



NASCIO 2019 State IT Recognition Awards Nomination

Title: Harnessing the Power of Data to Connect Medicaid and Corrections Data for Hoosier Health

Category: Cross-Boundary Collaboration and Partnerships

State: Indiana

Agency: Indiana Family and Social Services Administration (FSSA)

Contact:

- **Name:** Connor Norwood, PhD, MHA
- **Title:** Chief Data Officer, Indiana Family and Social Services Administration (FSSA), Division of Strategy and Technology
- **Email:** connor.norwood@fssa.in.gov
- **Phone:** 317.234.1380

Project initiation and end dates: 2017 – 2018 (Ongoing Management and Oversight)

Executive Summary

As states continue transformative work to reform their health care payment and delivery systems to improve population health, streamline service delivery and reduce costs, having the right data and data systems to support and inform those efforts is imperative to success. Usable and timely data are critical not only to operationalizing programs, but also to monitoring gains in quality and efficiency. Despite the essential role data plays in program operations and evaluation, states may face significant challenges in optimizing its use due to issues such as inefficient and costly systems infrastructure, inability to facilitate information sharing across sectors, legal and process barriers (i.e. lack of memoranda of understanding across agencies or complex contracting rules) or lack of sufficient staff capacity or expertise.

Throughout 2017 and 2018 the Indiana Family and Social Services Administration (FSSA) transitioned from a heavily focused reporting group to an insight-driven organization with the appropriate governance required to fully harness the power of data. FSSA has a data-driven culture and has continued to branch out to sister agencies to improve data governance, data exchange processes and collaboration that have had positive impacts for Indiana residents.

In 2017, Indiana passed legislation that would allow the Indiana Department of Corrections (DOC) to apply for Medicaid coverage on behalf of inmates 60 days prior to release. This legislation intended to ensure that returning citizens had access to the necessary health coverage to help reduce recidivism and the utilization of high cost emergency care. FSSA applied for and received a technical assistance grant from the National Governors Association (NGA) to “Harness the Power of Data to Achieve State Policy Goals.” The application focused on the new DOC policy that would only be made possible with enhanced data governance and cross-sector data sharing. FSSA, DOC, Indiana Management Performance Hub (MPH), Medicaid, Division of Family Resources (DFR) and others worked together to improve the business process. Through this effort, FSSA was not only able to demonstrate that the policy change did reduce time-to-coverage for these inmates, but they also engaged the academic community to study the impact of the reduced time-to-coverage on health outcomes and population health.

Concept

Indiana Family and Social Services Administration (FSSA), through its work with the National Governor's Association (NGA), and in collaboration with the Indiana Department of Corrections (DOC), Indiana Management Performance Hub (MPH), Medicaid, Division of Family Resources (DFR) and others identified cross-party data sharing and analytics activity opportunities to analyze and provide solutions for complex health problems.

Indiana recently passed significant federal legislation allowing DOC to apply for Medicaid coverage on behalf of inmates 60 days prior to release. This legislation ensures returning citizens have access to health coverage to help reduce both recidivism and the utilization of high cost emergency care. The ongoing maintenance and management from data sharing and cross agency partnerships continues to reduce time-to-coverage for returning citizens and through even better data governance, has the potential to save the state 10s of millions annually in future fiscal years as a result of improved data quality for Medicaid rate setting.

The NGA grant, "Harnessing the Power of Data to Achieve State Policy Goals," a competitive award provided to states, including Indiana, recognizes outstanding work in cross-sector data sharing with tangible output. Indiana's key principles to support this initiative are data driven, comprehensive and holistic and collaborative. By partnering with NGA in this endeavor, Indiana has achieved state policy goals by fully leveraging current investments in data infrastructure, data sharing and cross-sector relationships. Through this effort, FSSA was not only able to demonstrate that the policy change did reduce time-to-coverage for these inmates, but they also engaged the academic community to study the impact of the reduced time-to-coverage on health outcomes and population health.

Since being awarded the NGA technical assistance grant, FSSA has been able to evaluate the process with DOC and other state agencies, find additional gaps and perform continuous process improvement to better serve this population.

Significance

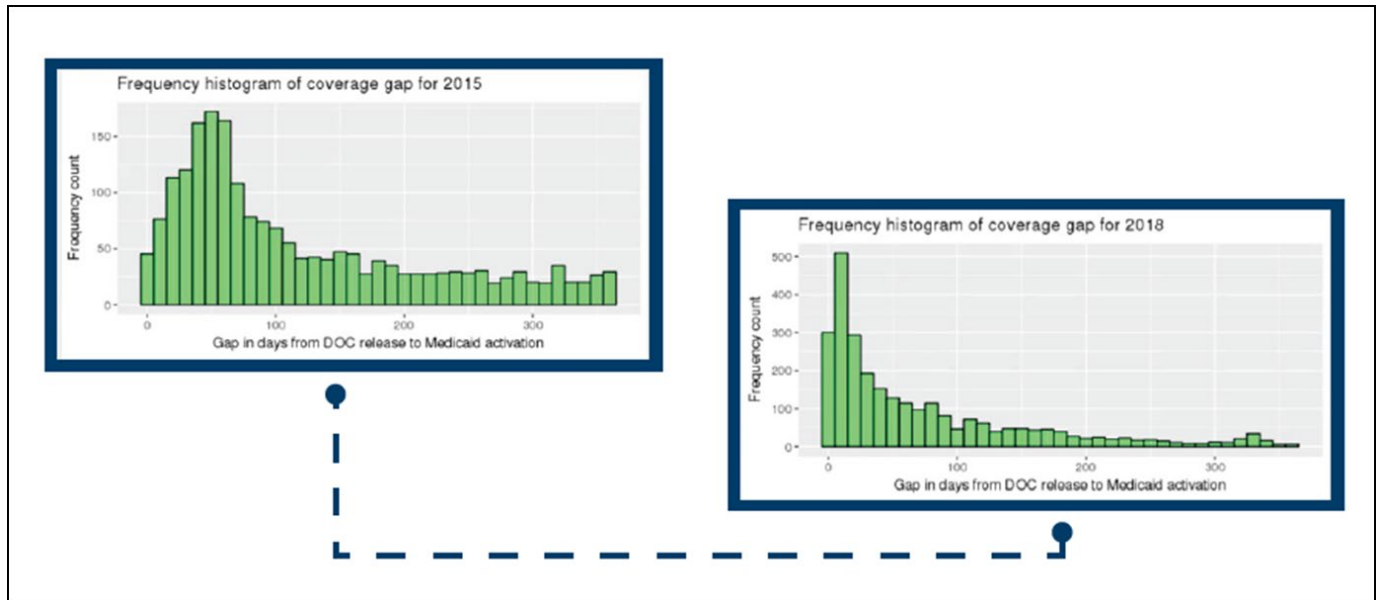
The primary analysis focuses on linking Indiana Medicaid data with DOC data to review the impacts of Indiana's Medicaid expansion program on Medicaid activation and outcomes for the post-incarcerated population. Several states that have expanded Medicaid eligibility have focused attention on corrections populations and ensuring smooth and complete transition to coverage post-incarceration for such individuals. The main hurdle in these cases is with respect to the difficulty of integration of correctional and Medicaid data and cross-agency communication.

There is a high incidence of substance abuse and mental health disorders in justice-involved populations, as well as a high prevalence of undiagnosed and chronic health conditions. The Center on Addiction estimates that 85% of all inmates in the adult corrections system are substance-involved, these inmates are at increased risk of overdose within two weeks after release from prison, and every dollar spent on addiction treatment saves \$7 in criminal justice costs. The Center also reports that 16% of state budgets are spent on addiction and substance use annually. The Council of State Governments 2017 report, *Critical Connections*, supports these statistics and adds that inmates are more likely to have serious mental illness (SMI), and are more likely to be reincarcerated than inmates without SMI. Connecting eligible returning citizens with Medicaid coverage and coordinated health care may help reduce the rate of overdose for returning citizens, improve their health outcomes and reduce recidivism rates.

Cost is also an important factor. First, accurately identifying Medicaid enrollees when they are incarcerated and efficiently notifying Medicaid to suspend or terminate enrollment and end capitated payments to managed care organizations (MCOs) can reduce waste, potentially saving the state millions of dollars in avoided cost. Second, connecting returning citizens with coordinated treatment and preventive care provides support in their transition back to the community. Third, individuals receiving care may be less likely to be reincarcerated, thereby saving law enforcement and corrections costs.

Impact

Prior to the policy change the median gap between release and Medicaid coverage activation was about 3 months in 2015. Through this collaborative partnership, time to activate coverage for this vulnerable population was reduced by approximately 2 whole months. The following graphics depict analysis of Medicaid activation and suggests that the time to activation of Medicaid coverage post-incarceration has been reduced post policy change.



Through data analytics, collaboration, partnership and business process improvements, the state of Indiana has been able to accomplish tangible results through mature solutions achieving measurable and successful results and outcomes.

FSSA, DOC, Indiana Management Performance Hub (MPH), Medicaid, Division of Family Resources (DFR), and others continue to collaborate through data analysis to identify and streamline Medicaid coverage for citizens returning from DOC upon release. The strong data governance, collaboration, and business process improvements put in place allow for data linkage between eligibility, DOC, and Medicaid which resulted in reduced application times and recidivism, high cost care and poor health outcomes. Receiving and utilizing this data was possible because of the data linking efforts and most importantly, the data governance and business improvement processes that were established by FSSA. FSSA has also engaged and are collaborating with the Richard M. Fairbanks School of Public Health to conduct more robust health services research to study the impact of the policy change on recidivism and health care utilization and cost. As a result of this effort the State was able to identify that inmates were not receiving Medicaid coverage immediately upon release and have explored a couple of options for improved data exchange to ensure they are receiving same day coverage while the full application is processed. Additionally, with improved data governance and data sharing between FSSA and DOC, the State anticipates the reduction of over 1,000 man hours by not submitting duplicate applications to Indiana's eligibility system for these returning citizens.

The state of Indiana has spent a significant amount of time building a culture of data. In fact, comprehensive and coordinated efforts by state agencies to share data, improve and strengthen

services, maximize the utilization of available resources, and ensure that state services are available to all residents has been a top priority for the State of Indiana. Over the last decade, Indiana has made significant investments in the development of strong cross-agency relationships, data sharing, and data infrastructure to move towards data-driven decision and policy making.

Through this effort and knowing the policy and impact was a success, FSSA identified additional areas of improvement that are currently underway. Although time-to-coverage had been reduced, the State still hopes to get same-day coverage upon release. To do this, FSSA is working on further refining business processes for these returning citizens to ensure they have coverage upon release. Furthermore, the team identified that enhanced systems integration and data exchanges between DOC and FSSA systems would allow for improved data for rate settings for Indiana Medicaid. With the improved data quality, Indiana Medicaid could save up to \$10 million annually in Medicaid assistance.

FSSA, DOC and other agencies continue to collaborate and highlight this important work that's seeking impactful results. Indiana will continue to work on business process improvement while reducing costs to the state, improving data governance, further reducing time-to-coverage, improving data exchange and systems integration for data quality improvement.