Secretary’s Call
June 2019
Do what we can, summer will have it’s flies.

~Ralph Waldo Emerson
Overview

• Legislative updates
• Waiver redesign and kids!
• DMHA leadership update
• IEDSS
• NEMT
• EnCRED
• Gateway to Work/Bridge
• LTSS kick-off
• OB Navigator
Commonwealth Fund 2019

**Ranking Highlights**

<table>
<thead>
<tr>
<th></th>
<th>2019 Rank</th>
<th>Change from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Ranking</td>
<td>36</td>
<td>+4</td>
</tr>
<tr>
<td>Access and Affordability</td>
<td>27</td>
<td>+3</td>
</tr>
<tr>
<td>Prevention and Treatment</td>
<td>34</td>
<td>+11</td>
</tr>
<tr>
<td>Avoidable Hospital Use and Cost</td>
<td>36</td>
<td>+4</td>
</tr>
<tr>
<td>Healthy Lives</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Disparity</td>
<td>43</td>
<td>+3</td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
• Appropriates money to fully fund the Medicaid forecast.
• Appropriates funding for On My Way PreK.
• Increased funding for First Steps.

HB 1007—Perinatal Care—Kirchhofer, Charbonneau
• ISDH to establish a perinatal navigator program with the goal of engaging pregnant women in early prenatal care and providing referrals to pregnant women for wraparound services and home visiting programs in the local community.
Legislative Updates

HB 1216—First Steps Program—Clere, Houchin
- DDRS shall review and revise “make-up” policy for therapy sessions.
- Creates presumptive eligibility for First Steps using documentation from other FSSA programs.
  - Medicaid
  - SNAP
  - TANF
Legislative Updates

  • Adds members to the MAC
  • Creates a fiscal subcommittee of the MAC.
  • Adds requirements of study topics for the next 2 years of meeting.

  • Opens enrollment to all counties.
  • Establishes priority enrollment for fully eligible children before opening to limited eligibility children.
• Establishes commission to oversee NEMT and ensure satisfactory service and brokers pay claim in timely manner
DMHA Update

• National search for director
• Second round candidate interviews in July
• Priorities: Integrated care, strengthening mental health safety net, SOF network
DDRS Waiver Re-Design: The Road Ahead

• Kick-Off with Re-Design Contractor in April 2019
• Stakeholder Input on Current Structure and Support Needs
• Develop and Review Initial Concept Paper
• Expand with Feedback & Finalize
• Waiver Development in partnership with CMS & Stakeholders
Goals for Waiver Redesign

- Increase Person-Centered Planning
- Improve Coordination of Care
- Increase Community Engagement
- Enhance Member Experience
- Maintain Qualified Providers
- Comply with HCBS Rule
- Promote Efficiency
System Re-Design: Kids!

• Agency-wide Kick-Off TBD
• Focus on Children, Youth & Their Families Who Receive HCBS Services
• Efforts focused on:
  • Improved experience for children and families – eliminating “wrong doors” and simplifying access
  • Improved services and supports aligned with the needs identified by children and families
  • Improved social, developmental, educational, and health outcomes
IEDSS is Live!

IEDSS Rollout Schedule

Wave 1
Go-Live 7/29/2019

Wave 2
( Including Marion County East)
Go-Live 9/30/2019

Pilot
(Excluding Marion County East)
Go-Live 4/29/2019
## NEMT

### By the numbers 2019 Q 1

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. # calls for ride requests/day</td>
<td>1301</td>
</tr>
<tr>
<td>Avg. # all calls handled/day</td>
<td>2781</td>
</tr>
<tr>
<td>Avg. # members served/month 2019 Q 1</td>
<td>11,670</td>
</tr>
<tr>
<td>Avg. # rides/month 2019 Q 1</td>
<td>52,321</td>
</tr>
<tr>
<td>Need met</td>
<td>85%</td>
</tr>
<tr>
<td>Non-compliant send-backs 2019 Q 1</td>
<td>3.14%</td>
</tr>
<tr>
<td>Active drivers</td>
<td>1633</td>
</tr>
<tr>
<td>Active vehicles</td>
<td>1539</td>
</tr>
<tr>
<td>Claims received 2019 Q 1</td>
<td>168,006</td>
</tr>
<tr>
<td>Claims paid 2019 Q 1</td>
<td>165,946</td>
</tr>
<tr>
<td>Ridership are high risk members</td>
<td>37.6%</td>
</tr>
<tr>
<td>Provider no-show rate 2019 Q 1</td>
<td>25.11%</td>
</tr>
<tr>
<td>Member no-show rate 2019 Q 1</td>
<td>74.89%</td>
</tr>
<tr>
<td>Positive approval rating 2019 Q 1</td>
<td>93%</td>
</tr>
<tr>
<td>Negative approval rating 2019 Q 1</td>
<td>7%</td>
</tr>
<tr>
<td>Call center satisfaction rate 2019 Q 1</td>
<td>94.13%</td>
</tr>
</tbody>
</table>
## NEMT
### Process Improvement Initiative Work Streams

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing facility/transportation provider pilots</td>
<td>To improve ride scheduling by focus on efficiency of facility and provider resources</td>
<td>2 pilots involving 12 facilities; completed the first month</td>
</tr>
<tr>
<td>Nursing facility as a transportation provider pilots</td>
<td>To increase number of transportation providers and to identify process improvements &amp; reduce duplicative requirements</td>
<td>2 nursing facilities are working with OMPP to enroll as transportation providers</td>
</tr>
<tr>
<td>Single mode/point of contact pilot</td>
<td>To improve communications and to reduce missed connections between the broker and nursing facility</td>
<td>4 nursing facilities have volunteered using targeted email addresses, specific staff and specific phone #s.</td>
</tr>
</tbody>
</table>
# Process Improvement Initiative Work Streams — CONT.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broker portal updates</td>
<td>To improve the facility/medical provider’s experience using the scheduling website</td>
<td>In the development stage to add 6 features to the portal, ready for configuration with testing and rollout later this summer</td>
</tr>
<tr>
<td>Ride scheduling process review</td>
<td>To develop an alternative process for long term care facilities to meet the needs of facility residents</td>
<td>Nursing facility representatives have provided input, in system design phase.</td>
</tr>
<tr>
<td>Transportation provider enrollment and credentialing</td>
<td>To identify opportunities for efficiencies</td>
<td>Identified some potential steps to be dropped, requires CMS approval</td>
</tr>
</tbody>
</table>
# NEMT

## Process Improvement Initiative Work Streams – CONT.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEMT rates</td>
<td>To utilize the appropriation for the biennium</td>
<td>Identified possible scenarios, working with State’s actuary &amp; stakeholders</td>
</tr>
<tr>
<td>SB 480 implementation</td>
<td>To implement the provisions of SEA480 for NEMT</td>
<td>Completing business design phase for data collection, in development state for website and operational changes</td>
</tr>
</tbody>
</table>
## NEMT

### Process Improvement Initiative Work Streams to come

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<tr>
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<tbody>
<tr>
<td>NF transportation reimbursement</td>
<td>To align reimbursement for a new provider type</td>
<td>Dependent upon pilot and enrollment/credentialing outcomes</td>
</tr>
<tr>
<td>Nursing facility unpause</td>
<td>To end special processes for transportation providers &amp; facilities</td>
<td>Post implementation of work stream initiatives</td>
</tr>
<tr>
<td>Ride acceptance and send-back policies</td>
<td>To gain increased assurance in rides</td>
<td>Dependent upon growth and stabilization of the transportation provider network</td>
</tr>
</tbody>
</table>
NEMT
Process Improvement Initiative Work Streams to come – CONT.

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<tr>
<td>Member engagement and education</td>
<td>To improve utilization management consistently between members and brokers</td>
<td>Initial efforts in assessment of need</td>
</tr>
<tr>
<td>Ride schedule process updates for community members</td>
<td>To identify process improvements in the scheduling process for individuals without supports</td>
<td>TBD</td>
</tr>
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</table>
EnCRED

- Current project ended
- Interim solution evaluation in progress
- Evaluation for next steps to follow
- Ongoing agency priority
Gateway to Work

• Gateway to Work is part of the Healthy Indiana Plan (HIP) and started on January 1, 2019 [https://www.in.gov/fssa/hip/2592.htm](https://www.in.gov/fssa/hip/2592.htm)

• All HIP eligible members who
  • do not meet an Exemption or
  • already working at least 20 hours per week reported to FSSA

• will be required to engage and report hours completed on *Gateway to Work Qualifying Activities* for

• 80 hours per month for 8 of 12 months in a calendar year (annual program).
• Positive numbers on member engagement and awareness of the program. > 5,000 members reporting hours even though it is not yet required.

• Member survey done in April: 94% are aware of GTW and 83% of HIP members know their GTW status.

• Continued member education and awareness:
  • Post cards mailed to reporting members in late May/early June
  • New training video on how to report hours will be uploaded soon and is located on the GTW site (www.HIP.IN.gov and click on “Gateway to Work”)

Gateway to Work (cont’d)
• You can order postcards and posters to help members understand how to report their hours under “Helpful Tools”
• Starting in July, members required to report their hours will begin a phase-in schedule:
  • 7/1/2019 – 9/30/2019: 5 hours per week
  • 10/1/2019 – 12/31/2019: 10 hours per week
  • 1/1/2020 – 6/30/2020: 15 hours per week
  • 7/1/2020 – 12/31/2021: 20 hours per week

• In addition to ongoing contact with a member’s health plan, members who have not been meeting the reporting requirement, will be contacted in October to offer assistance.

• Starting in January 2020, the first look-back of the July 2019 – December 2019 will occur.
Fixing the Cliff: HIP Bridge

If people are constantly falling off a cliff, you could place ambulances under the cliff or build a fence on the top of the cliff. We are placing all too many ambulances under the cliff.

—Dr. Burkitt
Success brings new challenges

- Gateway to Work will increase employment and education for HIP members
  - HIP members will have increased income and will need to transition to commercial coverage
  - HIP members face cost related barriers when transitioning to commercial coverage
- The HIP Workforce Bridge seeks to address the cost barrier and reduce the coverage cliff for HIP members
HIP Workforce Bridge Account

• Available to HIP enrolled members who have an increase in income and are no longer eligible for HIP

• $1,000 to cover health care and health insurance costs during transition from HIP to commercial insurance
  • Covers premiums, prescriptions, and HIP covered services while waiting for coverage to kick in
  • Covers copayments, coinsurance and deductible costs for HIP covered services following commercial coverage enrollment

• Account is available for up to 12-months following HIP disenrollment or until the account balance is $0
LTSS workgroups

- Kick off multi-disciplinary workgroups for:
  - System efficiency
  - Fiscal alignment
- Begins in July/August, goal 3-5 year plan available for comment spring 2020
Risk Factors

- Smoking During Pregnancy
  - U.S.: 6.9%
  - Indiana: 13.5%

- No Prenatal Care First Trimester
  - U.S.: 22.7%
  - Indiana: 31.4%

- SUID/100,000 Live Births
  - U.S.: 93.4
  - Indiana: 121.6
Disparities

Smoking During Pregnancy

Infant Mortality (per 1,000 live births)

SUID Deaths (percent of deaths)
OB Navigator

The Challenge: To be Best in the Midwest by 2024
Process Flowchart

1. Identify Pregnant Woman
2. Transfer Data
3. Screen Woman
4. Refer Woman
5. Home Visiting Services

- Early Identification
- Coordinated Intake
- Navigation
Process Flowchart, cont.

Home Visiting Services
- Healthy Families
- Nurse Family Partnership
- Community Health Workers
- Other?

MCEs
- Community Paramedicine
- Doulas

Monitor Process
Track Outcomes
Evaluation
Phase 1 Evaluation

**Process**
- Referral for smoking cessation
- Safe sleep education
- Breastfeeding education
- Birth spacing education

**Outcome**
- Early/adequate prenatal care
- Birth spacing
- Smoking during pregnancy
- Breastfeeding
To compassionately serve Hoosiers of all ages and connect them with social services, health care and their communities.

WWW.FSSA.IN.GOV