

MEDICAID ADVISORY COMMITTEE MEETING
February 19, 2013 **IGCS CC RM C 1PM**
Committee Members: P-Present, A-Absent (Proxy)

Rep Ron Bacon	A	Dr Gregory Larkin		Evan Reinhardt	P
Michael Baker	A	Dr Joan Duwve (proxy)	P	Mike Rinebold	P
Matthew Brooks	P	Barb McNutt	P	Mark Scherer	P
Pat Casanova	P	Senator Jim Merritt	A	Allison Taylor	P
Zachary Cattell	P	Kevin Moore	P	Erin Wernert	P
Jill Christopher	A	Donald Mulligan Sr.	A	Kim Williams	A
Blayne Miley	P	Michael Phelps	P	Ed Popcheff	P

Opening Comments

Chairperson Zachary Cattell opened the February 19, 2013 meeting of the Medicaid Advisory Committee (MAC).

Approval of Minutes from Meeting

The November 13, 2012 draft minutes of the MAC were approved at this meeting.

Changes Sought in Upcoming Aged and Disabled Waiver Renewal

Susan Waschevski, Division of Aging stated this waiver renewal would be submitted within the next week or two. Plan for July 1st implementation date, by the 5th year of renewal anticipate serving eighteen-thousand one-hundred sixteen people. Environmental Modification Assessment services, will be added by the waiver, thus if person needing bathroom remodel for example someone would come out and appraise the situation. Other changes would be allowing clearing of driveway to be an allowable activity for homemaker but yard work, such as mowing or raking leaves. Update also done to clarify description of Participant Direction and the appeal time frame for the Opportunity to Request Fair Hearing, this is now 33days from the prior being 30days.

Update on the ACA

Robert Holt, from HP presented information on Provider enrollment data due to ACA. Topics were Risk levels, provider screening, program fee, practitioners of different statuses (ordering, prescribing, referring), enrollment statistics. The risk levels are set by CMS they include limited, moderate and High levels. Screening tasks depend on risk level for limited, license verification, and Medicare enrollment, validation of NPI and validation of provider through eligibility databases. Moderate includes the same as limited and also a pre-enrollment unscheduled and surprise site survey with a post-enrollment site survey for 2013 and beyond due to expansion. For High risk, the tasks are same as moderate level but also requiring finger print background check of those with 5% or more ownership interest (this is pending). The program fee is also set by CMS and is set annually but only paid during enrollment it is currently at \$532.

If provider is dual eligible to enroll, suggested to enroll in Medicare first then Medicaid, so as not to have to pay fee twice. Per the ACA for Medicaid to reimburse for services or supplies the practitioner must be enrolled in Medicaid as an OPR provider. Enrollment began for providers in June 2012 pharmacy services after February 1st 2013 will deny if the required OPR information is not attached. From January 2012 through January 2013 there had been 452 pre-enrollment site surveys done. Per question from Zach, Mr. Holt responded that approximately 20 sites were denied pre-enrollment.

Zach asked for claims denial information on amount of claims and also by provider type to be provided.

Update on Dual Eligible Population

Ms. Casanova, Director of Medicaid, Office of Medicaid Policy and Planning, provided updates on a State Plan Amendment with CMS in process with St Francis Alliance for the PACE program. Logistics and time line are in discussion stage currently. This is a managed care program for frail and elderly. Another entity up in Mishawaka has also expressed interest in this type of program.

Outside meetings were held to test the waters, but allowing time for newly elected teams to get in place. Was moving ahead slowly due to vulnerable population, but there is currently concern with the time line for legislation affecting the aged, blind and disabled population. Pat states not against doing something to help this dual population, but want time to do it well. Zach mentioned the 1591 and budget rule, having tight time lines, stated very concerned with these time lines and hoping to delay them if possible.

Appointment Requests to Medicaid Advisory Committee

Ms. Casanova, Director of Medicaid, Office of Medicaid Policy and Planning, stated that there is ongoing review of statute and rules for process of adding new groups or members to the board, this is being addressed. Governor's office is asking for hold of rule promulgation at this time, this will also allow for the Governor, House and Senate to appoint some positions as well. We hope to have specific information out by the next meeting, but do apologize for the delay.

FSSA Updates

Ms. Casanova, Director of Medicaid, Office of Medicaid Policy and Planning, provided updates. New Medicaid Medical Director Ann Zerr, she has long history with Medicaid type population, is a currently practicing physician. She will be onsite within next month, but will start off as part time currently, to start getting her feet wet. Also have a new FSSA Secretary, we are saying goodbye to Michael Gargano, and new Secretary is Debra Minot. John McCullough was recognized as a regular attendant of the MAC meeting, and was asked to have him added to the organizational chart for contact information.

New Date warehouse system is in implementation phase, Claims Payment system and Eligibility Systems starting DDI phase and the PBM is also in the DDI Phase. ACA requirements, there will Supplements not increase in actual rate made for PCP, will be done retroactively. Received a letter from CMS called FMAP, specific to Indiana requires response to certain questions on expansion who would be newly eligible or previously eligible by rules. There was also a submission of a HIP waiver for another 3 years starting 2014.

In cases of "at will termination", there were 2 done recently. In one case Medicaid didn't act until we were notified they were de-certified, the other provider was termed was due to requirements from DDRS were not met.

The next Medicaid Advisory Committee Meeting is scheduled to be held May 21st, 2013 from 1:00-3:00pm in the Indiana Government Center South Building, Conference Center Room C.