TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Notice of Public Hearing

LSA Document #10-195

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on May 5, 2011, at 9:00 a.m., at the Indiana Government Center South, 402 West Washington Street, Conference Center Room 22, Indianapolis, Indiana, the Office of the Secretary of Family and Social Services will hold a public hearing on a proposed rule amending 405 IAC 5-3-14 to reduce the time frame for making prior authorization decisions to seven calendar days, amending 405 IAC 9-2-13 to revise the definition of "emergency services", amending 405 IAC 9-3-2 to clarify retroactive coverage is not provided for under the plan, amending 405 IAC 9-4-4 to require insurers and the association to follow standards set forth by the office when assisting individuals with the plan renewal process and to make other technical changes, amending 405 IAC 9-4-5 to add as grounds for ineligibility the falsification of information on the plan application and to make other technical changes, amending 405 IAC 9-4-6 to outline the process for providing notification when enrollment is reopened and to make clarifying technical changes, amending 405 IAC 9-6-1 to update the enhanced services plan screening process for applicants and members, amending 405 IAC 9-7-2 to revise coverage of skilled nursing facility services and family planning services, to update the requirements for notifying members close to exceeding the annual and lifetime reimbursement limitations, and to make other technical changes, amending 405 IAC 9-7-6 to revise the coverage policy for pharmacy services, including legend drugs, nonlegend drugs, nonlegend insulin, and vitamins, amending 405 IAC 9-7-8 to identify the insurer's ability to provide a more generous preventive care services benefit and to make other technical changes, amending 405 IAC 9-7-10 to clarify covered out-of-network nurse practitioner services, to provide out-of-network coverage for services provided by FQHCs and RHCs, and to make other technical changes, amending 405 IAC 9-7-11 concerning self-referral services to identify additional services that shall not require referral from a member's primary care provider and to make other technical changes, amending 405 IAC 9-7-12 to require publication of prior authorization policies by the insurers and the association and to reduce the time frame for making prior authorization decisions to seven calendar days, amending 405 IAC 9-7-13 to revise the noncoverage policy for vitamins, supplements, and over-the-counter drugs, amending 405 IAC 9-8-2 to make conforming changes, amending 405 IAC 9-8-3 to identify the process for purchasing buy-in coverage, amending 405 IAC 9-8-5 to include risk-based managed care as a component of the Medicaid program that can pay pregnancy related claims and to make other technical changes, amending 405 IAC 9-9-7 to clarify reimbursement for preventive care services and the reimbursement rate for hospitals, FQHCs/RHCs, and pharmacy services, amending 405 IAC 9-9-8 concerning permissible member payments to delete the option for paying for the difference in cost between a brand name drug and generic substitute, amending 405 IAC 9-10-7 concerning changing insurers to make conforming technical changes, amending 405 IAC 9-10-9 to require the return of excess rollover balances to the state and to make conforming technical changes, amending 405 IAC 9-10-10 to prohibit the billing of individuals for claims originally denied but upheld on appeal under certain circumstances, amending 405 IAC 9-10-11 concerning member debt to make conforming changes, amending 405 IAC 9-10-13 to clarify the payroll deduction payment option, amending 405 IAC 9-10-14 to require application of lump sum employer contributions equally to member POWER account contributions each month throughout the coverage term, amending 405 IAC 9-10-17 to update the insurer and association responsibilities for POWER account balance transfers, and amending 405 IAC <u>9-10-21</u> concerning failure to renew participation to make conforming changes.

To comply with the provisions of <u>IC 4-22-2-24</u>(d)(3), the agency further states that the changes are necessary to clarify and update the rule and to make the provisions more efficient. The cost of compliance with this proposed rule, including any administrative, legal, consulting, or accounting cost, is not expected to be any different than what providers currently incur in the course of providing services. The proposed rule is expected to result in a decrease of \$422,101 in calendar year 2011 in state and federal costs. The state share is expected to be \$278,291. The proposed rule creates no unfunded mandates on state agencies or political subdivisions.

All parties interested in the proposed rule are invited to attend the public hearing and to offer public comments. In lieu of attendance at the public hearing, written comments may be sent to: IFSSA, Attention: Darren Klingler, 402 W. Washington St., Room W382, Indianapolis, IN 46204. Correspondence should be identified in the following manner: "COMMENT RE: LSA Document #10-195, Healthy Indiana Plan Rule Amendments". All written comments concerning the rule received by the Office of Medicaid Planning and Policy (OMPP) will be available for public inspection at the OMPP, 402 West Washington Street, Room W374, Indianapolis, Indiana.

Copies of the proposed rule and this notice are now available and may be inspected by contacting the director of the local county division of family resources office, except in Marion County, where public inspection may be made at 402 West Washington Street, Room W374, Indianapolis, Indiana.

Copies of these rules are now on file at the Indiana Government Center South, 402 West Washington Street, Room W374 and Legislative Services Agency, 100 North Senate Avenue, Room N201, Indianapolis, Indiana and

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are open for public inspection.

Michael A. Gargano Secretary Office of the Secretary of Family and Social Services

Posted: 04/06/2011 by Legislative Services Agency An <a href="https://