

Medical Assistance Advisory Committee
Thursday, February 25, 2010 – 1:30pm
Nebraska State Office Building – Conference Room 1Z

Attendees: Abbie Widger, Ed Schneider, Joni Cover, Han Wi, Ron Jensen, John Milligan, Dr. Scott Applegate, Tami Frank, David Burd

State Staff: Jenifer Roberts-Johnson, Susan Buettner, Margaret Booth, Sam Kaplan, Anne Harvey, Pat Taft, Nancy Staley, Cindy Kadavy

Ms. Roberts-Johnson introduced Susan Buettner as the new Long Term Care Section Administrator. She has the position formerly held by Ginger Goomis who retired. Attendees introduced themselves to her with their affiliation.

- I. Review of December 3, 2009 Meeting Minutes – approved as emailed.
- II. Department Update
 - A. Unborn Issues – Ms. Roberts-Johnson reported the reviews of the unborn cases are almost completed. A large percentage will continue to be eligible, but it will be as a pregnant mom, not as an unborn. We are getting information out to all as we're able to.
 - B. Autism Waiver – Ms. Buettner said the application and SPA have been submitted and we are awaiting approval. We will be seeking provider information but we cannot start until the waiver is approved. Tentative start date is July.
 - C. Managed Care – Ms. Booth reported that United and Coventry were selected as the two companies that will provide services. The move to two managed care organizations is part of the Medicaid reform expansion and will be up and running in July. The expansion to include contiguous counties began November 1, 2009. Information that was scored was provided through the RFP services. Providers have concerns about continuing to work with United. Dr. Applegate said they have been talking with United all along and their concerns have not been addressed. He asked Ms. Roberts-Johnson to let Ms. Chaumont know he would like to talk with a provider who is pleased with United's service. Ms. Frank said they have heard from providers that are not happy with United or Coventry being selected. Mr. Burd asked if there were major differences on how bidders were scored this round as opposed to the last round. Ms. Roberts-Johnson responded that there were

changes made to the RFP so there is no way to compare it to the last round.

- D. Transportation Broker – Ms. Buettner said the broker to run the DHHS transportation system will help with quality assurance as well as provide a reduction of costs. We are in the process of going through bids and scoring them. Our goal is to be ready on July 1. Individuals will sign up through DHHS but will work with the transportation broker. The broker is for non-emergencies.
- E. Medical Home – Ms. Taft explained the legislative bill passed asking DHHS to set up a Medical Home Pilot in rural areas to improve the health care given to Medicaid clients and also to contain costs. The Governor’s Medical Home Advisory Council has had five meetings and members have been very engaged. They are working on the definition of medical home, outlining objectives, outcomes, evaluations, payment methodology, practiced transportations and touching on design elements. They will work on making specific recommendations to the Department. The implementation date is January 2012 and is a two-year pilot.
- F. DSH Audit – Ms. Booth said the DSH (disproportionate share hospital) audit began with records from FY05-06. Myers & Stauffer is the contractor who sent surveys to hospitals to get information collected and reported. They are almost finished with the first audit and should have the first report sometime in March. They will be sending surveys for the 2007 audit year soon so hospitals receiving payments that year will get surveys. Ms. Booth said the hospitals have done a good job. Myers & Stauffer staff plan to come to Lincoln to provide training.
- G. MIG Provider Audits – Ms. Harvey said there is a provider bulletin on our website that states the process would start in January, but no letters have gone out. Health Integrity said they might be sent within next couple weeks. Some providers and provider groups have asked for training, however Health Integrity said that’s not part of their job. Send any questions you have to Ms. Harvey.
- H. Assisted Living Facilities Trust Fund – Susan said this was set up as a grant program 10 years ago to transition a number of the nursing home beds to assisted living beds for patients who don’t need the nursing home level of care. With the 10 years up the grant period is over and beds wouldn’t need to stay as assisted living beds and could start as nursing home beds and can transition back if the

facility wants that. Letters will be going out to providers across the state to let them know when their 10 years is up.

- I. MDS RUG Grouper – Ms. Kadavy said this is the federal tool used to group data for the nursing home reimbursement methodology. The base rate is on facility reported cost and level of care needed by individual resident based on quarterly assessment of residents done by the nursing home. Effective October 1, 2010 CMS is requiring all nursing facilities to use the new assessment form. The new tool will group information into 34 levels of care instead of the current 19 levels of care. Ms. Kadavy said our plan is to go ahead and convert to the new version in July of this year in anticipation of the October change. We are in the process of working out all the issues. CMS will no longer support the tool we had planned to convert to. They will only support the 5.20 version. We were told both versions will give us the same results. We have tested this with very minor differences. CMS will send more information. Facilities will be getting phone calls asking for their MDS vendor so we can make sure they have the correct software. There will be a Provider Bulletin forthcoming. Ms. Kadavy will send a paragraph to all three associations to send their facilities explaining that they will be getting calls.

III. Regulations Review

- 1) Revised definition of “creditable health insurance coverage” – Mr. Kaplan said the CHIP regulations that currently state a child is ineligible if he has creditable health insurance coverage will be changed to bring them into line with state and federal law. The old language regarding the non-custodial parent not cooperating will be changed to new language that addresses geographic access. That went through public hearing last week and will be sent to Attorney General for their consideration.
- 2) Supplemental Payment to UNMC Physicians and Other Practitioners – Ms. Booth said the proposed regulation would provide supplemental payments based on Medicaid allowable and average insurance payment amount. This would be done with an IGT in quarterly payments and will be made between payments made by the commercial insurers. The practitioners affected are listed in the regulations. An implementation date of April 1, 2010 is proposed but the public hearing is not scheduled yet. The plan amendment was submitted to CMS few days ago to begin the

process. Ms. Booth responded to Dr. Applegate that this is based on the affiliation to UNMC and if they meet the definition of contractor then the practitioner is covered if they're contracted for services. A practitioner needs to be an enrolled active provider with Medicaid. Nebraska Pediatric Inc will be considered part of this public entity she told Dr. Applegate in response to his question.

- IV. Member Issues – Mr. Milligan asked how many had been unborn cases had been identified as not eligible. Ms. Roberts-Johnson said general numbers available right now are that around 6,000 cases have been reviewed and of those around 5,000 were found eligible as a pregnant woman. About 800-900 weren't going to be eligible because of other issues. Mr. Milligan asked how the screening was done. All households with an unborn in them received a letter explaining that their case is being reviewed. The next notice went out as quickly as possible to those who were still eligible. Each case was reviewed by the individual's caseworker to determine eligibility. It was an individually assessed process. Mr. Milligan had heard no unborn would be included.

Ms. Widger asked about the processing of Medicaid applications when it goes to an online system. Ms. Roberts-Johnson will get her concerns to Jill Schreck and Ed Matney in Children & Family Services (CFS) as the division involved in that process. Ms. Widger said social workers are getting involved because there are 70-year-old individuals completing applications for their 90-year-old parents. Ms. Roberts-Johnson said that even when the process goes online an individual can still call in and apply over the phone. People are encouraged to use the online system but the old process won't go away. Mr. Milligan said community partners have concerns about assisting in online applications and any information DHHS could give him or those in the field would be appreciated. CFS staff will respond to both Ms. Widger and Mr. Milligan. Ms. Roberts-Johnson said Mr. Burd is correct in stating there will still be satellite offices throughout the state.

Mr. Burd added that the Medicaid Integrity provider audits issue is going to be a big deal. It is frustrating with the lack of information and assistance available. Health Integrity has already been in Nebraska and says they won't come back. Their response to not assist is not acceptable. He said the webinar they provided at the time did not give providers the assistance they needed. He suggested the State ask them to sit down and talk with providers about processes they will go through. Providers want more education. DHHS will convey that to the regional office. Mr. Burd did say that they have also let them know their concerns.

Ms. Widger has heard caseworkers are really backed up and not reviewing applications for up to 90 days. An individual is put into the system, then Senior Care Options is called to complete an evaluation but then they sit as pending, as long as 190 days for one person. Ms. Roberts-Johnson will pass that information on to CFS for their eligibility staff. No notice of determination has been forthcoming. Without that the nursing facilities don't know what their share of cost is. Ms. Widger and Ms. Kadavy will discuss that issue later.

Mr. Milligan suggested that AccessNebraska be on the next agenda with Children & Family Services staff in attendance.

Mr. Milligan believes he should be advising the Department since this is an advisory committee. He is not getting information in time to make timely recommendations. He believes he should be given the information so he can talk with clients regarding issues such as the unborn and then give DHHS timely advice. He would talk to people he needs to and give feedback to us if he had the information. He feels he's being cheated.

Dr. Schneider asked if they can see regulation changes before they go to hearing so they can comment. Ms. Staley asked if he is on the mail list. If so you will get information on regulation status and any comments you make will be tracked for the regulation process.

Please send any comments you have to Vivianne Chaumont, Ms. Roberts-Johnson, or Ms. Buettner. If you would like to subscribe to the regulation pages please do so on the website. You can also go to the public hearing page to get that list also. Dr. Schneider reiterated that the members are not sure what is expected of them. Ms. Roberts-Johnson will talk with Ms. Chaumont about clarification on what is expected of MAAC members.

V. Other Issues – The next meeting is Thursday, May 13, 2010 at 1:30pm in Conference Room 1Z.

VI. Adjournment