MEDICAID ADVISORY COMMITTEE MEETING

Tuesday, August 11, 2009
IGCS, Conference Center, Room C
2:00 p.m. – 4:00p.m.

AGENDA

- **Opening Comments**

- **Review of minutes from 10-14-08 & 01-12-09 & 5-5-09 MAC meetings**

- **LSA Document #09-87 – Mason Pike**
  Psychological and neuropsychological testing performed by a mid-level practitioner - This rule amends 405 IAC 5-20-8 for purposes of adding practitioners who may be reimbursed for neuropsychological and psychological testing with prior authorization and includes practitioner obligations. This Medicaid rule amendment will allow for IHCP reimbursement of neuropsychological and psychological testing performed by mid-level mental health practitioners that are directly supervised by an HSPP or physician. The billing would still be done through the supervising physician or HSPP. This rule also amends 405 IAC 5-3-13 to make a technical correction to bring the rule into conformity with current practices under 405 IAC 5-20-8.

- **LSA Document #09-192 – Mason Pike**
  State-owned psychiatric hospitals and cost-based reimbursement methodology - This rule amends 405 IAC 1-17-1 and 405 IAC 1-17-2 to include state-owned psychiatric hospitals within the state's cost-based reimbursement methodology and as facilities that fall under like levels of care. The amendment is necessary to more appropriately reimburse state-owned psychiatric hospitals in accordance with their costs. Since January 1, 2006, state-owned psychiatric hospitals have been reimbursed at a standard psychiatric level of care per diem rate of $408.50 plus $64.50 for capital cost reimbursement. This standard rate of reimbursement is not adequate to cover the costs of care incurred by several of these facilities. By including state-owned psychiatric hospitals to 405 IAC 1-17 these facilities will receive Medicaid reimbursement that more closely approximates their costs of providing care to patients.

- **LSA Document #09-262 – Scott Linneweber**
  Adds 405 IAC 2-3.2 to set forth the period of Medicaid presumptive eligibility, the process for application of benefits due to presumptive eligibility, services available to persons determined covered by presumptive eligibility, limitations on appeal rights related to presumptive eligibility, and other general requirements for defining and administering a presumptive eligibility program.

- **Discussion of Organization Vacancies of the MAC & Rules Committee – Joy Heim**

- **Questions/Other Issues**

- **Next meeting: October 13, 2009, 2:00pm – 4:00pm, IGCS Conference Center Room C**