

Explanation of Monthly Report (part one)

OMB Control Number #####-####
Expiration date: ###/##/202#

MONTHLY REPORT		
NAME OF STATE/TERRITORY: INDIANA		
SUBMISSION DATE: ##/##/202#		
REPORTING PERIOD: ##/202#		
APPLICATION PROCESSING	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
1. Total pending applications received between Yyy-1, 202# and the end of the month prior to the state's unwinding period (1a + 1b)	##,###	
1a. Total MAGI and other non-disability applications (2a+3a) A	##,###	
1b. Total disability-related applications (2b+3b) B	###	
2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	##,###	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period C	##,###	
2b. Completed disability-related applications as of the last day of the reporting period	###	
3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)	##,###	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period D	##,###	
3b. Pending disability-related applications as of the last day of the reporting period	###	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total beneficiaries for whom a renewal was initiated in the reporting period	#,###,###	
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	#,###,###	
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	###	
5a(1) Number of beneficiaries renewed on an ex parte basis	###	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	###	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	###	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	###	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	###	
6. Month in which renewals due in the reporting month were initiated	###	
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	###	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the month prior to the state's unwinding period	###	

A PENDING MAGI AND OTHER NON-DISABILITY APPLICATIONS MAGI stands for Modified Adjusted Gross Income and is based on the IRS' definition of adjusted gross income as reported on tax forms. MAGI Medicaid includes the Healthy Indiana Plan, for nondisabled adults and lower-income pregnant women age 19–64, and the Hoosier Healthwise program, for children up to age 19, including the Children's Health Insurance Plan; as well as pregnant women who do not qualify for HIP. The non-disability applications would include Medicaid for other groups, including those who are 65 or older and those receiving help to pay for Medicare costs through the Medicare Savings Programs. The time limit to process these applications is 45 days. Note: These are only applications pending from before the unwind started and must be completed within four months.

B PENDING DISABILITY-RELATED APPLICATIONS Disability-related applications are for individuals applying for Medicaid on the basis of having a disability determination, including blindness. The time limit to process these applications is 90 days.

C COMPLETED DISABILITY-RELATED APPLICATIONS "Completed" means the state has finished processing and a final eligibility determination has been made; the determination may be approval or denial.

D PENDING MAGI AND OTHER NON-DISABILITY APPLICATIONS "Pending" means the state has not yet made a final determination of eligibility.

Explanation of Monthly Report (part two)

MONTHLY REPORT		
NAME OF STATE/TERRITORY: INDIANA		
SUBMISSION DATE: ##/##/202#		
REPORTING PERIOD: ##/202#		
APPLICATION PROCESSING	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
1. Total pending applications received between Xxx. 1, 202# and the end of the month prior to the state's unwinding period (1a + 1b)	##,###	
1a. Total MAGI and other non-disability applications (2a+3a)	##,###	
1b. Total disability-related applications (2b+3b)	###	
2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	##,###	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	##,###	
2b. Completed disability-related applications as of the last day of the reporting period	###	
3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)	##,###	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	##,###	
3b. Pending disability-related applications as of the last day of the reporting period	###	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total beneficiaries for whom a renewal was initiated in the reporting period E	#,###,###	
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	#,###,###	
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	###	
5a(1) Number of beneficiaries renewed on an ex parte basis F	###	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form G	###	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) H	###	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	###	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed I	###	
6. Month in which renewals due in the reporting month were initiated	###	
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	###	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the month prior to the state's unwinding period	###	

E TOTAL BENEFICIARIES DUE FOR RENEWAL This is the number of renewals initiated, which may be due the next month (or future months for the aged, blind or disabled renewals.) The renewal process begins when the state reviews electronic data sources and determines if a member can be autorenewed (also known as ex parte renewal, where we have recent and reliable information on the member and can renew their coverage with no action needed on the member's part) or if they need to complete and return a renewal mailer.

F BENEFICIARIES RENEWED ON AN EX PARTE BASIS These are the renewals that were completed in the month. Ex parte renewal is also known as autorenewal, and refers to the scenario where we have recent and reliable information on the member and can renew their coverage with no action needed on the member's part.

G BENEFICIARIES RENEWED USING A PRE-POPULATED RENEWAL FORM If a member does not qualify for autorenewal, they are sent a prepopulated mailer that tells them what we know about them, with instructions to report any changes and attach any proof we request and return it to the state by the due date (30 days).

H BENEFICIARIES INELIGIBLE FOR MEDICAID OR CHIPS For individuals who comply with all requirements but are found ineligible (for example, over the income limit) their information is transferred to the Marketplace (Healthcare.gov) so that they can apply for coverage there.

I RENEWAL WAS NOT COMPLETED If a renewal is "not completed," it is pending and the final eligibility determination has not yet been made.