RFI Co-Design Stakeholder Meeting

Date

Monday, May 10th, 2021, 1:15 pm - virtual meeting

Presenters

- Dan Rusyniak, Chief Medical Officer, FSSA
- Allison Taylor, Medicaid Director, FSSA
- Dr. Steve Counsell, Division of Aging Medical Director, FSSA
- Andrew Bean, Program Development Lead, Office of Medicaid Policy and Planning, FSSA

Learning Topics

- Defining State Vision (background information and data)
- The 2022 State Medicaid Agency Contract (SMAC)
- Key Themes and Takeaways

Agenda

1. Welcome & Meeting Purpose
2. D-SNP State Medicaid Agency Contract (SMAC)
3. Questions & Discussion
4. Report out on PA/UM focus group

Summary of important facts from the presentation

(Please refer to the presentation slides shared along with the meeting minutes)

Defining State Vision (Dan Rusyniak, Chief Medical Officer, FSSA; Allison Taylor, Medicaid Director, FSSA)

- Dan Rusyniak opened the meeting and shared the guiding principles for LTSS reform and the goals of the project.
- Allison Taylor discussed the State's vision and the current information/data supporting that vision for the 2022 State Medicaid Agency Contracts (SMAC) and integration of Medicaid and Medicare. [SMAC is the contract between a State and Dually-Eligible Special Needs Plans (D-SNP), required by CMS]
    - Fragmented care has been identified as a significant barrier to quality care.
    - Data on Indiana's current dual population demographics and Medicare enrollment in FFS, Medicare Advantage, and D-SNPs(see presentation).

- Key changes to current Indiana Medicaid service programs to encourage this growth in D-SNP enrollment and improve coordination. The State and the D-SNP plans can execute contracts annually in order to make additions that advance State goals.
    - Required all successful offerors for Hoosier Care Connect (HCC) re-procurement to operate a statewide D-SNP one year from HCC contract start date.
    - The 2021 Indiana SMAC requires D-SNPs to notify the Division of Aging within 2 business days of becoming aware of all emergency department visits, inpatient hospital stays, and skilled nursing facility admissions of D-SNP enrollees who are also on the Aged and Disabled (A&D) waiver.

2022 State Medicaid Agency Contracts (SMAC) (Dr. Steve Counsell, Division of Aging Medical Director, FSSA and Andrew Bean, Program Development Lead, Office of Medicaid Policy and Planning, FSSA)

- Coordination of Care, Services, and Payments (see PowerPoint for SMAC language)
    - Individuals on the A&D waiver have a nursing facility level of care but desire to live at home or in an assisted living facility. They usually have multiple comorbidities and are particularly vulnerable to poorly coordinated care.
    - Currently, D-SNPs are required to pass admission-discharge-transfer (ADT) data to the Division of Aging and the Division of Aging can pass the information to waiver case managers. Currently, about 1 in 5 waiver recipients are enrolled in a D-SNP.
    - The 2022 SMAC will require D-SNPs must coordinate with and integrate Medicaid and Medicare benefits for their members. This aim is to increase care coordination beyond was what in the 2021 SMAC.
        - D-SNP must develop written care coordination policies for “high-risk” populations as defined in the SMAC. Indiana’s “high-risk” population is currently defined as any D-SNP enrollee who also is on the Aged and Disabled waiver.
        - D-SNP must refer members with strong predictors of needing LTSS (admission to Skilled-Nursing Facility (SNF), dementia, or need help with Activities of Daily Living (ADLs)) to be referred to the Area Agencies on Aging (AAA) within two business days for early intervention/ options counseling if appropriate. This includes DSNP enrollees who might not already be receiving LTSS or A&D waiver services.
        - D-SNPs must join the Indiana Health Information Exchange (IHIE) to ensure they get more timely access to ADT information and care management documentation.
- Eligibility and Enrollment (see PowerPoint for SMAC language)
    - Only adding one requirement. The D-SNP will have to provide “deemed continued eligibility,” which is a term specific to D-SNP. We are requiring the maximum continuity of care requirement of 6 months. The goal of this to alleviate some of the problems that arise from churn as people enroll and fall off Medicaid.

- Reporting Requirements
    - The State wants a more holistic picture of what is going on with our Duals population. Much of this data already goes to CMS, and this now gives the State a window in as well.
    - New requirements include submissions of encounter data and quality assessment data.
    - The State is harnessing the information already submitted to CMS to gain a clearer picture of what is going on.
        - Including information and materials pertaining to Supplemental Benefits, which stakeholders have noted as a source of information for better alignment.
    - Another new requirement will be the submission of marketing materials that refer to Indiana Medicaid or any Indiana Medicaid programs.
    - The final new requirement relates to a prohibition of the D-SNP using the Indiana provider directory for marketing purposes.
- Acknowledgment of Awareness
    - Sections in the SMAC stipulating information that plans must acknowledge as part of the State's goals and plans including the transition to mLTSS in 2024 and the continued growth of statewide companion D-SNPs to advance improved coordination for the dully-eligible population.
- Themes and Takeaways
    - D-SNPs and SMACs will play a critical role in the State's vision of a more integrated and aligned future for Medicaid and Medicare in Indiana.
    - SMACs will be tailored to reflect State goals and vision:
        - Purposeful contract structure
        - Increased accuracy/specifics of contract terms
        - Increased focus on planning and deadlines
    - The 2022 SMAC indicates the State's desire to build a more meaningful and interactive partnership with Indiana D-SNPs to better serve dually-eligible Hoosiers.
    - New roles for D-SNPs and the State going forward.
- Next Steps
    - Meetings with D-SNPs
    - Finalize D-SNP contract language
    - Submit final CY2022 SMACs to CMS

Recap of the Prior Authorization and Utilization Management Focus Group (Meredith Edwards, Quality and Outcomes Section Director, FSSA):

- Minutes from the 4/29/21 Focus Group will be shared with stakeholders.

- Common themes:
    - Authorizations denied same day which prohibits effective discharges
    - Length of stays approved
    - PA portals differing formats
    - Inconsistencies with clinical documentation expectations
    - Communications not standardized across MCEs
    - Oversight of D-SNP utilization management (UM) subcontractors
    - Future: How will Medicaid necessity be defined
- Potential Request for Proposals or Request for Information questions to pose to health plans:
    - Have you worked with assisted living (AL) waiver providers in other states? Which ones?
    - Do you have staff who are experienced with Long-Term Care and AL waiver?
    - Are you planning to contract UM or case management subcontractors?

Questions/Answers

IHCA: Will OMPP require duals to enroll in D-SNP or will the Medicaid member have a choice as to Medicare coverage (Part A, Part D, Institutional Special Needs Plans (I-SNP), or D-SNP)? If there is auto-enrollment into D-SNP, will that occur only on new enrollees, or will all current and new enrollees be auto-enrolled?

FSSA: Good questions, enrollment methods not yet determined and will be evaluated and considered at a later time. The focus will remain on alignment and integration, and methods that serve members best. We will likely reach out to workgroups in the future for input on this.

IHCA: What does a later time mean, in particular related to the development of I-SNP plans? Health Management Associates (HMA) put a study out last week about provider-sponsored plans (not particular to I-SNPs). We are concerned auto-enrollment will result in a logistical nightmare. We want to make sure there will not be an exclusion of Medicaid vehicles.

FSSA: Thank you, we will take that back for discussion in terms of timing.

Thrive Alliance: How widely is CareWeb used?

IAAAA: It's the Internet access portal to IHIE. [Posted a link in the chat.] https://www.ihie.org/careweb/

Thrive Alliance: Thanks for clarifying.

FSSA: CareWeb is used quite broadly on the health care side including by physicians, hospitals, and emergency departments.

IHCA: You talked about Healthcare Effectiveness Data and Information Set (HEDIS) measures submissions, which are currently focused on preventive care and a few measures for older adults. But have you considered including compliance audits or studies for how facilities are rated by CMS 5-Star

ratings (e.g. health screening, plan responsiveness, member complaints, and health plan customer service)?

> **FSSA:** We may look at adding star ratings for future contracts, and currently D-SNPs must alert the State if there is a slip below a star rating of 3. There are some HEDIS measures applicable for the older adult population. HEDIS measures established for SNPs: https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS
>
> **IHCA:** Yes, some but there are more for children and other populations. It would be helpful to have more information on how the plans are performing.
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> **FSSA:** We will also be looking at other states on how to align Medicare and Medicaid through D-SNPs and incentives in VBP programs.

IAAAA: Regarding the requirements to use Medicaid providers, does that mean Medicare-only providers will not be allowed in the network?

> **FSSA:** No, that is not what that means. We want the Medicaid Advantage organizations to know who they can refer to [in Medicaid network] in particular scenarios.

IAAAA: It sounds like the D-SNP providers will be told that only those selected for mLTSS will be allowed to operate in the State. In the prior presentation, there seemed to be many DNSPs –perhaps 12 – in operation? But in the future, all D-SNPs will be statewide. Do we have a sense of how many mLTSS organizations the State will be willing to work with? Are there 3 currently in Medicare/ Medicaid space?

> **FSSA:** 12 is too many–you may be referring to a prior presentation about Pennsylvania. We have 5 D-SNPs in Indiana right now and 5 MCEs in our current HHW, HIP, and/or HCC managed care programs. There is already a lot of overlap in the organizations that operate. We wanted to give advance notice to D-SNPs so that they building a D-SNP market accordingly.

IHCA: Knowing that Medicare manuals have restraints but relative to the future plans –as you go forward with D-SNP providers, how will the concerns stakeholders have voiced about communication between plans and providers be conveyed? There has been a lot of friction over the years as discussed in a previous focus group on claims. How will the plans and behavior change be communicated for a more harmonious system?

> **FSSA:** In 2021, we included the care coordination information in the contract which is in the process of implementation. The 2022 requirements are similar in terms of receiving information so that we have insight into what can be done better. The requirements in the model of care, for example, start to codify that so that plans understand the State is serious about building practices around what we need for a more harmonious system. In the RFI draft questions, we are asking plans how best to relate with providers to reduce administrative burdens and we are hopeful that in addition to the current research, we will learn additional ideas for best practices to utilize.

Closing comments

Dan Rusyniak, Chief Medical Officer, FSSA

> We appreciate the comments today and thank you for your time. Upcoming meeting dates are

June 16th and June 21st. Note – since this meet was held, the previously scheduled meeting on May 21st has been cancelled in favor of extending the time allotted for the June 16th meeting.

We welcome stakeholder to reach out by contacting backhome.indiana@fssa.in.gov.

Stakeholder Attendees

- Amber O'Haver, Indiana Statewide Independent Living Council (INSILC)
- Ambre Marr, AARP Indiana
- Beth Skinner, CICOA
- Connie Benton Wolfe, Aging & In-Home Services of NE Indiana
- Elizabeth Eichhorn, Indiana Health Care Association (IHCA)
- Evan Reinhardt, Indiana Association for Home and Hospice Care (IAHHC)
- John Barth, Indiana Association of Rehabilitation Facilities (INARF)
- Kathleen Unroe, Indiana University
- Kristen LaEace, Indiana Association of Area Agencies on Aging (IAAAA)
- Mark Lindenlaub, Thrive Alliance
- Maureen Widner, Aging & In-Home Services (AIHS)
- Megan Smith, Indiana Association of Adult Day Services (IAADS)
- Michael Kaufmann, Indiana Department of Homeland Security
- Michelle Stein-Ordonez, Indiana Association for Home and Hospice Care (IAHHC)
- Sarah Waddle, AARP
- Tauhric Brown, CICOA Aging & In-Home Solutions
- Terry Cole, Indiana Hospital Association (IHA)
- Terry Miller, Hoosier Owners and Providers for the Elderly (HOPE)
- Zach Cattell, Indiana Health Care Association (IHCA)

FSSA Attendees

Allison Taylor, Amy Rapp, Andrew Bean, Brenda Buroker, Cathleen Nine-Altevogt, Dan Rusyniak, Darcy Tower, Erica Ng, Erin Wright, Jen Sullivan, Jesse Wyatt, Lindsey Lux, Lynn Clough, Maggie Novak, Meredith Edwards, Natalie Angel, Sarah Renner, Shannon Effler, and Steve Counsell