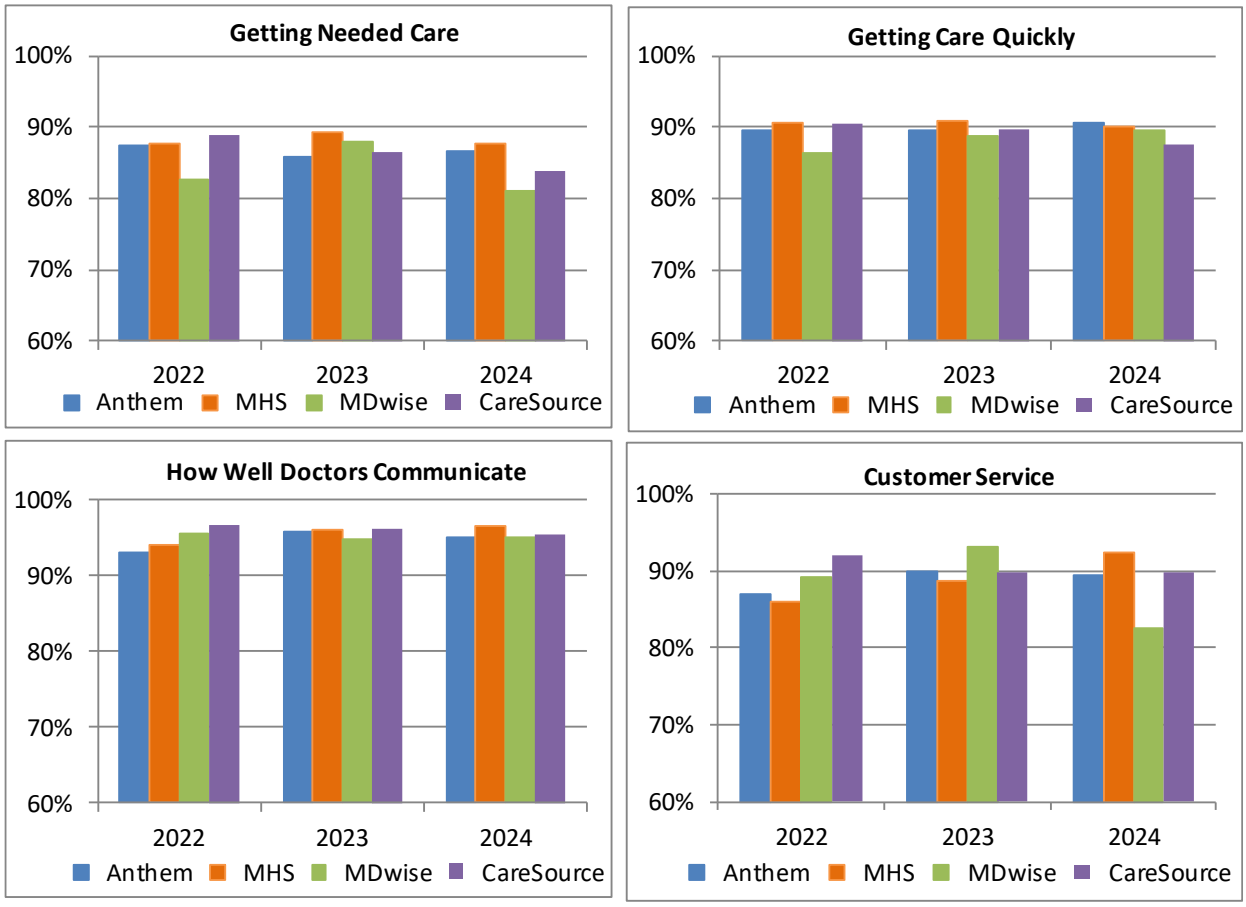
**Exhibit V.5**
**Summary of Scores from CAHPS Child Survey (Members giving a rating of 8, 9, or 10 on 10-point scale)**



The CAHPS instrument also compiles composite scores from a series of related questions on other topics as well. The results in Exhibit V.6 represent four composite scores that show the percentage of respondents that answered "Usually" or "Always" to the series of questions on the topic. All four MCEs scored best on the composite score for How Well Doctors Communicate in the 2024 survey (95% to 97%). Anthem and MHS scored at or above 90% in the most recent survey for Getting Care Quickly. The overall average amongst all MCEs of 89.4% is comparable to the 2023 results 89.7%.

For Getting Needed Care, only Anthem saw improvement over the prior year survey while the other three MCEs all declined. For Customer Service, MHS had the highest rating at 92% while the other MCEs had a rating between 82% and 90%. Compared to the prior year, CareSource saw a decline on 3 of the 4 ratings while the other three MCEs saw improvement in 2 of the 4 ratings.

**Exhibit V.6**
**Summary of Scores from CAHPS Child Survey (Percentages reflect responses of "Usually" or "Always")**



Like what was shown in Exhibit V.4 in the comparison of Indiana's HEDIS results to national health plans, HMA-Burns conducted a similar comparison for the CAHPS survey results. The measures shown in Exhibit V.7 below track back to what was shown in Exhibits V.5 and V.6. Values highlighted in green or blue indicate that the MCE scored better than the median value nationally. Among the 8 measures reviewed, MHS performed the best with 7 of the measures exceeding the national median values. Anthem and CareSource had 5 rates exceeding the national median values, while MDwise only exceeded the national median values for 3 of the 8 measures.

**Exhibit V.7**
**Comparing Hoosier Healthwise MCEs to Health Plans Nationally on Selected CAHPS Measures**

| Each MCE is color-coded to compare it to Medicaid health plans nationally. |
|---|
| If MCE is below the 25th percentile nationally: |
| If MCE is >25th percentile but <50th percentile nationally: |
| If MCE is >50th percentile but <75th percentile nationally: |
| If MCE is >75th percentile but <90th percentile nationally: |
| If MCE is above the 90th percentile nationally: |

| | Hoosier Healthwise Child Survey in 2024 | | | |
|---|---|---|---|---|
| Composite Ratings | Anthem | CareSource | MDwise | MHS |
| Members are asked to give a rating of 1 to 10 on the survey (a 10 is the best score). | | | | |
| *The percentages shown are the percent of members who gave the MCE a score of 8, 9 or 10.* | | | | |
| Rating of the health plan (the MCE) | 87.2% | 87.5% | 88.6% | 87.9% |
| Rating of their own health care | 85.3% | 88.5% | 86.0% | 88.1% |
| Rating of their personal doctor | 90.7% | 89.8% | 86.5% | 90.6% |
| Rating of specialist seen most often | 84.4% | 83.1% | 82.9% | 85.6% |
| Composite Scores on Key Measures | | | | |
| Members are asked questions on items important to the MCE's delivery of services. | | | | |
| For each question, members can answer "Always", "Usually", "Sometimes" or "Never". | | | | |
| *The percentages shown are the percent of members who responded "Always" or "Usually".* | | | | |
| Customer Service provided by the MCE | 89.5% | 89.9% | 82.6% | 92.3% |
| Getting Needed Care | 86.6% | 83.8% | 81.1% | 87.8% |
| Getting Care Quickly | 90.6% | 87.5% | 89.6% | 90.0% |
| How Well Doctors Communicate | 95.0% | 95.4% | 95.0% | 96.6% |

The arrow to the right of the result indicates if the MCE had a meaningful improvement or reduction in its rate from the prior year (+/- 2 percentage points). If there is no arrow, then the change from the prior year was not meaningful.

# Appendix A: Maps Showing Access to Primary Care Providers in CHIP, by Region

# Appendix B: Maps Showing Access to Dental Care Providers in CHIP, by Region