Medical Assistance Advisory Committee
Wednesday, October 8, 2014

State Staff Attending: Courtney Miller, Ruth Vineyard, Heather Leschinsky, Larry Iversen (contract)

Members Attending: Dr. Scott Applegate, Dr. Deb Esser, Frannie Green, Lynette Helling, Ron Jensen, Terri Melvin, John Milligan, Ricky Ann Trobaugh

Members Absent: Dr. Joe Acierno, Heath Boddy, David Burd, Joni Cover, Dr. Steve Lazoritz, Jina Ragland, Dr. Ed Schneider, Dr. Dale Zaruba

Members Absent (Unexcused): Mary Barry-Magsamen, Brad Rasmussen, Dr. Paul Taylor, Ntalie Torrez

Jerry Feilmeier attended representing Dr. Steve Lazoritz. Cindy Kadavy attended representing Heath Boddy.

I. Review of September 10, 2014 Meeting Minutes – Approved as written.

II. Department Issues

A. MCO Marketing Materials – There were no concerns with any of the materials.

B. Balancing Incentive Program (BIP) – Ms. Leschinsky said Nebraska was approved in September for the BIP grant which runs from October 1, 2014 through September 30, 2015. There are three operational supports required - No Wrong Door/Single Entry Point system, conflict-free case management, and a core standardized assessment. We are building on the ACCESSNebraska website due to time constraints. Level 1 assessment is "do I qualify". We will go from there to see if an individual needs more long term services and supports. Level 2 is core standardized assessment. Again, because of time constraints we will cross walk our current assessment to see if we are missing any of the five domains CMS requires us to assess. Conflict-free case management assesses strengths and weaknesses of our current system. We will contract with entities who agree to the No Wrong Door/Single Entry Point system. Ms. Leschinsky said we have an advisory council that met twice, and now that we have the award we will schedule more meetings. We will form workgroups that will each include a council member.

D. MMIS Procurement: Stakeholder Involvement – Ms. Vineyard said we received funding for the project effective July 1, 2014. The legislative bill requires that we provide quarterly reports, have consultants work with us, and that it be a priority for DHHS as well as the vendor community. We have a dedicated team keeping the current MMIS operational.

We have started our planning efforts with JS3 Consulting helping us develop our needs assessment and RFP. Ms. Vineyard introduced Larry Iversen, who gave a brief background about his 20 years in Medicaid service. He reported on the current status of the planning process. He said the team wants to gather feedback from providers, i.e., what is working now, what is not and what can be improved. We want to make the process easier for providers, as providers using and understanding the system is the key to being successful. We will be asking for names of three to four providers through their associations. Mr. Iversen distributed copies of a draft letter they will send to associations requesting the names and contact information so we can address all issues providers have. The letter will request providers who want an ongoing dialogue so issues can be discussed with them. The survey will be sent via survey monkey. Ms. Vineyard asked members to please let us know if you have different ideas or have anything to add. Barring any objections this is the approach we will take. Mr. Iversen said the team will ask for requirements that will define what the system will be as part of the market analysis being done. We need to make sure what the State needs and what the vendor has to offer match. There are seven initial demos with different vendors throughout the rest of 2014. They will provide insight for DHHS staff and the JS3 team on what is available.

E. Update on Eligibility Numbers – Ms. Vineyard said eligibility numbers are up. Medicaid enrollment as of October 1 was 236,385 (chart attached). Call wait times are averaging about five minutes. We are within 30 days for work tasks.

III. Regulations Review – There were no comments regarding the following regulation changes.

http://www.sos.ne.gov/rules-and-regs/regtrack/proposals/0000000000001435.pdf
Eliminates a requirement that Medicaid compare the cost of a client's multiple daily home health services to the daily cost of nursing home care, and recommend nursing home care if it is less than the home health cost.

http://www.sos.ne.gov/rules-and-regs/regtrack/proposals/0000000000001436.pdf
Changes the bed limit from 8 to 15 beds for licensed psychiatric residential rehabilitation facilities receiving Medicaid reimbursement.

IV. Member Issues – There were no issues to discuss. Ms. Vineyard invited members to let us know if there is anything they specifically want to hear about.

V. Other Issues – The next meeting is Wednesday, November 12, 2014, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.

Ms. Vineyard said ICD-10 implemented successfully. Staff are continuing to work on policy changes in preparation for 2015. The new Medicaid Incentive Program (MIP), where providers attest to an incentive payment if they adopt, upgrade, implement or show meaningful use of a certified EHR system, went live on October 6. WiPro is on board to help with separating

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Medicaid eligibility enrollment from economic assistance eligibility enrollment.

VI. Adjournment – The meeting adjourned at 6:15pm.

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