

# Medicaid Advisory Committee Meeting July 08, 2008

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**Committee Members:** P- Present, A- Absent

Michael Baker	A	Maureen Griffin	A	Donald Mulligan, Sr.	A
Lula E. Baxter	P	Maureen Hoffmeyer	A	Michael Phelps	A
Matthew Brooks	P	Susan M. Holbert	P	Ed Popcheff Jay Dziwlik - Proxy	P
Mike Claphan	P	Ernest C. Klein	P	Daniel Rexroth	P
Rep. William Crawford	A	John Kukla	A	Todd Stallings	P
Rep. Jeffrey K. Espich	A	Senator Jim Merritt	A	Jeff Wells	P
Monica Foye	A	Dr. Judith Monroe Ed Bloom - Proxy	P		

## Opening Comments

*Dr. Jeff Wells* reviewed the agenda.

## Approval of draft minutes from May 13, 2008 meeting

At a regular meeting of the MAC held on July 8, 2008, *Chairman Stallings*, asked the *Committee* if there were any additions or changes for the May 13, 2008 meeting draft minutes.

**Motion: A motion to approve the amended draft minutes was seconded and approved.**

## Update on Federal CMS Regulations

A handout of "CMS Federal Regulation Update as of July 8, 2008" was distributed to the *Committee*. Six of the seven CMS federal proposed rules are under a new effective moratorium not to be enacted until April of 2009.

1. Case management matrix provides a review of what the rule proposes to do. The interim final rule implements restrictions so that states would no longer receive Medicaid reimbursement for case management services that could be paid for by third parties or other federal programs.
2. Public Provider Cost Limit Regulation – Defining who can put up match in the Medicaid program.
3. Rehabilitation Services Option – Seeks to determine difference between rehabilitation services versus habilitative services.
4. Graduate Medical Education (GME) – CMS indicates that GME isn't in the statute and therefore isn't allowable.
5. School-based Administration and Transportation – Proposed rule eliminates funding for administrative activities performed by school employees or contractors or anyone under the control of a public or private educational institution, and transportation from home to school and back for school-age children with an IEP or IFSP.
6. Provider Tax – The rule seeks to clarify a number of issues in the original regulation, including more stringent language in applying the hold-harmless test.
7. Clarification of Outpatient Clinic and Hospital Facility Services Definition and Upper Payment Limit – Proposed rule implements cost limits on payments to governmental providers and restriction on Medicaid Graduate Medical Education payments. This regulation was dropped from the moratorium language.

These rules were discussed by the *Committee* members.

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## **Update on Disaster Relief**

*Dr. Wells* provided a copy of a document that was distributed to provider organizations that addressed Health and Human Services (HHS) Secretary *Mike Leavitt*, declaring a public health emergency in Indiana. This document addresses housing, nutrition, medical health care, and other needs to those affected by the weather. *Dr. Wells* talked about the assistance given so that individuals may have access to care. Another initiative that was set up is an E-health Support Center with EDS, IU, Regenstrief Health Center, and Health Information Exchange. This helped to provide information to the providers with medical records, claims, and health care needs. County offices and eligibility offices focused on emergency relief, helping people work through issues, emergency food stamps, etc. During the month of June, re-determinations were pushed back. *Dr. Wells* said that outreach will continue in the affected counties. *Dr. Wells* said that if there were any issues in the affected counties that needed to be addressed that relates to Medicaid to contact EDS Customer Assistance at 1-800-577-1278. FSSA will work with the provider and CMS to address the issue.

## **Value-based Reimbursement**

A PowerPoint presentation prepared by *Tammy Murray* and *David Lambert* was shown titled, "Medicaid Value-based Purchasing". This presentation provides an example of the redesigning of the health care system to achieve value-based quality and outcomes. The Medicaid Value-based Purchasing includes a range of activities in which public and private purchasers engage to influence the behavior of consumers, health plans, and health care providers, to achieve greater value in health care. The methodology for a value based environment includes four cornerstones: (1.) Connecting the system through the adoption of interoperable health information technology, (2.) Measuring and publishing quality of health care delivery, (3.) Measuring and publishing price information on the costs of health care items and services, and (4.) Aligning incentives so that providers, payers, and members benefit when care delivery is focused on achieving the best value of health care at the lowest cost. Some highlights of The Value-based Purchasing include performance measurement, transparency and public reporting, payment reform aligned with desired behaviors, informed consumer choice, and purchaser leadership and action. *Dr. Wells* said that it is important to create a health care system that is sustainable to improve quality across the board and to get there more efficiently.

## **Questions/Other Issues**

*Chairman Stallings* will not be able to attend the October meeting. *Mike Claphan* has volunteered to chair the October meeting.

*Chairman Stallings* adjourned the meeting.

***Please Note: The next Medicaid Advisory Committee meeting will be Tuesday, October 14, 2008, from 2:00pm – 4:00pm in the IGCS Conference Center Room C.***