



Secretary's Call March 26, 2019



FSSA Vision

All Hoosiers live in fully engaged communities and reach their greatest emotional, mental and physical well-being.



FSSA Mission

To compassionately serve Hoosiers of all ages and connect them with social services, health care and their communities.



FSSA Values

- **Excellence:** To execute operational programming that is consistent and reliable, with ongoing outcomes evaluation.
- **Integrity:** To establish the highest level of trust both internally and externally through honest, transparent and accountable interactions and communications.
- **Innovation:** To encourage bold approaches to problem solving, allowing for failure, embracing change and inspiring creative solutions.
- **Compassion:** To be present in the moment, exemplifying kindness and empathy.
- **Resilience:** To withstand and recalibrate when faced with adversity.
- **Purpose:** To take action driven by mission, goals and outcomes.
- **Inclusion:** To listen and actively promote dialogue while recognizing biases and offering a willingness to understand and accept everyone's diverse cultures, perspectives and ideas.
- **Dignity:** To respect the inherent value and worth of each person through all forms of interactions



Welcome Amy Gilbert!



Chief Science
Officer



Welcome Meredith Edwards!

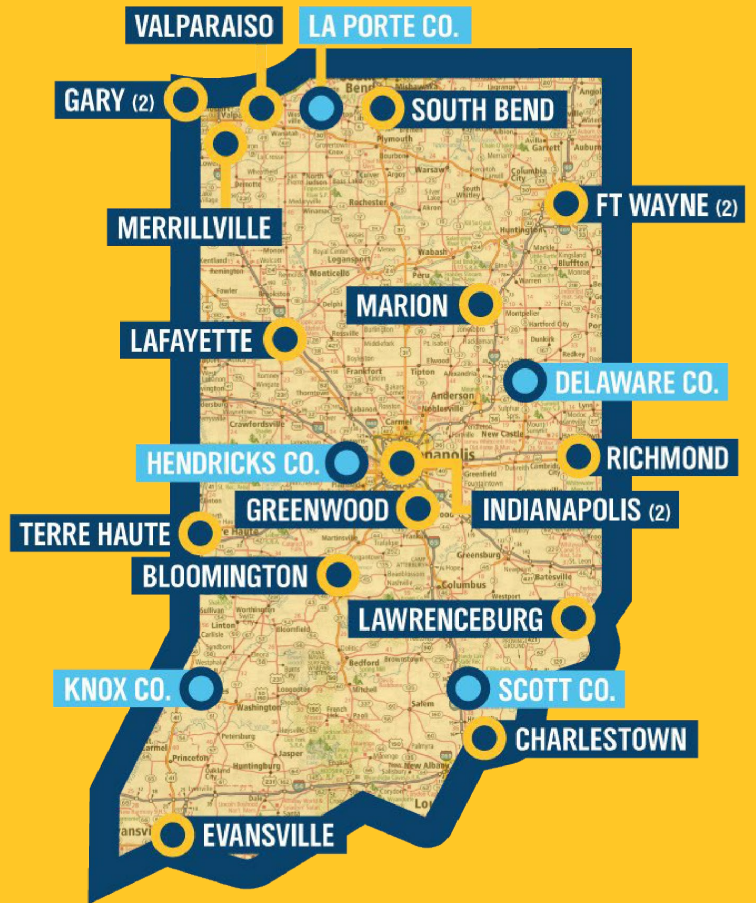


Director of
Quality and
Outcomes



Opioid Treatment Programs in Indiana

- 18 CURRENT OTP'S
- 5 NEW LOCATIONS AWARDED IN 2019



Know the facts.

#KnowTheOFacts

Know the facts.



Managed Care in Indiana: Strategies for Alignment





Indiana Health Coverage Programs

- Hoosier Healthwise, including CHIP
- Hoosier Care Connect
- Healthy Indiana Plan
- Fee-for-service Medicaid
 - HCBS Waivers
 - Institutional Care
 - Medicare-Medicaid Duals



MCE Partnership

- Increased Medicaid managed care expertise and engagement
- Quality reporting site
- Combined touch point meeting
- Pharmacy benefit manager RFP
- Standardized prior authorization criteria



Quality reporting is live!

The screenshot shows the Indiana FSSA website with a navigation menu at the top. The main content area is titled "QUALITY AND OUTCOMES REPORTING" and includes sections for "MANAGED CARE" and "Contracts". A table titled "Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) Contracts" is displayed at the bottom of the page.

Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) Contracts			
Anthem	CareSource	MHS	MDwise
18310	18313	18315	18314
AM 01	AM 01	AM 01	AM 01

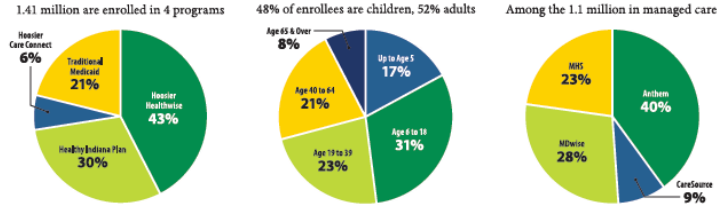
<http://www.in.gov/fssa/ompp/5533.htm>



Quality reporting is live!

Medicaid Managed Care Quality and Outcomes Reporting

Indiana Medicaid Enrollment Statistics as of November 30, 2018



Oversight of the Managed Care Entities (MCEs)

To conduct oversight of its programs, the Office of Medicaid Policy and Planning (OMPP) collects more than 300 measures across 90 reports from each MCE every calendar quarter on a variety of topics related to operations, utilization and health outcomes. OMPP has built contract requirements to measure performance. Some examples of recent MCE performance are shown below.

✓ contract requirement was met
 ✓+ exceeded contract requirement
 X contract requirement was not met

	Hoosier Healthwise				Healthy Indiana Plan				Hoosier Care Connect	
	Anthem	CareSource	MDwise	MHS	Anthem	CareSource	MDwise	MHS	Anthem	MHS
Calls answered by MCE within 30 seconds in the member call center (Target: 85%)	✓	✓	✓+	✓	✓+	✓	✓+	✓	✓+	✓+
Calls answered by MCE within 30 seconds in the provider call center (Target: 85%)	✓+	✓	✓+	X	✓+	X	✓+	X	✓+	X
Service authorization requests decided by within 7 days of request by provider (Target: 97%)	✓	✓	✓+	✓+	✓	✓	✓+	✓+	✓	✓+
Provider claims are adjudicated (paid or denied) within 14 days (electronic) or 30 days (paper) (Target: 98%)	✓+	X	X	✓+	✓+	X	X	✓+	✓+	✓+
Average driving distance from member's home to primary medical provider is within 30 miles	✓+	✓+	✓+	✓+	✓+	✓+	✓+	✓+	✓	✓+
Average driving distance from member's home to dentist is within 30 miles	✓+	✓+	✓+	✓+	✓+	✓+	✓+	✓+	✓+	✓+



Office of Medicaid Policy & Planning

Indiana Family and Social Services Administration
 402 W. Washington St., Room W374, Indianapolis, IN 46204
 For more information, please visit www.in.gov/fssa/ompp/5533.htm

#5752



Indiana NeuroDiagnostic Institute (NDI)





Indiana NeuroDiagnostic Institute





Indiana NeuroDiagnostic Institute





Office of Healthy Opportunities

Because good health begins where we live, learn, work and play.



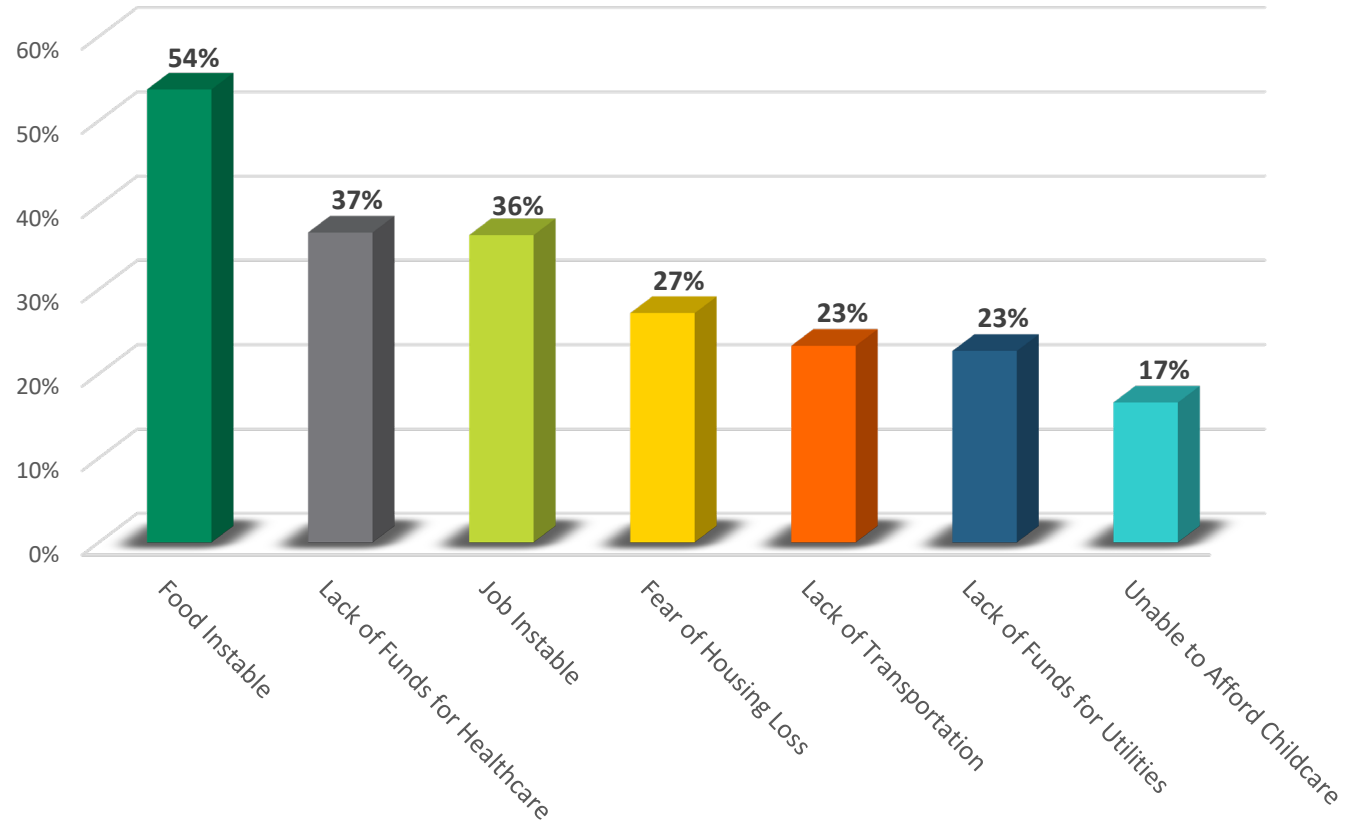
Social Context Screening Deployed 8/18

Healthy Opportunities Assessment Tool	Yes / No / NA
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	
In the last 12 months, has your utility company shut off your service for not paying your bills?	
Are you worried that in the next 2 months, you may not have stable housing?	
Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	
In the last 12 months, have you needed to see a doctor but could not because of cost?	
In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	
Do you ever need help reading hospital materials?	
Are you afraid you might be hurt in your apartment building or house?	
During the last 4 weeks, have you been actively looking for work?	
In the last 12 months, other than household activities or work, do you engage in moderate exercise (walking fast, jogging, swimming, biking or weight lifting) at least three times per week?	



Key Learnings: ~103K Respondents*

Highest Needs



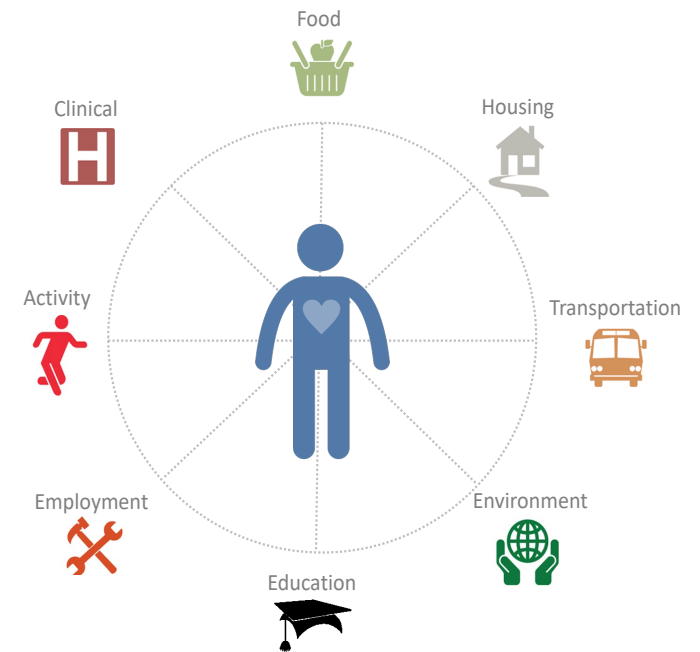
*As of 3/1/19

*16% Response Rate



Office of Healthy Opportunities Update

- FSSA employee awareness campaign launching 3/19.
- Two-year program that will:
 - Build social determinants of health awareness.
 - Educate associates how to recognize, identify and assist with addressing social context issues.
 - Develop an intentional focus on social determinants of health.





Non-Emergency Medical Transportation

Before NEMT Brokered Model	After NEMT Brokered Model
<ul style="list-style-type: none"> • No safety or quality inspection of vehicles • No comprehensive driver training • Inability to ensure proper insurance coverage • Limited driver background checks 	<ul style="list-style-type: none"> • Required vehicle safety inspections • Drivers trained on wheel chair safety, behavioral health awareness, general customer service • Proper insurance required • Expanded driver background checks
<ul style="list-style-type: none"> • Ridership between 30-35,000 rides/month; 3,000 unique members served 	<ul style="list-style-type: none"> • Ridership has now increased to an average of 57,000 rides/month; 5,000 unique new members per month; approximately 16,000 unique members served since June 1, 2018
<ul style="list-style-type: none"> • No oversight of actual miles driven / billed resulting in \$2.5M in overpayments in 2015 across 8 providers; hundreds of “trips to nowhere” totaling \$5M over a 5-year period 	<ul style="list-style-type: none"> • Program integrity monitoring enhanced • Providers required to drive the most direct route
<ul style="list-style-type: none"> • NEMT being used for non-medical errands such as barber, grocery, shopping, family visits 	<ul style="list-style-type: none"> • NEMT services now provided to those needing transportation for medical purposes
<ul style="list-style-type: none"> • Limited visibility or understanding of transportation needs and provider network 	<ul style="list-style-type: none"> • More comprehensive understanding of types of transportation needs and gaps in provider network





NEMT (cont'd)

Issues / Challenges	What We are Doing to Address These
<ul style="list-style-type: none"> • Provider network (number of vehicles; types of vehicles, available qualified drivers, etc.) 	<ul style="list-style-type: none"> • Southeastrans expanding recruiting efforts across the state • FSSA continues to refer new IHCP providers as they become certified to SET for recruitment • FSSA has expanded the Friends and Family Gas Reimbursement program for members
<ul style="list-style-type: none"> • Missed rides (provider no show; member no show; send backs; non-compliant send backs) 	<ul style="list-style-type: none"> • Providers held accountable via liquidated damages • Members counseled through written notices after occurrences
<ul style="list-style-type: none"> • Increased demand (ridership increase; condensed appointment times) 	<ul style="list-style-type: none"> • Members & providers are encouraged to request appointment times throughout the day





NEMT (cont'd)

Issues / Challenges	What We are Doing to Address These
<ul style="list-style-type: none"> Health care provider proximity to member residence 	<ul style="list-style-type: none"> Proposing policy shift to encourage members to use providers in closer proximity (Non-specialist)
<ul style="list-style-type: none"> Ride scheduling 	<ul style="list-style-type: none"> Making use of more ride sharing opportunities Limiting no-shows with member & provider education Encourage medical providers to schedule members outside of peak times (6 to 10 a.m.)
<ul style="list-style-type: none"> Education of transportation providers, medical providers and members 	<ul style="list-style-type: none"> IHCP bulletins & banners are posted continuously for providers The FSSA website details scheduling procedures & rules





NEMT (cont'd)

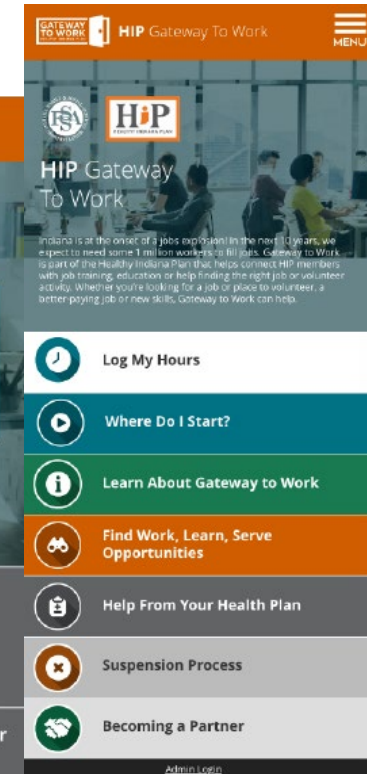
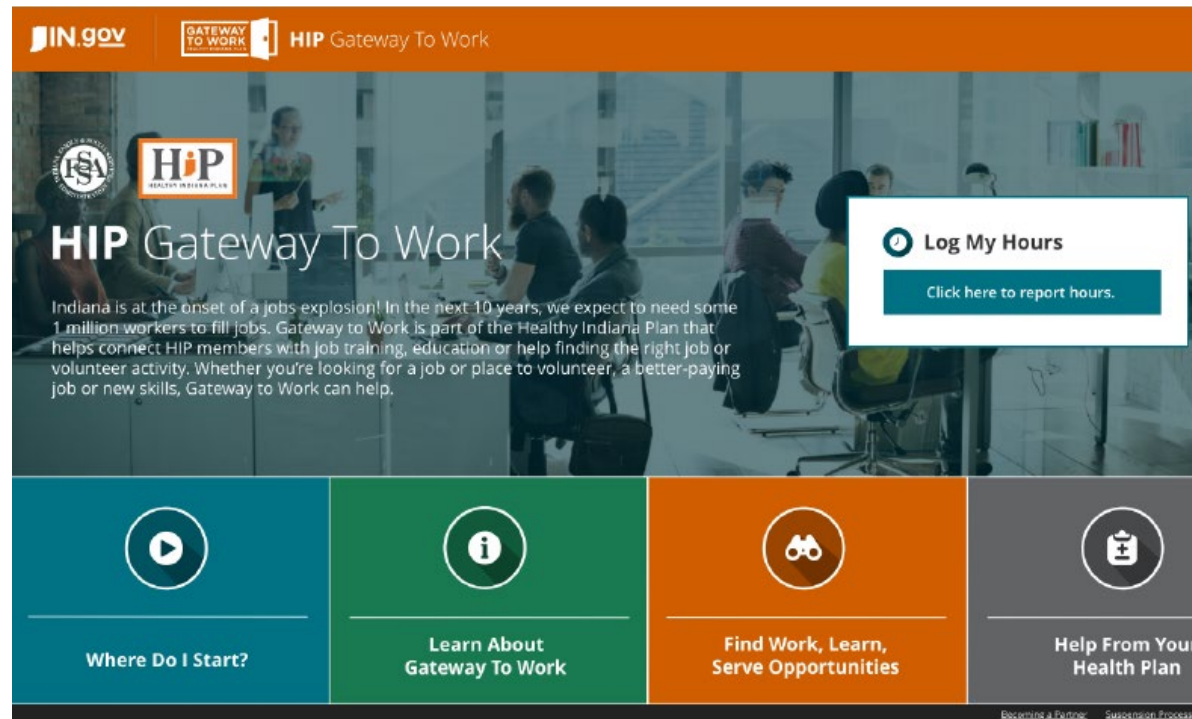
- Perform a transportation provider reimbursement rate assessment with stakeholders. Options will be developed by 4/1/2019, with active collaboration from 4/1/19 to 6/1/19, and a targeted implementation date of 9/1/2019.
- Conduct a collaborative process improvement review of transportation scheduling requests and ride confirmations. Meetings to begin immediately.
- Develop a facility “un-pause” plan to collaboratively define the necessary steps (including notice, communications, etc.) and timeframe for transportation to be arranged through Southeastrans for FFS members.





Gateway to Work

Gateway to Work Website effective January 2019
Desktop and mobile version (draft)





Gateway to Work

Gateway to Work Website:

- ❖ www.HIP.IN.gov and click on “Gateway to Work”
 - ❖ Member details and links are added as they become available
 - ❖ “Partner” link at the bottom for partner details and forms

Gateway to Work Email:

- ❖ FSSA.GatewayToWork@fssa.in.gov





Fixing the Cliff: HIP Bridge

- HIP is a model program that allows for a transition to other insurance options for some Hoosiers
- The implementation of Gateway to Work will assist with this transition
- Some member have circumstances that make this difficult and need additional assistance for success
- Working with federal partners for details
- Goal implementation Q1 2020





Medicaid HCBS Programs Included in the Rate Methodology Projects

Medicaid HCBS Programs

- Medicaid HCBS programs provide alternatives to institutional settings for older adults, people who have a physical, intellectual or developmental disability, and individuals who suffer from serious emotional disturbance, mental illness or substance use disorder
- Help people remain in or return to their own homes and other community settings such as apartments, assisted living or adult family care settings
- Are intended to assist individuals to be as independent as possible and live in the least restrictive environment possible while maintaining safety in the home
- Are less costly than institutions
- Require individuals to meet Medicaid guidelines and HCBS program-specific eligibility guidelines

Lead Agency	HCBS Program	Number of Participants	2018 Annual HCBS Expenditures
Division of Aging	Aged & Disabled Waiver	18,826	\$293.3M
	Traumatic Brain Injury Waiver	172	\$4.7M
Division of Mental Health and Addiction	Adult Mental Health Habilitation	25	\$0.7M
	Behavioral and Primary Healthcare Coordination	3,004	\$0.8M
	Child Mental Health Wraparound	789	\$9.5M
Division of Disabilities and Rehabilitative Services	Community Integration and Habilitation Waiver	9,225	\$692.8M
	Family Supports Waiver	18,353	\$158.5M
Total	HCBS Programs	50,394	\$1,160.3M

Note: Participants and expenditures based on the December 2018 Medicaid Forecast update using data through September 2018.





HCBS Rate Methodology Goals and Objectives

FSSA aims to develop HCBS rate methodologies that comply with Centers for Medicare and Medicaid Services (CMS) rules and achieve the following:

1. **Alignment and Transparency:** bring continuity and alignment across the rate methodologies and rates in each program, providing a consistent framework
2. **Sustainability:** facilitate adequate participant access to services, as required by CMS and be sustainable under the FSSA budget and operations
3. **Promotion of Person-Centeredness and Value-Based Purchasing:** striving to align provider and participant incentives to achieve access to person-centered services, encourage appropriate utilization, and drive healthy outcomes for all HCBS program participants





HCBS Rate Methodology Projects Approach

Rate Methodology Development Process

- FSSA has engaged Milliman to conduct HCBS rate methodology projects that are expected to culminate in the submission of waiver amendments and possible state plan amendments to CMS for federal approval
- Rate methodology projects will involve the following phases:
 - Project and stakeholder engagement planning
 - Rate methodology development to achieve goals and objectives
 - Rate setting and calculations informed by selected rate methodologies
 - Waiver / state plan amendments and CMS approval process
- Rate calculations will follow and be informed by the rate methodologies project phase

Process will include stakeholder engagement throughout





HCBS Rate Methodology Preliminary Project Timelines*

Program	CY 2019												CY 2020											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Division of Aging																								
Division of Mental Health and Addiction																								
Division of Disability and Rehabilitative Services																								

Note: will follow a separate waiver redesign project conducted in CY 2019

← Stakeholder engagement will occur throughout the process →

Projects include rate setting calculations informed by the rate methodology development process

* Final rate methodologies subject to approval from the State Budget Agency and presentation to the State Budget Committee. Preliminary project timelines may be impacted by the CMS and State approval process.





PDG Grant

- Awarded Preschool Development Grant of nearly \$7M from HHS
- Develop a strategic plan for the coordination and collaboration of Indiana's early childhood education resources for birth to five-year-olds to address the following:
 - Improve the quality of existing early education programs and identify best practices
 - Assess gaps in the service delivery model, especially for low income and rural areas
 - Incentivize local and regional entities to support high quality programs
 - Strengthen B-5 workforce capacity through coordinated training and continuing education
 - Improve B-pre-K data gathering and maintenance efforts
 - Facilitate successful transitions for low income children to kindergarten





IEDSS Timeline

IEDSS Rollout Schedule



Wave 1

Go-Live 7/29/2019

Wave 2

(Including Marion County East)

Go-Live 9/30/2019

Pilot

(Excluding Marion County East)

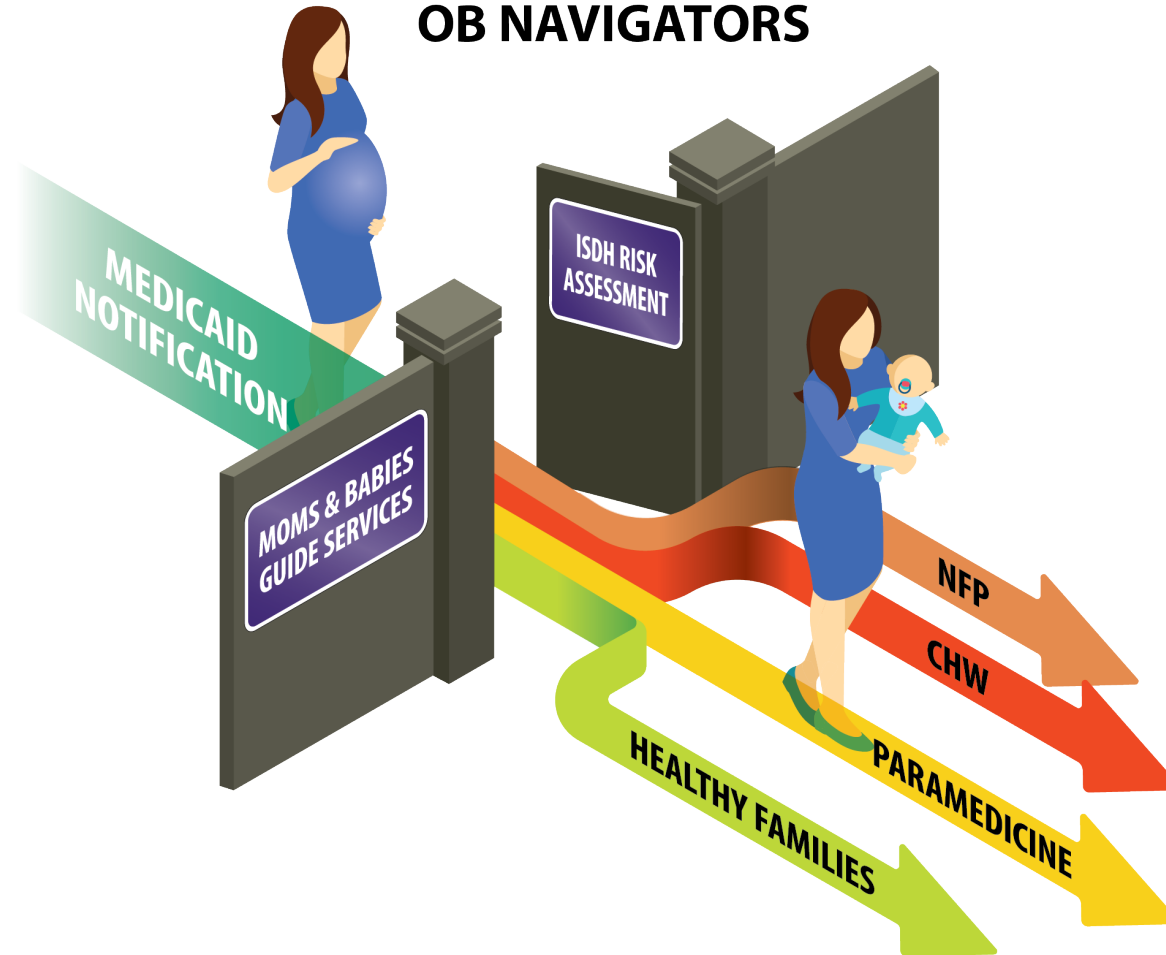
Go-Live 4/29/2019





OB Navigator

OB NAVIGATORS

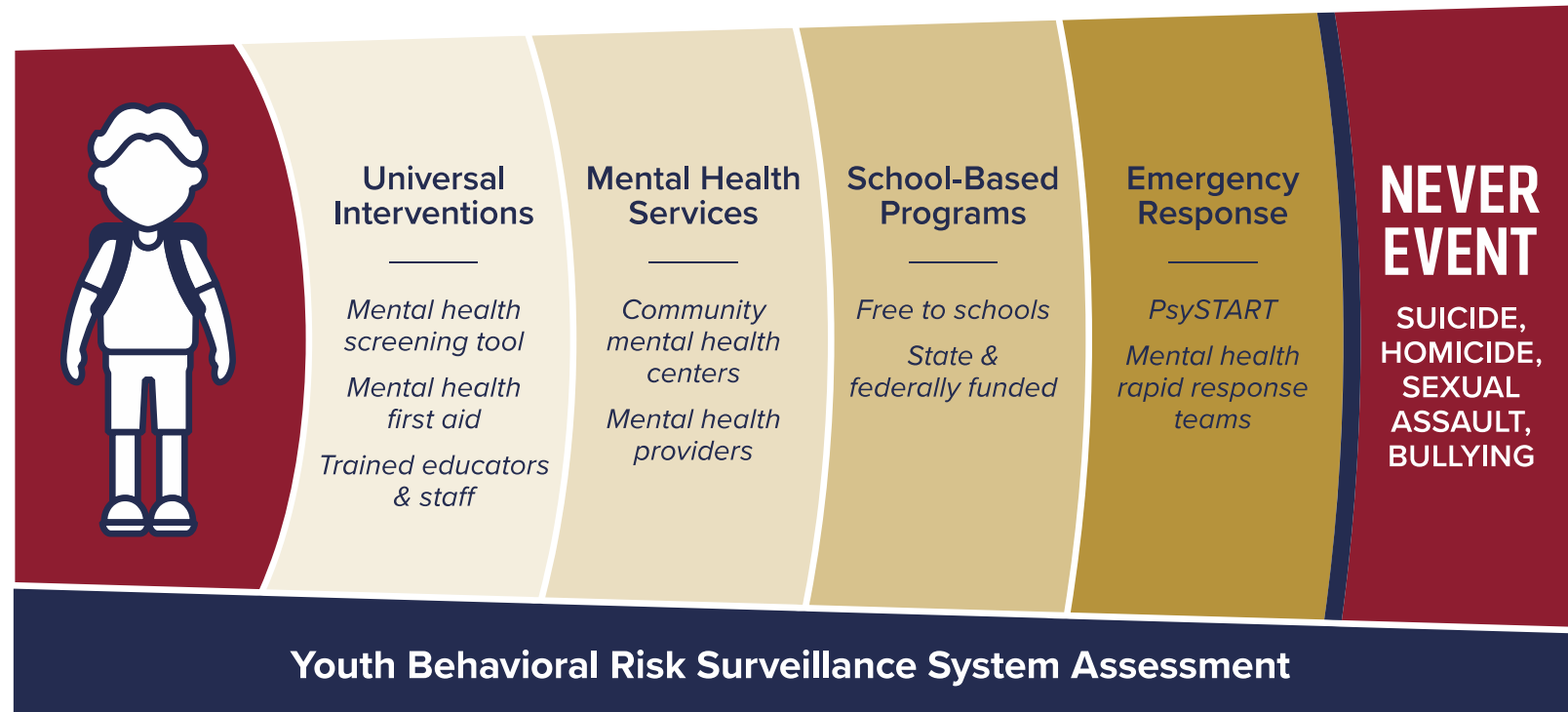




School Safety

MENTAL HEALTH RECOMMENDATIONS

Keeping Hoosier children as far away as possible from a “never event”





Fall 2019

New Name, Same Address





Questions & Contact Information

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