

ADVANCING STATES



Leadership, innovation, collaboration
for state Aging and Disability agencies

MLTSS Contracting

October 19, 2022

Agenda For Meeting



**WELCOME AND
INTRODUCTION**



QUESTIONS



**CONTRACTING
WITH MCES**



**TODAY'S
SPEAKER**



**FUTURE
EDUCATION
TOPICS**

Today's Speaker – Camille Dobson



Camille Dobson
Deputy Executive
Director

- Currently provide intensive TA to states operating MLTSS programs
 - Develop and manage semi-annual full day conferences on MLTSS
 - Co-author of eight MLTSS Institute papers
- Senior Policy Advisor on Medicaid Managed Care at CMS
 - Primary author of CMS MLTSS guidance and MLTSS sections of Medicaid managed care regulations
- 20 years experience in Medicaid managed care policy and operations

Delivery System Changes for Older Hoosiers

The Basics

- Hoosiers aged 60 and over who are eligible for Medicaid will be enrolled in new MLTSS program
 - Some are already in managed care
 - About 10% will be Hoosiers between 60 and 65 who are not getting LTSS now and are enrolled in MCEs under Hoosier Care Connect
 - Most are in FFS
 - About 40% are in NFs or on the A&D waiver
 - About half (50%) are Hoosiers over 65 who are on Medicare

The Basics

Current A&D waiver providers and NFs will have to join the network of each managed care entity (MCE) selected by the state in order to continue serving Hoosiers over the age of 60

Joining and Remaining in an MCE Provider Network

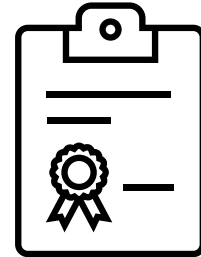
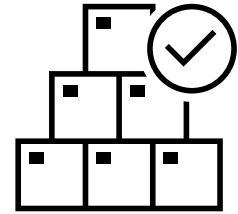
FSSA Provider Protections

- FSSA has required each contracted MCE to offer a contract to any provider who is willing to accept the MCE's contract terms
- Provider cannot be dropped from the MCE network for the first 3 years of the program*

* For the first three (3) years of the program, the Contractor shall accept into their network any LTSS or HCBS provider that agrees to the Contractor's standard provider agreement and meets all applicable State and Federal participation requirements. <https://www.in.gov/fssa/long-term-services-and-supports-reform/files/RFP-23-72118-Att-N-Exhibit-1-Scope-of-Work.pdf>, Section 6.2.18, page 178

Today: HCBS Provider Qualification Requirements

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



Tomorrow: HCBS Provider Qualification Requirements

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Meeting provider qualification requirements of each MCE to be “in-network”

MCE Provider Networks

- What is being a provider network?
 - Doesn't exist in FFS – akin to the pick-list
 - Hoosiers in an MCE can only be served by providers that are under contract with that MCE
- Providers have to demonstrate that they are qualified to deliver services (aka 'get credentialed')

MCE Credentialing

MCE cannot ask providers for additional qualifications to deliver HCBS than FSSA requires

May require administrative capabilities (e.g. IT connectivity), HIPAA privacy agreements, etc.

MCE Provider Network Management

- Unit that deals with contracted providers has various names
 - Provider Network Management (PNM) unit
 - Provider Relations (PR)
- May not have staff that specializes in HCBS providers
 - Used to dealing with medical providers
 - May need to do some ‘education’ about services provided
- Will likely offer the standard MCE provider contract

The MCE Provider Contract

Importance of MCE Provider Contract

- **Separate and distinct from ICHP/DA ‘enrollment’ process**
 - Will include both familiar (in current IHCP contract) and new elements
- Will dictate the terms of the relationship between the provider and MCE
 - Spells out the requirements for being included in the MCE’s provider network
 - Obligates the provider to meet those requirements

Importance of MCE Contract



Payment provisions



Service authorization requirements



Complaint and resolution procedures



Data and quality reporting requirements

Key Elements to Review

Effective Date of contract

Scope of Services and Service Area

Fee Schedule

- Ensure payment is equal to (or higher) that current FFS rate paid by FSSA

Key Elements to Review

Service authorization requirements and timeframes

Insurance coverage requirements

Termination provisions

- Permitted if provider commits fraud or abuse

Key Elements to Review

- Review section called “provider obligations” or “program requirements.”
- May be separate exhibits or appendices and usually contain only summary provisions of the requirements.
- Detailed obligations and the MCE’s right to modify those obligations “at will” will typically be included in the provider manual.

Last but not least....



**READ the MLTSS SOW
(the contract between FSSA and the MCE)**

<https://www.in.gov/fssa/long-term-services-and-supports-reform/files/RFP-23-72118-Att-N-Exhibit-1-Scope-of-Work.pdf>



**OBTAIN a copy of the MCE's
provider manual**

Last but not least....

- The provider manual typically has the operational information you will need but that is not included or incorporated by reference into the contract
 - Templates and forms (assessment tools, service plans)
 - Processes to collaborate with the MCE and service coordination (i.e. responsibility for being part of the care team)
 - Definitions for claims payments (e.g. timeliness of filing; what is considered a 'clean claim') and instructions for filing
 - Appeal and grievance processes

Questions

Future Education Topics

HCBS Provider Virtual Sessions

October 26	MLTSS Implementation: Provider Success Stories
November 9	MCE Claims Payment
November 16	Care and Service Coordination
November 30	Quality and Managed Care Oversight

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

Sample provider contract from DE MCO (HCBS provisions are on p. 38)

<https://www.amerihealthcaritasde.com/assets/pdf/provider/sample-agreement-physician.pdf>

Sample provider contract from NC MCO (HCBS provisions are on p. 19)

[https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/NC%20CCH%20-%20Medicaid%20-%20PPA%20060119%20-%20Practitioner%20Version%20\(tc\).pdf](https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/NC%20CCH%20-%20Medicaid%20-%20PPA%20060119%20-%20Practitioner%20Version%20(tc).pdf)

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