



# *Prior Authorization- Utilization Management Clinical Operations-OMPP*



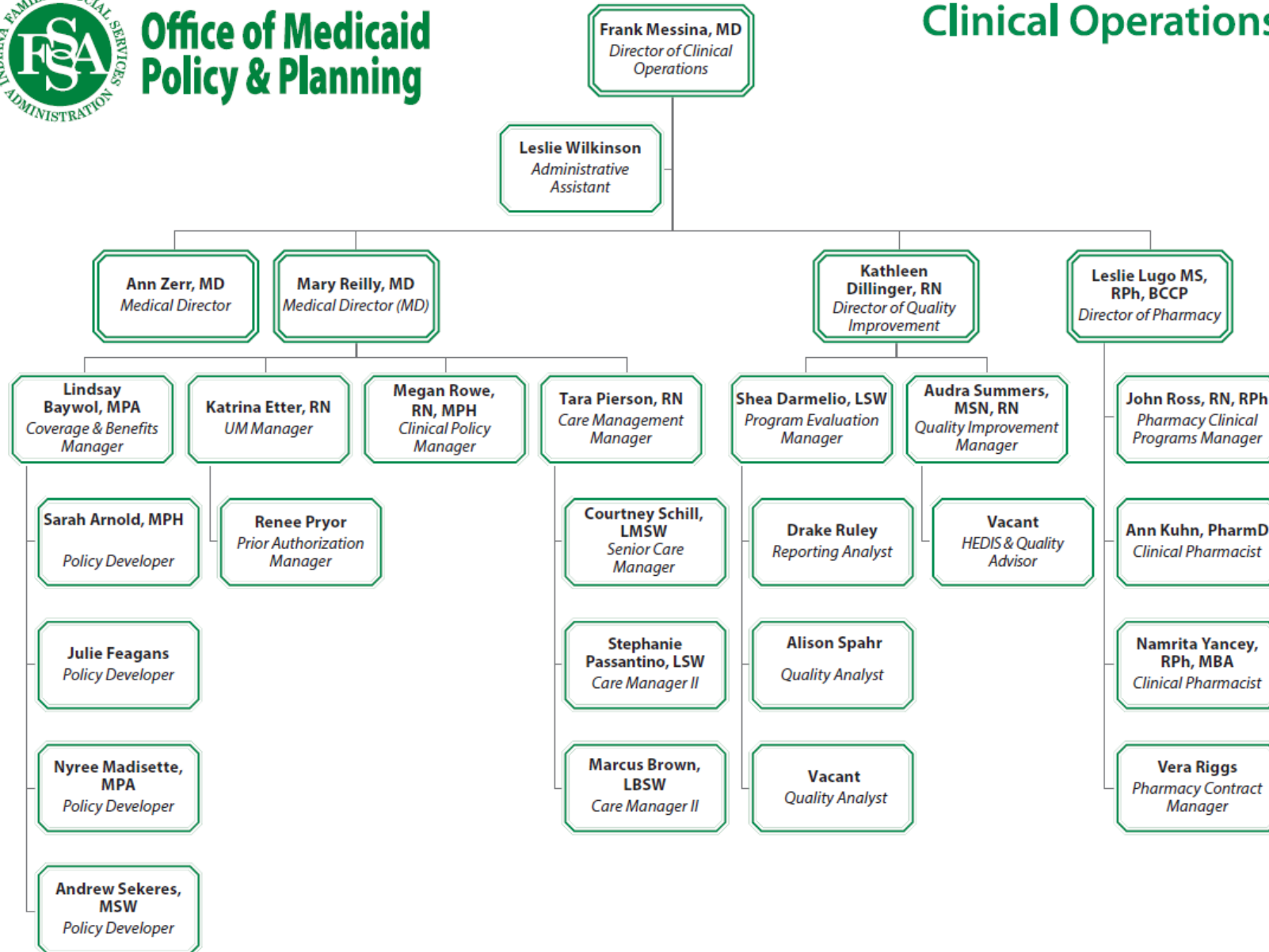
# Clinical Operations

- Oversees clinical functions of Indiana Health Coverage Programs
  - Coverage and Benefits & Clinical Policy
  - Care Management
  - Quality Improvement
  - Pharmacy Benefits
  - Prior Authorization and Utilization Management



# Office of Medicaid Policy & Planning

# Clinical Operations





# OMPP PA-UM Improvements

- Expanded staffing → expanded abilities
- More experienced licensed clinical professionals
- Single medical necessity criteria hierarchy w/o MCE “modification”
- Single unified preferred drug list
- Pathways to Aging PA-UM innovations
- Industry leading new PA-UM vendor for FFS



# OMPP Goals for Utilization Management

- Maximize member and provider satisfaction
- Minimize member and provider burden
- Ensure members achieve positive health outcomes through access to high quality care and services
- Align utilization management review practices across MCEs and traditional or so-called fee-for service (FFS) Medicaid



# Medical Necessity Criteria Alignment

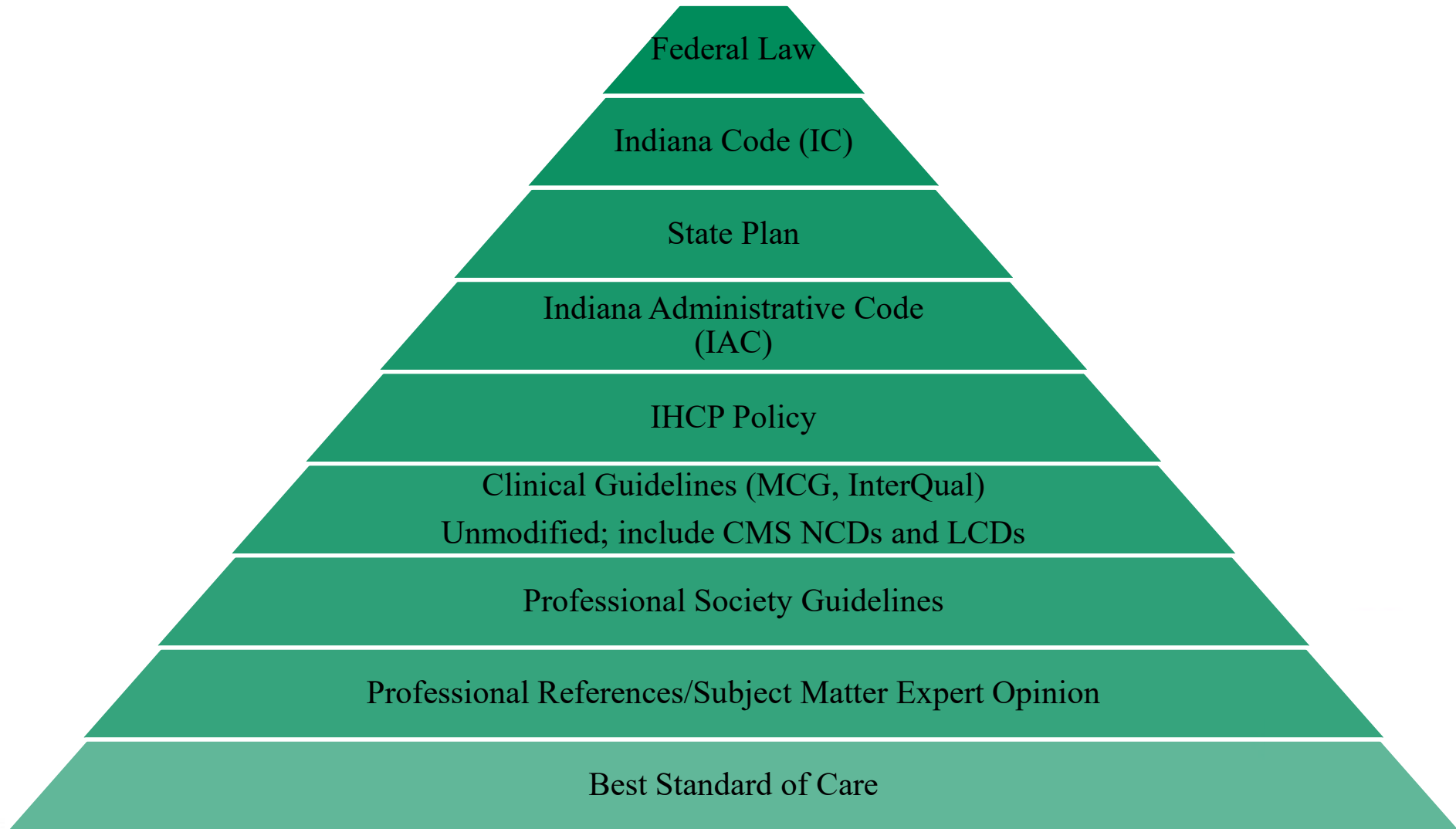
- Providers and members have **one** hierarchy to reference (Indiana Medicaid Bulletin BT2022117)
- Assures national standards (including CMS NCDs and LCDs) are used:
  - Always up-to-date
  - Focused on best medical practice for members and not cost
- MCEs may no longer modify national guidelines used
- MCEs criteria should not be more restrictive than FFS criteria



# Prior Authorization Requirements

- CFR [42 CFR § 414.234](#)
- IC 12-15-21-3 and 12-15-21-6
- 405 IAC 5-3-1 through 405 IAC 5-3-14
- Provider Modules <https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-provider-reference-modules/>
- PA Provider Module <https://www.in.gov/medicaid/providers/files/modules/prior-authorization.pdf>
- Bulletins and Banners <https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-bulletins/>

# Hierarchy Pyramid







# Maximizing Satisfaction-Minimizing Burden Efforts

- Aligning PA-UM policies across MCEs and FFS
- IAC changes removing outdated or inconsistent criteria
  - IHCP policies more nimble to change
  - Defer to national guidelines which are continually updated
- Improving transition periods for members (times when a member changes MCEs or changes Medicaid programs) by
  - Ensuring coverage continuity
  - Requiring transfer of existing PA across health plans
  - PA always follows the member

# Maximizing Satisfaction, Minimizing Administration, Assuring Highest Quality Services



- Standardized reporting requirements across MCEs and FFS Medicaid enables us to
  - Track timeliness
  - Ensure accuracy, completeness and compliance to MCE contract requirements



# New Fee For Service (FFS)

## PA-UM Vendor: Kepro

Kepro will assume prior authorization processing for FFS members on July 1, 2023

- Over the past 35 years Kepro has partnered with government sponsored healthcare programs across the country to support their mission of providing efficient, high quality and well-coordinated care to the priority populations they serve.
- Kepro is URAC (Utilization Review Accreditation Commission) accredited
- Kepro is recognized as a Quality Improvement Organization-Like (QIO-Like) entity by CMS



# Indiana Medicaid and Kepro Goals

- No disruption to members and providers as a result of the transition
  - Thorough transition planning and readiness review
- Post Transition:
  - Develop new “auto-approval” rules for certain services
  - Leverage state-of-the-art system features to make the PA process easier for providers:
    - Portal identifies any administrative issues with a PA submission in real-time and provides immediate feedback to the provider on how to modify or correct in order to submit a clean PA, thereby reducing administratively-based claim denials after the service has been rendered

# Single Unified Preferred Drug List (Single PDL)



- Starting July 1, 2023, there will be one Indiana Medicaid (Fee For Service and all Managed Care plans) Preferred Drug List
- The list will ensure unified prior authorization criteria for drugs



# Pathways to Aging (new mLTSS program)

- PA-UM enhancements will simplify the PA process for those needing home and community-based services (HCBS)
  - The service plan developed by the member with their care team will be the authorization request—no additional steps needed for the provider
- Care management monitoring
  - Care plan audits
    - Meet best practice standards
    - Authorization audits



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*Questions?*

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning

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