



Medicaid Financial Reports August 2024

**State of Indiana
Monthly Financial Report
Notes for Users**

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 up to the current month
Forecast - Projected expenditures, enrollment, and funding as projected in the baseline December 2023 Medicaid forecast.
Budget – Projected expenditures, enrollment, and funding that aligns with the April 2023 Medicaid forecast, with adjustment for strategic investments and other changes incorporated in the Medicaid appropriation.

Expenditures Notes

Current Month Actual	This represents the actual amount spent (cash basis) the given month.
Actual Spent	Actual amount spent (cash basis) year to date – from July 1 of this fiscal year through the current month.
Percentage of Total Expenditures	Percentage of Actual Total Expenditures value made up by a given line item.
Forecast	The amount that was projected in the forecast to be spent Year to Date.
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).
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.
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.
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.
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).

Enrollment Notes

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.
Current Month Enrollment - Forecast	This is the number of individuals projected in the forecast to be enrolled, including estimated retroactive enrollment.
Variance Current Month Enrollment	This represents the difference between the Current Enrollment and Forecasted Enrollment.
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).

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.
Variance Average Monthly Enrollment, Year to Date	This represents the difference between Actual Average Monthly Enrollment YTD and Forecasted Average Monthly Enrollment YTD.

Percent of Actual Total Enrollment, Year to Date	This represents the percentage of SFY 2025 Average Enrollment YTD - Actual made up by a given line item.
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.
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.

Funding Notes

Funding Source	Total SFY 2023 federal and state expenditures for Indiana Medicaid were approximately \$17.9B, of which \$2.7B 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.
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.
Forecast and Budget	These columns represent the amount projected in the forecast for funding expected to be received or generated during the current SFY, as well as the established budget for the current SFY.

Medicaid Spending Summary Compared to Forecast
August 2024

	SFY 2025 Year to Date				Variance Actuals YTD to Forecast	Variance Actuals YTD to Budget	SFY 2024 Actual Spent YTD	Variance SFY 2024 to SFY 2025 YTD	Total SFY 2025		
	Current Month Actual	Actual Spent	% of Total Actual Expenditures	Forecast					Budget	Forecast	Budget
Expenditures											
Managed Care	1,051,607,240	2,141,960,628	68.6%	2,228,477,817	2,106,436,929	86,517,190	(35,523,699)	1,638,939,038	(503,021,590)	14,523,425,250	14,375,574,354
Healthy Indiana Plan	436,070,915	863,805,965	27.7%	837,406,166	791,186,949	(26,399,799)	(72,619,016)	1,004,198,433	140,392,468	5,465,376,443	6,063,079,135
Hoosier Care Connect	99,596,840	219,318,400	7.0%	209,984,104	201,166,209	(9,334,296)	(18,152,191)	254,872,646	35,554,246	1,434,552,780	1,302,544,704
Hoosier Healthwise	185,825,311	394,937,123	12.6%	366,006,571	373,751,669	(28,930,552)	(21,185,453)	379,867,959	(15,069,164)	2,477,920,524	2,385,848,321
PathWays for Aging	330,114,175	663,899,140	21.3%	815,080,977	740,332,101	151,181,837	76,432,961	0	(663,899,140)	5,145,575,503	4,624,102,193
Fee-for-service Total	426,176,649	1,120,734,151	35.9%	861,362,223	791,665,537	(259,371,928)	(329,068,614)	1,251,890,395	131,156,245	5,377,568,588	4,876,265,339
Long-Term Institutional Care	75,937,318	261,449,455	8.4%	112,581,587	114,689,515	(148,867,868)	(146,759,940)	425,691,399	164,241,944	682,324,925	686,719,260
Long-Term Community Care	183,672,656	465,434,290	14.9%	378,212,298	318,074,594	(87,221,992)	(147,359,696)	419,297,433	(46,136,857)	2,402,444,488	1,963,582,632
NEMT Program	1,226,416	2,473,714	0.1%	2,318,940	2,882,441	(154,774)	408,727	5,422,907	2,949,194	14,630,605	18,122,047
State Plan Services FFS	165,340,258	391,376,692	12.5%	368,249,398	356,018,987	(23,127,295)	(35,357,706)	401,478,656	10,101,964	2,278,168,571	2,207,841,399
Other Expenditures and Collections	50,449,375	(190,591,184)	(6.1%)	30,378,004	24,175,000	220,969,188	214,766,184	25,202,463	215,793,647	(491,627,856)	(594,129,469)
Manual Expenditures	26,250,367	50,711,018	1.6%	58,731,969	65,196,899	8,020,951	14,485,881	46,569,393	(4,141,625)	1,559,633,924	1,648,671,594
Total - Expenditures	1,554,483,631	3,122,814,612	100.0%	3,178,950,013	2,987,474,364	56,135,400	(135,340,248)	2,962,601,289	(160,213,324)	20,968,999,907	20,306,381,818
Other Financial Expenditures and Adjustments	(32,677,884)	(96,966,103)		(79,101,844)	(122,232,332)	17,864,260	(25,266,229)	(66,838,886)	30,127,217	(364,111,061)	(368,783,893)
Medicaid Expenditures Sub-total	1,521,805,747	3,025,848,509		3,099,848,169	2,865,242,032	73,999,660	(160,606,477)	2,895,762,402	(130,086,107)	20,604,888,845	19,937,597,925
Total CHIP Expenditures											
Assistance	30,528,479	65,213,826		52,475,898	47,456,800	(12,737,928)	(17,757,026)	56,125,335	(9,088,492)	314,855,390	284,740,799

Medicaid Enrollment Summary Compared to Forecast
August 2024

Enrollment

	Current Month Enrollment - Actual	Current Month Enrollment - Forecast	Variance Current Month Enrollment	SFY 2025 Average Monthly Enrollment YTD - Actual	SFY 2025 Average Monthly Enrollment YTD - Forecast	Variance Average Monthly Enrollment YTD	% of Actual Total Enrollment YTD	SFY 2024 Average Monthly Enrollment YTD - Actual	Variance SFY 2025 YTD to SFY 2024 YTD
Healthy Indiana Plan									
HIP State Plan Benefit Package	122,579	118,991	3,588	123,585	118,967	4,618	6.3%	166,313	(42,728)
HIP Expansion	340,955	294,171	46,784	342,482	295,167	47,315	17.3%	318,825	23,657
HIP Medically Frail	180,049	149,933	30,116	181,908	149,901	32,007	9.2%	227,770	(45,862)
HIP Pregnant Women	43,967	33,123	10,844	44,279	33,130	11,148	2.2%	56,775	(12,497)
HIP Bridge	0	0	0	0	0	0	0.0%	0	0
HIP Hospital Presumptive Eligibility	5,401	7,191	(1,790)	5,173	7,189	(2,016)	0.3%	3,645	1,529
Total Healthy Indiana Plan	692,951	603,409	89,542	697,427	604,355	93,072	35.3%	773,328	(75,901)
Hoosier Care Connect									
Adult	39,045	40,794	(1,749)	39,036	40,785	(1,750)	2.0%	59,935	(20,900)
Child	21,990	21,585	405	21,950	21,567	383	1.1%	22,730	(780)
Foster	17,536	16,718	818	17,459	16,704	754	0.9%	16,035	1,424
Total Hoosier Care Connect	78,571	79,097	(526)	78,444	79,057	(613)	4.0%	98,700	(20,256)
Hoosier Healthwise									
Adults	244	990	(746)	255	990	(735)	0.0%	1,371	(1,116)
Children	609,266	581,070	28,196	608,981	580,732	28,249	30.8%	693,082	(84,101)
Pregnant Females	15,321	9,061	6,260	15,462	9,063	6,399	0.8%	21,744	(6,282)
CHIP	137,687	118,642	19,045	137,378	118,592	18,786	6.9%	129,732	7,646
Total Hoosier Healthwise	762,518	709,763	52,755	762,076	709,378	52,698	38.5%	845,928	(83,852)
PathWays for Aging									
Nursing Home	21,417	25,800	(4,383)	21,467	25,750	(4,283)	1.1%	0	21,467
HCBS	27,459	33,375	(5,916)	27,657	33,142	(5,486)	1.4%	0	27,657
Acute	67,868	71,822	(3,954)	67,613	71,752	(4,139)	3.4%	0	67,613
Total PathWays for Aging	116,744	130,997	(14,253)	116,736	130,645	(13,909)	5.9%	0	116,736
Total Managed Care									
	1,650,784	1,523,266	127,518	1,654,683	1,523,434	131,248	83.7%	1,717,955	(63,273)
Fee For Service									
Institutionalized	7,650	7,456	194	8,053	7,452	601	0.4%	31,652	(23,599)
Waiver	46,512	47,928	(1,416)	46,420	47,806	(1,386)	2.3%	73,165	(26,746)
1915(i) State Plan HCBS	3,312	1,899	1,413	1,169	1,899	(730)	0.1%	2,455	(1,287)
No Level of Care*									
Hoosier Healthwise FFS	9,856	45,809	(35,953)	14,627	45,795	(31,168)	0.7%	42,621	(27,994)
Dual	33,670	37,522	(3,852)	34,372	37,475	(3,103)	1.7%	104,139	(69,767)
Non-Dual	27,302	34,742	(7,440)	27,716	34,717	(7,001)	1.4%	33,815	(6,099)
Medicare Savings Program	71,929	71,158	771	71,719	71,070	649	3.6%	65,728	5,991
HIP Emergency Only	67,889	56,730	11,159	68,038	56,660	11,378	3.4%	57,941	10,097
Limited Benefit Populations	46,350	34,457	11,893	50,239	34,415	15,823	2.5%	49,849	390
Total Fee for Service	314,470	337,701	(23,231)	322,352	337,288	(14,937)	16.3%	461,364	(139,013)
Overall Total Enrollment	1,965,254	1,860,967	104,287	1,977,034	1,860,722	116,312	100.0%	2,179,319	(202,285)

*** No Level of Care population description**

Hoosier Healthwise FFS	Mainly represents retroactive eligibility individuals. After applicants are approved, they are enrolled in Hoosier Healthwise managed care.
Dual	Individuals in this category receive primary coverage from Medicare, while Medicaid pays wrap-around cost sharing (premiums, coinsurance, and deductibles) and provides additional services such as non-emergency transportation.
Non-Dual	Enrollment in this category includes foster and adoption assistance children as well as retroactive eligibility for the HCC eligible population.
Medicare Savings Program	This program covers Medicare enrollees who also have partial Medicaid eligibility (QMB, SLMB, and QI-1). Medicaid pays Medicare premiums for these individuals, and may also pay Medicare cost sharing, depending on income.
Limited Benefit Populations	This population includes all those with limited Medicaid benefits who are not served under managed care: presumptive eligibility, family planning, breast and cervical cancer, emergency services only, refugee assistance, and children under age 21 in psychiatric facilities.

Medicaid Assistance Funding Summary
August 2024

Funding	<i>SFY 2025 Year to Date</i>		<i>Total SFY 2025</i>	
	Actual Funding YTD	% of Total Actual Funding	Forecast	Budget
Federal Funds	2,001,623,456	66.2%	14,000,604,798	13,707,107,748
Intergovernmental Transfers	369,588	0.0%	486,039,432	478,471,307
Provider Tax Receipts	26,871	0.0%	173,027,503	176,226,091
HAF Funding	0	0.0%	1,117,745,095	1,213,568,660
HIP Funding	(15,422,515)	(0.5%)	522,703,492	544,569,727
Other	6,528	0.0%	174,195	174,195
QAF Transfer - IC 16-28-15-8(a)(2)	0	0.0%	(45,348,909)	(46,289,294)
HAF Transfer - IC 16-21-10-14(1)	0	0.0%	(305,520,793)	(332,830,509)
Medicaid Assistance Expenditures	3,025,848,509		20,604,888,845	19,937,597,925
Dedicated ARPA HCBS Funding	0		947,700	0
Federal Funds and IGTs	1,986,603,928		15,949,424,814	15,740,997,925
Medicaid GF Assistance	1,039,244,581	34.3%	4,654,516,332	4,196,600,000
Medicaid GF Appropriation	699,433,333		4,196,600,000	4,196,600,000
Total (Shortfall)/Surplus	(339,811,248)		(457,916,332)	0
CHIP Funding				
Federal	49,516,858		237,892,139	215,527,429
CHIP GF	15,696,968		64,780,439	56,899,665
CHIP HAF	0		12,182,812	12,313,705