

Indiana Pathways for Aging Update

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Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning



Introductions

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Agenda

- Introduction
- Awarded Managed Care Entities
- Managed Care Implementation Timeline
- Stakeholder Engagement
- Managed Care Onboarding Overview
- Readiness Review Overview
- Discussion



Introduction

- OMPP will contract on a statewide basis with managed care entities (MCEs) to deliver risk-based managed care services to beneficiaries enrolled in the State of Indiana's Risk-Based Managed Care Long Term Services and Supports (MLTSS) program
- The program's name is Indiana Pathways for Aging (Pathways)
- Pathways is for enrollees who are 60 years of age and older and are eligible for Medicaid on the basis of age, blindness, or disability



Indiana's Long-term Services and Supports Reform

Overall Objective: 75% of new LTSS members will live and receive services in a home and community-based setting

- Faster eligibility
- **Move to Indiana Pathways for Aging in 2024**
- Pay for outcomes, not transactions
- Integrate LTSS data systems
- Support the growth, retention and training of the HCBS direct service workforce
- Create Home Health Roadmap
- Integrate HCBS waivers



Awarded Managed Care Entities

- The following MCEs were recommended for the award through IDOA RFP 23-72118
 - Anthem Blue Cross and Blue Shield
 - Humana Healthy Horizons in Indiana*
 - Molina Healthcare of Indiana*
 - United Healthcare Community Plan

**New to IHCP*



Pathways Awarded Managed Care Entities (MCEs)

On March 1st, 2023 following a competitive procurement process, FSSA and IDOA announced 4 awarded vendors for the Indiana Pathways for Aging program:

MCE	Medicaid Experience	LTSS Program Experience	Indiana D-SNP Experience
Anthem	11.1M members across 26 states/territories	416K members in 10 states	~40K members
Humana	1M members across 5 states	40K members in 3 states	~23K members
Molina	4.6M members across 17 states	360K members in 11 states	N/A
United Healthcare	7.9M members across 32 states + DC	350K members in 10 states + DC	~30K members

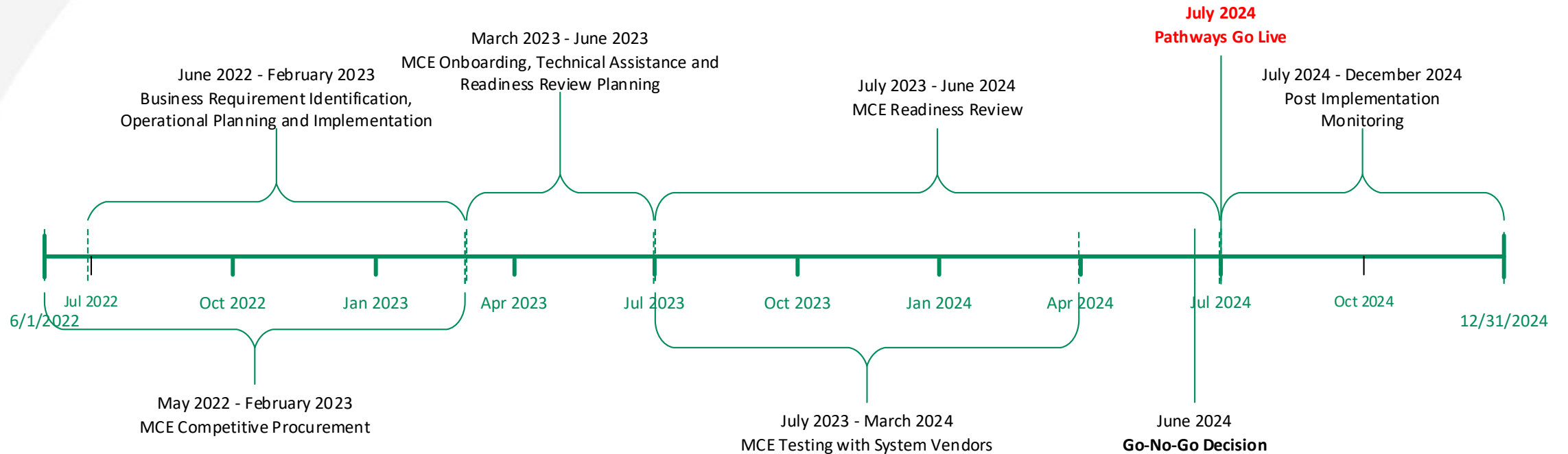
This table presents an overview of background information about the awarded vendors (listed alphabetically) and does not represent any evaluation criteria. Member enrollment figures are estimates provided by the MCEs as of 2022.

Next Steps with MCEs

- FSSA will engage MCEs in contracting and readiness procedures



Managed Care Implementation Timeline



Pathways Stakeholder Engagement

- Stakeholder engagement has been and continues to be an essential part of the larger long-term services and supports reform effort in Indiana with over 600 meetings held to date
- The Pathways codesign workgroup is the first stakeholder group FSSA convened at the end of 2020 when the reform project began
- The purpose of gathering this group of stakeholders was to inform the design, development, and implementation of the Indiana Pathways for Aging program. There have been four phases of the engagement that we'll cover today
- Our engagement promotes buy-in and support for the reform effort and ensures organizations are prepared to have a successful transition to Pathways
- Codesign Workgroup Goals:
 - Share information and keep key parties up-to-date
 - Receive feedback, answer questions, and dispel confusion or myths
 - Build support for the program
 - Assist stakeholders in navigating change

92%
of stakeholder
considerations were fully
or partially incorporated!



Managed Care Onboarding Overview

- FSSA is engaging with the MCEs in proactive onboarding sessions for at least three months prior to initiating readiness review
- Documentation such as Policy Manual, Service and Care Coordination Manual, Reporting Manual, assessments, revised Scope of Work, etc. has been provided to the MCEs
- FSSA agencies and business areas provide an initial 1-hour presentation to the MCEs that include at a minimum
 - an introduction to the FSSA business area
 - the role and responsibilities of the area
 - the expected collaboration for the business area and the MCE
 - training regarding a process/ function the MCE must perform related to Pathways
 - the expectations for the MCEs
- Following the onboarding session, the FSSA business areas provide technical assistance, or consulting, to the MCEs

MCEs will onboard with more than 20 business areas



Readiness Review Overview

- What is readiness review?
 - A systematic large-scale review of an MCE's 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
 - Safeguards that all selected MCEs are 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
 - Ensures MCEs understand and assist FSSA with meeting the Pathways program goals
 - Readiness reviews includes both desk review of MCE documentation as well as onsite demonstrations of MCE capabilities
 - Developed to meet all requirements of 42 CFR 438.66(d)



Stakeholder Engagement with Readiness Review Planning

- To build out the Readiness Review requirements, OMPP conducted over 600 (and counting!) stakeholder engagement meetings to gather input on the design and implementation of the Pathways program
- Stakeholders and internal FSSA staff provided feedback on the Scope of Work, Service and Care Coordination design, as well as areas that need to be reviewed and validated before go live
- OMPP will engage providers on claims submission testing during readiness



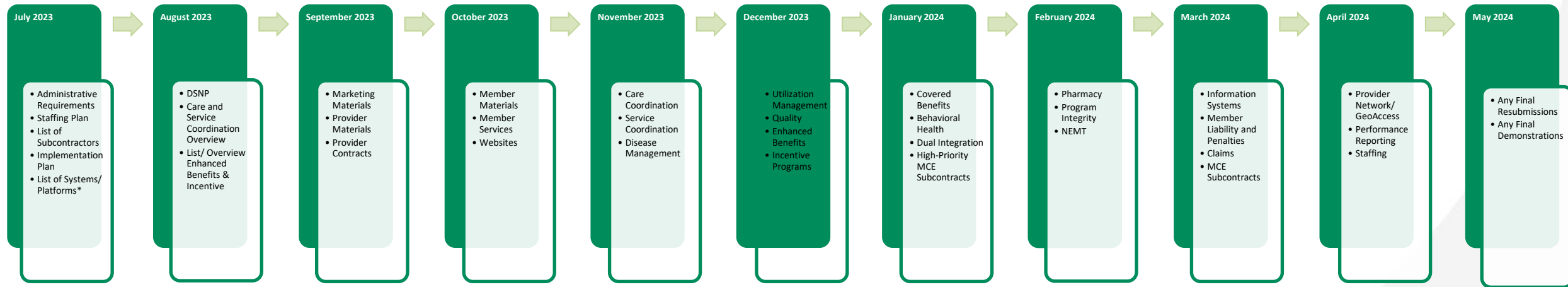
Readiness Review Overview

- Historically for readiness reviews, MCEs have been 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
- At least 40 hours of live readiness demonstrations are anticipated to occur for each MCE through the course of the readiness review
 - FSSA subject matter experts attend these demonstrations and determine if MCEs are compliant with the program and readiness requirements
 - Additional demonstrations are requested until readiness can be verified

Readiness Review Overview

- Readiness Review Topic Schedule

- To ensure consistency, MCE documents, readiness materials will be reviewed and Onsites conducted on a schedule by subject area. Three to four subject areas will be reviewed each month as shown in the visual below.
- Desk review and Onsites for the topics/subjects will occur within the designated month.



Readiness Review Overview

- OMPP has conducted readiness reviews and utilized the standard compliance verification format for the last four contract implementations. Enhancements continue to be made with every iteration of readiness reviews to ensure it is most effective.

A	B	C	D	E	F	G
Item #	SOW Sec.	Topic	Contract Requirement(s)	Readiness Review Requirement(s)	Desk Review	Onsite Review
A.4	2.2	State Licensure	<p>Prior to the Contract effective date, and as verified in the readiness review, the Contractor must be:</p> <ol style="list-style-type: none"> 1.An Indiana-licensed accident or sickness insurer; or 2.An Indiana-licensed health maintenance organization (HMO). <p>The Contractor and all subcontractors shall use clinicians licensed by Indiana and follow all requirements contained within the Contract (e.g., PA/UM criteria; claims processing; encounter data submission; etc.), regardless of geographic location.</p>			
A.5	2.3	National Committee for Quality Assurance (NCQA) Accreditation	<p>As required by IC 12-15-12-21, the Contractor shall be an accredited Health Plan by the National Committee for Quality Assurance (NCQA) with the LTSS Distinction. When accreditation standards conflict with the standards set forth in the Contract, the Contract prevails, unless the accreditation standard is more stringent.</p> <p>If the Contractor is accredited as of the start date of the Agreement, the Contractor shall maintain accreditation throughout the term of this agreement. If the Contractor is not accredited as of the start date of this agreement, the Contractor shall obtain their Health Plan accreditation and the LTSS Distinction for Health Plans no later than the end of the second full calendar year of operation and shall maintain accreditation for the term of this Agreement.</p> <p>The Contractor must submit to FSSA the final Accreditation Report for each accreditation cycle within ten (10) days of receipt of the report. The Contractor must submit to FSSA updates of accreditation status, based on annual HEDIS scores, within ten (10) days of receipt.</p> <p>As required by 42 C.F.R. § 438.332(c), FSSA shall publish on its website the accreditation status of each Contractor.</p>			



Discussion

