



## Medicaid Advisory Committee *Meeting Minutes* May 26, 2016

### **Members Present**

*Chairperson Matthew Brooks, Medicaid Director Joe Moser, Dr. Leila Alter, Herb Hunter, Dr. Edward Liechty, Barbara McNutt, Blayne Miley, Ted Danielson, Jon Thompson, Ryan Goodwin, Randal Seals, Michael Colby, Michael Phelps, Hannah Brown, Kim Williams, Brian Hart, Evan Reinhardt*

### **I. Opening Comments**

Chairperson Matt Brooks opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members and guests.

### **II. Review of Minutes –February 26, 2016**

The February 26, 2016 drafted minutes were approved.

### **III. MAC Updates**

Chairperson Brooks welcomed a new MAC member, Mr. Randal Seals, to the committee and Mr. Seals shared some information about himself:

Mr. Randal (Randy) Seals is President of Seals Ambulance Service which provides EMS services in central Indiana. He also currently serves as Treasurer of the Indiana EMS Association. Mr. Seals obtained his EMT-B training while a senior in high school in 1978. He received an undergraduate degree in Business Administration from Milligan College in Tennessee. In 1993, he joined the family business and became the operations manager for Seals Ambulance Service, later purchasing the business from his parents in 1996. During this time, Mr. Seals has grown the business from a small family-owned operation, which completed about 800 runs per year to a multi-million dollar organization which treated and transported over 45,000 patients in 2015. Mr. Seals and his wife sold the organization to Priority Ambulance Service, a national ambulance service headquartered in Knoxville, Tennessee. Mr. Seals continues to be the President of the Indiana operations.

### **IV. Rules**

#### **a. Pharmacy Usual and Customary (LSA #16-172)**

Office of General Counsel Attorney Amber Swartzell stated that this rule adds amendments to 405 IAC 5-24-2 to add the definition of usual and customary charge as used in 405 IAC 5-24 to provide classification of the Medicaid provider's usual and customary charge. As of yet, there is no public hearing date set for this rule.



b. Inpatient DRG and Medicaid Definitions (LSA #15-418)

Attorney Swartzell stated the purpose for the Inpatient DRG and Medicaid Definitions rule is to modify the Medicaid reimbursement rule for covered inpatient hospital services due to implementation of the international classification of Diseases 10<sup>th</sup> revision diagnoses and procurement codes; adoption of a new DRG classification and payment system; and the rebasing of inpatient hospital rates and to make technical changes. The rule's public hearing will be held on June 30, 2016 in the IGCS Conference Room 14 at 9:00 a.m. Ms. Swartzell also stated that the DRG Version used is APR-DRG 30 and it is not the same as what Medicare uses, which is MS-DRG.

V. **Focused Presentation on Governor's Health Workforce Council**

Dr. Hannah Maxey, Director of the Bowen Center for Health Workforce Research at Indiana University, and Mr. Mike Barnes, Chair of Governor's Health Workforce Council, presented on the Governor's Health Workforce Council. During their presentation, they stated that the Council was created by Governor Pence on February 24, 2016 and the purpose of the Council is to coordinate health workforce-related policies, programs, data, and initiatives within Indiana in order to reduce cost, improve access, and enhance quality within Indiana's health system. They also spoke of the Governor's Health Workforce Council meetings which are quarterly and open to the public. Individuals can view the agenda and minutes at <http://www.in.gov/dwd/ghwc.htm>.

The 2016 meetings for the Council are scheduled for June 3, September 1, and December 5, 2016. Dr. Maxey stated that at the last Council meeting on February 29, 2016, they discussed access to care, health care delivery and scope of practice, public health and emergency preparedness, education, pipeline and training, and mental and behavioral health. The taskforce members voted on two topics to prioritize moving forward, and immediately established two task forces. The first task force is for Education, Training, and Pipeline, and the second one is for Mental and Behavioral Health. The purpose of these two task forces are to study, deliberate, and develop thorough recommendations to the Council. Each taskforce will have 14-16 members and the meetings will be open to the public. Both taskforces have already held meetings in April and May. The agenda and minutes can be viewed at <http://www.in.gov/dwd/2985.htm> and <http://www.in.gov/dwd/2987.htm>.

VI. **2016 Quality Strategy Plan**

Ms. Vickie Trout, OMPP Quality and Outcomes Section Director, presented the 2016 Quality Strategy Plan. Her presentation discussed the requirements under 42 CFR 438.020(a) to develop an annual written strategy for assessing and improving the quality of managed care services. She also discussed the difference and similarities between key performance indicators and outcome measures for the Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect programs. She stated that there are several subcommittees working together to improve the health plans' outcomes including Quality

Strategy, Neonatal Quality, Health Services Utilization Management, and the Dental Advisory Panel.

#### **VII. Credentialing Verification Organization Project**

Mr. Shane Hatchett, Deputy Medicaid Director, presented OMPP's Centralized Provider Credentialing project. He stated that providers today must first enroll as an Indiana Health Coverage Program provider prior to credentialing with a managed care entity. Then the next step is that HPE (Hewlett Packard Enterprise) has a 15 day service level agreement to process clean enrollments and the managed care entity (MCE) has 120 days to credential a provider. Deputy Director Hatchett stated that the provider submits substantially similar information up to four times. The goal is to create a streamlined method for providers to submit one application for enrollment and credentialing, resulting in a single program-wide decision. Deputy Director Hatchett stated that it is important to still understand that Medicaid is not telling the MCEs with whom they have to contact, but is instead providing the MCEs with a universe of eligible providers. A Request for Information from potential vendors was issued in April to gather information for the subsequent Request for Proposals (RFP). The RFP will be issued in July and conclude around mid-September with the selection of a vendor. In February of 2017, the design and development should conclude and pilot testing will begin in March 2017, with implementation in April 2017, if all goes according to schedule. The project will be monitored closely and may be amended if needed.

#### **VIII. FSSA Updates**

Director Moser stated that the Affordable Care Act requires states to revalidate Medicaid provider enrollments, including those enrolled prior to January 1, 2012, who have not since revalidated. When revalidating, the provider must now submit the enrollment fee of \$554, which is set by the federal government. Generally a provider has to bill at least one service, per 18 month period, to remain an active provider. Indiana Medicaid has 3,400 providers with outstanding revalidations due from the first group of 7,000. The MCEs have been reaching out to the providers and the deadline has been extended for primary care providers from March 26, 2016 to June 30, 2016. The consequences for not revalidating enrollment by the deadline is the provider will have to re-enroll to be a provider, will not be able to serve managed care patients and will not be able to submit claims for dates of services after they are terminated. Providers will now be required to revalidate every five years, but high risk providers are required to revalidate every three years. The list of providers and when they are required to revalidate is listed on the IndianaMedicaid.com webpage and the providers will receive a letter 90 days prior to their revalidation date. To terminate enrollment, a provider from the Medicaid program needs to fill out a two-page termination form.

Director Moser stated that Indiana Medicaid is on pace to announce the awards of the winning vendors on or about June 10, 2016 for the Hoosier Healthwise and Healthy Indiana Plan MCE procurement. Also, CMS released the new final managed care regulations on May 5, and they are more than 1,400 pages in length. Indiana Medicaid is closely examining them and reviewing what procedures in managed care need to be changed to comply with the updated regulations.

Director Moser stated that legislation Senate Enrolled Act 364-2016 passed during the last legislative session, which requires FSSA to assemble a workgroup of healthcare providers to review Medicaid audit policies and procedures. It was decided that the MAC members would be invited to serve as members on the workgroup. The first meeting will be June 8, 2016 from 10:00-12:00 in the Indiana State Library. The workgroup will be looking at several ways to collect public input, including public forums that will be conducted outside of Indianapolis. There will be public forums on July 11, 2016 in Indianapolis, July 13, 2016 in Evansville, and July 18, 2016 in Mishawaka. The exact locations and times have not been confirmed at this time.

**IX. Public Comments**

There were no public comments.

**X. 2016 MAC Meetings**

Special MAC Meeting on HIP 2.0

Tuesday, July 26, 2016 9:00am -11:00am IGCS; Conference Room C

MAC Meeting

Thursday, August 25, 2016 1:00pm -3:00pm IGCS; Conference Room C