



Medicaid Advisory Committee Minutes

February 24, 2022

Virtual meeting via Zoom

Members Present

Dr. Leila Alter, Ms. Tabitha Arnett, Dr. Sarah Bosslet, Rep. Ed Clere, Mr. Michael Colby, Ms. Terry Cole (Co-Chair), Ms. Danielle Coulter, Ms. Elizabeth Eichhorn, Ms. Katherine Feley, Rep. Rita Fleming, Dr. Heather Fretwell, Ms. Rachel Johnson-Yates, Mr. Herb Hunter, Mr. Rodney King, Mr. Luke McNamee, Ms. Barbara McNutt, Mr. Gary Miller, Mr. Michael Niland, Mr. Evan Reinhardt, Ms. Katy Stafford-Cunningham, Ms. Allison Taylor (Co-Chair), and Mr. Drew Thomas.

I. Call to Order

Terry Cole, Indiana Hospital Association and MAC Co-Chair, called the meeting to order at 1:34 p.m.

II. Approval of November 2021 Minutes

Ms. Cole invited a motion to approve the November 2021 meeting minutes. Mr. Herb Hunter moved to approve. Mr. Luke McNamee seconded. The minutes were approved.

III. MAC Updates

Ms. Allison Taylor, MAC Co-Chair, reviewed dates for upcoming MAC meetings and reiterated OMPP's vision, mission, and strategic priorities focus on collaborating to improve member and provider experience. In 2022, OMPP's priority projects are LTSS reform, reimbursement methodology, managed care alignment and unwinding from the public health emergency.

IV. Rules

Ms. Taylor introduced Mr. Adrian Bottomly, FSSA staff attorney who had no rules to present.

V. FSSA Updates

1. **Indiana Pregnancy Promise Program update – Elizabeth Wahl, Program Manager**

Ms. Taylor introduced Elizabeth Wahl, Program Manager for the Indiana Pregnancy Promise Program, to provide an update about this statewide program aimed at identifying and supporting pregnant Medicaid members with opioid use disorder.

Indiana is one of eight state recipients of CMS funding for this initiative that offers enhanced case management and care coordination during the prenatal and postpartum periods.



Enrollment began on July 1, 2021, and to date, approximately 200 individuals are enrolled and more than 1,000 others have been identified as potentially eligible. To be eligible, participants must meet the following criteria: be pregnant or within 90 days of the end of pregnancy; identify as having current or previous opioid use; and be eligible for or receive Medicaid health coverage.

The IPPP matches participants with case managers who help them connect with care and community resources with the goal of preventing the negative impacts of opioid use to the parent and child. Indiana's managed care entities are utilizing the FSSA Pregnancy Promise Program manual which outlines CMS and FSSA case management practice requirements, data collection and reporting requirements.

The IPPP has many partnerships including Indiana University's Project ECHO which provides free virtual trainings for healthcare and healthcare-related professionals to expand capacity to care for participants.

Questions/Comments

Q: Dr. Fretwell - Is there a limit on past use for eligibility, such as opiate use 10 years prior?

Q: Representative Fleming – Is a positive tox screen needed to qualify or how does one get into the program?

A: Ms. Wahl - Even if a member has been in recovery for a long time, we recognize the stress of a new pregnancy comes with relapse risk. The program allows members to enroll even if they are not actively using.

Q: Dr. Fretwell – Will the case manager also support search for postnatal housing and residential treatment resources?

A: Ms. Wahl – Individuals are screened for health-related social needs including housing in both prenatal and post-partum period. Case managers help address housing needs by making referrals to housing programs and residential treatment programs.

Q: Representative Fleming - Unintended pregnancy is high and the first contact with the provider may be during labor and delivery. Can an Indiana provider refer someone into this program at that stage?

A: Ms. Wahl – Yes. Due to fear and stigma, it's common for members with SUD to not seek care. Members can enroll up to 90 days postpartum. Hospital NICUs and labor and delivery units do refer members.

2. Program Integrity 2020 – Amelia Hilliker, OMPP Director of Program Integrity

Ms. Taylor introduced Ms. Hilliker who provided an introduction to program integrity and the steps OMPP takes to ensure Medicaid funding goes to the right provider, for the right service, for the right member, for the right amount, at the right time.

The federal government, Indiana Code and Indiana Administrative Code require the Medicaid program to include activities to identify, investigate, and refer cases of provider fraud, abuse and waste of Medicaid funds. The Program Integrity unit's work is driven by

data mining, peer provider comparison, outside referrals received from provider and member concern lines and referrals from other FSSA divisions.

Providers engage with OMPP's program integrity team through audits, investigations and education. There is also a built-in opportunity to communicate with PI through supplemental information and documentation.

In addition to OMPP's PI section, the Medicaid Fraud Control Unit of the Indiana Attorney General's Office, the MCE special investigation units, and federal partners—Unified Program Integrity contractor, HHS Office of Inspector General, and CMS—all participate in the work.

When a provider is selected for an audit, prepayment review, or targeted probe education does not mean the provider is automatically in trouble. When Program Integrity contacts a provider, it is important for the provider to respond. Additionally, providers are encouraged to review OMPP's published bulletins and banners and reach out whenever they have questions to ProgramIntegrity.FSSA@fssa.IN.gov.

There were no questions.

3. HCBS Stabilization Grant update – Kathy Leonard, OMPP Director of Reimbursement and Actuarial Services

Ms. Taylor introduced Kathy Leonard, OMPP Director of Reimbursement and Actuarial Services, to provide an update about long term services and supports (LTSS) reform and federal funding opportunities.

As part of the American Rescue Plan Act, in early January 2022, FSSA made \$173M of Indiana's HCBS enhanced FMAP funding available to eligible providers through stabilization grants with a requirement to pass through at least 75% of the grant directly to their workforce. To be eligible, providers had to meet three criteria: (1) be an actively enrolled IHCP provider as one of the following types—home health agency, behavioral health provider, school corporation, waiver, PACE; (2) active during the COVID-19 PHE; and (3) currently active.

FSSA utilized six outreach methods to inform providers about these grant opportunities: web page announcements, bi-weekly email blasts to eligible providers, direct calls to eligible providers, division presentations to providers, direct email engagement and an informational video.

FSSA made the grant application process as easy as possible in order to release funds into the community as quickly as possible. FSSA calculated the grant amount as a flat percentage (7.07%) of each eligible provider's highest annual claims total across calendar years 2019, 2020 and 2021.

Attestation forms were available online and those completed before January 25, 2022, received priority payments. More than 600 providers were awarded priority grants totaling

\$97M (\$73M to be passed through to the workforce) and the median grant was \$59K. Some of the larger providers were part of this first group. The final submission deadline for the second round of grants was February 18, 2022. Validation of approximately 1000 additional attestation forms is underway and grant payments should be made before the end of March 2022.

FSSA was very pleased with the provider response rate.

Questions/Comments

Ms. Taylor shared an email from Zoe Frantz, Indiana Council of Community Mental Health Centers, indicating providers are receiving payments and are very appreciative.

Q: Ms. Eichhorn – Why were only 600 out of 1600 forms approved? Were there many errors?

A: Ms. Leonard - Six hundred submissions from the priority batch of 713 attestations forms were approved and awarded. The second batch of attestations is being reviewed now.

Q: Representative Fleming – Will we be able to find out who received money in our districts and how the money was spent?

A: Ms. Leonard – FSSA will do a breakdown of who received funds but not an accounting of how the money was spent, though.

C: Representative Fleming – Hopefully direct care providers received some of this money.

A: Ms. Leonard – The hope is the lion's share of the money goes to the direct care workforce.

4. ICST/Forensic update – Katrina Norris, Executive Director, Indiana State Psychiatric Hospital Network

Ms. Taylor introduced Katrina Norris, Executive Director, Indiana State Psychiatric Hospital Network, to present on Project CREATE, including an overview of Indiana's process for competency to stand trial.

Competency to stand trial is a constitutional right. Systems that manage both competency to stand trial evaluation and competence restoration processes in clinical cases are in crisis. Before COVID-19, Indiana had only one path to competency restoration-the state's psychiatric hospitals. During COVID, it became very clear that this one path did not work for clients, law enforcement or the court system.

Project CREATE (COVID Related Emergency Access to Therapeutic Environments) is a pilot program and consists of a "fast track" approach for individuals found incompetent to stand trial who are awaiting placement in the state psychiatric hospital network. Project CREATE focuses on moving people out of correctional settings and into private psychiatric hospitals for restoration services. Additional restoration services are provided by 3rd party providers

(medications and therapy), and legal education and court reporting provided by FSSA's Division of Mental Health and Addiction.

Currently the pilot program is serving 13 patients at Valle Vista, four at Wellstone and one in jail and initial data is demonstrating that this new approach is more cost effective and reduces the length of stay.

Next steps include expanding the number of 3rd party providers, expanding jail-based opportunities and improving processes in the Indiana State Psychiatric Hospital Network, including establishing a rapid restoration unit at the NeuroDiagnostic Institute and implementing standardized CST training, programming and evaluations across the network.

There were no questions.

VI. Comments

Ms. Taylor invited questions from the MAC and members of the public.

Q: Ms. Eichhorn - CMS was going to provide a 60-day notice when the PHE ends, and states were asking for 90. Did FSSA hear back?

A: Ms. Taylor - We are hoping for the 60-day notice, and assuming the PHE will run through April. We acknowledge the more runway, the better.

Q: Ms. Eichhorn - What happens with Medicaid eligibility for members? BT202023 assured members they would not lose eligibility. Would FSSA consider publishing a banner that would explain what happens afterward, especially if the member is over resources (so they can spend down while their eligibility is suspended)? In addition, do we know how many members would be suspended and for how long? Hoosier Action sent an email to everyone on the MAC and I hope we can address their issues.

A: Ms. Taylor - We will follow up with our eligibility team for more details. Best practice is to provide as much information as possible for members and providers. We will review a follow-up bulletin.

Q: YouTube – We would like to hear any updates related to the public health emergency unwinding plans. We are very concerned about potential massive disenrollments.

A: Ms. Taylor – During the last MAC meeting, we went through this in detail and that presentation is available on the MAC website. Nothing has changed. Our goal is to be as thoughtful as possible and provide runway prior to the end of the PHE. We have a targeted phase of 6-8 months following the end of the PHE for unwinding. We will focus our outreach efforts first on members who will likely not be eligible under normal operations and will utilize five separate mailings to reach them. The main message is for members to be aware, update their benefits portal information, and be responsive to any FSSA communications related to updating their information. Members may opt in for text messages with MCEs to remain engaged, and we will require MCE partners to actively work returned mail for members who may have moved. IHCP's normal operation is to engage with large groups of

providers and stakeholders, such as Covering Kids and Families, to help members navigate the changes. When we have additional information, we'll present to the MAC.

Q: Representative Clere – Members can opt into electronic notifications. Even if they haven't opted in, can we still send them electronic notices? Do we have information like cell phone numbers or email addresses? If they haven't opted in for electronic notification, can they still be notified? They should be able to receive electronic communication as long as it's legally allowed. The state collects and retains information through different agencies, like BMV, and there is an opportunity to cross-reference data via an MOU to get better electronic contact information. For those who are the most transient and vulnerable, it is important to connect with them early and often.

A: Ms. Taylor – We will need to verify if we can send notices even when someone does not opt in. MCEs will send electronic notifications as allowed.

VII. Closing Comments

The next regular quarterly meeting of the MAC is Wednesday, May 25, 2022, from 10 a.m. – 12 p.m. ET. More information about that meeting will be provided to MAC members closer to that date.

With no further business to conduct, the meeting adjourned at 3:06 p.m.