

Medical Assistance Advisory Committee
Wednesday, January 14, 2015

State Staff Attending: Jeanne Larsen, Courtney Miller, Anne Harvey

Members Attending: Joni Cover, Frannie Green, Ron Jensen, Julie Kaminski, Dr. Steve Lazoritz, Terri Melvin, Jina Ragland, Dr. Ed Schneider, Ricky Ann Trobaugh

Members Absent: Dr. Joe Acierno, Heath Boddy, David Burd, Annette Dubas, Lynette Helling, Dr. Dale Zaruba

Members Absent (Unexcused): Dr. Scott Applegate, John Milligan, Brad Rasmussen, Dr. Paul Taylor, Natalie Torrez

Cindy Kadavy attended representing Heath Boddy. Dr. Carol LaCroix also attended.

Ms. Larsen said there has been no MLTC Director named at this time. The three deputy directors who have been running MLTC during the past year will continue to do so, meeting weekly with Dr. Joe Acierno as the Acting CEO. She asked that you send an email to any of the deputies if you have issues or concerns.

Ms. Miller announced two new members, Julie Kaminski and Annette Dubas. Ms. Kaminski and the members introduced themselves and stated their affiliations.

I. Review of November 12, 2014 Meeting Minutes – approved as written.

II. Department Issues

A. Provider Enrollment Inventory – Ms. Larsen stated we are at approximately 16-18 weeks out, depending on provider type, with our goal being 8-12 weeks out. We are required to make sure providers are eligible to enroll and have no exclusions. As required by ACA, we enroll all referring, ordering, prescribing, and rendering providers. As a result, our workload went from 50 per week to hundreds per week. Additional staff have been hired and staff are working overtime to reach our goal of 8-12 weeks. She said the effective date of enrollment is the date we receive a completed and signed application. A Provider Bulletin went out January 13, 2015 reminding Hospice providers what needs to be included with the provider enrollment request (contract with nursing facility). Providers need to be revalidated every five years. Ms. Larsen said site visits and fingerprinting will be coming for high risk providers, the latter being receipt of CMS guidance. Ms. Larsen said if we receive an incomplete or unsigned application

on a Monday, we send it back within 5 days. When asked if we have any problems with secure email, Ms. Larsen replied she has heard comments but at this time it seems to be on the operator end, i.e. secure email not compatible with their system. Providers should contact us if there are issues or send an encrypted email from their end.

B. Provider Enrollment Vendor Contract Update – Ms. Harvey reported we are in the process of signing the contract. We will work with the vendor to implement a portal where providers can input their information. Screening and background checks will be completed upon enrollment, which is required to be checked monthly. The vendor (Maximus) will do site visits on high risk providers as well as moderate risk providers. CMS has identified high and moderate risk providers, but the state can also rate providers based on state experience. CMS hasn't put out guidance for fingerprinting yet. Maximus will collect the provider fee. It is also required we revalidate providers every five years, which means all current providers need to go through the revalidation process. CMS can put a moratoria certain types/locations of providers if they have seen a lot of high risk activities. We then need to implement, which the vendor will also do. We were told we can rely on Medicare's certification for a period of time but have open questions of CMS on this. Another expectation of the vendor is that they have an outreach plan to talk to associations and providers. We are currently working on provider bulletins to remind providers this is coming. We are also revising regulations for provider enrollment. Our goal is to implement this fall. Dr. Schneider requested the MAAC still receive provider bulletins. Ms. Larsen encouraged providers to sign up for the provider bulletin alerts. To sign up for Recent Web Updates, subscribe to this page: http://dhhs.ne.gov/medicaid/Pages/med_updates.aspx. Ms. Larsen also asked that this information be passed along to providers via the various associations.

C. Dental RAC Results Update – Ms. Harvey reported the dental audit HMS is conducting is very close to being wrapped up. Providers who were contacted had the opportunity to send in documentation or pay the refund. She said about a third have been overturned because they sent in documentation, about a quarter automatically paid the refund, and the remaining did not have documentation to back up their claims. Ms. Harvey distributed a list of vendors conducting program integrity audits at this time. Active issues are posted on the RAC website. There cannot be duplicate audits for the same facility/provider. Give Anne a call at 402-471-1718 if you have questions.

Helpful Links:

For Provider Enrollment: http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx.

Note that at the top of this page is one of many opportunities on the site to subscribe to updates.

For the Recovery Audit Contractor (RAC): <http://dhhs.ne.gov/medicaid/Pages/Recovery-Audit-Contractors.aspx>

D. Expanded Services for Physical Health Managed Care Effective July 1, 2015

– Ms. Miller said expanded services apply to hospice, dental, and non-emergency ambulance transportation. Expanded populations are the clients participating in the subsidized adoption program, and clients participating in the Every Woman Matters Program. Collaboration with MMIS to expand Managed Care services and populations is on schedule for implementation. Proposed revisions to the regulations, 1915(b) Waiver and the State Plan are in process. Regarding expanded accountability and reporting, Managed Care is collaborating with the MLTC Performance and Quality Analytics Unit to develop additional reporting requirements resulting from expanded services and populations. We need to make sure our regulations match the SPA (State Plan Amendment). Hospice regulations are currently being rewritten. We will share with associations to get input. July 1, 2017 is the integration of physical health and behavioral health managed care.

E. Update on Eligibility Numbers (ACCESSNebraska) – The monthly updated document was attached to the agenda. Contact Ruth Vineyard if you have questions or comments about the numbers.

IV. Member Issues – No member issues at this time.

V. Other Issues – The next meeting is Wednesday, February 11, 2015 in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road in Lincoln.

VI. Adjournment – The meeting adjourned at 6:30pm.