

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202275 SEPTEMBER 15, 2022

IHCP announces new provider readiness training schedule for HCBS Long-Term Services and Supports Providers

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202220](#), the Indiana Family and Social Services Administration (FSSA) is partnering with ADvancing States to offer training courses in anticipation of the upcoming transition to managed long-term services and supports (LTSS). After incorporating provider feedback, these training courses will resume this fall with more useful and meaningful content.

Throughout September and October 2022, ADvancing States will host seven training sessions for Home- and Community-Based Services (HCBS) Aged and Disabled (A&D) Waiver providers preparing to partner with health plans to deliver LTSS in 2024. Discussions will focus on the similarities and differences of how providers operate in today's fee-for-service (FFS) system versus operating in a health plan partnership. Similar to the spring sessions, the fall sessions will be recorded and posted on [informindiana.com](#). Providers can view more information on these sessions in coming IHCP bulletins, on [informindiana.com](#), and in publications from trade organizations.



For each session attended, a gift card will be sent to the provider that registered for (and attended) the webinar. ADvancing States will also offer a readiness assessment from USAging during the webinar sessions and provide an additional gift card to each provider that completes the assessment. The assessment will give agencies insight into their strengths and highlight where support from the FSSA could be helpful.

Building a community of provider belonging

The Office of Medicaid Policy and Planning (OMPP) and the Division of Aging received interest from HCBS LTSS providers for a provider-focused Facebook group. The FSSA created “Indiana HCBS Provider Community” as a space to ensure that providers are seen, heard and valued.

To join the group, search for “Indiana HCBS Provider Community” on Facebook and follow the page.

“Indiana HCBS Provider Community” will be used in part to share information about the fall information sessions as well as business development skills to assist HCBS providers in growing competitively as an Indiana Medicaid provider.

Table 1 – Training class schedule and registration links

Title	Session number, date and time	Session description	Zoom link
Session #1: Indiana’s HCBS System: A Look Into the Future	Wednesday, Sept. 28, 2022 6 p.m. – 7 p.m. Eastern Time	<p>An overview of today’s system operations will be provided for attendees. The FSSA will help deliver this information and explain why there is a need for a partnership with health plans in Indiana. Information and language from the request for proposals (RFP) will be used to help providers understand how working with health plans will be different than what providers do today. Presenters will:</p> <ul style="list-style-type: none"> ■ Describe activities that providers perform in today’s system, and explain similarities and differences in corresponding activities under a partnership with health plans. Because the RFP is published, this comparison will be easier to explain by sharing design elements. ■ Review how today’s culture is different than a culture managed by health plans and how businesses can prepare for that type of culture shift and partnership. <i>The mission is not changing, but the way the mission is achieved is expanding.</i> ■ Introduce and define frequently used terminology and acronyms, and common contracting terms. <p>The rest of the session, roughly 20 minutes, will be spent on open dialogue and hearing from providers on the following questions:</p> <ul style="list-style-type: none"> ■ What is causing the most anxiety about the transition to managed LTSS change? ■ What do providers feel the most unprepared for regarding working with health plans? 	https://nasuad.zoom.us/meeting/register/tZAucuCugjliGNzWRapyFAk34ROEXPtPFTID
Session #2: Partnering with Health Plans 101	Wednesday, Oct. 12, 2022 6 p.m. – 7 p.m. Eastern Time	<p>The “Partnering with Health Plans” session will include elements of an earlier presentation from ADvancing States that reviews the basics of building a relationship with health plans, key elements and characteristics of managed long-term services and supports programs, and federal requirements such as network adequacy standards and person-centered processes.</p> <p>This session will also emphasize some of the basic differences between health plans and area agencies on aging (AAAs), including:</p> <ul style="list-style-type: none"> ■ How health plans are different than AAAs ■ How health plan partnerships differ from AAA partnerships ■ Why it is important for providers to reach out to health plans, and what outreach messaging to health plans should look like 	https://nasuad.zoom.us/meeting/register/tZcoceuprzMsHNB8HP-5Duc9wiNEYEKk6_zj

Table 1 – Training class schedule and registration links (Continued)

Title	Session number, date and time	Session description	Zoom link
Session #3: Contracting with Health Plans	Wednesday, Oct. 19, 2022 6 p.m. – 7 p.m. Eastern Time	<p>In today's system, HCBS LTSS providers enter into a contract with Indiana Medicaid when they become an IHCP provider. In the future, these providers will also have the option to enter into a contract with health plans. When the time comes to negotiate a contract with a health plan, it is important to know that every provider and health plan partnership is different.</p> <p>Today, providers do not negotiate contracts with Indiana Medicaid, but this shifts when working with health plans. This session will help you navigate various types of contracts or agreements, which also come with their own alphabet soup, such as a NDA, BAA or MOU. Also, providers will learn about the life cycle and time frames of the contracting process within a new system. The session will walk through key areas of a typical contract, such as effective dates and termination dates; data-sharing requirements; and when, how and under which conditions payments occur. It is critical that providers fully understand all parts of the agreement and what happens when the contract is not fulfilled. Knowing these details will help to set the stage for success.</p>	https://nasuad.zoom.us/meeting/register/tZ0qc-6urT8vHdfXRa-xKCXTiyIPJg71Z8my
Session #4: Provider Success Stories	Wednesday, Oct. 26, 2022 6 p.m. – 7 p.m. Eastern Time	<p>This bonus session will include presentations from a provider (or providers) who have successfully transitioned to a managed long-term services and supports delivery system. We will include ample time for Q&A, and providers will share:</p> <ul style="list-style-type: none"> ■ An example of a SWOT (strength, weakness, opportunity, threat) analysis, and how the analysis was used to make changes to their agency ■ Examples of what sorts of activities the provider engaged in to prepare before the delivery system change ■ A success story about their marketing strategy and an outreach activity that resulted in a positive outcome 	https://nasuad.zoom.us/meeting/register/tZAvdOGprjwsGdQqYqqelBYpCG7E9XISVoGk

Table 1 – Training class schedule and registration links (Continued)

Title	Session number, date and time	Session description	Zoom link
Session #5: Claims Payment	Wednesday, Nov. 9, 2022 6 p.m. – 7 p.m. Eastern Time	<p>Today, HCBS LTSS providers submit claims through one portal. The FSSA is transitioning to a new system where HCBS LTSS providers have an opportunity to engage with more partners, which does expand billing practices when services are rendered through a new partnership. In this session, we will talk through multiple pieces of the payment process that providers will experience with health plans, such as education and training of staff, billing timelines, claim submissions, and encounter data. In addition, the role of the individual service plan will be covered, which drives health plan-generated authorizations.</p> <p>This session will also review what a clean claim is, why it is important and what the state requirements are for health plans surrounding claim review. This session will also cover what happens when payments don't go as planned. In these situations, it will be important for providers to know their rights and understand the appeal process.</p> <p>In addition to the information above, the session will review how and when providers can gain familiarity with each health plan's payment system before the go-live date.</p>	https://nasuad.zoom.us/meeting/register/tZEtc-ypqjwJGNwe4I4SZF2okM4V-0w7Dyk5
Session #6: Care Management and Service Coordination	Wednesday, Nov. 16, 2022 6 p.m. – 7 p.m. Eastern Time	<p>This session will provide attendees with an overview of the responsibilities of the health plan and the roles that care managers and service coordinators play in the new system. The focus will be on what A&D Waiver providers need to know about service coordination for LTSS waiver services and how to partner with care managers and service coordinators in rendering services. The following topics will be discussed:</p> <ul style="list-style-type: none"> ■ Health plan responsibility for coordinating full suite of member benefits – both Medicaid and Medicare ■ Complexities in knowing who is managing the care plan – Health Plans may have delegated arrangements with service coordination agencies ■ Population health interventions (risk stratification/disease management programs) ■ Managing social determinants of health ■ Transition of care management (between settings) ■ Providers' role in coordination with an individual's circle of support 	https://nasuad.zoom.us/meeting/register/tZ0qc--urTwgHdWll2nm5w7Txq98o-vcC04wP

Table 1 – Training class schedule and registration links (Continued)

Title	Session number, date and time	Session description	Zoom link
Session #7: Quality and Health Plan Oversight	Wednesday, Nov. 30, 2022 6 p.m. – 7 p.m. Eastern Time	Today, providers are familiar with requirements in Indiana’s Aging Rule to address quality. In a partnership with a health plan, providers may have different expectations on quality than what is provided in the Aging Rule. This session will review what some of those differences are and what providers can do to prepare, such as identifying data collection methods and which visual tools to use to share data points that allow providers to talk about the value their agency brings to the community, and therefore, to the health plan. This session will also include information about value-based payments (VBP). VBP models pay for value instead of volume, or quality over quantity. There are various model types or value-based arrangements, but all are focused on performance and quality versus numbers. Attendees will learn about the purpose of VBP, different model types and associated risks and rewards for their organization.	https://nasuad.zoom.us/meeting/register/tZYkcO-sqjopGdUc2t5cTYLI6CsjQXHkQC81

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