

A Look Into the Future :

Managed Long-Term Services & Supports

What does this mean for providers?

ADvancing States & Indiana FSSA
November, 2022

Welcome!



Why is it important for you to be here?

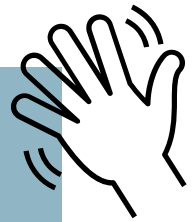
Change is hard, but it's easier when we do it together.

- 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!

Agenda

- The “Why” of LTSS Reform
- 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
- Opportunity for dialogue

Introductions



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Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%.

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

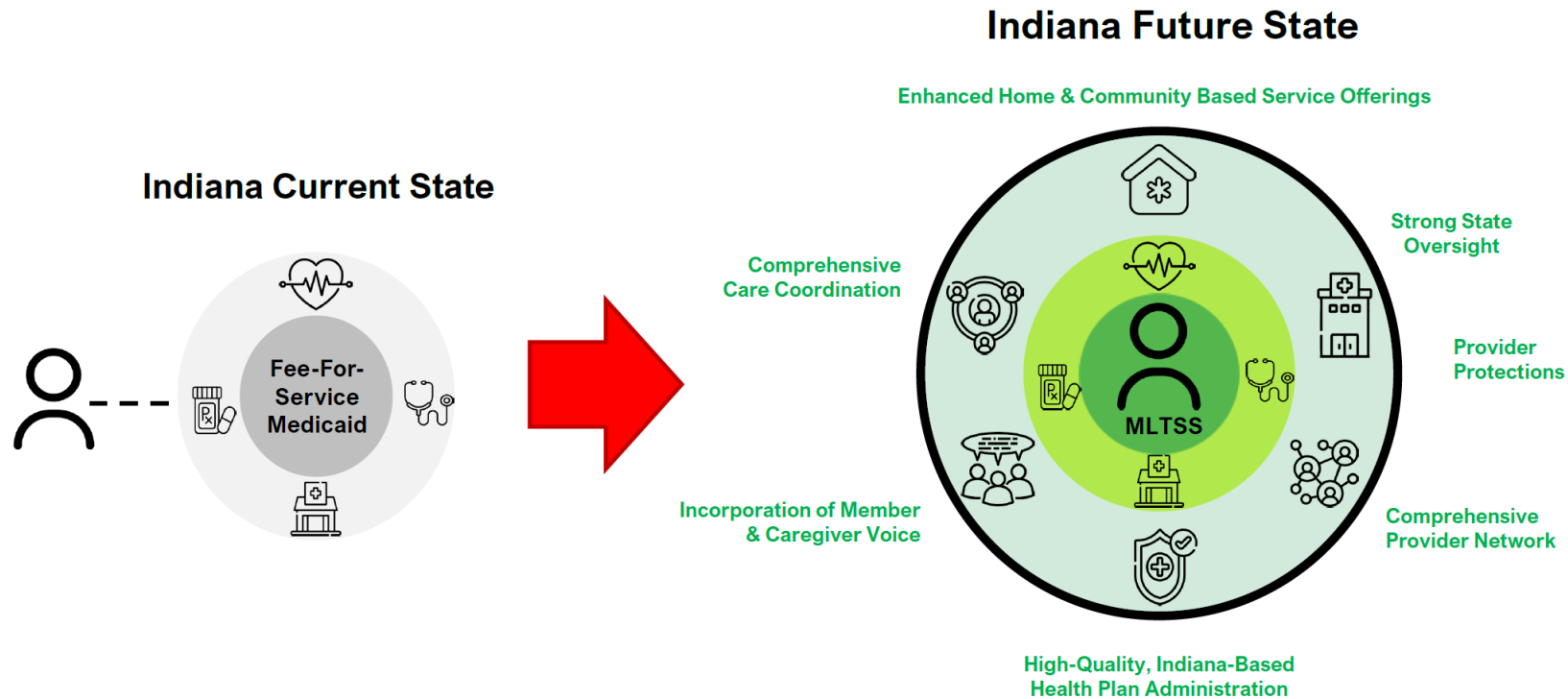


- AARP's LTSS Scorecard ranked Indiana 44th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to outcomes

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



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.

A graphic with a blue border containing the text 'Remember' in a large, bold, black serif font, followed by '— why you —' in a smaller, grey sans-serif font, and 'started' in a large, bold, black serif font.

Remember
— why you —
started

Stakeholder Values cont'd

Providers, Consumers, Trade Associations, Advocacy Organizations

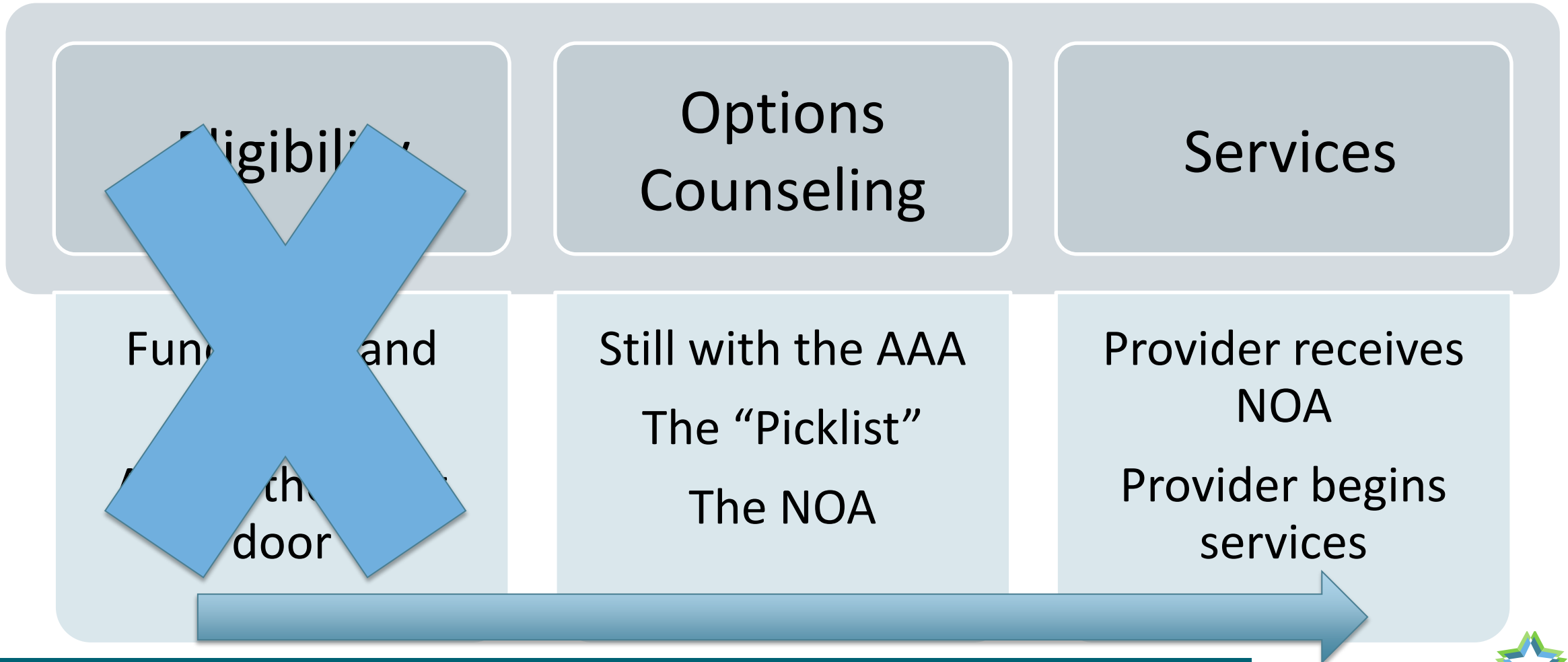
- **Provider operations**
 - Training on incident reporting and an easily accessible portal for filing incident reports.
- **Provider claims**
 - Transparent, easily understandable and consistent requirements for filling out and submitting claim forms.
 - Timely turnaround for connecting with customer 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.
 - Reasonable response time to modify the service plan

Today's System vs. Tomorrow's System



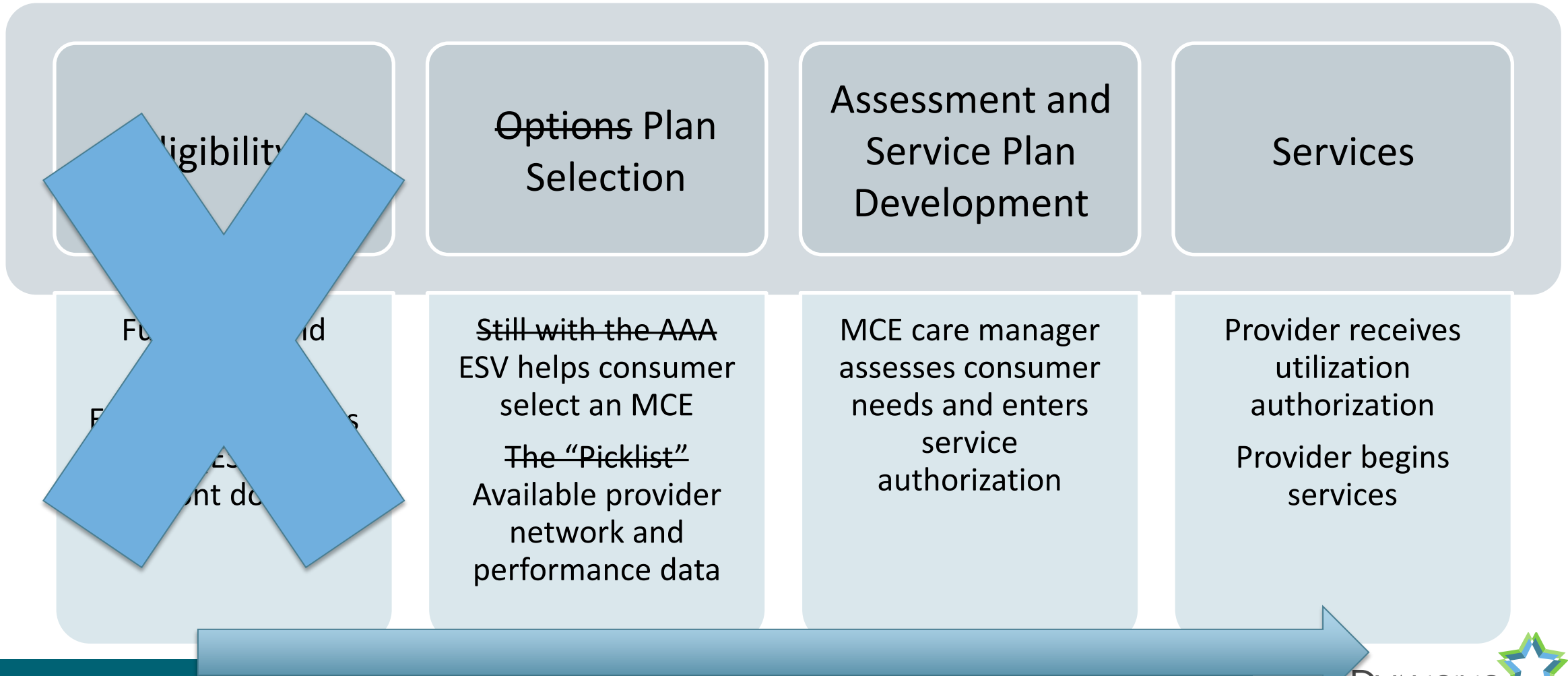
Provider Enrollment

Today: Fee for Service



Provider Enrollment

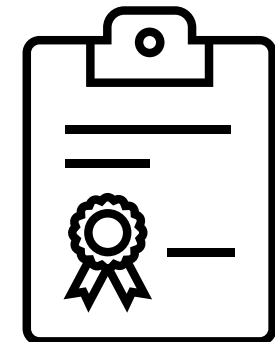
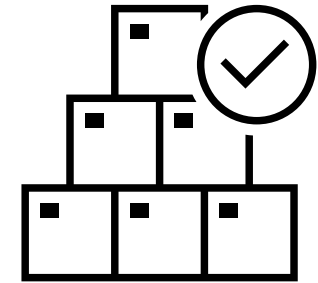
Tomorrow: MLTSS



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
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- Incident Reporting
- Compliance Reviews
- Quality
- Data Collection

+

Meeting
provider
network
requirements
of each MCE

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

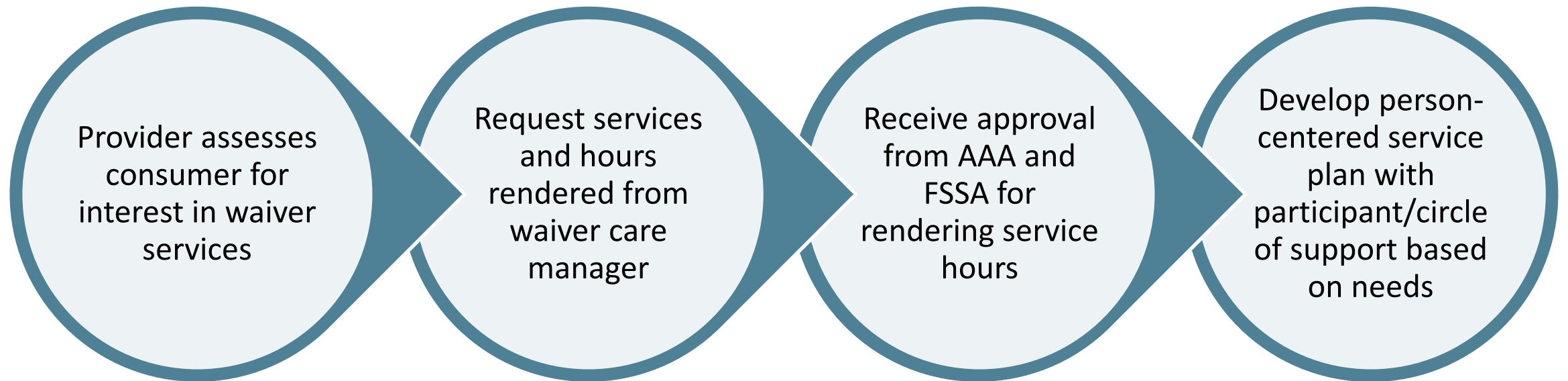
Submit claim to MCE
within timeframe
specified in contract

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

Receive payment
within (avg) 2-4
weeks

Service Planning and Authorization Process

Today: Fee-for-Service



Service Planning and Authorization Process

Tomorrow: MLTSS



Open Q&A

We want to hear from you!

- What are you most worried about?
- What would you like to learn more about?
- How can FSSA and ADvancing States support you during this transition?

HCBS Provider Virtual Sessions

November 9	Claims Payment
November 16	Care Management and Service Coordination
November 30	Quality and Managed Care Oversight

The presentation materials and recordings from earlier sessions on MLTSS 101, MLTSS Contracting and Provider Success Stories are available here:

<http://www.advancingstates.org/long-term-services-and-supports-provider-training>

Resources/Contacts

Website	www.informindiana.com
FSSA Provider Bulletins	https://www.in.gov/medicaid/providers/provider-references/news-bulletins-and-banner-pages/bulletins/
Email	informIN@advancingstates.org