MEDICAID ADVISORY COMMITTEE MEETING
February 21, 2014 IGCS CC RM A 2PM

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

Rep Ron Bacon	P	Blayne Miley	P	Allison Taylor	P
Dr. Michael Baker	A	Senator Pat Miller	A	Brian Thompson	P
Matthew Brooks	P	Kevin Moore	P	Jon Thompson	P
Zachary Cattell	P	Joe Moser	P	Roger Valliere	A
Michael Colby	P	Donald Mulligan Sr.	A	Dr. William C. VanNess II	
Robert Kendall	P	Michael Phelps	A	Dr Joan Duwve (proxy)	P
Jerry Key	P	Evan Reinhardt	P	Erin Wernert	A
Rodney King	P	Mike Rinebold	P	Kim Williams	P
Edward Liechty	P	Mark Scherer	A		
Barbara McNutt	P	Phillip Stoller	A	MAC Secretary	P

Opening Comments

Chairperson Zachary Cattell opened the February 21, 2014 meeting of the Medicaid Advisory Committee (MAC). Mr. Cattell extended a welcome to Joe Moser Medicaid Director and did introductions of committee members. Mentioned vacancies on the committee and expired terms for current members and future of letters to be sent out regarding the positions on the committee.

Director Moser provided an introduction of himself to the committee members, and plans for the future of the committee to have them more involved.

Approval of Minutes from Meeting

The August 20, 2013 draft minutes and the October 10, 2013 draft minutes of the MAC were approved as written at this meeting.

Legal Notices of Intent

Matt Branic, staff attorney from Office of General Counsel, presented both 1634 conversion and 1915(i) Behavioral and Primary Healthcare Coordination Program. Matt Cesnik is the Subject Matter Expert (SME) for 1634. From time frame aspect on track for effective date of 6/1/14, this has been filed with NSA as of last. For this rule have an intended publication date of February 26th with a planned public hearing scheduled 3/21/14 at 9 am.

Mike Colby asked for comparison of what the old requirements were to what will be new standards. Matt Branic answered that currently our requirements are stricter than the federal criteria and now we will match the federal criteria so in turn we will become less restrictive. Rodney King, what will be financial impact of being less restrictive, per Matt Branic this rule has a whole plans to have a net savings, due to streamlining the process and eliminating spenddown.

Allison asked Mr. Moser about type of education outgoing to the public for this conversion. Per Mr. Moser, yes this is a complicated transition for consumers and providers to understand. There was a stakeholder meeting held last month to educate interested individuals on this with a power point presentation, also have posted FAQ's by link from the FSSA website. In addition training has been set up for field offices, in areas of intake and this training has already begun and provider bulletins are outgoing from HP.

Zach commented about meetings for Long Term Care (LTC) and waiver side and website being very helpful. Directed question to Lance about DFR training for LTC side, needing to make sure that Nursing Facility are able to be Authorized Representatives under ICES manual, for this.

Matt Branic also presented 1915i rule, best way to describe this rule is a safety net, to catch the individuals who will no longer be eligible under 1634 conversion, and this is on nearly the same timeline track as the 1634 rule. This rule is to catch those with loss of coverage due to elimination of spenddown, and will help with coverage of what is called behavioral and primary coordination services. Debbie Herman, Deputy Director of Mental Health and Addictions, is the SME for this rule.

Question about County work to help with those benefits interact or correlate with this program? Debbie clarified about how county dollars that goes to county health care programs and if they are rerouted to this. She stated this is Medicaid the funds for the county are still used by the county care centers this is just allowing the individuals the ability through Medicaid to receive the benefits. Per Matt there is no real risk of overlap or "double pay" with this it is really up to the center how the money is used and this should help enhance the ability to provide services to individuals.

Brandon Shirley Deputy Counsel for FSSA presented both Modified Adjusted Gross Income (MAGI) and Healthy Indiana Plan (HIP) Wait list repeal and joined by Matt Cesnik. Regarding MAGI, this is in early stages of rule promulgation to add MAGI standards. All states will now look at household income only for eligibility; this cleans up the administrative regulations to be in compliance with the federal regulation started 1/1/2014.

Mike Colby stated he assumed the next step would be to look at expenses to help determine eligibility; Brandon clarifies the aspect of household income and poverty level. Matt states the spenddown aspect is part of the Aged Blind Disabled population while MAGI deals with a different population of members under the Healthy Indiana Program (HIP). So this is based on taxable income divided by amount in household to get household income and not based on assets.

Brandon stated the HIP Waitlist Repeal is a simple change of a rule, there is a scheduled public hearing 3/21/14 at 9am at the government center and anticipate this will finalized around May 14th at the latest. Applications will be denied or turned away no longer stay on a waiting list to be dealt with.

Bobbi Nardi presented an amendment to an existing rule for terminology update and general cleanup. Nothing is being changed to Nursing services only the Therapy services, the main term used was maintenance therapy is being changed to habilitative therapy, also adding new term of rehabilitative therapy to become what the federal government terms are. General revision of breakdown of ages and services received and clean up of respiratory therapy also clean up about occupational therapy.
Per Zach will a prior authorization (PA) be needed for all occupational and respiratory therapy, Bobbi stated as she understands yes a PA will be required for all services.

Medicaid Enrollment

Lance Rhodes, Director Division Family Resources provided his background to the committee and then displayed a power point presentation on the numbers, the HIP and Medicaid trends, and transfer situations. HIP enrollment did have approximately 57 thousand individuals previously on a waitlist, after change in poverty level some population would be referred over to the Federal Market Place after their HIP would expire. In December a 4 month extension was given to some individuals that would have been dropped until the FFM (Federal Marketplace) could pick up the individuals, the hard end date will be April 30th. The number of incoming applications per month is around six thousand.

Lance went through the amounts of applications for the HIP and Medicaid programs with comparison between January 2013 and 2014. Some of them had increased while others had decreased, and with regard to total recipients there was an increase. For transfer situations it was discussed about

how information would be sent from Indiana to the FFM and back about applications needing processing. Currently working on ability to transfer all the awaiting applications and have them processed in a timely manner.

Per Zach what is the state spending on the staffing of this, and Lance states this is part of a current contract and they are still in process formulating a draft for the Secretary about efficiency. In future plan to be able to process within normal workflow will not have need for extra contractors on staff to handle applications.

FSSA/OMPP Policy Updates

Joy Heim discussed pending State Plan Amendments (SPA) submissions, current seven SPAs. First is the Nursing Home Rate Reduction from 5% down to 3% very close to approving back to July 1, 2013, submitted tax waiver for Review by CMS, this will effective Jan 1st of this year. Next two are both the in and out patient both hospital assessment fee and the modification of that adjustment, updated today from CMS the in patient was just approved and have a question on outpatient to CMS currently. Next two are 1634 conversion and 1915i, already discussed under the Notice of Intent by legal staff. Number 6 is the Intelihealth SPA, this is in response to legislature requiring SPA to help provide telihealth through home health agencies a call is scheduled next week on the 25th to go over CMS questions. Last is also a legislative mandate to revise the Brand Name Medically Necessary, already submitted and a call is scheduled for next Tuesday.

Angi Amos, home and community based services waiver manager at OMPP introduced New Federal Home and Community Based Services (HCBS) rule, this was released by CMS just last month on January 10th. This supports advanced qualities for home based services, and reminder this does serve elderly and disabled population and will go into effect March 17th 2014. Six key provisions were highlighted by CMS and there has been ongoing communication between all states and CMS to be in compliance with new requirements by the 120 day timeline. Each KPI and 1915 program will have its own performance measures to evaluate by, this was asked by Michael Colby.

Susan Goldsmith, technical lead for State of Indiana for implementation, provided information on ICD-10 conversion progress. States has implemented changes over last 2 years to system and working on policies; currently are on target for end of July, testing with MCE's is targeted for March 1st. State is one of the leaders in Medicaid in being ready for implementation; however there is discussion about postponing the implementation of ICD-10.

Director Moser presented Eligibility and Claims Systems Upgrades, currently in midst of updating both systems. With regard to Eligibility the claims are received through DFR and placed into the ICES system which is being updated to IEDSS to be phased in over the next year. The claims database is managed by HP through MMIS, with on target for go live July 1st 2015. Updates will allow quicker change requests, make navigation easier, interactions between agency folks and data compilation should take less work.

Erin Walsh from Policy Evaluation team, presented New Policy on Early Elective Deliveries, part of Governors plan to end infant mortality. Infants born at 37-38 weeks have higher mortality rate and more likely to have respiratory problems, so trying to avoid non- medically required early deliveries can benefit health of mother and infant. Aiming at a July 1st implementation date and looking at diagnosis codes for medically necessary early deliveries for coding the policy. This is still all in internal development and trying to ease burden on Provider with information outgoing to providers.

Yvonne Burke, Acute Care manager discussed the Affordable Care Act Primary Care Payment Increase (ACAPCP). Under this there will be an increased rate including those for administration of vaccines. To qualify a provider must meet 3 criteria: 1.be enrolled in IHCP family medicine, general

internal medicine, or general pediatric medicine or board certified subcategory. 2 either be board certified or meet a claims threshold (60 percent). The boards accepted to certify sub categories are the American board of medical specialties, American board of physician specialties, American osteopathic association. The increased payments are 100 percent federally funded. Allison wanted to verify amount paid to providers, Yvonne verified was 37.7 million was paid to 4338 rendering providers.

Director Moser talked about the Aged, Blind and Disabled (ABD), Managed Care Report that was submitted in December to the legislature. There were several stakeholder meetings in August to discuss options for Managed Care Programs for this population. Three options are as follows: Risk Based Managed Care Program, Managed Fee for Service Program, Home & Community Based Services Program. The full report is online on the website and there is a cliff notes version as well. The group being targeted initially is approximately fifty thousand individuals; including (non dual eligible, non kids, non MRO and non institutionalized individuals).

The next Medicaid Advisory Committee Meeting is scheduled to be held May 13, 2014 from 1:00-3:00pm in the Indiana Government Center South Building, Conference Center Rooms 1&2.