

Hoosier Care Connect

February 2021, Medicaid Advisory Committee

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
Current as of February 24, 2021



Agenda

- Managed Care Programs
- Hoosier Care Connect Procurement
- New Health Plan Onboarding
- Hoosier Care Connect Readiness Review
- Member Plan Selection
- Post implementation

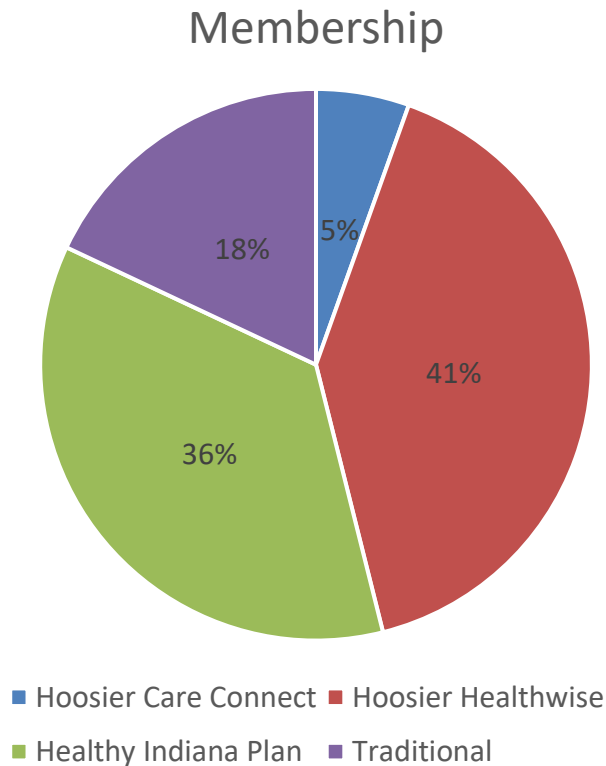


Managed Care Medicaid Programs



Managed Care Medicaid Programs

- Over 80% of members in Indiana Medicaid are enrolled in managed care programs



Managed Care Medicaid Programs

- Hoosier Care Connect
 - 96,901 members
 - Individuals who are blind, have a disability, are over age 65 but not on Medicare, or DCS youth who have chosen to be in managed care
- Healthy Indiana Plan
 - 636,557 members
 - Ages 19-64
- Hoosier Healthwise
 - 720,261 members
 - Children up to age 19 and certain pregnant women



Managed Care Medicaid Programs

- Who are the Managed Care Entities?
 - Health plans with physical locations in Indiana
 - Serve the Hoosier Care Connect, Healthy Indiana Plan, and Hoosier Healthwise programs
 - Contracted for four years plus two optional one-year renewals (6 years)
 - Chosen through the Indiana Department of Administration procurement process



Managed Care Medicaid Programs

- How are the Managed Care Entities (MCEs) Paid?
 - Paid a per member per month fee (capitation)
 - Capitation can vary depending on the age, sex, and even health status of the member
 - Are required to pay eligible claims and complete other required operational tasks with the capitation they are paid.
 - The MCE should steer members to the right kind of care through disease management, care management, member engagement, and utilization management.



Managed Care Medicaid Programs

- Managed Care Capitation Safety Measures
 - Contractually mandated medical loss ratios prevent the MCEs from under spending on health care services and limits what they spend on administrative costs.
 - Indiana Medicaid requires three different medical loss ratios.
 - Hoosier Care Connect 90/10
 - Hoosier Healthwise 85/15
 - Healthy Indiana Plan 87/13
 - As an example: 85% of capitation must be spent on health care costs, or that money must be returned to the state



Managed Care Medicaid Programs

- Paying for quality
 - A health plan's capitation payment is reduced by a set percent in the contract (usually around 2-3%).
 - That money is reserved and only paid to the health plan if the health plan meets certain quality metrics.
 - Each metric is assigned a certain percentage, between 10-20% of the withhold.



Managed Care Medicaid Programs

Hoosier Healthwise 2021 Pay for Outcomes Measures

- Completion of Health Needs Screener for new members
- Well child visits (6 or more visits in first 15 months of life)
- Well child visits (1 visit in a year for ages 3 to 21)
- Childhood immunization (combination 10)
- Lead screening for children age 2
- Annual dental visit (ages 2 to 20)
- Timeliness of ongoing prenatal care
- Prenatal depression screening



Managed Care Medicaid Programs

Healthy Indiana Plan 2021 Pay for Outcomes Measures

- Completion of Health Needs Screener for new members
- Adult preventive care (age 20 and over)
- Follow up after Emergency Department visit for alcohol or drug dependence (7 day)
- Follow up after Emergency Department visit for alcohol or drug dependence (30 day)
- Timeliness of postpartum care
- Timeliness of ongoing prenatal care
- Prenatal depression screening



Managed Care Medicaid Programs

Hoosier Care Connect 2021 Pay for Outcomes Measures

- Completion of Health Needs Screener for new members
- Completion of Comprehensive Health Assessment
- Follow up after hospitalization for mental illness (30 day follow up)
- Follow up after hospitalization for mental illness (7 day follow up)
- Annual Dental Visit (ages 2 to 20)
- Adult preventive care (age 20 and over)

Managed Care Medicaid Programs

- What is Care Management?
 - Care management is purposeful outreach designed to help members positively impact their health through the coordination of services, self-management support, and the involvement of the member support system.
 - Care managers bring together the member and care team to develop a care plan with specific objectives, goals and action protocols to meet identified needs.

Agency for Healthcare Research and Quality. (2014, October). *Designing and Implementing Medicaid Disease and Care Management Programs*. www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/medicaidmgmt



Managed Care Medicaid Programs

- An AHRQ evaluation found telephonic care management effective at improving patient outcomes.

“Telephonic care management. Evidence suggests that telephonic care management can improve outcomes for patients with asthma, diabetes, congestive heart failure (CHF), and chronic pain. In addition, telephonic care management can improve self-management behaviors, like proper use of medication.”

Agency for Healthcare Research and Quality. (2014, October). *Designing and Implementing Medicaid Disease and Care Management Programs*. www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/medicaidmgmt



Managed Care Medicaid Programs

- How does Managed Care compare to Traditional Medicaid for Quality?

| Quality Measure | Hoosier Care Connect 2019 | Traditional Medicaid 2019 |
|-----------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Breast Cancer Screening ages 52-74 | 51.54% | 33.33% |
| Follow up after ED visit for alcohol or drug dependence | 15.34% | 15.15% |
| Follow up after hospitalization visit for mental illness | 60.90% | 47.37% |
| Follow up after ED visit for mental illness | 60.05% | 33.80% |
| Individuals over 18 years old with a recent hospitalization and did not have a readmission within 30 days | 84.72% | 74.75% |



Managed Care Medicaid Programs

- Hoosier Care Connect Program Hallmarks
 - Care management and Disease management
 - Continuity of care for plan transitions for 90 days
 - State plan benefits including dental and non-emergent transportation
 - Enhanced benefits from managed care entities, such as unlimited transportation, food boxes, housing assistance, and rewards for receiving appropriate care
 - Operating in managed care since April 2015



Hoosier Care Connect Procurement



Hoosier Care Connect Procurement

- Hoosier Care Connect
 - Program began on April 1, 2015
 - Procurement held in 2020
 - Three health plans chosen: Anthem, MHS, and UnitedHealthcare
 - New contracts begin on April 1, 2021



Hoosier Care Connect Procurement

| Program Name | Contract Start Date | Contract End Date |
|----------------------|---------------------|-------------------|
| Healthy Indiana Plan | January 1, 2017 | December 31, 2022 |
| Hoosier Healthwise | January 1, 2017 | December 31, 2022 |
| Hoosier Care Connect | April 1, 2015 | March 31, 2021 |



UnitedHealthcare Onboarding

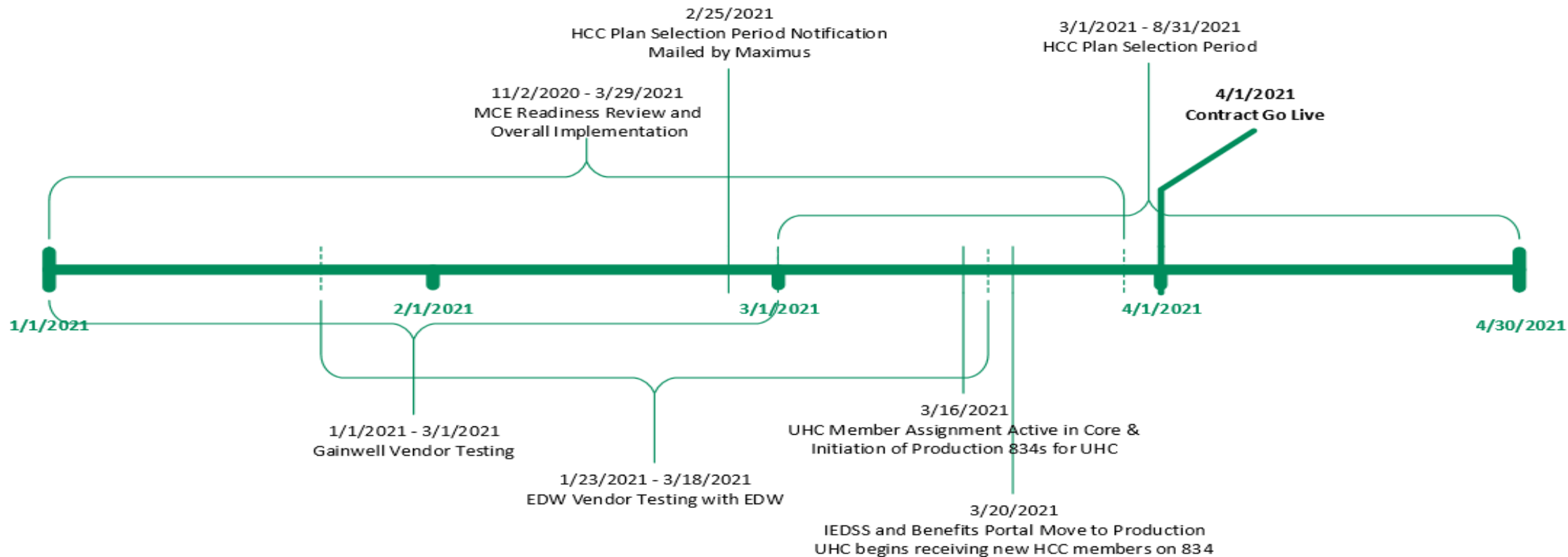


UnitedHealthcare Onboarding

- Extensive Onboarding Process:
 - Establish connectivity and test exchange for 61 separate file transfers between UnitedHealthcare and the State
 - Over 30 hours of technical meetings
 - 22 orientation meetings with OMPP and other divisions and agencies to teach UnitedHealthcare Indiana Medicaid specifics
 - Weekly (or more) project meeting on operational implementation



UnitedHealthcare Onboarding



Hoosier Care Connect Readiness



Hoosier Care Connect Readiness Review

- What is readiness review?
 - A systematic large-scale review of an MCEs staffing, policies, processes, documents, subcontracts, system capabilities, and provider network to ensure the health plan is prepared in advance of the new contract go live.

Hoosier Care Connect Readiness Review

| Item # | SOW Sec. | Topic | Contract Requirement(s) | Readiness Review Requirement(s) | Desk Review | Onsite Review |
|--------|----------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| C-8 | 4.6.1 | Member Services Helpline | The Contractor shall maintain a statewide dedicated toll-free member services helpline staffed with trained personnel knowledgeable about Hoosier Care Connect. The Contractor shall provide Telecommunications Device for the Deaf (TDD) services for hearing impaired members and have the ability to warm transfer members to outside entities. The Contractor must maintain a system for tracking and reporting the number and type of calls. | <ul style="list-style-type: none"> a) Provide both initial and annual training materials and training schedule for call center staff b) Provide call center scripts c) Provide call center policies and procedures d) Demonstrate member call center system and service, including translation, TDD capability, warm transfer capability and tracking ability e) Provide phone tree IVR layout for member calls and provide information on which party/group is answering calls. Or if using NLU please detail prompts and process. | X | X |



Hoosier Care Connect Readiness Review

- Hoosier Care Connect Review to date:
 - Managed Care Entities prepared over 4,000 documents, policies, procedures, and contracts to show compliance and readiness
 - At least two FSSA subject matter experts review every document, about 85% pass on the initial review, but the other 15% must be resubmitted to show the health plan meets the requirements
 - 24 hours of live readiness demonstrations by the Managed Care Entities



Plan Selection Period



Hoosier Care Connect Plan Selection Period

- New Hoosier Care Connect members can always choose a plan on their enrollment application or within their first sixty days
- New members receive proactive outreach from the Medicaid enrollment broker in their first 60 days by phone
- Yearly, members have the option to change plans or for a just cause reason



Hoosier Care Connect Plan Selection Period

- Additional plan selection period created for start of the new contract
 - All Hoosier Care Connect members can change plans freely from March 1, 2021 to August 31, 2021
 - At least one mailing will alert members to the opportunity to change plans
 - Members can receive plan choice counseling from the enrollment broker
 - Members can change plans multiple times during the plan selection period
 - New members will still get the proactive outreach from the enrollment broker



Hoosier Care Connect Plan Selection Period



P.O. BOX 441410
INDIANAPOLIS, IN 46244-1410



Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning
MS 07, 402 W. WASHINGTON STREET, ROOM W382
INDIANAPOLIS, IN 46204-2739

FName LName
12345 Street Dr.
City, ST 12345-1234

Important information about your Medicaid

Beginning April 1, 2021, UnitedHealthcare will be an available Hoosier Care Connect health plan. As a current Hoosier Care Connect member, you will have the opportunity to select UnitedHealthcare or change your current health plan selection.

If you would like to change your current health plan selection, please call the Hoosier Care Connect program at 866-963-7383, between March 1, 2021, and August 31, 2021, and choose a new health plan.

What is a health plan?

A health plan is a group of doctors, pharmacies and hospitals that work together to help you get the health services you need. You may choose one of the following three health plans: **Anthem, Managed Health Services (MHS) or UnitedHealthcare (UHC)**. All plans offer the same Medicaid services but may work with different doctors or hospitals and may offer special programs that you would like. A Health Plan Summary sheet with more information about the health plans is included with this notice.



Hoosier Care Connect Plan Selection Period

- OMPP will track the number of members moving between health plans
- Once the special plan selection period closes will return to normal process where members can switch once per year or for just cause reasons.



Post Implementation



Post Implementation

- The continual process of managed care oversight
 - Reporting
 - Random checks
 - Onsites and audits
 - Document and contract reviews
 - Issue response and trending

Thank you!

