

MEDICAID ADVISORY COMMITTEE MEETING
May 13, 2014 **IGCS CC RMS 1&2 1 PM**
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	A
Robert Kendall	P	Michael Phelps	P	Dr Joan Duwve (proxy)	
Jerry Key	P	Evan Reinhardt	P	Erin Wernert	P
Rodney King	P	Mike Rinebold	P	Kim Williams	P
Edward Liechty	P	Mark Scherer	P		
Barbara McNutt	P	Phillip Stoller	A	MAC Secretary	P

Opening Comments

Chairperson Zachary Cattell opened the May 13, 2014 meeting of the Medicaid Advisory Committee (MAC).

Approval of Minutes from Meeting

The February 21, 2014 draft minutes of the MAC were approved as written at this meeting.

1634 Conversion Update

Joe Moser, Director, provided the start date for this implementation being June 1st 2014 and that this rule is currently in final stages of approval at CMS along with the waivers and 1915i. Social Security Administration signed the SS agreement in January and rule was approved May 8th. There was a stakeholders meeting on January 30th with a large attendance. Present were Gary Parker and Matt Cesnik to answer questions on this item of discussion.

The template and instructions for the Miller Trusts has been posted on the website. There have been 3 notices for those who will be affected, 1- on February 14th was a general notice, 2- the Miller Trust packet was sent on March 14th to those who will need it (12 subgroups had specific letters sent out), 3- Notice of discontinuation or transfer of services from April 22th through June 2014.

To prepare the staff on April 25th a webinar with an exam was held for all Department of Family Resources (DFR) workers along with an onsite May 1st training on Miller Trusts.

Zach asked if there have been any common issues with the applications thus far. Gary Parker stated he would have legal investigate this to see if any common or standard issues were found. Currently legal, and now DFR, can review Miller Trust applications with a checklist for the approval. Mr. Colby stated there was talk of some banks not setting up the Miller Trust funds, and while Mr. King asked if the application was not reviewed by the start date, would the member's coverage be cancelled or as Mr. Colby stated, could it be made retroactive.

Nonpayment of Inpatient Nurse Practitioner Rounding for Mental Health

This discussion idea brought to the committee by Allison Taylor stated there are issues with access for the Mental Health work force. Question originated around concern of can rounds be covered under outpatient Medicaid coverage, or inpatient coverage.

Yvonne Burke was introduced to discuss this topic of level of care, stating in 2002 when the rate was set there were not a lot of nurse practitioners (NP) at that time, and this is under review currently along with the ICD-10 update. Mr. John Thompson asked if the NPs would be moved from mid level to higher level. Mr. Miley stated there is research being done on number of NPs in the work force currently, with Mr. Brooks stating this research could help solve the work force issues.

Levels of Care for Perinatology & Neonatology

This topic was introduced by Mr. Ed Liechty asking about resources hospitals would need for particular levels to care for premature babies with higher care needs. Will Medicaid have a stance about where a mother can deliver due to the level of a hospital and her pregnancy level of care needed?

Amanda Alvey was onsite to discuss this, stating, currently the policy was not applicable for this, but would look into this. Mr. Mike Rinebold talked about other categories being taken into account such as anesthesia, and Mr. Key mentioned transportation as well for specialty care.

FSSA/OMPP Policy Updates

- 1) Elective Pre-Term Deliveries Mr. Moser stated this was started last week with nonpayment for selective pre-term deliveries.
- 2) ABD Initiative-Currently has a start date of January; there has been a stake holder meeting, RFI from MCES, and hopefully an RFP as early as the end of this month. Kim Williams asked how the ICD-10 delay would affect Medicaid, Director Moser stated Medicaid felt ready to process; however Congress delayed implementation until October 1, 2015.
- 3) CMS HIP Expansion- Sandy asked when Hoosier Healthwise Services (HHS) needs re-procurement. This will expire at end of 2014 year but do have option for 2 - 1year extensions. No plans for new procurement at this time per Mr. Moser.

The next Medicaid Advisory Committee Meeting is scheduled to be held August 19, 2014 from 1:00-3:00pm in the Indiana Government Center South Building, Conference Center Rooms 4&5.