Overview: The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). Each state with an approved eligibility and coverage policy in its section 1115 demonstration should complete only one Monitoring Report Template (Part B) that encompasses all eligibility and coverage policies approved in its demonstration as well as the demonstration overall, in accordance with the demonstration's special terms and conditions (STC). This state-specific Part B Template reflects the composition of the eligibility and coverage policies in the state's demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information and any questions, the state should contact the section 1115 demonstration team.

Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. Title page for the state's eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for each eligibility and coverage policy. The state completed this title page at the beginning of its demonstration as part of its monitoring protocol(s). The state should complete this table using its monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

For non-eligibility periods, the state should use the policy-specific rows to enter implementation dates for each applicable non-eligibility period. If the state has non-eligibility periods for premiums, it should only include a non-eligibility period implementation date for these policies if it differs from the implementation date for premiums. The state should include implementation dates for all other non-eligibility periods individually if the dates differ by policy. If the state has a non-eligibility period for a policy that is not listed in the table, the state should use the "other policy" row to specify the implementation date of that policy. In this row, the state should also replace "[enter here]" with the name of the policy to which the non-eligibility period implementation date applies.

Overall section 1115 demonstration	
State	*Indiana*
Demonstration name	*Healthy Indiana Plan (HIP) (Project Number 11-W-00296/5)*
Approval period for section 1115 demonstration	*01/01/2021 to 12/31/2030*
Demonstration year and quarter	*DY8Q3*
Reporting period	*10/01/2022-12/31/2022*
Premiums or account payments	
Premiums or account payments start date	*This waiver authority is suspended due to COVID-19 and will resume after the end of the Public Health Emergency (PHE)*
Implementation date, if different from premiums or account payments start date	
Healthy behavior incentives	
Healthy behavior incentives start date	*01/01/2021*
Implementation date, if different from healthy behavior incentives start date	
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	*01/01/2021*
Implementation date, if different from retroactive eligibility waiver start date	
Non-eligibility periods	
Non-eligibility periods start date	*This waiver authority is withdrawn.*
Implementation date for premiums and account payments non-eligibility periods, if different from non-eligibility periods start date	

Implementation date for non-eligibility periods for failure to complete annual eligibility renewal process, if different from non-eligibility periods start date		
Implementation date for non-eligibility periods for failure to report change in income or other change in circumstance, if different from non-eligibility periods start date		
Implementation date for other non-eligibility periods, if different from non-eligibility periods start date. Policy: *[enter here]*		

Notes:

1. **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective* date listed in the state's STCs at time of eligibility and coverage demonstration approval. For example, if the state's STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.
2. **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state's demonstration.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

Enter the executive summary text here.

The Public Health Emergency (PHE) for the COVID-19 pandemic continued throughout the fourth quarter of this demonstration (Q4 2022). During this time, all cost sharing, including contributions and copays, are suspended. In addition, all members who apply, and are eligible for HIP, will automatically enroll in HIP Plus. Similarly, there are no downgrades to benefits or disenrollment's (unless a member is deceased, voluntarily withdraws, or moves out of state) during this time. Due to this policy, HIP enrollment has continued to increase every quarter. Health incentives remain in effect for HIP members, like the POWER Account Rollover feature and the variety of MCE health incentives. On August 1, 2021, members in the Regular Basic aid category (MARB) were shifted to the Regular Plus aid category (MARP) for the remainder of the PHE.

3. Narrative information on implementation, by eligibility and coverage policy and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Premiums and account payments (PR)			
PR.Mod_1. Eligibility and payment amounts			
PR.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to beneficiaries subject to premiums or account payments. Describe and explain changes (+ or -) greater than two percent.		*PR_1; PR_8-10*	Between DY8Q3 and DY8Q4, metric PR_1 had an increase of 14.60%. Per the approved monitoring protocol, Indiana does not report on PR_8-10.
1.1.2 Discuss any data trends related to changes in premium amounts after mid-year change in circumstance or renewal.	X	*PR_11-14; PR_18-20*	
1.1.3 Discuss any data trends related to beneficiaries who are granted exemptions from premiums or account payments. Describe and explain changes (+ or -) greater than two percent.		*PR_2*	Between DY8Q3 and DY8Q4, metric PR_2 had an increase of 2.15%.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.4 Discuss any data trends related to beneficiaries who paid a premium or account payment during that month. Describe and explain changes (+ or -) greater than two percent.		*PR_3; PR_21*	Between DY8Q3 and DY8Q4, metric PR_3 had a percent change of -21.2%. This decrease is expected as POWER account contributions are paused during the PHE. Between DY8Q3 and DY8Q4, metric PR_21 had a percent change of -20%. The decrease in third party payments may be partially due to communication on paused cost sharing between the MCE's and third parties. The percent change appears large due to the small amount of third parties that participated in payment on behalf of the beneficiary.
1.1.5 Discuss any data trends related to beneficiaries who were subject to premiums or account payments but declared hardship. Describe and explain changes (+ or -) greater than two percent.	X	*PR_4*	Per the approved monitoring protocol, Indiana does not report on PR_4.
PR.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.a Beneficiaries exempt from premiums or account payments	X		Cost sharing for HIP is suspended for the duration of the COVID-19 PHE. Premiums and POWER Account contributions will be waived for the months of March 2020 through the end of the PHE for all members.
1.2.1.b Beneficiaries subject to premiums or account payments but exempt from compliance actions	X		For the duration of the COVID-19 PHE, HIP members are not downgraded to lesser coverage or disenrolled unless they voluntarily withdraw, move out-of-state, or are deceased.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.c	Process for claiming financial hardship			N/A to HIP
1.2.1.d	Process for determining premium or account contribution amounts beneficiaries will pay	X		
1.2.1.e	Process for determining that beneficiaries have reached the aggregate spending cap specified in the STCs	X		
1.2.1.f	Other policy changes	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_2. Beneficiary account operations			
PR.Mod_2.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
PR.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts are administered, including the role of vendors.	X		
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts work, including state contributions, use of account funds to pay for services, and rules for account rollovers and balances.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_3. Invoicing and payments			
PR.Mod_3.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
PR.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to invoicing and payment processes (including invoicing, beneficiary payments, grace periods, and deadlines for reporting a change in circumstance that would affect premium liability, and compliance actions).	X		For the duration of the COVID-19 PHE, cost sharing for HIP is suspended. Premiums and POWER Account contributions will be waived for the months of March 2020 through the end of the PHE for all HIP members. No invoices are being sent to members during this time.
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to procedures for beneficiaries to pay premiums or account payments, or for third parties to pay premiums or account payments on behalf of beneficiaries.	X		For the duration of the COVID-19 PHE, cost sharing for HIP is suspended. Premiums and POWER Account contributions will be waived for the months of March 2020 through the end of the PHE for all HIP members. Therefore, any contributions made will be reimbursed to third parties and beneficiaries.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_4. Reduction to premiums for non-income related reasons			
PR.Mod_4.1 Metric trends -- ***No metric trend analysis is required for this reporting topic.***			
PR.Mod_4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to incentives or rewards related to premium or account payments (if applicable).	X		For the duration of the COVID-19 PHE, members cannot earn member rollover, because members are not making monthly contributions to their power account. Members can still earn state rollover for completing preventive care services.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_5. Operationalize strategies for noncompliance			
PR.Mod_5.1 Metric trends			
5.1.1 Discuss any data trends related to the number of beneficiaries who have experienced the below. Describe and explain changes (+ or -) greater than two percent. 5.1.1.i New disenrollments	X	*PR_15*	
5.1.1.ii New suspensions	X	*PR_17*	
5.1.2 Discuss any data trends related to beneficiaries in grace periods, non-eligibility periods, and/or other statuses. Describe and explain changes (+ or -) greater than two percent.	X	*PR_5-6;* *PR_16*	
5.1.3 Discuss any data trends related to the number of beneficiaries who had collectible debt. Describe and explain changes (+ or -) greater than two percent.	X	*PR_7*	
PR.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to: 5.2.1.a Implementation of compliance actions	X		For the duration of the COVID-19 PHE, HIP members are not downgraded to lesser coverage or disenrolled unless they voluntarily withdraw, move out-of-state, or are deceased.
5.2.1.b Processes for identifying and tracking beneficiaries at risk of noncompliance	X		
5.2.1.c Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.d	Processes for tracking and pursuing collectible debts (if applicable)	X		
5.2.1.e	Processes for screening those at risk of disenrollment for other Medicaid eligibility groups or exemptions	X		
5.2.1.f	Appeals processes for beneficiaries subject to premium requirements	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_6. Develop comprehensive communications strategy			
PR.Mod_6.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
PR.Mod_6.2 Implementation update			
6.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state's strategy to communicate with beneficiaries about:	X		
6.2.1.a Compared to the details outlined in the implementation plan, describe any change or expected changes to the state's strategy to communicate with beneficiaries about:			
6.2.1.b Payment process	X		
6.2.1.c Rewards for payment (if any)	X		
6.2.1.d Processes for reporting changes in income, making hardship claims, and filing appeals	X		
6.2.1.e Consequences of nonpayment	X		
6.2.1.f Non-eligibility periods	X		
6.2.2 Compared to the details outlined in the implementation plan, describe any change or expected changes to the information provided on beneficiary invoices.	X		

	Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.3	Describe any communication or outreach that was conducted with partners, such as managed care organizations or other contractors, during this reporting period.			Between DY8Q3 and DY8Q4, the OMPP compliance officers regularly communicated with the MCEs. Due to the PHE, managed care entities are required to submit PHE enrollment estimates to their corresponding compliance officer. In addition, OMPP conducts ongoing document reviews of member flyers, postcards, clinical and reimbursement documents, educational materials, preventive care material. OMPP also updates the MCEs twice/week on new provider material if any and conducts callouts for urgent updates.
6.2.4	Compared to the details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, with low literacy, and in rural areas, and other diverse groups.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_7. Develop and modify systems			
PR.Mod_7.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
PR.Mod_7.2 Implementation update			
7.2.1 Describe whether the state has developed or enhanced its systems capabilities as described in the implementation plan for: 7.2.1.a Accepting premiums or account payments	X		
7.2.1.b Tracking premiums or account payments	X		
7.2.1.c Establishing beneficiary accounts (if applicable)	X		
7.2.1.d Operationalizing compliance actions (if applicable)	X		
7.2.2 Describe any additional systems modifications that the state is planning to implement.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_8. State-specific metrics			
PR.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Healthy behavior incentives (HB)			
HB.Mod_1. Healthy behavior incentives			
HB.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the enrollment among beneficiaries subject to healthy behavior incentives. Describe and explain changes (+ or -) greater than two percent.		*HB_1*	Between DY8Q2 and DY8Q3, metric HB_1 had a change of 2.71%. Due to the PHE, Indiana may not disenroll HIP members. Therefore, the enrollment is expected to continue increasing while the PHE is ongoing. Every beneficiary is subject to healthy behavior incentives, therefore as enrollment increases, HB_1 will increase.
1.1.2 Discuss any data trends related to the below. Describe and explain changes (+ or -) greater than two percent. 1.1.2.a Beneficiaries using all incentivized healthy behaviors, by service	X	*HB_2*	
1.1.2.b Beneficiaries using incentivized healthy behaviors documented through claims, by service	X	*HB_3*	
1.1.2.c Beneficiaries using incentivized behaviors not documented through claims, by service	X	*HB_4*	
1.1.3 Discuss any data trends related to beneficiaries granted a reward, such as premium reductions, financial rewards, or additional covered benefits, for completion of incentivized healthy behaviors. Describe and explain changes (+ or -) greater than two percent.	X	*HB_5-7*	

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
HB.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the STCs, describe any changes or expected changes to how the state identifies and defines: 1.2.1.a Beneficiaries subject to healthy behavior incentives	X		
1.2.1.b Beneficiaries exempt from healthy behaviors incentives	X		
1.2.1.c Incentivized healthy behaviors that beneficiaries can complete	X		
1.2.1.d Rewards granted for the completion of incentivized healthy behaviors	X		
1.2.1.e Other policy changes	X		
1.2.2 Describe any communication with beneficiaries about healthy behavior incentives.	X		
1.2.3 Describe any outreach or educational activities to providers, managed care organizations, or other partners about programs that incentivize particular healthy behaviors.	X		
1.2.4 Highlight significant demonstration operations or policy considerations that impacted or could impact beneficiary participation, demonstration enrollment or rewards granted for completion of incentivized healthy behaviors. Note any activity that may accelerate or impede the policy's implementation.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
HB.Mod_2. State-specific metrics			
HB.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Retroactive eligibility waiver (RW)			
RW.Mod_1. Retroactive eligibility waiver and demonstration requirements			
RW.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to beneficiaries subject to retroactive eligibility waivers. Describe and explain changes (+ or -) greater than two percent.	X	*RW_1-3*	
RW.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will determine whether beneficiaries are exempt from the retroactive eligibility waiver.	X		
1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications to Medicaid applications to reflect the retroactive eligibility waiver.	X		
1.2.3 Report any modifications to the appeals processes for beneficiaries subject to retroactive eligibility waivers.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
RW.Mod_2. Develop comprehensive communications strategy			
RW.Mod_2.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
RW.Mod_2.2 Implementation update			
2.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state's strategy for communicating to beneficiaries about changes to retroactive eligibility policies.	X		
2.2.2 Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.	X		
2.2.3 Describe any communication or outreach that was conducted with providers.			In October 2022, FSSA conducted its an annual update of ICD-10 codes and shared these changes with providers. In December 2022, providers were notified that CMS had announced a new provider enrollment application fee for 2023. FSSA made several billing and pharmacy updates and clarifications during Q4 2022.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
RW.Mod_3. State-specific metrics			
RW.Mod_3.1 Metric trends			
3.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Non-eligibility periods (NEP)			
NEP.Mod_1. Non-eligibility periods and demonstration requirements			
NEP.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to individuals in non-eligibility periods. Describe and explain changes (+ or -) greater than two percent.	X	*AD_3*	This waiver authority is withdrawn due to Azar v. Gresham.
NEP.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.a Non-eligibility periods	X		
1.2.1.b Processes by which beneficiaries satisfy demonstration requirements to avoid non-eligibility periods	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
NEP.Mod_2. Exemptions from non-eligibility periods			
NEP.Mod_2.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
NEP.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to: 2.2.1.a How the state will identify beneficiaries that are exempt from non-eligibility periods, or that have good cause exemptions	X		
2.2.1.b How the state identifies, and/or how beneficiaries report exemptions or good cause circumstances from non-eligibility periods, and what documentation is necessary	X		
2.2.2 Describe any modifications to the appeals processes for individuals subject to non-eligibility periods, including what happens to individuals while appeals cases are pending or in the appeals/fair hearing process.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
NEP.Mod_3. Re-enrollment after non-eligibility periods			
NEP.Mod_3.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
NEP.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to what actions individuals will need to take to re-enroll after a non-eligibility period ends.	X		
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will process new applications for individuals who were disenrolled due to a non-eligibility period.	X		
3.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will handle applications for individuals who reapply for coverage before the end of their non-eligibility period.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
NEP.Mod_4. Develop comprehensive communications strategy			
NEP.Mod_4.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
NEP.Mod_4.2 Implementation update			
4.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state's plan for communicating to current beneficiaries and new applicants/beneficiaries about the demonstration's non-eligibility period provision(s).	X		
4.2.2 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state's strategy for communicating to individuals when and how they can re-enroll after non-eligibility periods.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
NEP.Mod_5. Develop and modify systems			
NEP.Mod_5.1 Metric trends – ***No metric trend analysis is required for this reporting topic.***			
NEP.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will identify and track individuals in non-eligibility periods.	X		
5.2.2 Describe any systems modifications that the state has implemented or is planning to implement to operationalize non-eligibility periods, and/or to re-enroll beneficiaries after non-eligibility periods end.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
NEP.Mod_6. State-specific metrics			
NEP.Mod_6.1 Metric trends			
6.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

4. Narrative information on implementation for any demonstration with eligibility and coverage policies

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
AD.Mod_1 Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state's broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)			
AD.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		*AD_1-5*	Between DY8Q3 and DY8Q4, AD_1 had an increase of 2.53%. Between DY8Q3 and DY8Q4, AD_4 had an increase of 16.2%. Since disenrollment is paused during the PHE, it is expected that the enrollment will continue to increase as reflected by AD_1 and AD_4.
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		*AD_6-10*	Between DY8Q3 and DY8Q4, AD_6 had an increase of 5.03%. Between DY8Q3 and DY8Q4, AD_7 had a decrease of 2.46%. Between DY8Q3 and DY8Q4, AD_8 had an increase of 10.71% Between DY8Q3 and DY8Q4, AD_10 had a decrease of 22.32%.
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		*AD_11-13*	Between DY8Q3 and DY8Q4, AD_12 had a decrease of 3.92%. Between DY8Q3 and DY8Q4, AD_13 had an increase of 4.25%

	Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.4	Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		*AD_14-21*	Between DY8Q3 and DY8Q4, AD_14 had a decrease of 2.79%. Between DY8Q3 and DY8Q4, AD_15 had an increase of 24.58%. Between DY8Q3 and DY8Q4, AD_16 had a decrease of 4.37%. Between DY8Q3 and DY8Q4, AD_17 had an increase of 2.317%. Between DY8Q3 and DY8Q4, AD_20 had a decrease of 9.25%. Between DY8Q3 and DY8Q4, AD_21 had an increase of 24.73%.
1.1.5	Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		*AD_22*	Between DY8Q3 and DY8Q4, AD_22 had an increase of 24.73%.
1.1.6	Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		*AD_23-27*	Between DY8Q3 and DY8Q4, AD_23 had an increase of 2.96%. Between DY8Q3 and DY8Q4, AD_24 had an increase of 49%. Between DY8Q3 and DY8Q4, AD_25 had an increase of 150%. Between DY8Q3 and DY8Q4, AD_26 had a decrease of 10%. Between DY8Q3 and DY8Q4, AD_27 had a decrease of 12%.

	Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.7	Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		*AD_28-36*	Between DY8Q3 and DY8Q4, AD_29 had an increase of 2.01%. Between DY8Q3 and DY8Q3, AD_31 had an increase of 2.05%. Between DY8Q3 and DY8Q4, AD_32 had a decrease of 1.87%. Between DY8Q3 and DY8Q4, AD_33 had a decrease of 5.90%. Between DY8Q3 and DY8Q4, AD_35 had a decrease of 2.52%. Between DY8Q3 and DY8Q4, AD_36 had a decrease of 1.70%.
1.1.8	Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		*AD_37-43*	Between DY8Q2 and DY8Q3, AD_37 had a decrease of 9.64%.
1.1.9	Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	X	*AD_44*	
AD.Mod_1.2. Implementation update				

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.	X		Enrollment in HIP has increased since March 2020 due to the pause on disenrollments during the COVID-19 PHE. On August 1, 2021, members in the Regular Basic aid category (MARB) were shifted to the Regular Plus aid category (MARP) for the remainder of the PHE. This update will not affect State Plan Basic (MASB) members as they will remain in their category. Members enrolling through Presumptive Eligibility or from a suspended status will also automatically enroll in Plus with this update. Only members who were impacted by this upgrade received relevant communication. As the number of members has increased, there has been an impact on the state budget due to the additional members requiring coverage.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
AD.Mod_2. State-specific metrics			
AD.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.	X		

5. Narrative information on other reporting topics

Prompt	State has no update to report (place an X)	State response
1. Budget neutrality		
1.1 Current status and analysis		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.	X	
1.2 Implementation update		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	X	

Prompt	State has no update to report (place an X)	State response
2. Eligibility and coverage demonstration evaluation update		
2.1 Narrative information		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.	X	
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		The State and CMS discussed the language of the longitudinal survey in the HIP 2021-2030 Summative Evaluation. It was concern of the state's independent evaluator, that the State would be wasting resources surveying beneficiaries on reason for leaving the plan, tobacco surcharge, power accounts, and medical debt, which are all less applicable during the PHE. Due to this, CMS and the State agreed to proceed with an abbreviated 2023 survey followed up with a second, longer survey in 2024.The 2024 survey will account for the questions that could not be asked during the 2023 survey due to the PHE. The State and CMS agreed the language in the HIP evaluation design accounted for implications to the goals, research questions, and hypotheses. Throughout DY8Q4, Indiana awaited CMS' feedback on the 2021-2030 HIP evaluation design submitted on February 24, 2022, and the HIP Summative Evaluation submitted on June 30, 2022. In the meantime, Indiana began to prepare for the 2021- 2023 HIP Interim Evaluation Report due to CMS no later than December 31, 2024. Throughout Q4, Indiana began to process data requests submitted on behalf of the independent evaluator, The Lewin Group, and prepared for the member survey.

Prompt	State has no update to report (place an X)	State response
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompt	State has no update to report (place an X)	State response
3. Other eligibility and coverage demonstration reporting		
3.1 General reporting requirements		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.a The schedule for completing and submitting monitoring reports		The original submission for the DY8Q4 Quarterly Budget Neutrality report was March 31,2023. In agreement with CMS, the submission date was changed April 14, 2023, to provide Indiana's data team more time to calculate the data.
3.1.2.b The content or completeness of submitted monitoring reports and or future monitoring reports		The State is in the process of updating the application so that RW_1 can be collected. There is no data available for this metric currently. Otherwise, the monitoring reports will be submitted complete.
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
3.1.4 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5	X	

Prompt	State has no update to report (place an X)	State response
Eft 3.2 Post-award public forum		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.	X	

Prompt	State has no update to report (place an X)	State response
4. Notable state achievements and/or innovations		
4.1 Narrative information		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).	X	

*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

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