### Explanation of Monthly Medicaid Financial Report – Overview

In an effort to increase transparency and information shared regarding important FSSA programs, the agency has committed to increased Medicaid financial monitoring and reporting in the form of Monthly Reports. This guide provides essential definitions and information needed to effectively read and understand the Monthly Medicaid Financial Reports. Please note this guide includes sample report information and may not fully reflect all current reporting fields.

#### **Report Sections Overview**

**Expenditures:** Details the amount spent on specific Medicaid programs on a Current Month and Year to Date basis, as well as comparisons to the forecast and budget.

**Enrollment:** Details the number of individuals enrolled in specific Medicaid programs, compared to forecasted enrollment numbers and average monthly enrollment Year to Date.

**Funding:** Details both the federal and state (including intergovernmental transfers and assessment fees) sources of funding for the Indiana Medicaid program, including the amount spent from each funding source Year to Date.

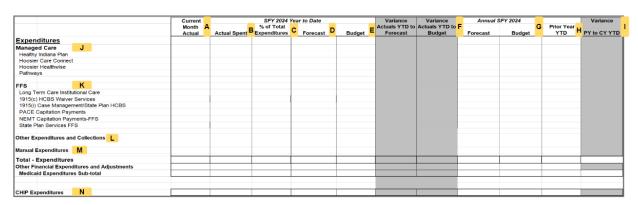
#### **Key Definitions**

State Fiscal Year (SFY) - The Indiana State Fiscal Year is July 1 - June 30.

Year to Date (YTD) - Refers to the first day of the fiscal year through the current month.

**Forecast -** Projected expenditures, enrollment, and funding, as projected in the baseline December 2023 Medicaid forecast.

#### Explanation of Monthly Medicaid Financial Report - Expenditures



| Reference<br>Letter | Data Field  | Definition  |
|---------------------|---|---|
| А                   | Current Month<br>Actual                                 | This represents the actual amount spent (cash basis) in the given month.  |
| В                   | Actual Spent  | Actual amount spent (cash basis) year to date – from July 1 of this fiscal year through the current month.  |
| С                   | Percentage of Total<br>Expenditures                     | Percentage of Actual Total Expenditures value made up by a given line item.   |
| D                   | Forecast  | The amount that was projected in the forecast to be spent Year to Date.   |
| E                   | Budget  | The amount allocated in the budget for the current State Fiscal Year, Year to Date (from the start of the current SFY in July through the current month)  |
| F                   | Variance  | Variance - Actuals YTD to Forecast represents the difference between the SFY YTD forecasted amount for a given line item and the SFY YTD Actual Spent. Variance - Actuals YTD to Budget represents the difference between the SFY YTD budgeted amount for a given line item and the SFY YTD Actual Spent. |
| G                   | Prior Year, Actual<br>Spent Year to Date                | The actual amount spent for the prior SFY YTD. For example, for a February 2024 report, the PY YTD would represent spending for a given Medicaid program from July 2022 - February 2023.  |
| Н                   | Variance Prior Year<br>to Current Year,<br>Year to Date | This represents the difference between SFY YTD Actual Spent and the Prior Year YTD Actual Spent, allowing for a comparison of spending up to the current month across the current and prior SFY.  |

| I | Annual Forecast and Budget         | The Annual SFY Forecast represents the amount forecasted to be spent for the full current SFY (July - June). Similarly, the Annual SFY Budget represents the budget allocated for the full current SFY (July - June).                                       |
|---|------------------------------------|---|
| J | Managed Care<br>Programs           | Managed care programs provide Medicaid services through a managed care plan which are operated by a managed care entity (MCE), also known as a health plan or health insurance company.   |
| К | FFS                                | Traditional Medicaid, also called fee-for-service (FFS), provides full health care coverage to covered members with claims paid directly by the state.  |
| L | Other Expenditures and Collections | Other Expenditures and Collections include additional payments such as Pharmacy Rebates and Medicare premiums.  |
| М | Manual<br>Expenditures             | Manual expenditures include supplemental payments.  |
| N | CHIP                               | The Children's Health Insurance Program (CHIP) falls under the Hoosier Healthwise program. In the State Children's Health Insurance Program (SCHIP), members are required to pay a low monthly premium for coverage as well as copays for certain services. |

## Explanation of Monthly Medicaid Financial Report - Enrollment

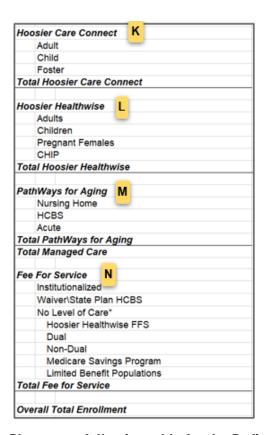
| Enrollment                           | Current Month<br>Enrollment -<br>Actual | Current Month<br>Enrollment -<br>Forecast | Variance<br>Current Month<br>Enrollment | SFY 2024<br>Average Monthly<br>Enrollment YTD -<br>Actual | SFY 2024 Average Monthly Enrollment YTD - Forecast | Variance<br>Average<br>Monthly<br>Enrollment<br>YTD | % of Actual<br>Total<br>Enrollment<br>YTD | SFY 2023 Average<br>Monthly<br>Enrollment YTD -<br>Actual | Variance<br>SFY 2024 YTD<br>to SFY 2023<br>YTD |
|--------------------------------------|---|---|---|---|--|---|---|---|--|
| Healthy Indiana Plan                 |   |   |   |   |  |   |   |   |  |
| HIP State Plan Benefit Package       |   |   |   |   |  |   |   |   |  |
| HIP Expansion                        |   |   |   |   |  |   |   |   |  |
| HIP Medically Frail                  |   |   |   |   |  |   |   |   |  |
| HIP Pregnant Women                   |   |   |   |   |  |   |   |   |  |
| HIP Bridge                           |   |   |   |   |  |   |   |   |  |
| HIP Hospital Presumptive Eligibility |   |   |   |   |  |   |   |   |  |
| HIP Emergency Only                   |   |   |   |   |  |   |   |   |  |
| Total Healthy Indiana Plan           |   |   |   |   |  |   |   |   |  |
| Hoosier Care Connect                 |   |   |   |   |  |   |   |   |  |

#### Additional Enrollment categories and definitions are found on pages 6-7.

| Reference<br>Letter | Data Field   | Definition  |
|---------------------|--|---|
| Α                   | Current Month<br>Enrollment - Actual                                     | This is the number of individuals enrolled in the current month by population, based on coverage effective at the point-in-time the report is run.  |
| В                   | Current Month<br>Enrollment -<br>Forecast                                | This is the number of individuals projected in the forecast to be enrolled, including estimated retroactive enrollment.   |
| С                   | Variance Current<br>Month Enrollment                                     | This represents the difference between the Current Enrollment and Forecasted Enrollment.  |
| D                   | Current Year<br>Average Monthly<br>Enrollment, Year to<br>Date - Actual  | This is the average monthly enrollment by population, from the start of the current SFY in July through the current month. Average monthly enrollment is the sum of monthly enrollment YTD, divided by the number of months being reported. It reflects the inclusion of retroactive enrollment for earlier months (e.g. July 2023, August 2023) as reported through the beginning of the month following the month of data reported on (e.g., through the beginning of March 2024 for a report with February 2024 data). |
| E                   | Current Year<br>Average Monthly<br>Enrollment Year to<br>Date - Forecast | This is the average monthly enrollment projected in the forecast YTD. It reflects full inclusion of retroactive enrollment.   |
| F                   | Variance Average<br>Monthly<br>Enrollment, Year to<br>Date               | This represents the difference between Actual Average<br>Monthly Enrollment YTD and Forecasted Average Monthly<br>Enrollment YTD.   |

| G | Percent of Actual<br>Total Enrollment,<br>Year to Date             | This represents the percentage of SFY 2024 Average Enrollment YTD - Actual made up by a given line item.   |
|---|--|--|
| н | Prior Year Average<br>Monthly<br>Enrollment, Year to<br>Date       | This represents Average Monthly Enrollment YTD for the prior SFY. For example, for a February 2024 report, this would represent the Average Monthly Enrollment for a given program from July 2022 - February 2023.                     |
| I | Variance Current<br>Year to Date to<br>Prior Year, Year to<br>Date | This represents the difference between Average Monthly Enrollment YTD for the current SFY and Average Monthly Enrollment for the prior SFY, allowing for a comparison of average monthly enrollment between the current and prior SFY. |
| J | Healthy Indiana<br>Plan  | This is a health-insurance program for Hoosiers ages 19-64 who meet specific income levels. This program also incentivizes members to take better care of their health.  |

# Explanation of Monthly Medicaid Financial Report – Enrollment (Continued)



| Reference<br>Letter | Data Field           | Definition  |
|---------------------|----------------------|---|
| К                   | Hoosier Care Connect | Hoosier Care Connect is a health care program for individuals who are foster children, blind, or disabled and who are also not eligible for Medicare. |
| L                   | Hoosier Healthwise   | Hoosier Healthwise is a health care program for children up to age 19 and for low-income pregnant individuals who are not eligible for HIP.           |
| М                   | PathWays for Aging   | PathWays for Aging is a new program that will be launched in July 2024 for Hoosiers aged 60 and over  |

|   |                 | who receive Medicaid (or Medicaid and Medicare) benefits.                                    |
|---|-----------------|--|
| N | Fee for Service | Fee-For-Service (FFS) is a delivery system that reimburses providers on a per-service basis. |

## Explanation of Monthly Medicaid Financial Report - Funding

|                                    |                       | SFY 2025 Year to Date             |          | FY 2025  |
|------------------------------------|-----------------------|-----------------------------------|----------|----------|
| Funding A                          | Actual Funding<br>YTD | % of Total<br>Actual C<br>Funding | Forecast | Budget E |
| Federal Funds                      |                       |                                   |          |          |
| Intergovernmental Transfers        |                       |                                   |          |          |
| Provider Tax Receipts              |                       |                                   |          |          |
| HAF Funding                        |                       |                                   |          |          |
| HIP Funding                        |                       |                                   |          |          |
| Other                              |                       |                                   |          |          |
| QAF Transfer - IC 16-28-15-8(a)(2) |                       |                                   |          |          |
| HAF Transfer - IC 16-21-10-14(1)   |                       |                                   |          |          |
| Medicaid Assistance Expenditures   |                       |                                   |          |          |
| Dedicated ARPA HCBS Funding        |                       |                                   |          |          |
| Federal Funds and IGTs             |                       |                                   |          |          |
| Medicaid GF Assistance             |                       |                                   |          |          |
| Medicaid GF Appropriation          |                       |                                   |          |          |
| Total (Shortfall)/Surplus          |                       |                                   |          |          |
| CHIP Funding                       |                       |                                   |          |          |
| Federal                            |                       |                                   |          |          |
| CHIP GF                            |                       |                                   |          |          |
| CHIP HAF                           |                       |                                   |          |          |

| Reference<br>Letter | Data Field     | Definition  |
|---------------------|----------------|---|
| Α                   | Funding Source | Total SFY 2024 federal and state expenditures for Indiana Medicaid were approximately \$19.4B, of which \$4.1B was state-funded. The Federal Medical Assistance Percentage (FMAP) determines the federal share of the cost of Medicaid. This column details all Medicaid funding sources, including state |

|   |  | and federal sources. Intergovernmental transfers and assessment fees are also included.                                |
|---|--|--|
| В | Actual Funding, Year to<br>Date                        | The amount of funding from a given funding source from the start of the current SFY in July through the current month. |
| С | Percentage of Total<br>Actual Funding, Year to<br>Date | Percentage of Actual Total Funding, Year to Date made up by a given line item.   |
| D | Forecast   | The amount projected in the forecast for funding expected to be received or generated in the current SFY.              |
| E | Budget   | Established budget for a given funding source in the current SFY.  |