



STATE OF INDIANA
HOUSE OF REPRESENTATIVES
THIRD FLOOR STATE HOUSE
INDIANAPOLIS, INDIANA 46204

Suzanne Crouch
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COMMITTEES:
Financial Institutions
Public Health
Veterans Affairs and Public Safety

August 20, 2008

The Honorable William Crawford
Statehouse
200 West Washington Street
Indianapolis, IN 46204

Dear Representative Crawford,

In light of the previous Medicaid Oversight Committee, I asked the area medical centers in my district to provide feedback on what improvements they have and have not seen regarding FSSA related cases. You will see that while there are still outstanding issues, progress has been made in some areas.

I appreciate your taking the time to review the document and including it with the Medicaid Oversight Committee.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Crouch".

Suzanne Crouch
State Representative

SC:RH

**Summary of Information for Suzanne Crouch
Select Joint Commission on Medicaid Oversight Matters
August 20, 2008**

Below is a compilation of updated information provided to Deidra Conner by United Way Agencies, Deaconess, the Southwestern Indiana Regional Perinatal Advisory Board, etc. for consideration by the Medicaid Oversight Commission:

Source: Julie St. Clair, Southwestern Indiana Regional Perinatal Advisory Board
Contact: 812-465-1169
Email: JStclair@usi.edu

The SW Indiana Regional Perinatal Advisory Board met on 8/8/08 and these were NEW issues that had come up since our June meeting:

Physicians are refusing to see newborns because they are not on Medicaid yet. ECHO offered that they could see these infants and Dr. Hussain, from St. Mary's will also see infants without Medicaid.

Clients who are having problems are still not receiving information that they can go to the local help center at 711 John Street for computer access and assistance.

Clients being dropped off of Medicaid have been told that the agency did not scan the eligibility documents so they are not in the system, meaning that the client must find and produce again for the reapplication process.

An incident was related from a local hospital where a prenatal was being seen. When they checked her Medicaid status they found out that the doctor she had been seeing for the last 4 months (and who had been her doctor in the past) was not her assigned physician. When they contacted the assigned physician to see if he would make a referral back to the doctor that she had already been seeing, he refused.

Source: Barbara Clayton, St. Mary's Medical Center
Contact: 812-485-4000
Email: bclayton@stmarys.org

Here is our update:

Of the 200 remaining "bottlenecked" applications, 65 are still pending and 35 have been denied. We are questioning whether the denials have been worked thoroughly, as some were denied after only 1 attempt to get in touch w/the patient. We will be appealing these on behalf of the

patients.

Overall, the comments from the financial advocates are positive, as they now have contacts with the call center staff, and while it isn't a perfect system yet, things seem to be moving better.

Source: Hollie Butler, BSW, ECHO Health Care, Inc.
Contact: 812- 421-7489 ext. 225
Email: hbutler@echohc.org

Out of the 25 cases I have had problems with since the modernization in Vanderburgh county, 16 have been resolved. The nine I have left that I am working on include the following:

One Hoosier Healthwise case the income was not entered correctly causing a patient to be denied based on income, appeal request has been submitted

One case was a Hoosier Healthwise applicant for a child who lives with her grandmother, the grandmother has another grandchild she gets TANF for but did not want TANF for the child for which she was applying, the system pulled her into the TANF case anyway and the Medicaid was held up because the grandmother could not obtain a birth certificate from the child's mother for the child's mother (the child's birth certificate was submitted with the complete application) that was only needed for the TANF, not the Medicaid, Medicaid still not open

One case applied at DFR then later decided she wanted an enrollment center application instead, she voluntarily withdrew the application she turned in at the DFR before the enrollment center application was ever sent in but the enrollment center app somehow ended up being withdrawn too, now they have pended her for resource information although there is enough income in the family that clearly puts them over income for low income family Medicaid, she only needs pregnancy coverage

One disability Medicaid case has been pending past 4 months

One Hoosier Healthwise application pending over 2 months

One applicant denied HIP because he recently lost Medicaid, not through voluntary withdraw, Medicaid is not supposed to count as being insured in the past 6 months

One disability Medicaid applicant I faxed the application forms in myself and DFR states they never received them, was told by call center rep paperwork would have to be re-submitted and patient would lose a month of retro coverage

One patient applied for HIP and was approved but never received card from MCO, called MCO who said they never received file from FSSA, called FSSA who said they already

sent it but would forward to supervisor to send again

One patient who has been pending Medicaid longer than two months, FSSA states they never received proof of pregnancy although this was an enrollment center and I faxed it in myself, kept photocopy, we re-sent the proof of pregnancy but FSSA said it was too late and patient was denied and had to reapply, luckily the patient will still get retro coverage but if we would have waited another month she would have lost the retro coverage through no fault of her own

These are the problems I have looked into myself and seem to be valid issues. These do not include the many phone calls I have received from patients who are confused about the new system, have been receiving blank or warped letters from DFR or haven't received notices FSSA says they sent, the reports of lost paperwork, the lack of access to medical records that were turned in before the privatization, etc. For these folks I have them call the Mental Health America public assistance helpline at 1-877-246-3243 for help as I couldn't possibly handle all of these complaints.

Source: Melissa Gough, The Women's Hospital (Deaconess)
Contact: 812-842-4211
Email: melissa_gough@deaconess.com

As of August 18 The Women's Hospital has 130 babies awaiting Medicaid numbers. Approximately half of those are babies that were born in July. As we are nearing the end of August, a majority of the July births are past 30 days since being reported. In the past couple of weeks the Social Work Dept has found most of the numbers for babies born in June and the remaining May babies. However, they were well past 30 days, many of them between 60 to 90 days from first being reported. Prior to finding all of these Medicaid numbers, a list of babies, by month, who had not been assigned numbers yet was sent to VCAN for a status report. Shortly after this list was sent, the numbers were available.

There does seem to be some improvement in getting numbers assigned in a more timely manner. TWH has babies born as recently as August 11 who already have a Medicaid number assigned to them. However, there still is much inconsistency as some babies born in early July still do not have numbers. The process in which the Social Work Dept reports the births has been consistent for over a month now and that does not seem to make a difference as to when a number will be made available for a baby.

There is a pilot program which begins this week through which TWH will participate that allows agencies to send case specific inquiries by email and have them answered within two days to check status. The Social Work Dept hopes that this will aid us in following our client's cases and obtain the numbers in a reasonable amount of time.

The Social Work Dept still receives several phone calls per week from future patients who have already called the toll free number trying to obtain Medicaid coverage and there are still many inconsistencies in the information that they are given. Some are told

to apply online and some are told to go to the local office when they are supposed to be able to do any of those that they choose. One woman who has private insurance through her parents was told that in order for her to get coverage for her unborn child at birth, she had to apply for coverage for herself during her pregnancy even after she told them that her private insurance would be dropped if she even applied for other coverage. She has decided to wait until the baby is born to apply.

Source: Becky Jenkins, Echo Community Health Care, Inc.
Contact: (812) 436-4501 ext: 229
Email: bjenkins@echohc.org

Application Delays/ Success story:

Many people are waiting 3-4 weeks for their phone interviews after they have completed the online application. However, I did have one of 10 get hers really fast. She did the online application with me in my office on Fri 7/25/08, and she got a call on Sunday 7/27/08 to say that she had an interview scheduled at the Warrick Co FSSA office on Wed 7/30/08. She got her card on 8/11/08. A few days later she got a letter stating she was approved for Pregnancy Medicaid with retro coverage to 8/1/08. The patient had declined retro coverage back to the beginning of the pregnancy (June) because she didn't have any medical bills that went back that far. That may have sped things up a bit. So she got her Medicaid in 2 weeks!!!

I'm having trouble deciding between applying online with my patients or doing the enrollment center application and sending all of the verifications in myself. The advantage to the Hoosier HealthWise enrollment center application is that the patient does not have to wait for an interview. As long as they turn in everything that is needed to me, I can fax all the papers to the service center and they are supposed to process the application. I have not been doing that long enough to compare which method is faster. But it seems to make sense that if the patient's main concern is getting on Medicaid quickly (I deal mostly with pregnant women and children) then the enrollment center application would be faster if people are still having to wait a while for the telephone interviews.

Presumptive Eligibility:

I had a few situations recently where presumptive eligibility would have been helpful. At first I thought that wouldn't really affect us a great deal because we already accept people who are Medicaid pending. We collect a fee based on the patient's income ranging from \$16-70 per visit while they are waiting for Medicaid. (free for the homeless) Once it is approved, we no longer charge the patient and we go back and reimburse the patient for any visits Medicaid paid. Patients not yet accepted for prenatal care at ECHC must bring proof of income and must meet federal guidelines for payment. Yesterday I had patients who did not come prepared for minimum payment and thus can not be accepted. Medicaid applications on both of those OB patients would make them eligible for services and may have prevented this issue with Presumptive Eligibility.

Removing Private Insurance from Medicaid Account:

I also have a few patients who have their Medicaid but are having a hard time getting their third party carrier removed. These patients had private insurance at one point, but no longer have it. We can not get payment until this private insurance is removed. The patients have called, sometimes several times, and it still hasn't been removed.

Auto Assignment:

We also have had issues with auto assignment. One child, who has been coming to us regularly and had previously been assigned to us, just came in and we found that he had been auto assigned to another doctor and in another network. The family didn't know how it had happened. I'm guessing that they were up for recertification and got auto assigned at that point. Our panels are WIDE OPEN so there is no reason the child should have been switched to another provider.

Is there any way you can get it changed so that provider selection could go retroactive to the date the patient called to select the provider? When we have a family come in for a scheduled appointment and find out they are assigned to another provider (out of network), we can not see them. We usually have them call from our office to switch back to us, but they are told that it will take 30-45 days. If you could find a way for this to be retroactive, we could see that child. The bad part is that no doctor's office wants to take that kid for one visit knowing that they are planning to come back to us in a month anyway.

The same is true for an OB patient. Sometimes we are midway through the pregnancy when a patient gets auto assigned (out of network) and she is left with no choice but to try to get in with that other doctor for one or two visits while she waits for the provider to get switched back to us. She encounters the same problem with no one wanting to take her for just one or two visits. In these cases they usually go without care for a month or two while they wait for the provider to switch back to us. They go to the ER if problems arise in the meantime.

Source: Lynn Kyle, Executive Director, Lampion Center

Contact: 812-471-1776

Email: lkyle@lampioncenter.com

Thank you for asking for updates about MCO issues. We have heard nothing from FSSA in response to the UW agency directors/legislator/FSSA meeting last month, and there are no real improvements to be noted.

We still haven't received payment for the Magellan claims that were held up due to a processing error on their part (this impacted most providers in the state).

We are still having issues with MCO switches by clients and us not knowing about them.

We hear that at least one major Psych Testing provider in Evansville has dropped out of

Medicaid. It is likely this will continue if the systems don't improve.

Hand billing each claim, and resubmission of problem claims continue to be real issues.

Source: Lynn Hert, RN, Deaconess Family Practice Center

Contact: 812-450-7424

Email: lynn_hert@deaconess.com

There have been no positive changes.