

# A Look Into the Future: Managed Long-Term Services & Supports What does this mean for providers?

Strong in the mission. Flexible in the details. September 28, 2022



### Agenda

- Welcome!
  - Why is this information important?
- Indiana stakeholder values for long-term services and supports (LTSS)
- The system today vs. the system tomorrow
  - Provider enrollment
  - Operations
  - Claims
  - Service planning and authorization
- Why do providers need to know about system change?

### Introductions

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### Welcome





Why is it important for you to be here?

## Change is hard, but it's easier when we do it together.

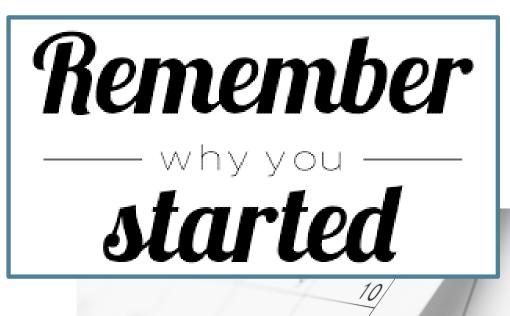
- The system you operate in today will be different in 2024.
  - Billing and payment
  - Agency expectations
  - AAA partnerships
  - New partnerships
- To begin serving clients in a new system (2024), the dress rehearsal is key!





### Stakeholder Values

Indiana stakeholders shared what was important about LTSS





### Stakeholder Values



#### Providers, Consumers, Trade Associations, Advocacy Organizations

#### LTSS in general

- Honor the varied experiences of individuals & provide services through a lens of person-centeredness.
- Offer choice, enhance quality, and ensure smooth transitions.

#### Provider enrollment

- Timely and consistent review processes.
- Offer education and training about services available for providers to render.

#### Provider operations

Training on incident reporting and an easily accessible portal for filing incident reports.

#### Provider claims

- Transparent, easily understandable and consistent requirements for filling out and submitting claim forms.
- Timely turnaround for connecting with customer service on claim questions or assistance with denied claims.

#### Service planning and authorization

- Service plans and utilization of services align with each participant's needs and goals.
- Transparent and easily understood utilization management criteria





## Today's System vs. Tomorrow's System Provider Enrollment





## AAAs, Consumers, and Providers Today: Fee-for-Service



Eligibility

Options Counseling

Getting Services

Functional and financial

AAA is the front door

Still with the AAA

The "Picklist"

The Notice of Action (NOA)

Provider receives NOA

Provider begins services



## Provider Role Today: Fee for Service





Options Counseling

Getting Services

Fun and

th
door

Still with the AAA
The "Picklist"
The NOA

Provider receives NOA

Provider begins services



## Provider Enrollment: Getting on the "Picklist" in Fee-for-Service



IDOH

• If applicable, obtain agency license

Div. of Aging

- Submit application and required documents to Division of Aging (DA)
- Receive DA certification letter upon application approval

Indiana Medicaid

- Submit application and required documents to Indiana Medicaid with DA certification letter
- Obtain agency Medicaid billing number

Div. of Aging

- Submit agency Medicaid billing number to DA
- DA enters Medicaid billing number into CaMSS. Provider is now on the pick list.



## Enrollment Services Vendor, Consumers & Providers Tomorrow: MLTSS



Eligibility

Options Plan
Selection

Assessment and Service Plan Development

Getting Services

Functional and financial
Enrollment services vendor (ESV) is the front door

Still with the AAA
ESV helps consumer
select an MCE

The "Picklist"
Available provider
network and
performance data

MCE care manager assesses consumer needs and enters service authorization

Provider receives service authorization
Provider begins services



## Provider Role Tomorrow: MLTSS





Options Plan
Selection

Assessment and Service Plan Development

Getting Services

F id

Still with the AAA
ESV helps consumer
select an MCE

The "Picklist"

Available provider network and performance data

MCE care manager assesses consumer needs and enters service authorization

Provider receives service authorization
Provider begins services



## Provider Enrollment Tomorrow: MLTSS



IDOH

• If applicable, obtain agency license

Medicaid

• Submit provider application to Indiana Medicaid and receive certification letter with Medicaid enrollment number for billing

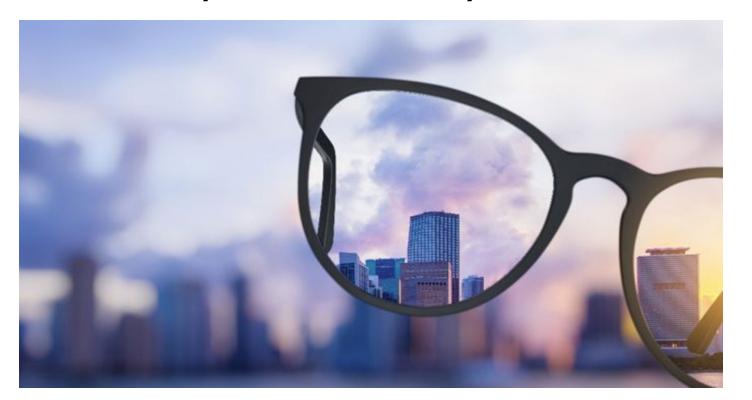
Health Plan

- Submit provider applications to each health plan (MCE) in whose network you want to be included
- Include Medicaid certification letter
- Receive new billing numbers from each health plan





# Today's System vs. Tomorrow's System Operations Impacts



Operations will likely be the biggest shift for providers in MLTSS



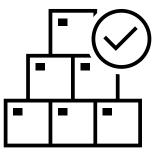




# Today: FFS Provider Compliance Requirements



- Policies and Personnel Manual
- Maintain Records of Services Provided
- Insurance
- Financial Information
- Incident Reporting
- Compliance Reviews
- Quality
- Data Collection







# Tomorrow: Provider Compliance Requirements



- Policies and Personnel Manual
- Maintain Records of Services Provided
- Insurance
- Financial Information
- Incident Reporting
- Compliance Reviews
- Quality
- Data Collection

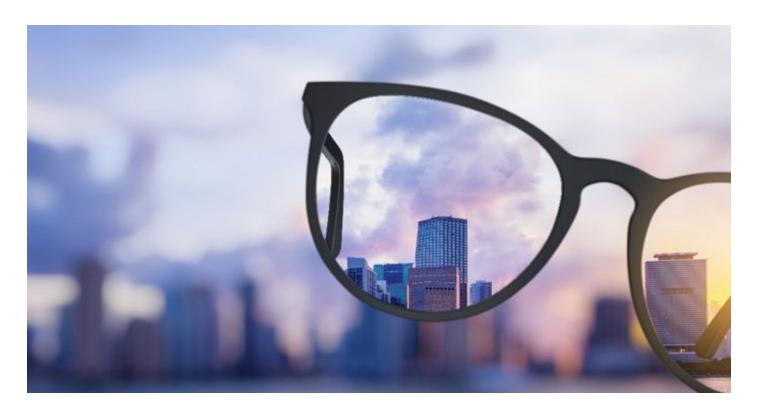


Meeting provider network requirements of each MCE





## Today's System vs. Tomorrow's System Claims



# Claims Processes Today: Fee for Service



Fill out claim form for services "already" rendered

Submit claim to
Gainwell within 180
days of delivering
services

Receive payment within (avg) of 1 week upon submitting claim



# Claims Processes Tomorrow: MLTSS



Fill out claim form for services rendered

Submit claim to
MCE within
timeframe specified
in contract

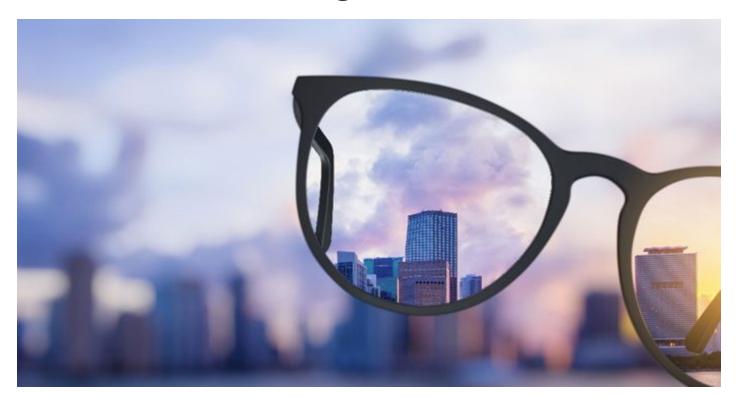
MCE will review claims to ensure services billed were authorized in service plan

Receive payment within (avg) 2-4 weeks





# Today's System vs. Tomorrow's System Service Planning and Authorization



## Service Planning and Authorization Process **Today:** Fee-for-Service

Provider assesses consumer for interest in waiver services

Request services and hours rendered from waiver care manager Receive approval from AAA and FSSA for rendering service hours Develop personcentered service plan with participant/circle of support based on needs



# Fee-for-Service Service Plan Documentation Standards

#### Service Specific

 Documentation standards are specific to each waiver service

#### Example Standards

- Complete date and time of service (in and out)
- Specific tasks rendered
- Signature of participant verifying services
- Each staff member providing care must make at least one entry on each day of service

#### Audit

- FSSA's contractor for billing does not review service plans in conjunction with submitted claims
- FSSA conducts regular retrospective provider audits where a review of service plans and claims are compared to ensure alignment of hours billed



## Service Planning and Authorization Process Tomorrow: MLTSS

MCE care manager assesses participant for support needs

MCE care manager develops personcentered service plan with participant based on support needs Care manager sends referral to provider; provider receives referral to start services (service authorization)

Provider delivers
services consistent
with the MCE
service
authorization

Provider submits claim to MCE.
Claim must match the service authorization



# MLTSS Service Plan Documentation Standards

#### Service Specific

 Documentation standards are specific to each waiver service



 Each MCE may identify documentation standards that align with specific quality measures

#### Specific Standard Examples

Everything from FFS



 Notification to the participant's care manager within 48 hours of any changes in consumer's person-centered service plan

#### Audit

 Each MCE will compare the consumer's service plan to the services billed on the claim to ensure alignment between services delivered and reimbursement paid



## Paradigm Shift

- The role of data and quality reporting will take on much more importance in MLTSS than they do today
- MCEs will expect providers to be partners in delivering high-quality services
- May require assessment of internal resources and capacity



# **Tomorrow**: Data Counts in MLTSS



## Gathering and Applying Agency Data Guiding question for providers:

- 1) What types of data will MCEs be looking for?
- 2) What is a data monitoring tool agencies can use?
- 3) What data do agencies have access to that can inform their practices?







### Data Counts in MLTSS

Examples (these impact policies and procedures and reporting requirements that link to the current Aging Rule)

- Leveraging EVV to track missed visits, staff capacity, timeliness of services rendered.
- Linking EVV and incident reporting systems to track if a missed visit/late visit resulted in the incident.
- Remote monitoring devices to obtain information about falls.
- PERS data to identify incidents where gaps in services may be occurring due to an incident.





## Measuring Outcomes in MLTSS

### Measuring Operations and Outcomes

#### Guiding question for providers:

- 1. What measures did Indiana identify in its SOW to hold MCEs accountable?
- 2. How will an agency structure its quality processes to collect data relevant to FSSA's MLTSS measure set, including tracking and monitoring of outcomes?
- 3. How will agencies present their value based on outcomes to MCEs?

**Table 2: Connect Services to Outcomes** 

Potential Payer Needs or Outcomes	CBO Service	Service Impact
Consumer satisfaction		
Consumer engagement		
Community integration		
Employment placements		
Improved length of employment		
Improved health		
Reduced hospitalizations or nursing facility stays		
Reduced emergency room visits		
Reduced health and safety incidents		





## Measuring Outcomes in MLTSS

## Examples (these impact a provider's policies and procedures that link to the current Aging Rule)

- Identifying quarterly trends in incident reporting and agency interventions implemented to improve negative trends.
- Identifying gaps in waiver services to support a participant's needs.
- Identifying trends in timeliness from referral to beginning services.
- Identifying trends in participant satisfaction surveys and how the agency will apply interventions and monitor/modify effectiveness of intervention.





## Process Improvement in MLTSS

### Workflow processes and mapping Guiding question for providers:

- 1) Where can improvement be made to improve agency efficiency, such as eliminating repetition of tasks and redundant processes?
- 2) Where can an agency communicate and collaborate internally, with the participant and within the participant's circle of support/other providers?







### Process Improvement in MLTSS

## Examples (these impact a provider's policies and procedures that link to the current Aging Rule)

- Answering and returning participant phone calls
- Addressing participant referrals
- Staff capacity to serve individuals in counties agency selected to serve.
- Capability and efficiency of staff to perform billing.
- Process for retrieving participant health information and storing it (physically and electronically)
- Communication strategies with staff (email or text)



## Questions?





### Thank you – and see you soon!

In-person opportunities: www.informindiana.com

- October 3<sup>rd</sup> 4:30-6:30, Terre Haute
- October 4<sup>th</sup> 4:30-6:30, Bloomington
- October 5<sup>th</sup> 4:30-6:30, Evansville
- Next virtual training session:
  - Managed Care 101
  - 6-7pm eastern
  - Wednesday, October 12<sup>th</sup>
  - Registration link in the chat!



