



Managed Care Alignment

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Indiana Medicaid is committed to strengthening the monitoring and oversight of our Managed Care Entities (MCEs) and reducing member and provider abrasion.

Goals of MCE Alignment

- Align major processes that are completed differently among the MCEs (i.e., prior authorization, recoupment, etc.).
- Decrease member and provider burden
- Improve access to health care services
- Continue innovative internal management techniques that incorporate MCE key performance indicators



A few Alignment Projects

- Prior Authorization (PA) Management (4/1/2023)
 - State Guideline Hierarchy
 - non-customized national guidelines (i.e., MCG, InterQual)
- Pharmacy (7/1/2023)
 - Single preferred drug list (PDL) across programs
- Program Integrity (4/1/2023)
 - Align provider corrective action process (aligning fee for service and MCE requirements)
- Quality
 - HEDIS Improvement (template)
- MCE Credentialing Alignment Project (known as “Network Participation”)
- MCE handling of braille and alternate format requests (Ongoing)
- Home Health prior authorization requirements (aligning fee for service and MCE requirements)



Key Monitoring and Oversight Activities

- Creation of Dashboards to monitor reporting and data
- Hired Subject Matter Experts (SMEs)
- Quality oversight with FSSA clinical staff
- Monthly Onsite Audits
- Document Review



*The following presentation will focus on our Clinical team and discuss their activities in greater detail.



Questions

