

Office of Medicaid Policy and Planning MS 07, 402 W. WASHINGTON STREET, ROOM W382 INDIANAPOLIS, IN 46204-2739

Medicaid Advisory Committee

Meeting Minutes May 21, 2015

Members Present

Chairperson Zachary Cattell, Director Joe Moser, Dr. Leila Alter, Matthew Brooks, Michael Colby, Ted Danielson, Brian Hart, Herb Hunter, Jerry Key, Edward Liechty, Barbara McNutt, Blayne Miley, Mike Phelps, Evan Reinhardt, Mike Rinebold, Mark Scherer, Allison Taylor, Jon Thompson, Kim Williams

I. Opening Comments

Chairperson Cattell opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members and began by calling a motion to vote for Matt Brook's candidacy as he MAC Chair. It was unanimous. Allison Taylor was then elected the Vice Chair, which was a new role that was implemented.

II. Review of Minutes - February 13, 2014

The February 13, 2014 draft minutes were approved.

III. MAC Updates

Mr. Cattell turned the floor to Samantha Walton to introduce the MAC member handbook. Samantha explained that the handbook is to be used as a new members guide to MAC and asked members to send requests with what they'd like to see included in the handbook in the future.

IV. Rules

Leslie Huckleberry and Amanda Alvey presented on the *Electronic Signature Rule* (LSA Doc. #15-70), a rule regarding electronic signatures for prior authorization requests. The rule permits providers to electronically submit their signature for prior authorization, which provides another more efficient option other than a hardcopy signature. There were no questions from the committee or audience.

Brandon Shirley presented the *HIP Employer Benefit Link Rule*. Mr. Shirley gave a brief overview of where the rule is and the process, along with the introduction of the Emergency Rule. The Emergency Rule is to be adopted June 1st by the Secretary and able to view on the Indiana website shortly after. Mr. Shirley passed the floor to Steve Holt. Mr. Holt gave an overview of the HIP Link program and explained the timeframe of the rollout process.

V. HIP 2.0

Director Moser gave a brief update on HIP 2.0. About 70% of those enrolled in the program are enrolled in HIP Plus, meaning members paid their POWERAccount contributions and are receiving more generous benefits. On May 1st the Gateway to Work Program was launched. Gateway to Work is a referral program to workforce development programs and job search assistance. It is optional, it is not required for eligibility for HIP 2.0. HIP Link is starting June 1st for employer enrollment and July 1st for employee. He mentioned that last week the live chat function began, and it allows HIP 2.0 individuals to live chat and have their questions answered. Starting around mid-June there will be an advertising campaign around HIP 2.0. Lastly, Director Moser discussed the Special Terms and Conditions with HIP 2.0 that require the state to have a public forum to discuss the progress. The MAC will be used for the public forum, and a 30 day notice will be given. A special MAC meeting will be held in July.

Vickie Trout presented on the Quality Strategy Plan Review for Public Comments. CMS requires that



OMPP make available to the public the 2015 OMPP Quality Strategy Plan. The Quality Strategy Plan outlines Indiana's goals for improvements in health care and monitoring efforts for continuous quality improvement. The Plan includes the Hoosier Healthwise, HIP, Care Select, and Hoosier Care Connect risk-based managed care programs. Vickie's presentation can be viewed on the <u>Indiana Medicaid Advisory</u> <u>Committee</u> website.

VI. ESRD 1115 Waiver Review

Angie Amos was given the floor to present on the ESRD 1115 Waiver Review. Ms. Amos announced the public notice is posted for May 20 –June 19, 2015 and the hearing is scheduled for Thursday, May 28 and June 2, 2015, both at 1:00pm. She explained that it preserves secondary health insurance coverage for individuals with ESRD who have Medicare and would otherwise be unable to access kidney transplant services. In May 2014, continued coverage for approximately 350 individuals with ESRD was approved by CMS on a temporary basis through an emergency amendment to an existing 1115 demonstration waiver. That waiver is due to expire in December 2015. FSSA is submitting an application to the Centers for Medicare and Medicaid Services (CMS) for a three (3) year waiver renewal to extend coverage specifically for individuals with ESRD. This ESRD waiver will maintain coverage for this group until an ESRD 1915i program is operational in July 2016. Individuals eligible under this demonstration waiver will be eligible for Medicaid State Plan benefits after they meet their ESRD liability. Angie's presentation can be viewed on the Indiana Medicaid Advisory Committee website.

VII. Hoosier Care Connect

Director Moser gave an overview and update on Hoosier Care Connect. He explained that if members do not select an MCE when they apply, the members will have 60 days from the eligibility determination date to select a Hoosier Care Connect MCE. If no selection is made during the 60-day period, auto-assignment will occur. The logic for auto-assignment has been designed to promote continuity of care and existing provider relationships.

VIII. Accreditation Requirements

A discussion on accreditation issues for home health agencies was requested by Evan Reinhardt.Evan announced the issue had been resolved successfully by working with the MCEs.

IX. Legislative Session Wrap-Up

OMPP Government Affairs Analyst Robert Glass highlighted legislation that impacted the Medicaid program during the 2015 legislative session. He informed the committee that both of the agency's bills had passed the General Assembly after a series of amendments and had been signed into law by the Governor. He explained that SB 212 had been the Medicaid for inmates legislation, but the final vehicle for this language became HEA 1269. The agency's technical corrections bill, SEA 465, also passed after substantive amendments. Mr. Glass highlighted other noteworthy legislation from the 2015 session, including substance abuse and mental health legislation, SEA 464, HEA 1448, and HEA 1269.

MAC members presented their legislative session wrap-up.

X. FSSA Updates

Director Moser gave the FSSA updates. He announced the timeline for the managed care re-procurement for HIP and HHW. The RFP would be released on or about Oct. 1, RFP responses would be due on or around Dec. 31st and the target award date would be April 1st. The new contracts would go into place on January 1, 2017. The current HIP and HHW contracts expire on December 31, 2016.

XI. Public Comment

No comments

XII. Next Meeting: August 6, 2015 –1:00pm-3:00pm IGCS, Conference Room C