Indiana's LTSS Vision and 2022 State Medicaid Agency Contracts

Office of Medicaid Policy and Planning and Division of Aging
Indiana Family and Social Services Administration
RFI Co-design Stakeholder Meeting—May 10, 2021

Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%. Indiana's disjointed system must be reformed to meet growing demand and to ensure Choice, drive Quality and manage Cost.

Choice: Hoosiers want to age at home

- 75% of people over 50 prefer to age in their own home – but only 45% of Hoosiers who qualify for Medicaid are aging at home*
- The risk of contracting COVID and impact of potential isolation drives an even increased desire to avoid institutional settings

Cost: Developing long-term sustainability

- Indiana has about 2% of the U.S. population, but over 3% of nursing facilities
- LTSS members are 4% of Medicaid enrollment, yet 28% of spend - only ~ 19% of LTSS spend goes to home and community-based services (HCBS)
- For next ten years, population projections show 28% increase in Hoosiers age 65+ and 45% increase in Hoosiers age 75+

Quality: Hoosiers deserve the best care

- AARP's LTSS Scorecard ranked Indiana 44th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to outcomes

*Accurate as of January 2020

Indiana's Path to Long-term Services and Supports Reform

Our Objective

1) 75% of new LTSS members will live and receive services in a home and community-based setting
2) 50% of LTSS spend will be on home- and community-based services

Key Results (KR*) to Reform LTSS

1. Ensure Hoosiers have access to home- and community-based services within 72 hours
2. Move LTSS into a managed model
3. Link provider payments to member outcomes (value-based purchasing)
4. Create an integrated LTSS data system linking individuals, providers, facilities, and the state

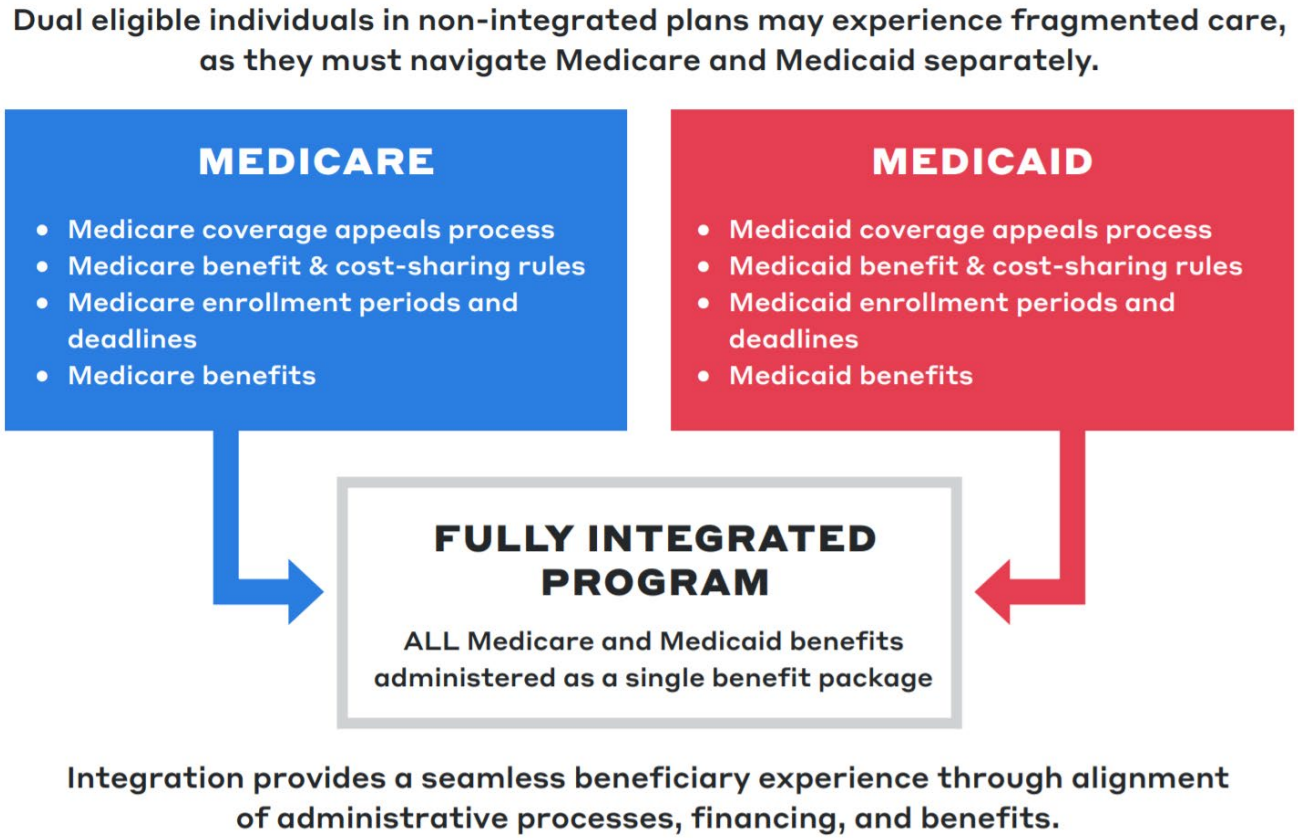
*All KR work will be coordinated with Medicaid supplemental payment reform and depends upon finalization of federal guidelines

Meeting Roadmap:

- Defining State Vision:
  - Where are we going?
  - What are we seeing?
- Realizing State Vision:
  - The 2022 State Medicaid Agency Contract (SMAC)
  - Key Themes and Takeaways
- Next steps and questions

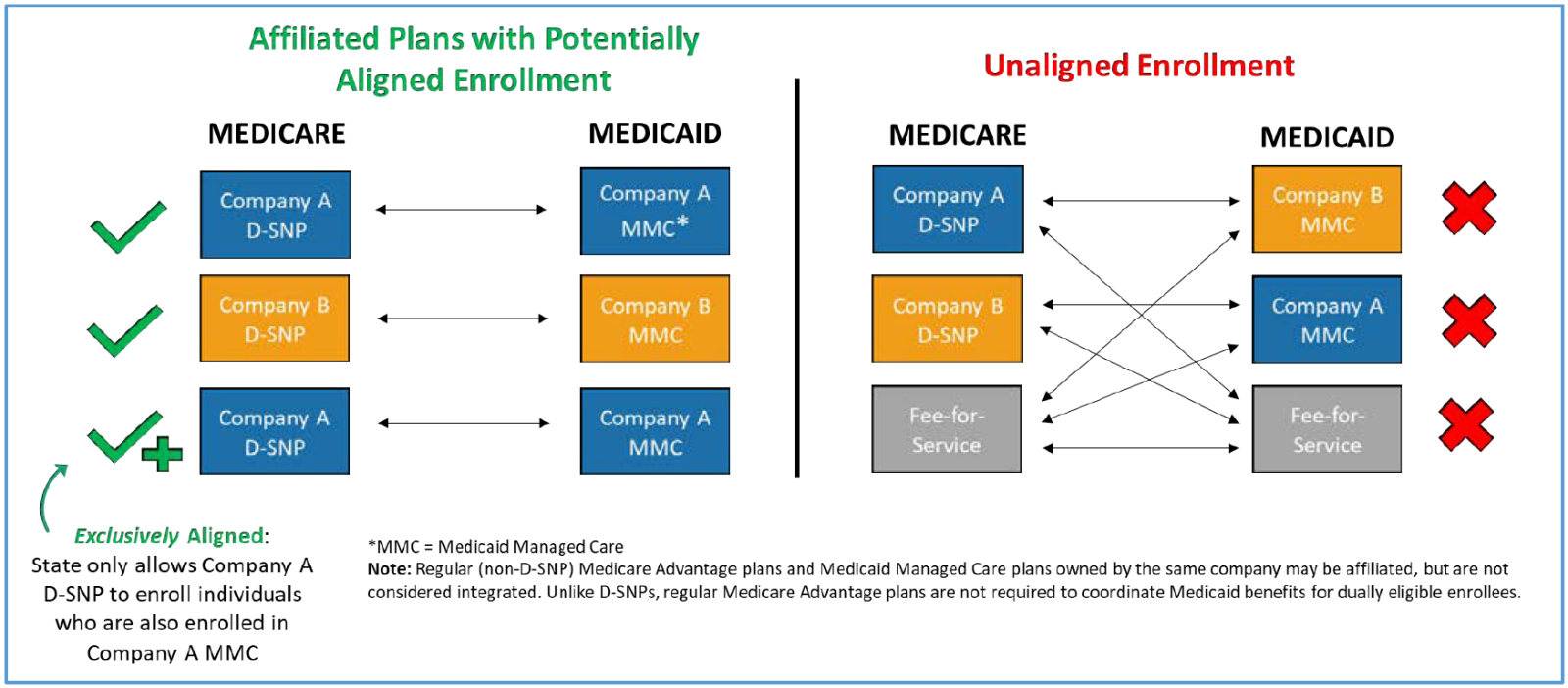
Defining State Vision:
Where are we going?

Integration of Medicare and Medicaid



From Bipartisan Policy Center, Integrating Care for Dual Eligible Individuals

Aligned, Exclusively Aligned, and Unaligned Enrollment



From Integrated Care Resource Center, State Guide to Identifying Aligned Enrollees: How to Find Medicare Plan Enrollment for Dually Eligible Individuals in Medicaid Managed Care Plans

Defining State Vision:
What are we seeing?

Who are Indiana's Dual-Eligibles?

Indiana's Dually-Eligible Population[1]

Type	Number
Partial-Benefit	66,316 (29%)
Full-Benefit	162,133 (71%)
Total	228,449

[1]Population numbers from February 2021 Indiana Medicaid Administrative Data

Indiana Duals: Demographics

	Indiana Duals Population (2021)[1]
Male	40%
Female	60%

Age	Indiana Duals Population (2021)[1]
Under 60	38%
60+	62%

Race/ Ethnicity	Indiana Duals Population (2021) [1]
Caucasian	72%
Black	15%
Asian or Pacific Islander	0.8%
American Indian/ Alaska Native	0.2%
Hispanic	2%
Unknown	10%

[1]Population numbers from February 2021 Indiana Medicaid Administrative Data

Where are Indiana Dual Eligibles?

Medicare Placement	Medicaid MCE	Medicaid FFS**	% of Total
Medicare Managed Care	0	103,531	45%
Medicare FFS	0	124,918	55%
Totals	**0**	**228,449**	**100%**

*Population numbers from Feb. 2021 Indiana Medicaid enrollment report

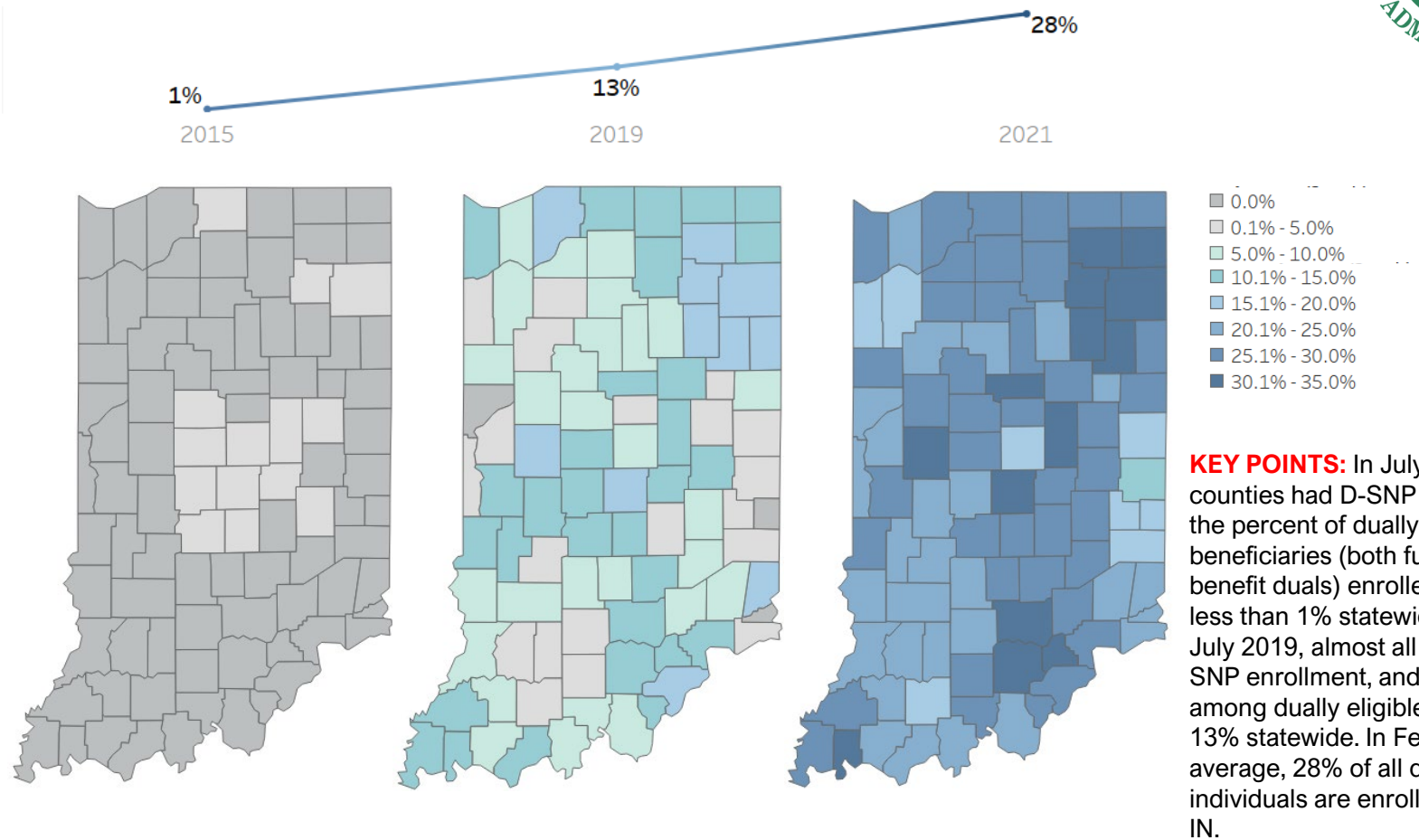
Where are Indiana Dual Eligibles?

Medicare Placement	Medicaid MCE	Medicaid FFS**	% of Total
Medicare DSNP with Medicaid Contract Aligned*	0	0	0%
Medicare DSNP with Medicaid Contract Not Aligned*	0	64,476	28%
Medicare Advantage Excluding DSNPs	0	39,055	17%
Medicare FFS	0	124,918	55%
Totals	**0**	**228,449**	**100%**

*Alignment is being in both Medicare and Medicaid plans with same parent company
**Population numbers from Feb. 2021 Indiana Medicaid enrollment report

D-SNP Enrollment by County

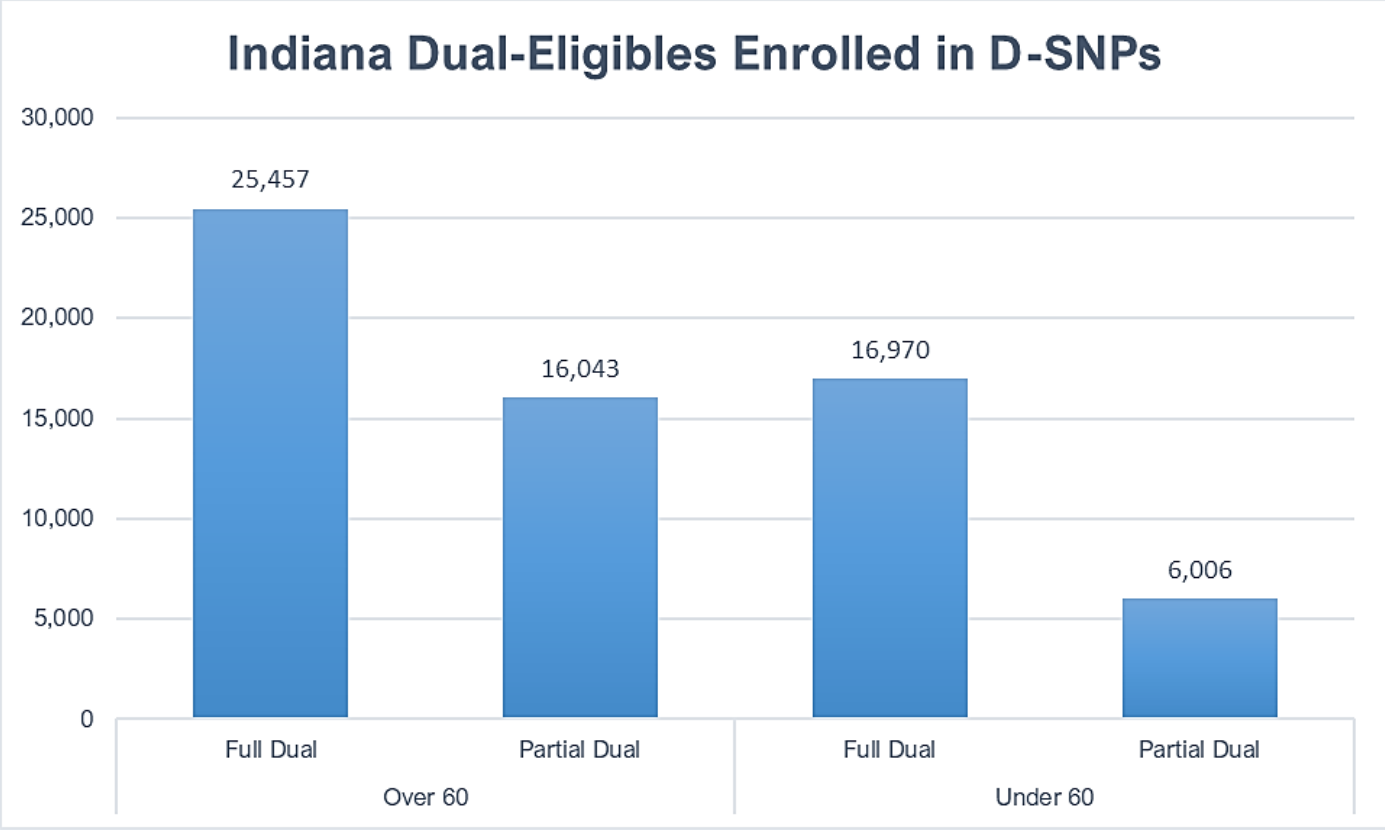
Figure 1. D-SNP enrollment penetration among all dually eligible beneficiaries [1],[2] in IN, by county, 2015 and 2021



KEY POINTS: In July 2015, only 14 counties had D-SNP enrollment, and the percent of dually eligible beneficiaries (both full and partial benefit duals) enrolled in D-SNPs was less than 1% statewide. However, in July 2019, almost all counties had D-SNP enrollment, and D-SNP enrollment among dually eligible beneficiaries was 13% statewide. In February 2021, on average, 28% of all dually eligible individuals are enrolled in a D-SNP in IN.

[1] This includes both full benefit and partial benefit dually eligible beneficiaries because both are allowed to enroll in D-SNPs in IN.
[2] The total numbers of dually eligible beneficiaries used as the denominator for percent D-SNP enrollment in 2015 and 2019 are from June 2015 and December 2018, respectively.

Indiana D-SNP Enrollment



Indiana has made some key changes to the service programs to encourage this growth in D-SNP enrollment and improve coordination. These measures include:

- Indiana required all successful offerors for Hoosier Care Connect (HCC) reprocurement to operate a statewide DSNP one year from HCC contract start date.
- The 2021 Indiana SMAC requires D-SNPs to notify the Division of Aging within 2 business days of becoming aware of all emergency department visits, inpatient hospital stays, and skilled nursing facility admissions of D-SNP enrollees who are also on the Aged and Disabled waiver.

Realizing State Vision: The 2022 State Medicaid Agency Contract (SMAC)

2022 SMAC Requirements:
Coordination of Care, Services, and Payments

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Coordination of Care, Services, and Payments

- The MAO shall assist members in:
  - Coordinating all needed Medicaid services
  - Facilitating access to those services
  - Arranging for the provision of such services
- To do this, the MAO is required to identify and refer members to participating Medicaid providers—including institutional and home and community-based service (HCBS) providers.

[Duties of Contractor, Sec. C]

2022 SMAC Requirements:
Coordination of Care, Services, and Payments

- The MAO shall develop written care coordination policies for members identified as “High-Risk”
  - These policies and any amendments will need to be reviewed and approved by the State at least sixty (60) days prior to the start of the contract year.
  - A summary of these policies and procedures are to be included in the D-SNP Model of Care (MOC) and are subject to review for all Medicaid-related provisions.

[Duties of Contractor, Sec. E]

Note: As part of Indiana’s CY2021 SMAC language, the State defined its “At-Risk” population as any D-SNP member who is enrolled in the State’s Aged and Disabled waiver. This will continue for CY2022.

2022 SMAC Requirements:
Coordination of Care, Services, and Payments

- The MAO shall ALSO refer within two (2) business days to the appropriate Indiana Area Agency on Aging (AAA) any member identified as having strong predictors of needing LTSS.

- Strong predictors of needing LTSS at minimum will include:
  - Admission to a Skilled-Nursing facility (SNF);
  - Need for assistance in Activities of Daily Living (ADLs);
  - Having a diagnosis of dementia.

[Duties of Contractor, Sec. F]

2022 SMAC Requirements:
Coordination of Care, Services, and Payments

- The MAO shall join and maintain access to the Indiana Health Information Exchange (IHIE) to:
  - Enhance its capacity and effectiveness in coordinating care for members
  - Drive ongoing improvement to service transparency.
- This access will include at a minimum:
  - Daily transmission of the Admission, Discharge, and Transfer (ADT) Alerts Standard Report file; and
  - Access to CareWeb for care management purposes.

[Duties of Contractor, Sec. G]

2022 SMAC Requirements:
Eligibility and Enrollment

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Eligibility and Enrollment

- The MAO shall provide “Deemed Continued Eligibility” for six (6) months to maintain the maximum continuity of care for individuals that no longer meet D-SNP eligibility criteria due to a temporary loss of Medicaid eligibility.

[Duties of Contractor, Sec. L]

2022 SMAC Requirements:
Reporting Requirements

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Reporting Requirements

- The MAO shall provide monthly Medicare encounter data no later than fifteen (15) business days from the first day of the following month.
- The MAO and the State will develop a project plan for Medicare encounter data sharing no later than ninety (90) days prior to the start of the contract year, and both parties will make good-faith efforts to implement this process no later than one hundred and eighty (180) days after contract effective date.
- Medicare encounter data will include, at a minimum, all Hospital, Skilled-Nursing Facility (SNF), and Emergency Department (ED) utilization.

[Reporting Requirements, Sec. A.3]

2022 SMAC Requirements:
Reporting Requirements

- Currently reported quality assessment data and deliverables consistent with those described in *Chapter 5, Section 30 of the Medicare Managed Care Manual* which includes but is not limited to:
  - Audited summary-level and patient-level HEDIS data the MAO is required to submit to NCQA and CMS respectively;
  - The final NCQA HEDIS Compliance Audit Report provided to the MAO by the NCQA-licensed audit firm;
  - All Medicare Health Outcomes Survey (HOS) data feedback reports provided to the MAO by CMS;
  - Any reports or materials pertaining to annual MAO participation in the MA & PDP CAHPS survey.

[Reporting Requirements, Sec. A.4]

2022 SMAC Requirements:
Reporting Requirements

- All information and materials pertaining to any Supplemental Benefits:
  - Approved by CMS to be included in the D-SNP plan benefit package (PBP) for the following year
  - Provided to the State within thirty (30) calendar days of MAO bid approval by CMS.
  - Should include all relevant information and materials pertaining to the PBP bid

[Reporting Requirements, Sec. A.12]

2022 SMAC Requirements:
Reporting Requirements

- The MAO shall provide any materials that contain reference to Indiana Medicaid program benefits or any Indiana Medicaid program to the State for review and written approval prior to submission to CMS.
  - Minimum twenty-one (21) days for FSSA to review and to request modifications.
  - Specific references to Medicaid program benefits and/or Indiana Medicaid programs must be clearly located and identified
  - Must provide a clear description of the particular marketing methods/media being used to promote them.
  - Expectation of responsiveness throughout the review process

[Reporting Requirements, Sec. B]

2022 SMAC Requirements:
Reporting Requirements

- The MAO shall not use the Medicaid provider listing as a resource for marketing purposes. Any attempt to use the Medicaid provider information without obtaining explicit written approval from FSSA may result in termination of this contract

[Reporting Requirements, Sec. C]

2022 SMAC Requirements:
Acknowledgment of Awareness

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Acknowledgment of Awareness

By executing this agreement, the MAO Contractor acknowledges it is aware of and understands the following:

1) The State values the opportunities for increased integration of care and improved health outcomes that the alignment of Medicaid and Medicare systems could provide and views increased alignment as a primary tool to achieve its LTSS program goals. To support these values, the State is currently developing a Managed Medicaid Long-Term Services and Supports program (mLTSS) for existing Fee-For-Service Long-Term Services and Supports (LTSS) programs for individuals aged 60 and older.—This program would serve a significant proportion of dually-eligible members;

[pp. 1-2]

2022 SMAC Requirements:
Acknowledgment of Awareness (cont.)

2) The State views DSNPs as a critical component of any new mLTSS program to better align and integrate care for its dually eligible members;

3) The State intends for its mLTSS program to be fully operational in the first quarter of CY 2024;

4) The State intends to require all mLTSS Plans to develop and operate statewide companion DSNPs;

[pp. 1-2]

2022 SMAC Requirements:
Acknowledgment of Awareness (cont.)

5) The State may ultimately choose to limit D-SNP marketplace participation with an expectation that only Contractors with the same parent company as a Medicaid Managed Care Entity (MCE) that is awarded a mLTSS contract would continue to operate in the State post-mLTSS implementation. The State views this potential requirement as the best way to ensure sufficient and sustainable alignment and integration between Medicaid and Medicare in a mLTSS system into the future;

[pp. 1-2]

2022 SMAC Requirements:
Acknowledgment of Awareness (cont.)

6) In the contract years prior to mLTSS implementation, the State anticipates continually developing and enhancing its SMAC requirements for DSNPs operating in the State. The State intends to build more robust partnerships and increased collaboration with all MAO Contractors to effectively advance integration goals for Indiana's dually eligible members; to improve health outcomes for dually-eligible individuals in Indiana through increased alignment of care; and to best position the State for future mLTSS program success.

[pp. 1-2]

Key Themes and Takeaways:

1) DSNPs and SMACs will play a critical role in the State's vision of a more integrated and aligned future for Medicaid and Medicare in Indiana

2) SMACs will be tailored to reflect State goals and vision:
    - Purposeful contract structure
    - Increased accuracy/specifics of contract terms
    - Increased focus on planning and deadlines

3) The 2022 SMAC indicates the State's desire to build a more meaningful and interactive partnership with Indiana D-SNPs to better serve dually-eligible Hoosiers

4) New roles for D-SNPs and the State going forward

Next Steps:

1) Schedule follow-up and actually meet with individual D-SNP plans by **May 21, 2021**

2) Finalize D-SNP contract language by **May 28, 2021**

3) Work with individual D-SNP plans through contract process with Indiana Department of Administration [**May 28 – June 30, 2021**]

4) D-SNPs to submit final CY2022 SMACs to CMS by **July 5, 2021**

Review - PA UM

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

Current as of April 27, 2021

Summary

- Concerns:
  - Authorizations denied same day which prohibits an effective discharge
  - Length of stays approved
  - PA portals differing formats
  - Inconsistencies with clinical documentation expectations among MCEs
  - Communications not standardized across MCEs
  - Oversight of DSNP utilization management subcontractors
  - Future: How will medical necessity be used for non-clinical services?

Summary

- RFP/RFI questions
  - Have you worked with AL waiver providers in other states? If so, which ones?
  - Do you have staff who are experienced with LTC and AL waiver?
  - Are you planning to contract UM or Case Management to a subcontractor?