



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 Minutes

Wednesday, August 21, 2024

10:00am – 12:00pm

Indiana Government Center South and Zoom

Members in attendance: Mr. Evan Reinhardt, Ms. Kim Williams, Mr. Richard Nussle, Sen. Qaddoura, Rep. Robin Shackelford, Dr. Sarah Bosslet, Rep. Mike Karickhoff, Rep. Ed Clere, Sen. Shelli Yoder, Ms. Sydney Moulton (for Ms. Zoe Frantz), Ms. Blaire Hadley, Mr. Luke McNamee, Rep. Chris Campbell, Ms. Cora Steinmetz, Rep. Victoria Wilburn-Garcia, Sen. Jean Leising, Ms. Julia Ketner, Sen. Ed Charbonneau, Ms. Brandi Foman, Mr. Dick Rhoad, Ms. Katie Feley, Ms. Danielle Coulter, Mr. Ed Rosenbaum (for Mr. Shane Springer), Mr. Herb Hunter

I. Call to Order – Cora Steinmetz, Co-Chair, Indiana Medicaid Director

Ms. Steinmetz called meeting to order at 10:05am.

I. Approval of May 2024 minutes – Cora Steinmetz, Indiana Medicaid Director

Ms. Steinmetz invited the motion to approve the May 2024 minutes. Sen. Charbonneau moved to approve. Rep. Garcia-Wilburn seconded the motion, the minutes were approved with no changes.

II. Rulemaking Update – Amanda DeRoss, FSSA Staff Attorney

1- HIP Prescription Drug Supply (LSA24-182)

LSA #24-182 amends rule 405 IAC 10-7-6 to allow Healthy Indiana Plan (HIP) basic members to receive 90-day prescriptions, which has increased from 30 days. Rule has undergone the public comment period and submitted to the Office of the Attorney General on August 2nd for further review and approval. Once approved, it will be submitted to the Governor's Office for review. Ms. DeRoss invited questions; no questions were asked.

III. FSSA Presentations

1. Lynne Mong, HIP and Hoosier Healthwise Director, Healthy Indiana Plan (HIP) Annual Update

The HIP Annual Update was presented in accordance with federal post award requirements. Topics included the HIP delivery system, eligibility and population. Other updates included the HIP federal reporting, enrollment and utilization.

HIP is delivered through a Managed Care delivery system which means members are enrolled to receive services through Managed Care Entities (MCEs). Entities include, Anthem, CareSource, Managed Health Services (MHS) and MDwise. HIP members are given an opportunity to select their MCE each year during annual selection period from November 1st through December 15th or at any time for just cause. The state contracts with an enrollment broker, Maximus, to provide unbiased answers to members' questions and assistance making an informed decision about



which MCE to select. One of the benefits of MCEs are enhanced services for the general health and well-being of HIP members.

HIP eligibility includes Indiana residents, ages 19-64, with a household income under 138% of the Federal Poverty Level (FPL), and individuals cannot be eligible for Medicare or any other Medicaid category.

Health coverage through HIP serves a significant population of the state of Indiana. Last year, HIP made up 39% of Indiana's Medicaid enrollment. As of June 2024, HIP had 696,340 enrolled members which is higher than pre-pandemic enrollment counts. HIP kept Hoosiers healthy by covering preventative care such as mammograms, cholesterol screenings and routine checkups. HIP members have benefitted from 859,290 preventative and primary care services. Ms. Mong thanked the committee and welcomed public comment. Ms. Steinmetz did interject with a disclaimer that OMPP is not able to comment on the ongoing HIP litigation and encouraged MAC members to refrain from questions regarding litigation strategy.

Rep. Shackleford asked for a broad statement regarding the HIP litigation. Ms. Steinmetz stated that the case began in 2019 challenging aspects of the HIP design including the POWER account structure which is also codified in Indiana Law. The litigation paused during the public health emergency (PHE). The State of Indiana received a ruling back in June that vacated the 1115 waiver. An appeal of the decision is being pursued.

Rep. Shackleford asked for the specific dental rate in HIP. Ms. Steinmetz responded there are many dental codes, there is not a specific number that we could point to. There is a process set up with a group of providers that is on a rate matrix that follows the rate setting process

Rep. Shackleford's asked about unwinding-related decreases. Ms. Mong responded that the 100,000-person decrease may not be people who lost coverage. They may have been moved to a different category.

Rep. Clere asked whether the litigation risked the enhanced Federal Medical Assistance Percentage (FMAP) for the HIP program. Ms. Steinmetz responded that the authority for enhanced FMAP is derived outside the waiver.

Rep. Clere asked a question regarding the possibility of transitioning Medicaid members from HIP Plus to HIP basic. Ms. Steinmetz referenced the committee to a public letter sent to CMS also posted on FSSA website.

Sen. Liesing asked about the breakdown of the percentage of males and females and age ranges being served on HIP. Ms. Steinmetz stated that this information is available on the public enrollment dashboard.

Mr. Ed Rosenbaum asked a question referring to the dental rate matrix. He asked if there was a hold on the 2% annual increase for the dental rate matrix. Ms. Steinmetz replied that the 2% increase is one of FSSA cost containment strategies related to the Dec. 2023 forecast.

2. Andrew Sekeres, Policy Developer, Substance Use Disorder (SUD) / Serious Mental Illness (SMI) Waiver 1115 Annual Update

Mr. Andrew Sekeres provided the SUD/SMI Waiver update to the committee. There has been an increase in Medicaid members with an SUD diagnosis. The 1115 waiver grants the ability to use residential facilities in our state. Facilities are certified through the Indiana Division Mental Health and Addiction (for adult facilities) and the Department of Children Services (for youth facilities) by utilizing the American Society of Addiction Medication (ASAM) Criteria.

The SUD/SMI waivers are generating a decrease in Emergency Department (ED) stays for acute crises. There is an increase in access to outpatient clinics and stays in partial hospitalization facilities for individuals with SMI and SED. Additional conversations around behavioral health and SUD coupled with increased access to Institutions for Mental Disease (IMDs) and residential facilities accessible through 1115 Demonstration Waiver have helped decrease the stigma and improve options for those seeking assistance in recovery.

Sen. Yoder asked about how many beds are available in the state. Mr. Sekeres stated that there are 3,447 available beds. Sen. Yoder had a question asking if mental health facilities are equally distributed throughout the state. Mr. Sekeres stated that some areas of the state have a lack of mental health facilities attributed to the urban and rural divide. Mobile Crisis Units are helping individuals with access to care.

Rep. Clere had a question about the extent HIP 2.0 plays in behavioral health related waiver services. Ms. Steinmetz stated that the information given on the role of waiver services for behavioral health covered the entire

Medicaid population. Ms. Mong included that the data for SUD/SMI waivers are based on diagnosis rather than other eligibility factors that are considered for HIP.

Sen. Garcia-Wilburn asked a question regarding how many mental health facilities take youth. Mr. Sekeres stated that mental health facilities are also licensed by Division of Children Services.

Rep. Karickhoff had a question about the annual spike of ED visits from February to March listed on slide from 2021-2023. Ms. Steinmetz stated it could be seasonal.

[Public comment begins please see transcription attached]

2023 HIP Annual Report is available for review a [FSSA: HIP Documents and Resources \(in.gov\)](#)

3. Holly Cunningham-Piggott, Director of Care Programs, Pathways Implementation

Ms. Cunningham-Piggott presented an update on Pathways Implementation. Pathways is a managed Medicaid program for individuals 60 years and older that are eligible for Medicaid. The Pathways MCE contracts are with Humana, United Healthcare and Anthem.

“Secret shopper” calls have been implemented for the MCEs through a member support vendor. On-Site audits have happened to monitor MCE performance. Member Support Services (MSS) serves an ombudsman-like role via the vendor Maximus. Members can call MSS to receive education, support, help with filing grievances and appeals. Top call reasons from the first 45 days included care and service coordination, requests for medical supplies, home health prior authorization questions, and pharmacy inquiries.

A PathWays Resolution Tracker has been implemented. 400 issues have been logged with 300 resolved. MCEs must also submit a claims payment report every week. Ms. Cunningham-Piggott invited questions.

Sen. Qaddoura asked about the number of open slots available on the waitlist compared to how many people are on the waitlist. Ms. Steinmetz responded that a new website with waiver waiting list dashboard states how many waitlist invitations are sent each month. The official number on the waitlist are 4,431 for the Health & Wellness waitlist and 9,247 for the PathWays waiver.

Rep. Campbell reached out with a story from a constituent regarding the availability of incontinence supplies. Ms. Cunningham-Piggott stated that constituents can directly reach out to PathWays helpline listed for additional assistance. Constituent questions can also be funneled through Mr. Gus Habig, the legislative liaison for FSSA.

Rep. Shackleford asked about longstanding delayed reimbursements to providers. Ms. Steinmetz stated that PathWays has been live for 45 days, any year long outstanding claims issues would not be related to the PathWays program. Ms. Steinmetz also encouraged any anecdotal issues coming from providers should be directly addressed by Ms. Cunningham-Piggott’s team for a full context of the concern.

Rep. Shackleford asked about the reimbursement for case management. Ms. Steinmetz responded that every member on the PathWays waiver receives care coordination and service coordination and every member in the PathWays program receives care coordination. Ms. Cunningham-Piggott stated that on-site audits to review member service calls to ensure that care coordination information is clear.

Rep. Shackleford asked how a member receives a member ID. Ms. Cunningham-Piggott stated that members can call the member services line for more information.

Rep. Shackleford’s final question was regarding the Medicaid claims on the all payer claims database. Mr. Arrowood, the FSSA Chief Information Officer, stated that Medicaid claims are included in the database.

Rep. Clere asked a question regarding PathWays members switching MCEs within a calendar year. Ms. Cunningham-Piggott stated that members can change with the first 90 days and once in a calendar year from the redetermination date and for just cause.

Rep. Clere asked a question about the duration members are on the Health and Wellness waitlist. Ms. Steinmetz added that a waiting list provider workgroup is working to have a strong understanding of operational inputs to improve the speed at which individuals are invited off the waitlist.

Rep. Clere asked about the Anthem NDA issue. Ms. Cunningham-Piggott stated that the NDA is exclusive to government contract negotiations. Once the contract is signed, the NDA is no longer valid. The NDA is involved to include the proprietary information in government contracts.

Rep. Garcia-Wilburn asked a question regarding reimbursement for Medicaid approved transportation. Ms. Cunningham stated that some MCEs had issues with the specific types of claims submitted without a modifier. Modifiers must be submitted for claim reimbursement. Provider education will be distributed to implement on appropriate claim submission.

Sen. Qaddoura requested estimates or projections for the upcoming budget session of the level of funding needed to eliminate the PathWays waiver and the Health and Wellness waiver. Ms. Steinmetz stated that she anticipates enhanced budget forecasting process will make that information available for decisionmakers but this information is not yet quantified.

Rep. Shackelford requested that the MCEs attend the PathWays update the MAC in November. Rep. Shackelford asked a question about home health care in the context of Medicaid and Medicare. Ms. Steinmetz stated that the regulation between Medicaid and Medicare structure is complex but can provide more information on that at a future meeting.

Lindsay Potts, Director of System Transformation for the Division of Mental Health and Addiction, Certified Community Behavior Health Clinic (CCBHC) 101 Update - will be addressed next meeting.

The next meeting will take place **Wednesday November 20th, 2024, 10am-12pm (Indiana State Library: Reference Room 211)**

Meeting adjourned at 12:51