MEDICAID ADVISORY COMMITTEE MEETING
May 14, 2013   IGCS CC RM C 1PM
Committee Members: P-Present, A-Absent (Proxy)

Rep Ron Bacon	P	Dr Gregory Larkin	A	Evan Reinhardt	A
Michael Baker	A	Dr Joan Duwve (proxy)		Mike Rinebold	P
Matthew Brooks	P	Barb McNutt	P	Mark Scherer	P
Pat Casanova	P	Senator Jim Merritt	A	Allison Taylor	P
Zachary Cattell	P	Kevin Moore	A	Erin Wernert	A
Jill Christopher	A	Donald Mulligan Sr.	A	Kim Williams	P
Blayne Miley	P	Michael Phelps	P	Ed Popcheff	A

Opening Comments
Chairperson Zachary Cattell opened the May 14, 2013 meeting of the Medicaid Advisory
Committee (MAC). Board informed of changes to agenda and that new agenda is in front of
them with items for discussion. *Secretary of FSSA Debra Minott* was introduced to the audience
and board members; then in turn the board members introduced themselves to the Secretary.

Approval of Minutes from Meeting
The February 19, 2013 draft minutes of the MAC were approved at this meeting.

Director and Secretary Comments
Ms. Casanova, Director of Medicaid, Office of Medicaid Policy and Planning welcomed board
and audience and provided introduction for Ms. Minott.
Ms. Minott recognized board and stated willingness to work with committee in the future.
Ms. Casanova informed the board and audience of newly appointed staff members; *Chief of Staff
for FSSA, Shaun Walters, Nicole Norvell Director of division of Disability and Rehabilitation
services comes from department of education, and Lance Rhoads division Director Family
Resources also from department of education. Ms. Casanova* mentioned the appointments in
process from Governors' office and in replacement of retiring members of the board.

Opportunity for Input
Input was requested on the Aged Blind and Disabled (ABD) management, to find out what the
agency was being asked for the structure of the report.
Ms. Casanova stated the meetings from 2012 were fact finding, now per legislation have charge
to do a study and provide a report. This body is perfect for finding a way to provide feedback to
the agency.
Mr. Cattell showed interest in wanting more coding issues addressed at future meetings. At next
meeting want more in-depth discussion on 1328 and or the report either in whole or just sections.
That involve enrollment of the beneficiaries, from hearing stories from other implementations
and issues involved.
Mr. Matthew Brooks asked if MAC could act as a sounding board for providers (different groups
currently creating own internal information) to do cross discussions of knowledge or
information.
Mr. Cattell suggested currently keeping ongoing email discussions between board members and
provider groups, to bounce ideas around.

Clarification of CHOW Process

Changes of ownership in transactions and how to complete the forms, in regards to what is needed to be considered complete for processing,

Ms. Allison Taylor, discussed instances where HP denied applications do to fact was not a fresh signature from each board member on the form. Where informally was told for past transactions not all signatures were required, so wanted clarification on what is truly needed.

Ms. Casanova recognized issue and stated this item has been addressed about requiring an electronic signature.

Ms. Gwen Kilmer stated that the signatures are optional; at this time documentation in the form of bulletins are in the works. Stated should be able to respond to letters received of denials and get the applications processed.

Ms. Casanova stated HP was acting in accordance of how they understood the ACA originally, but after this was discovered and now resolved.

Mr. Cattell asked if the manual would be able to have trouble shooting instructions added to it from examples that providers have run across.

Ms. Casanova responded that after having spoken with Ms. Joy Heim there is the chance to improve the wording in the manual. Updates provided on SPA and the system changes are going into affect as per the bulletins. Lag is due to the final rules were not provided from federal level until March when started in January; first calendar quarter payment will either be received in June or early since payments will be made quarterly.

Board would like update of this at next meeting if timely or at the one following if not possible at August meeting.

FSSA Updates

Ms. Casanova, provided updates on Data Ware house project is in implementation phase this will go through June 2014 starting October 2013. This is based on claims data, so will be able to research between groups from data provided. The Health Information Technology will also be looking to see what the opportunities of how to connect data from Nursing homes and other areas as well.

Started in October 2011 the PBM is in the DDI Phase, with go live implementation date of May 24, 2013. The new call center through Catamaran is up and testing currently, and are aware of issues with old vendor due to loss of employees. Stated people will be onsite during transition and have conference line open at different times throughout the day for providers to call in for information or status on the process.

MMIS for Claims Payment system and Eligibility Systems starting DDI phase; will have two systems running concurrently until new system ready which hopefully will be July 2015. HP is in design phase currently with meetings once a week currently with agency staff on this to measure milestones.

Question was raised about inmate coverage and reactivation of coverage. Ms. Casanova answered that has been system where corrections inform DFR when a person is being released that if they had coverage prior to being incarcerated their coverage can be reinstated without a gap in coverage.

The next Medicaid Advisory Committee Meeting is scheduled to be held August 20, 2013 from 1:00-3:00pm in the Indiana Government Center South Building, Conference Center Room C.