

Medical Assistance Advisory Committee
Wednesday, January 9, 2013

State Staff Attending: Vivianne Chaumont, Kris Azimi, Susan Buettner, Jeanne Larsen

Members Present – Dr. Joe Acierno, Dr. Scott Applegate, David Burd, Joni Cover, Ed Erickson, Dr. Deb Esser, Lynette Helling, Terri Melvin, John Milligan, Natalie Torrez, Ricky Ann Trobaugh, Dr. Dale Zaruba

Tracy Rathe with the Nebraska Health Care Association sat in at the meeting

Members Absent – Mary Barry-Magsamen, Heath Boddy, Ron Jensen, Jina Ragland, Dr. Ed Schneider

Members Absent (Unexcused) – Brad Rasmussen

- I. **Review of November 14, 2012 Meeting Minutes** – approved as written.
- II. **Department Issues**
 - A. **MCO Marketing Materials** – There were no concerns with the material.
 - B. **Retroactive Enrollment of Providers** – Ms. Larsen explained why the change regarding the policy on provider enrollment dates (PB 12-67 dated December 10, 2012). There are approximately eight databases to check in addition to ensuring forms are complete and signed. The State is required to enroll any provider who refers, orders, and/or prescribes, in addition to treating or rendering providers. With the increase in receipts, and the time it takes to enroll a provider, enrollments take longer to complete. Additionally, the databases to enroll providers do not allow for a look-back period on whether a provider has been previously sanctioned. Therefore, the date the provider's completed and signed provider enrollment form is received in our office is used as the enrollment date unless a later date has been requested. The form on our website is the correct one to use. Forms received October 1 and after had already been processed according to the old policy. These were redone and updated confirmation letters have been sent to providers. The current inventory of applications to be processed dated the latter part of October and forward amount to approximately 3,000.

Ms. Larsen said there will be a Provider Bulletin soon asking for provider feedback on eliminating paper claims submissions with some possible reasonable exceptions.

Information on the Electronic Data Interchanges (EDI claims submissions) can be found at http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx.

To receive updates or alerts when a provider bulletin is issued, at the top of the Provider Information page (http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx), there is a link that says, “Subscribe to this page”. After clicking on this, the user will be asked to provide their email address. Following that, they should select the option to receive Medicaid Provider Information.

Please share this information with members of your association.

- C. **ICD-10** – Ms. Azimi distributed handouts highlighting our implementation process for the International Classification of Diseases, 10th edition. The project, mandated for dates of service on or after October 1, 2014, adds to the number of codes. We will still accept ICD-9 on or after October 1, 2014, if the date of service is prior to that. The project team has established the infrastructure and governance, as well as created a Nebraska Medicaid specific GEMs (General Equivalency Mapping) code mapping tool. We will share that file with providers for reference. Codes will not be translated, so whatever code a claim comes in with will stay with it. More decisions will be forthcoming as we try to adopt the same methodology that Medicare has used.
- D. **Administrative Simplification** – Ms. Azimi distributed handouts detailing the project to implement operating rules for eligibility and claim status according to the ACA. The project, originally to be implemented January 1, 2013, was extended through the end of March even though several states won’t make that deadline. We will continue to support all connectivity we currently support, but a new method will be added. All transactions will be moving in this direction, as the rules are intended to increase standardization from payer to payer. The rules address data content of transactions, connectivity and real time response. We are working on an RFP, as our system currently can’t support real time. We will have a companion guide with a standard format from one payer to the other. The requirement that health plan systems need to be available 86% of the time, we already exceed. Please watch our website for updates.
- E. **PCP Rate Increase** – Ms. Buettner said there are still decisions to be made based on information we just received from CMS regarding the rate increase for physicians. The attestation form must be completed in order to qualify for the rate increase. There will be fee for service,

codes for qualified providers, and different codes for non-qualified and those who are not enrolled. When a physician bills a code, our system will know that physician is enrolled and use the enhanced rate of payment. The system can identify providers not enrolled. Providers who come in after January 31, 2013 will get the enhanced rate back to the date the claim is filed. Information on our website is up to date. As the physician attestation forms, due January 31, come in they are immediately date stamped. That date is used for the completed attestation. Ms. Buettner will find out why they aren't effective the first of the month they are received in. The attestations are returned if the form is incorrect. Two Provider Bulletins are on the website and FAQs will be added. Retroactive payments will be made through reconciliation, to make whole the providers and MCOs for payments due for the period between January 1 and implementation, although the process hasn't been worked out yet. We need to put the rates into MMIS which several people are working on. Nurse practitioners are excluded because of the Federal rule stating the relationship is collaborative not supervisory. Fee for service is at enhanced rate, but it may not be on the managed care side for a while. Dr. Zaruba will ask the NMA to send a reminder to physicians they need to complete the form by the end of January. Later this week the list of physicians with their effective date will be on our website. Ms. Chaumont requested members let her know if they come up with a better way than through the internet to communicate with providers. Mr. Burd reminded members if an individual signs up for LISTSERV, they will know when new information is on the website. Ms. Chaumont asked that in all contracts we encourage people to communicate via email. Information, and the attestation form, for the Nebraska Medicaid Enhanced Primary Care Payments can be found at <http://dhhs.ne.gov/medicaid/Pages/Nebraska-Medicaid-Enhanced-Primary-Care-Payments.aspx>. Please share this information with members of your association.

III. Regulations Review –

Program of All-Inclusive Care for the Elderly (PACE) – There were no concerns with the regulations. Ms. Chaumont explains that it's a volunteer program, it is not mandatory to participate. The contractor is Immanuel. They will get a capitation amount from Medicaid and Medicare and are responsible for all care for each client. It's the only type of program that takes care of a client from start to finish. The program will start soon in Omaha and after that Immanuel will expand. Ms. Chaumont would like to tour Immanuel when they get the program up and running. If any members are interested in a tour, please let Ms. Chaumont know and we could schedule a tour for all. This program will help people stay healthier in the community. Ms. Chaumont will follow up with Ms. Trobaugh, Ms. Torrez, and

Arbor Health regarding the trouble getting claims paid through Arbor's vision contractor.

- IV. **Member Issues** – The Governor's State of the State is January 15 when he will release his budget so we will discuss that at our February meeting. Ms. Chaumont hopes to give an overview of ACA and what it means. Ms. Buettner said she has received no comments on the Telehealth regulations but it's not too late to comment.
- V. **Other Issues** – The next meeting is Wednesday, February 13, 2013, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.
- VI. **Adjournment** – adjourned at 6:40pm.