

## MEDICAID ADVISORY COMMITTEE MEETING

November 13, 2012

IGCS CC RM 18 1PM

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

Rep Ron Bacon	A	Ernest Klein	P	<del>Evan</del> Ed Popcheff	P
Michael Baker	A	Dr Gregory Larkin		Evan Reinhardt	P
Matthew Brooks	P	Dr Joan Duwve (proxy)	P	Mike Rinebold	P
Pat Casanova	P	Barb McNutt	P	Mark Scherer	P
Zachary Cattell	P	Senator Jim Merritt	A	<del>Todd Stallings</del>	A
Jill Christopher	A	Kevin Moore	P	Erin Wernert	A
<del>Rep William Crawford</del>	A	Donald Mulligan Sr.	A	Kim Williams	P
Maureen Griffin	P	Michael Phelps	P		

### **Opening Comments**

*Chairperson Zachary Cattell* opened the November 13, 2012 meeting of the Medicaid Advisory Committee (MAC).

### **Approval of Minutes from May 16, 2012 and September 25, 2012 MAC Meeting**

The May 16, 2012 draft minutes of the MAC were approved at this meeting; also approved were the September 25, 2012 minutes.

### **Proposal of Rules-revisions**

*Bobbi Nardi, staff attorney with the Office of Medicaid Policy and Planning*, presented two rules for revisions and changes. A notice of Intent has not been done yet for either rule that was brought up for discussion. There were 6 revisions or amendments for each of the two rules presented.

1. 405 IAC 5-19 Medical Supplies and Equipment: There was to have a definition added as to what was included in the Medical Supplies and Equipment. Other amendments were as followed: plans to amend 405 IAC 5-19-6 to now exclude therapeutic shoes from the pa requirements of other durable medical equipment. 405 IAC 5-19-7 was clarifying or changing the wording of the PA criteria, this was requested by a prescriber to make it more clear what was needed. 405 IAC 5-19-10 will be changed to apply only to braces for the leg, arm, back and neck. Addition of provisions to 405 IAC 5-19 concerning the reimbursement of Medicaid whether coverage provided and to make organization changes. 405 IAC 1-19-18 will be amended concerning the noncovered durable medical equipment and 405 IAC 5-26-5 will have pa requirements amended by deletions of subsection a-2 and a-3.
2. 405 IAC 5-22 Nursing and Therapy Services: There was an amendment of the definition of "maintenance therapy" in 405 IAC 5-22-1(5). In 405 IAC 5-22-6 for Occupational, physical, respiratory therapy, and speech pathology criteria will be changed to: Provide for instances when rehabilitative services or therapy is

needed for a recipient of 21 years of age or older will be covered; when habilitative and maintenance therapy is not covered, and when respiratory therapy may be prior authorized. Also for the deletion of 405 IAC 5-22-6(7) in the present form and to replace with provisions for coverage of therapy for rehabilitative services for those under 21yrs of age, prior authorization for habilitative and maintenance therapy and for the educational services that are not covered by Medicaid.

*Kelly Greene, staff attorney for the Office of Medicaid Policy and Planning, presented a rule on the Home Health Face-to-Face Requirement. This proposal would add 405 IAC 5-16-3.2, to add a face-to-face requirement for home health services as required under the Patient Protection and Accountability Act. The physician must document a face-to-face encounter related to the primary reason for home health services within 90 days prior to start of services or 30 days after start of services. This must show documentation of patient's clinical conditions supporting the home bound status and need for skilled nursing or therapy services.*

#### **FSSA Updates from Pat Casanova**

*Ms. Casanova, Director of Medicaid, Office of Medicaid Policy and Planning provided updates on recent procurements; SXC or Catamaran is well into the implementation phase, the data warehouse is in implementation will house all agencies hopefully to provide ease of looking up data on enrollees and services. MMIS was awarded to HP and MAGI rules engine being set up to match the Accountability Care Act.*

#### **New Business**

Brought up wanting information on whom or where to contact on a continual basis for Anthem claim disputes, so have a constant resource. Also want a redefinition of HIP coverage, manipulation of covered reword the coverage.

#### **ACA Updates Seema Verma**

Seema Verma, Indiana State Healthcare Reform Lead provided power point presentation documents regarding PPACA and Medicaid. Documentation showed how prior to SCOTUS Medicaid expansion was mandated, now listed as optional for states. Indiana has not made a decision yet on expansion, but per CMS a state could temporarily expand and the match rate and timing would not change while other Medicaid provisions of the ACSA would still stand. Showed consequences of the SCOTUS decision, i.e. potential coverage gaps, increased federal costs and hospital impacts. Also HIP was discussed along with the CMS Response with a 1 year extension of the HIP program, however did not respond on use of HIP for potential Medicaid Expansion or on plan contributions to POWER account. Provided slides on projections on enrollment and for the cost of Medicaid Expansion, showing the Federal Funds as well as Potential Funds; also discussed Medicaid Enhanced Primary Care Payments and Medicaid Provider Enrollment.

**The next Medicaid Advisory Committee Meeting is scheduled to be held February 19, 2013 from 1:00-3:00pm in the Indiana Government Center South Building, Conference Center Room C.**