

**Request for Emergency Clearance Under the Paperwork Reduction Act**  
**Healthy Indiana Program (HIP) 2.0 Federal Evaluation, Authorized Under the CMS**  
**Section 1115 Waiver**  
**CMS-10615; OMB 0938-1300**

**Justification**

The Centers for Medicare & Medicaid Services (CMS) is requesting that this information collection request (ICR), for the federal evaluation of the Healthy Indiana Program (HIP) 2.0 demonstration (hereinafter, “HIP 2.0 demonstration”), be processed under the emergency PRA clearance process. As explained in more detail below, we believe this process is warranted for a variety of reasons under 5 CFR 1320.13(a).

Please note that the emergency process will include a public comment period that will be published in the Federal Register; comments will be accepted prior to the implementation phase of the first wave of the federal beneficiary survey and the first focus groups and site visit in the State of Indiana.

**Mission**

Approval of this federal evaluation information collection request is crucial in order to adequately inform CMS decision making regarding Section 1115 Waivers, specifically the upcoming non-emergency medical transportation waiver due for renewal by December 1, 2016 in the State of Indiana (hereinafter, “State” or “Indiana”). The NEMT benefit provides transportation for Medicaid beneficiaries who otherwise have no means of transportation to get to and from medical services. The Healthy Indiana Program 2.0 demonstration (hereinafter, “HIP 2.0 demonstration”) provides authority for the State to not offer NEMT for the new adult group during the first year of the demonstration (except for pregnant women and individuals determined to be medically frail). CMS may extend the State’s authority, subject to evaluation of the impact of this policy on access to care.

CMS awarded a federal evaluation of the Indiana HIP 2.0 demonstration in late 2015. The federal evaluation of the HIP 2.0 demonstration, of which the federal beneficiary survey is a major component, serves to complement rather than duplicate the State’s previous survey and evaluation. The federal survey will accomplish this by providing comparable but independent information on HIP 2.0 enrollees and disenrollees on their understanding, experience and satisfaction with aspects of HIP 2.0 that are priority for CMS. The federal evaluation will be conducted on a larger sample of beneficiaries and will allow greater precision in comparisons of key measures, and for two (2) different time points, than was possible with the State’s evaluation as CMS understands it.

In December 2015 CMS concluded work with the State on the State’s evaluation design and surveys. At that point, CMS made adjustments to the federal evaluation and developed a set of survey instruments that would minimize duplication between the State and federal evaluations and provide a robust approach to evaluating the Indiana HIP 2.0 demonstration. The new

surveys were not available in time to avoid this emergency clearance request. Therefore, and in accordance with the implementing regulations of the PRA at 5 CFR 1320.13(a)(2)(ii), we are submitting this ICR for emergency processing.

The implementation of this Section 1115 Waiver Demonstration federal evaluation is crucial to strengthening the evaluation process and increasing transparency to ensure that demonstration projects are engaging in meaningful ways. The development of the federal beneficiary survey has been an on-going process and CMS has made efforts to both include and engage the state of Indiana in the development and provided opportunities for feedback and comment. Obtaining emergency clearance would enable CMS to meet its objective in time so that no harm is done to Medicaid beneficiaries. As explained below, the regular PRA process could not be followed due to the need to meet important “hard” deadlines imposed by the waiver expiration timeline.

### **Public Harm**

Delays in the survey implementation would be incurred if the regular OMB clearance procedures were used, including the need for 60- and 30-day comment periods; this would result in an overall process of up to 6 or more months. A delay of this magnitude would jeopardize the timely completion of the evaluation of the NEMT and other important waivers. Most importantly, it would potentially cause significant harm by depriving Medicaid beneficiaries--especially those affected by the NEMT waiver--of appropriate medical services and needed care. Therefore, we are requesting emergency processing under the implementing regulations of the PRA at 5 CFR 1320.13(a)(2)(i). We expect to continue to engage with the State of Indiana in the survey development and design process to the extent possible.

### **Background**

Currently 26 states (including the District of Columbia) are pursuing traditional Medicaid expansion as written under the Patient Protection and Affordable Care Act (ACA) of 2010. Six (6) states are expanding Medicaid by using an alternative to traditional Medicaid expansion (i.e., Section 1115 demonstration approvals). CMS anticipates that additional states may seek a Section 1115 demonstration for the new adult group under the ACA. CMS expects that additional federal evaluations likely will be required for more states, and that the Indiana evaluation can serve as a model.

CMS approved the HIP 2.0 demonstration in January 2015. The demonstration expands Medicaid coverage under the ACA for individuals in Indiana. The objectives of the demonstration include: (1) promoting increased access to health care services; (2) encouraging health behaviors and appropriate care, including early intervention, prevention, and wellness; (3) increasing the quality of care and efficiency of the health care delivery system; and (4) promoting private market coverage and family coverage options through HIP Link to reduce network and provider fragmentation within families. The demonstration is authorized for three (3) years from February 1, 2015 through January 31, 2018 (as described above, the waiver of NEMT is authorized only through December 1, 2016).

In 2014, CMS awarded cross-state federal evaluations covering four 1115 demonstration types of high priority policy significance. This was the first federal evaluation in over ten years. Subsequently, in late 2015, CMS awarded a federal evaluation of the Indiana HIP 2.0 demonstration.

### **Details of Federal Evaluation of the Healthy Indiana Program (HIP) 2.0 Demonstration**

This emergency approval request is for the implementation of the federal evaluation of the Healthy Indiana Program (HIP) 2.0 Demonstration. The federal evaluation consists of two primary data collection efforts including the implementation of a beneficiary HIP 2.0 survey in two waves and a series of two site visits including a number of stakeholder interviews and focus groups. In addition to the data collection focus on the NEMT waiver, additional information will be collected during the same period as the NEMT survey questions to improve the efficiency of resources.

The beneficiary survey includes three (3) paper-based versions of a customer satisfaction survey of beneficiaries enrolled and disenrolled in the HIP 2.0 Medicaid demonstration. The beneficiary survey is intended to collect data detailing beneficiary understanding and experience in HIP 2.0. The survey focuses on particular issues that include transportation (NEMT), emergency room, POWER accounts and monthly or annual contributions, access to care, satisfaction, and health coverage cost and payment options. All three survey instruments were granted emergency approval to pursue survey testing and respondent debriefings in the State of Indiana. The survey testing and respondent debriefings occurred from March 31, 2016 through April 8, 2016 for a total of seven business days. A total of fifteen (15) interviews were conducted in Fort Wayne and Indianapolis. The findings from the respondent debriefings in combination with the public comments have been used to guide the survey revisions to date. The beneficiary survey will be administered through various modes including: paper mail-in surveys, web options, and phone follow up. All participants who complete the survey will be provided with a \$10 payment for the value of their time and expenses incurred for their participation in the survey.

The qualitative component of the federal evaluation will consist of two site visits to occur simultaneously during the first and second wave of the beneficiary surveys. The focus groups will target consumers and will explore a full range of issues likely to be of concern to beneficiaries and individuals who tried to enroll or are eligible to enroll but are not enrolled. Focus groups intend to capture the “voices” of adults most directly affected by HIP 2.0 and will provide valuable detail about their experiences and concerns. Focus group participants will be provided with a light meal and a \$60 payment for the value of the time, travel, child care, or other expenses incurred in their participation. Informational interviews will be conducted both in person during the site visits and by telephone guided by semi-structured interview protocols to facilitate in-depth conversations with a range of key stakeholders. Key stakeholders include Indiana state officials, managed care organizations, consumer advocates, and provider organizations.

Provided that emergency clearance may only be granted for a maximum of six months we recognize that this emergency approval will only encompass the first wave of the beneficiary survey and the first site visit and set of stakeholder interviews.

**Proposed Timeline of Activities**

**Implementation**

Date	Activity
04/25/2016	Submit final package to OSORA, including emergency clearance justification (implementation)
04/25/2016	Submit final package to OSORA, including emergency clearance justification (implementation)
4/27/2016	Submit emergency package to OMB
04/29/2016	Formal OMB approval of emergency processing request
05/04/2016	Publish Federal Register notice (30 day comment period)
06/03/2016	Public comments due (30 day comment period ends)
07/08/2016	Response to public comments due to OSORA along with any revised documents
TBD*	Obtain OMB approval
TBD*	Survey data collection
TBD*	Findings on NEMT and survey report due to CMS
12/01/2016	NEMT waiver expires
01/31/2018	HIP 2.0 demonstration ends

***\*Note: Dates are subject to change based on timing of receipt of requisite data from the State of Indiana and status of OMB approval of the PRA package extension***

We request OMB’s support in approving the implementation of the data collection for the Federal Evaluation of the HIP 2.0 Demonstration request under the Emergency PRA procedures to allow us to meet the CMS deadline for the renewal of the NEMT waiver for the State of Indiana.

If you have any questions, please contact: Teresa DeCaro, Deputy Director, CMCS State Demonstration Group, at 202-384-6309, or [teresa.decaro@cms.hhs.gov](mailto:teresa.decaro@cms.hhs.gov).