

Lunch and Learn Stakeholder Meeting

March 5, 2021, 12 p.m., virtual meeting

1. Meeting kick-off
 - a. Welcomed to first Lunch and Learn. Lunch and Learns are educational opportunities. Upcoming events will feature presentations from various stakeholder partners and FSSA.
2. Hoosier Care Connect (HCC) - Meredith Edwards (OMPP)
(See presentation slides)
 - a. Managed Care Programs
 - b. Hoosier Care Connect Procurement
 - c. Onboarding and Readiness Review
 - d. Post Implementation
3. HCC Comments and Q&A
 - a. IAAAA: Can you please expand on the housing assistance benefit [described in the HCC Presentation]?
 - i. FSSA: Anthem has a housing first model called Blue Triangle whereby members are housed first before seeking treatment. These individuals may have been homeless or had unstable housing situations. During a Health Needs screening, the individual may be connected with housing. Housing is an important area we hope to see more programs address in the future.
 - b. Thrive Alliance: Do all managed care programs have a similar structure, like the enrollment broker?
 - i. FSSA: They do have similar structures and they all use our enrollment broker. For example, enrollment brokers direct members to each of the Managed Care Entities (MCEs). The enrollment broker must be completely independent from the MCE.
 - c. American Senior Living Communities: How do you ensure consistency? As a provider, we have to wear different hats for different entities.
 - i. FSSA: We seek to align MCE processes logically. When the public health emergency happened, we required MCEs to operate in high coordination. We have done Chiropractic and Emergency Room (ER) alignment in the past. We are currently working on Pharmacy alignment. Alignment is an important growth area.
 - d. IAAAA: Does the enrollment broker also assist with the Medicaid application?
 - i. FSSA: No, that is handled by the Division of Family Resources (DFR) or Navigators so these are completely independent entities.
 - e. American Senior Living Communities: All of the claims/billing, Prior Authorization (PA) processes, benefits (especially related to COVID), and how they load our rates are unique.
 - i. IAHHC: While the State has certain guidelines for prior authorization and claims billing for home health and hospice services, each MCE can have its own PA criteria. Each claims operating system is different. This creates additional administrative burdens for providers. We recommend alignment of PA and claims billing.

- ii. FSSA: MCEs must follow the same process standards and expectations for billing, claims, and PA, (e.g. timeliness of billing). However, the rates and PA criteria may vary. Pricing has been particularly difficult with adjustments for COVID. We will have further focus groups to discuss the challenges in PA and for the claims systems.
- f. INARF: Are plans required to post PA criteria online?
 - i. FSSA: We are looking into this in the future. If they have MCE-specific criteria, they are posted online. If they are using Interqual or Milliman Care Guidelines, they are not.
- g. Caregiver Homes: To clarify on Hoosier Care Connect - the only time a member can change plans is between 3/1 and 8/31? They are locked into their existing plan from 9/1 to 2/28 [referring to timelines in the HCC presentation slides]? What prompted the selection of these dates?
 - i. FSSA: In normal times, the member would have 90 days from the anniversary date to change plans. In addition, if a member wanted to change their provider for just cause, they could change before the anniversary of joining. Now, with the launch of the new HCC contracts, there is a new extended six-month plan selection period. This is a one-time change because we added a new health plan to HCC this year.
- h. AARP: What else qualifies as "just cause" for changing plans?
 - i. FSSA: Examples of just causes include: poor quality care, failure to provide services, cultural or language barriers, and failure to provide a primary care provider. There is a federal statute that we adhere to and holds precedence..
- i. IAHHC: Not all plans allow home health and hospice providers to submit PA via their portals. MHS and MDwise still require home health and hospice providers to submit PAs by fax. When will providers be able to upload PAs to these MCEs portals?
 - i. FSSA: This is something that we can discuss with the MCEs. Not all MCEs offer a PA portal at this time. [FSSA is inquiring with MCEs about PA portals and whether home health/skilled nursing facilities can use them during meetings with MCEs in March.]
- j. IAAAA: There seem to be several areas in which providers have to deal with multiple processes unique to each MCO. What is the opportunity for the State to implement one portal for all providers and MCOs to access?
 - i. FSSA: We will hold a series of meetings to discuss where alignment can occur. We are committed to breaking down administrative barriers. We recognize that many of these concerns reflect challenges in the current system and have been previously submitted. We have not yet discussed whether a one-portal solution can be created.
- k. American Senior Communities: I think you are hearing the message. MCEs are very different and cause multiple provider burdens. Anything you can do to standardize (claims, prior authorizations, coverage decisions, timeliness of payments, etc.) would be extremely helpful.
 - i. FSSA: We appreciate you taking the time to lift up these points.

1. IHCA: Please continue to review the feedback and recommendations we have already shared. These processes have been disjointed with MCEs. It will be important to improve this. We've seen in other states that the behavior of MCEs can be described as playing games to [achieve] low pay or no pay [to providers]. It feels like MCEs are finding ways to deny claims.
 - i. FSSA: If someone is not getting paid we really want to know. We do understand that there have been issues in the past and the State has taken steps to address such issues. For example, after the expansion of our SUD benefits, the State enlisted an independent body to review SUD claims, authorizations, and processes and the entity came back to us with assessments and recommendations that we have taken very seriously.
 - ii. American Senior Communities: There are frequent errors in payment, including both under and overpayment. To correct errors requires an appeal and every entity has different appeal processes.

The following question could not be addressed due to time constraints and is answered in writing below:

- m. Caregiver Homes: How are all Indiana managed care programs administered or managed by the State? Is HCC the closest version of managed care that FSSA would like to see from an administration standpoint for the expansion to mLTSS?
 - i. Each managed care entity has a detailed contract and is required to operate by a detailed set of policies and procedures. Prior to beginning work, an MCE must demonstrate to OMPP they can meet all their contractual requirements. OMPP has a team of individuals responsible for the day-to-day management of the programs. We highlighted HCC as a part of this meeting because the membership is most similar to individuals receiving LTSS. In terms of HCC, we are still in the early stages of designing an RFI partnership with our stakeholders, so it is premature to answer this question. Our goal is to design an mLTSS program that is right for Indiana; where possible and appropriate, we will try to align administrative requirements across all our managed care programs.
4. Navigation Between Programs - Jesse Wyatt (Division of Aging)
 - a. A&D Enrollment
 - b. Nursing Facility Enrollment
 - c. To the A&D from MCE
 - d. Problems
 - e. To FFS from MCE
 - f. mLTSS
 5. Navigation - Comments and Q & A
 - a. American Senior Communities: There are some errors in the current system. What is happening to resolve these errors and to prevent a recurrence?
 - i. FSSA: To improve the process, we have taken steps in engagement, education, and training. The Aging and Disability Resource Center (ADRC) or Area Agencies on Aging (AAA) will confirm a plan prior to a person being disenrolled. The claims manager continues to work with the AAAs to educate, train, and reduce human error. CaMMS is our case management system. We have

been using it for 2 years. The IT developer, eImagine, continues to work to resolve IT errors. Moving to an mLTSS environment can reduce these errors because the incentive for the MCEs produces positive outcomes.

6. Secretary Sullivan Closing Comments

- a. Dr. Sullivan encouraged continued collaboration across partners. Dr. Sullivan identified collaboration as a key factor in the success of ongoing vaccination efforts.

The next Lunch & Learns in March will be held at 12pm on:

- 3/12
- 3/19
- 3/26

Stakeholder Attendees:

Amber O’Haver, Indiana Statewide Independent Living Council (INSILC)

Beth Skinner, CICOA Aging & In-Home Solutions

Carl Ellison, Indiana Minority Health Coalition (IMHC)

Carol Applegate, National Academy of Elder Law Attorneys (NAELA)

Ellen Burton, UIndy Center for Aging & Community

Eric Essley, Leading Age Indiana

Evan Reinhardt, Indiana Association for Home and Hospice Care (IAHHC)

JoAnn Burke, Indiana Commission on Aging

John Barth, Indiana Association of Rehabilitation Facilities (INARF)

Kelli Tungate, Caregiver Homes

Kim Dodson, Arc of Indiana

Kristen LaEace, Indiana Association of Area Agencies on Aging (IAAAA)

Mark Lindenlaub, Thrive Alliance

Megan Smith, Indiana Association of Adult Day Services

Michelle Stein-Ordonez, Indiana Association for Home and Hospice Care (IAHHC)

Natalie Sutton, Alzheimer's Association

Sarah Waddle, AARP Indiana

Sherri Hampton, American Senior Communities

Tauhric Brown, CICOA Aging & In-Home Solutions

Teresa Lorenz, Thrive Alliance

Terry Cole, Indiana Hospital Association

Terry Miller, Hoosier Owners and Providers for the Elderly (HOPE)

Zach Cattell, Indiana Health Care Association/Indiana Center for Assisted Living (IHCA/INCAL)

State Attendees:

Allison Taylor, Amy Rapp, Andrew Bean, Cathleen Nine-Altevogt, Darcy Tower, Elizabeth Peyton, Erica Ng, Erin Wright, Gena Lewis, Gus Habig, Hamilton Smith, Jennifer Sullivan, Jim Gavin, Jesse Wyatt, Kim Opsahl, Kathy Leonard, Lucy Morrell, Lynn Clough, Maggie Novak, Matt Foster, Michael Kaufmann, Natalie Angel, Reiko Osaki, Sarah Renner, Shannon Effler, Steven Counsell, and Vanessa Convard