



Eric Holcomb, Governor  
State of Indiana

*Office of Medicaid Policy and Planning*  
402 W. WASHINGTON STREET, ROOM W374, MS 07  
INDIANAPOLIS, IN 46204-2739

## Medicaid Advisory Committee Agenda

**Wednesday, November 20, 2024**

**10:00am – 12:00pm**

**In person:** Indiana State Library Reference Room 211 – 315 W. Ohio St. Indianapolis, Indiana and on Zoom

Attendees: Ms. Elizabeth Eichhorn, Dr. Sarah Bosslet, Ms. Terry Cole, Sen. Shelli Yoder, Sen. Fady Qaddoura, Rep. Robin Shackleford, Mr. Eldon Whetstone, Ms. Zoe Frantz, Mr. Herb Hunter, Mr. Brian Arrowood, Ms. Lindsey Lux Kleman, Ms. Kathryn Box, Rep. Victoria Garcia-Wilburn, Sen. Andrea Hunley, Ms. Heather Fretwell, Rep. Ed Clere, Ms. Blaire Viehweg Hadley, Mr. Eldon Whetstone, Ms. Cora Steinmetz, Mr. Rodney King, Mr. Shane Springer, Ms. Julia Ketner, Ms. Deanna Ferguson, Sen. Shelli Yoder, Rep. Chris Campbell, Mr. Dick Rhoad,

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### **I. Call to Order – Terry Cole, Co-Chair, Indiana Hospital Association**

Ms. Cole called meeting to order at 10:10am

### **II. Approval of August 2024 minutes – Terry Cole, Co-Chair, Indiana Hospital Association**

Ms. Cole motioned to approve the August 2024 meeting minutes. Ms. Frantz moved to approve. Ms. Steinmetz seconded the motion.

### **III. Rulemaking Update – Amanda DeRoss, FSSA Staff Attorney**

(LSA #24-326) EPSDT Rule – Amends rule 405 IAC 5 to replace references to the early and periodic screening, diagnostic and treatment (EPSDT) schedule.

Rule was submitted to the Attorney General's office on November 1<sup>st</sup>. Once the Attorney General's (AG) office approves, the rule will be submitted to the Governor's Office for review.

(LSA #24-380) Calendar Year Rule – Amends 405 IAC 5 to update the language concerning reimbursement of certain services used by different systems. A public hearing was held November 13<sup>th</sup>. OMPP and OGC are reviewing and preparing for potential responses to public comments.

(LSA# 24-419) Pharmacists Rule Amends 405 IAC 1-11.5 to include licensed pharmacists as a provider type under the list nonphysician providers. Public comment period and hearing was posted on the Indiana Register on October 30<sup>th</sup> of this year and a public hearing for that rule will be held on December 2<sup>nd</sup>.

### **IV. Public Comment - Substance Use Disorder (SUD) and Serious Mental Illness (SMI) 1115 Waiver Renewal**

Dr. Fretwell, Ms. Frantz and Ms. Cole expressed full support for the waiver renewal.



## **V. Presentations**

- **Certified Community Behavior Health Clinic (CCBHC) Update - Lindsay Potts, Department of Mental Health and Addiction, Director of System Transformation**

Ms. Lindsay Potts provided an update on Certified Community Behavioral Health Clinic (CCBHC) and the 988-crisis response system. The CCBHC model transforms the Behavioral Health Care System to provide a comprehensive range of mental health and substance use services. The CCBHC was catalyzed by the Senate Act 1 which included 988 crisis response with the Medicaid demonstration. Anyone who requests care for mental health or substance use can access mental health services.

988 crisis line has grown exponentially through a three-tier system. The three-tier system as follows, is someone to contact, someone to respond and somewhere to go. First responders, criminal justice and hospital systems are typically the safety net for these calls.

Rep. Shackleford asked about coordinating an inpatient state facility. Ms. Steinmetz states that the 1115 SUD/SMI waiver allows the state of Indiana to receive federal reimbursement for inpatient settings.

Sen. Hunley asked if crisis receiving stabilization centers fall under the category private mental health institutions. Ms. Potts stated that crisis receiving stabilization centers are certified differently. Crisis stabilization centers have an hourly limit whereas private mental health institutions can have individuals from three to ten days. Regulation of the crisis receiving stabilization is discussed. Quality care and oversight for crisis receiving stabilization centers is evaluated by federal guidelines and community providers.

- **Pathways for Aging Implementation Updates- Holly Cunningham Piggott, Office of Medicaid Policy and Planning, Director of Care Programs**

PathWays for Aging is a Managed Medicaid Program that supports individuals that are sixty and older, while living in a nursing facility or receiving Home and Community Based Services through a waiver. The waiver previously known as the Aged and Disabled Waiver, now known as the Pathways Waiver. Services are delivered through Managed Care Entities (MCE), Humana, United Healthcare and Anthem. For MCEs to win contract they must also be enrolled in Medicare Advantage, Dual Eligible Special Needs Plans (D-SNP) services.

Temporary Emergency Financial Assistance Program (TEFAP) is a program for providers to receive financial assistance if they were having claims processing issues with the MCEs. The program is available to Providers that participated in claims testing in May. The state has received 275 applications. MCEs are also assisting providers that were not eligible for this program. Member Support Services (MSS) provide advocacy for members such as three-way calls with MCEs to explain things to members, file grievances, file appeals and meet in person.

There is no wait list for the Pathways for Aging Program.

Ms. Cole asked a question regarding about PathWays enrollment in which, United Healthcare has about the same enrollment as Humana. However, United Healthcare has half as many claims as the other two MCEs. Ms. Cunningham-Piggott states that Anthem and Humana are reprocessing some claims to readjudicate.

Rep. Clere asked about sustainability with PathWays Waiver invitation level. Ms. Steinmetz stated that invitation amounts are monitored. Invitations have ramped up so that individuals can receive access to care. Rep. Clere asked about tracking the outcome of individuals on the waitlist that did not receive a waiver. Ms. Steinmetz stated that reliable data is still being accumulated from financial eligibility systems and the AAAs. The level of care date will continue to be posted to the FSSA website. New categories for individuals on the waitlist that did not receive a waiver will be explored.

Rep. Shackleford encourages further Medicaid training for the MSS PathWays call center agents. Rep. Shackleford asked how many people are on the PathWays waiver. Ms. Steinmetz replies that 30,000 individuals are on the PathWays waiver with 5,000 open slots.

Sen. Qaddoura commented on the number of individuals on the waitlist compared to the rate of invitations per month. Ms. Steinmetz stated that depending on the increased slots for the waiver, the number of actual individuals to invite could run out before we get to July 1.

Rep. Garcia-Wilburn asked about the pending whistleblower litigation. Ms. Steinmetz clarified the state is not a party to that litigation.

- **Anthem PathWays Implementation Updates – Dawn Butler, Anthem Indiana PathWays Director**

Ms. Butler updated the committee on care and service coordination. She shared a success story of a member that connected with her care coordinator to lose weight and relieve pain.

Providers can find support through office visits, virtual webinars, phone calls and the Provider Portal. Minutes are always taken for the webinars so that the provider can reference the materials. Anthem is also participating in the Claims Advisory Workgroup. Ms. Butler shared a success story of a provider that had trouble submitting a claim but was able to resubmit a claim with the help of a Provider Representative.

- **Humana PathWays Implementation Updates – Emily Haydon, Humana Healthy Horizons Executive Director**

Ms. Haydon shared a success story of a member who suffered a medical emergency while visiting Michigan. Humana's care coordinator coordinated care and discharge across state lines, including transportation back to Indiana. The member was able to be successfully placed in a nursing facility close to family.

Provider support is offered both in-person and virtual education sessions weekly. The recent annual open house had over a thousand participants. Humana offers one on one with providers to answer any questions or concerns they may have. The Provider Relations team organized the State of Indiana into five areas and has a dedicated associate within each area to ensure coverage and assistance to all providers.

- **UnitedHealthcare PathWays Implementation Updates – Angie Eads, Director of Operations for Indiana PathWays, UnitedHealthcare**

Ms. Eads updated the committee on care and service coordination. UnitedHealthcare is contracted with eight AAA and three ICMs.

UnitedHealthcare partnered with CareBridge before PathWays as a wraparound enhanced service for PathWays members in addition to Service and Care coordination and HCBS before the PathWays implementation. CareBridge is a person-centered medical, behavioral support system that members can use at any time. CareBridge is deeply rooted in their experience to provide supports with an LTSS focus.

A Provider success story was shared about an Assisted Living Provider (ALP) that was having trouble submitting claims. The ALP found support through one-on-one contact with the UnitedHealthcare Claims Educator who took a provider-centered approach to assist with claims submission. Through this partnership they were able to work to improve processes for UnitedHealthcare and other PathWays Providers and successful claims submission for this ALP.

United Healthcare also provides support through weekly MCE/Association Meetings, individual training sessions and the Provider Claims Workgroup with OMPP. The contact information for the Provider Services Team was also shared.

**Meeting adjourned at 12:15pm**