

Medical Assistance Advisory Committee
Wednesday, February 12, 2014

State Staff Attending: Jeanne Larsen, Courtney Miller, Ruth Vineyard, Heather Leschinsky, Anne Harvey

Members Attending – Scott Applegate, Heath Boddy, David Burd, Joni Cover, Ron Jensen, John Milligan, Jina Ragland, Ed Schneider, Ricky Ann Trobaugh, Dale Zaruba

Members Absent – Joe Acierno, Mary Barry-Magsamen, Ed Erickson, Deb Esser, Lynette Helling, Terri Melvin

Members Absent (Unexcused) – Brad Rasmussen, Natalie Torrez

Frannie Green sat in on the meeting for Ed Erickson

Ms. Vineyard said Vivianne Chaumont is on medical leave but wanted to say hello to members. In her absence, the three deputies are representing their respective areas with Chief Executive Officer, Kerry Winterer, as the final decision maker. Ms. Vineyard is Initiatives and Eligibility, Ms. Larsen is Claims and Program Integrity, and Ms. Miller is Programs.

Ms. Larsen advised that members can delegate an individual to attend in their absence; however, it is in a listening capacity only. If you want to do that, please email Roxie Anderson the name and contact information.

- I. **Review of October 9, 2013 Meeting Minutes** – approved as written.
- II. **Department Updates**
 - A. **MCO Marketing Materials** – Ms. Leschinsky asked for comments. There were no concerns with the materials.
 - B. **Managed Long-Term Services and Supports (MLTSS) Project Update** – Ms. Miller said initially we had a time frame developed but revised the implementation to January 2017. Ms. Leschinsky said that was to ensure we have a full 12 months of implementation to help with the transition. We have had a number of stakeholder activities – town hall meetings, a survey that is publicly available on our website, a stakeholder advisory council was established with regular meetings scheduled at least until implementation. We plan to begin working with the council on the RFP this summer. More stakeholder meetings will be held but will be closed door sessions to review sections of the draft RFP. Ms. Leschinsky said the survey is broad at this time but

may be more specific later. At this time there is no deadline for the survey.

- C. **Update on Physical Health Managed Care Statewide Procurement** – Ms. Leschinsky said all contracts are scheduled to end June 30, 2015 so we are in the process of procuring a new one for the entire state. Additional services in the contract will include pharmacy, dental, hospice, transplants, and non-emergency ambulance services. We will be carving in extra small populations. Contracts will be awarded to three vendors, who will submit plans that will identify services they will provide. Members can provide input on what the RFP will include.
- D. **Program Integrity Update** – Ms. Harvey distributed a list of audit activities, the type of audit, who is doing or will do the audit, what it is, when it is/will happen, why it happens, etc. She explained who is gathering the information as well as how often. A staff member keeps track of ongoing audit activities. There are approximately four referrals to the Medicaid Fraud Unit each month. RAC is mandated to focus on fee for service. We are working on procuring a contract for provider screening and enrollment that will accept the application, collect the fees, complete a monthly screening on providers, and do site visits. The RFP should be out in the next 6-8 weeks. We only enroll, we do not credential. We do database checks, but Coventry and UnitedHealthcare credential and make decisions as to who is in their network. The DHHS website talks about the RAC and has links with information. The HMS website has a page specific for Nebraska, and will list audit topics, FAQs, a phone number for questions regarding provider services, and a link to the provider portal so providers can register information. RAC has done two 30-60 minute webinars, and another is scheduled at 1:30pm on February 19. Call in information is available on website, or you may contact Ms. Harvey for the information. She said errors they see include double billing, PAS and mental health services billed for that were not rendered, inaccurate coding. Turnaround time for provider enrollment is eight weeks from the time the application is received.
- E. **Eligibility Update** – Ms. Vineyard reported the new ACA regulations for eligibility were implemented on January 1, 2014. Work tasks are remaining stable and wait times have gone down. We have been reviewing RFPs for a new eligibility system and plan to award a contract within the month. The system will allow more efficient and timely eligibility determinations. The Federal government has offered 90/10 funding for systems in production by December 31, 2015. Ms. Vineyard said we started receiving account transfers from the federal exchange mid-January, even though our system was in place in

October. We have received about 12,000 as of February 1. If all information is included, we can make the determination, but need to request it if it is not all included. Funding for MMIS will be on next month's agenda. We first need to do a MITA evaluation regarding all business processes and complete an assessment before we can evaluate the MMIS procurement. Basically, that includes where we want to go and include what we need to do to get there. All projects overlap so we need to include in a coordinated fashion. Ms. Vineyard will bring a timeline to the next meeting, as well as more information on MMIS, MITA, and ICD-10.

- F. **Hospital Presumptive** – Ms. Vineyard said as of January 1, hospitals may enroll to be “presumptive providers”. There have been very few hospitals expressing interest in the program. Enrollment material, forms and training material are available on the Medicaid website. However, CMS is still in the process of issuing guidance and approving State Plan Amendments regarding the program so changes can be expected. Ms. Vineyard will email members to let them know how many hospitals are presumptive eligibility providers.

III. Regulations Review

Durable Medical Equipment - Clarify Payment to Facilities for DME – there were no concerns with these regulations.

Mental Health/Substance Use Services - Eliminate Biopsychosocial Assessment – there were no concerns with these regulations.

Hospital Payment - Payment Rates and APR/DRGs – there were no concerns with these regulations.

Child Care for Children with Disabilities - A&D Waiver Non-Payment for Basic Child Care – there were no concerns with these regulations.

Medicaid Telehealth – LB 556 (2013) – there were no concerns with these regulations.

Non-Emergency Medical Transportation – there were no concerns with these regulations.

- IV. **Member Issues** – There were no issues.

- V. **Other Issues** – Ms. Miller stated a contract was awarded for non-emergency transportation brokerage services. Telligen will be the vendor as of May 1, 2014. She will bring more information on the transportation contract to the next meeting.

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

VI. Adjournment – adjourned at 6:50pm.

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