

Office of Medicaid Policy and Planning , 402 W. WASHINGTON STREET, ROOM W374, MS 07 INDIANAPOLIS, IN 46204-2739

Medicaid Advisory Committee Minutes

August 23, 2018 IGCS Conference Room C

Members Present

Dr. Leila Alter, Mr. Herb Hunter, Mr. Michael Phelps, Mr. Rodney King, Mr. Evan Reinhardt, Ms. Elizabeth Eichhorn, Ms. Terry Cole, Mr. Matt Brooks, Ms. Allison Taylor, Mr. Michael Colby, Dr. Nancy Swignoski, Rep. Ron Bacon, Mr. Mark Scherer

I. Call to Order/Opening Comments

Chair Matt Brooks opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members and guests. Director Allison Taylor is also present. MAC members introduced themselves. Chair Brooks also reviewed the dates for the remaining 2018 MAC meetings and gave a quick overview of the meeting agenda.

II. Approval of November Minutes

The minutes from the May MAC meeting were formally approved by MAC members and Chair Brooks.

III. Rules

Mr. Ryan Torres, Deputy General Counsel presents rules:

a. LSA 18-249: ABA Therapy Rule

i. This proposed rule will amend 405 IAC 5-22-12 to revise the definition of a diagnostic evaluation to use the current version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). Remove the requirement that treatment referrals include a projected length of treatment. Clarify that treatment plans should be focused on addressing specific behavioral issues and community integration and include the projected length of treatment. Clarify that school attendance includes home schooling. Clarify prior authorization criteria. Remove the restriction on a registered behavior technician providing services in the home or school setting. This proposed rule will amend 405 IAC 5-27 to add prior authorization language for MRIs and PET scans pursuant to a policy change.

b. LSA 18-251: Program Integrity Rule

i. This proposed rule adds a new rule to the administrative code that updates and streamlines existing Medicaid program integrity regulations. In order to monitor and protect the fiscal integrity of the Medicaid program, the FSSA relies on a number of authorities and processes outlined in State and Federal law and administrative rules. However, the FSSA's existing administrative



rules are either outdated, repeated in other sections or do not adequately address existing compliance issues. The FSSA seeks to add an overarching rule section that contains new and updated program integrity rules and authorities and repeals the sections they replace. The FSSA feels this approach will provide better functionality and service to our providers, contractors, and federal partners. Concurrent with this update, the FSSA is incorporating changes to the program integrity rules to address deficiencies identified by the Centers for Medicare and Medicaid Services.

c. LSA 18-269: Home Health Reimbursement Rule

i. This proposed rule will amend 405 IAC 1-4.2 to remove the requirement for Home Health Agency providers to complete cost reports. Both OMPP and the home health industry are in agreement that the requirement for HHA providers to complete cost reports should be eliminated. OMPP is in negotiations with the home health industry to revise the reimbursement methodology. Additionally, language is changed to bring the State Plan into compliance with 42 CFR 440.70 by not restricting HHA services to only members who are homebound.

Mr. Torres then asked for questions regarding any of the presented rules. Dr. Swignoski wanted to know if LSA 18-249 has yet been posted. Regarding LSA 18-251, Michael Colby asked if the name and requirements will be updated. Mr. Shane Hatchett answered this question. Elizabeth Eichhorn followed up about managed care timely filing. Mr. Hatchett shared his thoughts and goals on the topic. Chair Brooks asked about the look back period and the extrapolation process. Director Taylor explained that there are many pieces to this process and highly encouraged feedback during the public comment period.

IV. OMPP Updates

Medicaid Director, Allison Taylor presented OMPP updates. She shared that there are two upcoming procurement process projects underway and will update when she has more information.

She also shared that a CMS onsite will be conducted next week and that the OMPP team was looking forward to it.

Director Taylor announced that the Office of Health Equity/Social Determinants of Health was up and running and they will be partnering with the Department of Health on a Community Health Workers project. She also explained that the new Chief Medical Officer, Dr. Dan Rusinyak, is beginning to work on many exciting projects.

Director Taylor then gave staff updates. She explained that Ryan Torres was recently promoted to Deputy General Counsel, Michael Cook was promoted to Provider Relations Manager, Hannah Burney was promoted to Coverage & Benefits Manager, and Renee Gallagher was promoted to Program Integrity Director.

Director Taylor's final item was to explain that the provider vendor website refresh will be happening in the near future and it is expected to greatly improve customer service.

V. FSSA Updates

Director Taylor introduced Ms. Vickie Trout, Quality & Outcomes Section Director, who would be assisting in providing the committee with an update on NEMT. Director Taylor opened the conversation stating the goals and mission of this project and gave some background information on what has been happening. The statewide broker model was implemented on June 1, 2018 through Southeast Trans (SET). She shared that the current focus is on the vehicles, drivers, safety, and reliability. Director Taylor announced that Ms. Trout has taken on these responsibilities and that SET is working through a new credentialing process.

Ms. Trout shared some problems that are being addressed, including vehicles that haven't/will not pass safety inspections, drivers without proper licensure, and scheduled rides not showing up.

She then discussed things that are being done to improve the process. There are now 41 vehicles in circulation, and they started with 4. There are also now over 110 employees taking calls regarding SET issues.

Gas reimbursement is being explored as a possibility and members who have missed 2 or more rides are being paid closer attention to. New possible providers are also in the process of being recruited. Ms. Trout reiterated that the goal is to build a consistent statewide program that is serving the needs of its members.

Ms. Trout detailed progress over the past 2 weeks. There are fluid numbers and stats coming in, claims are being reviewed, and only credentialed vehicles are being used.

Ms. Trout and Director Taylor both then discussed send back rates. They shared that many of these were due to a lack of resources.

Director Taylor was sure to emphasize the goal and importance of the consumer. She shared that Secretary Walthall is fully committed and supportive to this endeavor and announced that OMPP will be publishing a bulletin next Tuesday that will provide clarity on a variety of issues/inquiries.

A new NEMT designation will also be added to the Medicaid website that will display all information more clearly and more accessibly. It will also highlight gas reimbursement, as only 7 people in the state have used.

Director Taylor then asked members for comments, questions, etc. regarding NEMT. Mr. Rodney King asked the first question regarding whether or not families will need to go through the credentialing and enrollment processes. Mr. Michael Cook stepped in to answer that yes, families will need to go through this process, but ensured that it is an easy process. Rep. Ron Bacon shared that the old transportation model worked in southwest Indiana compared to this new model. He has received dozens of calls from constituents and providers who are not happy with this service. He also shared that Senator Becker is also receiving dozens of calls. He talked about how Director Taylor has been handling questions from legislature along with Gus Habig. Rep. Bacon also shared that he believes the vehicles licensing should have been completed before implementation.

Dr. Nancy Swignoski wanted to know more about how there were 31 denials out of 62,000. She also inquired about how the data is being analyzed and tracked over time. She also encouraged that a dashboard be created. Director Taylor stated that FSSA's Data & Analytics team is already developing one.

Rep. Bacon had a question regarding new providers. He wanted to know if new providers could be brought on, even if they are already providing transportation. Ms. Trout explained that any new provider must go through enrollment and the credentialing process, and then SET. She also discussed how some providers decided that they did not want to be part of the new brokerage and that they are being revisited for reconsideration.

Elizabeth Eichhorn took a moment to thank FSSA for listening and taking this issue on.

VI. EnCred & EVV Update

Michael Cook, OMPP's Provider Relations Manager, gave an update on EnCred and EVV. He began by acknowledging the hard work of his team. He explained that EnCred is a "one-stop-shop" for the enrollment and credentialing process. They are currently working with Conduent and will work with DXC, OptumRX, and the data warehouse in the future. He explained that details on the "go-live" date were being finalized. He closed his presentation by letting the committee know that there was an all-association EnCred meeting happening on September 5, 2018.

Chair Brooks commented to acknowledge the importance of this project.

Dr. Swignoski took a moment to acknowledge Audi Racine and Danielle Zavala's hard work and dedication to this process and thanked them for their work.

Mr. Cook then moved into the EVV update. He shared that the implementation would be fully in place by January 1, 2020 and that home health implementation would be fully in place by January 1, 2023. He provided an update on where they are currently, highlighting on reducing fraud, waste, and abuse and that an email inbox was in the works.

Mr. Hatchett had a couple of comments about EVV learning opportunities and encouraged members to keep their eyes open.

VII. Public Comments

Chair Brooks asked if there were any public comments. There were none.

VIII. Next MAC Meeting

Chair Brookes reminded attendees that the next MAC meeting would take place on Thursday, November 15th.

Chair Brooks then adjourned the meeting.