



Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning

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INDIANAPOLIS, IN 46207-2739

Medicaid Advisory Committee

Meeting Minutes

Wednesday November 29, 2023

Indiana Government Center South and Zoom

Members and presenters in attendance:

Dr. Sarah Bosslet, Rep. Chris Cambell, Sen. Ed Charbonneau, Rep. Ed Clere, Mr. Michael Colby, Ms. Terry Cole (co-chair), Ms. Danielle Coulter, Ms. Elizabeth Eichhorn, Ms. DeAnna Ferguson, Rep. Rita Fleming, Ms. Zoe Frantz, Dr. Heather Fretwell, Ms. Blaire Hadley, Dr. Herb Hunter, Rep. Mike Karickhoff, Ms. Julia Ketner, Mr. Rodney King, Sen. Jean Leising, Mr. Luke McNamee, Mr. Gary Miller, Mr. Richard Nussle, Sen. Fady Qaddoura, Mr. Evan Reinhardt, Mr. Dick Rhoad, Mr. Shane Springer, Ms. Cora Steinmetz (co-chair), and Sen. Shelli Yoder.

I. Call to Order

Cora Steinmetz, Co-Chair, called the meeting to order at 10:07 a.m.

II. Approval of the May 2023 Minutes

Ms. Steinmetz invited a motion to approve the August 2023 meeting minutes. Ms. Julia Ketner moved to approve. Ms. Zoe Frantz seconded, and the minutes were approved with no changes.

III. MAC Updates

Meetings are set to continue meeting quarterly in 2024 as follows:

February 22, 1-3 p.m. in the Indiana Government Center South conference room B and Zoom

May 22, 1-3 p.m. in the Indiana Government Center South conference room B and Zoom

August 21, 10 a.m.-12 p.m. in the Indiana Government Center South conference room B and Zoom

November 20, 10 a.m.-12 p.m. in the Indiana State Library History Room 211 and Zoom

Ms. Steinmetz mentioned that the meetings would remain hybrid and invited a motion to approve the 2024 MAC meeting dates. Ms. Zoe Frantz moved to approve. Ms. Terry Cole seconded, and the meeting dates were approved with no changes.

IV. Rules

Ms. Steinmetz introduced Ms. Amanda DeRoss, FSSA staff attorney, to present one rule. Ms. DeRoss gave a brief overview of the rule and where it is in the promulgation process.

The CRMNF Rule, Comprehensive Rehabilitative Management Needs Facility, (LSA 23-727) amends 405 IAC 1-12-21 to increase the rate paid to any Medicaid-enrolled Large Private Intermediate Care



Facility for Individuals with Intellectual Disabilities that is licensed as a Comprehensive Rehabilitative Management Needs Facility. The last step, a Notice of Public Hearing was posted November 1, 2023 and the public hearing was to be held December 4, 2023. The next step, after the public hearing, the Office of General Counsel and the Office of Medicaid Policy and Planning responded to any public comments and made any necessary changes to the proposed rule. Ms. DeRoss invited questions.

Sen. Qaddoura asked a procedural question on whether the general assembly had a role in this process after feedback was received by the Office of General Counsel and the Office of Medicaid Policy and Planning. Ms. DeRoss responded that at this time there is not, but that the General Assembly is notified at the start of the rulemaking process. In the past, Ms. DeRoss has notified the Legislative Council via email, and the process slightly different under the HEA 1623 changes, but they are still notified. No further questions.

V. FSSA Updates

1. Rate Matrix update – Ms. Kathleen Leonard, OMPP Director of reimbursement and Actuarial Services

Ms. Kathleen Leonard stated the strategic objectives for rate setting are to use methods that comply with the Centers for Medicare and Medicaid Services (CMS) rules and to achieve the following: alignment, sustainability, promote person-centeredness and value-based purchasing, and to reduce disparities. Some rates are set by State or Federal regulation and others are set as a percentage of Medicare rates. Those with specific methodologies include PRTF services, pharmacy, nursing facilities, ICF/ID, and FQHC/RHC rates. Medicare percentages are used for hospice, some DME and medical supplies, emergency transportation, physician services, and maternity and behavioral health which are generally easier for providers to understand. The rate matrix provides a structure for periodic rate reviews for services that have not traditionally been re-rated frequently, such as: home health services, aging and DDRS waivers, dental services, non-emergency medical transportation, DMHA 1915(I) waivers and ABA therapy.

In 2023, the following have had updates to their rates and have been approved by CMS and implemented: division of aging (HCBS) and DDRS waivers (HCBS). Home health (HCBS) did not need CMS approval and was implemented in July 2023. The following rates have been processed and are waiting for CMS approval: non-emergency medical transportation services, dental services, physician/professional services, and DMHA waivers.

Discussion

Rep. Clere asked to go into more detail about dental rates for both adults and pediatrics. Ms. Leonard responded that there are three things happening with dental rates. First, because of regulations, rates must be equalized across managed care programs. Second, a ten percent strategic investment was proposed and approved. Lastly, many of the dental rates were set many years ago. As a result, a rate realignment was needed and FSSA worked with dental providers / stakeholders to refresh the dental rate structure. Most types of services received a rate increase, but some procedures saw a decrease and those reductions were supported by the provider group.

Mr. Springer brought up that they have not seen the new pediatrics proposed rates. There are concerns from providers about the reduction in HIP rates due to the equalization. Mr. Springer asked if there is concern about dental provider participation in the HIP program in the future. Ms. Steinmetz responded that equalization was a federal requirement, not a decision made by OMPP.

Rep. Clere asked if OMPP had any expectations on future provider participation in Medicaid. Ms. Steinmetz responded that OMPP does not think we have an expectation or target at this time but will monitor the trends.

Rep. Cambell asked about clarification about behavioral health practitioners and what their reimbursements will look like for LCSW, LMHC, LMFT, and HSPPs specifically. Ms. Leonard responded that Medicare does not cover dental services. Also, that they would need to take back that list of providers, but the one hundred percent was in reference to a general physician fee schedule. There are certain services that were out of the scope of this such as MRO services. Ms. Leonard asked for the list of providers in question so she could check and get back to Rep. Cambell with the information.

Sen. Qaddoura asked if the ABA amendment had been submitted to CMS. Ms. Leonard responded that the ABA rates still need to go through the public notice requirements. The SPA will not be submitted until after that. CMS is reviewing a draft of the ABA SPA.

Sen. Qaddoura asked about the suggestion to set that as the floor rate rather than the rate which does not change anything. Meaning that FSSA can still move forward with that rate but also provides flexibility to continue the dialogue between the providers? Ms. Leonard responded that the rates are being filed as a minimum fee schedule. We will continue to monitor this and adjust as necessary.

Sen. Qaddoura asked if the term “minimum rate” was going to be the language used. Hypothetically, from an administrative perspective, if you needed to increase the rate for a certain community of providers or certain region, that will be within FSSA jurisdiction to have that administrative negotiation with those providers to adjust that rate? Ms. Leonard responded that is a minimum fee schedule. The MCEs have more flexibility to make changes to those. We will need to look at how the access is turning out.

Sen. Qaddoura asked what the thoughts were on incentivizing rates to convince pediatric nurses to work after hours and weekends? Ms. Steinmetz responded that they have heard these concerns and continue to investigate the issue and working with provider agencies to ensure that they are incentivized to provide services when families are in need, including after hours.

Rep. Karickhoff asked why providers are being asked to accept the rate that has been paid prior to the adjustment being made? Ms. Leonard responded that the information was surprising considering the home health rates were implemented prior to 7/1/23. They may be thinking about waiver services which are in review.

Rep. Karickhoff asked would the AAA’s have anything to do with home health reimbursements or is that waiver based? Ms. Leonard responded that the AAA should not have any say with the reimbursement.

Ms. Frantz asked about HCBS funding and mental health and why the mental health waiver was not part of the others? And could you bring clarity on the DMHA waivers that are being evaluated? Ms. Leonard responded that they will be having internal discussions on the DMHA waiver rates. They are slated to be in the next round of rates to be updated and in the next appropriations bill.

Mr. Colby asked about the ABA rates. Ms. Steinmetz stated that information is available on the website.

2. *Maternal and Child Health initiatives – Dr. Maria Finnell, FSSA Chief Medical Officer and Ms. Elizabeth Wahl, Director, Indiana Pregnancy Promise Program*

Dr. Finnell began with some updates to extended coverage. Postpartum coverage for traditional Medicaid, Healthy Indiana Plan Maternity, and Hoosier Healthwise members was extended from sixty days to one-year, effective April 1, 2022. Prenatal tests and screening coverage in Medicaid covers certain prenatal screening, effective Dec. 1, 2022. The LARC (long-acting reversible contraception) carve-out has FQHCs and rural clinics separately reimbursed for LARC devices using the prospective payment system (PPS) rate, effective Nov. 1, 2022. The donor breast milk coverage states accredited donor milk banks are now considered eligible providers and are a stand-alone specialty, effective Nov. 1, 2022.

The perinatal psychiatry phone line was launched in March 2023 as part of CHAMP. It is a free statewide phone consultation line, with referral service and educational opportunities available to providers who work with adults eighteen years and older. Providers who call this line are connected to a psychiatrist within 30 minutes or at a specific call back time. At the end of the conversation, the provider will receive a brief written documentation of the recommendations via encrypted email.

The long-acting reversible contraception RFF 23-010 granted a \$1.15 million award to expand the number of clinical site partners by eleven or more.

The Hoosier families first fund RFS 23-7451 awarded \$4.5 million to invest in existing maternal child health programs meeting one or more of eight eligible spending categories to support healthy pregnancies and families.

The doula services as a Medicaid reimbursable benefit and sustainability planning for maternal home visiting are two sustainability initiatives that are in the planning stages. The purpose for the doula services will be to develop a comprehensive system for doula services as a Medicaid benefit. The purpose for maternal home visiting is to develop a sustainability plan for home visiting services to help offset costs by billing Medicaid to free up resources for other plans.

Lastly, the pregnancy promise program is a five-year cooperative agreement with CMS innovation centers, and we are currently in year four. The goal is to improve outcomes for pregnant and postpartum individuals and infants impacted by opioid-use disorders. FSSA administers the program in partnership with Medicaid Manager Health plans to offer enhanced high-risk OB case management services to participants. Sustainability planning for this program is first, a comparison analysis that is underway and led by the FSSA Data and Analytics team, and second the ongoing communication with MCEs to develop long-term programming.

Discussion

Sen. Charbonneau asked if the twelve-month postpartum coverage was in effect? Dr. Finnell responded that yes, it is in effect. It is important for the member to be noted as pregnant in the system by DFR.

Sen. Yoder asked if we are documenting information from the mothers about why these results are occurring? Is the ninety-four percent retention of mothers over the course of a year or since the start of the program? Dr. Finnell responded that we know anecdotally. We are trying to compare women in the program compared to women outside the program. The medical needs are important, but so are the social and other holistic needs of the women in the program. It typically takes seven to eight asks to get the women into the program. Other programs do not go that long.

Rep. Karickhoff asked how many people are in the program? Would that be the reason we have good participation? Dr. Finnell responded that we have 675 enrollees to date with 475 infants born to date. It's around 380 since some are now out of the program.

3. *Indiana PathWays for Aging update – Ms. Holly Cunningham-Piggott, OMPP Director of Care Programs, Kimberly Bremer, PathWays and HCC Director, Clarissa Loveall, PathWays Manager, and Darcy Tower, Director of Provider Experience*

Ms. Steinmetz stated this would not be the last time that PathWays was discussed before July 1, 2024. Ms. Cunningham-Piggott provided a summary on PathWays, eligibility for the program and the quality goals of the program being person-centered services and supports, ensuring smooth transitions, and access to services of the members' choice. PathWays is a managed long-term service and support program and was awarded to Anthem, Humana, and United Healthcare as the MCEs for health plans. Each one offers the same Medicaid health coverage, care coordination services and enhanced value-based benefits. Members can begin plan selection February 2024. OMPP and the MCEs are working collaboratively using the readiness review process to ensure everyone is on the same page and ready for PathWays launch.

In February, members will begin to receive notices from their enrollment brokers to begin their plan selection. In May, members will receive a sixty-day notice of PathWays enrollment with plan benefit and contact information. In June, members will receive their welcome packet from their assigned plan. Then on July 1, members will begin active coverage with PathWays.

Ms. Tower shared the different avenues being used to share information on PathWays with the public and current members. It was also expressed that these help individuals understand the language being used and recognize that it is important to pay attention to. On the PathWays website, www.IN.gov/PathWays, members can find FAQs, digital promotion kits and more items planned for the future. There is also the PathWays phone number open for general questions, 87-PATHWAY-4 (1-877-284-9294). Questions can also be sent to backhome.indiana@fssa.IN.gov and then add those questions eventually to the FAQ PathWays page.

Discussion

Rep. Clere asked about Molina being dropped from the MCE list and why OMPP was not considering one of the other providers in the running to replace Molina. Ms. Steinmetz responded that we have not initiated contracts with any MCEs, yet; that will come at the end of the readiness review period. Each MCE needed to have DSNP contract and Molina was not able to secure a DSNP contract with CMS approval, thus they were unable to participate. We do believe that the three MCEs that are selected will still provide a robust coverage. The current three MCEs cover roughly ninety percent of the current DSNP population in Indiana. We did not go into the selection with having four MCEs in mind.

Rep. Clere asked if any of the MCEs that responded to but were not selected, were able to already meet the DSNP requirement? Ms. Cunningham-Piggott answered that they needed to look up that information and get back to them.

Rep. Fleming asked about how Humana has limited their insurance offerings – given their narrow portfolio, are they still eligible to operate as an MCE? Do any of the three MCEs own nursing homes? Ms. Cunningham-Piggott responded that yes, they are. They are currently operating a DSNP in the state and were approved to continue when they submitted their contract to CMS earlier this year. None of them own nursing homes, but we would have to ask them specifically about owning any subsidiaries that may own nursing homes. We want to ensure people can age at home and in community-based housing.

Rep. Karickhoff asked how many plan selection notices are going out. Ms. Cunningham-Piggott responded that 130,000 notices will come out in February, along with follow-up phone calls and MCE outreach. Maximus is the enrollment broker working on this. Ms. Steinmetz also responded that, based on how we have rolled out managed care programs in the past and lessons learned from past operational parameters, led us to change course.

Sen. Qaddoura asked how the CHOICE program will fit into the PathWays program. Ms. Cunningham-Piggott responded that individuals in the CHOICE program will be eligible for PathWays, and we will be working with the MCEs and AAAs to notify these individuals.

Rep. Clere expressed his concern based on our information and what he is hearing from the AAAs. Ms. Steinmetz recognized the concern and reiterated that we are working on maintaining strong communication with the MCEs.

Sen. Yoder asked if we could walk through the process by how they get a letter? Ms. Tower responded that the person answering the call has resources to address any questions and help explain how their current situation will change and who they will need to work with case managers. There will be targeted letters depending on if the individual is currently in an HCBS program and will let the individual know who to contact. Part of the role of Maximus is to educate the individual on the differences of the MCEs and who to choose. Ms. Steinmetz added that the plan selection process is not a new process, and in our other programs, this already occurs, and we do have some lived experience and lessons learned to ensure members are well directed. Ms. Steinmetz said we can provide more information in the February MAC meeting with scripts and other info on this process.

VI. Comments

Rep. Clere asked that the questions about the Pregnancy Promise section from Tony Gillespie from the YouTube comments be answered. The questions are as follows:

- Are the services culturally and inclusive and appropriate for racial/ethnic families?
- With the doula services, it is important to build a reimbursement model that factors in the significant racial/ethnic disparities impacting Black expectant families.
- What is planned to provide outreach and engagement targeting Black and Brown expectant families?
- Is there a methadone component to this program? (MAT)
- Are there still consumer/community engagement efforts taking place?

Beckie Northwood from the YouTube comments asked for consideration of incorporating dialysis services into the rate matrix.

Ms. Frantz asked where Medicaid stands with the waiver for the incarcerated? Ms. Steinmetz responded that the justice-involved population is one that OMPP is continuing to develop a strategy. Other states, Kentucky in particular, have submitted 1115 Waivers to address this population, and we are monitoring the outcomes of these. It is our understanding that CMS is behind on processing these waivers and that once we see how other state waivers are treated, we will take appropriate action.

Rep. Karickhoff wanted to note that the contractors and AAAs are rigid to their call scripts, and it can be difficult for the elderly to communicate with them. Ms. Steinmetz thanked Rep. Karickhoff for his comments and recognized his concern.

VII. Next Meeting

The next meeting will be Thursday, Feb. 22, 2024, from 1 p.m. – 3 p.m. in a hybrid format. With no further business to conduct, the meeting adjourned at 12:07 p.m.