

Medical Assistance Advisory Committee  
Wednesday, February 13, 2013

State Staff Attending: Vivianne Chaumont, Ruth Vineyard, Margaret Booth

Members Attending – Dr. Joe Acierno, Dr. Scott Applegate, Mary Barry-Magsamen, Heath Boddy, David Burd, Dr. Deb Esser, Lynette Helling, Ron Jensen, Terri Melvin, John Milligan, Jina Ragland, Ed Schneider, Ricky Ann Trobaugh, Dr. Dale Zaruba

Members Absent – Joni Cover, Ed Erickson, Natalie Torrez

Members Absent (Unexcused) – Brad Rasmussen

Dr. Tom Tonniges sat in on the meeting.

**I. Review of January 9, 2013 Meeting Minutes** – approved as written.

**II. Department Updates**

- A. **Budget** – Ms. Chaumont said the 2.25% rate increase in the Governor’s proposed budget is for all providers except primary care providers who did not get a rate cut previously. The increase is for each year of the biennium.
- A. **ACA Implementation** – There will be a significant change to how we determine Medicaid eligibility. We are required to use MAGI, modified adjusted gross income methodology. MAGI will apply to children, pregnant women and caretaker relatives of children. Nothing changes in January 2014 for the aged and disabled. The ACA also requires a single streamlined application effective January 1, 2014. Ms. Chaumont said states are to be ready to take applications by October 2013. Under federal law, Medicaid is required to use a “simplified application” for Medicaid and the Health Insurance Exchange tax subsidy program.
- B. **Eligibility Processing** – Another change is that Medicaid & Long-Term Care (MLTC) will take over the management of the Medicaid eligibility workforce effective July 1, 2013. We will very carefully coordinate when an individual is applying for more than one benefit. Our goal is to make eligibility determinations more accurate and timely. We will have caseworkers dedicated only to Medicaid eligibility, and consider other changes to improve the eligibility process for Medicaid applicants and recipients including such things as a point of contact for each facility.

- C. **MHSA CPT Code Changes** – Ms. Booth said there were significant changes in CPT codes for behavioral health services that became effective in January 2013. Medicaid formed a stakeholder group, sent Provider Bulletins with FAQs and included a cross walk for 2012 codes to 2013 codes. Providers voiced concern about payment for an initial diagnostic interview with medical management. Providers also requested that coverage for additional evaluation and management codes be added for APRNs/PAs. Current rules require we do pre-treatment assessments (PTAs). When the amended rules become final, the PTAs will be eliminated and the savings will be redistributed for initial diagnostic interviews and some therapies.
- D. **Provider Preventable Conditions** – Ms. Booth reported that under the ACA, Medicaid will deny payment for avoidable conditions. Medicaid can no longer pay for provider preventable conditions – this applies to hospitals, physicians, outpatient hospital settings, etc. We will be sending a Provider Bulletin explaining this. The State Plan Amendment is approved with an implementation date of July 2012 based on Federal requirements. The facilities that were formerly excluded will no longer be. Ms. Chaumont stated that we will enforce the State Plan even though rules aren't approved yet.

Injectable Fee Schedule – Ms. Booth said the schedule was implemented December 2012 and will be updated quarterly with April 1 being the next update. The reason we moved to this fee schedule was to standardize reimbursement so providers know what they're getting. We will work to address provider concerns regarding this change. Dr. Applegate asked Ms. Booth if the edit CMS put in place on NCCI correct coding was deactivated. Ms. Booth will let him know.

### III. **Regulations Review**

Medicaid Eligibility for Certain Emancipated Minors, LB 690 (2011) – there were no concerns with these regulations.

Medicaid Dental Prior Authorizations – there were no concerns with these regulations.

- IV. **Member Issues** – Dr. Zaruba asked when new enhanced payments will kick in. We are putting together a new methodology that CMS needs to approve. Ms. Ragland asked what percentage of attestation forms have been received. We don't have the answer right now. Currently it is open for claims back to January 1, which we discussed at the last meeting. We also sent a Provider Bulletin explaining that. Our overall intent is to get the money out. Mr.

Milligan asked about foster children and eligibility. In Nebraska there is no such eligibility category automatically making a foster child eligible for Medicaid. The plan is to correct that by April 1.

- V. **Other Issues** – The next meeting is Wednesday, March 13, 2013, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.
- VI. Adjournment – adjourned at 6:45pm

DRAFT