

IN PathWays Provider Q&A Session-20230822_130659-Meeting Recording (1) 1

0:07

All right. Hey, so thank you guys so much for being here today. My name is Ashton Driscoll. I am the LTSS Senior Provider Relations specialist with OMPP. And we are joined here today by Camille Dobson with advancing States. Who's going to be assisting today with some questions and just hanging out and listening.

0:35

Hi, everyone. The Gaston went to mute. I did mute myself. I got too excited. Laura, if you could just talk about where you work and what services you provide as well?

1:04

Sure. Hi, everybody. My name is Laura Altenbaumer and I am the current Regional Director for Active Day, currently covering both Indiana and Illinois. And we provide adult day services, integrated healthcare coordination and of course that nonmedical transport. And I'm very excited, looks like we have a great group. So looking forward to a great conversation. Thank you so much, Diane.

1:34

Good morning or afternoon everyone. Nice to meet you. My name is Diane Kmeric. I'm the Senior VP of Payer Innovations at Addis Homecare. We are a home and community based service provider in 22 states. We are not currently a provider in Indiana, but have survived the transition to manage care in many states over the last 10 years.

1:56

So here to talk about those experiences and some of the things that we've learned from that. Addis is a home and community based service provider. We provide personal care, home health, Hospice and in home house calls provider business as I said in 21 states. So thank you everybody for being here and looking forward to a conversation. All right. Last but certainly not least, Miss Kelly.

2:21

Good afternoon, everyone. My name is Kelly Tongate. I'm a Senior Vice President with care for formerly Known as Caregiver Homes. We provide structured family caregiving and caregiver coaching and support across 10 states. We are operating in structured family caregiving, including here in Indiana.

2:40

And just under about 30 states in total when you include our caregiver coaching programs as well. So we contract with health plans to provide structured family caregiving across multiple states, but also have extensive contracting contracts with those health plans. Some of those health plans also offer care coaching. So happy to be here with you this afternoon. Thank you guys so much for being here and willing to share your experience with our lovely providers.

3:09

So today we're going to have some questions that have been sent in that we'll be discussing and if we'll have time then we will open it up for further questions at the end. If you do have any questions,

please feel free to put them in the chat. We will be monitoring that and we're not able to get those answered today. We'll make sure to add them to our FAQ document that we're working on. I know several of you sent in some questions that were more about pathways specifically, so we have added those to the FAQ document as well.

3:38

I just hope you guys take advantage. Yeah, don't forget to mute your your microphone, but we hope you guys take advantage of this time with our guests and get some helpful advice about preparing for this transition. We are gonna get started. Our first question is what have you gained from transitioning into managed care such as?

4:09

Benefits or positive experiences that you've had, whichever one of you wants to start, go for it. Well, I can start. I'll, I'll take that and I can start with a few, a few of the experiences that we've had.

4:25

I mean I think the biggest positive that we have gained and and you know I'm I'm gonna be honest this this comes overtime right. The initial part of transition is a little rocky. Some things may you know they're gonna be some issues that kind of come up as you begin to move into transition. We can we're and talk about those a little bit and under lessons learned and some other things the way to mitigate those.

4:48

But I I do have to say the biggest thing that we've really gained is that we now have a good coordination point and and coordination with the client entire clinical care team. You know we really now have the ability.

5:06

To work with their physicians, we have the ability to work with directly and be very involved with their case managers, talk through issues that we're seeing with the clients, find creative solutions for things. You know if we've got clients that and we all have difficult people, but we've got clients that have issues with either struggling with mental health issues and or they're struggling to find additional resources for things like food or pest control. We now have somebody that we can go to and say look we we really got to take care of.

5:36

Us or this plan is going to end up in the hospital or they're going to end up in a nursing home or we need to find them new housing. We've really got someone who can help us brainstorm that and work through those issues. So I would say from our perspective, one of the biggest things we've gained is a true partner in managing the client's overall health.

5:56

Yeah, Diane, I would just piggyback on that. You know there's there are many benefits to our organization of partnering with, but probably the biggest is the clinical counterpart, the ability to actively coordinate care with clinical partners on the other side and take a really holistic approach to supporting that family regardless of what the need is. I the benefits that that come with the transition to managed care for our families are significant.

6:26

The exposure to additional resources that they're not able to access today that are provided as value added services through that plan are extraordinary. So while there's many, many benefits for us as a company, I really start at what it is, the benefit really for the families that each of us are serving and for our clinical teams.

6:48

And I'll just do a kind of a follow up again and just piggyback on everybody else. But absolutely seeing that clinical connection and also you know I'm speaking specifically from adult day as active day primarily does adult day services. But we saw an increase of actually referrals and referral sources and making those connections with the care managers having a little bit more of a reach than we had before.

7:11

As well as a little bit more additional flexibilities is also what we were able to see when working with our managed care organizations. So again that plus not only As for providers kind of like what Kelly referred to but also the memberships a positive with the with the transition as well. Ashley, just to add one more quick thing too it's it I believe personally there's.

7:38

Greater longevity in the community for that individual because they are wrapped in services, right, Which then ultimately means greater longevity in your programs, in your services. So that's a positive both for the company as well as that individual. Yeah, love that. So what would you guys have done differently and is there a type of training that you guys would have focused on more for yourself and your staff?

8:06

I I wasn't around for an initial launch of of our programs and services and managed care which actually happened in Massachusetts. But I can tell you one of the the the first focus we have is on training and educating our associates, our team members, those clinical partners who are gonna be working with the managed care entities.

8:27

There is a tremendous amount of information to absorb. One you know how these families navigate and and you know I'll select a health plan that's most appropriate for them. What do you future interactions between our clinical teams and the health plans?

8:45

You know, clinical teams look like what does it mean from a payment structure? What is like, there's a lot of information to understand and we're talking to, I'm sure a number of people who've been working with area agencies on aging for many, many years and it's really making sure that they understand your teams, understand why this transition is important.

9:11

How it will be impactful to your organization and the families that they serve and to really be proactive in understanding how you can and will support families through this transition. So just some of the thoughts that I have and I would I would build on that Kelly and say you know having your team, your internal team, your administrative office team understand.

9:40

Whose roles are what, right? What are the what are the area agencies going to do? What are the the local teams going to do that they are doing today? So what are their roles going to be in this? What are the roles of the case managers at the health plan? How does that work? Who do they need to go to for certain things to start with, right. The other thing that I think we would do is get to, you know, that the managed care entities are going to be very overwhelmed that this at this juncture of getting.

10:10

Implementation done, right. So just making sure that everybody is contracted and in their system to be able to create an authorization and handle a bill. So anything you can do to support that will help you in the long run, right. So making sure your credentialing paperwork is kind of together that you've got all the information that the MCS are looking for that you're processing the contract and getting it back and and making sure that all of that's kind of done in a timely.

10:40

Manner is going to help you in the long run because it's going to allow the MCS to get you in the system, have you be set up and and smooth kind of the billing process and some of the authorization processes later on.

10:53

So I think you know we we always look at a contract and say well maybe there are some things we'd like to change or maybe there are some things we'd like to do differently with the managed care organization. I would say put those to your to the side for the moment, get your credentialing in, get some things done. If there are things that you can live with for now, then live with them for now. Work with the Mces as a partner down the road because they're just gonna be trying to get things set up and stood up to be able to make sure that they can often bill so that clients can continue.

11:23

Their services, I don't think I have much to add. I think Kelly and Diane did a great job I kind of explaining that. And I think again it's just to say that right now Indiana during this transition as providers, I think the biggest mistake or something to learn by is not just sitting back and waiting for the transition to happen. You know kind of going back and identifying those key players in your organizations where the MCE's can have that Direct Line.

11:53

Line of contact for contracting, for credentialing, for training and even for the authorization process. So again, making sure again that identified people within your organization is part of this process and takes a a step forward and not a step back waiting for it to happen, be kind of the leaders to, you know, inject themselves into the process.

12:17

Thank you so much. And I saw a couple people in the chat asked a question about when the MCS are gonna be contacting, when you can start contracting. So OMPP right now is still reviewing those provider contracts, but we hope to have that done by about mid-september. So you should hear from them very soon. Alrighty. So on to data. So what do you guys consider to be quality data and what does that mean to providers who are transitioning into managed care?

12:50

I can start this one. I think what we've learned over time is that is that the the IMC is and and quite

frankly a lot of that other entities you work with really appreciate any information you have, any data you have, who's on your roles.

13:08

We often have particularly in you know our settings, we are seeing the clients regularly, we're seeing them ongoing. We have found that kind of the the list that the state may have of information may be outdated, it might be information that just no longer fits the client and that's what what the MCS are working from. So any data we can provide them around our clients addresses, phone numbers, current.

13:38

Status of what their living arrangements are is really helpful. Also any data we have about services we're providing number of hours, hours of service you're providing to authorizations, clients that unfilled hours.

13:55

Anything that you've got around things like missed visits, late visits, any information that you have that is coming either out of your UV system or someplace else that's information that's really helpful to the Mce's. We just see it as kind of operational day-to-day things that we look at. But in fact it is important. And I would say the other thing that we should do where you that you should think about doing is really ask the Mce's or look at their agreement and say what are some of the things that they're held accounted for for with the state and is that.

14:25

Information I have and can I provide that to my my MC E's as a partner to be able to give them that so that they can then have the information to be able to to give that back to the state. So those are kinds of the two places I would look just kind of some of your general operational day-to-day information that you're already collecting that can be valuable to the MC E's and provide that to them from your own side on the data side making sure you have the clients correct addresses.

14:55

Phone numbers that you're able to get in touch with them that you know, you know who what's the best way to get to them? Because as this process rolls out, there's going to be clients that have a lot of questions or you're going to have to reach out to people to say, hey, did you get your letters, did you follow up with people, Do you understand that you know you've got to enroll with the managed organization or who did you enroll with and did you change? Those are the kinds of things that you're going to want to know from your your recipients care recipients. So I would make sure that you have.

15:25

That information available to you so that you can you can reach out and get the information as the the process rolls out. I think the only thing I would add to what Diane is saying or maybe reemphasize is that any story that you can tell to those managed care entities about the population you're serving.

15:49

And the types of services that you offer is going to be really critical. There are hundreds of providers across the state of Indiana providing different types of services in different communities. So the story that you can tell about your organization, your agency, the families that you're serving today, the types of services you're offering and any type of clinical outcomes that you have around the quality of the service that you're providing.

16:19

Will be really critical for them to know, to understand, to get to know you, to build confidence in you as an organization, as a quality provider to refer to so satisfaction survey results. You know, do you conduct satisfaction surveys on an annual basis and what does that data tell. So those are the types of quality measures that we think about really heavily weighted on quality, quality, clinical quality, my apologies.

16:50

I'm not I'm not in a bad position to go last. I have to talk the least because Diane and Kelly are doing a great job. But I think again you know with the data collection I think some of us get nervous about what is data what am I, you know what exactly how do I compile it. I think all of us do collect that information and just the simple of authorized to actually served units means a lot it it verifies like how what are your members using?

17:18

And again, looking with your managed care, they're looking at it the holistic part. So if you're only giving a portion of what's authorized, what else can be done for that member in order to remain in the community? So that information is, is super important and something that we're all collecting in different ways. But making sure again kind of identifying at your own provider is how are you collecting all that information and to kind of put it into a nice form that you can present it to the MCE's.

17:50

Wonderful. Thank you so much. And I do apologize if I keep randomly dropping the Internet here at the State today is being a little funky. So I've been getting a little slow of a connection, which is why I had to turn off my camera. Alrighty. So how have you worked with the Mces to ensure that you guys have adequate staffing? And Laura, I'm going to make you go first this time.

18:17

Sure. See what happens when I call myself out. And I'm sorry, you were cutting out a little bit for me, so it might have been my connection. What was the what was the question? I apologize. Yeah, it's how have you worked with the MCE's to ensure adequate staffing, Okay for staffing in regards to, I'm assuming that question is coming from the floor staff, your direct care staff.

18:44

Correct, Okay. Yeah, I think it's making sure that and this may be more on a home care or in home side versus an adult day service side because as an adult day we are you know Indiana does have the different levels of care 1-2 and three. So I think it's definitely important when we're contracting that we are letting our managed care organization knows.

19:06

Know what levels of care that you can provide in an adult day setting because you know Level 3 does require additional staffing. So I think during that contracting part or that process with your MCE's is ensuring and.

19:21

How we did it in in Illinois, there wasn't specific levels of care that was provided. So it was a matter of making those connections with your managed care provider relation person that is identified in the

state and getting them to come into your adult day center. So that's kind of how adult day kind of presented and was you know kind of open with demonstrating staffing. But I think again on the in home side there may be a different answer to that specifically on how they worked with their.

19:51

Manage care for staffing related and so Laurel I can address that from the in home side. I mean I think staffing is is our biggest challenge right. It always is. So trying to find you know ways to to work through staffing issues with the Mce's.

20:12

You know, over the course of time, I mean initially of course everybody just wants to get the transition to make sure that clients maintain their services and that things get transitioned over so that they, you know the agency, they have a chosen an MCE and the agency is come along with that and their caregiver is still there and there's continuity in care. I think that's the initial issue or the initial focus.

20:35

After that, I think there are definitely different ways that you can work with the Mces. You know if there are areas where you are particularly strong in staffing and or you might have been looking enough to hire two or three people in a certain geography. We often reach out to the MCE case managers and say, hey, we just hired 3 new people here, we need to fill up their hours. Do you have any clients and see if we can't figure out a way for them to?

21:00

To bring some clients to us so that we can keep those staff busy and then they're they're happy to know that we've, you know, created some additional opportunity for their members.

21:11

On the other side, if there are places where we're struggling to staff, we often go to the Mc's and say, hey look, we just had a person quit or you know, we just our person who was who was kind of our flex person is now completely full with a schedule in this area. If you've got other clients that are absolutely critical in this geography, we are going to have to work with you to either adjust schedules for other clients or workout a schedule that might be temporary for a portion of their hours for a period of time.

21:41

And to be able to take those people on. So working collaboratively with the Mces, looking at schedules, looking at your staffing capabilities, those are things that I think are helpful in creating both the partnership and figuring out where and how you know you can utilize the the Mces to grow your business.

22:04

Yeah. And Ashton, I I don't know that I have a lot to add here because of the uniqueness of structured family caregiving. We don't operate in any other business lines. So I I I don't know that I would have much to add to to this question. You are still of value, Kelly. I appreciate it. Well, we will move on to the next question. So how do you organize and leverage your staff to ensure that you're ready to transition into managed care?

22:35

I'm happy to to jump in here. I'm I'm one of many of the providers I'm sure here on this call who took

advantage or we are took advantage of the HCBS Readiness grant to help support the build of training and materials and education for our teams. So we have absolutely taken advantage of that opportunity working with an external partner who has managed care experience as well as.

23:02

Internally with our our teams who have managed care experience to build content that is one I'd say a high level education for managers across the Indiana who are leading our teams and will lead our teams through this transition.

23:22

To help them to be able to articulate the why, why behind this, why is this so important for Indiana, what's the what's happening on a national trend, a national basis and the transition to managed care entities. So it's really important for us foundationally to ensure that our managers are equipped to be able to answer the questions that their teams are going to be asking and that the families are going to be asking. So we've kind of created this MLT SS101 for managers type training.

23:51

We're we're working actually right now as we gain greater insights into what this transition to pathways for aging will look like, the role that triple A's will play the contracting process for providers and so forth. You know our next build will be on a managers 201 and the the the big one will be a MLTSS 101 for our care teams. And so I feel very fortunate.

24:19

That the state has given us the opportunity to seek these additional funds to support this transition and we're we're absolutely taking advantage of those funds to educate our clinical teams as well as other departments inside the organization who will be working with those managed care partners.

24:44

And I would say from our perspective training and the staff training for transition is, is important as Kelly pointed out. And in home care we have a, we have a slightly different perspective because we've got the ability to get information to and from the home directly from our employees. So we were in a situation where we could say to we did quite a bit of training with our own direct hair staff.

25:13

Let them know what the process was. And in a few of the states, there were things that were very, you know, obvious like the client's going to get a letter in a red on our yellow envelope, then they're going to get a green envelope, then they're going to get a red envelope. And those are the three things that they have to action on before it goes live, right. And that was they happen to be in one state. And so we could train our staff on when you see the yellow envelope or the red or the green one, make sure the client is looking in that and that they understand. And if they don't, then let's you know.

25:43

Figure out where they have resources to be able to get answers to their questions, either their current case manager at the area agency or whatever agency was managing their care at that point in time. So training the staff on the transition, particularly in home care was very important and whatever the communication was going to look like to the clients so that it could be called out and the client would have the opportunity to work through and choose their MCO you know as part of the process and actively work to see were providers in their network or other things.

26:13

Things as opposed to being auto enrolled in an MCO and then finding out that things weren't where they should be and switching later on. So so there's there really is I think training on the direct care level about the process about what's happening in to Kelly's point about why this is happening and what some of the advantages might be for the clients is very important to be able to help smooth the transition particularly in the home environment.

26:41

Agree And again kind of going back to that the staffing with Kelly and Diane mentioned is you know again Adult Day is we plan on using some of that readiness grant or some of that money that Indiana has provided to open up our centers to allow that one-on-one with families to come in to do the educational meetings to explain the process and the purpose and why it's important for families to communicate with your providers. So you know with Adult Days you we have a little bit of a different situation where.

27:10

Our members come to us. So ideally centering yourself or putting yourself in a position where that since members can come to you, you can get that communication out clearly to your families and your members in regards to the transition. So again back to, you know, educating not only your staff but also your families and your members. Ashton, I just, I want to call out one one of the guests.

27:37

Submitted, This is all good, but we cannot move any further until we get those contracts or the contracts are obtained. And I I would say there is so much that you can be doing in advance of those contracts being released. There are resources that advancing state has put out on their website. There are FAQs, there's resources on the Indiana websites. I, I, I I cannot tell everybody in this call enough that there is a lot you can be doing in advance of those.

28:08

Contracts being released and that you must be doing in order to be prepared. And I mean please reach out to any of us if there's anything that we can do to support that. The state has been a great partner, but please, please, please do not wait for contracts to get out to begin taking action and educating yourselves and your teams right and collecting your data and making.

28:33

Know how to contact all your clients making sure that you, you know have that kind of information available. And you know all the things that we've talked about are certainly things that you can do in advance of having the actual agreement in your hands. Sorry Laura, you had some comments. No, that's OK. I was just going to mention also including reaching out to your state association within Indiana. Great resource for you to reach out to them during this transition. So if you're struggling with manipulating the websites are are getting the information.

29:03

Again, a great resource to kind of guide you to what do I need to do step one, right. Again, you know, kind of just to reiterate, this is a process and a transition that kind of takes a lot of people, but it also as a provider you have to kind of push.

29:21

You have to be that go getter. You have to, you cannot wait for it to come to you. And again, Indiana has presented all that information and it really has done a really great job compared to, you know, I only have a one reference of what I've been directly related to, but really utilizing all the resources that Indiana has provided.

29:45

And I would like to highlight, Advancing States has some amazing trainings that are available on their website. You just go to informindiana.com, super easy, just type it in there. But there are lots of trainings. There's also recordings from webinars that we've done in the past and they're all very, very valuable resources to check out.

30:07

All right, here Ashton. I did put a link in the chat to because there are a number of questions coming in about have the MCS haven't reached out to me yet and we haven't started the contracting process. So we put a link to all the leave behinds from the round tables in April that either provided a website link for each provider or the emails from each MCE that they need to contact. So I would not wait for them to contact you.

30:34

They all of them provided in those materials information on how to reach out to them. So please be proactive and they are still waiting on OMPP to review those provider contracts as well. That might be why they haven't reached out yet, but they do have your contact information as well as you know everybody that attended the round tables, we did give them all of your contact information as well. So we are just waiting on that review to finish up. So that should be done.

31:02

So it is okay, it is happening, it is coming. How did you build relationships with Mces to educate service coordinators about what your provider agency offered? I can, I can take that from one perspective. I think it, I think it that goes two ways, right. So again I I would say not.

31:38

Not initially, right? Not right away. The transition is going to be take time, our experiences. It takes between three and six months for things to settle down.

31:53

And when I say settle down, I mean you know everybody is is going to be enrolled in an MCE, they're either going to choose or they're going to be auto enrolled. People who get auto enrolled may move around. And so there's going to be a period of time where your billing is going to start. You know there's going to be some some presumed authorizations and there may be changes in authorizations and then you know you've got to get through the first couple of billing cycles to make sure that things are working. So I I think for six months you.

32:23

You've got to just focus on the operations and the continuity of care for the clients, right? And making sure that everybody is getting services the way they were and working backwards with the Mco's, the Mce's to make sure that, you know, things are covered on their end and that they've got the appropriate paperwork and you're in their systems and everything else. And that's going to take literally six months to do, right? It's going to take six months of work and I'll be honest, some frustrations and, you know, some denied.

32:53

Claims and issues with potentially cash flow and other things because there is there are issues with the transition. It just takes time to get settled once once you have things settled and you're you're down the road and you know you've got yourself set up and everything set up with the Mce's and that they're in a position where they can focus on what are the longer term things that I can do to develop a relationship with the provider network that I would say find out what the opportunities are to have.

33:23

Those kinds of open house forums with your care coordinators at the health plan or case managers, whatever they're called, and your service coordinators, so that you can have maybe some open forums where you have discussions about the clients, bring up issues that are happening with them. Maybe you do that once a month or once a quarter, but at least start with some open conversation if.

33:47

Case managers do turnover. There are case managers, supervisors. They're relatively stable and so developing relationships with them over the first six months is really helpful in order to be able to facilitate that long term. So I think there are ways that you can work to forge relationships. The other thing is just, you know, regular daytoday communication from the service coordinators to the Mco's.

34:12

Is really important. You know this client's struggling with this. Are we having an issue here or would they really need a redetermination their their service level has been, you know really is inadequate right now. Anything that you can provide the MCO to help manage their clients, they're gonna appreciate that communication. So developing that initial communication and then finding and creating opportunities for more meaningful discussions between the care coordinators and your service coordinators are really important piece in the long run relationship.

34:44

I I would just say a bit of good information or good news is that the state has engaged the Triple A's to play a role in service coordination with the managed care entities. So each of us will have, I hope, familiar faces, at least to begin with these entities given the fact that they must contract with the triple-A network to provide service coordination for the first two years. So that's.

35:11

That's one bit of good news, right. And I think just to add them to what Diane said, you you're any consumers that you have approved today that will transition into the health plan, those services will transition. So you're going to have an opportunity right off the bat to make connections with the service coordinators and the clinical teams for the families that you're serving and you should take advantage of that, right?

35:37

Contact them, inform them who you are, what you do, how you've been supporting the the member that you have that you're currently serving. You know those are those are a couple of thoughts I have around how to connect with those service coordinators and as Diane said, contact them frequently. I mean stay in contact, let them know what's happening with that consumer. I'm I'm guessing that the expectation will be that those.

36:04

Clinical team members from the health plan will be in the home every 90 days. You're in there more often. Let them know what you're seeing. Let them know how they can support the family and work with you to support that family.

36:18

From an adult day perspective is just kind of looking at your you kind of have that bricks and mortar. So having those open house, having you know opening it up to tours, panel discussions, invite, you know that it's going to give them the biggest and the clearest message from an adult day perspective as what you do on a daytoday basis.

36:38

So then when you're having those followup conversations around authorizations billing, you've made that one-on-one connection and they've seen your center and that's going to be your best way of you know kind of developing those relationships moving forward very similar to what we're doing with our triple A's. So not a not a different concept, just more people to involve.

36:59

But you can still streamline that because again, you're in an adult day or whether it's a home care, you can still do that same concept of an open House of come here and get to know us and get to for us to get to know you. All right. We got a question from Ashley directed to Laura on if you could expand on how these changes affected I HCC services and how I HCC can assist with this transition.

37:31

Illinois did not have integrated healthcare coordination. That was not a service that was offered in Illinois with the transition. But I know with further discussions with Indiana and Pathways, it does look like integrated healthcare coordination is going to be a service line that is still going to remain available for home and community based services and for adult day. So I'm not sure that I don't have the answer that you were looking for since.

37:57

I did not have that experience for IC directly in the previous day. Thanks Laura. So how did you guys navigate using different portals, I guess for your billing purposes?

38:16

It it takes work. It takes work and it takes some, whoever patients, whoever, whoever your billing person is or those billing individuals are have to create the same relationships with their peers, their counters inside that health plan that your clinical teams are creating with their clinical peers, right. So it it does take work.

38:41

You know, I think Diane's been, you know, really transparent in saying it's gonna be bumpy the first six months. It really is going to be bumpy. There'll be some challenges. We're gonna be feeling the health plans out. They're gonna be feeling us out. We're gonna be getting used to the portals that they use or the portal that they use. And so, you know, like, I don't want any. I don't think any of us are trying to paint a really rosy picture of what the first six months might look like.

39:07

But once you get in the rhythm and once you've created those relationships, you know we have generally have no challenges with billing health plans. We've got the system down. We're able to

access the portal that that that entity uses. We have a key contact if we've got questions. We have an appeal process if we disagree with a decision that's made on a billing, you know, so I I you know Diane's probably the the true expert here but that's what I would offer to.

39:36

You know to how to how to manage that and and I think you know again a lot of the know the specs of what they need for you know your extract file and or your your data entry comes back to the data what is it that you have that you can easily pull how can you pull that together in a way that fits the extract requirements for the billing portals that you're going to be putting it in.

40:02

And you know, depending upon your size, you can work with them differently. You can enter it directly, send files, whatever, whatever works for you. But there's the short answer is it's going to be, it's going to be a little bit bumpy. And knowing those requirements as much as you can in advance, what fields do they need? How does it need to look? What are the restrictions on those fields? Are there? Are there numeric versus versus alpha fields? Can you put certain things in certain places? What?

40:32

Absolutely is going to reject a claim. Ask the the, the portals what are those things so that you can avoid them in the beginning. Send test files if they'll let you through their system to see to make sure that you're putting things in appropriately. So those are all things that you can maybe help to do in advance to work with whoever their aggregator billing aggregators are to be able to get ready. But the the best thing that you can do again is just make sure that you have all your own data.

41:02

Right. That you've got everything in your system that is available. So that when you get to a point where you're sending out the data for billing, you have every everything available you know at the get go and you're not having to go back and search for fields or things to be able to try to get the bills to go through. So, so those, I mean I would just say know the parameters, know what the fields and the data are that they're going to expect.

41:26

And make sure that you've got things set up on your side to be able to pull that easily. Those are all things that you can try to do in advance. But if you're not familiar with the building portals and you haven't used them before, I mean we're we're a large organization and have the opportunity to work in various billing programs. So the transitions are a little bit, you know, more seamless for us. But anything that you can do in advance to get that information and get yourself ready is helpful.

41:55

I think they both covered it. I'd really don't necessarily have anything additional to add except for I know that gosh dinner Camille might, Camille might be able to expand on this, but there will be additional training coming through on claims and billing and testing and they may be able to. You know I see a lot of questions kind of coming through in regards to that process and when every providers will be informed the state is, the state is FSSA is expecting.

42:26

The Mce's to do lots of claims testing in advance of go live, that's a national best practice and so I think every MCE that came to the round tables in the spring said please engage with us as soon as

you're contracted to start setting up that process to start running test claims and making sure that the billing process is smooth way in advance of the July 1st date. So I it's.

42:53

Unfortunate that the contracts have been delayed a little bit from the MCS out to you, but there's still, you know, plenty of time to get those negotiated and training to happen and testing. All righty. I think that is the end of all of my questions that I have listed. I'm gonna see if there's any questions that we can ask through.

43:24

Our chat, no, there's so many. There are so many. There's I have, I have answered the ones that I think are probably straightforward and easy to ask to answer that. We had a question about turnover and experience. If the, if the any of the speakers had experience with turnover from the MCE case managers that there's a worry that they'll be over now again.

43:49

The MCS are going to be using the triple A's to serve at least half of their waiver clients. That's a requirement in the scope of work. But can any of you speak to that's an unusual requirement. It's not in most states MLTSS programs. Do any of you have any insights about the turnover for the the case managers or what is now called service coordinators here in Indiana?

44:17

Yeah. Please, Lauren, you go first. I was just going to say, I would probably refer back to similar turnover sadly of what we're seeing, that we're probably seeing in the triple A's with care managers or what we're seeing in our managed care organizations. Don't see a huge difference necessarily from the two states that I am, you know, kind of managing. So comparing Indiana currently with the triple A's versus Illinois right now with the managed cares and I think we're seeing very similar turnover, sadly.

44:47

That's kind of the world we're kind of in right now and that's the the turnover that I'm seeing. I don't know if Kelly and Diane you have other information for that. Yeah, I I definitely would agree with that. I mean it feels significant to many of us as providers. I think right now what's you know the some of the transition that's happening inside of those triple A's but unfortunately we are seeing the same thing across the other states. It's it's an unusual market that we're in coming out of COVID.

45:17

You know, I I wish I could. I wish I had a crystal ball that told me that this is all going to end and we're we're going to be stable from a staffing standpoint, you know in the next six months. But none of us have that crystal ball. It's something we're constantly juggling. But I, you know to the point Laura said you know made, you know I, we operate in Georgia and Massachusetts and other States and we're seeing the same level of of challenges from a staffing standpoint.

45:47

Yeah. And I think, you know, again, making those initial relationships, sometimes what happens is that they will move around. It appears sometimes that maybe the the Mce's case managers are moving around more often or leaving, but the reality is they get their caseloads reassigned.

46:04

You know, be just because of caseload requirements and as they get new referrals and people in and so just maintaining relationships because they might not be leaving. They may just be going off to somebody else and they can say, you know, you know if you could reach out, you can reach out to them and say hey, I know you're not with McLean anymore. Who is? Tell me who is the person I need to get a hold of. And then having relationships at that next level, whatever the supervisory level is for the coordinators with the Mce's is also very helpful if you can make those.

46:32

You know, they're more limited because there's a lot of us providers and not many of them, but but they, you know, we're often willing to have those relationships with you as well. But just maintain the relationships as you can. And you know, just check in frequently and say hey, are you, you know, still here, They're going to be reassignments. Can you let us know if something's happening and who will be taking over these clients? And just that open line of communication is really helpful. There is, you know, some turnover and movement, but it's just, you know, we got to be prepared.

47:02

Before and keep open the communication, one of the questions is did you guys lose any clients during the transition and how did you navigate that lose as in they went to another agency or lose as in they lost their benefits or I mean I think there's there's a difference I don't think you know short answer is.

47:32

There was some movement I would say probably less than we expected for clients transitioning from or two different agencies, provider agencies. Did we lose any clients because they just didn't get coverage? No, because the clients are auto assigned to an MCE at some point, right. If they don't choose one, they are provided an MCE. They're they're.

47:57

That one is chosen for them. So they will have coverage. It's just a matter of, you know, finding out where that coverage is. I think the only way, and please correct me if I'm wrong, that you would possibly lose a member to another agency if you did not contract with that MCE that they were assigned to or they picked.

48:19

So if another agency did contract with all of them and you didn't, then that would be the opportunity or the chance that you would lose a member. But during the transition, I don't recall ever losing a member. I think there were situations in which you know, kind of learning from Illinois, but that they were assigned to a certain MCE that we were not aware of.

48:43

And the authorization kind of got lost and it took a little bit kind of during that transition to kind of chase after that. But technically we did not lose any members to another agency due to the transition. I don't know that I have anything to add here. I'm shuffling through the the chat, they just keep coming. There's just so many. Yes, it is best to contract with all the Mce's.

49:15

If you want to keep your current clients, we said this multiple times at the round tables. You do not know where your current waiver clients are going to land. Hopefully they actively select an MCE, but

we know that that sometimes that doesn't happen and they will be automatically assigned to an MCE and you may not be able to serve. There is no out of network access.

49:41

Right. You have to be a contracted provider to those Mces in order to continue to serve them. So it's in your best interest if you want to ensure that you serve the broadest range of your current clients to contract with all four. Thanks Camille. I I see lots of questions on billing and and maybe you might be able to speak to this, but the there are.

50:06

There are contractual obligations to process Billings within and issue payment within certain days. And I I don't want to put something out there that I don't know for a fact 7, seven days clean claims have to be paid within seven days, OK. That means all the right information is on the claim. That's the definition of clean. So it's really important to make sure that again.

50:31

The claims training that each MCE is going to offer is so critical. I know it probably feels like a huge burden and it's very confusing, but I can't tell you that most of echo exactly what Diane and Kelly and Laura have said. The biggest challenges in the first three to six months is around payment and getting making sure that you have.

50:53

Access to all of their portals that you know exactly what they require, that you're clear about the authorization, the service authorization process. All very, very important to make sure you get paid timely. Ohh, I love this question from Joe. So based upon the more global view that you have, what is the one question that no one has asked and you wish that they would have? I love that.

51:24

I'm thinking, Joe cuz that's a great question is like what is the one thing that I wish I would have, We wish we would have known right in the beginning. I think we've kind of answered this, but I think one thing that gets lost and we talked about it a lot is authorizations and the process of how we are currently receiving our authorizations in Indiana.

51:52

Were that's not going to be the same process, right. So I think authorizations kind of the key to not only a clean claim but also what you know how you're serving your members. So making sure that you understand each MC's process of delivering your authorizations and what.

52:13

You know, will they become by facts? Are they going to be in a portal? Are they going to be emailed to you and making sure that you kind of know that process? Because again, that's going to be the key to being able to file a claim is to make sure you have an authorization for that member to attend your center.

52:33

I think for me, the quickly I see the time here is what are the, what are the state's expectations, what things will, what outcomes and measures will the state hold these managed care entities accountable to. And that's really important for you as a provider to know that so that you know how you can help that health plan meet those expectations.

53:02

And I would say the one question would be who and who is The Who is the state holding accountable at the health plans?

53:12

Meaning is there who at the at the health plan is going to be the primary contact for certain kinds of providers in the in the community and who at the state is going to be the person who is going to be that kind of that go to problem solver for providers in the community so that you've got a triangulation of the people that you need to talk to or reach out to if just it's things aren't getting resolved in any way shape or form. So the thing I probably would have wanted to know is who is.

53:41

This is my number one point person at the plan. And who is my number one point person at the state and and who do I go to if I need, if I need an issue resolved that I can't get resolved on my own through the regular grievance and other processes. Well, since it is now exactly 2:00 and I know we all. Ashton a number. Yeah. Ashton a number of people asked about where they could see the recording if they came on late. Yeah, we are going to post it.

54:11

Somewhere I'm hoping that we'll probably utilize the inform Indiana and yeah we'll be happy to post it where all the other information is. So I'll just put the website in again one more time. I did link multiple times to the specific page where all of the all of the round table materials.

54:35

Were so but the Inform Indiana page has all kinds of information on it and recordings from all the previous sessions that we've cohosted with FSSA. So we'll put that there. Yes great resource. I just wanted to thank Laura, Diane and Kelly for sharing your experience with us. Thank you so much everybody for joining today. This was a an amazing turnout. Just remember that you can submit.

55:04

Further questions to the Back home Indiana inbox and we are working on that FAQ document actively. So thank you again. I hope you all have an amazing, amazing week. Stay cool out there because it's hot. Thank you all. Thank you all. Thanks everyone. Thank you.