

Heritage Health Stakeholder Forum Agenda

Meeting Date / Time	Tuesday, November 19, 2019; 2:00 pm – 3:30pm
Meeting Location	Nebraska State Office Building 301 Centennial Mall S. Lower Level Conference Room A Lincoln, NE 68509
Conference Line	(888) 820 – 1398 Access Code : 4533256#

Summary:

Topics	Facilitator
Welcome and Introductions	Carmen Bachle
Status Update-Known Issues Log	Health Plan Representatives
NEMT Update	Kris Radke
Open Forum Provider Feedback	Carmen Bachle
Meeting Opportunities	MLTC Representative
Adjourn	Carmen Bachle

Heritage Health Stakeholder Forum Meeting Minutes

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Summary:

Topics	Facilitator
<p>Welcome and Introductions:</p> <p>Carmen Bachle, Plan Management Administrator welcomed everyone to the meeting.</p>	Carmen Bachle
<p>Roll Call:</p> <p>Carmen Bachle took roll call of the committee members:</p> <p>Jennifer Acierno, Leading Age Nebraska, Jean Anderson, Lancaster County Medical Society, Sheila Augustine, Nebraska Medicine, Beth Baxter, Regional Admin. Behavioral Health Region Three; Ryan Beetho, Nebraska Home Care Association; Amy Behnke, Health Center of Association of Nebraska (HCAN); Carole Boye, President & CEO for Community Alliance; Margaret Brockman, DHHS, Div. of Public Health; Pat Connell, Vice President, Behavioral Health, Compliance, & Government with Boys Town; Jon Day, Executive Director of Blue Valley Behavioral Health; Annette Dubas, Executive Director, NABHO; Shannon Engler, Director, Counseling & Mental Health Services of Bryan Health; Wayne Fisher, Ph.D., Director, Monroe-Meyer Institute; Ingrid Ganseboom, Region Four; Tamara Gavin, Deputy Director, Behavioral Health Services; Donna Giger, Box Butte General Hospital; Joe for Frannie Green, MAMES; Lori Hack, Wellcare of Nebraska; Topher Hansen, NABHO; Corina Harrison, DHHS, Div. of Developmental Disabilities; Rhonda Hawks, The Hawks Foundation; Jan Henderson, Ponca Tribe of Nebraska; C.J. Johnson, Regional Admin. Behavioral Health Regional Health Region Five; Christine Johnson, Behavioral Health Support Foundation; Patti Jurjevich, Regional Admin. Behavioral Health Region Six; Cindy Kadavy, Nebraska Health Care Association; Darla Lapointe, Winnebago Tribe of Nebraska; Lori Lundquist Wall, Ph.D.; Nebraska Psychological Association; Karen Meadows, National Alliance on Mental Health; Beth Miller, Good Neighbor Community Health Center; Vernon Miller, Chairman, Omaha Tribe of Nebraska; Ellen McElderry, Nebraska Total Care; Ellen Mohling, DHHS-DDQI; Marcia Mueting, Nebraska Pharmacists; Adam Peters, Nebraska Total Care; Cassandra Price, United Healthcare Community Plan; Adam Proctor, Nebraska Total Care; Bill Reay, Omni Behavioral Health; Todd Reckling, CAFCON, Amy Reynoldson, Nebraska Medical Association; Marilyn Rhoten, Alogent/CHI Health; Stacy Scholten, DHHS, Div. of Children and Family Services; Stacy Simson, Office of Probation Administration; Tracy Kramer for Kathy Seacrest, Behavioral Health Region Two; Janet Seelhoff, Nebraska Home Care Association; David Slattery, Nebraska Hospital Association; - Good Neighbor Community Health Center; Teresa Tack-Stogdill; DHHS, Developmental Disabilities; Nebraska Speech-Language-Hearing Association; Roger Truddell, Chairman, Santee Sioux Nation; Mike Vance, Ph.D. Director, Children's Hospital & Medical Center; Barbara Vogel, Behavioral Health Region One; Kelly Weiler, Children's Hospital & Medical Center; Dr. Martin Wetzel, WellCare Health Plan; Terri Wolfram, Midtown Health Center; Larry Wright, Ponca Tribe of Nebraska; Mona Zuffante, Tribal Health Director, Winnebago Tribe of Nebraska,</p>	Carmen Bachle

Known Issues Log:

Health Plan
Representatives

Nebraska Total Care (NTC) Adam Proctor reported NTC has no open issues on the Known Issues log. NTC has one item that moved from open to a recovery project. The project is related to chiropractic services resulting in overpayments based on the revised fee schedule.

Wellcare of Nebraska (WellCare) Melissa Humphrey reported WellCare has no open issues on the Known Issues log.

UnitedHealthcare Community Plan (UHCCP) Cassandra Price reported UHCCP has no open issues on the Known Issues log. Cassandra introduced Robin Chadwell as the new Behavioral Health Director. Additionally, Cassandra shared with the group that UHCCP has updated the Skilled Therapy frequently asked questions, available on the UHCCP website.

Vicky McHugh (Key Physical Therapy) requested a timeline as to when the training would be updated and redistributed regarding the revised therapy process.

Jeremy Sand (UHCCP) reported the process may take up to a maximum of 45 days but the team intends to expedite.

Vicky McHugh (Key Physical Therapy) also asked if there are any plans for communications with providers, families or beneficiaries about what the updated guidelines are.

Cassandra Price (UHCCP) answered yes, noting this is a provider processing change and the training will be updated for the providers.

Vicky McHugh (Key Physical Therapy) expressed concerns the letters sent to members in August explained the prior authorization process would apply to hospital outpatient services and there was communication of expectations the families provide the member's IEP.

Cassandra Price (UHCCP) clarified the letter states facility in a broad perspective meaning therapy facilities and hospitals. Cassandra offered to update the website for the members providing clarification on the IEP piece.

Vicky McHugh (Key Physical Therapy) asked if there is communication about updates to the FAQ so providers are aware.

Cassandra Price (UHCCP) shared an email was sent out to providers and a provider bulletin was posted online.

Jeremy Sand (UHCCP) added UHCCP notified the associations when UHCCP updated the process.

Vicky McHugh (Key Physical Therapy) voiced concerns about the communications and conditions with provider's new role in identifying critical needs and the initial authorization and how communication might be happening to the physicians or re-occurring providers.

Meagan Weese (UHCCP) shared UHCCP sends an email out to all provider contacts on UHCCP's email list. UHCCP also ensures provider advocates meet with providers once a month. During the course of those meetings, the provider advocates provide a copy of the FAQ to the provider contacts. The associations are included in the distribution as well.

<p>Contact Meagan or email Nebraska_pr_team@uhc.com to be added to the distribution list.</p> <p>Mary Walsh-Sterup (Grand Island Physical Therapy) requested a status update on the CPT codes physicians must utilize for evaluation authorizations.</p> <p>Cassandra Price (UHCCP) indicated this is in process and UHCCP will provide an update when available.</p>	
<p>NEMT Update:</p> <p>Kris Radke (MLTC) reported NEMT is currently in month five of operation. MLTC received the MCOs quarterly reports reflecting data for July, August, and September. Approximately 3,800 members were served and the MCOs average 650-1650 members per month/MCO. That is about 15 to 17 percent utilization of total members which is standard across many states. From July through September 2019, each of the MCOs had about 15,513 trip reservations per month, approximately 46,000 combined. The top three trip reasons: PCP visits, dialysis, and labs. There have been about 200 overall complaints received by MCOs and MLTC. Providers and agencies must complete credentialing by May 31st, 2020. Any questions or concerns concerning NEMT can be emailed to DHHS.MedicaidNEMT@nebraska.gov.</p>	Kris Radke
<p>Open Forum Provider Feedback:</p> <p>Janet Seelhoff (Nebraska Health Care Association and Nebraska Speech Therapy Association) shared agency members expressed concerns about home health agencies not having the opportunity to become credentialed and join networks with the Managed Care Plans. Janet also inquired about the process, philosophy, and if providers are being restricted.</p> <p>Meagan Weese (UHCCP) reported there are no restrictions for home health providers. If providers are interested in becoming a network provider, providers must meet the requirements of credentialing. Providers can reach out to Angela Hogan@uhc.com.</p> <p>Adam Proctor (NTC) reported there are no restrictions for home health care providers. Providers can request an application at NebraskaTotalCare.com under NTC's credentialing and contracting page.</p> <p>Melissa Humphrey (Wellcare) reported no restrictions for home health care providers. Providers interested in joining the network should follow the prompts on WellCare's website.</p> <p>Mary Walsh-Sterup (Grand Island Physical Therapy) shared concerns with regards to MCOs moving to cumbersome authorizations and restrictions in order to get people access to therapy. Mary indicated that in her opinion the movement toward prior authorizations goes away from what research shows.</p> <p>Candice Mullendore (Pediatric Therapy Center) stated associations are hearing from physicians that they are not referring patients because the providers do not understand the process and the administrative burdens are delaying care in rural areas.</p> <p>Melissa Kimmerling (Nebraska Occupational Therapy Association) expressed the concern that care is decreasing across the board. Melissa shared the understanding of State fiscal impact, however the concern is Nebraska going away from what research shows.</p>	Carmen Bachle

Carmen Bachle (MLTC) expressed MLTC's appreciation to the group. Carmen also encouraged the group if a physician is unfamiliar with the process of how to submit a prior authorization, the provider should outreach to MLTC or the health plan to ensure provider relations representatives can assist.

Cassandra Price (UHCCP) reported for the initial evaluation providers can request up to 4 additional visits. If the IEP is not available, providers can relay information, or attest to no information available. The general authorizations turnaround is about 5 days.

Vicky McHugh (Key Physical Therapy) stated she would like UHC to reconsider this process because the additional visits are not allowed on speech evaluations. In the CMS definitions, speech evaluation codes do not include treatments, however UHC has interpreted the CMS definition as a bundled code for evaluation and treatment codes.

Cassandra Price (UHCCP) reported UHCCP is reviewing this concern. UHCCP did make some changes where providers can set up certain protocols for an authorization on line.

Meagan Weese (UHCCP) shared providers have the ability to put enter a billing code or a key word to pull up the billable code and attach documentation. Meagan shared the look up tool will refresh the authorization and provide an automatic response.

Vicky McHugh (Key Physical Therapy) reiterated her concern as a provider was based on what seemed to be a lack of collaboration in the planning of the authorization process change.

Carmen Bachle (MLTC) clarified the prior authorization requirement update was shared with providers in July, prior to the change taking place September 15th.

Vicky McHugh (Key Physical Therapy) Clarified that July was not enough time and in the future the providers would appreciate more collaboration. Vicky requested information on the article recently published around one of the MCOs reinvestment dollars and asked if the contracts have a profit limit for the MCOs.

Carmen Bachle (MLTC) shared that the profit caps are in fact incorporated in to the contract terms for the MCOs. The payments for managed care services are issued through per member per month capitation rate. The risk adjustments are incorporated accordingly over time. All capitation rates are actuarially sound, and approved by CMS.

Dr. Petersen (MLTC) in response to Vicky's comment above relating to concerns about reinvestment dollars, Dr. Petersen encouraged Vicky to submit a statement if there is a suspicion that 50% of patients are no longer receiving care as a result of the policies implemented, as this is a Program Integrity issue. Dr. Petersen shared she would assign an analyst to review as MLTC is not seeing what has been described in the data available.

Topher Hansen (CenterPointe) stated there should be authorization and re-authorization information and if the authorization requests are down it will go to excess revenue in the system. There are people not being served with the denial authorizations and this has tripled his administrative burdens.

Vicky McHugh (Key Physical Therapy) in response to Topher's comment Vicky stated the analytic data on the number of authorizations and the number of claims being paid or denied would reflect the impact of the policy change.

Dr. Petersen (MLTC) stated MLTC is not seeing the problems expressed within the data. Dr. Petersen welcomes the providers to submit any data they have to show the trends they are seeing within their membership.

Carmen Bachle (MLTC) reminded the group that if they are interested in Heritage Health data there is a public dashboard on the MLTC webpage that is updated on a quarterly basis which highlights the reports that are monitored by MLTC.

Dr. Petersen (MLTC) reported for the threshold MLTC has contractual standards for which the MCOs are currently expected to meet. MLTC has Quality Performance Payments (QPP's) and MLTC is looking at adding Key Performance Indicators (KPI). If such record exists with the information requested and is a public record you can submit the request to the Department.

Topher Hansen (CenterPointe) asked for a high level overview of the Peer to Peer process for each MCO.

Carmen Bachle (MLTC) stated peer to peer review is specified in the contract and MCO policies and procedures which are reviewed and approved by MLTC.

Cassandra Price (UHCCP) reported therapy denials are reviewed by physicians because the physician is ordering the care, per NCQA requirements. Cassandra shared this would be the same for mental health and substance matters. Cassandra shared [Debra Butler@uhc.com](mailto:Debra.Butler@uhc.com) as the person to reach out to for UHC on the therapy process requirement change.

Adam Proctor (NTC) reported that for therapy services or typically reviewed at any level. There are a couple of services that are specifically reviewed by psychologists because of the scope of practice that would be psych testing. Anything else in the highest level of the field follows the NCQA guidelines. NTC's psychologist is from Nebraska.

Dr. Martin Wetzel (Wellcare) stated the bulk of the behavioral health unit is done at shared services in collaboration with him directly. WellCare has one or two corporate medical directors and a psychologist assigned to Nebraska. Dr. Wetzel shared State Fair Hearing requests are reviewed by him directly.

Topher Hansen (CenterPointe) shared he has paid three times the administrative costs due to the payment issues with each of the MCOs.

Carmen Bachle (MLTC) stated MLTC values provider partnerships with the health plans. Carmen reiterated that the plan management team is at the table every day with the health plans, coordinating efforts and ensuring compliance. If there are current issues at CenterPointe, or for any providers, please outreach to MLTC. Carmen shared the team is not aware of resolved issues from 2017 resurfacing. Looking forward to the RFP for 2022, currently there are 800 requirements her team monitors every day. MLTC is enhancing the 800 established requirements, and focusing on measuring in different ways. Carmen echoed Dr. Petersen's comment that MLTC is incorporating KPI's in the next contract.

Meeting Opportunities:

Matt Litt

Matt Litt (MLTC) stated that MLTC is ending the HH Stakeholder Forum meetings and combining with the MAAC meetings. Any concerns or issues can be directed to DHHS.MLTCexperience@nebraska.gov. If you want to be added to the MAAC meetings, please reach out to Matt Litt at Matt.Litt@nebraska.gov. The next MAAC meeting is January 30th, 2020 and it is an open meeting.

