

**Heritage Health Stakeholder Forum
 Agenda**

Meeting Date / Time	Wednesday, January 23, 2019; 2:00-3:30 pm Central Time
Meeting Location	Nebraska State Office Building 301 Centennial Mall South Lower Level Conference Room A Lincoln, NE 68509
Conference Line	(888) 820 – 1398 Access Code: 4533256#

Agenda:

Topics	Facilitator
Welcome and Introductions	Heather Leschinsky
1115 Demonstration Waiver Status Update	Todd Baustert
Medicare Copays	Carmen Bachle
OTC Drug Formulary	Jenny Minchow
New Pysch Testing Codes	Lisa Neeman
Status Update - Known Issues Log	Health Plan Representatives
Open Forum Provider Feedback	Carmen Bachle
Adjourn	Heather Leschinsky

Next Meeting:

Meeting Date / Time	Tuesday, March 26, 2019 2:00pm – 3:00pm
Meeting Location	Nebraska State Office Building 301 Centennial Mall South Lower Level Conference Room A Lincoln, NE 68509

Heritage Health Stakeholder Forum- Minutes

Meeting Date / Time	Wednesday, January 23, 2019; 2:00 pm – 3:30 pm
Meeting Location	Nebraska State Office Building 301 Centennial Mall S. Lower Level Conference Room A Lincoln, NE 68509
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Summary:

Topics	Facilitator
<p>Welcome and Introductions</p> <p>Heather Leschinsky, Deputy Director welcomed everyone to the 1st Heritage Health Stakeholder Forum of 2019. We have combined the BHIAC and the Administrative Simplification Committee and combined them into one.</p>	Heather Leschinsky
<p>Roll Call:</p> <p>Heather Leschinsky took roll call of the committee members: National Alliance on Mental illness; Jennifer Acierne, Leading Age Nebraska, Jean Anderson, Lancaster County Medical Society, Sheila Augustine, Nebraska Medicine; Carmen Bachle, Program Coordinator, DHHS-MLTC, Beth Baxter, Regional Admin. Behavioral Health Region Three; Nebraska Home Care Association; Amy Behnke, Health Center of Association of Nebraska (HCAN); Margaret Brockman, DHHS, Div. of Public Health; Carole Boye, President & CEO for Community Alliance; 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; Jon Eslick, RelyCare Pharmacy; Wayne Fisher, Ph.D., Director, Center for Autism Spectrum Disorders; Ingrid Gansobom, Regional Administrator for Behavioral Health Region Four; Tamara Gavin, Deputy Director, Behavioral Health Services, Frannie Green, MAMES; Lori Hack, Wellcare of Nebraska; Topher Hansen, NABHO; Corina Harrison, DHHS, Div. of Developmental Disabilities; Rhonda Hawks, The Hawks Foundation; Michael Heifetz, Nebraska Total Care; John House, Lincoln Pediatric; 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 Kavady, Nebraska Health Care Association; Darla Lapointe, Winnebago Tribe of Nebraska; Heather Leschinsky, Deputy Director, DHHS-Div. of MLTC; Ann Talbot for Lori Lundquist Wall, Ph.D.; Nebraska Psychological Association; Kathy Mallatt, CEO, United Healthcare Community Plan; Vernon Miller, Chairman, Omaha Tribe of Nebraska; Ellen McElderry, Nebraska Total Care; Ellen Mohling, DHHS-DDQI; Marica Mueting, Nebraska Pharmacists; Bill Reay, Omni Behavioral Health; Dr. Kevin Nohner, United Healthcare Community Plan; Adam Peters, Nebraska Total Care; Cassandra Price, United Healthcare Community Plan; Adam Proctor, Nebraska Total Care; Todd Reckling, CAFCON, Amy Renoldson, Nebraska Medical Association; Marilyn Rhoten, CHI Health; Stacy Scholten, DHHS, Div. of Children and Family Services; Julie Scott, Office of Probation Administration; Kathy Seacrest, Behavioral Health Region Two; Janet Seelhoff, Nebraska Home Care Association; Stacy Simonsen; Administrative Office of Probation; David Slattery, Nebraska Hospital Association; Ann Suiter; Good Neighbor Community Health Center; Teresa Taack-Stogdill; DHHS, Developmental Disabilities; Roger Truddell, Chairman, Santee Sioux Nation; Mike Vance, Ph.D. Director, Children’s Hospital & Medical Center; Lisa Simmons, Behavioral Health Region</p>	Heather Leschinsky

<p>One; Deb Wegehoff with Donna, Box Butte General Hospital; Dr. Martin Wetzel, WellCare Health Plan; Terri Wolfgram, Midtown Health Center; Larry Wright, Ponca Tribe of Nebraska; Mona Zuffante, Tribal Health Director, Winnebago Tribe of Nebraska.</p>	
<p>1115 Demonstration Waiver for SUD</p> <p>In November 2017, CMS had identified a new opportunity for stays where you could use the 1115 Demonstration process to get expenditure authority that would allow you to include again those days of 16 days or longer back into the capitation. On November 27th, MLTC submitted an application to CMS. On December 6th, CMS confirmed that the application met the completion standards for an 1115 Demonstration application. The federal comment period ran from December 6th thru January 6th. CMS will begin reviewing the application following this period. The timing in terms of approval resides with CMS. CMS did request MLTC's implementation plan. MLTC will be finalizing the implementation plan the 2nd week in February and submit to CMS.</p>	<p>Todd Baustert</p>
<p>Medicare Copays</p> <p>Carmen reported that Medicare copay coverage by the MCOs changed January 1, 2019. Effective January 1st, the MCO coverage for the Medicare Part D copays would be paid as a value add by the MCOs. The value add services are not a required service that the MCOs must cover.</p> <p>Cassandra Price/UHC stated effective January 1st United Healthcare members became responsible for Medicare Part D copayments. UHCCP did put information in the member handbook and also in the plan comparison chart included in the enrollment package from Medicaid's enrollment broker, AHS.</p> <p>Heather clarified, federal law does not allow Medicaid programs to cover copays. In addition, Medicaid is not to cover drugs that Medicare Part D does not cover.</p> <p>Shannon Nelson/Wellcare stated the decision was made that the plan was not going to cover the copayment. WellCare notified every pharmacy in network via fax. Additionally, letters went out to members that paid a copay in the last 90 days. The faxes went out mid-December and the members went out after January 1st.</p> <p>Joni/Nebraska Pharmacy Association (NPA) asked for copies of the letters that went out. Letters will be supplied by MLTC staff member, Jenny Minchow.</p> <p>Kevin Peterson/NTC stated that NTC sent out notifications to the pharmacies in December. Additionally, NTC updated the member handbook and sent out to all members, copies are available online or in print.</p> <p>Jenny Minchow/MLTC stated that members can contact Medicare to make sure they are in the right categories.</p>	<p>Carmen Bachle</p>
<p>OTC Drug Formulary</p> <p>On January 1st when the MCOs began implementing these lists, it was found that the list had some variances. There was success in being able to provide the NDC's. In order for Medicaid to cover any drugs, the lists are to be made by rebatable manufacturers. Rebates ensure the State is paying the lowest prices available. MLTC has identified that the plans are interpreting this rebate list differently. MLTC and the health plans will be coming together to make sure the health plans are using the same methodology to finalize their lists.</p> <p>Heather shared that historically MLTC had two findings from the Office of the Inspector General related to rebates for physician administered drugs. One finding in Fee for Service</p>	<p>Jenny Minchow</p>

<p>and one finding within the Managed Care Delivery System resulting in MLTC paying back funds to CMS. MLTC is trying to prevent future audit findings where MLTC is paying back money to the feds because MLTC/health plans covered something in error.</p> <p>Joni/NPA asked that there be community pharmacists included in the discussion.</p>	
<p>New Psych Testing Codes</p> <p>Lisa Neeman, Administrator, MLTC reported a Provider Bulletin was published on January 14th listing the new Psych Testing codes available, in accordance with CMS direction. The health plans can provide more specific information regarding billing. The list of codes is available on the MLTC website under Provider Bulletins.</p> <p>Dr. Anne Talbot stated we have been getting conflicting information and we are still trying to get clarification on which codes and where we bill.</p> <p>Mike Vance/Children's stated they are still struggling on which codes to attach to which and the feedback. It would be helpful for each plan to put their interpretation into what codes to use for feedback and what codes to use for multiple tasks and preparation.</p> <p>Adam Proctor/NTC stated NTC does have a provider news posting and circulated in bi-weekly that outlined the codes with the definition from the Provider Bulletin with prior authorization required for those codes and reimbursement rates and well has the effective date. Adam has shared with Dr. Wall and other stakeholders. NTC is targeting the system update for February 18th.</p> <p>Lisa stated that are the codes sent to MLTC by CMS. Nebraska Medicaid recognizes these are significant changes for providers but all were aligned with federal guidance. Nebraska Medicaid has approved rates for those codes. The rates have been set by our financial team to the health plans. All are asked to continue to work with the provider representatives for each plan.</p> <p>Ty Callahan/UHC indicated the UHC website has additional guidance available within the provider express section. Please reach out to the provider representative as well for additional clarification.</p>	<p>Lisa Neeman</p>
<p>Status Update-Known Issues Log</p> <p>Nebraska Total Care - Adam Proctor responded to an inquiry stating that for something to be Known Issue/Global Issue for NTC, it needs to have a certain scope and impact. NTC maintains a running log about 6 months back of NTC issues, including those that have been successfully resolved. Adam did take the opportunity to clarify that an issue does not need to hit the Issue Log to be worked, the issue log simply represents larger global issues. NTC maintains links listing all providers impacted to the corresponding issue on the list. This information is available through the provider alert section on the NTC website, providers have the option to subscribe to the NTC bi-weekly newsletter for updates as well.</p> <p>NTC has an open issue related to reconciliation for EOP's and ACA payments. NTC identified balance errors on these EOP's and the project is currently in process.</p> <p>An open issue related to Home Health and Hospice Providers involving claims that weren't paying at the correct rate has now been added to the issue log. The anticipated completion date is February 19th.</p>	<p>Health Plan Representatives</p>

The issue involving invalid ID denials for Medicare Crossover Claims is about 97% complete with anticipated completion by end of week.

The only open/recovery project is related to ASA 8 Modifier. Those were surgery claims that were overpaid for multiple surgery guidelines. NTC is anticipating completion by end of week.

The claim rejection issue for Critical Hospital providers that were overwritten on the State file and claims would be submitted and rejected out with that CH code that has been resolved. If you are a provider that have been tracking claims or rejections or waiting resolution, you can resubmit those claims and NTC and NTC staff will work with providers on timely filing associated with that.

WellCare of Nebraska - Lori Hack reported that WellCare has three issues added to the Known Issue log.

The first one is DN0001 denials for Retro Eligible members. These are claims that are kicking out of our systems because the request date is after the date of service. WC has a script in place and the estimated completion date is February 28th. WC staff are running a daily report to monitor those claims.

The second one is CE037 denial which is catching claims billed with the modifier 52. That is particularly hitting our Behavioral Health providers. No estimated completion date at this time.

The third issue related to Medicare Crossover Claims that are denying for DNOB. This are crossover claims that should not be denying for not having enough information on the EOB. We are working on a fix for that and will update our log with that date when it has been determined.

UnitedHealthcare Community Plan-Cassandra Price reported all known global issues for UHCCP have been successfully resolved.

Open Form Provider Feedback

Carmen Bachle

Adjourned

Carmen Bachle

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Tentative Agenda Topics	TBA