



# The Indiana Family and Social Services Administration

# Hoosier



Community Mental Health Center Webinar

April 13, 2015





## Agenda

- Hoosier Care Connect program overview
- Implementation and member enrollment overview
- Impact to community mental health centers (CMHCs)
- Question and answer period

# Hoosier Care Connect Program overview





## **Program overview: Description and goals**

### **What is Hoosier Care Connect?**

- Hoosier Care Connect is a new coordinated care program for Hoosiers age 65 and over, or with blindness or a disability who reside in the community and are not eligible for Medicare.

### **What are the goals of Hoosier Care Connect?**

- Improve quality outcomes and consistency of care across the delivery system
- Ensure enrollee choice, protections and access
- Coordinate care across the delivery system and care continuum
- Provide flexible person-centered care



## Program overview: Purpose

### Why is the state implementing Hoosier Care Connect?

- Indiana's aged, blind, and disabled members are currently served under a fee-for-service model:
  - There are currently no incentives to tie treatments and services to quality of care and positive clinical outcomes.
  - There is a lack of integration and care coordination among healthcare providers.
  - There is no single authority responsible for overseeing health outcomes.

**Hoosier Care Connect**  
seeks to  
address these  
shortcomings



# Member benefits under Hoosier Care Connect

## Current services

- Enrollee must seek out provider accepting Medicaid
- Limited assistance in discharge planning when member is admitted to hospital
- Minimal case management services available
- No access to helpline after-hours to seek medical advice
- Access to Medicaid covered services

**VS.**

## Hoosier Care Connect features

- MCE *assists in connecting member* with primary medical provider
- MCE conducts discharge planning, *linking member to community resources* and follow-up appointments
- *Individualized care coordination* services available to all members
- Access to a *24-hour Nurse Helpline*
- Access to Medicaid covered services, *care coordination services and enhanced benefits*



## Expected member benefits

Enhanced benefits

Access to new care  
coordination services

Fewer unnecessary tests  
and doctor visits

Access to centralized  
care and other resources  
for assistance

Assistance with  
discharge planning

*Better*  
Health care  
delivery  
leading to  
*Better*  
Health  
outcomes



## Program overview: MCEs and member care

### How do members receive care?

- Members will select a managed care entity (MCE) responsible for coordinating care in partnership with their medical provider(s).
- An MCE is a health plan that contracts with the Indiana Family and Social Services Administration (FSSA) to deliver covered services to Hoosier Care Connect enrollees.
- There are three MCEs for Hoosier Care Connect:







## Program overview: MCE operation

### MCE responsibilities

- Each MCE will develop a network of doctors to provide health care services to members.
- MCEs will provide care coordination services based on a member's needs.
- MCEs will communicate with providers and perform care coordination conferences to review a member's progress and care management plan.
- MCEs are accountable for achieving outcomes related to process, quality and member satisfaction.



## Program overview: Included populations

### Which populations are included in Hoosier Care Connect?

- Aged (65+)
- Blind
- Disabled
- Individuals receiving Supplemental Security Income (SSI)
- M.E.D. Works enrollees
- Children who are wards of the State, receiving adoption assistance, foster children and former foster children may also voluntarily enroll in the program



## **Program overview: Excluded populations**

### **Which aged, blind and disabled populations are not included?**

- Medicare enrollees
- Institutionalized enrollees
- Home and Community-Based Services Waiver enrollees
- Money Follows the Person Grant enrollees

### **Other excluded populations**

- Undocumented persons eligible for emergency services only
- Individuals enrolled in Hoosier Healthwise or Healthy Indiana Plan
- Individuals enrolled in the Family Planning Eligibility Program
- Breast and Cervical Cancer Program enrollees
- Medicare Savings Program enrollees



## Program overview: Member benefits

Hoosier Care Connect members will receive all Medicaid-covered benefits, care coordination and other enhanced benefits.

### Included benefits

- Primary care
- Acute care
- Prescription drugs and certain over the-counter drugs
- Behavioral health
- Emergency services
- Transportation
- Dental

### Carve-outs\*

- Medicaid Rehabilitation Option Services (MRO)
- 1915(i) State Plan Home and Community Based Services
- FirstSteps
- Individualized education plans

\*Carve-outs are benefits members are eligible to receive, but are not reimbursed for by the MCEs



## Program overview: Excluded services

*Individuals enrolled with an MCE who become eligible for an excluded service will be transitioned to fee-for-service*

- Long-term nursing home care
- Hospice in an institutional setting\*
- State psychiatric hospitals
- Intermediate care facilities for individuals with intellectual disabilities
- HCBS waivers
- Psychiatric residential treatment facilities (PRTF)

\*Enrollees receiving in-home hospice will remain enrolled with MCE



## Program overview: Care coordination

### How will the MCEs identify care coordination needs?

- Health Needs Screening
  - Completed within 90 days of enrollment
  - Identifies members with qualifying health-related needs
- Comprehensive Health Assessment
  - Completed in 150 days of enrollment for members identified during Health Needs Screening
  - Identifies the psychosocial, functional and financial needs of the member
  - Incorporates family, caregiver and provider input to identify the member's strengths, needs and available resources



## Program overview: Care coordination (cont.)

Following the Health Needs Screening and Comprehensive Health Assessment, members requiring additional supports are stratified into a care coordination level:

Disease management

Care management

Complex case management

Right Choices Program (RCP)

# **Implementation & member enrollment: General information**





# Implementation & member enrollment: Transition process & key dates

February 2015

Notices sent &  
MCE selection  
process begins

June 15, 2015

MCE selection  
deadline

April 1, 2015

First MCE  
assignments  
effective

July 1,  
2015

Transition  
complete

## MCE Selection

- All enrollees will have the option to choose an MCE
- Targeted outreach to include notices and phone calls
- Auto-assignment will only occur when a selection is not made by the enrollee

\*All dates are estimated and subject to change



## Implementation & member enrollment: Continuity of care

Members will have continuity of care as they transition to Hoosier Care Connect

### Honoring Prior Authorizations

- Year 1: 90 days
- Ongoing: 30 days

### Maintaining Care Coordination

- Maintain Care Select care coordination services until a new assessment is done

### MCE Requirements

- MCE Transition Coordinator
- Processes to identify outstanding authorizations

# Impact to CMHCs



## CMHC services & Hoosier Care Connect

### Clinic Option

- Billed to MCEs
- No member cost-sharing
- MCE or physician referral not required
  - *Psychiatrist:* Members can self-refer to any IHCP enrolled
  - *Other behavioral health providers:* Members can self-refer to MCE in-network

### MRO\*

- MCE carve-out
- Billed to IHCP
- Current service package assignment process is maintained
- Prior authorization to ADVANTAGE for additional services
- No member cost-sharing

### 1915(i) Services\*\*

- MCE carve-out
- Billed to IHCP
- Current service package authorization process is maintained
- No member cost-sharing

\* Medicaid Rehabilitation Option Services

\*\*Includes Behavioral and Primary Healthcare Coordination (BPHC), Adult Mental Health and Habilitation (AMHH) and Children's Mental Health Wraparound (CMHW)



## Assisting eligible consumers

CMHCs can serve as a resource to assist Hoosier Care Connect eligible consumers

### Encourage MCE Selection

- Encourage consumers to learn more about the MCEs
  - Review the health plan summary sheet
  - Call the Hoosier Care Connect Helpline at **1-866-963-7383**

### Reassure Consumers

- CMHC services will continue under Hoosier Care Connect
- Authorized services will continue to be honored



## Joining an MCE network

MCE	Contact
Anthem	Esther Cervantes Provider Relations 812-202-3838 <a href="mailto:estherling.cervantes@anthem.com">estherling.cervantes@anthem.com</a>
MHS	John Yates Vice President, Contracting and Network (317) 684-9478 <a href="mailto:jyates@mhsindiana.com">jyates@mhsindiana.com</a>
MDwise	Marc Baker Director of Provider Relations (317) 822-7390 <a href="mailto:mbaker@mdwise.org">mbaker@mdwise.org</a>

Healthcare providers can obtain information on how to join a Hoosier Care Connect network from the MCEs



## Responses to CMHC submitted questions

### Transportation

- Mirrors traditional Medicaid
- 20 one-way trips under 50 miles without prior authorization
- MCEs may offer enhanced transportation
- Contact MCEs to arrange
- No cost to member
- Members should schedule in advance (24-72 hours)
- Same day available if urgent

	Transportation #
Anthem	1-800-508-7230
MDwise	1-800-356-1204
MHS	1-800-508-7230



## Responses to CMHC submitted questions

### Disease Management

- MCEs must offer the following disease management programs:
  - Asthma
  - ADHD
  - Autism/pervasive developmental disorder
  - Chronic kidney disease
  - Chronic obstructive pulmonary disease (COPD)
  - Congestive heart failure
  - Coronary artery disease
  - Depression
  - Diabetes
  - Hypertension
  - Pregnancy

MCEs available  
to provide  
information on  
their  
programming





## Responses to CMHC submitted questions: Care management

How will CMHCs know the care management tier that individuals are placed in?

- Contact the MCE
- This is also viewable via the MCE's electronic portals
  - Refer to MCE for specific information

How can CMHCs coordinate care with other providers using MCE care conferences?

- Work with member's assigned MCE case manager
- CMHCs can initiate contact

What information can the CMHCs provide to assist with accurate assessment?

- Sharing CANS and ANSA assessments and treatment plans with the MCEs
- Timely and accurate billing including all appropriate diagnoses



## Responses to CMHC submitted questions: Formulary

Are there any formulary restrictions?

- Each MCE's formulary has been reviewed by the State Drug Utilization Review Board and must be within State-prescribed parameters
- Mental health drugs continue to have open access in accordance with state law

What are the authorization procedures?

- Submission to the MCE

Are opiate replacement medications covered?

- Refer to the MCE preferred drug lists (PDLs), substance abuse agents are available

Is this a narrow network?

- No, MCEs must meet State-defined access standards

# Question and answer period

*Questions can be submitted after the webinar to*  
[HoosierCareConnect@fssa.in.gov](mailto:HoosierCareConnect@fssa.in.gov)

