MLTSS Codesign Workgroup – November 3, 2022

Medicare and Medicaid Coordination Update

Office of Medicaid Policy and Planning (OMPP)
Indiana Family and Social Services Administration
November 2022

Agenda

1) Welcome
2) Medicare and Medicaid Coordination Update
3) Upcoming Events

Indiana's Path to Long-Term Services and Supports

Our Objective

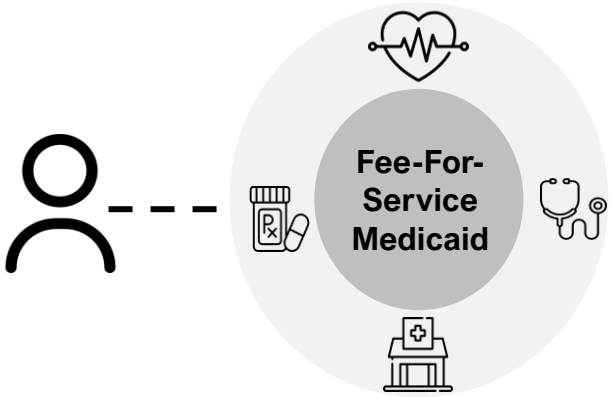
1) 75% of new LTSS members will live and receive services in a home and community-based setting
2) 50% of LTSS spend will be on home- and community-based services

Key Results (KR*) to Reform LTSS

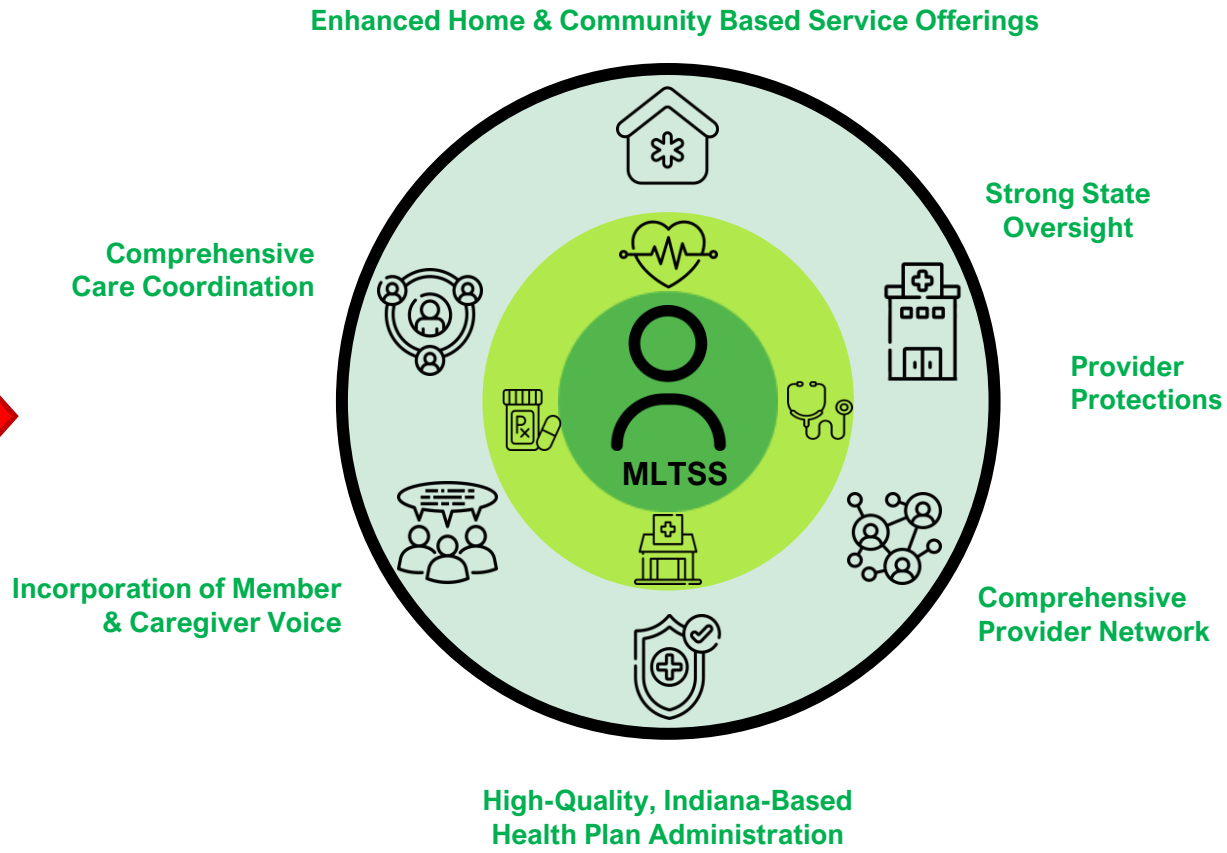
1. Ensure Hoosiers have access to home- and community-based services within 72 hours
2. Move LTSS into a managed model
3. Link provider payments to member outcomes (value-based purchasing)
4. Create an integrated LTSS data system linking individuals, providers, facilities, and the state
5. Create and implement a person-centered, statewide plan – the Indiana Direct Service Workforce Plan – to improve the recruitment, training, support, and retention of direct service workers in home and community-based settings.
6. Create and implement a regulatory and reimbursement home health roadmap that expands capacity and increases equitable, person-centered delivery across Medicaid
7. Foster a positive and smooth experience for waiver recipients and providers by enhancing the Aged & Disabled and Traumatic Brain Injury (TBI) waiver structure through the operational transition across FSSA divisions

Aiming for the Future State

Indiana Current State



Indiana Future State



Update Goals:

1) To provide an overview of Indiana's Long-term Services and Supports (LTSS) Reform and its goals, which includes move to Managed Long-term Services and Supports (MLTSS);

2) Review the current state of Medicare and Medicaid coordination in Indiana, review key achievements and milestones around Medicare and Medicaid coordination in Indiana to-date and flag future benchmarks and goals; and

3) Promote current, ongoing, and future activities dealing with Indiana's Medicare and Medicaid coordination efforts—specifically care coordination, data and information sharing, and stakeholder engagement—and discuss how they support specific state goals and the transition to MLTSS.

Key Terms and Definitions:*

1) **Dually-Eligible Individual (Dual)**: Dually-eligible individuals are eligible for both Medicare and Medicaid. To be considered dually-eligible, individuals must be: (1) eligible for Medicare Part A and/or Part B; and (2) receiving full Medicaid benefits and/or Medicare Savings Program assistance.

2) **Full Benefit Dually Eligible Individuals (FBDEs)**: Individuals who are eligible for Medicare and are also categorically eligible for full (comprehensive) Medicaid benefits.

3) **Partial Benefit Dually Eligible Individuals**: Individuals who are enrolled in Medicare Part A and/or B and MSP benefits but do not receive full (comprehensive) Medicaid benefits.

4) **Dual Eligible Special Needs Plan (DSNP)**: A specialized Medicare Advantage plan that can only enroll individuals eligible for both Medicare and Medicaid. A DSNP must contract with the State Medicaid Authority in order to operate within that state.

5) **State Medicaid Agency Contract (SMAC)****: Contract between Medicare Advantage Organization (MAO) and the state Medicaid agencies in which the MAO operates a DSNP. These contracts must describe how the D-SNP will facilitate coordination of Medicare and Medicaid services for their enrollees. SMACs are often referred to as "MIPPA" contracts from the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. MAOs must enter into a SMAC with a state's Medicaid authority in order to operate in that state. States have discretion as to whether to enter into these.

4) **Alignment**: The coordination and streamlining Medicare and Medicaid regulations, policies, and operations to increase overall program effectiveness; to identify and eliminate conflicting program requirements and competing program incentives; as well as to bridge identified program gaps.

5) **Integration**: Providing a full array of Medicaid and Medicare benefits through a single delivery system to provide quality care for dual eligible enrollees, improve care coordination, and reduce administrative burdens.

*Definitions 1-3 are adapted from the Integrated Care Resource Center, Glossary of Terms Related to Integrated Care for Dually Eligible Individuals ; definition 4 is adapted from the CMS Medicare-Medicaid Coordination Office "Aligning Medicare and Medicaid" page; definition 5 can be located on Medicaid.gov on the "Integrating Care" page
**Indiana's CY2022 SMAC can be found HERE

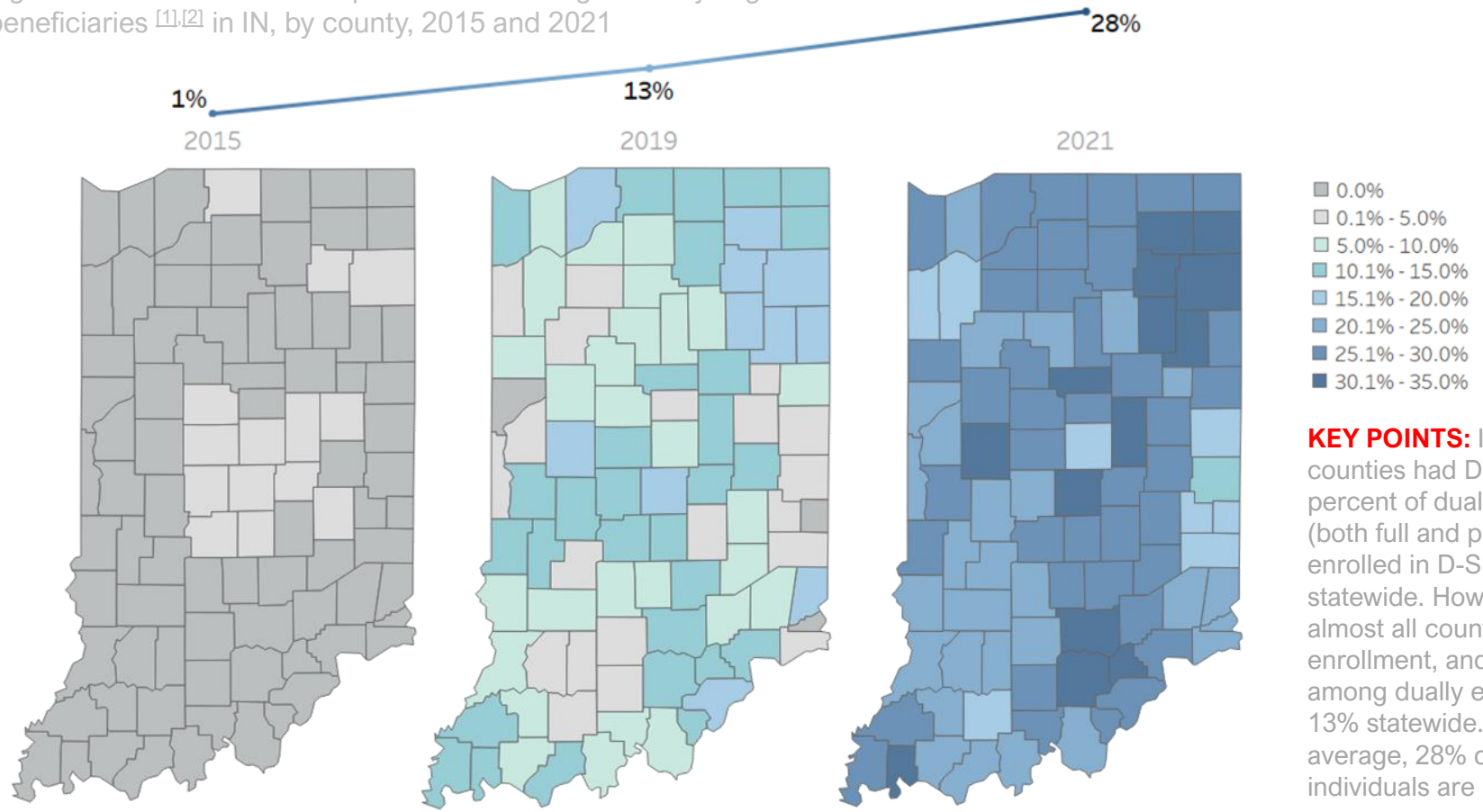
The State of Medicare and Medicaid Coordination in Indiana

- ✓ ~230,000 dually-eligible members currently enrolled with Indiana Medicaid
- ✓ 72% are full-benefit and 28% are partial-benefit
- ✓ Indiana dually-eligibles are enrolled in Traditional Medicaid (Fee-for-Service)
- ✓ Dually-eligible members experience a high level of care fragmentation with little coordination between Medicare and Medicaid
- ✓ Many aging Hoosiers who are dually-eligible receive care in either a long-stay nursing facility or in the community through home and community-based services (HCBS) waivers
- ✓ Indiana spends disproportionately more for its dually-eligible individuals in institutional LTSS than those in the community despite the growing benefits and preferences for aging at home
- ✓ In 2019, Indiana began to place higher priority on implementing duals policies that positively impact quality and outcomes
- ✓ Even with increased focus, Indiana still achieves only low-level integration of Medicare and Medicaid and has only have just begun to increase internal capacity to advance integration

Growth of State D-SNP Infrastructure

D-SNP Enrollment by County

Figure 1. D-SNP enrollment penetration among all dually eligible beneficiaries [1],[2] in IN, by county, 2015 and 2021



KEY POINTS: In July 2015, only 14 counties had D-SNP enrollment, and the percent of dually eligible beneficiaries (both full and partial benefit duals) enrolled in D-SNPs was less than 1% statewide. However, in July 2019, almost all counties had D-SNP enrollment, and D-SNP enrollment among dually eligible beneficiaries was 13% statewide. In February 2021, on average, 28% of all dually eligible individuals are enrolled in a D-SNP in IN.

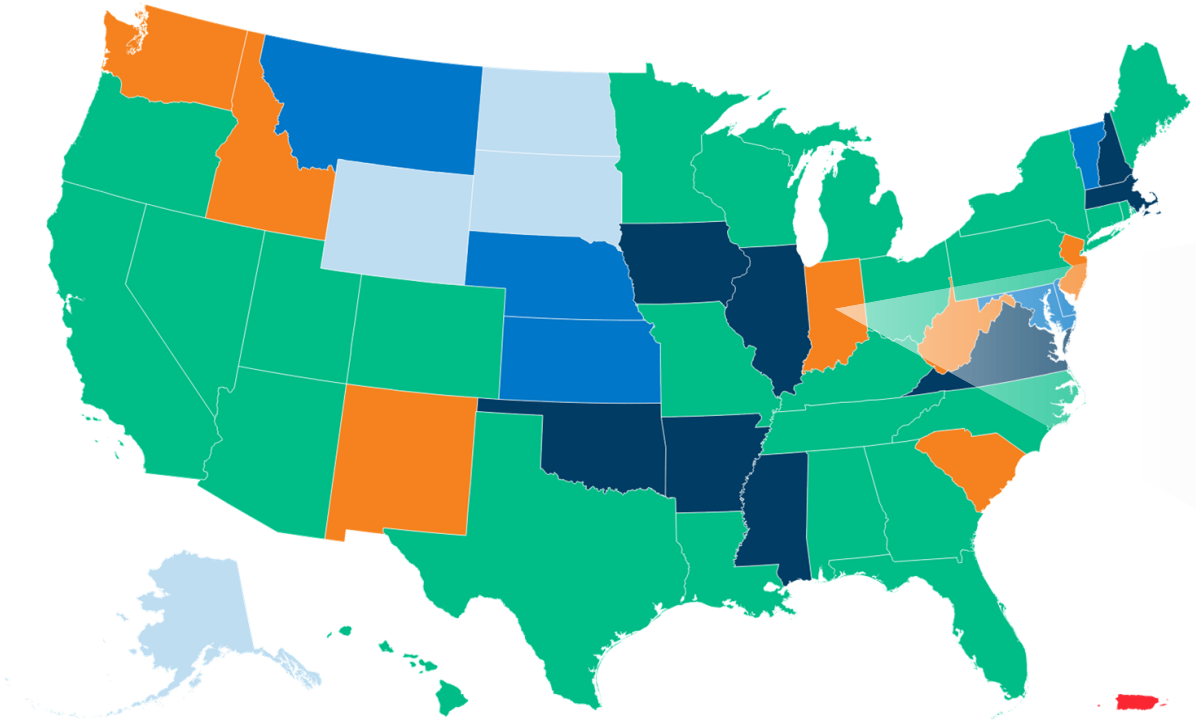
[1] This includes both full benefit and partial benefit dually eligible beneficiaries because both are allowed to enroll in D-SNPs in IN.
[2] The total numbers of dually eligible beneficiaries used as the denominator for percent D-SNP enrollment in 2015 and 2019 are from June 2015 and December 2018, respectively.

Understanding MA Market Penetration through National, Regional, and Local Lenses

Figure 6

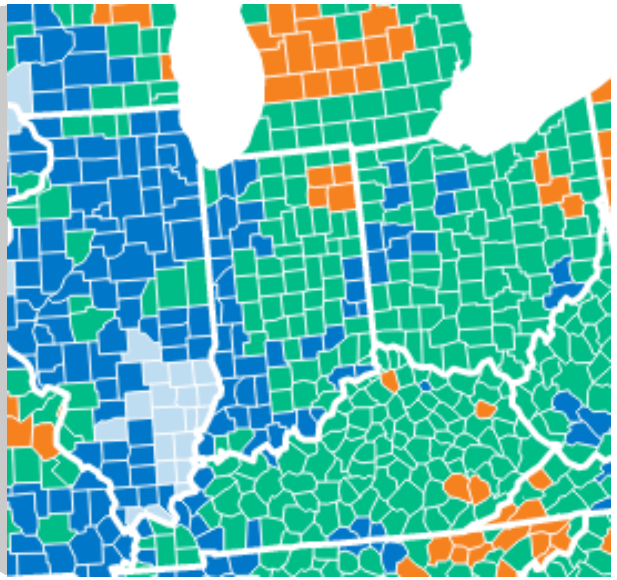
Share of Beneficiaries Enrolled in Medicare Advantage in 2022, by State

< 20% | 20%–30% | 30%–40% | 40%–50% | 50%–60% | ≥ 60%



NOTE: Includes only Medicare beneficiaries with Part A and B coverage.
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2022 and March Medicare Enrollment Dashboard, 2022

KFF



Medicare Advantage Enrollment Growth of Indiana Dual-Eligible Members*

(Feb. 2021 – Aug. 2022)

	February 2021			August 2022			% Change
	Medicaid MCE	FFS Medicaid	% Total	Medicaid MCE	FFS Medicaid	%Total	
Medicare *Managed Care*	0	103,531	45%	0	131,122	56%	⬆ 27%
Medicare *FFS*	0	124,918	55%	0	103,346	44%	⬇ 17%
Totals	0	228,449	100%	0	234,468	100%	⬆ 3%

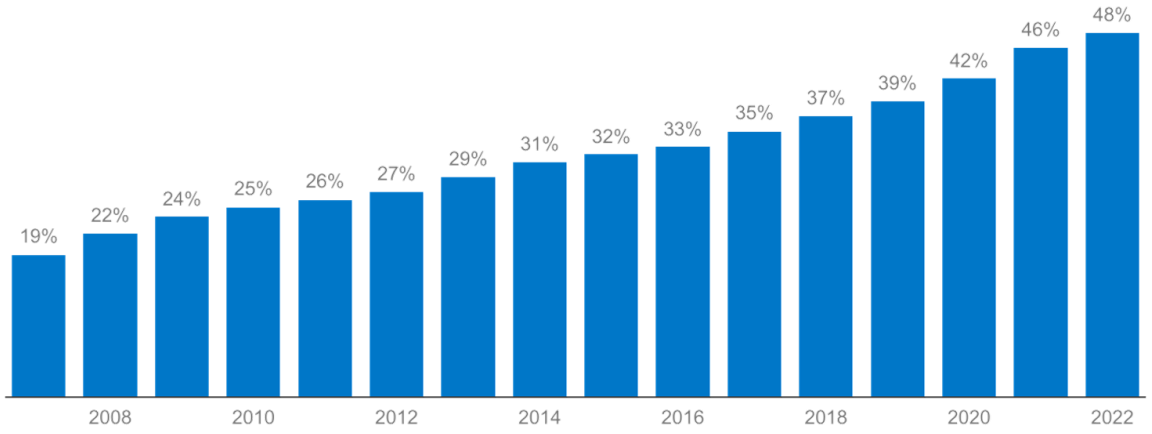
*Population numbers from Feb. 2021 and Aug. 2022 Indiana Medicaid administrative data

Understanding MA and SNP Enrollment Growth through a National Lens

Figure 1

Total Medicare Advantage Enrollment, 2007-2022

Medicare Advantage Penetration Medicare Advantage Enrollment



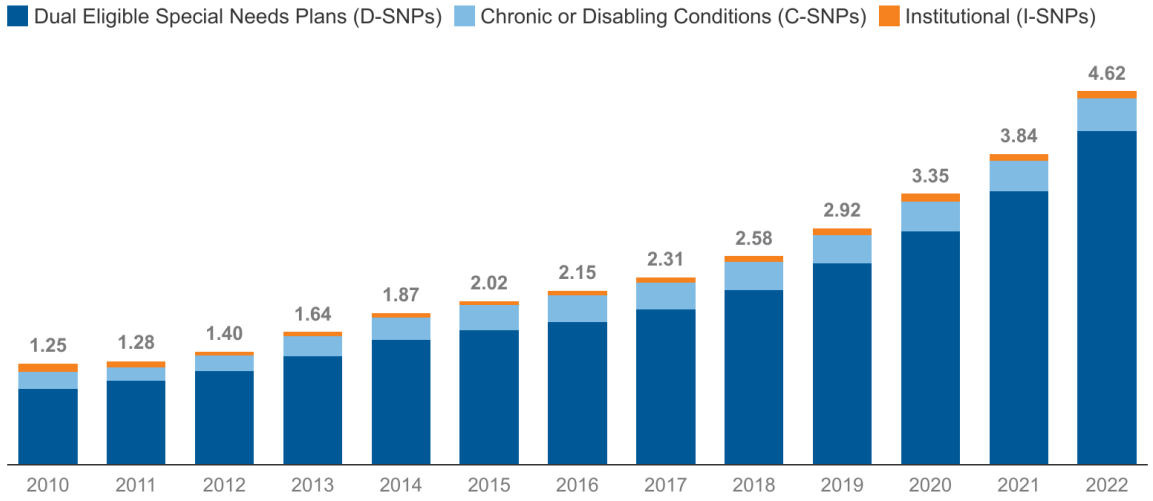
NOTE: Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 58.6 million people are enrolled in Medicare Parts A and B in 2022.
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2017; CCW data from 20 percent of beneficiaries, 2018-2020; and Medicare Enrollment Dashboard 2021-2022.

KFF

Figure 5

Number of Beneficiaries in Special Needs Plans, 2010-2022

In millions



NOTE: Numbers may not sum to the total due to rounding.
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022.

KFF

Identifying Opportunity for Medicare/Medicaid Integration and Alignment

Medicare Enrollment	Medicaid MCE	Medicaid FFS**	% Total	% Change
Medicare DSNP w/ Medicaid (Contract Aligned*)	0	0	0%	↔ 0%
Medicare DSNP w/ Medicaid (Contract Not Aligned)	0	93,566	40%	↑ 45%
Medicare Advantage w/ Medicaid (non-DSNP)	0	37,556	16%	↓ 4%
Medicare FFS w/ Medicaid	0	103,346	44%	↓ 17%
Totals	0	234,468	100%	↑ 3%

*Alignment is being in both Medicare and Medicaid plans with same parent company
**Population numbers from August 2022 Indiana Medicaid administrative data

Opportunity by the Numbers…

43%

Percentage of all Indiana dual-eligible members currently enrolled in a D-SNP

11,937

Indiana Medicaid HCBS Aged and Disabled Waiver members enrolled in a D-SNP

1 in 8

Individuals enrolled in a D-SNP are Aged and Disabled waiver members and designated as “High-Risk” under Indiana’s SMAC

*Numbers and figures derived from August 2022 Indiana Medicaid Enrollment data

The Critical Role of Stakeholder Engagement

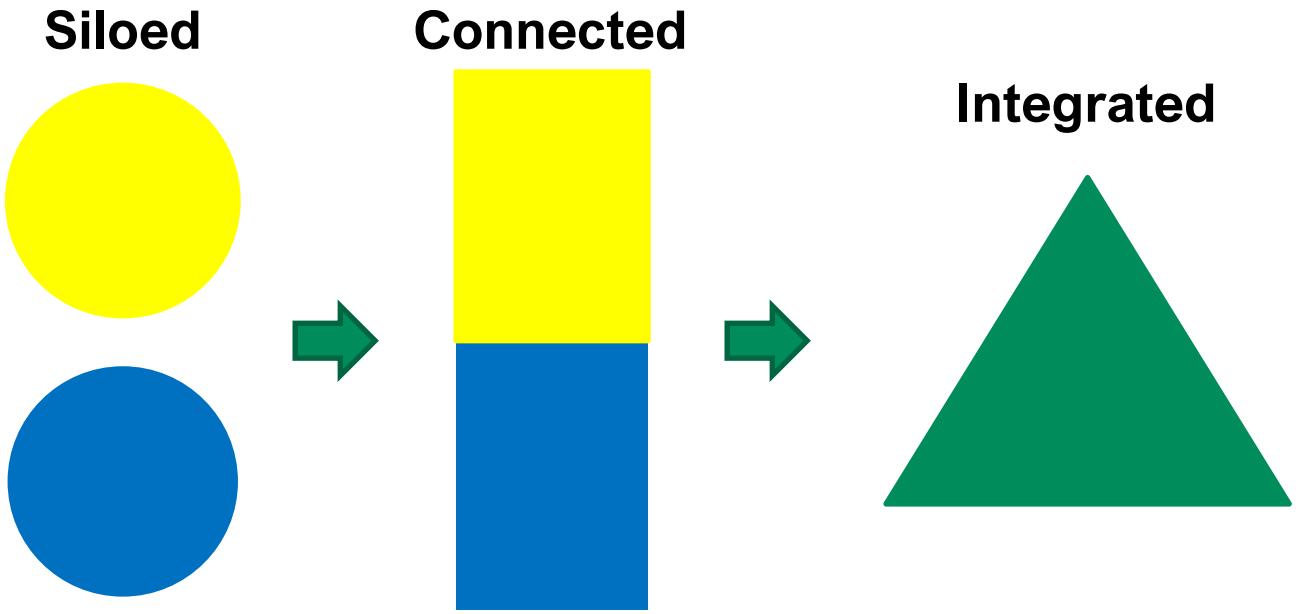
Key Stakeholder	State Engagement Activities
Dual Eligible Special Needs Plans (DSNPs)	✓ D-SNP/AAA Care Coordination meeting (twice monthly) ✓ State Medicaid Agency Kickoff/Collaboration ✓ Ad hoc meetings
Area Agencies on Aging (AAAs)	✓ D-SNP/AAA Care Coordination meeting (twice monthly) ✓ D-SNP/AAA Care Coordination Management meeting (monthly) ✓ Ad hoc meetings
State Health Insurance Assistance Program (SHIP)	✓ SHIP Collaboration touchpoint (monthly) ✓ 1:1 with SHIP director ✓ Regular brown bag presentations/education

From June 2021 – May 2022: FSSA has had a total of **33 formal meetings** involving Indiana D-SNPs, which have included:

- 14 individual D-SNP meetings
- 17 D-SNP/AAA workgroup meetings
- 2 D-SNP group meetings

D-SNP / AAA Care Coordination Workgroup

Purpose: To improve health outcomes for D-SNP members with complex needs through enhanced care coordination and integrated health care and social services.



D-SNP / AAA Care Coordination Workgroup Participants

Indiana FSSA

- Division of Aging
- Office of Medicaid Policy and Planning

Area Agencies on Aging

- Aging & In-Home Services Northeast Indiana *(Area 3)*
- CICOA Aging & In-Home Solutions *(Area 8)*
- Thrive Alliance *(Area 11)*
- LifeSpan Resources *(Area 14)*

Dual Eligible Special Needs Plans (D-SNPs)

- Aetna
- Anthem
- Ascension Complete
- CareSource
- Humana
- MDwise
- United Healthcare
- Wellcare by Allwell
- Zing Health

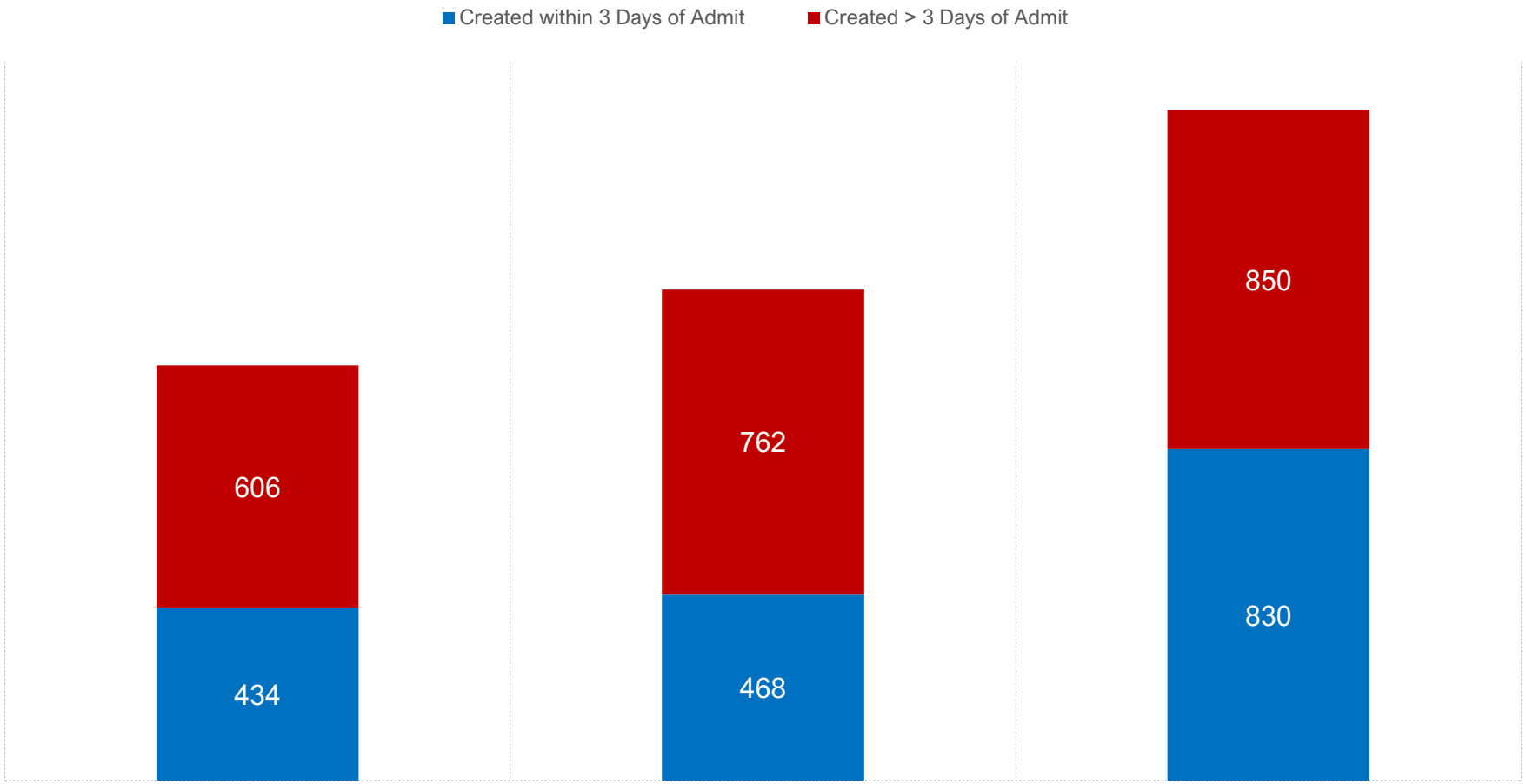
D-SNP / AAA Care Coordination Workgroup

(Twice Monthly)

Typical Workgroup Agenda

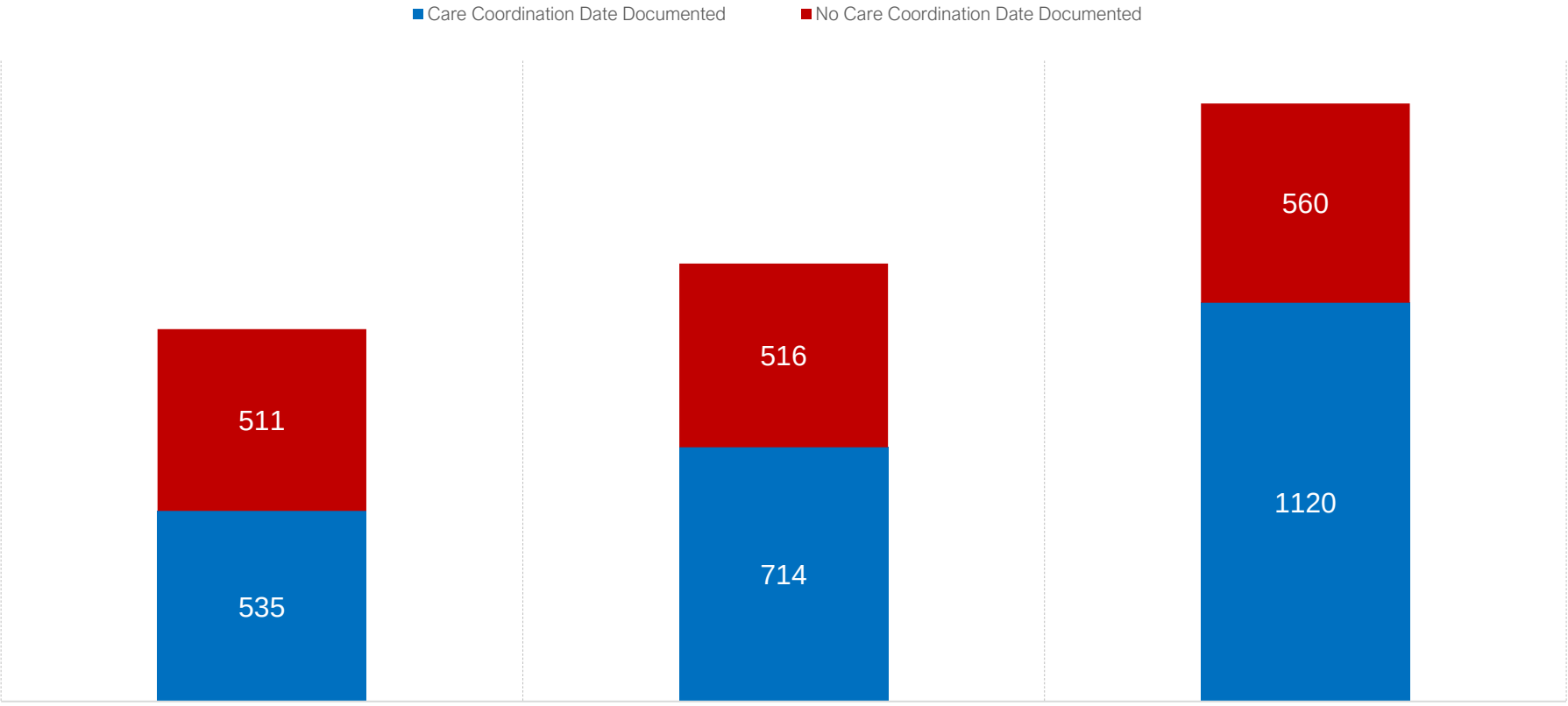
1) Introductions: FSSA, 9 D-SNPs, 4 AAAs (Areas 3, 8, 11, 14)
2) Agenda Overview & Workgroup Purpose
3) "Triangular Moments" (Success Stories)
4) Care Coordination for A&D Waiver Participants
   - ✓ Process, measures, and improvement opportunities
5) Proactive Referrals to AAAs
   - ✓ Process, Measures, and improvement opportunities
6) Key Points & Action Items

D-SNP Record Creation in CaMSS for A&D Waiver Members with Hospital or SNF Admission



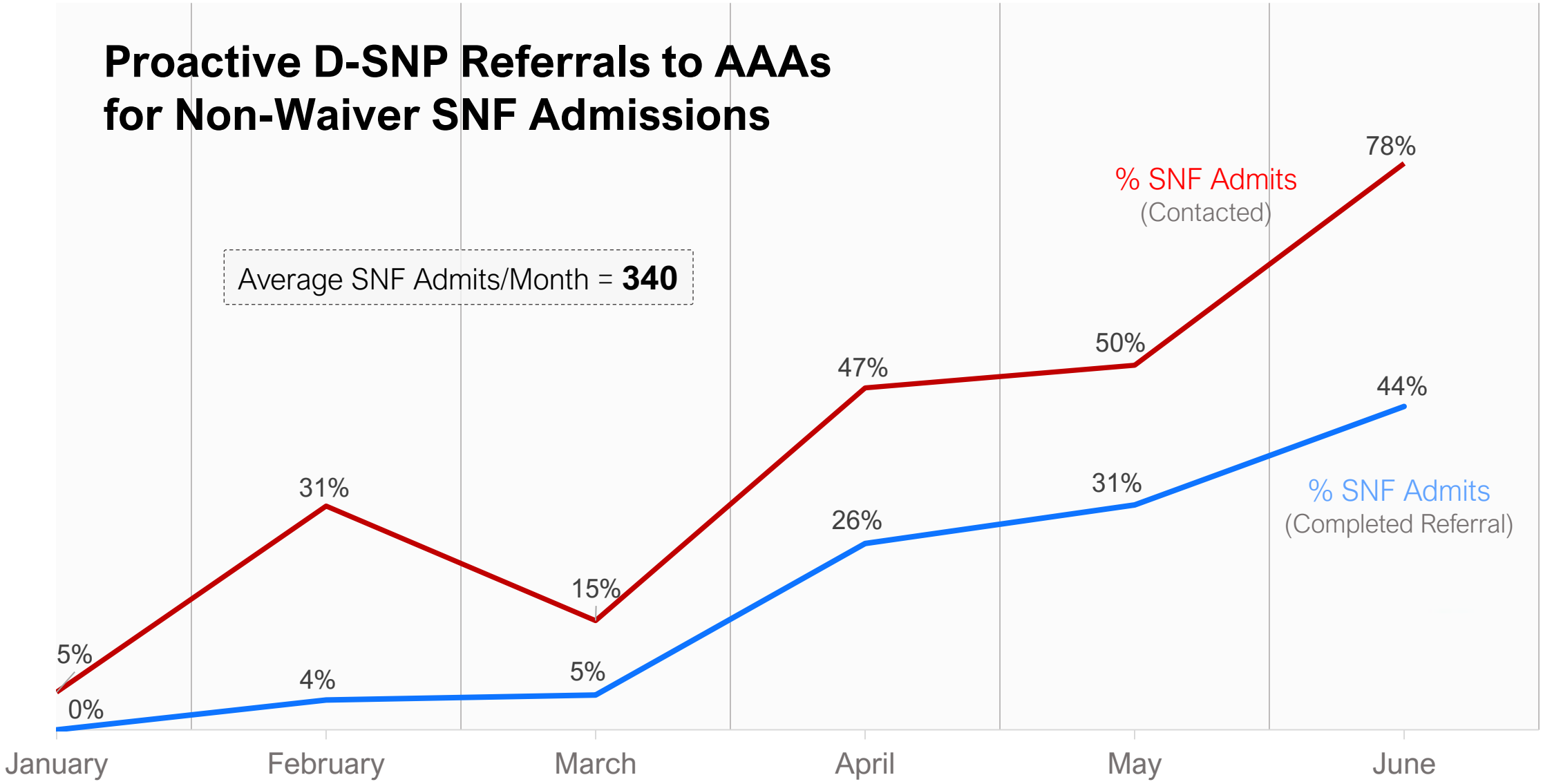
Oct/Nov 2021 (42%)	Jan/Feb 2022 (38%)	Apr/May 2022 (49%)
A&D Waiver Participants: **636**	A&D Waiver Participants: **769**	A&D Waiver Participants: **990**
Total Admissions: **1040**	Total Admissions: **1230**	Total Admissions: **1680**

Care Coordination Documentation for D-SNP Record Creation for Hospital or SNF Admits



Oct/Nov 2021 (51%)	Jan/Feb 2022 (58%)	Apr/May 2022 (67%)
A&D Waiver Participants: **636**	A&D Waiver Participants: **769**	A&D Waiver Participants: **990**
Total Records: **1046**	Total Records: **1230**	Total Records: **1680**

Proactive D-SNP Referrals to AAAs for Non-Waiver SNF Admissions



[Example] Using the State Medicaid Agency Contract (SMAC) as a Foundation Building Tool for Future State

2021

Information sharing for "High Risk" waiver members

- ✓ 1915(c) Aged and Disabled (A&D) waiver are designated as "High Risk" in State Medicaid Agency Contract (SMAC) for purposes of information sharing
- ✓ All Indiana D-SNPs to send ADT information to Indiana Division of Aging case management system, CaMSS, for "High Risk" members
- ✓ Indiana Office of Medicaid Policy and Planning (OMPP), Division of Aging, Area Agencies on Aging (AAAs), and D-SNPs coordinate around these ADT notifications

2022

Proactive Referrals to AAAs for non-waiver members

- ✓ ID members w/"Strong Predictors of Needing LTSS"
- ✓ Refer to AAAs any members desiring LTSS information, assistance, and/or options counseling

2023

Social Determinants of Health Assessment

- ✓ Indiana D-SNPs will use a Social Determinants of Health (SDOH) assessment for its members
- ✓ Indiana D-SNPs will collaborate with the State to develop the SDOH assessment tool

Key Achievements in Indiana State Medicaid Agency Contract (SMAC)

Enhanced Contracting	Medicare Data	Building Sustainable Partnerships
• Growth of Indiana Dual-Eligible Special Needs Plans (D-SNPs) from 5 in 2021 to 9 in 2022 • New CY2022-23 DSNP contract requirements focusing on care coordination, data/info sharing, SDOH, and stakeholder collaboration	• Collection of Medicare Encounter data from current IN DSNPs • Growth in FSSA capacity to use Medicare data and identify dual eligible member health outcomes	• FSSA/AAA/DSNP care coordination touchpoints (twice monthly) • Monthly meetings with Indiana State Health Insurance Assistance Program (SHIP) • Increased coordination and collaboration with Indiana DSNP partners

Timeline and Key Milestones

2019

July:
IN CY2020 SMAC executed with minimal state requirements or oversight.

August:
CMS Rule publishes D-SNP information sharing rule.

October:
Indiana releases Hoosier Care Connect RFP, which requires successful bidders to maintain statewide D-SNP within 1 year of go-live.

2020

July:
IN incorporates CMS information sharing requirement into CY2021 SMAC to designate A&D waiver members in D-SNPs as "High-Risk" for the purposes of receiving SNF, inpatient, and ED alerts from the DSNPs.

2021

Q1:
DSNP information sharing requirements go live. Alerts are routed through the DA's case management system, CaMSS.

July:
- Indiana makes significant additions and updates to its SMAC agreement for CY2022 incorporating requirements to support more robust care coordination, referrals, and data collection.
- First D-SNP/AAA Care Coordination Workgroup meeting held

August:
FSSA formally creates "Duals Office" with dedicated Medicare and Medicaid Coordination staff

2022

January:
9 D-SNP plans begin to enroll and provide Medicare benefits for dual eligible individuals in the state—nearly doubling the number of plans the previous year.

April:
- CMS releases final rule for Medicare Advantage and Part D with a primary focus on D-SNPs flexibilities to support state integration goals.
- Monthly FSSA / SHIP collaboration touchpoints begin

July:
Indiana updates SMAC language for CY2023 agreements, The state continues to enhance requirements around care coordination, data sharing, SDOH, and health equity,

September:
FSSA begins receiving regular Medicare Encounter data from all Indiana D-SNPs

2023

Q1:
FSSA to begin working with DSNPs with successful MLTSS bid to plan and implement default enrollment process for MLTSS

January:
9 D-SNPs will continue to operate in the Indiana market

March:
FSSA to begin receiving D-SNP supplemental benefit data

July:
Indiana to update and execute SMAC agreements for all DSNPs planning to operate in the Indiana market for CY2024

2024

Q1:
MLTSS go-live

January:
All D-SNPs contracting with the state will begin operations for CY2024. Any non-MLTSS D-SNPs plans operating in the state in CY2024 will not be allowed to enroll new members beyond membership already enrolled at the end of CY2023. These D-SNPs will be required to exit the state market before CY2025.

July:
Indiana to update and execute SMAC agreements with only MLTSS aligned DSNPs.

2025

January:
Only exclusively-aligned MLTSS DSNPs will operate in the Indiana market effective Jan. 1. These D-SNPs will be required to carry 3 plan benefit packages for each of the respective Indiana dual eligible populations:

1) Full duals (age 60+)
2) Full duals (under 60)
3) Partial benefit duals

Upcoming Engagement Opportunities

MLTSS Codesign 4.0

- November 18, 1-2 pm (topic to be announced)
- December 15, 11-12 pm (topic to be announced)
  - Some of the future topics will include: Expedited Waiver Eligibility, Workforce, Service and Care Coordination, Grievances and Appeals, and more...

ADvancing States Consumer Community Conversations:

- November 3, 3-4 pm at Linden House of Gary
- November 4, 10-11:30 am at Dean & Barbara White Community Center
- November 4, 2-3 pm at Faith Community Center North

ADvancing States Provider Engagement:

- November 9, 6 pm (Topic: Claims Payment)
- November 16, 6 pm (Topic: Care Management and Service Coordination)
- November 30, 6 pm (Topic: Quality and Managed Care Oversight)

Questions and Contact Information

Please reach out to:

FSSA's **Back Home Inbox** (backhome.indiana@fssa.in.gov) and cc: Andrew.Bean@fssa.in.gov with any questions on today's topic.

Thank you!