

Medicaid Advisory Committee

November 20, 2024



SMI/SUD 1115 Waiver Renewal: Public Hearing and Comment Period



SUD / SMI 1115 Waiver Renewal Public Comment

- Request 5-year renewal of Substance Use Disorder (SUD) / Serious Mental Illness (SMI) 1115 waiver to continue providing inpatient coverage for individuals with SUD and SMI diagnoses in an Institution for Mental Disease (IMD) setting. Current waiver authorized through December 31, 2025.
- Request new authority for Former Foster Care Youth to provide coverage for Indiana residents who are former foster care youth under age 26 who turned 18 years of age before January 1, 2023, and were in foster care under the responsibility of another state when they turned 18 and were enrolled in Medicaid at that time.
- Full documentation is available at <https://www.in.gov/fssa/hip/newsroom/public-notices/>

Opportunities for Waiver Renewal Public Comment

Public Hearings:

Friday, November 15, 2024

11:00 a.m. – 12:00 p.m. EST

Indiana State Government Center South, Conference Room 1 – Wabash Hall

302 West Washington St. Indianapolis, IN 46204

Wednesday, November 20, 2024

10:00 a.m. – 12:00 p.m. EST

Medicaid Advisory Committee

Indiana State Library, Reference Room 211

315 West Ohio St. Indianapolis, IN 46202

Via mail:

Family and Social Services Administration

Office of Medicaid Policy and Planning

ATTN: Madison May Gruthusen

402 W. Washington St., W374

Indianapolis, IN 46204-7083

Via email:

INMedicaidGA@fssa.IN.gov

Please include “SUD/SMI 1115 Extension” in
the subject line

988 and Certified Community Behavioral Health Clinics
Resources for Individuals with Behavioral Health Needs

Lindsay Potts MSW, LCSW
Director of System Transformation
Division of Mental Health and Addiction

What is CCBHC?

As directed by SEA1 (2023), DMHA is expanding the Certified Community Behavioral Health Clinic (CCBHC) model statewide to transform the current behavioral health system. CCBHCs are specially-designated clinics that provide a comprehensive range of mental health & substance use services.



National Council for Mental Wellbeing

The CCBHC model is a proven outpatient model that:

- **Ensures access to integrated services** including 24/7 crisis response and medication-assisted treatment
- **Meets strict criteria** regarding access, quality reporting, staffing, and coordination with social services, justice, and education systems
- **Receives funding** to support the real costs of expanding services to fully meet the need for care in communities



WHO can access CCBHC services?

- Anyone who requests care for mental health or substance use
- Accessible regardless of one's ability to pay, place of residence, or age
 - Includes developmentally appropriate care for children and youth

Nine Core Services



Crisis Services



Screening, Diagnosis, & Risk Assessment



Psychiatric Rehabilitation Services



Outpatient Primary Care Screening & Monitoring



Targeted Case Management



Peer, Family Support, & Counselor Services



Community-Based Mental Health Care for Veterans



Person- & Family- Centered Treatment Planning



Outpatient Mental Health & Substance Use Services



Current BH System → Future CCBHC State

Indiana's Behavioral Health (BH) system is ready to **transform to the future state, with the CCBHC framework as the backbone.**

Structural barriers and practices keep care siloed and leads to disparate service provision



Established standards for integrated and coordinated care



Fee-for service drives quantity, so programs are designed by what is billable



Prospective payments can be tied to outcomes & quality, so programs are designed to meet needs



Staff turnover is high due to low pay



Better salaries achievable through prospective payment system (PPS)



Transforming Reimbursement Structure

The current CMHC system is funded through many siloed sources, resulting in an rigid system that is confusing to navigate. The CCBHC model streamlines the reimbursement structure with a clinic-specific Medicaid Prospective Payment System (PPS) Rate.

Current State CMHC Funding & Reimbursement

Federal Block Grants

Provider Contracts

Misc. Grants + Donations

County Dollars

MRO (Estimated Match - Reconciliation Payments)

Net Patient Service Revenue (Medicaid)

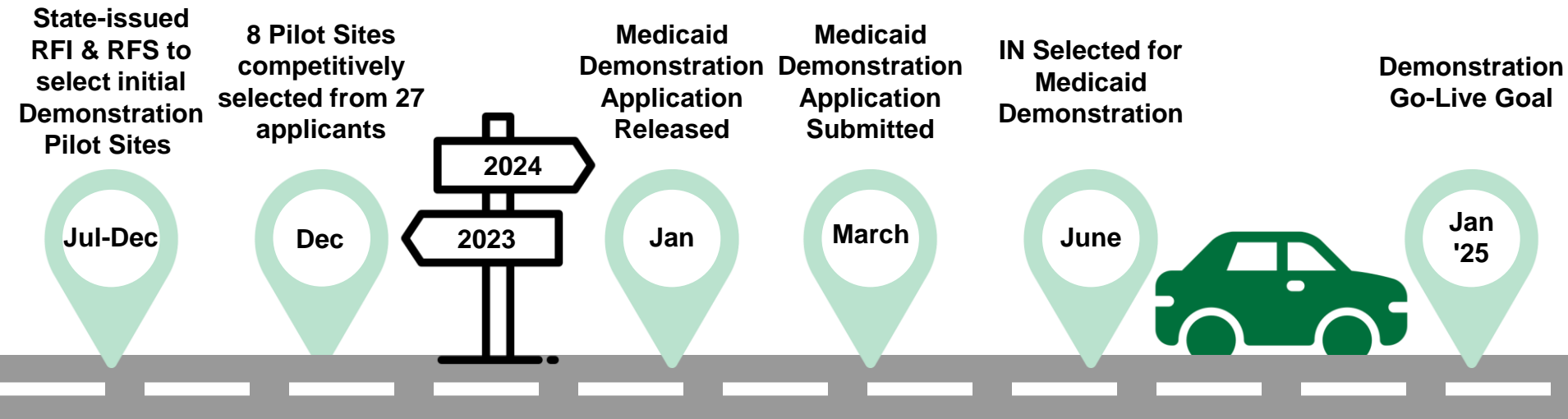


Future State CCBHC Reimbursement

PPS-1 Daily Rate

- PPS-1 is a **single fixed, bundled** daily rate for each qualifying patient visit for all covered services and supplies
- Providers can fully encompass their costs, **streamlining** the support provided by the State
- Incentivizes whole-person, integrated care

Road to the Medicaid Demonstration Program




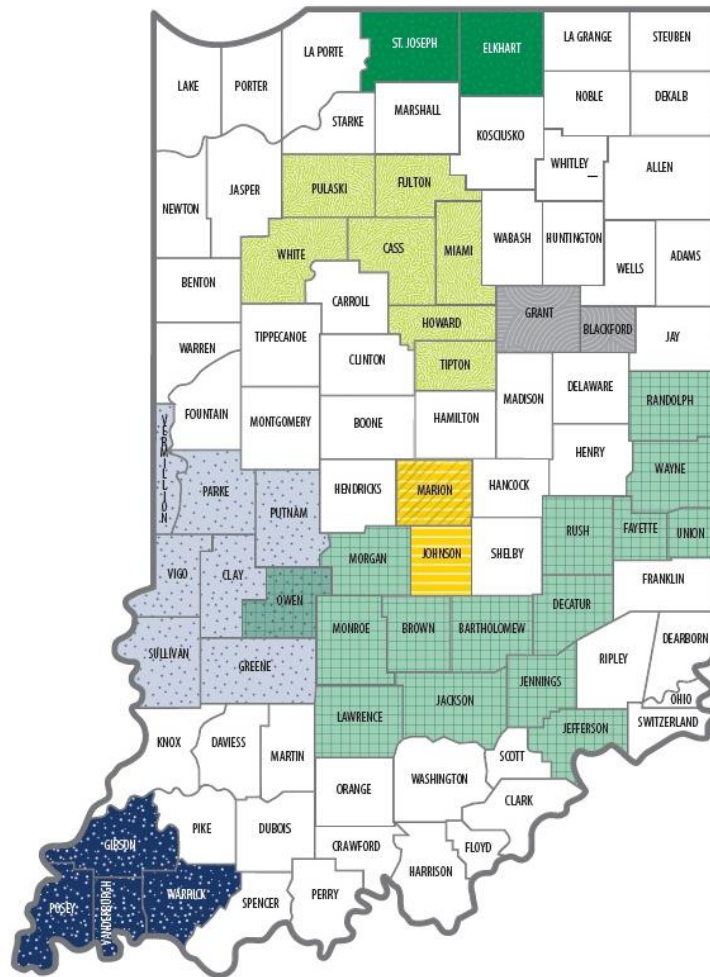
The Medicaid Demonstration Application was released on January 11th, 2024 and due on March 20th, 2024. Results were announced on June 4th, 2024.



CCBHC Demonstration

Competitively Selected Demonstration Pilot CCBHC Service Areas

-  Southwestern
-  Eskenazi Health
-  Centerstone
-  Oaklawn
-  Grant Blackford/
Radiant Health
-  Adult and Child
-  4C Health
-  Hamilton Center



Indiana's CCBHC Demonstration Goals

21 State/clinic-collected quality metrics will be tracked for the entire Demonstration. Service utilization mix and 4 priority metrics are identified as key objectives to measure the success of Indiana's Demonstration.

Goals

Specific incremental targets will be set to measure success or need for improvement:

Indiana's CCBHC Demonstration Goals

Goal	DY1	DY2
Service Mix	<i>Developing targets</i>	<i>Developing targets</i>
Timeliness of Access	20 days between first contact and initial clinical service	17 days between first contact and initial clinical service
SDOH Screening	80% clients screened for SDOH	85% clients screened for SDOH
SUD Treatment Initiation	41.35% of Medicaid beneficiaries initiate treatment within 14 days	42.57% of Medicaid beneficiaries initiate treatment within 14 days
Access to Crisis Services	4700+ individuals served by MCT/CRSS	4900+ individuals served by MCT/CRSS

Data

Key metrics will be monitored throughout the demonstration:

- Services organized by core service type
- Fiscal data
- Additional categories such as: transportation, education, and prevention

Sources: Data Assessment Registry Mental Health and Addiction (DARMHA) and Medicaid Claims

Indiana's Crisis Response System

988 is the national three-digit dialing code for reaching The Suicide & Crisis Lifeline. Since going live in July 2022, Indiana has made significant progress in using 988 to develop a **comprehensive 988 Crisis Response System**.

Pillar 1: Someone to Contact



A collaborative network of 988 centers responds to every call, chat, and text in a standardized and trauma-informed manner to resolve crises



Pillar 2: Someone to Respond



Mobile Crisis Teams (MCTs) are stationed across Indiana, ready to be dispatched by 988 Call Centers for individuals who need in-person support



Pillar 3: Somewhere to Go



Crisis Stabilization Units (CSUs) across the State are open to receive individuals whose crises cannot be resolved over the phone or by an MCT



The Crisis Response Pillars, an **integral part of the future state of CCBHC**, are the most costly and underdeveloped portion of CCBHC. They are in need of the most direct to provider funding support during the transition to CCBHC.

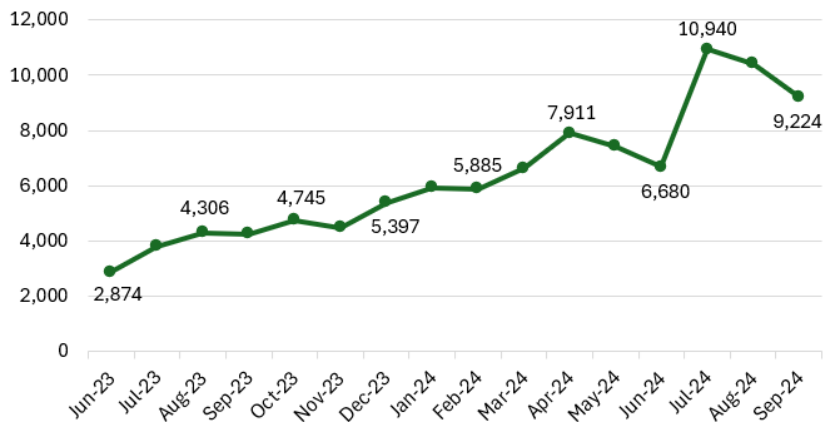


Indiana's Progress on Pillar 1

Indiana has worked diligently to become a leader in the crisis space, with the 988 Contact Centers boasting an **all-time 95.7% answer rate** in spite of a continuously growing call volume. This answer rate puts Indiana in the **top 10 in the nation**.

Someone to Call Successes

Call Volume at Indiana's 988 Contact Centers



What's next:

Integration with Other Crisis Providers



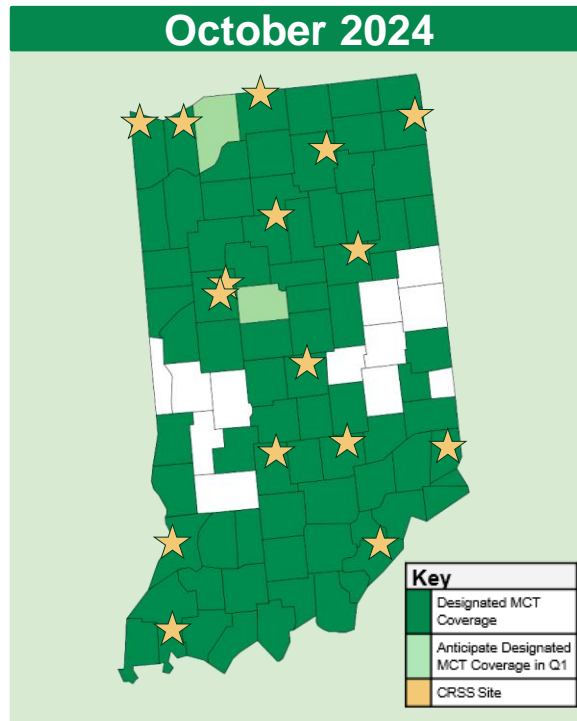
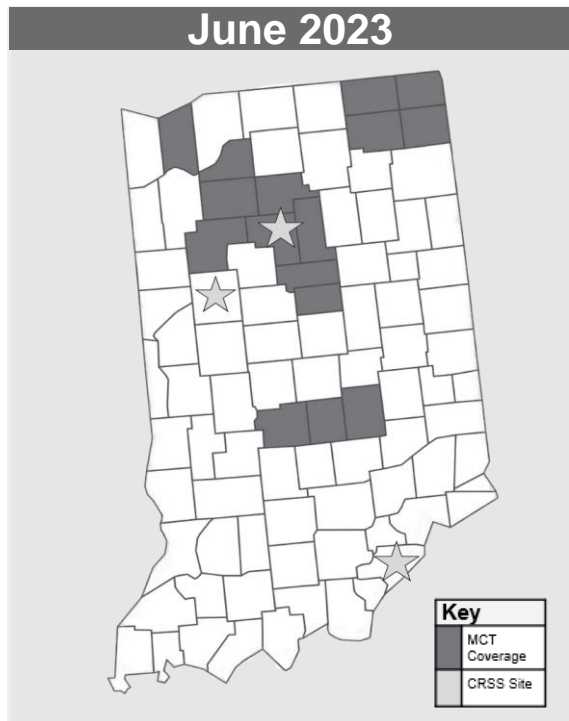
911 + First Responders

CCBHC

Community Stakeholders

Other Crisis Providers

Indiana's Progress on Pillars 2 and 3



By the Numbers

988 Contact Centers

- 4 Call Centers
- 1 Text/Chat Center



Mobile Crisis Teams

- 20 MCTs Funded
- 18 MCTs Designated



Crisis Receiving + Stabilization Services

- 16 CRSS Open
- 10 CRSS Open 24/7



Future of CCBHC and Crisis Response

The **future state** of the behavioral health landscape connects the 988 and CCBHC systems, to **strengthen and expand services for all Hoosiers**.

Future CCBHC System

- Primary model of behavioral health care statewide
- Majority of MCTs and CRSS (Pillar 2 & 3) will be provided by CCBHCs and paid for by CCBHC Medicaid PPS rates



Future 988 Crisis System

- Integrates with CCBHC and other systems
- Call Centers (Pillar 1) funded via State & federal appropriations
- MCTs and CRSS (Pillar 2 & 3) not affiliated with CCBHCs funded via Medicaid Fee-for-Service or other appropriations

Sustaining funding for CCBHC and 988 is necessary to bridge the gap and connect our systems.



Medicaid Advisory Committee
Meeting
November 20, 2024

Indiana PathWays for Aging Overview



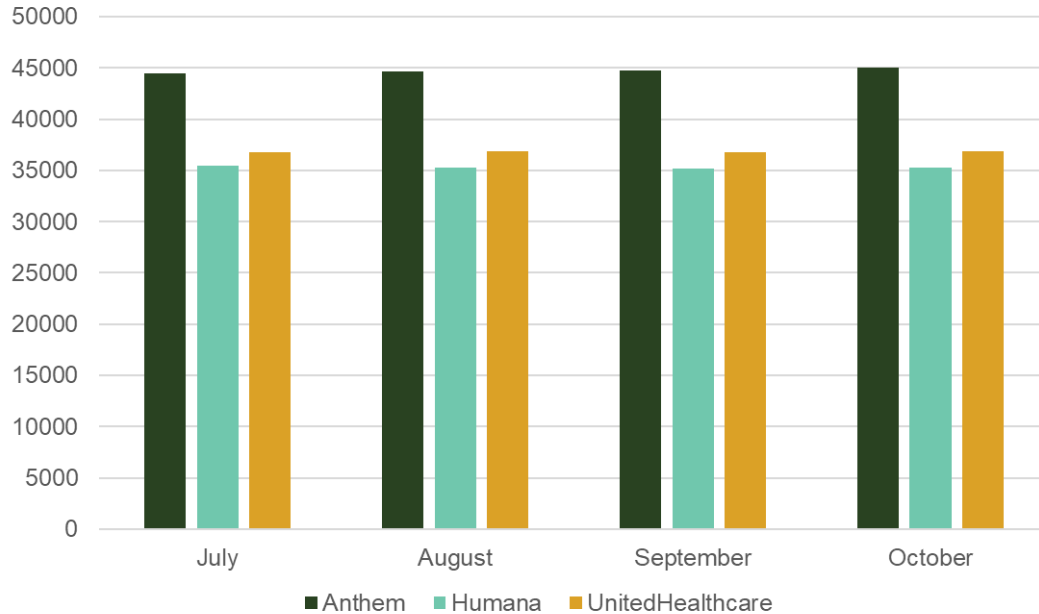
- PathWays for Aging is a delivery system that uses managed care entities (MCEs) to coordinate medical care and long-term services and supports (LTSS) to enrolled Medicaid beneficiaries
- This program is for Medicaid-eligible Hoosiers ages 60+
- Members are now enrolled in and receive health coverage through a PathWays health plan
 - Anthem, Humana, or UnitedHealthcare
- MCEs participating in PathWays provide health coverage for acute and preventive care services as well as Home and Community-Based Services (HCBS) and Nursing Facility (NF) services



Enrollment

Total PathWays enrollment is 117K as of October 2024, with Anthem covering 38% of members, UnitedHealthcare covering 31%, and Humana covering 30%.

PathWays Enrollment by MCE





MCE Claims Update

- OMPP receives weekly MCE claims payment reporting by provider type on claims adjudication timeliness, payment and denial rates, and frequent denial reasons.
- The OMPP – MCE - Provider Workgroup and Claims Advisory Committee continue to closely monitor claims payment activity and provide forums for identification of provider training and education needs as well as MCE system updates.
- MCEs have established regular meetings with many provider associations to continue issue escalation.



Temporary Timely Filing Waiver

- OMPP directed MCEs for the PathWays program to continue to waive timely filing requirements until **December 31, 2024**, previously October 31, 2024.
- This only applies to claims submitted for PathWays members.
- Any PathWays provider that has outstanding claims for submission or resubmission can do so without timely filing requirements causing claim denials.
- All other claim submission requirements apply. The timely filing waiver ends December 31, 2024.
- For additional information please refer to the IHCP bulletin: [BT2024175](#)

PathWays Claims Payment Data (Aug 19-Nov 1)



Clean Claims Received	Anthem		Humana		UHC	
	Facility	Professional	Facility	Professional	Facility	Professional
Electronic	73,124	354,894	100,718	414,214	59,341	199,302
Paper	31,020	79,910	2,428	12,445	147	2,146
Total Received	104,144	434,804	103,146	426,659	59,488	201,448
Paid	94,075	435,788	96,133	376,926	76,958	227,459
Denied	13,501	50,900	7,435	102,988	13,875	8,617
Percent of Adjudicated Claims Paid	87.45%	89.54%	92.82%	78.54%	84.72%	96.35%
Claims Paid With Interest						
Total Number of Claims Paid With Interest	5,360	4,904	1,258	11,614	4,140	2,282
Total Dollar Amount of Interest Paid	\$10,924	\$5,894	\$1,026	\$3,276	\$4,352	\$1,624
Percentage of Claims Adjudicated within 21 days of Receipt, by Claim Type	78.26%	97.48%	99.25%	99.43%	99.25%	99.66%

Temporary Emergency Financial Assistance Program



There has been a downward trend in applications for financial assistance. To date, we have received 275 applications. As a reminder, the Temporary Emergency Financial Assistance Program will be ending on **January 31, 2025.**

- **TEFAP closures are taking place when:**
 - The provider and the MCE have already resolved the underlying issue
 - Denied claims are currently being re-processed because of state-directed flexibilities
 - Insufficient information included in the application to determine whether a financial emergency exists
 - Duplicative application
- **Common TEFAP application denial reasons include:**
 - Provider did not complete claims testing
 - Underlying statutory criteria not met, e.g. claims are not in excess of \$25K
 - No claims have been submitted by the provider

Member Support Services Overview



- Members, member advocates, and caregivers have access to the independent Member Supports Services (MSS)
- MSS provides direct assistance in navigating PathWays coverage and helps to resolve any issues that members may experience
 - Educating members on managed care and how to access services
 - Assisting members experiencing issues accessing care
 - Ensuring member voice is being upheld in person-centered planning, and care and service coordination
 - Support navigating issues with MCEs or providers
 - Education on the Grievance and Appeals processes

Member Support Services Information



Top call reasons include:

- Care and service coordination
- Benefits and Access to Benefits
- General Questions and Inquiries
- Eligibility Questions
- Health Coverage

MSS resolution involves an escalation process with MCEs and referrals to outside community partners (211, Area Agency on Aging, DFR).

- MCE escalations are resolved within 2-3 days
- MSS follows up directly with all members to ensure there is a close loop process

MSS and the MCEs have ongoing touchpoints to stay connected.

Members may contact MSS by:

Phone: 877-738-3511 (Mon. - Fri. 8 am – 8 pm ET)

Email: indianapathwaysmss@maximus.com

More information available at: indianapathwaysmss.com

Waiver Waiting List Updates



In July, FSSA began inviting individuals off the PathWays and Health & Wellness waiting lists and will continue inviting individuals monthly as slot capacity permits. November invites have been sent.

*This number changes on an ongoing basis as individuals are added to the waiting list

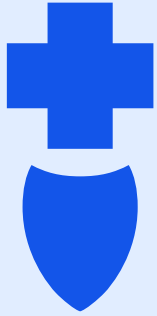
PathWays for Aging Waiver (age 60+)	1,500	Invitations for month of November
	5,343	Total Number of individuals invited off the waiting list (as of Nov. 2024)
	8,923	Number of Individuals on the waiting list* (as of Nov. 18, 2024)
	4/1/24	Last Original Level of Care date invited
	39,842	Total Number of CMS approved slots July 1, 2024 – June 30, 2025
Health and Wellness Waiver (age 59 and under)	500	Invitations for month of November
	1,395	Total Number of individuals invited off the waiting list (as of Nov. 2024)
	4,709	Number of Individuals on the waiting list* (as of Nov. 13, 2024)
	2/13/24	Last Original Level of Care date invited
	16,127	Total Number of CMS approved slots July 1, 2024 – June 30, 2025



PathWays

FOR AGING





Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

Medicaid Advisory Committee

November 20, 2024

Care and Service Coordination Update

- **Care and Service Coordinators** connect with members to complete assessments and update service plans.
- Outreach has initially focused on PathWays members receiving home and community-based services (HCBS), particularly those transitioning from a nursing facility, new to the waiver, or have an expiring Level of Care.
- **Health Coaches** connect with members to provide support on their wellness journeys.
- **Caregiver Guides** provide 1:1 support, guidance, community referral, and advocacy to informal caregivers regardless of a member's Level of Care.



Member Support and Outreach Information

- During initial outreach, telephone, and in-person contacts, the Coordinators share their direct contact information.
- Coordinator contact information is also available via:
 - Member Care Plan
 - Sydney Health App for Members
 - Member Services 833-312-4405 (TTY 711)

**If a member wishes to contact their coordinator and is unsure how to reach them, we encourage the member to contact Member Services at:
833-312-4405 (TTY 711)**

Partnership Experience

All coordinators are trained on the 4Ms of geriatric care:

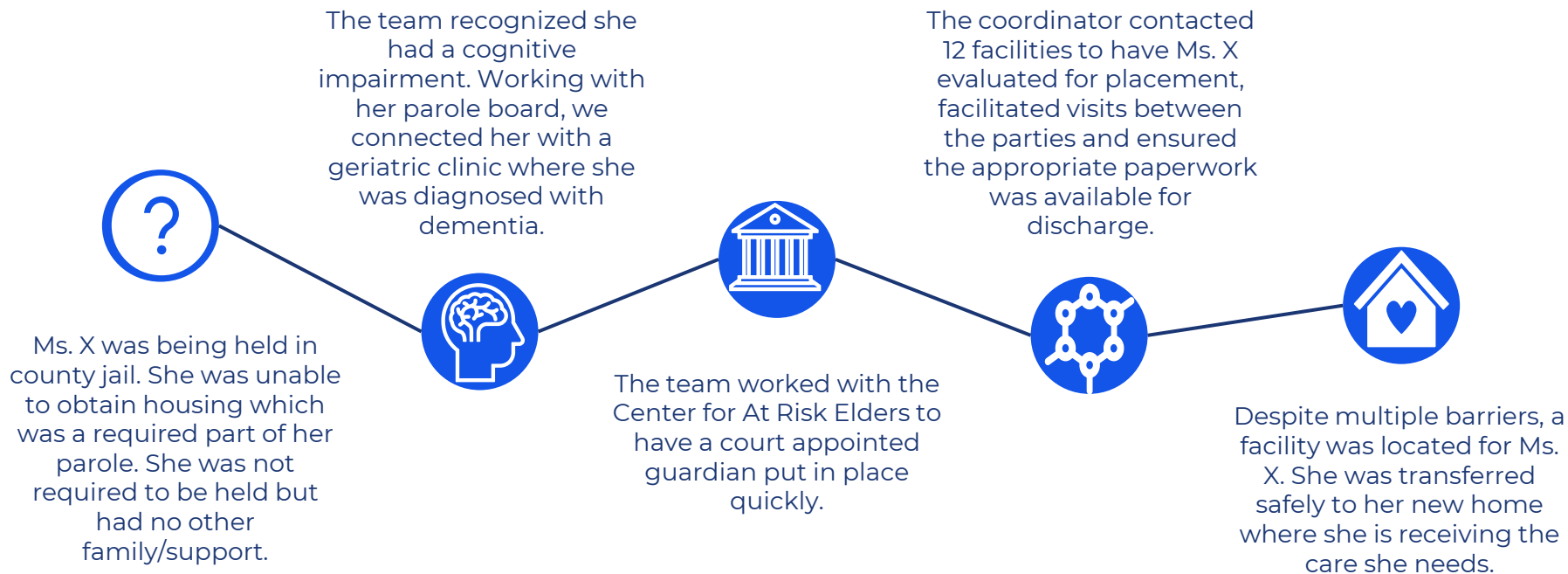
- Mentation
- Mobility
- Medication
- What Matters Most.

This focused approach helps to identify often unrecognized or underrecognized geriatric syndromes that impact care.

In working with **CICOA Aging & In Home Solutions**, Anthem has provided dementia training to all coordinators through **Dementia Friends Indiana (DFI)**.



Member Experience



Provider Support, Education, and Outreach

- Every provider has an assigned Provider Representative to provide individual support through:
 - Office visits
 - Virtual webinar meetings
 - Phone calls
- Office Hours
 - Alternating between HCBS Waiver providers and Skilled Nursing Facilities
 - Opportunity to share important updates and forum for Q&A with providers
 - Meeting minutes are sent to providers following the office hours
- Monthly Webinar Training
 - Focused training on a range of topics
 - Topics include: Provider Onboarding, Care Central, Availity, and Waiver Benefits.
- Individual Meetings with Provider Associations
- Participating in the Claims Advisory Workgroup
- Joint presentations with PathWays MCEs



Provider Representative Territory Map

Anthem Blue Cross and Blue Shield |
Serving Hoosier Healthwise, Healthy Indiana Plan,
Hoosier Care Connect, and Indiana PathWays for Aging



Indiana PathWays for Aging Network Relations Specialists

Home- and Community-Based Services, Home Health/Personal Care
Attendant

* Excluding HCBS providers that provide Assisted Living, Adult Day and Adult Family Care

For ease of locating their assigned Provider Representative, providers are provided with a copy of a territory map.

Provider Services Line: 833-569-4739

- Northern Indiana**
LaTasha Cobb
Network Relations Specialist
LaTasha.Cobb@anthem.com
317-503-0843
- Central Indiana**
Clair Conlon
Network Relations Specialist
Clair.Conlon@anthem.com
765-744-8034
- Southern Indiana**
Rayshon Chambers
Network Relations Specialist
Rayshon.Chambers@anthem.com
317-671-4409
- Marion County**
David Castaneda
Network Relations Specialist
David.Castaneda@anthem.com
317-726-6358
- Shanise Taylor
Network Relations Specialist
Shanise.Taylor@anthem.com



Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submitted. If you have questions, please contact your group administrator or your Anthem network representative.

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Provider Experience



An HCBS Waiver Provider initially was not able to successfully submit claims.

- Our Provider Representative contacted the provider by phone to walk through the provider portal. The Provider Representative worked with the provider to resubmit the claims.
- After this initial session, the provider's claims were all paid.

The provider frequently reaches out to the Provider Representative to check in and even invited them to an open house hosted by the provider.

The provider appreciated the follow up and attention to detail.

Questions?

Thank you!





Indiana PathWays Medicaid Advisory Committee Update

November 2024

Introduction to Humana

Humana is focused on ensuring PathWays members get the services they need, while providing them choice in their caretakers, providers and location of care and service.

- *We have dedicated Care and Service Coordination teams to assess each member individually to help them realize their goals and live happy, healthy lives.*

Member Experience

Ms. G is a 93-year-old woman with diabetes, kidney disease, Alzheimer's and cardiac arrhythmia. When traveling out of State to Michigan to visit family, she faced difficult respiratory issues leading to intubation and a tracheostomy. The Humana care team coordinated throughout day and night across State lines to coordinate her care and discharge, including securing transportation back to Indiana. We successfully found her a Nursing Facility that could provide the rehabilitative therapy and care she required close to her family.

Care and Service Coordination

Journey of a Humana HCBS Waiver Member



Health Needs Screening (HNS)



Provides a high-level look at each member's physical and mental health needs.

CHAT



The Conversational Health Literacy Assessment Tool (CHAT) is a series of ten open-ended questions across five domains used conversationally in the member assessment process.

Person Centered Service Plan



Plan to help the member achieve their personal goals.

Waiver services are authorized

Ensuring member needs are met through their choice of provider to address gaps where a member does not have natural supports in place.

Individualized Care Plan (ICP)

Documentation of a member's health-related goals and how their care will be provided. It's created by a patient's care team and is based on the member's unique needs, abilities, and circumstances. The goal of this plan is to improve member's outcomes and satisfaction by providing a more holistic and personalized approach to care.

Ongoing Follow-Up

Monthly contacts are performed to assess for loneliness, and **quarterly** in home visits to assess waiver service delivery and progress to member goals.

Care and Service Coordination – and Member Outreach

Meeting members where they are

Humana has added a specific team of Community Health Workers (CHW) to assist in locating members that the Care team has been unsuccessful in reaching.

- ❖ We were unable to reach our member, Ms. J, after making several attempts. Humana mobilized the CHW team to find the member by visiting her last known address. The CHW was able to complete a home visit and establish a personal connection with Ms. J. Ms. J has continued exhibiting positive mental and physical improvements and is now responsive to our care team and happily resides in an assisted living facility that serves her specific needs.

Our members have their dedicated Care team contact information, but they can always contact our member services line for direction: **866-274-5888**.

Provider Support, Education, and Outreach

Humana offers both in person and virtual educational sessions.

- How to learn about them or register – on our Humana Provider website:
 - [Indiana Medicaid: Provider Information and Materials](#) (within the “Training Resources” subpage)
- In person seminars and conferences in October/November = over 1,050 providers in attendance
- Virtual trainings in October/November = 130+ providers participating
- Individual provider calls and educational assistance is also provided daily, upon request
- Ongoing weekly meetings with Indiana Health Care Association (IHCA), Indiana Association for Home and Hospice Care (IAHHC), and Hoosier Owners & Providers for the Elderly (HOPE) Provider Associations



Humana has received very positive feedback from associations on our close communications from our Provider Relations team on progress of issue resolution.

Provider Support, Education and Outreach

Humana Healthy Horizons in Indiana PathWays for Aging
Long-Term Services and Supports/Home and
Community-Based Services Provider Representatives Map

Region 1

INLTSSProviderRelations_T1@humana.com
Katelynn Koedyker (219) 296-8295

Region 2

INLTSSProviderRelations_T2@humana.com
Katelynn Koedyker (219) 296-8295

Region 3

INLTSSProviderRelations_T3@humana.com
Kevin Cox (812) 572-0110

Region 4

INLTSSProviderRelations_T4@humana.com
Logan Humphrey (812) 613-9251

Region 5

INLTSSProviderRelations_T5@humana.com
Logan Humphrey (812) 613-9251

Adult Day Care/Hospice

INLTSSAdultDayHospice@humana.com

Kimberly Dunn (812) 914-3104

Skilled Nursing/Assisted Living

INLTSSNursingFacilityAssistedLiving@humana.com
Jessica Iden (574) 275-3573

Home Health/Personal Care Attendant

INLTSSPersonalCareAttendant@humana.com

Bria Steele- South (317) 677-2693
Cierra Rich- North (260) 298-4348



In addition to having regional Provider Relations staff, Humana has dedicated associates for:

- Nursing Facility
- Assisted Living Facilities
- Adult Day
- Hospice
- Home Health provider types

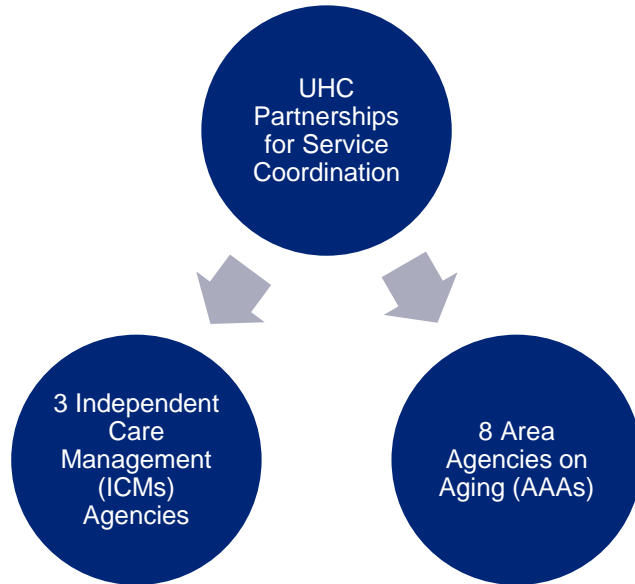
Providers can contact the provider call center line at 866-274-5888 or via email at: INMedicaidClaimsResearch@humana.com



Medicaid Advisory Committee (MAC)



Care and Service Coordination Partnerships



Member Experience

Ms. Brown is a 69-year-old UnitedHealthcare Indiana PathWays for Aging Member



Service Coordinator made a referral for Ms. Brown to utilize CareBridge 24/7 Supports program because Ms. Brown stated, "I spend so much time in doctors' offices and the ER."

1

2

Ms. Brown completed her initial appointment with CareBridge 24/7 Supports Program and was educated on the services provided.

5

Ms. Brown initiated contact with CareBridge multiple times over a 3-month period.

3

4

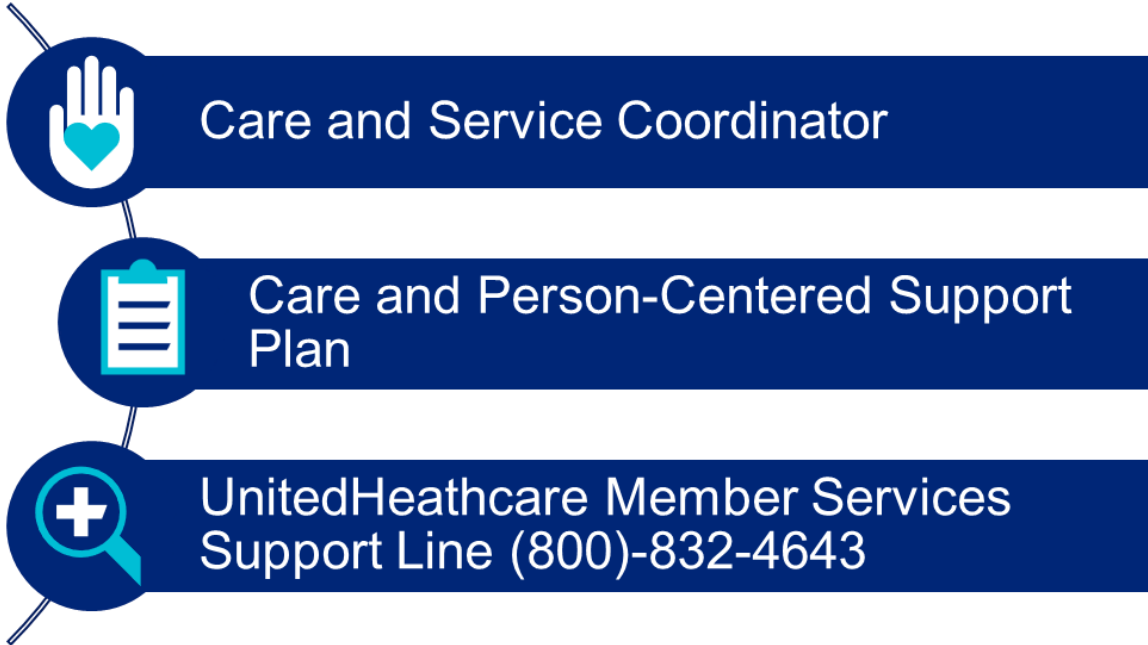
Ms. Brown's engagement with the CareBridge 24/7 Supports team has resulted in decreased time spent in doctors' offices and the emergency room.

CareBridge conducted follow up calls with Primary Medical Provider and Ms. Brown as needed.

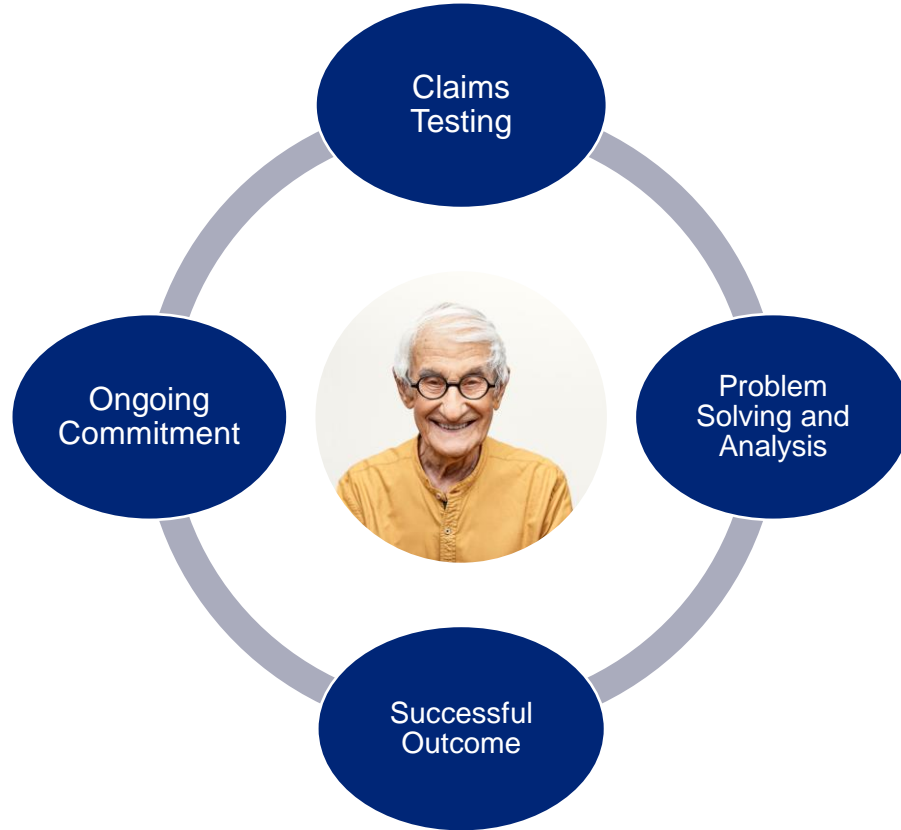


Member Support and Outreach

How does the member contact their Care and Service Coordinator?



Provider Experience



Provider Support, Education & Outreach

- Weekly and Bi-weekly MCE/Association Meetings
- Office-Hours Sessions
- Individual Provider Training Sessions
- Provider/MCE/OMPP Claims Workgroup has provided:
 - Increased MCE knowledge of Provider's past and current processes
 - A foundation for solid working relationships and an understanding of the Provider experience
 - Opportunity for all three MCEs to develop aligned reference materials to assist with billing guidance



Provider Services

Telephone Number: 877-610-9785

Email Address: IN_providerservices@uhc.com

Provider Portal: <https://www.uhcprovider.com/en/health-plans-by-state/indiana-health-plans/in-comm-plan-home.html>

David Hoover, Provider Services Manager

☎: Office 317-275-8269 | ✉: david_hoover@uhc.com

Ashley Alvey, Claims Manager

☎: Office 317-715-7049 | ✉: ashley_alvey@uhc.com

Amanda Wilson, Provider Services Director

☎: Office 317-510-7548 | ✉: amanda_wilson@uhc.com

