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

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

<table>
<thead>
<tr>
<th>Included benefits</th>
<th>Carve-outs*</th>
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</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>Medicaid Rehabilitation Option Services (MRO)</td>
</tr>
<tr>
<td>Acute care</td>
<td>1915(i) State Plan Home and Community Based Services</td>
</tr>
<tr>
<td>Prescription drugs and certain over the-counter drugs</td>
<td>FirstSteps</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>Individualized education plans</td>
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<tr>
<td>Emergency services</td>
<td></td>
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<tr>
<td>Transportation</td>
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<td>Dental</td>
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*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
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

*All dates are estimated and subject to change

February 2015
Notices sent & MCE selection process begins

April 1, 2015
First MCE assignments effective

June 15, 2015
MCE selection deadline

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
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**

<table>
<thead>
<tr>
<th><strong>Clinic Option</strong></th>
<th><strong>MRO</strong></th>
<th><strong>1915(i) Services</strong></th>
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</thead>
<tbody>
<tr>
<td>• Billed to MCEs</td>
<td>• MCE carve-out</td>
<td>• MCE carve-out</td>
</tr>
<tr>
<td>• No member cost-sharing</td>
<td>• Billed to IHCP</td>
<td>• Billed to IHCP</td>
</tr>
<tr>
<td>• MCE or physician referral not required</td>
<td>• Current service package assignment process is maintained</td>
<td>• Current service package authorization process is maintained</td>
</tr>
<tr>
<td>• <em>Psychiatrist:</em> Members can self-refer to any IHCP enrolled</td>
<td>• Prior authorization to ADVANTAGE for additional services</td>
<td>• No member cost-sharing</td>
</tr>
<tr>
<td>• <em>Other behavioral health providers:</em> Members can self-refer to MCE in-network</td>
<td>• No member cost-sharing</td>
<td></td>
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</tbody>
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* Medicaid Rehabilitation Option Services

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

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

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

<table>
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<tr>
<th>Transportation</th>
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</thead>
<tbody>
<tr>
<td>Anthem</td>
<td>1-800-508-7230</td>
</tr>
<tr>
<td>MDwise</td>
<td>1-800-356-1204</td>
</tr>
<tr>
<td>MHS</td>
<td>1-800-508-7230</td>
</tr>
</tbody>
</table>
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*