

**MEDICAID ADVISORY COMMITTEE MEETING**  
**December 11, 2014**                      **IGCS CC Room 18 – 9:00am**

Committee Members: P-Present, A-Absent (Proxy)

Leila Alter	P	Rodney King	A	Mark Scherer	P
Rep Ron Bacon	A	Edward Liechty	P	Phillip Stroller	A
Dr. Michael Baker	A	Barbara McNutt	P	Michelle Stoughton	P
Michelle Boyd	A	Blayne Miley	P	Allison Taylor	P
Matthew Brooks	P	Senator Pat Miller	A	Brian Thompson	A
Zachary Cattell	P	Kevin Moore	A	Jon Thompson	A
Michael Colby	P	Joe Moser	P	Erin Wernert	P
Ted Danielson	P	Michael Phelps	P	Secretary, Dr. John Wernert	P
Brian Hart	P	Evan Reinhardt	A	Kim Williams	A
Jerry Key	P	Mike Rinebold	P	MAC Secretary	P

**Opening Comments**

MAC Chairman Zachary Cattell opened the December 11, 2014 meeting of the Medicaid Advisory Committee (MAC). Office of Medicaid Policy and Planning (OMPP) Director, Joe Moser, was asked to introduce two new MAC members. New members were Ted Danielson, representing ISDH, and Brian Hart, representing the Indiana State Psychiatric Association. The floor was given to FSSA Secretary, Dr. John Wernert, who introduced himself and thanked the committee members for their service.

**Approval of Minutes from Meeting**

The 09/19/2014 draft minutes of the MAC were approved as written at this meeting.

**Program Integrity Presentation**

Mike Barnes, Chief Compliance Officer for FSSA, and John McCullough, Director of Medicaid Program Integrity for FSSA, gave a presentation on program integrity efforts. Medicaid program integrity efforts include fraud investigation and prevention, improper billing and payments, auditing, and other activities. Our speakers discussed the state’s approach to these efforts, including identification and recovery, correction and prevention. Making the *correct payment for the correct member for the correct service to the correct provider* is the established goal.

Chairman Cattell raised some questions regarding who the office is engaging most, in terms of provider type, and if the new enrollment for transportation providers is a high enough bar to keep out fraudulent providers. Mr. McCullough responded by saying that separate from individual education, we have to work on the policy side, and it is not a one size fits all approach. Secretary, Dr. John Wernert added that from an agency standpoint, stakeholders need to know the agency is as transparent as possible with auditing and compliance efforts but that there are limitations in terms of information that can be shared.

**DDRS Presentation**

Chairman Cattell introduced Nicole Norvell, Director of Disability and Rehabilitative Services with FSSA. Ms. Norvell gave a high level overview of proposed changes in the Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) Waiver. She advised the committee members to keep in mind that they are ‘proposed changes’ and will be submitted to CMS toward the end of December 2014. She invited comments on the proposed changes.

Ms. Norvell explained that the FSW is designed to help individuals who have intellectual or developmental disabilities to stay in their communities. She noted one of the past practices under both waivers (FSW and CIH) was Supported Employment Follow Along (SEFA) which was for individuals who needed support on their job to keep it. Previously this had been a time limited service, so the old definition of SEFA was replaced with Extended Services. Other changes that fell under both waivers included the removal of references to 'mental retardation' and the replacement with Individuals with Intellectual Disabilities (IID), details on FSSA as the single state Medicaid Agency, and the allowance of Music Therapy to be delivered in group settings.

Ms. Norvell said there is a waitlist for the FSW, and because it is a capped waiver, the waiver amount cannot go over the amount set for each person.

### **Medicaid Legislative Initiatives**

Director Moser was asked to discuss the Medicaid legislative initiatives for the 2015 Session, the first being the Department of Corrections (DOC) Project. Director Moser stated that starting next week, Medicaid is going to be covering a certain number of inpatient stays, when an inmate in the State DOC leaves the prison health system and receives inpatient care in a private hospital. FSSA's legislative initiative would allow the DOC to serve as the prisoner's Authorized Representative, allowing corrections officers to enroll them in Medicaid without their consent. Mr. Matthew Brooks asked if there has been any consideration for extending this at the county jail level. Director Moser replied that the counties have not expressed interest in participating at this time. There would also need to be a relationship with each county in order for them to be included.

The second initiative that Director Moser mentioned was the FSSA Statutory Authority Clean Up and Technical Corrections Bill. This bill would fix outdated or incorrect citations in the Indiana Code regarding the structure and programming of FSSA to align with current operations. These are the only two legislative efforts being pursued by FSSA in the 2015 session.

*Chairperson Cattell took the floor to announce that the committee members could briefly state their top priority for the session. Several committee members discussed their priorities.*

### **FSSA Updates**

Vickie Trout, Quality Director for the OMPP, presented on the proposed Medically Frail Determination Process for HIP 2.0. Scott Gartenman, Provider Relations Manager for the OMPP, spoke about the MMIS Project. Both were agenda items added at the request of committee members.

#### **Medically Frail Determination Process**

Ms. Trout explained how individuals could be determined as Medically Frail for purposes of the HIP 2.0 program, should it get approval. She said the process really hinges on identification and there are 6 different ways a person can actually get in to be determined as medically frail, the first being the application process when applying to Medicaid. Ms. Trout went in-depth about the importance of getting information from members on the application and the health risk assessment. Secretary, Dr. Wernert added that the first year does not have claims data, so it is depending on the self-reporting initially. Mr. Brooks expressed concern using the self-reporting tool. He stated that people with mental health and substance abuse histories are more hesitant to

check 'yes.' Ms. Trout and Secretary, Dr. Wernert noted that provider referrals are built into the process as well.

#### MMIS Project

Mr. Gartenman informed the committee that the MMIS Project had been pushed back from July 2015, to January 2016, in order to make sure all the new programs are incorporated successfully. He mentioned that there will be an online provider portal and a secure correspondence tab. Mr. Gartenman went on to state that now the prior authorization section is 10% electronic and 90% paper, and there will be a push to reverse that. The goal is to increase satisfaction with the program, expedite claims processing, and cut out errors that occur today. He concluded by saying there will be a revamping of the provider manual to make it near real time updatable, which means instead of waiting months, it will be a couple of weeks.

*Director Moser gave additional FSSA updates on the status of HIP 2.0 and Hoosier Care Connect.*

#### Brief Year in Review

Chairman Cattell ended the meeting by expressing appreciation for everyone's participation this year and recapped the highlights of the meetings in 2014.

**It was announced the next Medicaid Advisory Committee Meeting is scheduled to be held February 13, 2015 from 1:00pm-3:00pm in the Indiana Government Center South Building, Conference Center Room C.**

The meeting was adjourned.