Indiana Medicaid: On the Road Again

Michael Cook
Elizabeth Killian
DaCoda Love
Scott Piller
Trevor Rhoad

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



Agenda

- 1. Return to Normal
- 2. Prior Authorization (PA) and Utilization Management (UM) Vendor Transition
- 3. HIP Equalization Efforts
- 4. Indiana Pathways to Aging
- 5. Introductions of IHCP Partners and Top Initiatives



Return to Normal



Medicaid Continuous Coverage Requirements

As a result of the Families First Coronavirus Response Act passed in early 2020, Medicaid agencies were eligible for additional federal funding during the COVID-19 public health emergency if they met the following criteria:

- Maintained Medicaid eligibility for existing members in current or better category
- Limited disenrollment to members who:
 - 1. Moved out of state
 - 2. Requested disenrollment
 - 3. Are deceased
 - 4. Aged out of CHIP



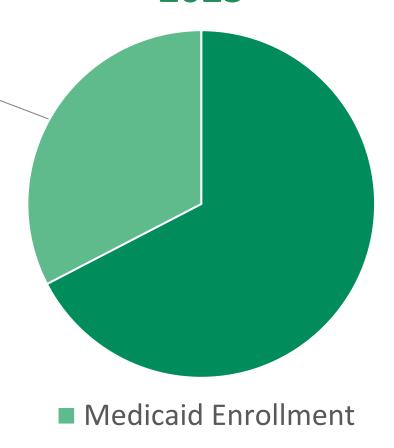
Hoosiers Receiving Medicaid in 2023

Hoosiers are currently on Medicaid

33% of

Indiana Population¹: 6,805,985

Medicaid Enrollment²: 2,219,595





^{1.} https://www.census.gov/quickfacts/IN

^{2.} March 2023 Medicaid Monthly Enrollment Report, https://www.in.gov/fssa/ompp/forms-documents-and-tools2/medicaid-monthly-enrollment-reports/

Medicaid Continuous Coverage Requirements

During the federal public health emergency:

- Indiana has continued all normal Medicaid eligibility processes, including annual redeterminations, during the federal PHE—but we did not disenroll the members who failed eligibility
- The state has kept track of which individuals are only eligible for their current
 Medicaid category because of the continuous coverage rules



Current Status

- As a result of the recently passed federal spending bill, the continuous enrollment provisions that Indiana Medicaid has been following since March 2020 ended as of March 31, 2023.
- These requirements are no longer tied to the federal public health emergency, so any further extension of the PHE itself will not impact the timing of returning to normal operations for Medicaid eligibility.
- This means that regular determinations of coverage will begin again and actions to adjust, reduce or eliminate coverage will be allowed beginning in April 2023.



Medicaid Eligibility Review Actions

Approximately 75% of total Indiana Medicaid membership:

- Continued to meet all eligibility requirements
 - Responded to ongoing verification requests
- Starting in April, individuals in this group who do not respond to requests for information or who are determined to no longer qualify for coverage can be disenrolled or moved to a lesser-coverage category

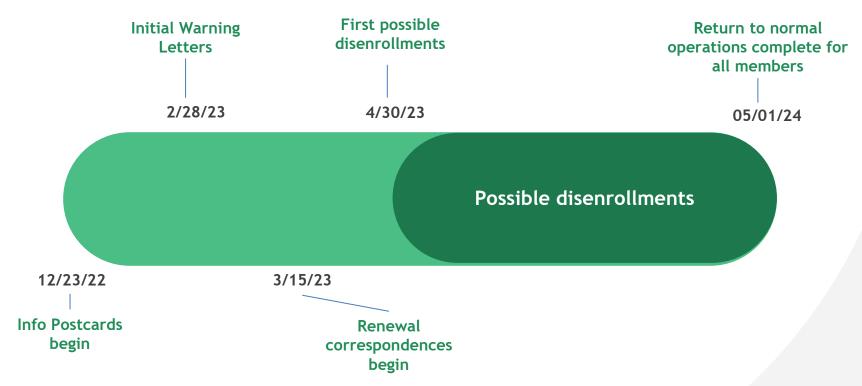
Remaining 25% of Indiana Medicaid membership:

- Remained open solely due to federal PHE maintenance of eligibility rules
- We will process roughly 1/12 of this group each month

Individuals in this group cannot be closed or moved to a lesser-coverage category before their full redetermination process is completed.



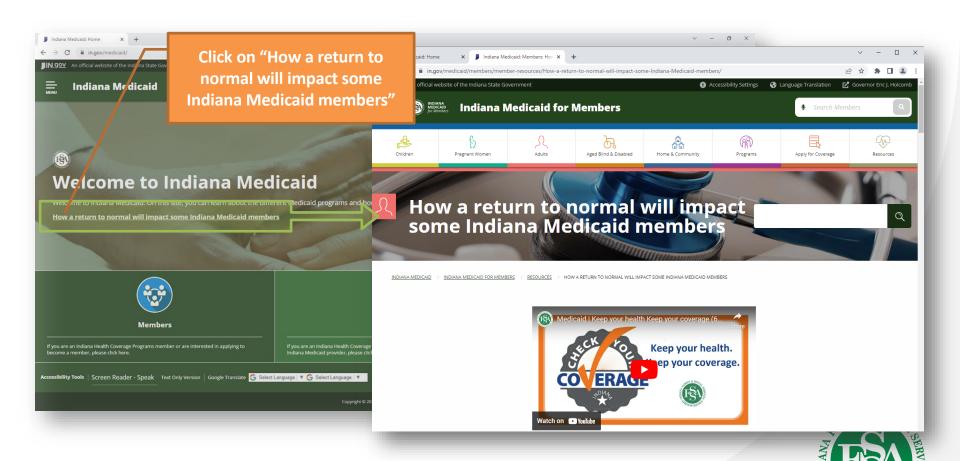
Redetermination Efforts



- Disenrolled members will have information transferred to federal Marketplace for Special Enrollment period (March 2023-July 2024)
- Members 65+ can look into Medicare coverage



Member Communications: IN.gov/Medicaid



Communication Tools: IN.gov/Medicaid

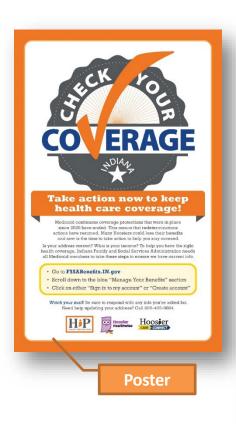
Tools available on web page:

- General information for members; including how to update their contact information or sign up for electronic notices, FSSA Benefits Portal "How to Navigate" flyer, special instructions for individuals experiencing homelessness
- Posters, postcards, and flyers (download and print, or option to order in bulk for free) in English, Spanish, Burmese, and large print
- Social media assets (Facebook, Instagram, Twitter), key message points and FAQs
- Stakeholder information; including slide decks and recordings of stakeholder meetings, information on the Agency Portal, and link to sign up for listserv
- Sample notices and copies of reports submitted to CMS

We will continue adding communication tools and information



Member Communications: Outreach Materials







Flver

Postcard

Large-print flyer



Medicaid benefits because coverage protections from the federal public health emergency have ended. Taking action now could help you stay covered.

alth care coverage!

that were in place since 2020 tions actions have resumed. Many w is the time to take action to help

Is your address correct? What is your income? To help you have the right health coverage, Indiana Family and Social Services Administration needs all Medicaid members to take these steps to ensure we have current info.

- . Go to FSSABenefits.IN.gov
- . Scroll down to the "Manage Your Benefits" section . Click on "Sign in to my account" or "Create account"

Watch your mail! Be sure to respond with any info you're asked for Need help updating your address? Call 800-403-0864



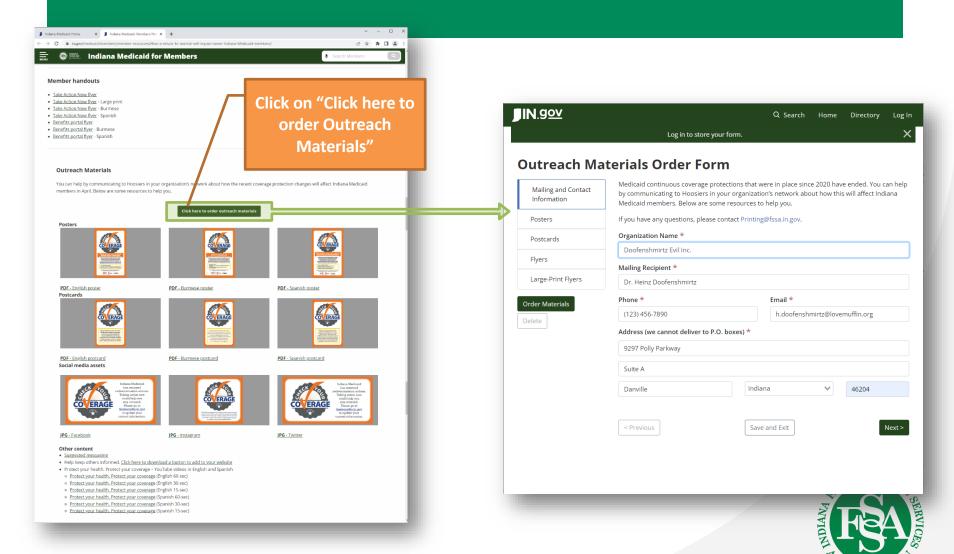








Member Communications



An important note for providers...

As a reminder, member eligibility for Medicaid needs to be verified prior to providing services. With normal eligibility rules resuming, some members who had remained eligible will lose coverage, and services will not be covered for these members when their coverage ends.

Qualified Presumptive Eligibility (PE) providers can submit a Presumptive Eligibility application to give temporary coverage to eligible individuals whose Medicaid coverage has ended.



What you can do...

- Watch for updates
- Talk to your clients, patients, and those you serve about how the return to normal operations could impact them
- Include content in your newsletters and any direct client/patient communications you do
- Print or request posters and postcards from our website to display and hand out
- Spread the word! Use our social media assets to help educate Hoosiers who may be at risk of losing coverage



PA/UM Vendor Transition



PA/UM Management Transition

Beginning July 1, 2023, Kepro will take over as the prior authorization (PA) and utilization management (UM) vendor for the IHCP. Kepro will work with current vendors to ensure PA/UM responsibilities are carried out seamlessly.

- Non emergency transportation PA will continue to be managed by Verida.
- Claim processing will continue to be managed by Gainwell.
- Pharmacy authorizations covered under the FFS pharmacy benefit will continue to be processed by OptumRx.



Provider Training Opportunities

Kepro has designed provider training programs to ensure that providers are able to embrace Kepro's policies, procedures, regulations, and statutes. Training opportunities and resources include the following:

- User Guides
- Quick Reference Guides
- Computer Based Trainings
- Individualized Training (as needed)

Provider trainings will cover a wide range of Atrezzo's functionality to ensure providers are able to navigate the portal with ease.



Training Objectives

- Portal Registration and Multifactor Authentication (MFA)

- Assists providers in understanding the information needed to complete registration, understanding how to complete a group account, understanding how to complete registration for additional NPI numbers and understanding system features for account management (adding/removing users, resetting passwords, etc.).

Provider Portal System Training

- Assists providers in understanding the Atrezzo portal login, how to submit new requests, how to view saved requests, how to upload supporting documentation, how to request administrative review, and how to navigate the secure messaging portal.

Benefit Specific Training

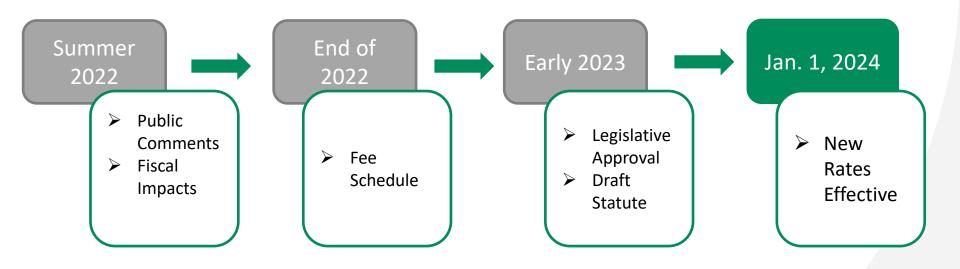
- Assists providers in having the knowledge to obtain service authorizations. Providers will have a comprehensive understanding of service definitions, submission protocols, and the administrative review processes.



HIP Equalization Efforts



HIP Equalization Project





HIP Equalization Project



HHW HCC FFS



Indiana Pathways for Aging Updates



The beginning of Indiana Pathways for Aging goes back to 2019:

- Plan was formed to reform the State's Managed Long-Term Services and Supports (MLTSS) program
- Indiana's new MLTSS program
 - Hoosiers over 60 can age at home
 - Eligible: Age, blindness, or disability
- What will Change?
 - Easier access to home and community based services (HCBS)
 - Starting managed long-term services and supports
 - Improving the quality of care
 - Improving the monitoring of the system
 - Recruiting, training, and keeping workers



The Indiana Pathways for Aging program has three goals:

- Person-Centered Services and Supports develop service plans and deliver services in a manner that is person-centered, member-driven, and holistic; involves caregivers; and addresses social determinants of health.
- Ensuring Smooth Transitions ensure continuity of care and seamless experiences for members as they transition into the Pathways program or among providers, settings or coverage types.
- Access to Services (Member Choice) assure timely access to appropriate services and supports to enable members to live in their setting of choice and promote their well-being and quality of life.



The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) announced the MCEs recommended for award to serve members in the Pathways program:

- Anthem Blue Cross and Blue Shield (Anthem)
- Humana Healthy Horizons in Indiana (Humana)
- Molina Healthcare of Indiana (Molina)
- United Healthcare Community Plan (UHC)



- Member Enrollment Services Vendor = Maximus/Ascend
 - Determine nursing facility level of care
 - Conduct initial financial eligibility screening
- Member Enrollment Services Broker = Maximus
 - Help eligible members determine HCBS or nursing facility
 - Help eligible members select MCE
 - Perform warm handoff to MCE or Division of Disability and Rehabilitative Services

Indiana
Pathways
for Aging
Waiver
(60+)*

Health & Wellness Waiver (59 and under)*

Traumatic Brain Injury Waiver Medicaid State Plan Nursing Facility Services



What comes next?

- Pathways HCBS Provider Roundtable Events
 - Last two weeks of April & beginning of May
 - 1st week (4/17-4/21): Indianapolis, Terre Haute, Vincennes, Columbus
 - 2nd week (4/24-4/28): Muncie-Anderson, Fort Wayne, South Bend, Lafayette, Kokomo, Chesterton
 - 3rd week (5/3-5/5): Virtual options

Indiana Pathways for Aging will go live in summer of 2024

Need more info or have questions?

- <u>INformIndiana.com</u>
- Who at FSSA to contact:
 - Darcy Tower, Director of Provider Experience- <u>Darcy.Tower@fssa.in.gov</u>
 - Ashton Driscoll, LTSS Sr. Provider Relations Specialist- <u>Ashton.Driscoll@fssa.in.gov</u>



Contact Us

Provider Services Director

Michael Cook (Michael.Cook@fssa.in.gov)

Provider Relations Manager

Elizabeth Killian (Elizabeth.Killian@fssa.in.gov)

Provider Relations Specialists

DaCoda Love (DaCoda.Love@fssa.in.gov)
Scott Piller (Scott.Piller@fssa.in.gov)
Trevor Rhoad (Trevor.Rhoad@fssa.in.gov)

OMPPProviderRelations@fssa.in.gov IHCPListens@fssa.in.gov



Questions? Visit OMPP Provider Relations table



IHCP Partner Introductions and Highlighted Initiatives



Open House Discussion



IHCP Roadshow Survey

How was the Roadshow? Let us know. Take the survey!





