

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

	Current Month Actual	A	SFY 2024 Year to Date			Variance Actuals YTD to Forecast	Variance Actuals YTD to Budget	Annual SFY 2024		Prior Year YTD	Variance PY to CY YTD
			Actual Spent	% of Total Expenditures	Forecast	Budget			Forecast	Budget	
Expenditures											
Managed Care	J										
Healthy Indiana Plan											
Hoosier Care Connect											
Hoosier Healthwise Pathways											
FFS	K										
Long Term Care Institutional Care											
1915(c) HCBS Waiver Services											
1915(i) Case Management/State Plan HCBS											
PACE Capitation Payments											
NEMT Capitation Payments-FFS											
State Plan Services FFS											
Other Expenditures and Collections	L										
Manual Expenditures	M										
Total - Expenditures											
Other Financial Expenditures and Adjustments											
Medicaid Expenditures Sub-total											
CHIP Expenditures	N										

Please see following table for the Definition Key.

Reference Letter	Data Field	Definition
A	Current Month Actual	This represents the actual amount spent (cash basis) in the given month.
B	Actual Spent	Actual amount spent (cash basis) year to date – from July 1 of this fiscal year through the current month.
C	Percentage of Total 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 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.
H	Variance Prior Year to Current Year, 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 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.
K	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.
M	Manual 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

	A	B	C	D	E	F	G	H	I
Enrollment	Current Month Enrollment - Actual	Current Month Enrollment - Forecast	Variance Current Month Enrollment	SFY 2024 Average Monthly Enrollment YTD - Actual	SFY 2024 Average Monthly Enrollment YTD - Forecast	Variance Average Monthly Enrollment YTD	% of Actual Total Enrollment YTD	SFY 2023 Average Monthly Enrollment YTD - Actual	Variance SFY 2024 YTD to SFY 2023 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									

Please see following table for the Definition Key.

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

Reference Letter	Data Field	Definition
A	Current Month 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.
B	Current Month Enrollment - Forecast	This is the number of individuals projected in the forecast to be enrolled, including estimated retroactive enrollment.
C	Variance Current Month Enrollment	This represents the difference between the Current Enrollment and Forecasted Enrollment.
D	Current Year Average Monthly Enrollment, Year to 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 Average Monthly Enrollment Year to Date - Forecast	This is the average monthly enrollment projected in the forecast YTD. It reflects full inclusion of retroactive enrollment.
F	Variance Average Monthly Enrollment, Year to Date	This represents the difference between Actual Average Monthly Enrollment YTD and Forecasted Average Monthly Enrollment YTD.

G	Percent of Actual Total Enrollment, Year to Date	This represents the percentage of SFY 2024 Average Enrollment YTD - Actual made up by a given line item.
H	Prior Year Average Monthly Enrollment, Year to 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 Year to Date to Prior Year, Year to 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 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)

Hoosier Care Connect	K
Adult	
Child	
Foster	
Total Hoosier Care Connect	
Hoosier Healthwise	L
Adults	
Children	
Pregnant Females	
CHIP	
Total Hoosier Healthwise	
PathWays for Aging	M
Nursing Home	
HCBS	
Acute	
Total PathWays for Aging	
Total Managed Care	
Fee For Service	N
Institutionalized	
Waiver/State Plan HCBS	
No Level of Care*	
Hoosier Healthwise FFS	
Dual	
Non-Dual	
Medicare Savings Program	
Limited Benefit Populations	
Total Fee for Service	
Overall Total Enrollment	

Please see following table for the Definition Key.

Reference Letter	Data Field	Definition
K	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.
M	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

Funding A	SFY 2025 Year to Date		Total SFY 2025	
	B Actual Funding YTD	% of Total Actual Funding C	D Forecast	E Budget
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				

Please see following table for the Definition Key.

Reference Letter	Data Field	Definition
A	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.
B	Actual Funding, Year to Date	The amount of funding from a given funding source from the start of the current SFY in July through the current month.
C	Percentage of Total Actual Funding, Year to 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.