OPEN MINDS

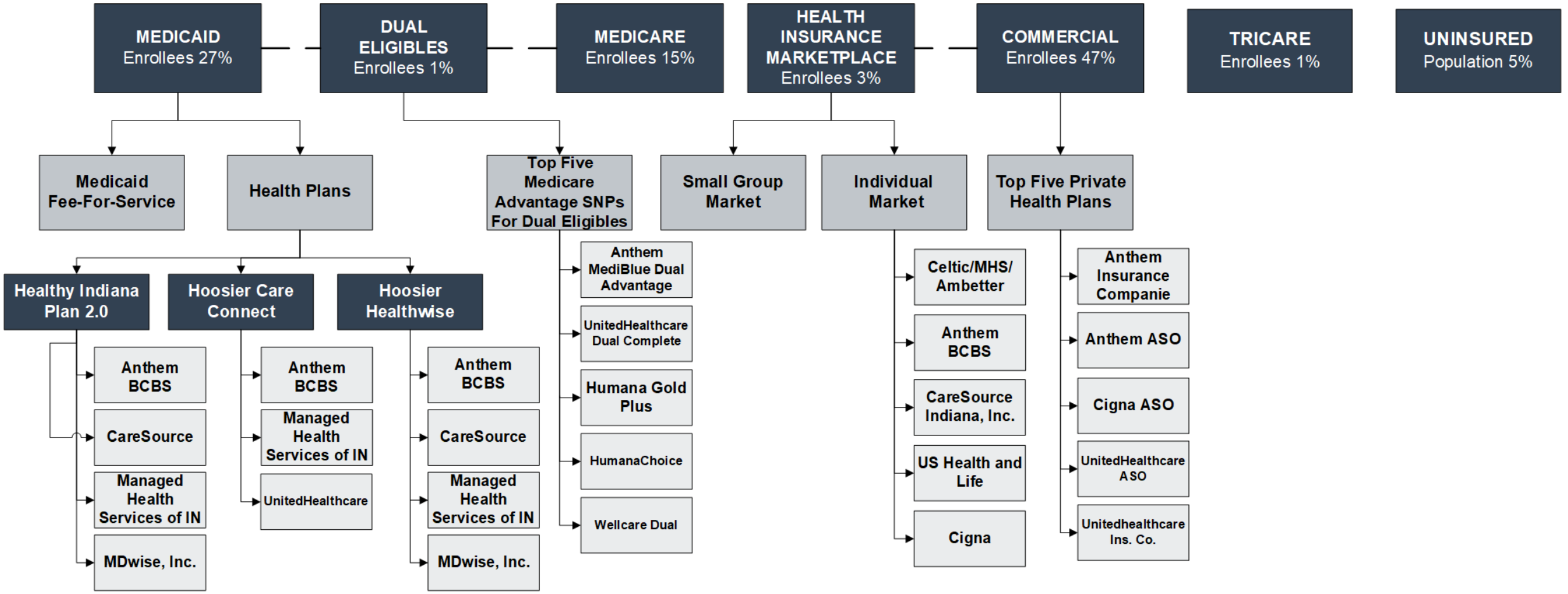
# Indiana Health & Human Services System Market Profile

# Health & Human Services Market Profile Overview

# A. Executive Summary

# A.1. Indiana Physical Health Care Coverage by Payer

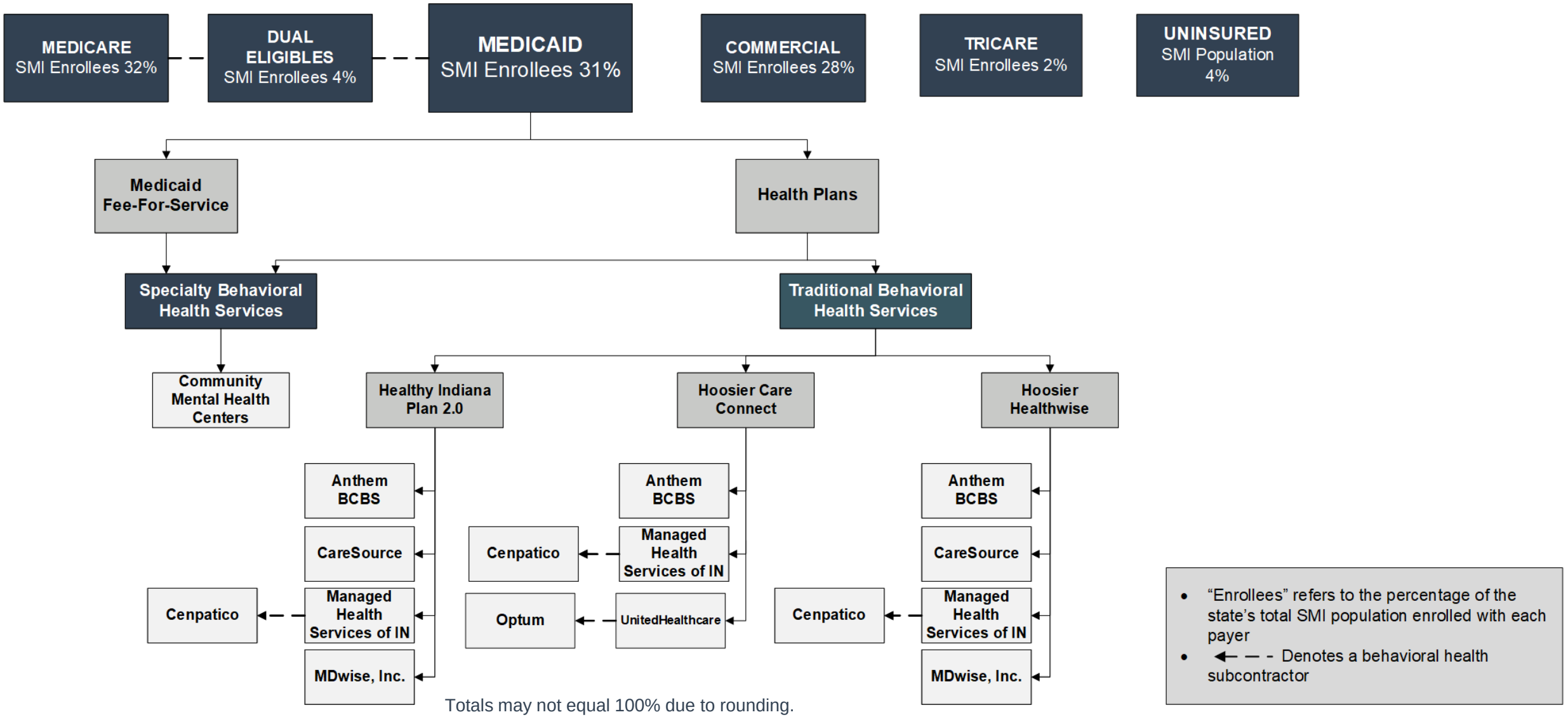
Total Indiana Population- 6,805,985
Estimated SMI Population- 461,904




"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Totals may not equal 100% due to rounding.

# A.1. Indiana Behavioral Health Care Coverage by Payer




Totals may not equal 100% due to rounding.

- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- ← — - Denotes a behavioral health subcontractor

# A.2. Health & Human Services Care Coordination Initiatives

| Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI) | | |
|---|---|---|
| **Care Coordination Entity** | **Active Program** | **Description** |
| Managed Care Health Plan | ✓ | Hoosier Care Connect health plans are responsible for coordinating care for their enrollees. |
| Primary Care Case Management (PCCM) | | None |
| Accountable Care Organization (ACO) Program | | None |
| Affordable Care Act (ACA) Model Health Home | | None |
| Patient-Centered Medical Home | | None |
| Dual Eligible Demonstration | | None |
| Managed Long-Term Services and Supports (MLTSS) | | None |
| Certified Community Behavioral Health Clinics (CCBHC) Grant | ✓ | Indiana currently operates two CCBHCs. |

# A.3. Health Care Safety-Net Delivery System

## State Agencies Responsible For Uninsured Citizens & Delivery System Model

### Physical Health Services

- The Office of Primary Care in the Indiana State Department of Health is responsible for providing physical health services to the safety-net population.

### Mental Health Services

- The Division of Mental Health and Addiction (DMHA) within the Indiana Family and Social Services Administration provides mental health and addiction treatment services to the safety-net population by contracting with community mental health centers (CMHCs) and other provider organizations.

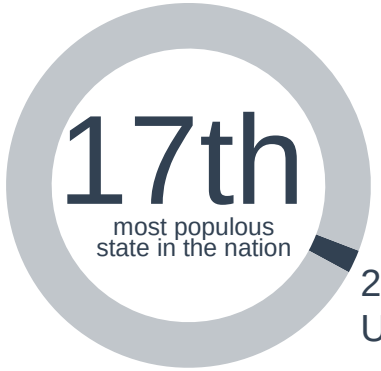
### Addiction Treatment Services

- The Division of Mental Health and Addiction (DMHA) within the Indiana Family and Social Services Administration provides mental health and addiction treatment services to the safety-net population by contracting with CMHCs and other provider organizations.

# B. Indiana Health Financing System Overview

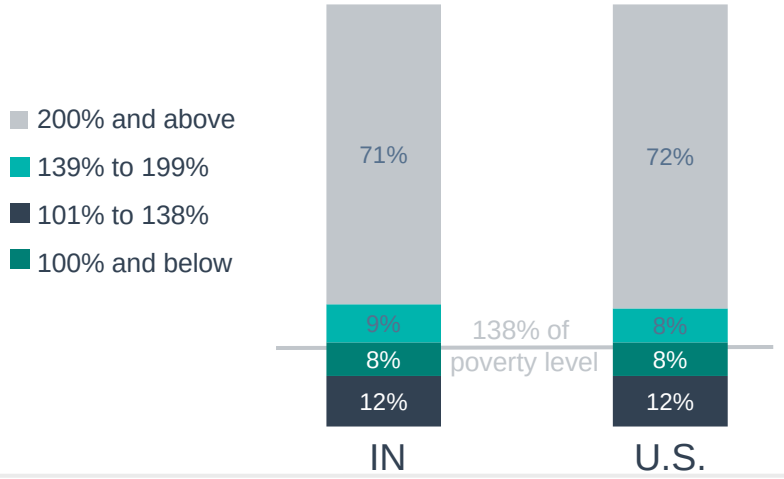
# B.1. Population Demographics

Total Indiana Population- 6,805,985
Estimated SMI Population- 461,904




2% of the
U.S. population

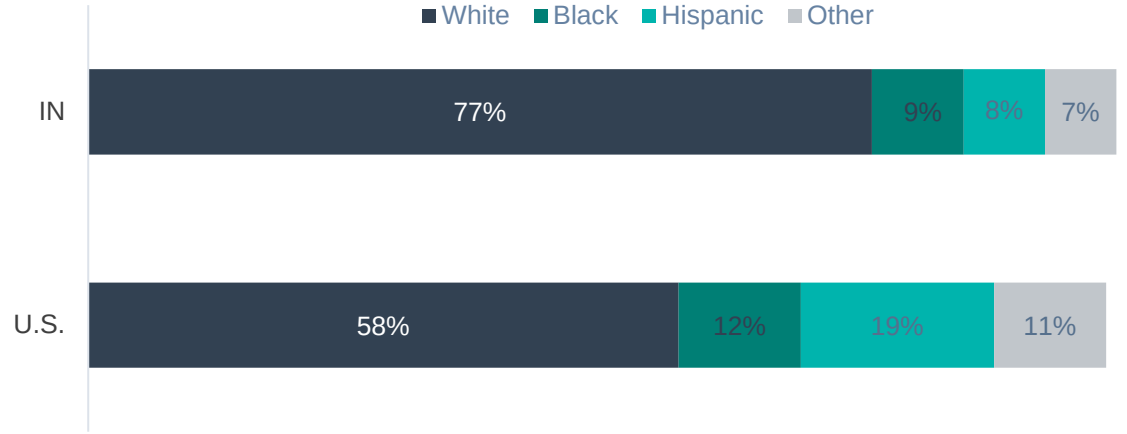
## Population Distribution By Income To Poverty Threshold Ratio




| Median Household Income | |
|---|---|
| Indiana | $62,743 |
| U.S. | $69,717 |

## Population Distribution By Age

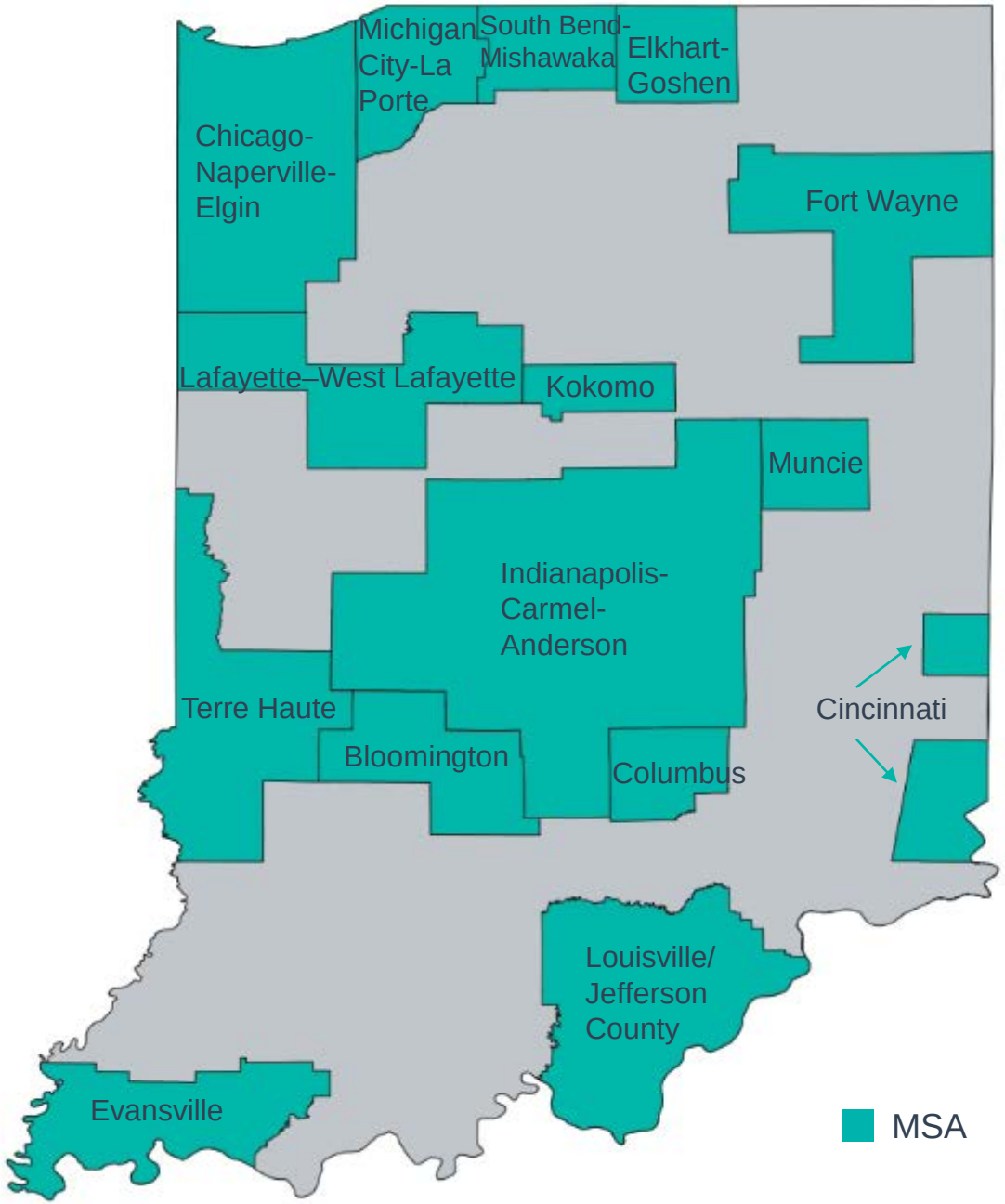

## Indiana & U.S. Racial Composition



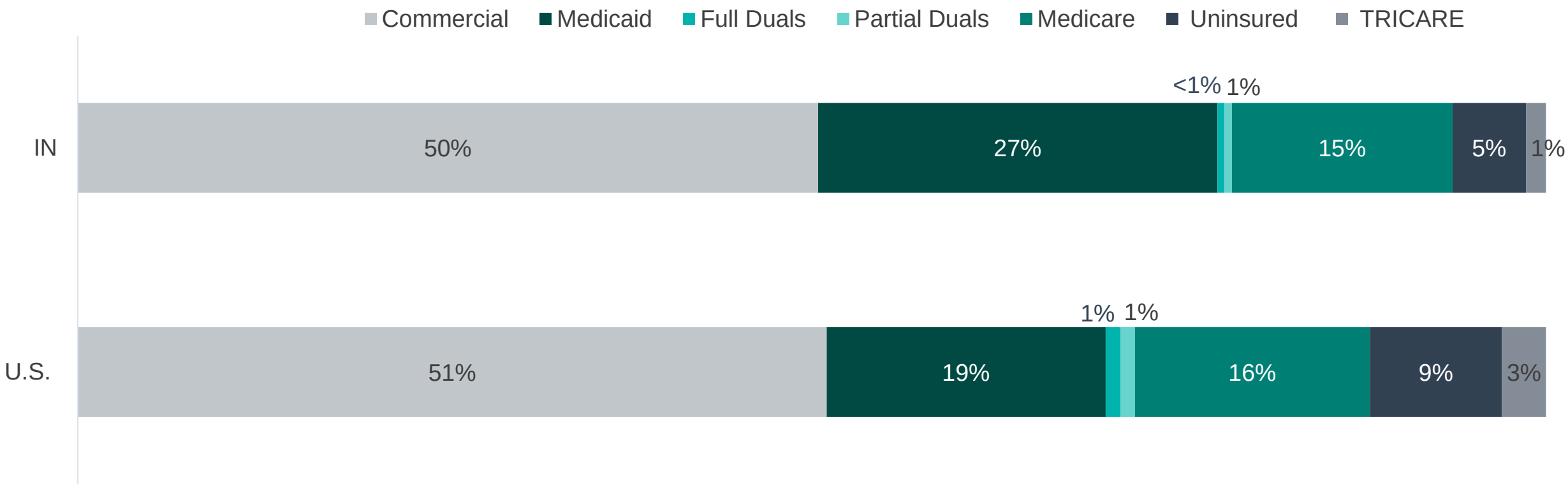

Totals may not equal 100% due to rounding.

# B.2. Population Centers

| Metropolitan Statistical Areas (MSAs) | | |
|---|---|---|
| **MSA** | **Indiana MSA Residents** | **Percent Of Population** |
| **Total MSA Population** | **17,367,355** | **-** |
| Chicago-Naperville-Elgin, IN-IL-WI | 9,441,957 | - |
| Cincinnati, OH-KY-IN | 2,265,051 | 33% |
| Indianapolis-Carmel-Anderson, IN | 2,141,779 | 31% |
| Louisville-Jefferson County, KY-IN | 1,284,553 | 19% |
| Fort Wayne, IN | 426,076 | 6% |
| South Bend-Mishawaka, IN-MI | 323,637 | 5% |
| Evansville, IN-KY | 314,038 | 5% |
| Lafayette-West Lafayette, IN | 226,452 | 3% |
| Elkhart-Goshen, IN | 206,890 | 3% |
| Terre Haute, IN | 184,875 | 3% |
| Bloomington, IN | 161,227 | 2% |
| Muncie, IN | 112,031 | 2% |
| Michigan City-La Porte, IN | 111,675 | 2% |
| Kokomo, IN | 83,574 | 1% |
| Columbus, IN | 83,540 | 1% |

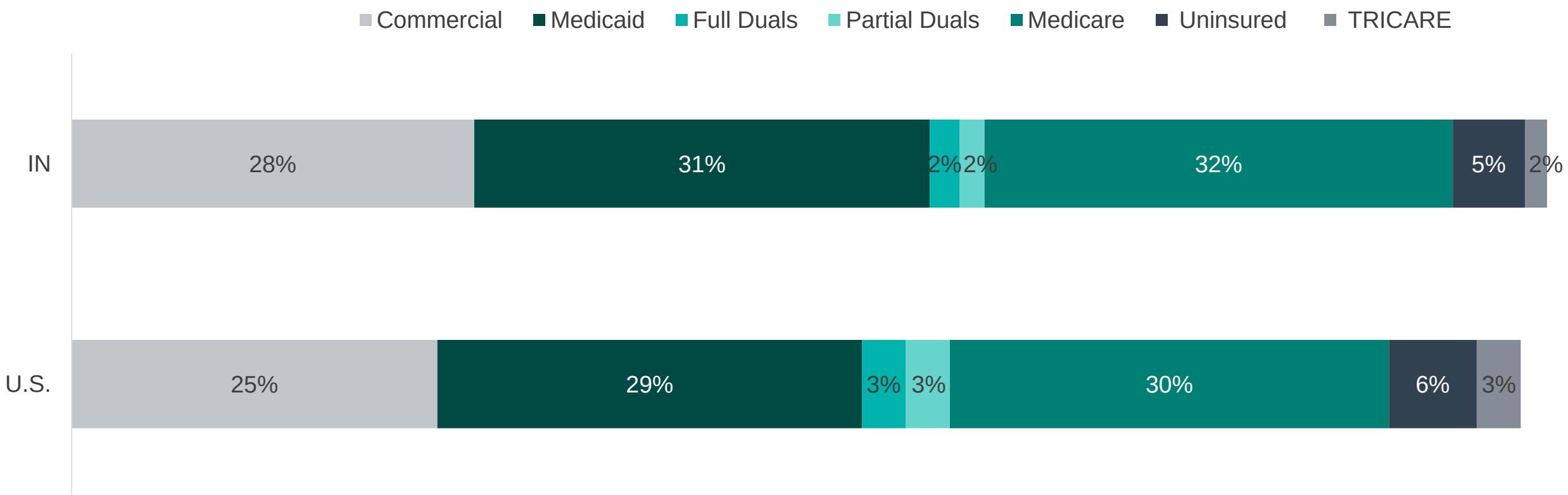


# B.3. Population Distribution By Payer: National vs. State




Totals may not equal 100% due to rounding.

# B.3. SMI Population Distribution By Payer: National vs. State




Totals may not equal 100% due to rounding.

# B.4. Largest Indiana Health Plans By Enrollment

| Plan Name | Plan Type | Enrollment* |
|---|---|---|
| Anthem Insurance Companies | Commercial | 2,044,593 |
| Medicare Fee-for-Service (FFS) | Medicare | 682,495 |
| Anthem ASO | Commercial administrative services only (ASO) | 393,940 |
| Anthem Blue Cross and Blue Shield | Medicaid managed care – Health Indiana | 333,992 |
| Medicaid FFS | Medicaid | 327,206 |
| Anthem Blue Cross and Blue Shield | Medicaid managed care – Hoosier Healthwise | 311,558 |
| UnitedHealthcare ASO | Commercial ASO | 260,330 |
| MDWise | Medicaid managed care – Hoosier Healthwise | 232,027 |
| MHS | Medicare managed care – Hoosier Healthwise | 184,288 |
| MDWise | Medicaid managed care – Healthy Indiana | 165,623 |

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

# B.4. Largest Indiana Health Plans By Estimated SMI Enrollment

| Plan Name | Plan Type | Enrollment* | Estimated SMI Enrollment |
|---|---|---|---|
| Medicare FFS | Medicare | 682,495 | 109,199 |
| Anthem Insurance Companies | Commercial | 2,044,593 | 83,828 |
| Anthem Blue Cross and Blue Shield | Medicaid managed care – Healthy Indiana | 333,992 | 28,723 |
| Medicaid FFS | Medicaid | 327,206 | 28,140 |
| Anthem Blue Cross and Blue Shield | Medicaid managed care – Hoosier Healthwise | 311,558 | 26,794 |
| MDWise | Medicaid managed care – Hoosier Healthwise | 232,027 | 19,954 |
| UnitedHealthcare Insurance Company | Medicare advantage | 124,167 | 19,867 |
| Anthem ASO | Commercial ASO | 393,940 | 16,152 |
| MHS | Medicaid managed care – Hoosier Healthwise | 184,288 | 15,849 |
| MDWise | Medicaid managed care – Healthy Indiana | 165,623 | 14,244 |

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

# B.5. Health Insurance Marketplace

| Health Insurance Marketplace | |
|---|---|
| Health Insurance Marketplace Percent | 3% |
| Type of Marketplace | Federal |
| Individual Enrollment Contact | https://www.healthcare.gov/ |
| | 1-800-318-2596 |
| Small Business Enrollment Contact | No small group health plans available |

| 2023 Individual Market Health Plans |
|---|
| 1. Anthem Blue Cross Blue Shield<br>2. CareSource Indiana, Inc.<br>3. Celtic Insurance Company/ MHS/Ambetter<br>4. US Health and Life<br>5. Cigna |

| 2023 Small Group Market Health Plans |
|---|
| None |

# B.6. Accountable Care Organizations

## Medicare Shared Savings ACOs

1. AHN Accountable Care Organization
2. American Health Network of Ohio Care Organization
3. Ascension Care Management Health Partners Evansville, LLC
4. Ascension Care Management Health Partners Indianapolis, LLC
5. Baptist Health Care Partners, LLC
6. Caravan Health ACO 22, LLC
7. Caravan Health ACO 23, LLC
8. CareConnectMD ACO, Inc
9. CHA ACO, LLC
10. CHSPSC ACO 2, LLC
11. CHSPSC ACO 9, LLC
12. Community Healthcare Partners ACO
13. Doctors ACO, LLC
14. Franciscan ACO
15. Healthcare Solutions Network, LLC
16. Indiana Lakes ACO
17. Ingalls Care Network, LLC
18. Inspire Health Partners, LLC
19. Mercy Health Select, LLC
20. Quality Independent Physicians
21. The Accountable Care Organization, Ltd
22. Trinity Integrated Care, LLC
23. University of Chicago Care Network Accountable Care Organization, LLC
24. VillageMD Chicago ACO, LLC

## Next Generation Model ACOs

1. Deaconess Care Integration
2. Indiana University Health ACO, Inc
3. Primaria ACO

## End-Stage Renal Disease ACOs

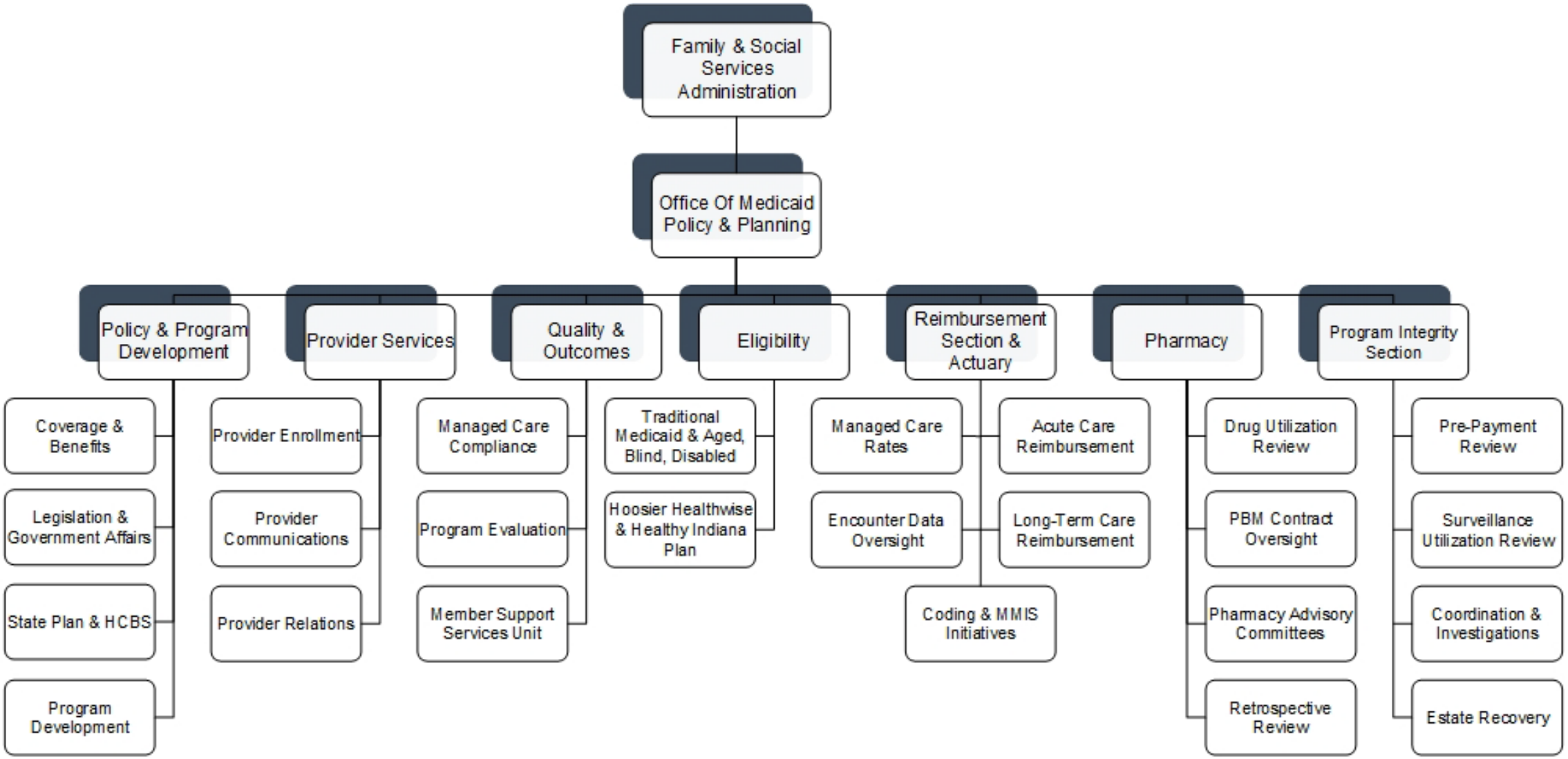
1. Fresenius Seamless Care of Indianapolis

## Commercial ACOs

| ACO | Commercial Insurer |
|---|---|
| Franciscan ACO, Inc | Anthem Blue Cross Blue Shield, Cigna, UnitedHealthcare |

# C. Medicaid Administration, Governance & Operations

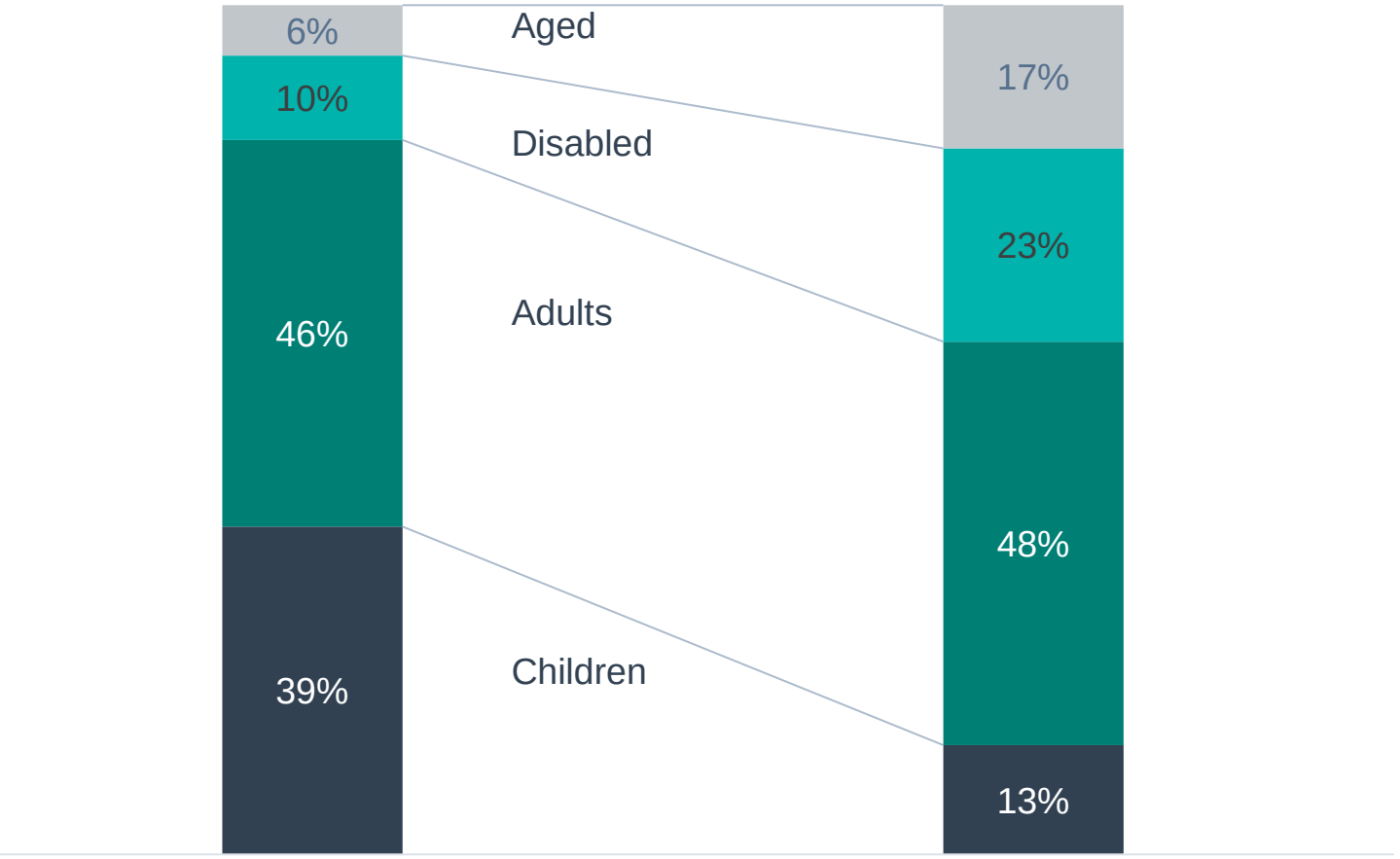
# C.1. Medicaid Governance: Organization Chart



# C.1. Medicaid Governance: Key Leadership

| Name | Position | Department | Email |
|---|---|---|---|
| Daniel Rusyniak, MD | Secretary | Family & Social Services Administration (FSSA) | daniel.rusyniak@fssa.in.gov |
| Kim Opsahl | Deputy Secretary & Chief of Staff | FSSA | kimberly.opsahl@fssa.in.gov |
| Allison Taylor, J.D. | Medicaid Director | FSSA, Office of Medicaid & Policy Planning | allison.taylor@fssa.in.gov |
| Lindsey Lux Kleman, MHA | Chief of Staff & Deputy Director | Office of Medicaid & Policy Planning | lindsey.lux@fssa.in.gov |
| Shannon Effler, MSW | Director, Care Programs | Office of Medicaid & Policy Planning | shannon.effler@fssa.in.gov |
| Leslie Lugo, MS, RPh, BCCP | Director, Pharmacy | Office of Medicaid & Policy Planning | leslie.lugo@fssa.in.gov |
| Michael Cook | Director, Provider Services | Office of Medicaid & Policy Planning | michael.cook@fssa.in.gov |
| Nonis Spinner | Director, Eligibility & Member Services | Office of Medicaid & Policy Planning | nonis.spinner@fssa.in.gov |
| Kathy Leonard, FSA | Director, Reimbursement & Actuarial Services | Office of Medicaid & Policy Planning | kathleen.leonard@fssa.in.gov |

# C.2. Medicaid Program Spending By Eligibility Group




Based on FY 2020 data

Totals may not equal 100% due to rounding.

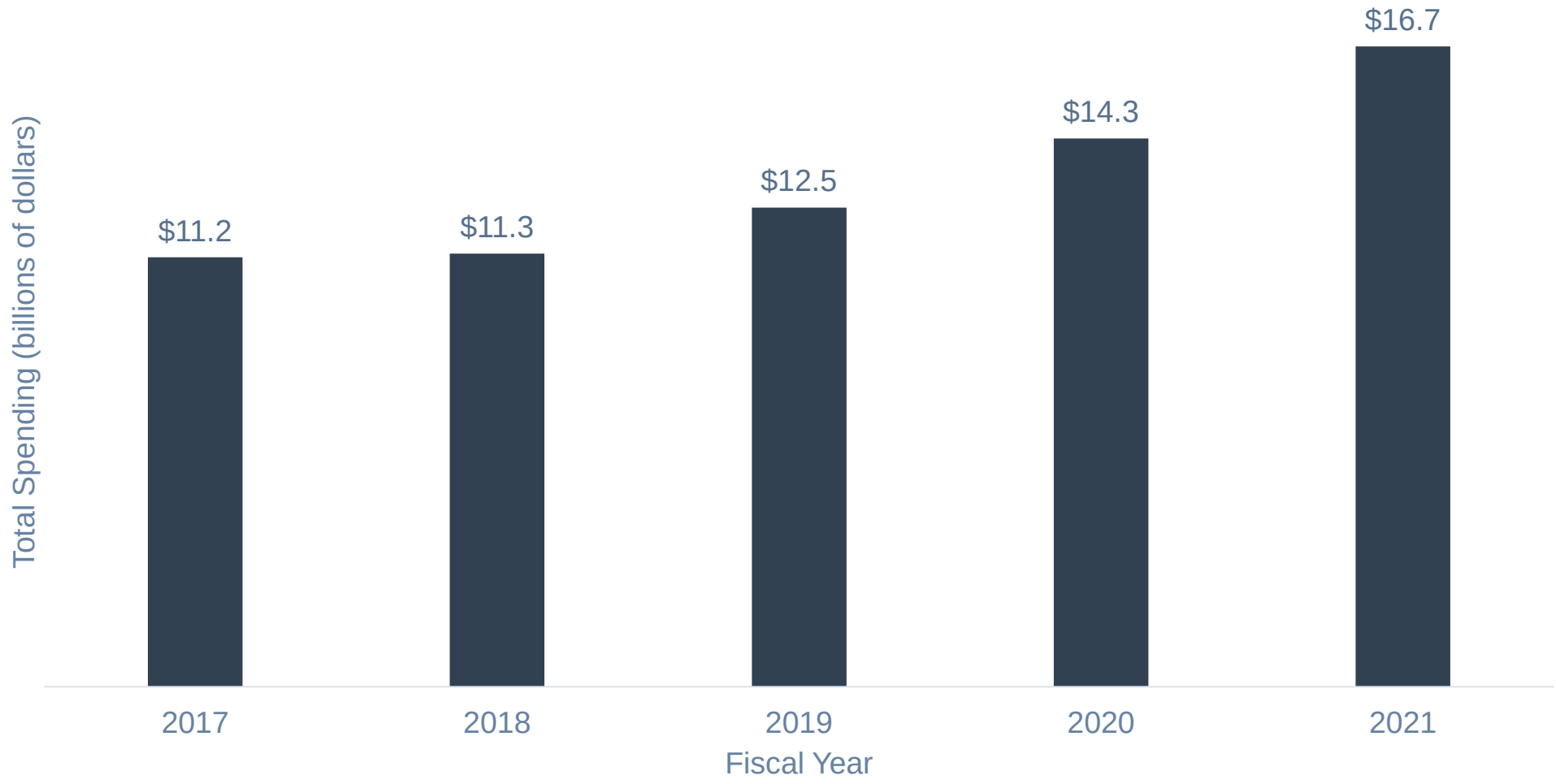
| Medicaid Spending Per Enrollee, FY 2020 | | |
|---|---|---|
| | U.S. | IN |
| All populations | $8,718 | $9,335 |
| Children | $3,495 | $2,965 |
| Adults | $5,461 | $13,986 |
| Expansion adults | $7,227 | $8,893 |
| Blind and disabled | $23,123 | $19,440 |
| Aged | $18,552 | $22,414 |

# C.2. Medicaid Program Spending: Budget

| Budget Item | SFY21 Spending | Percent Of Budget |
|---|---|---|
| Managed care and premium assistance | $9,173,000,000 | 55% |
| Institutional LTSS | $3,023,000,000 | 18% |
| Home- and community-based LTSS | $1,800,000,000 | 11% |
| Hospital | $1,013,000,000 | 6% |
| Clinic and health center | $591,000,000 | 4% |
| Other acute services | $360,000,000 | 2% |
| Medicare premiums and coinsurance | $356,000,000 | 2% |
| Physician | $208,000,000 | 1% |
| Drugs | $163,000,000 | 1% |
| Dental | $22,000,000 | <1% |
| Other practitioner | $10,000,000 | <1% |
| **Budget Total: $16,719,000,000** | | |

| Federal & County Financial Participation | |
|---|---|
| FY 2023 Federal Medical Assistance Percentage (FMAP) | 71.9% |
| CY 2023 Newly Eligible FMAP (expansion population) | 88% |
| Counties contribute to state Medicaid share | Yes |

# C.2. Medicaid Program Spending: Change Over Time



# C.3. Medicaid Expansion Status

| Medicaid Expansion | |
|---|---|
| **Participating In Expansion** | Yes |
| **Date Of Expansion** | February 2015 |
| **Medicaid Eligibility Income Limit For Able-Bodied Adults** | 133% of the Federal Poverty Level (FPL); 17% of FPL for adults and caretaker relatives<br>Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility. |
| **Legislation Used To Expand Medicaid** | Senate Enrolled Act 461, First Regular Session, 117th General Assembly |
| **Number Of Individuals Enrolled In The Expansion Group (September 2022)** | 569,730 |
| **Number Of Enrollees Newly Eligible Due To Expansion** | 569,730 |
| **Benefits Plan For Expansion Population** | • The state uses multiple benefit packages to serve the Medicaid expansion population. See section D.3. for more information.<br>• Medically frail individuals must be offered the full array of state plan services.<br>• Individuals with SMI or chronic addiction disorder are who are considered medically frail |

# C.4. Medicaid Program Benefits

## Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

## Indiana's Optional Services

1. Podiatry services
2. Optometry services
3. Chiropractic services
4. Other practitioners' services
5. Private duty nursing
6. Medical supplies
7. Clinic services
8. Dental services
9. Physical, occupational, and speech therapy
10. Prescribed drugs
11. Dentures, prosthetic devices, and eyeglasses
12. Diagnostic, screening, and preventive services
13. Inpatient services in IMDs for persons over 65
14. Intermediate care facility services
15. Public institution services for I/DD
16. Hospice care
17. Respiratory care
18. Care in religious non-medical institutions
19. Nursing facility services for persons under 21

# D. Medicaid Financing & Service Delivery System

# D.1. Medicaid Financing & Service Delivery System

| Medicaid System Characteristics | | |
|---|---|---|
| **Characteristics** | **Medicaid Fee-For-Service (FFS)** | **Medicaid Managed Care** |
| **Enrollment (April 2023)** | 357,807 | 1,872,813 |
| **SMI Enrollment** | • Indiana does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care.<br>• *OPEN MINDS* estimates 84% of the SMI population in managed care; 16% in FFS | |
| **Management** | • Office of Medical Policy and Planning<br>• Prior Authorization and Utilization Management are handled by DXC Technology. | Physical & Traditional Behavioral Health:<br>• Hoosier Care Connect: Three health plans<br>• Hoosier Healthwise: Four health plans<br>• Healthy Indiana Plan 2.0: Four health plans<br>• Specialty Behavioral Health: Office of Medicaid Policy and Planning |
| **Payment Model** | FFS | • Hoosier Care Connect & Healthwise: Capitated rate<br>• Healthy Indiana Plan 2.0: Capitated rate with deductible and benefit limits<br>• Specialty Behavioral Health: FFS |
| **Geographic Service Area** | Statewide | Statewide |

**Total Medicaid: 2,230,620 | Total Medicaid With SMI: 191,833**

# D.1. Medicaid System Overview

| Medicaid Financial Delivery System Enrollment | |
|---|---|
| Total Medicaid population distribution | As of April 2023: 16% in fee-for-service (FFS), 84% in managed care |
| SMI population inclusion in managed care | • Indiana does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of SMI population is enrolled in managed care.<br>• Estimated 16% of population in FFS, 84% in managed care |
| Dual eligible population inclusion in managed care | • Dual eligibles are excluded from managed care and mandatorily enrolled in FFS. Additionally, they have an option for a D-SNP, which is managed care.<br>• Estimated 100% of population in FFS, 0% in managed care |
| Long-term services and supports population inclusion in | • The LTSS population is excluded from managed care and enrolled in FFS. |

| Medicaid Financing & Risk Arrangements: Behavioral Health | | |
|---|---|---|
| **Service Type** | **FFS Population** | **Managed Care Population** |
| Traditional behavioral health | Covered FFS by the state | All managed care population: Included in the health plan's capitation rate |
| Specialty behavioral health | Covered FFS by the state | All managed care population: Excluded from the health plan's capitation rate, covered FFS by the state |
| Pharmaceuticals | Covered FFS by the state | All managed care programs: Included in the health plan's capitation rate |
| Long-term services and supports (LTSS) | Covered FFS by the state | Covered FFS by the state |

# D.1. Medicaid Care Coordination Initiatives

| Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI) | | |
|---|---|---|
| **Care Coordination Entity** | **Active Program** | **Description** |
| Managed Care Health Plan | ✓ | Hoosier Care Connect health plans are responsible for coordinating care for their enrollees. |
| Primary Care Case Management (PCCM) | | None |
| Accountable Care Organization (ACO) Program | | None |
| Affordable Care Act (ACA) Model Health Home | | None |
| Patient-Centered Medical Home | | None |
| Dual Eligible Demonstration | | None |
| Managed Long-Term Services and Supports (MLTSS) | | None |
| Certified Community Behavioral Health Clinics (CCBHC) Grant | ✓ | Indiana currently operates two CCBHCs. |

# D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

| Population | Mandatory FFS Enrollment | Option To Enroll In FFS Or Managed Care | Mandatory Managed Care Enrollment |
|---|---|---|---|
| Parents and caretakers | | | X |
| Children | | | X |
| Blind and disabled individuals | | | X |
| Aged individuals | | | X |
| Dual eligibles | X | | |
| Medicaid expansion | | | X |
| Individuals residing in nursing homes | X | | |
| Individuals residing in ICF/IDD | X | | |
| Individuals in foster care | | X | |
| Other populations | • End-stage renal disease or breast and cervical cancer waiver recipients<br>• Hospice services in an institutional setting<br>• Individuals receiving home- and community-based services (HCBS)<br>• Refugees<br>• Emergency Services only | • American Indians/Alaska Natives<br>• Wards of the state<br>• Former foster care children<br>• Children receiving adoption assistance | • Individuals receiving Supplemental Security Income (SSI)<br>• Pregnant individuals<br>• Medically frail individuals<br>• M.E.D. Works enrollees (persons with disabilities who hold jobs) |

# D.2. Medicaid FFS Program: Overview

- As of April 2023, FFS enrollment was 357,807.
- Indiana calls its FFS program Traditional Medicaid.
- Prior authorization and utilization management claims are handled by DXC Technology.

# D.2. Medicaid FFS Program: Behavioral Health Benefits

| FFS Mental Health Benefits | FFS Addiction Treatment Benefits | FFS Medicaid Rehabilitation Option (MRO) Services |
|---|---|---|
| 1. Standard and intensive outpatient services<br>2. Neuropsychology<br>3. Psychological testing<br>4. Outpatient mental health hospital services<br>5. Inpatient psychiatric services provided to eligible individuals between age 22 and 64 only in a certified psychiatric hospital of 16 beds or more<br>6. Bridge appointments<br>7. Partial hospitalization<br>8. Psychiatric residential treatment facilities for individuals under the age of 21<br>9. Peer recovery services<br>10. Crisis intervention<br>11. MRO services<br>12. Inpatient psychiatric facility for individuals under age 22 | 1. Screening and brief intervention<br>2. Outpatient addiction services<br>3. Inpatient substance abuse services provided to eligible individuals between 22 and 64 years old only in a certified psychiatric hospital of 16 beds or more<br>4. MRO services | 1. Adult intensive rehabilitation services (AIRS) addiction counseling<br>2. Behavioral health counseling and therapy<br>3. Behavioral health level of need re-determination<br>4. Case management<br>5. Child and adolescent intensive resiliency services<br>6. Crisis intervention<br>7. Intensive outpatient treatment<br>8. Medication training and support<br>9. Peer recovery<br>10. Psychiatric assessment and intervention<br>11. Skills training and development<br>12. Psychosocial rehabilitation |

*Note*. MRO services must be provided by community mental health centers.

# D.2. Medicaid FFS Program: SMI Population

- Indiana does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of April 2023, *OPEN MINDS* estimates 16% of the SMI population is enrolled in FFS.
- Adult Mental Health and Habilitation (AMHH) services are provided for individuals with SMI or co-occurring mental illness and addiction disorders for those who are age 19 or older, who are living in the community, and who need help on a regular basis.
- The Behavioral and Primary Healthcare Coordination (BPHC) program provides full Medicaid benefits to individuals ages 19 and over with SMI who have an income below 300% FPL, and who do not otherwise qualify for Medicaid.
- AMHH and BPHC services are authorized under section 1915 (i) state plan amendments and are provided exclusively by the state's 25 community mental health centers.

# D.2. Medicaid FFS Program: Pharmacy Benefit

| Indiana FFS Program Pharmacy Benefit & Utilization Restrictions | |
|---|---|
| **State Uses Pharmacy Benefit Manager** | Yes, OptumRx. |
| **Responsible For Financing General Pharmacy Benefit** | Medicaid FFS |
| **Responsible For Financing Mental Health Pharmacy Benefit** | Medicaid FFS |
| **State Uses A Preferred Drug List (PDL) For General Pharmacy** | Yes |
| **State Uses A PDL For Mental Health Drugs** | Yes, all anxiolytics, antidepressants, and antipsychotic drugs are included on the pharmacy PDL. |
| **State Uses A PDL For Addiction Treatment Drugs** | Yes, opioid agonists and tobacco cessation are included on the pharmacy PDL. |
| **Coverage Of Antipsychotic Injectable Medications** | Yes, antipsychotic injectable medications are covered as a pharmacy benefit. |
| **Utilization Restrictions For Mental Health Or Addiction Treatment Drugs** | • Mental health treatment drugs are preferred drugs. However, safety edits and limits may include, but not are limited to, drug interactions, frequency of refills, dose optimization, age, days supplied, and quantities dispensed.<br>• Addiction treatment drugs are subject to prior authorization. |
| **State Has A Pharmacy Lock-In Program Or Other Restriction Program** | Indiana operates the Right Choices Program (RCP) to monitor an individual's pharmacy utilization and determine if the individual would benefit from increased care coordination. Every individual enrolled in the RCP program is restricted to one physician, one pharmacy, and one hospital. |

# D.3. Medicaid Managed Care Program: Overview

- As of April 2023, managed care enrollment was 1,872,813.
- Indiana has three statewide managed care programs:
  - **Hoosier Care Connect** (HCC): Three statewide health plans provide services to the aged, blind, and disabled non-dual eligible population on a full-risk capitated basis. There were 101,222 enrollees as of April 2023.
    - The state reupped the contract with the incumbent plans and contracted with a third plan, UnitedHealthcare. These new contracts were implemented in April 2021.
  - **Hoosier Healthwise** (HHW): Four statewide health plans provide services to children and pregnant women on a full-risk capitated basis. There were 902,769 enrollees as of April 2023.
  - **Healthy Indiana Plan 2.0** (HIP 2.0): Four statewide health plans provide services to parent and caretaker relatives and persons eligible for the state's alternative Medicaid expansion program at a capitated rate. Individuals are responsible for cost-sharing (see next slide). There were 868,822 enrollees as of April 2023.
- Enrollees in managed care receive all physical health, traditional behavioral health, and pharmacy services through the health plans. Specialty behavioral services are excluded from the health plan's capitation rate and covered FFS by the state. They must be provided by CMHCs.
- There are four health plans available statewide that serve the HHW and HIP 2.0 populations. Additionally, two of these health plans also serve the HCC population, while an additional plan serves only the HCC population.

# D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0

- HIP 2.0 is Indiana's alternative Medicaid expansion program that was implemented in February 2015. Four health plans operate statewide.
- HIP 2.0 covered individuals include:
  - All non-disabled adults between the ages of 19 and 64 with income below 138% of the FPL;
  - Parents and caretaker relatives who are not aged, blind, or disabled;
  - Women who become pregnant while enrolled in HIP 2.0 and choose to remain in the program; and
  - Native Americans who choose to receive services through HIP 2.0 instead of Medicaid FFS.
- HIP 2.0 health plans offer four benefit packages: HIP Basic, HIP Plus, HIP State Plan-Plus, and HIP State Plan-Basic (see slide 36).
- Each individual must make contributions to a Personal Wellness and Responsibility (POWER) account, which is modeled after health savings accounts.
  - Monthly contributions to the account cannot exceed 2% of an individual's income but cannot be less than $1.00. Members pay one of five contribution amounts ranging from $1 to $20. These five amounts are referred to as "bands" and were instituted to address fluctuations in enrollee income.
  - POWER account enrollees who indicate that they are tobacco users during the plan selection period may be subject to an increased contribution amount in the following year if they are still smoking.
  - POWER account funds are used to pay the first $2,500 of covered claims, mimicking a deductible. Claims beyond the initial $2,500 will be covered through capitation payments or other payments made by the state.
  - Penalties are levied against persons who fail to make payments to their POWER accounts.
  - A portion of unused POWER account funds can be applied to subsequent year payments, with increases in roll-over funds for receiving recommended preventive services.
  - As of June 3, 2020, the Centers for Medicare & Medicaid Services (CMS) accepted the HIP Workforce Bridge Plan. This will allow individuals to use $1,000 of their POWER Account for up 12 months after leaving the program if they are transitioning into marketplace plans or employee-sponsored health insurance plans.
- In December 2020, CMS approved the state to begin the creation of an SMI component of Healthy Indiana Plan, which was approved in March 2023.

# D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0 – SMI/SUD Component

- In December 2020, CMS approved the state to begin the creation of an SMI component of Healthy Indiana Plan, which was approved in March 2023.
- In an effort to ensure a comprehensive continuum of behavioral health services, the State will monitor the new approaches and flexibilities in Indiana's Medicaid program to reimburse for acute inpatient stays in IMDs for Medicaid enrollees with SMI.
- Over the demonstration period the state hopes to achieve several goals including:
  - Reduced utilization and length of stay in emergency departments (EDs) among Medicaid beneficiaries with SMI/SED while awaiting mental health treatment in specialized settings
  - Reduced preventable readmissions to acute care hospitals and residential settings
  - Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state
  - Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI/SED, including through increased integration of primary and behavioral health care
  - Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities

| Milestones | |
|---|---|
| Milestone 1 | Ensuring quality of care in psychiatric hospitals and residential settings |
| Milestone 2 | Improving care coordination and transitioning to community-based care |
| Milestone 3 | Increasing access to the continuum of care, including crisis stabilization services |
| Milestone 4 | Earlier identification and engagement in treatment, including through increased integration |

# D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0 Gateway To Work

- Unless they fall into an exempt category, all Healthy Indiana Plan members are required to participate in Gateway to Work, the state's work and community engagement requirements as of July 1, 2019.
  - Exempt members include adults over 60, pregnant women, medically frail individuals, people being treated for addiction disorder, TANF/SNAP recipients, homeless individuals, students, recently incarcerated individuals, caregivers of dependent children under the age of seven or a disabled dependent, and individuals with SMI.
- For the first six months of the program, members were not required to complete hours to help orient to the program.
- There are a total of 16 types of qualifying activities, including work, job skill development, job search, education and vocational training, caregiving, volunteerism, and homeschooling.
- If a member fails to meet the requirements for eight months out of the calendar year, their coverage will be suspended starting in January of the next calendar year. Coverage will be reinstated after one month of meeting the requirements.
- On October 31, 2019, the reporting requirements were suspended by a federal court. As of May 2021, this is still in litigation.  However, the program still remains in effect.
- On June 24, 2021, the Centers for Medicare and Medicaid Services withdrew its conditional approval of the Gateway to Work community engagement program. Under the program, many HIP members would have needed to document education, employment and/or volunteer activities to maintain benefits.  The program never implemented enforcement of its requirements and no member benefits were impacted.
- Prior to the CMS decision, the program had been paused by the Indiana Family and Social Services Administration pending the results of a federal lawsuit, and also in respect of the COVID-19 Public Health Emergency.

# D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0 Coverage Options

| HIP 2.0 Coverage Options | | | |
|---|---|---|---|
| **Plan** | **Eligibility** | **Enrollee Cost Sharing Requirements** | **Benefits Provided** |
| **State Plan-Plus and State Plan-Basic** | • Medically frail individuals<br>• Caretakers eligible for traditional Medicaid<br>• Pregnant women | • Medically frail and caretaker relatives with income below 100% of the FPL: Copayments (State Plan-Basic)<br>• Medically frail and caretaker relatives with income above 100% of the FPL: Monthly contribution to POWER account (State Plan-Plus)<br>• Pregnant women: No cost-sharing<br>• There are no penalties for missing contributions; however, individuals with income above 100% of the FPL will accrue debt to the state and be subject to copayments. | • State plan benefits<br>• Enrollees are eligible for specialty behavioral health and addiction services under both packages |
| **HIP Basic** | Individuals with income less than 100% of the FPL | • Copayments for services<br>• No monthly payments to POWER account | Alternative benchmark plan |

# D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0 Coverage Options

| HIP 2.0 Coverage Options | | | |
|---|---|---|---|
| **Plan** | **Eligibility** | **Enrollee Cost Sharing Requirements** | **Benefits Provided** |
| **HIP Plus** | • Individuals with income less than 100% of FPL<br>• Individuals with income up to 138% of FPL | • Flat monthly contribution to POWER account based on income bracket cannot exceed 2% of income<br>• Individuals with income above 100% of FPL are subject to a six-month lock-out if they do not make POWER account contributions<br>• Individuals with income below 100% of FPL who do not make contributions are moved to HIP Basic<br>• No copayments except for non-emergency use of the emergency department | • Alternative benchmark plan<br>• Some state plan benefits |

# D.3. Medicaid Managed Care Program: Health Plan Characteristics

## Anthem Blue Cross & Blue Shield

1. Profit status: For-profit
2. Parent company: Anthem
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: IngenioRx
5. Managed care programs: Healthy Indiana Plan 2.0, Hoosier Care Connect, Hoosier Healthwise
6. Enrollment share: 43%

## Managed Health Services Of Indiana

1. Profit status: For-profit
2. Parent company: Centene Corporation
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefits manager: Envolve
5. Managed care programs: Healthy Indiana Plan 2.0, Hoosier Care Connect, Hoosier Healthwise
6. Enrollment share: 21%

## CareSource Indiana

1. Profit status: Non-profit
2. Parent company: CareSource
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: Accredo
5. Managed care programs: Healthy Indiana Plan 2.0, Hoosier Healthwise
6. Enrollment share: 9%

## MDwise, Inc.

1. Profit status: Non-profit
2. Parent company: McLaren
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: MedImpact
5. Managed care programs: Healthy Indiana Plan 2.0, Hoosier Healthwise
6. Enrollment share: 23%

## UnitedHealthcare

1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: Optum
4. Pharmacy benefits manager: Optum
5. Managed care programs: Hoosier CareConnect
6. Enrollment share: <1%

# D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Traditional behavioral health services and behavioral health pharmacy for all managed care programs are the responsibility of the health plans.
- Specialty behavioral health benefits are excluded from the health plans and are provided FFS by the state for Hoosier Healthwise (HHW), Hoosier Care Connect (HCC), Healthy Indiana Plan (HIP) State Plan-Basic, and HIP State Plan-Plus enrollees.
  - Specialty behavioral health benefits are Medicaid Rehabilitation Option (MRO) services and section 1915 (i) state plan home- and community-based behavioral health services.
  - These services are not available to HIP Basic or HIP Plus enrollees.
- MRO services and certain section 1915 (i) state plan services must be provided by community mental health centers (CMHCs).
- The state added addiction treatment benefits for the HIP 2.0 population in 2018. Some benefits are included in the health plan's capitation rate, while others are covered FFS.
- Psychiatric residential treatment facility (PRTF) services are excluded from managed care and are covered FFS by the state.
  - Individuals who are admitted to a PRTF are disenrolled from managed care and receive all Medicaid services through the FFS system during their PRTF stay.
  - After discharge, these individuals are enrolled in the appropriate managed care program.
- In December 2020, CMS approved the state to begin the creation of an SMI component of Healthy Indiana Plan, which was approved in March 2023. See slide 36 for details.

# D.3. Medicaid Managed Care Program: Behavioral Health Benefits

| Behavioral Health Benefits Covered By The Health Plans |
| --- |
| 1. Standard and intensive mental health outpatient services |
| 2. Inpatient mental health services at a freestanding inpatient psychiatric facility for individuals between age 22 and 65 (must be 16 beds or less) |
| 3. Inpatient addiction disorder services at a freestanding psychiatric facility |
| 4. Residential treatment in IMDs |
| 5. Addiction treatment outpatient services |
| 6. Partial hospitalization |
| 7. Crisis intervention services |
| 8. Peer recovery services |

| Behavioral Health Benefits Excluded From Managed Care & Covered FFS By The State |
| --- |
| 1. Psychiatric residential treatment facility (PRTF) services |
| 2. Section 1915 (i) home- and community-based services<br>a. AMHH services<br>b. BPHC services<br>c. Child mental health wraparound services |
| 3. MRO services<br>a. Adult intensive rehabilitation services (AIRS) addiction counseling<br>b. Behavioral health counseling and therapy<br>c. Behavioral health level of need re-determination<br>d. Case management<br>e. Child and adolescent intensive resiliency services<br>f. Crisis intervention<br>g. Intensive outpatient treatment<br>h. Medicaid training and support<br>i. Peer recovery<br>j. Psychiatric assessment and intervention<br>k. Skills training and development<br>l. Opioid treatment program |

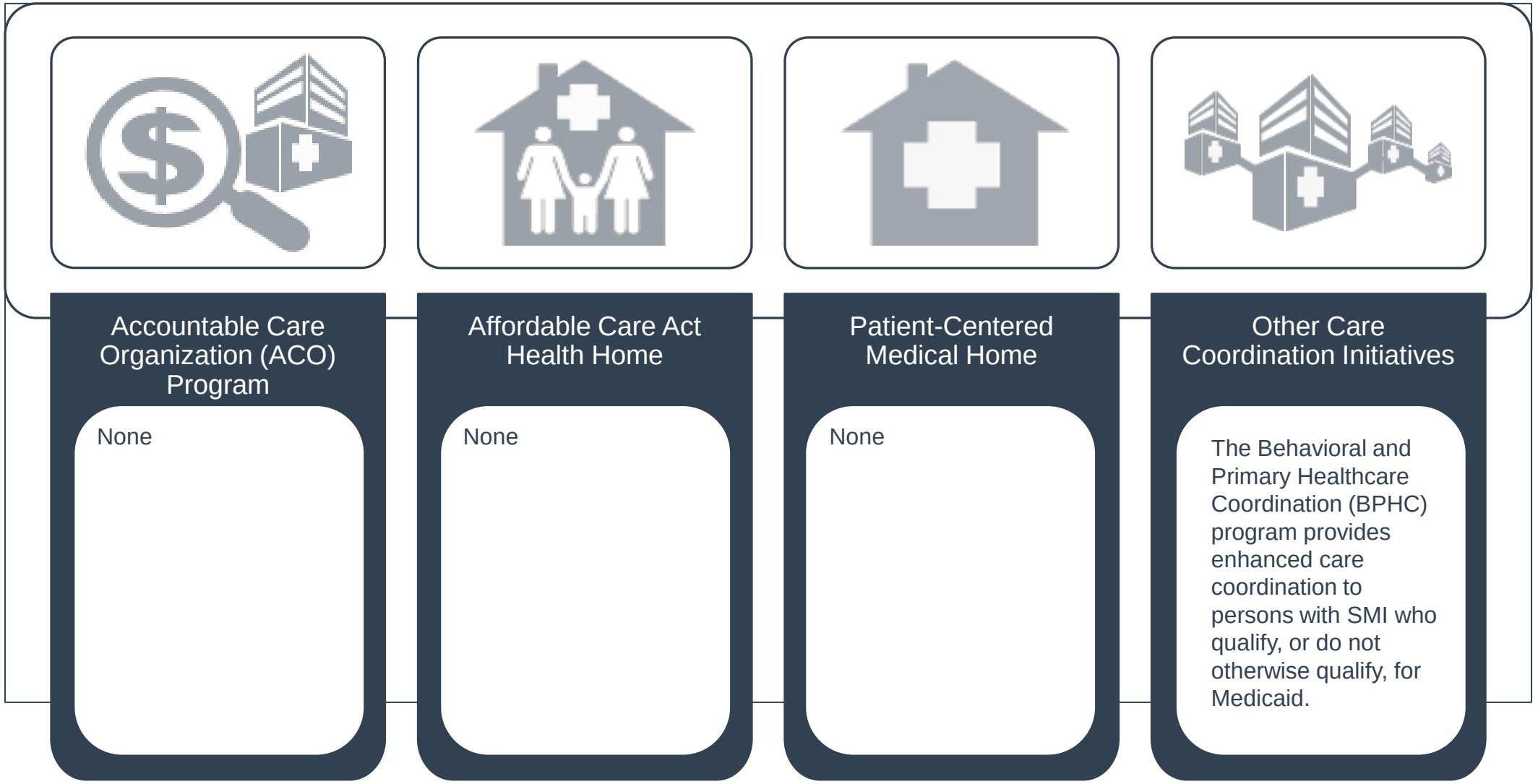
# D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of April 2023, *OPEN MINDS* estimates that 84% of the SMI population is enrolled in managed care.
- Adult Mental Health and Habilitation (AMHH) section 1915 (i) state plan services are provided for individuals who are age 19 or older; are living in the community; need help on a regular basis; or have SMI or co-occurring mental illness and addiction disorders.
- The Behavioral and Primary Healthcare Coordination (BPHC) section 1915 (i) state plan program provides full Medicaid benefits to individuals ages 19 and over with SMI, who have an income below 300% FPL, and who do not otherwise qualify for Medicaid.
- These services are authorized under a section 1915 (i) state plan amendment and are provided exclusively by the state's 25 CMHCs, as required under a concurrent section 1915 (b) waiver.
- The Medicaid expansion population—if medically frail—must be offered the full array of state plan benefits. Medically frail individuals include adults with SMI and chronic addiction disorders.

# D.3. Medicaid Managed Care Program: Pharmacy Benefit

| Indiana Managed Care Program Pharmacy Benefit | |
|---|---|
| **Responsible For Financing General Pharmacy Benefit** | Health plan |
| **Responsible For Financing Mental Health Pharmacy Benefit** | Health plan |
| **Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy** | Health plans may set their own PDL if it includes an appropriate selection of drugs from therapeutic drug classes that are accessible and sufficient in amount, duration, and scope to meet the medical needs of members. |
| **Health Plan Uses A PDL For Mental Health Drugs** | |
| **Health Plan Uses A PDL For Addiction Treatment Drugs** | |
| **Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs** | The health plans may set their own utilization controls, including age/gender limits, quantity limits, and prior authorization. |
| **Health Plan Allowed To Implement Pharmacy Lock-In Program** | Indiana operates the Right Choices Program (RCP) to monitor an individual's pharmacy utilization and determine if the individual would benefit from increased care coordination. Every individual enrolled in the RCP program is restricted to one physician, one pharmacy, and one hospital. |

# D.4. Medicaid Program: Care Coordination Initiatives



# D.5. Medicaid Program: Demonstration & Care Management Waivers

| Waiver Title | Waiver Description | Waiver Type | Enrollment Cap | Effective Date | Expiration Date |
|---|---|---|---|---|---|
| Healthy Indiana Plan | • Authorizes the state's alternative Medicaid expansion program that includes cost-sharing and community engagement requirements.<br>• In 2018, the state added inpatient stays in institutions for mental disease (IMDs) and residential treatment available for all Indiana Health Coverage Program members.<br>• In 2019, the community engagement workforce requirements went into effect.<br>• In January 2020, the state submitted an extension request through December 2030. Additionally, the state added an amendment to reimburse for acute inpatient stays for individuals diagnosed with SMI. | 1115 | None | 02/01/2015 | 12/31/2030 |
| Indiana End-Stage Renal Disease | Authorizes the state to provide wraparound benefits including supplemental coverage for kidney transplant services to Medicare-enrolled individuals with end-stage renal disease who are otherwise ineligible for Medicaid. | 1115 | None | 01/01/2008 | 12/31/2023 |
| Medicaid Rehabilitation Options (MRO) (IN-03) | Authorizes the state to contract with 25 community mental health centers (CMHCs) as the sole providers of MRO services to individuals with behavioral health conditions. | 1915 (b) | None | 06/01/2019 | 05/31/2024 |
| Adult Mental Health Habilitation and Behavioral and Primary Healthcare Coordination Services (IN-02) | Authorizes the state to contract with CMHCs as the sole providers of the Adult Mental Health Habilitation and Behavioral and Primary Healthcare Coordination Services programs. These programs are authorized through a state plan amendment. | 1915 (b) | None | 04/01/2020 | 09/30/2023 |
| Indiana Community Integration and Habilitation and Family Supports (FSW) (IN-05) | . These waivers provide services, including case management, to persons with developmental disabilities or related conditions ages zero and above who meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care. | 1915 (b) | None | 01/01/2022 | 07/15/2025 |

# D.5. Medicaid Program: Behavioral & Primary Healthcare Coordination Services

- The Behavioral and Primary Healthcare Coordination (BPHC) program provides enhanced care coordination to persons with SMI who qualify, or do not otherwise qualify, for Medicaid.
- BPHC eligibility criteria includes:
  - Individuals who are Medicaid eligible, meet the needs-based criteria for the 1915 (i) BPHC benefit, and have an income that does not exceed 150% of the FPL.
  - Individuals who are not otherwise eligible for Medicaid, meet the needs-based criteria, and have an income that does not exceed 150% of the FPL. As a result of qualifying for BPHC, these individuals are also eligible for full Medicaid benefits.
  - Needs-based eligibility: Individuals who receive a score of three or higher on an approved assessment tool, are not at-risk to harm themselves or others, have a BPHC eligible mental health diagnosis, and have a documented need for primary and behavioral health care coordination.
- Care coordination services must be provided by the CMHCs. These services include:
  - Assessment of the eligible recipient to determine service needs;
  - Referral and related activities to help the recipient obtain needed services; and
  - Monitoring, follow-up, and evaluation.
- BPHC does not include the delivery of medical, clinical, or other direct services.

# D.5. Medicaid Program: Adult Mental Health Habilitation

- The Adult Mental Health Habilitation Services (AMHH) program provides HCBS to individuals with SMI. The program is authorized through a concurrent state plan amendment and 1915 (b) waiver.
  - AMHH services provided to individuals and their families include an assessment of the individual's needs and strengths, the development of an individualized integrated care plan, and assistance to help the individual achieve their habilitative goals.
- Eligible adults include those who:
  - Are enrolled in Medicaid;
  - Are over the age of 19 with a primary mental health diagnosis;
  - Reside in a facility that meets the criteria for HCBS; and
  - Have met the maximum benefit for rehabilitative services, do not have access to habilitation services, and are at-risk for institutionalization without habilitation focused supports.
- Services covered include:
  - Adult day services
  - Home- and community-based habilitation and support
  - Respite care
  - Therapy and behavior support services
  - Addiction counseling
  - Peer support services
  - Supported community engagement services
  - Care coordination
  - Medication training and support

# D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

| Waiver Title | Target Population | 2023 Enrollment Cap | Operating Unit | Concurrent Management Authority |
|---|---|---|---|---|
| IN Aged and Disabled (0210.R06.00) | Individuals who are physically disabled or disabled in other ways birth to 64, and individuals who are ages 65 and older. | 25,900 | Division of Aging | No |
| IN Family Supports (0387.R04.00) | Individuals with autism or intellectual and developmental disabilities (I/DD) of any age. | 28,181 | Division of Disability and Rehabilitative Services (DDRS) | No |
| IN Community Integration and Habilitation (0378.R04.00) | Individuals with a developmental disability who would normally require care in an intermediate care facility. | 10,609 | DDRS | No |
| IN Traumatic Brain Injury (4197.R05.00) | Individuals diagnosed with a Traumatic Brain Injury (TBI) of any age | 200 | Division of Aging | No |
| Hoosier Care Connect (IN-04) | Children, adults, aged, and American Indian/ Alaskan Natives, who are eligible for Medicaid due to disability, as well as Medicaid beneficiaries who receive foster care or adoption assistance. | None | Family and Social Services | No |

# D.6. Medicaid Program: New Initiatives

- Indiana does not currently have any new initiatives.

# E. Dual Eligible Financing & Service Delivery System

# E.1. Dual Eligible Medicaid Financing & Service Delivery System

| Dual Eligible* Medicaid System Characteristics | | |
|---|---|---|
| **Characteristics** | **Medicaid Fee-For-Service (FFS)** | **PACE** |
| **Enrollment (April 2023)** | 190,857 | 421 |
| **Estimated SMI Enrollment** | 61,074 | 134 |
| **Management** | Office of Medical Policy and Planning | Three programs in select counties |
| **Payment Model** | FFS | Blended capitated rate |
| **Geographic Service Area** | Statewide | Select ZIP codes |

**Total Dual Eligible Enrollment: 191,278 | Total Dual Eligible Enrollment With SMI: 61,208**

*Unless otherwise noted, the term *dual eligible* in this section refers to Medicare enrollees with full Medicaid benefits.

# E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

| Health Plans | Parent Company | Plan Type | March 2023 Enrollment | Estimated SMI Enrollment |
|---|---|---|---|---|
| Anthem MediBlue Dual Advantage | Anthem, Inc | Medicare Advantage D-SNP | 40,606 | 12,994 |
| UnitedHealthcare Dual Complete | UnitedHealthcare | Medicare Advantage D-SNP | 29,800 | 9,536 |
| Humana Gold Plus | Humana, Inc | Medicare Advantage D-SNP | 19,520 | 6,246 |
| HumanaChoice | Humana Inc | Medicare Advantage D-SNP | 3,854 | 1,233 |
| Wellcare Dual | Centene | Medicare Advantage D-SNP | 3,233 | 1,035 |
| Aetna Medicare Assure Premier | Aetna/CVS | Medicare Advantage D-SNP | 3,113 | 996 |
| Ascension Complete St Vincent DSNP | Centene | Medicare Advantage D-SNP | 291 | 93 |
| Franciscan Senior Health and Wellness PACE | Franciscan Health | PACE | 230 | 74 |
| Saint Joseph PACE | Saint Joseph Health System | PACE | 136 | 44 |
| CareSource Dual Advantage | CareSource | Medicare Advantage D-SNP | 30 | 10 |

# E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of April 2023, dual eligible enrollment was 191,278.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are required to enroll in Medicaid FFS to receive Medicaid benefits.
- D-SNP enrollment as of April 2023 was 100,476, SMI enrollment for D-SNP was 32,152.

# E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- In May 2021, Indiana announced changes to the dual eligible D-SNP plans for calendar year 2022. These changes entail the creation of a MLTSS program for the FFS individuals. The state intends for this MLTSS program to be statewide, and it may be limited to companies that are currently contracted to be managed care providers in the state. As of May 2023, this program in still in the development phase.
- On March 1, 2023, following a competitive procurement process, the Indiana Family and Social Services Administration and the Indiana Department of Administration announced the following vendors have been recommended for award for the Indiana Pathways for Aging Program. These Managed Care Entities have the opportunity to begin negotiations and implementation:
  - Anthem Blue Cross and Blue Shield
  - Humana Health Horizons in Indiana
  - Molina Healthcare of Indiana
  - UnitedHealthcare Community Plan
- Through a person-centered approach, these MCEs will be integral to achieving our goals to make it easier for individuals to get home services, to create seamless coordination between Medicaid and Medicare, to align quality with payment, and to bend the cost curve related to caring for a growing aging population.
- In terms of next steps, the State team will be working directly to coordinate with the MCEs in the contracting and readiness review process so they are prepared for the program to go-live in the summer of 2024 and are aligned in their support and partnership with our Indiana providers.

# F. Long-Term Services & Supports Financing & Service Delivery System

# F.1. LTSS Financing & Service Delivery System

- Indiana does not operate a managed long-term services and supports system. All beneficiaries in need of LTSS are enrolled in FFS.

| LTSS Medicaid System Characteristics | |
|---|---|
| **Characteristics** | **Medicaid Managed Care** |
| **Enrollment (December 2020)** | N/A |
| **Estimated SMI Enrollment** | N/A |
| **Management** | Fee-for-service |
| **Payment Model** | Fee-for-service |
| **Geographic Service Area** | Statewide |

# F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

| Population | Mandatory FFS Enrollment | Option To Enroll In FFS Or Managed Care | Mandatory Managed Care Enrollment |
|---|---|---|---|
| Disabled adults | | | X |
| Disabled children | | | X |
| Blind individuals | | | X |
| Aged individuals | | | X |
| Dual eligibles | X | | |
| Individuals with I/DD | X | | |
| Individuals residing in nursing homes | X | | |
| Individuals residing in ICF/IDD | X | | |
| Other HCBS Recipients | X | | |
| Other populations | • End-stage renal disease or breast and cervical cancer waiver recipients<br>• Hospice services in an institutional setting<br>• Refugees<br>• Emergency Services only | | |

# F.2. LTSS Medicaid Financing & Delivery System: Overview

- Indiana does not operate a managed long-term services and supports (MLTSS) system. All beneficiaries in need of MLTSS are covered FFS.
- Beneficiaries that qualify for managed care (i.e., the aged, blind, or disabled population) in need of services can enroll in Hoosier Care Connect.
  - **Hoosier Care Connect** (HCC): Two statewide health plans provide services to the aged, blind, and disabled non-dual eligible population on a full-risk capitated basis. There were 101,548 enrollees as of February 2022.
  - Enrollees in HCC receive all physical health, traditional behavioral health, and pharmacy services through the health plans. Specialty behavioral services are excluded from the health plan's capitation rate and are covered FFS by the state. Services must be provided by CMHCs.

# F.3. Medicaid LTSS Program: Health Plan Characteristics

- Indiana does not operate a MLTSS program. All beneficiaries in need of MLTSS receive services FFS.
- Beneficiaries that meet the criteria for managed care (i.e., aged, blind, or disabled) may enroll into one of the HCC plans: Anthem Blue Cross Blue Shield, Managed Health Services of Indiana, or United Health Communities.

# F.4. Medicaid LTSS Program: Program Benefits

## Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals ages 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

## Indiana's Optional Services

1. Podiatry services
2. Optometry services
3. Chiropractic services
4. Other practitioners' services
5. Private duty nursing
6. Medical supplies
7. Clinic services
8. Dental services
9. Physical, occupational, and speech therapy
10. Prescribed drugs
11. Dentures, prosthetic devices, and eyeglasses
12. Diagnostic, screening, and preventive services
13. Inpatient services in IMDs for persons over age 65
14. Intermediate care facility services
15. Public institution services for I/DD
16. Hospice care
17. Respiratory care
18. Care in religious non-medical institutions
19. Nursing facility services for persons under age 21

# F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- In May 2021, Indiana announced changes to the dual eligible D-SNP plans for calendar year 2022. These changes entail the creation of a MLTSS program for the FFS individuals. The state intends for this MLTSS program to be statewide, and it may be limited to companies that are currently contracted to be managed care providers in the state. As of May 2023, this program in still in the development phase.
- On March 1, 2023, following a competitive procurement process, the Indiana Family and Social Services Administration and the Indiana Department of Administration announced the following vendors have been recommended for award for the Indiana Pathways for Aging Program. These Managed Care Entities have the opportunity to begin negotiations and implementation:
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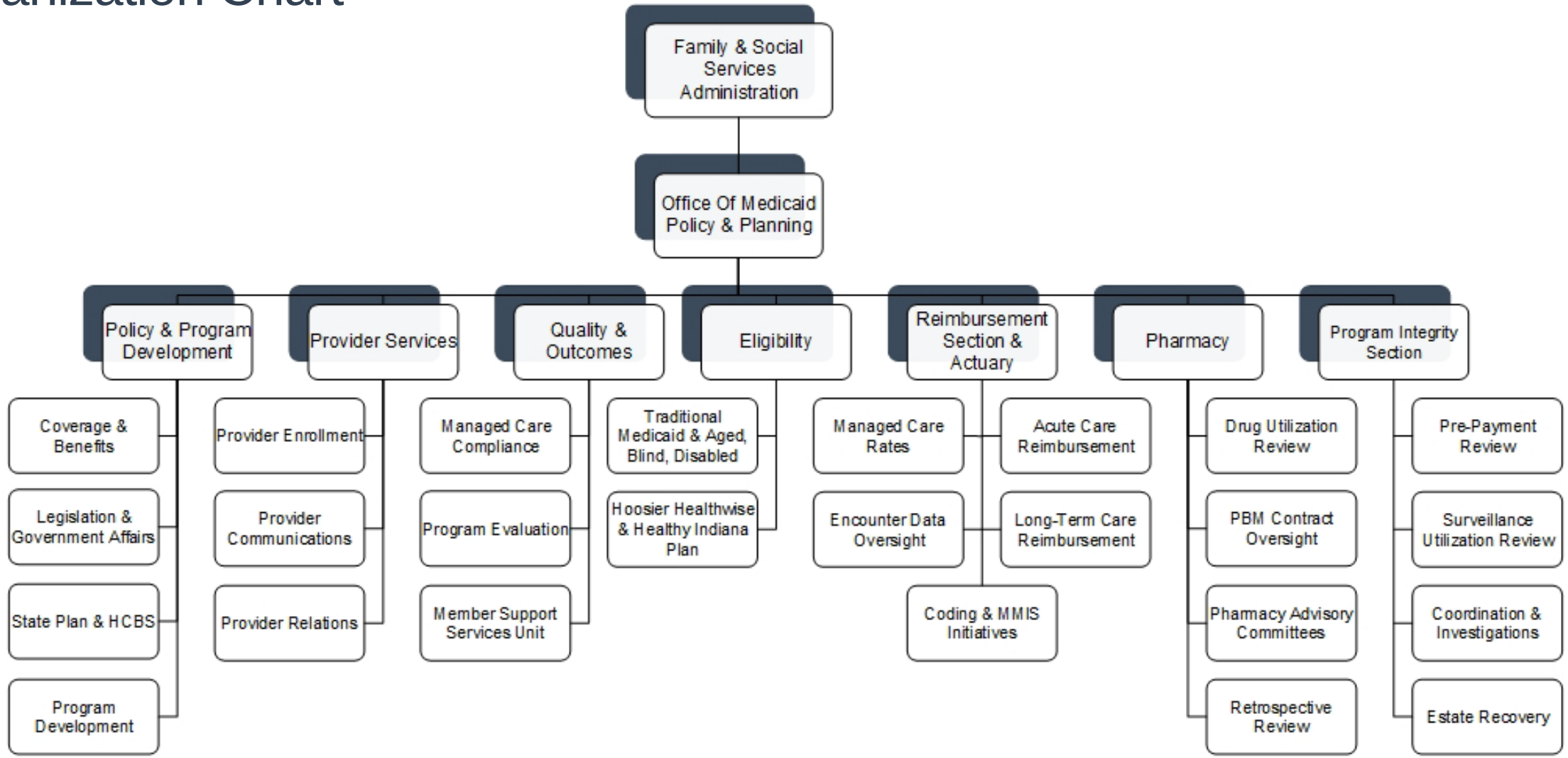
  - Molina Healthcare of Indiana
  - UnitedHealthcare Community Plan
- Through a person-centered approach, these MCEs will be integral to achieving goals to make it easier for individuals to get home services, to create seamless coordination between Medicaid and Medicare, to align quality with payment, and to bend the cost curve related to caring for a growing aging population.
- In terms of next steps, the State team will be working directly to coordinate with the MCEs in the contracting and readiness review process so they are prepared for the program to go-live in the summer of 2024 and are aligned in their support and partnership with our Indiana providers.

# G. State Behavioral Health Administration & Finance System

# G.1. Department Of Mental Health & Addiction Governance: Organization Chart



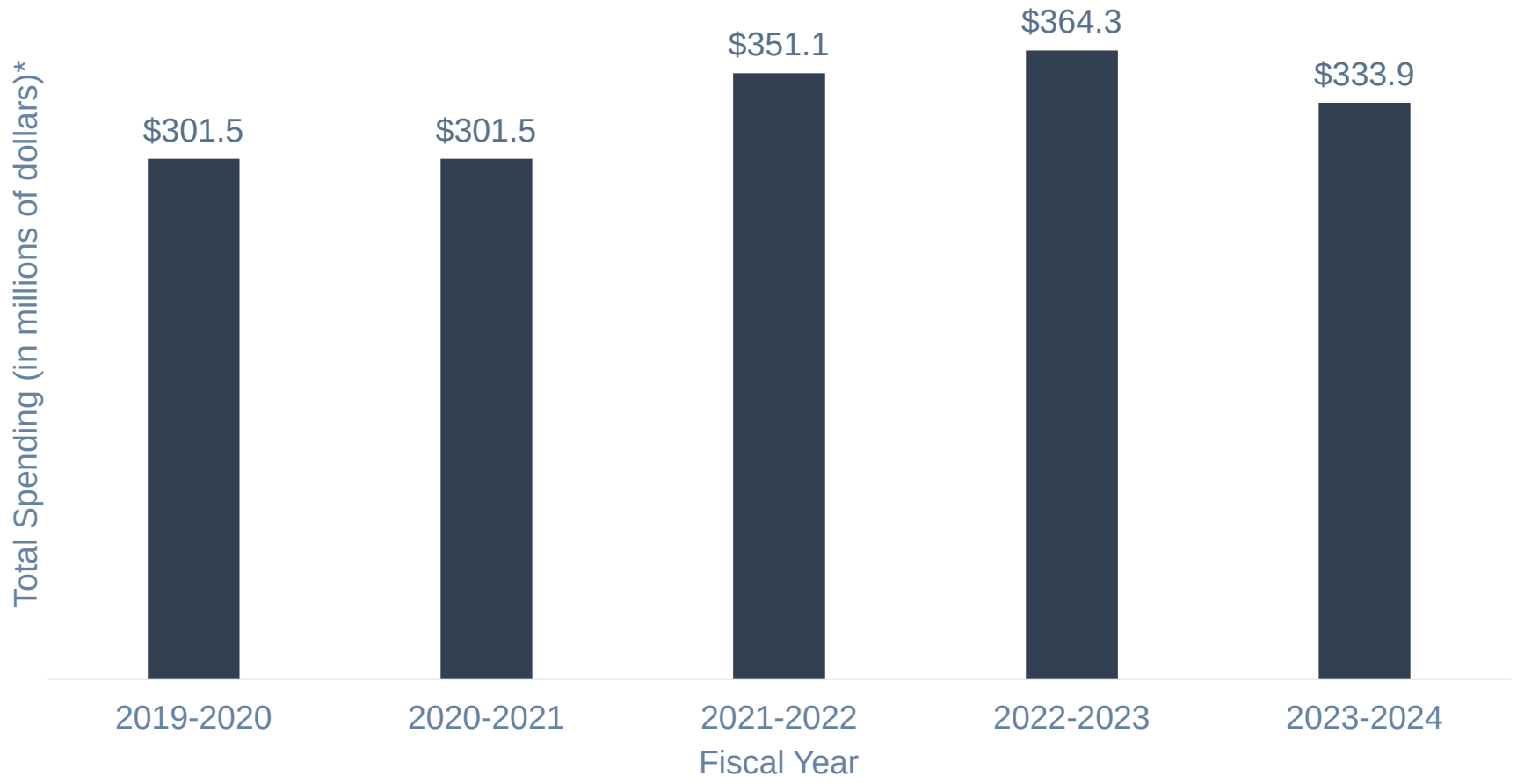
# G.1. Department Of Mental Health & Addiction Governance: Key Leadership

| Name | Position | Department | Email |
|---|---|---|---|
| Daniel Rusyniak, MD | Secretary | Family & Social Services Administration | daniel.rusyniak@fssa.in.gov |
| Jay Chaudhary | Director | Division of Mental Health and Addiction | jay.chaudhary@fssa.in.gov |
| Rebecca Buhner | Deputy Director, Chief of Staff | Division of Mental Health and Addiction | rebecca.buhner@fssa.in.gov |
| Wendy Harrold | Executive Director, Data Strategies | Division of Mental Health and Addiction | wendy.harrold@fssa.in.gov |
| Sirrilla Blackmon | Executive Director, Mental Health Strategies and Services | Division of Mental Health and Addiction | sirrilla.blackmon@fssa.in.gov |
| Vacant | Executive Director, Addiction Strategy and Services | Division of Mental Health and Addiction | N/A |
| Katrina Norris | Executive Director, State Psychiatric Hospital Network | Division of Mental Health and Addiction | katrina.norris@fssa.in.gov |

# G.2. Department Of Mental Health & Addiction Governance: Spending

| Budget Item | SFY 2023-2024 Budget Request | Percent Of Budget |
|---|---|---|
| State Psychiatric Facilities | $179,300,604 | 54% |
| Seriously Mentally Ill | $93,266,408 | 28% |
| Forensic Treatment Services | $25,000,000 | 7% |
| Seriously Emotionally Disturbed | $14,571,352 | 4% |
| Substance Abuse Treatment | $9,100,000 | 3% |
| Community Mental Health Centers | $7,200,000 | 2% |
| Mental Health Administration | $3,800,593 | 1% |
| Addiction Prevention | $1,672,675 | 1% |
| Mental Health Administration | $2,480,903 | 1% |
| **Budget Total: $333,911,632** | | |

# G.2. Department Of Mental Health & Addiction Governance: Spending Over Time




*Fiscal years 2019-2021 actual budget; 2022-2024 budget request

# G.3. State Psychiatric Institutions

| State Psychiatric Institutions | | |
|---|---|---|
| **Institution** | **Location** | **Beds** |
| Neuro Diagnostic Institute | Indianapolis | 159 |
| Evansville Psychiatric Children's Center | Evansville | 28 |
| Evansville State Hospital | Evansville | 168 |
| Logansport State Hospital | Logansport | 170 |
| Madison State Hospital | Madison | 120 |
| Richmond State Hospital | Springfield | 213 |

# G.4. Behavioral Health Safety-Net Delivery System

- The Division of Mental Health and Addiction within the Indiana Family and Social Services Administration provides mental health and addiction treatment services to the safety-net population by contracting with community mental health centers (CMHCs) and other provider organizations.
- The CMHCs also provide services to the Medicaid population, including primary care treatment within their scope of practice.
  - Medicaid rehabilitation option (MRO) services and specialty services for persons with SMI must be provided by the CMHCs.

# G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

**Community Mental Health Center Service Areas**

- Adult & Child Mental Healh Center, Inc.
- Aspire Indiana, Inc.
- Centerstone of Indiana, Inc.
- Community Hospital of Indiana Gallahue Mental Health Center
- Community Howard Regional Health (Kokomo)
- Community Mental Health Center, Inc. (Lawrenceburg)
- Cummins Behavioral Health Systems, Inc.
- Four County Comprehensive Mental Health Center
- Grant Blackford Mental Health, Inc.
- Hamilton Center, Inc.
- LifeSpring, Inc
- Meridian Health Services Corp.
- Northeastern Center, Inc.
- Oaklawn Psychiatric Center, Inc.
- Ottis R. Bowen Center for Human Services, Inc. Bowen Center
- Park Center, Inc.
- Porter-Starke Services, Inc.
- Samaritan Center
- Sandra Eskenazi Mental Health Center
- Southlake Community Mental Health Center, Inc. Regional Mental Health Center
- Southwestern Indiana Mental Health Center, Inc.
- Swanson Center
- Valley Oaks Health
- Counties Served by Multiple CMHC's

# G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

| Community Mental Health Center | Counties In Service Area |
|---|---|
| Adult and Child Mental Health Center, Inc. | Johnson, Marion |
| Aspire Indiana, Inc. | Boone, Hamilton, Madison, Marion |
| Centerstone of Indiana, Inc. | Bartholomew, Brown, Decatur, Fayette, Jackson, Jefferson, Jennings, Lawrence, Monroe, Morgan, Owen, Randolph, Rush, Union, Wayne |
| Community Hospital of Indiana Gallahue Mental Health Center | Hancock, Marion, Shelby |
| Community Howard Regional Health | Clinton, Howard, Tipton |
| Community Mental Health Center, Inc. | Dearborn, Franklin, Ohio, Ripley, Switzerland |
| Cummins Behavioral Health Systems, Inc. | Hendricks, Putnam |
| Edgewater Systems for Balanced Living, Inc. | Lake |
| Four County Comprehensive Mental Health Center, Inc. | Cass, Fulton, Miami, Pulaski |
| Grant Blackford Mental Health, Inc. | Blackford, Grant |
| Hamilton Center, Inc. | Clay, Greene, Parke, Sullivan, Vermillion, Vigo |
| LifeSpring, Inc. | Clark, Crawford, Dubois, Floyd, Harrison, Jefferson, Orange, Scott, Spencer, Washington |

# G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

| Community Mental Health Center | Counties In Service Area |
|---|---|
| Meridian Health Services Corporation | Delaware, Henry, Jay |
| Northeastern Center, Inc. | DeKalb, Lagrange, Noble, Steuben |
| Oaklawn Psychiatric Center, Inc. | Elkhart, St. Joseph |
| The Otis R. Bowen Center | Huntington, Kosciusko, Marshall, Wabash, Whitley |
| Park Center, Inc. | Adams, Allen, Wells |
| Porter-Starke Services, Inc. | Porter, Starke |
| Knox County Hospital Samaritan Center | Davies, Knox, Martin, Pike |
| Sandra Eskenazi Mental Health Center | Marion |
| Southern Hills Counseling, Inc. | Crawford, Dubois, Perry, Spencer |
| Southlake Community Mental Health Center, Inc. | Lake |
| Southwestern Indiana Mental Health Center, Inc. | Gibson, Posey, Vanderburgh, Warrick |
| Swanson Center | La Porte |
| Wabash Valley Alliance, Inc. | Benton, Carroll, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren, White |

# H. Appendices

# H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

| Enrollment Category | Serious Mental Illness (SMI) Prevalence Estimate | Source |
|---|---|---|
| **Commercial** | 4.1% of the commercially insured population over age 18 | Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf |
| **Medicaid** | 8.6% of persons enrolled in traditional Medicaid | Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf |
| **Medicare** | 16% of persons in the Medicare population, not dually eligible for Medicaid | Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/mmco-report-congress.pdf |

# H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

| Enrollment Category | Serious Mental Illness (SMI) Prevalence Estimate | Source |
|---|---|---|
| **Medicare-Medicaid Dual Eligibility** | 25% of persons in the Medicare population dually eligible for partial Medicaid benefits | Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf |
| | 32% of persons in the Medicare population dually eligible for full Medicaid benefits | U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report |
| **Other Public** | 8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system | Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update |
| **No Health Care Insurance** | 6.2% of uninsured persons over age 18 | Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Alternative Benefit Plan** | ABP | State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP. |
| **Accountable Care Organizations** | ACO | ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial). |
| **Administrative Services Organization** | ASO | An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk. |
| **Capitation** | | A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services. |
| **Carve-out** | | A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis. |
| **Certified Community Behavioral Health Clinic** | CCBHC | Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Community Mental Health Center** | CMHC | An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services. |
| **Dual Eligible** | | An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs). |
| **Federal Poverty Level** | FPL | The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four. |
| **Fee-For-Service** | FFS | A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test. |
| **Health Home** | | A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Health Insurance Marketplace** | HIM | Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL. |
| **Home- & Community-Based Services** | HCBS | Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care. |
| **Institutions For Mental Disease** | IMD | A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs. |
| **Long-Term Services & Supports** | LTSS | Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age. |
| **Managed Care** | | A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Medicaid** | | Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states. |
| **Medicaid Waiver** | | Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage. |
| **Medicaid Waiver Section 1115** | 1115 waiver | Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP. |
| **Medicaid Waiver Section 1915(b)** | 1915(b) waiver | States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization. |
| **Medicaid Waiver Section 1915(c)** | 1915(c) waiver | States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings. |
| **Medical Home** | | A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers. |
| **Medicare** | | Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services. |
| **Medicare Advantage** | MA | Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Medicare Advantage Special Needs Plan** | SNP | A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination. |
| **Medicare Part A** | | Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term. |
| **Medicare Part B** | | Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level. |
| **Medicare Part C** | | Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference. |
| **Medicare Part D** | | Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income. |
| **Metropolitan Statistical Area** | MSA | An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties. |
| **Patient-Centered Medical Home** | PCMH | See Medical Home. |
| **Patient Protection & Affordable Care Act** | PPACA or ACA | U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Primary Care Case Management** | PCCM | A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination; and is reimbursed fee-for-service for all medical services provided. |
| **Program Of All Inclusive Care For The Elderly** | PACE | PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states. |
| **Serious Mental Illness** | SMI | A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. |
| **Supported Employment** | | Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment; and retain that employment. |
| **Supported Housing** | | Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants; but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible. |
| **Value-Based Reimbursement** | VBR | Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments. |

# H.3. Sources

**A. Executive Summary**

1. Information compiled from sources provided throughout the profile.

**B.1. Population Demographics**

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved May 2023 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved May 2023 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved May 2023 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved May 2023 from https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05

**B.2. Population Centers**

1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from https://fred.stlouisfed.org
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved May 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved May 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas
4. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved December 28, 2019 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
5. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved May 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html

# H.3. Sources


**B.3. Population Distribution By Payer: National vs. State**

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2022 Beneficiaries. Retrieved December 2021. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (2023, March). Retrieved December 2021. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved May 2023. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

**B.3. SMI Population Distribution By Payer: National vs. State**

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.

**B.4. Largest State Health Plans By Enrollment**

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2022, December). Beneficiaries by Location. Retrieved May 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. Available from http://www.markfarrah.com

**B.4. Largest State Health Plans By Estimated SMI Enrollment**

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2022, December). Beneficiaries by Location. Retrieved May 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. Available from http://www.markfarrah.com

**B.5. Health Insurance Marketplace**

1. United States Department of Health and Human Services. (2022, October 21). PY2023 Individual Medical Landscape. Retrieved May 2023 from https://data.healthcare.gov/dataset/cfbbddd9-b405-4c4a-b679-fd2986945b88
2. United States Department of Health and Human Services. (2022, October 21). QHP Landscape PY2023 SHOP Market Medical. Retrieved May 2023 from https://data.healthcare.gov/dataset/aa2cf0c7-ff39-484a-9472-764e243ffea9
3. eHealth Insurance. (2021). Indiana Health Insurance Companies. Retrieved May 2023 from https://www.ehealthinsurance.com/health-insurance-companies/indiana-carriers

# H.3. Sources


**B.6. Accountable Care Organizations**

1. *OPEN MINDS*. (2022). ACO Database.

**C.1. Medicaid Governance: Organizational Chart**

1. Indiana Family & Social Services Administration. (2020, December 11). FSSA Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/files/FSSA_org_chart.pdf
2. Indiana Family & Social Services Administration. (2021, April 27). Office of Medicaid & Policy Planning Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/ompp/files/OMPP_Org_Chart.pdf

**C.1. Medicaid Governance: Key Leadership**

1. Indiana Family & Social Services Administration. (2020, December 11). FSSA Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/files/FSSA_org_chart.pdf
2. Indiana Family & Social Services Administration. (2021, April 27). Office of Medicaid & Policy Planning Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/ompp/files/OMPP_Org_Chart.pdf

**C.2. Medicaid Program Spending By Eligibility Group**

1. Centers for Medicare & Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare & Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/

**C.2. Medicaid Program Spending: Budget**

1. United States Government Printing Office. (2022, November 28). Federal Medical Assistance Percentages FY 2023. Retrieved May 2023 from https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for
2. Centers for Medicare & Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare & Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved May 2023 from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html

# H.3. Sources


**C.2. Medicaid Program Spending: Change Over Time**

1. Centers for Medicare & Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare & Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare & Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
4. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/publication/macstats-archive/
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved May 2023 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved May 2023 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

**C.3. Medicaid Expansion Status**

1. Centers for Medicare & Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare & Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare & Medicaid Services. (2023, January). Medicaid Enrollment Data Collected Through MBES 2023 Q1. Retrieved May 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html
4. Centers for Medicare & Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved May 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved May 2023 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315

# H.3. Sources


**C.4. Medicaid Program Benefits**

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved May 2023 from https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/
2. Indiana Family & Social Services Administration. Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/state_plan.asp
3. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf

**D.1. Medicaid Financing & Service Delivery System**

1. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
2. Indiana Family & Social Services Administration. (2023). Medicaid Monthly Enrollment Reports. Retrieved May 2023 from https://www.in.gov/fssa/ompp/files/IHCP-Monthly-Enrollment-Report-April-2023.xlsx
3. Indiana Health Coverage Programs. (2019, October 1). DXC Assumes fee-for-service Medicaid prior authorization and utilization management services. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/Bulletins/BT201957.pdf

**D.1. Medicaid Service Delivery System Enrollment By Eligibility Group**

1. The State of Indiana. (2019) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf

**D.2. Medicaid FFS Program: Overview**

1. The State of Indiana. (2021) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2021, February 16). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf

# H.3. Sources


**D.2. Medicaid FFS Program: Behavioral Health Benefits**

1. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf
2. Indiana Family & Social Services Administration. (2021). Medicaid Rehabilitation Option (MRO). Retrieved May 2023 from https://www.in.gov/medicaid/providers/478.htm
3. Indiana Family & Social Services Administration. (2018, December 1). Medicaid Rehabilitation Option Services. Retrieved May 2023 from https://www.in.gov/medicaid/files/medicaid%20rehabilitation%20option%20services.pdf
4. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
5. Indiana Family & Social Services Administration. (2018, December 18). Mental Health and Addiction Services. Retrieved May 2023 from https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf
6. Centers for Medicare & Medicaid Services. (2019, March 19). TN 18-012: State Plan Amendment. Retrieved May 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IN/IN-18-012.pdf

**D.2. Medicaid FFS Program: SMI Population**

1. Indiana Family & Social Services Administration. (2021). Adult Mental and Habilitation (AMHH) Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/200.htm
2. Indiana Health Coverage Programs. (2021, February 16). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf
3. Centers for Medicare & Medicaid Services. (2019, December 19). 1915 (b)(4) AMHH and BPHC Waiver Application. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/IN_Adult-Mental-Health-Habilitation-and-Behavioral-and-Primary-Healthcare-Coordination-Services_IN-02.pdf
4. Indiana Health Coverage Program. (2020, February 27). FSSA announces amendment to the Adult Mental Health Habilitation Program. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/Bulletins/BT202013.pdf

# H.3. Sources


**D.2. Medicaid FFS Program: Pharmacy Benefits**

1. Indiana Family & Social Services Administration. (2021). Pharmacy Benefits. Retrieved May 2023 from https://www.in.gov/medicaid/providers/481.htm
2. Indiana Family & Social Services Administration. (2021). Pharmacy Benefit Management. Retrieved May 2023 from https://www.in.gov/medicaid/providers/551.htm
3. Indiana Family & Social Services Administration. (2021). Right Choices Program. Retrieved May 2023 from https://www.in.gov/medicaid/providers/483.htm
4. OptumRx. (2021, April 1). Preferred Drug List. Retrieved May 2023 from https://prdgov-rxadmin.optum.com/rxadmin/INM/20210401_INM_PDL_1.pdf
5. Indiana Family & Social Services Administration. (2020, August). Pharmacy Services. Retrieved May 2023 from https://www.in.gov/medicaid/files/pharmacy%20services.pdf

**D.3. Medicaid Managed Care Program: Overview**

1. Indiana Family & Social Services Administration. (2021). About the Office of Medicaid Policy and Planning. Retrieved May 2023 from https://www.in.gov/fssa/ompp/4597.htm
2. Centers for Medicare & Medicaid Services. (2019, January 23). 1915 (b) Waiver Hoosier Care Connect. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/Indiana-Hoosier-Care-Connect-IN-04.pdf
3. Anthem BlueCross BlueShield. (2021). Indiana Medicaid Provider Manual for Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect. Retrieved May 2023 from https://mediprovider.anthem.com/dam/medidocuments/ININ_CAID_ProviderManual.pdf?v=202101150221
4. CareSource. (2021, March 14). CareSource Indiana Medicaid Provider Manual Hoosier Healthwise and Healthy Indiana Plan. Retrieved May 2023 https://www.caresource.com/documents/in-hip-hhw-health-partner-manual/
5. MDwise. (2020). Provider Manual Hoosier Healthwise and Healthy Indiana Plan (HIP). Retrieved May 2023 from https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/hhw_hip_providermanual.pdf
6. MHS Indiana. (2020). Provider Manual. Retrieved May 2023 from https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Provider_Manual_2020.pdf
7. UnitedHealthCare. (2021, April 1). Hoosier Connect Provider Manual. Retrieved May 2023 from
8. https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/Indiana_Provider_Manual.pdf

**D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0**

1. Centers for Medicare & Medicaid Services. (2020, December 16). Healthy Indiana Plan Demonstration Waiver. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-ca.pdf
2. Indiana Family & Social Services Administration. (2021). POWER Accounts. Retrieved May 2023 from https://www.in.gov/fssa/hip/2590.htm

# H.3. Sources


**D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0: Gateway to Work**

1. Centers for Medicare & Medicaid Services. (2020, October 26). Healthy Indiana Plan Demonstration Waiver. Retrieved May 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81641
2. Ciproms Medical Billing. (2019, November 4). Indiana's Gateway to Work Temporarily Suspended. Retrieved May 2023 from http://www.ciproms.com/2019/11/indianas-gateway-to-work-temporarily-suspended/
3. Managed Health Services. (2019, June). HIP Gateway To Work. Retrieved May 2023 from https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/HIP_GTW_Comm_Partner_Presentation.pdf

**D.3. Medicaid Managed Care Program: Healthy Indiana Plan 2.0 Coverage Options**

1. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
2. Centers for Medicare & Medicaid Services. (2020, December 16). Healthy Indiana Plan Demonstration Waiver. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-ca.pdf

**D.3. Medicaid Managed Care Program: Managed Care Plan Characteristics**

1. Anthem BlueCross BlueShield. (2021). Indiana Medicaid Provider Manual for Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect. Retrieved May 2023 from https://mediprovider.anthem.com/dam/medidocuments/ININ_CAID_ProviderManual.pdf?v=202101150221
2. CareSource. (2021, March 14). CareSource Indiana Medicaid Provider Manual Hoosier Healthwise and Healthy Indiana Plan. Retrieved May 2023 https://www.caresource.com/documents/in-hip-hhw-health-partner-manual/
3. MDwise. (2020). Provider Manual Hoosier Healthwise and Healthy Indiana Plan (HIP). Retrieved May 2023 from https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/hhw_hip_providermanual.pdf
4. MHS Indiana. (2020). Provider Manual. Retrieved May 2023 from https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Provider_Manual_2020.pdf
5. UnitedHealthcare. (2021, April 1). Hoosier Connect Provider Manual. Retrieved May 2023 from
6. https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/Indiana_Provider_Manual.pdf

# H.3. Sources


**D.3. Medicaid Managed Care Program: Behavioral Health Overview**

1. Indiana Family & Social Services Administration. (2021). Medicaid Rehabilitation Option (MRO). Retrieved May 2023 from https://www.in.gov/medicaid/providers/478.htm
2. Indiana Family & Social Services Administration. (2021). Adult 1915(i) Programs. Retrieved May 2023 from https://www.in.gov/fssa/dmha/3102.htm
3. Indiana Family & Social Services Administration. (2021, March 24). FSSA Resource Guide. Retrieved May 2023 from https://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf
4. Indiana Family & Social Services Administration. (2021, February 16). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf
5. Indiana Family & Social Services Administration. (2018, January 23). Mental Health and Addiction Services. Retrieved May 2023 from https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf
6. Centers for Medicare & Medicaid Services. (2020, December 20). Healthy Indiana Plan Demonstration Waiver. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-ca.pdf

**D.3. Medicaid Managed Care Program: Behavioral Health Benefits**

1. Indiana Family & Social Services Administration. (2021). Medicaid Rehabilitation Option (MRO). Retrieved May 2023 from https://www.in.gov/medicaid/providers/478.htm
2. Indiana Family & Social Services Administration. (2021). Behavioral & Primary Healthcare Coordination (BPHC) Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/204.htm
3. Indiana Family & Social Services Administration. (2021). Adult Mental and Habilitation (AMHH) Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/200.htm
4. Indiana Family & Social Services Administration. (2021). Children's Mental Health Wraparound Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/208.htm
5. Indiana Family & Social Services Administration. (2021, February 16). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf
6. Indiana Family & Social Services Administration. (2018, January 23). Mental Health and Addiction Services. Retrieved May 2023 from https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf
7. Centers for Medicare & Medicaid Services. (2019, March 19). TN 18-012: State Plan Amendment. Retrieved May 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IN/IN-18-012.pdf

# H.3. Sources


**D.3. Medicaid Managed Care Program: SMI Population**

1. Indiana Family & Social Services Administration. (2021). Medicaid Rehabilitation Option (MRO). Retrieved May 2023 from https://www.in.gov/medicaid/providers/478.htm
2. Indiana Family & Social Services Administration. (2021). Adult 1915(i) Programs. Retrieved May 2023 https://www.in.gov/fssa/dmha/3102.htm
3. Indiana Family & Social Services Administration. (2021). Behavioral & Primary Healthcare Coordination (BPHC) Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/204.htm
4. Indiana Family & Social Services Administration. (2021). Adult Mental and Habilitation (AMHH) Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/200.htm
5. Centers for Medicare & Medicaid Services. (2019, December 20). 1915 (b)(4) AMHH and BPHC Waiver Application. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/IN_Adult-Mental-Health-Habilitation-and-Behavioral-and-Primary-Healthcare-Coordination-Services_IN-02.pdf

**D.3. Medicaid Managed Care Program: Pharmacy Benefits**

1. Indiana Family & Social Services Administration. (2021). Pharmacy Benefits. Retrieved May 2023 from https://www.in.gov/medicaid/providers/481.htm
2. Indiana Family & Social Services Administration. (2021). Pharmacy Benefit Management. Retrieved May 2023 from https://www.in.gov/medicaid/providers/551.htm
3. Indiana Family & Social Services Administration. (2021). Right Choices Program. Retrieved May 2023 from https://www.in.gov/medicaid/providers/483.htm
4. Anthem BlueCross BlueShield. (2021, March 9). Pharmacy Information. Retrieved May 2023 from https://mediproviders.anthem.com/in/pages/pharmacy-benefits.aspx

**D.3. Medicaid Managed Care Program: Pharmacy Benefits (cont.)**

1. CareSource. (2021, May 25). Pharmacy. Retrieved May 2023 from https://www.caresource.com/in/providers/education/patient-care/pharmacy/medicaid/
2. MDWise. (2020, May 14). Pharmacy Resources. Retrieved May 2023 from https://www.mdwise.org/for-providers/pharmacy-resources
3. MHS Indiana. (2021). Pharmacy. Retrieved May 2023 from https://www.mhsindiana.com/providers/pharmacy.html



**D.3. Medicaid Managed Care Program: Pharmacy Benefits (cont.)**

1. CareSource. (2021, May 25). Pharmacy. Retrieved May 2023 from https://www.caresource.com/in/providers/education/patient-care/pharmacy/medicaid/
2. MDWise. (2020, May 14). Pharmacy Resources. Retrieved May 2023 from https://www.mdwise.org/for-providers/pharmacy-resources
3. MHS Indiana. (2021). Pharmacy. Retrieved May 2023 from https://www.mhsindiana.com/providers/pharmacy.html

# H.3. Sources


**D.4. Medicaid Program: Care Coordination Initiatives**

1. Derived from information throughout Section D.

**D.5. Medicaid Program Care Management and Demonstration Waivers**

1. Centers for Medicare & Medicaid Services. Demonstrations and Waivers. Retrieved May 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

**D.5. Medicaid Program: Behavioral & Primary Healthcare Coordination Services**

1. Indiana Family & Social Services Administration. (2021). Behavioral & Primary Healthcare Coordination (BPHC) Program. Retrieved May 2023 from https://www.in.gov/medicaid/members/204.htm
2. Centers for Medicare & Medicaid Services. (2019, December 20). 1915 (b)(4) AMHH and BPHC Waiver Application. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/IN_Adult-Mental-Health-Habilitation-and-Behavioral-and-Primary-Healthcare-Coordination-Services_IN-02.pdf
3. Indiana Family & Social Services Administration. (2021). Behavioral and Primary Healthcare Coordination. Retrieved May 2023 from https://www.in.gov/fssa/dmha/2883.htm

**D.5. Medicaid Program: Adult Mental Health Habilitation**

1. Centers for Medicare & Medicaid Services. (2019, December 20). 1915 (b)(4) AMHH and BPHC Waiver Application. Retrieved May 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/IN_Adult-Mental-Health-Habilitation-and-Behavioral-and-Primary-Healthcare-Coordination-Services_IN-02.pdf
2. Indiana Family & Social Services Administration. (2020). Adult Mental Health Habilitation. Retrieved May 2023 from https://www.in.gov/fssa/dmha/2876.htm
3. Centers for Medicare & Medicaid Services. (2019, May 16). SPA 18-011 – Behavior and Primary Health Coordination (BPHC) State Plan Benefits. Retrieved May 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IN/IN-18-011.pdf
4. Indiana Health Coverage Program. (2020, February 27). FSSA announces amendment to the Adult Mental Health Habilitation Program. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/Bulletins/BT202013.pdf

# H.3. Sources


**D.5. Medicaid Program Section 1915 (c) HCBS Waivers**

1. Centers for Medicare & Medicaid Services. Demonstrations and Waivers. Retrieved May 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

**D.6. Medicaid Program Initiatives: Timeline**

1. Information compiled from sources provided throughout the profile.

**E.1. Dual Eligible Medicaid Financing & Service Delivery System**

1. Centers for Medicare & Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved May 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare & Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved May 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

**E.2. Largest Medicare Health Plans By Estimated SMI Enrollment**

1. Centers for Medicare & Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved May 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare & Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved May 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

**E.3. Dual Eligible Medicaid Financing & Delivery System: Overview**

1. Centers for Medicare & Medicaid Services. (2020, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved May 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

**E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives**

1. Indiana Medicaid. (2021, May 27). IHCP Bulletin. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/Bulletins/BT202138.pdf

# H.3. Sources

**F.1. LTSS Financing & Service Delivery**


1. The State of Indiana. (2019) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf


**F.1. LTSS Service Delivery System Enrollment By Eligibility Group**


1. The State of Indiana. (2019) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf


**F.2. LTSS Financing & Service Delivery System: Overview**


1. The State of Indiana. (2019) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf


**F.3. LTSS Health Plan Characteristics**


1. The State of Indiana. (2019) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf

# H.3. Sources


**F.4. LTSS Program: Health Benefits**

1. The State of Indiana. (2019) Traditional Medicaid. Retrieved May 2023 from https://www.in.gov/medicaid/members/185.htm
2. Indiana Family & Social Services Administration. Complete Medicaid State Plan. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/StatePlan/Complete_Plan.pdf
3. Indiana Health Coverage Programs. (2020, September 1). Member Eligibility and Benefit Coverage. Retrieved May 2023 from https://www.in.gov/medicaid/files/member%20eligibility%20and%20benefit%20coverage.pdf

**F.4. LTSS Program: New Initiatives**

1. Indiana Medicaid. (2021, May 27). IHCP Bulletin. Retrieved May 2023 from http://provider.indianamedicaid.com/ihcp/Bulletins/BT202138.pdf

**G.1. Public Behavioral Health System Governance: Organization Chart**

1. Indiana Family & Social Services Administration. (2020, December 11). FSSA Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/files/FSSA_org_chart.pdf
2. Indiana Family & Social Services Administration. (2021, April 27). Office of Medicaid & Policy Planning Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/ompp/files/OMPP_Org_Chart.pdf
3. Indiana Family & Social Services Administration. (2019, March 21). Division of Mental Health & Addiction Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/dmha/files/DMHAOrganizational_Chart.pdf

**G.1. Public Behavioral Health System Governance: Key Leadership**

1. Indiana Family & Social Services Administration. (2020, December 11). FSSA Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/files/FSSA_org_chart.pdf
2. Indiana Family & Social Services Administration. (2021, April 27). Office of Medicaid & Policy Planning Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/ompp/files/OMPP_Org_Chart.pdf
3. Indiana Family & Social Services Administration. (2019, March 21). Division of Mental Health & Addiction Organizational Chart. Retrieved May 2023 from https://www.in.gov/fssa/dmha/files/DMHAOrganizational_Chart.pdf

# H.3. Sources


**G.2. Public Behavioral Health System Budget**

1. Indiana State Budget Committee. (2021, January 23). State of Indiana Budget Report FY 2023-2025. Retrieved May 2023 from https://www.in.gov/sba/files/2023-FullBudgetReport.pdf

**G.2. Public Behavioral Health System Spending Over Time**

1. Indiana State Budget Committee. (2022, January 23). State of Indiana Budget Report FY 2023-2025. Retrieved May 2023 from https://www.in.gov/sba/files/2023-FullBudgetReport.pdf
2. Indiana State Budget Committee. (2021, January 23). State of Indiana Budget Report FY 2021-2023. Retrieved May 2023 from https://www.in.gov/sba/files/2021_AS_Book.pdf
3. Indiana State Budget Agency. (2021). Budget Data. Retrieved May 2023 from https://www.in.gov/sba/2364.htm

**G.3. State Psychiatric Institutions**

1. Indiana Family & Social Services Administration. (2021). State Psychiatric Hospitals. Retrieved May 2023 from https://www.in.gov/fssa/dmha/4325.htm

**G.4. State Behavioral Health Safety-Net Delivery System**

1. Indiana Family & Social Services Administration. (2021). Medicaid Rehabilitation Option (MRO). Retrieved May 2023 from https://www.in.gov/medicaid/providers/478.htm
2. Indiana Family & Social Services Administration. (2021). About the Department of Mental Health and Addiction. Retrieved May 2023 from https://www.in.gov/fssa/dmha/4521.htm

**G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas**

1. Indiana Family & Social Services Administration. (2019, October 10). State Psychiatric Hospitals and Community Mental Health Centers. Retrieved May 2023 from https://www.in.gov/fssa/dmha/files/DMHA_SOFs_and_CMHCs.pdf