

HHW and HIP Readiness Review -2022

May 25, 2022

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
Current as of May 19, 2022



Agenda

- Introduction
- Managed Care Entities
- Project Description
- Implementation Timeline
- Readiness Review Overview



Introduction

- FSSA administers the Hoosier Healthwise and Healthy Indiana Plan (HIP) programs which provides risk-based managed care services for Indiana Medicaid beneficiaries.
- OMPP is contracting on a statewide basis with managed care entities (MCEs) to deliver risk-based managed care services that provide care to over 1.6 million Hoosiers.
- OMPP is working to successfully implement and conduct readiness review on new contracts for the 4 incumbent MCEs awarded through the IDOA RFP 22-68152 .
- Contracts will be effective January 1, 2023.



Managed Care Entities - Effective January 1, 2023

- Incumbent MCEs Were Awarded New Contract
 - Anthem
 - CareSource
 - Managed Health Services (MHS)
 - MDwise



Program Objectives

FSSA seeks to continue to improve the quality of care and health outcomes for members. FSSA seeks to achieve the following goals through administering the Hoosier Healthwise and HIP programs:

- Improve health outcomes;
- Promote primary and preventive care;
- Foster personal responsibility and healthy lifestyles;
- Assure the appropriate use of health care services;
- Develop informed health care consumers by increasing health literacy and providing price and quality transparency;
- Improve access to health care services;
- Encourage quality, continuity and appropriateness of medical care;
- Deliver coverage cost-effectively;
- Identify high risk and medically frail members and provide effective disease management, care management and complex care management programs for those that would benefit from such services;
- Coordinate health and social services;
- Integrate physical and behavioral health services;
- Develop innovative member and provider incentives;
- Use technology to ease administrative burden and help accomplish program goals;
- Develop innovative utilization management techniques that incorporate member and provider education to facilitate the right care, at the right time, in the right location;
- Emphasize communication, training and collaboration with network providers; and
- Engage in provider and member outreach regarding preventive care, wellness and a holistic approach

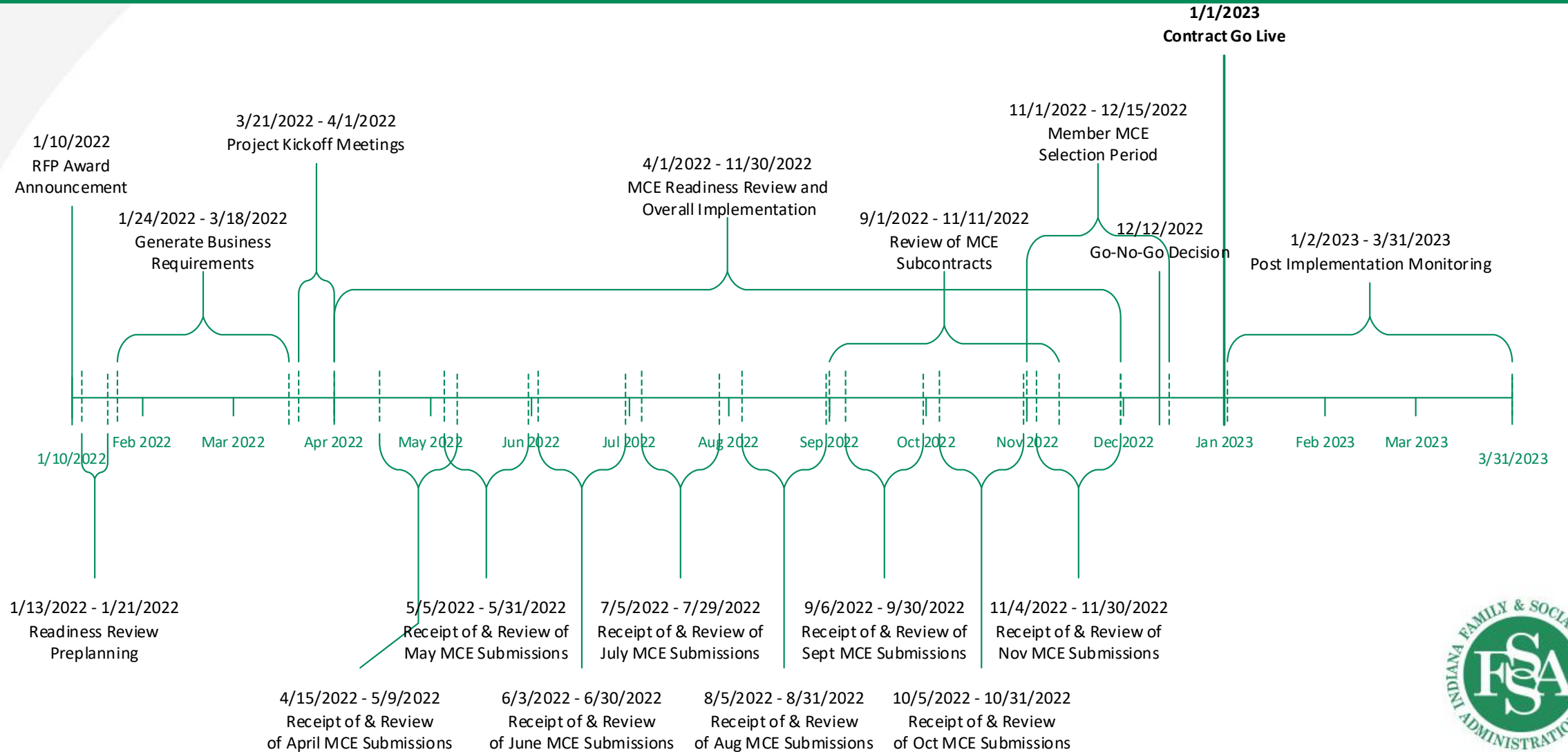


Project Description

- This implementation effort includes:
 - Internal and external kickoff meetings and requirement gathering sessions to identify areas that need to be addressed before go live
 - Reestablish expectations for all 4 MCEs
 - Revisions to HIP and HHW network adequacy requirements
 - Revision to the utilization management requirements
 - Revisions of incumbent MCE systems to accept Indiana Medicaid Recipient ID (MID) as primary member identification
 - Revisions to Hoosier Healthwise and HIP program liquid damages
 - Review and approval of MCE subcontracts
 - A comprehensive readiness review of all contract requirements ensure the health plan is prepared in advance of the new contract go live



Implementation Timeline



Readiness Review Overview






Readiness Review Overview

- What is readiness review?
 - A systematic large-scale review of MCE staffing, policies and procedures, processes, documents, member and provider communication, subcontracts, system capabilities, and provider network to ensure the health plan is prepared in advance of the new contract go live
 - Safeguards that the selected MCE is ready to accept enrollment, provide the necessary continuity of care, ensure access to the necessary spectrum of providers, and fully meet the diverse needs of the population
 - Readiness reviews includes both desk review of MCE documentation as well as onsite demonstrations of MCE capabilities
 - OMPP will utilize the standard compliance verification format used for the last three contract implementations, with enhancements



Readiness Review Overview

- Sample of the standard readiness verification tool

Topic 	Contract Requirement(s) 	Readiness Review Requirement(s) 
Enrollment Packet	<p>Within five (5) calendar days of receipt of member enrollment information via the eligibility files provided by FSSA, the Contractor shall distribute an Enrollment Packet to each member based on the State's model enrollee handbook.</p> <p>The Contractor shall be responsible for issuing member ID cards to all of its new members. Furthermore, if a member loses their card, the Contractor will be responsible for printing new member ID cards for their members.</p>	<p>a) Submit Welcome Packet for review including all items outlined in SOW 4.2.2</p> <p>b) Submit Member ID Card samples</p> <p>c) Demonstrate ability to generate Welcome Packet within 5 days of the member's full enrollment</p> <p>d) Demonstrate ability to generate Welcome Packet upon a member requesting an alternative format</p>
Member Grievances & Appeals	<p>The Contractor shall establish written policies and procedures governing the resolution of grievances and appeals. At a minimum, the grievance system shall include a grievance process, an appeal process, expedited review procedures, external review procedures and access to the State's fair hearing system. The Contractor's grievances and appeals system, including the policies for recordkeeping and reporting of grievances and appeals, shall comply with 42 CFR 438, Subpart F, which relates to the Contractor's grievance system, as well as IC 27-13-10 and IC 27- 13-10.1 (if the Contractor is licensed as an HMO) or IC 27-8-28 and IC 27-8-29 (if the Contractor is licensed as an accident and sickness insurer), as described within the MCE Policies and Procedures Manual.</p> <p>The Contractor shall notify the requesting provider, and give the member written notice, of any decision considered an "action" taken by the Contractor, including, but not limited to any decision by the Contractor (i) to deny a service authorization request, (ii) to authorize a service in an amount, duration or scope that is less than requested, or (iii) that is adverse to the member regarding a medically frail designation.</p>	<p>a) Submit policies and procedures on grievance and appeals processing, including coverage policy for services provided during appeals, provider's right to appeal on behalf of member, personnel involved in grievances and appeals</p> <p>b) Submit notices provided to members in grievances and appeals process</p> <p>c) Submit excerpt from member and provider handbook regarding hearings and appeals</p> <p>d) Demonstrate grievance and appeals tracking system</p>



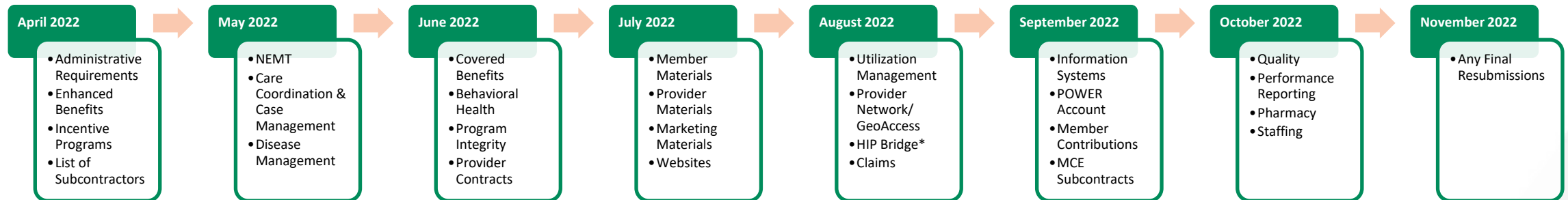
Readiness Review Overview

- MCEs are required to prepare hundreds of documents, policies, procedures, and contracts to show compliance and readiness
- At least two FSSA subject matter experts review every document
 - On average, about 85% of documentation submitted passes on initial review
 - The other 15% require revisions and must be resubmitted to show the MCE meets and understands the contractual requirements and needs of the population
 - Additional resubmissions are required until the MCE meets compliance
- Approximately 21-24 hours of live readiness demonstrations will be conducted by each MCE over the course of the readiness review
 - FSSA subject matter experts attend these demonstrations and determine if MCEs are compliant with the requirements
 - Additional demonstrations are required until readiness can be verified



Readiness Review Overview

- Reviews occur based on a topic schedule
 - To ensure consistency, MCE documents and readiness materials are reviewed as well as Onsites conducted on a schedule by subject area. Three to four subject areas are reviewed each month



Readiness Review Overview

- Each FSSA reviewer assesses each submission to determine whether the MCE's policies and procedures, documentation, and processes are compliant with the contractual requirements and whether they demonstrate understanding of program goals
 - Contractual requirements include but are not limited to: Indiana Administrative Code, MCE Contract Scope of Work, IHCP MCE Policies and Procedures Manuals, and any applicable IHCP Bulletins/Guidance.



Readiness Review Overview

- For requirements that are indicated for Onsite Review, the MCEs must demonstrate those requirements in a live meeting
- Onsites are scheduled each month of Readiness Review
- Multiple FSSA reviewers/SME attend the onsite demonstrations and ask questions to verify compliance
- Similar to the desk review, FSSA reviewers document their feedback and approval status following each onsite
- If a reviewer finds an MCE noncompliant, the MCE must re-demonstrate to validate compliance



Questions

