



Secretary's Call June 2019



Do what we can, summer
will have it's flies.

~Ralph Waldo Emerson



Overview

- Legislative updates
- Waiver redesign and kids!
- DMHA leadership update
- IEDSS
- NEMT
- EnCRED
- Gateway to Work/Bridge
- LTSS kick-off
- OB Navigator



Commonwealth Fund 2019

Ranking Highlights

	2019 RANK	CHANGE FROM BASELINE
Overall Ranking	36	+4
Access and Affordability	27	+3
Prevention and Treatment	34	+11
Avoidable Hospital Use and Cost	36	+4
Healthy Lives	41	0
Disparity	43	+3
Medicaid Expansion	Yes	



Legislative Updates

HEA 1001—Biennial Budget—Rep. Huston, Sen. Mishler

- Appropriates money to fully fund the Medicaid forecast.
- Appropriates funding for On My Way PreK.
- Increased funding for First Steps.

HB 1007—Perinatal Care—Kirchhofer, Charbonneau

- ISDH to establish a perinatal navigator program with the goal of engaging pregnant women in early prenatal care and providing referrals to pregnant women for wraparound services and home visiting programs in the local community.



Legislative Updates

HB 1216—First Steps Program—Clere, Houchin

- DDRS shall review and revise “make-up” policy for therapy sessions.
- Creates presumptive eligibility for First Steps using documentation from other FSSA programs.
 - Medicaid
 - SNAP
 - TANF



Legislative Updates

HEA 1548—Medicaid Advisory Committee—Rep. Kirchhofer, Sen. Becker

- Adds members to the MAC
- Creates a fiscal subcommittee of the MAC.
- Adds requirements of study topics for the next 2 years of meeting.

HEA 1628—PreK Pilot Program—Rep. Behning, Sen. Holdman

- Opens enrollment to all counties.
- Establishes priority enrollment for fully eligible children before opening to limited eligibility children.



Legislative Updates

SB 480—Medicaid Nonemergency Medical Transport— Sen. Becker, Rep. Pressel

- Establishes commission to oversee NEMT and ensure satisfactory service and brokers pay claim in timely manner



DMHA Update

- National search for director
- Second round candidate interviews in July
- Priorities: Integrated care, strengthening mental health safety net, SOF network



DDRS Waiver Re-Design: The Road Ahead

- Kick-Off with Re-Design Contractor in April 2019
- Stakeholder Input on Current Structure and Support Needs
- Develop and Review Initial Concept Paper
- Expand with Feedback & Finalize
- Waiver Development in partnership with CMS & Stakeholders



Goals for Waiver Redesign

Increase Person-Centered Planning

Improve Coordination of Care

Increase Community Engagement

Enhance Member Experience

Maintain Qualified Providers

Comply with HCBS Rule

Promote Efficiency



System Re-Design: Kids!

- Agency-wide Kick-Off TBD
- Focus on Children, Youth & Their Families Who Receive HCBS Services
- Efforts focused on:
 - Improved experience for children and families – eliminating “wrong doors” and simplifying access
 - Improved services and supports aligned with the needs identified by children and families
 - Improved social, developmental, educational, and health outcomes



IEDSS is Live!

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





NEMT By the numbers 2019 Q 1

1301	Avg. # calls for ride requests/day
2781	Avg. # all calls handled/day
11,670	Avg. # members served/month 2019 Q 1
52,321	Avg. # rides/month 2019 Q 1
85%	Need met
3.14%	Non-compliant send-backs 2019 Q 1
1633	Active drivers
1539	Active vehicles
168,006	Claims received 2019 Q 1
165,946	Claims paid 2019 Q 1
37.6%	Ridership are high risk members
25.11%	Provider no-show rate 2019 Q 1
74.89%	Member no-show rate 2019 Q 1
93%	Positive approval rating 2019 Q 1
7%	Negative approval rating 2019 Q 1
94.13%	Call center satisfaction rate 2019 Q 1



NEMT

Process Improvement Initiative Work Streams

Initiative	Goal	Status
Nursing facility/transportation provider pilots	To improve ride scheduling by focus on efficiency of facility and provider resources	2 pilots involving 12 facilities; completed the first month
Nursing facility as a transportation provider pilots	To increase number of transportation providers and to identify process improvements & reduce duplicative requirements	2 nursing facilities are working with OMPP to enroll as transportation providers
Single mode/point of contact pilot	To improve communications and to reduce missed connections between the broker and nursing facility	4 nursing facilities have volunteered using targeted email addresses, specific staff and specific phone #s.



NEMT

Process Improvement Initiative Work Streams – CONT.

Initiative	Goal	Status
Broker portal updates	To improve the facility/medical provider's experience using the scheduling website	In the development stage to add 6 features to the portal, ready for configuration with testing and rollout later this summer
Ride scheduling process review	To develop an alternative process for long term care facilities to meet the needs of facility residents	Nursing facility representatives have provided input, in system design phase.
Transportation provider enrollment and credentialing	To identify opportunities for efficiencies	Identified some potential steps to be dropped, requires CMS approval



NEMT

Process Improvement Initiative Work Streams – CONT.

Initiative	Goal	Status
NEMT rates	To utilize the appropriation for the biennium	Identified possible scenarios, working with State's actuary & stakeholders
SB 480 implementation	To implement the provisions of SEA480 for NEMT	Completing business design phase for data collection, in development state for website and operational changes



NEMT

Process Improvement Initiative Work Streams to come

Initiative	Goal	Status
NF transportation reimbursement	To align reimbursement for a new provider type	Dependent upon pilot and enrollment/credentialing outcomes
Nursing facility un-pause	To end special processes for transportation providers & facilities	Post implementation of work stream initiatives
Ride acceptance and send-back policies	To gain increased assurance in rides	Dependent upon growth and stabilization of the transportation provider network



NEMT

Process Improvement Initiative Work Streams to come – CONT.

Initiative	Goal	Status
Member engagement and education	To improve utilization management consistently between members and brokers	Initial efforts in assessment of need
Ride schedule process updates for community members	To identify process improvements in the scheduling process for individuals without supports	TBD



EnCRED

- Current project ended
- Interim solution evaluation in progress
- Evaluation for next steps to follow
- Ongoing agency priority



Gateway to Work

- Gateway to Work is part of the Healthy Indiana Plan (HIP) and started on January 1, 2019 <https://www.in.gov/fssa/hip/2592.htm>
- All HIP eligible members who
 - do not meet an Exemption or
 - already working at least 20 hours per week reported to FSSA
- will be required to engage and report hours completed on **Gateway to Work Qualifying Activities** for
- 80 hours per month for 8 of 12 months in a calendar year (annual program).





Gateway to Work (cont'd)

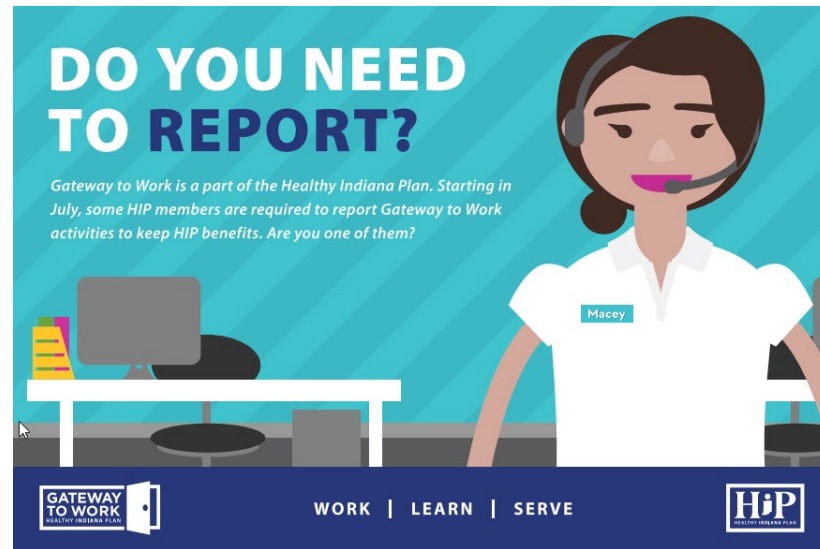
- Positive numbers on member engagement and awareness of the program. > 5,000 members reporting hours even though it is not yet required.
- Member survey done in April: 94% are aware of GTW and 83% of HIP members know their GTW status.
- Continued member education and awareness:
 - Post cards mailed to reporting members in late May/early June
 - New training video on how to report hours will be uploaded soon and is located on the GTW site (www.HIP.IN.gov and click on “Gateway to Work”)





Gateway to Work (cont'd)

- You can order postcards and posters to help members understand how to report their hours under "Helpful Tools"



DO YOU NEED TO REPORT?

HOW DO I KNOW I NEED TO REPORT AND WHEN?
Starting in July, some HIP members are required to report GATEWAY TO WORK activities to keep HIP benefits. Are you one of them? And do you know how?

REQUIRED HOURS
The number of hours required per month under Gateway to Work will gradually increase until mid 2020.

2018	Jan - Jun	0 Hours / Month
	Jul - Sept	20 Hours / Month
	Oct - Dec	40 Hours / Month
2019	Jan - Jun	60 Hours / Month
	Jul - Ongoing	80 Hours / Month

GATEWAY TO WORK STATUS DESIGNATIONS

- REPORTING** (Warning icon): You are required to participate in Gateway to Work to keep your HIP benefits. Starting in July, you will need to perform at least 20 hours of qualifying activities per month and report them at FSSABenefits.IN.gov or by calling your health plan.
- REPORTING MET** (Checkmark icon): You already work at least 20 hours per week. You do not need to do anything new for Gateway to Work unless you report a change in employment to FSSA.
- EXEMPT** (Checkmark icon): You meet an exemption for Gateway to Work and are not required to participate for the months you are exempt. However, you can still participate and use Gateway to Work resources if you want.

REPORTING MY HOURS
To report your hours, members have the following options:

- ONLINE REPORTING TOOL**
Report your hours using a computer or smartphone.
- PHONE REPORTING**
Members can also call their health plan to report their hours.

GETTING HELP FROM YOUR HEALTH PLAN
For more information about Gateway to Work or to report your hours, you can contact your health plan by phone.

If you don't know your health plan, please call 877-GET-HIP-9.

Partners:
 Anthem: 844-429-9623
 CareSource: 844-542-2603
 mhS: 877-647-4848
 MDwise: 800-356-1204



Gateway to Work (cont'd)

- Starting in July, members required to report their hours will begin a phase-in schedule:
 - 7/1/2019 – 9/30/2019: 5 hours per week
 - 10/1/2019 – 12/31/2019: 10 hours per week
 - 1/1/2020 – 6/30/2020: 15 hours per week
 - 7/1/2020 – 12/31/2001: 20 hours per week
- In addition to ongoing contact with a member's health plan, members who have not been meeting the reporting requirement, will be contacted in October to offer assistance.
- Starting in January 2020, the first look-back of the July 2019 – December 2019 will occur.





Fixing the Cliff: HIP Bridge



If people are constantly falling off a cliff, you could place ambulances under the cliff or build a fence on the top of the cliff. We are placing all too many ambulances under the cliff.

—*Dr. Burkitt*





Success brings new challenges

- Gateway to Work will increase employment and education for HIP members
 - HIP members will have increased income and will need to transition to commercial coverage
 - HIP members face cost related barriers when transitioning to commercial coverage
- The HIP Workforce Bridge seeks to address the cost barrier and reduce the coverage cliff for HIP members



HIP Workforce Bridge Account

- Available to HIP enrolled members who have an increase in income and are no longer eligible for HIP
- \$1,000 to cover health care and health insurance costs during transition from HIP to commercial insurance
 - Covers premiums, prescriptions, and HIP covered services while waiting for coverage to kick in
 - Covers copayments, coinsurance and deductible costs for HIP covered services following commercial coverage enrollment
- Account is available for up to 12-months following HIP disenrollment or until the account balance is \$0



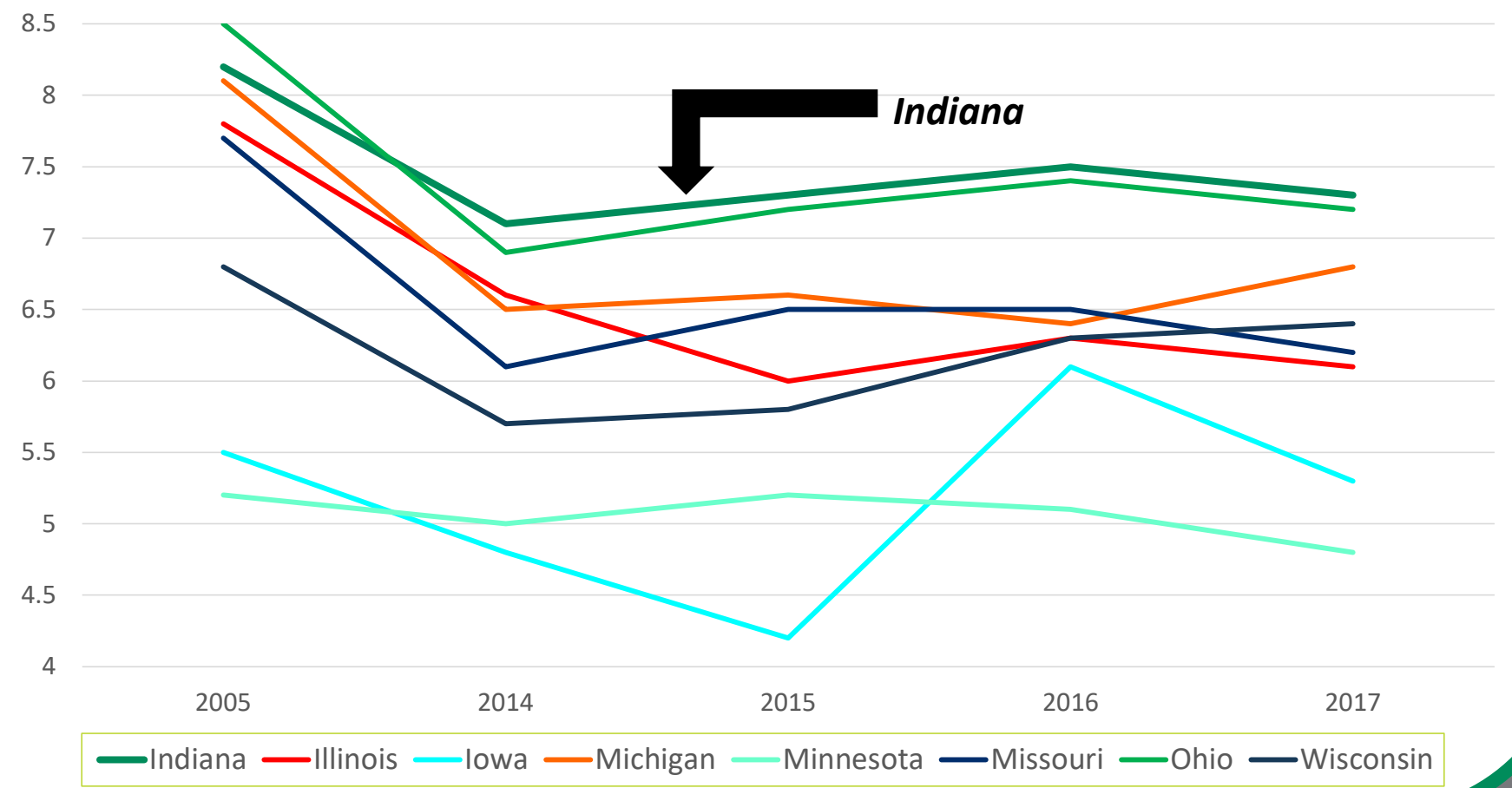
LTSS workgroups

- Kick off multi-disciplinary workgroups for:
 - System efficiency
 - Fiscal alignment
- Begins in July/August, goal 3-5 year plan available for comment spring 2020



OB Navigator

Infant Mortality by Year

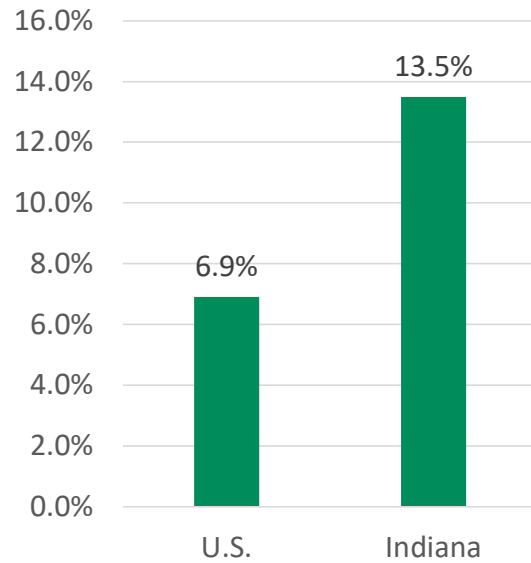




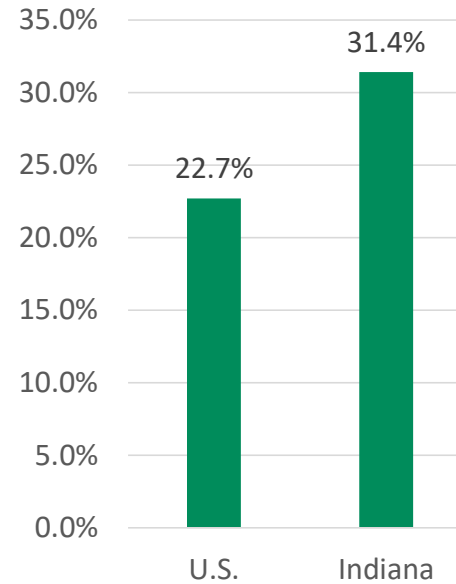
Risk Factors



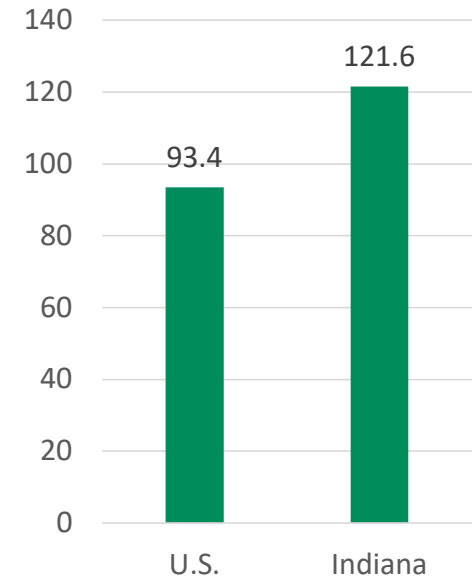
Smoking During Pregnancy



No Prenatal Care First Trimester



SUID/100,000 Live Births

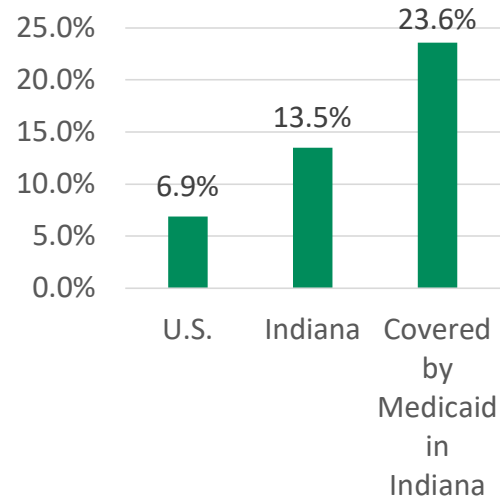




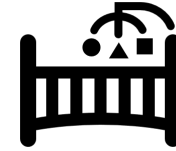
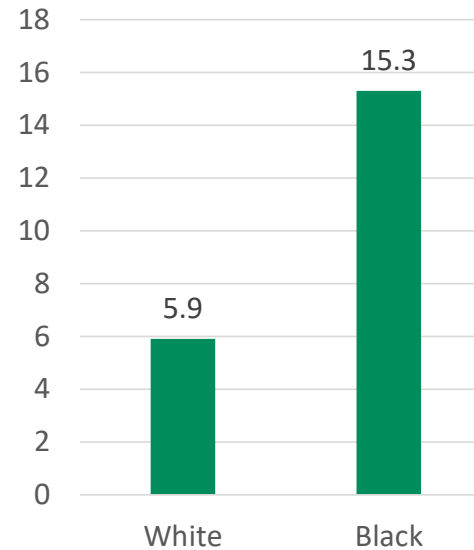
Disparities



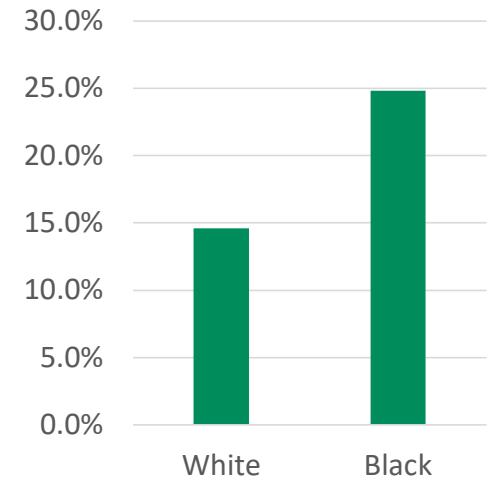
Smoking During Pregnancy



Infant Mortality (per 1,000 live births)



SUID Deaths (percent of deaths)





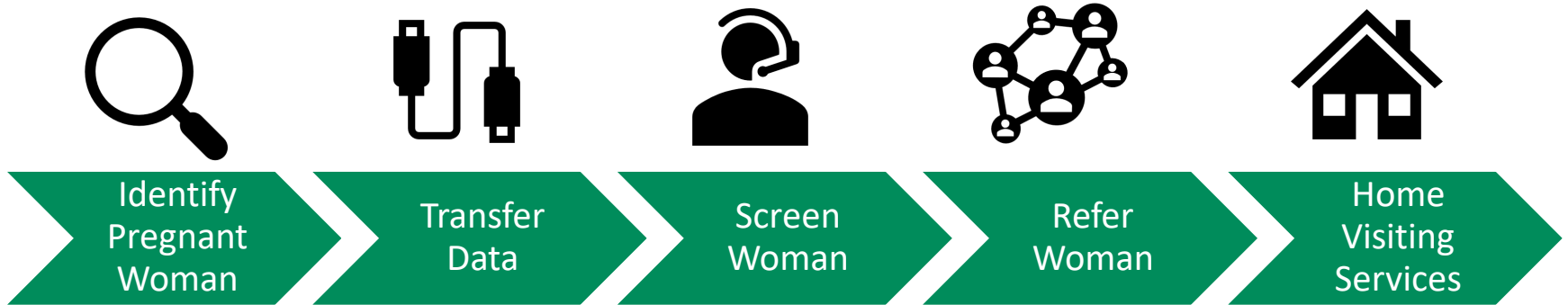
OB Navigator

The Challenge: To be Best in the Midwest by 2024





Process Flowchart



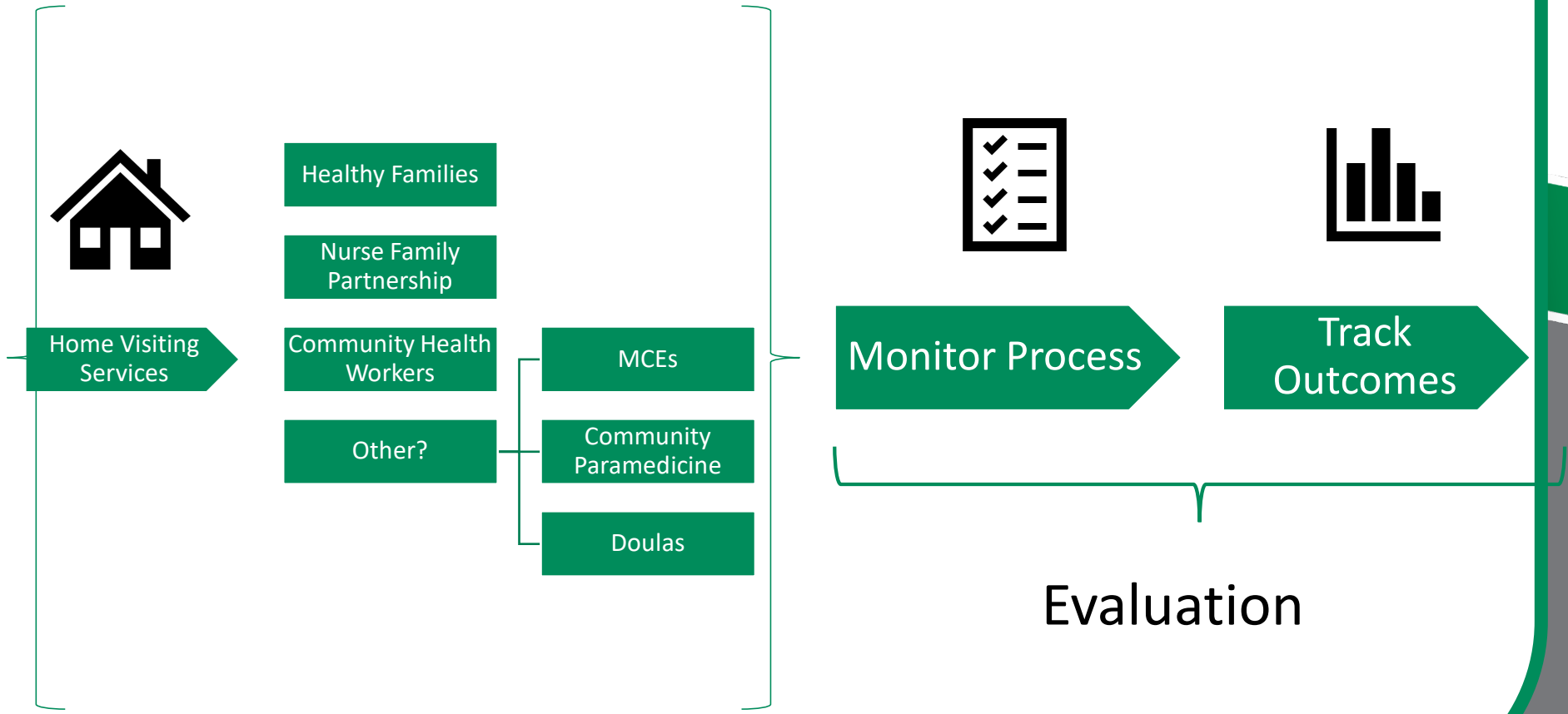
Early Identification

Coordinated Intake

Navigation



Process Flowchart, cont.



Evaluation



Phase 1 Evaluation

Process



- Referral for smoking cessation
- Safe sleep education
- Breastfeeding education
- Birth spacing education

Outcome



- Early/adequate prenatal care
- Birth spacing
- Smoking during pregnancy
- Breastfeeding



AskTheSecretary@fssa.in.gov



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

WWW.FSSA.IN.GOV