

Medical Assistance Advisory Committee
Wednesday, March 12, 2014

State Staff Attending: Ruth Vineyard, Kris Azimi, LaRue Cole

Members Attending – Dr. Joe Acierno, Dr. Scott Applegate, Mary Barry-Magsamen, David Burd, Joni Cover, Ed Erickson, Dr. Deb Esser, Lynette Helling, Ron Jensen, Terri Melvin, Jina Ragland, Ed Schneider, Natalie Torrez, Ricky Ann Trobaugh, Dr. Dale Zaruba

Members Absent – Heath Boddy

Members Absent (Unexcused) – John Milligan, Brad Rasmussen

Cindy Kadavy sat in on the meeting for Heath Boddy

- I. **Review of February 12, 2014 Meeting Minutes** – approved as written.
- II. **Department Updates**
 - A. **MCO Marketing Materials** – There were no concerns.
 - B. **Telligen Contract Information** – moved to April 9 agenda
 - C. **IntelliRide Contract Information** – moved to April 9 agenda
 - D. **MITA/MMIS Timeline** – Ms. Vineyard distributed two handouts showing key initiative timelines from January 2014 through December 2015. She explained each key initiative stating that as each is met she will bring more information. Work is ongoing and will overlap other projects. We hope to release the RFP in November 2015. If you have any questions, please let Ms. Vineyard know.
 - E. **Update on Medicaid Incentive Program** – Ms. Cole said within the EHR (Electronic Health Record) Incentive Program there are incentive payments available for certain providers and hospitals when they either adopt, implement, upgrade or demonstrate meaningful use of their certified EHR system. We have made 723 payments to providers at this point for a total of \$48.7 million. The deadline to apply or reapply this year was the end of February for eligible professionals. Many hospitals have returned for a second year as well as providers. The hospital deadline to apply for a 2013 payment was November 30 and 76% of the hospitals returned for a second year payment so we able to meet meaningful use. All applications for the eligible

professionals haven't been processed yet so we aren't certain yet how many will meet meaningful use in the second year. Ms. Cole reported that if a provider is not a meaningful user by October 2014, Medicare penalties take effect January 2015. Hospitals have different deadlines for meeting meaningful use to avoid the penalties and that information is posted on our website. All but about 17 hospitals in the state have met meaningful use.

- F. **ICD-10 Update/MAAC Member Feedback on Provider ICD-10 Readiness** – Ms. Azimi distributed copies of a document that included a high level description of the project and what we are doing now. If providers are struggling, we have a lot of resources on our website as does CMS. Monthly project updates are included on our website. We are looking for feedback regarding the readiness of providers. We are sending email surveys to the providers whose email addresses we have, and we will be including a survey link in provider bulletins we send in the future. To be clear, the difference between ICD-9 and ICD-10 are a greater number of codes to choose from for diagnosis and inpatient procedures and the codes are much more detailed and specific. The clearinghouse/trading partner should already be compliant with 5010 transactions, and if the provider's management/billing software can handle ICD-10 codes, and if the coders can code ICD-10, and if the clinicians' documentation is adequate to support ICD-10 coding, the claim can then come to us for payment. We will begin electronic testing April 1. We will be reviewing on our end to see if the claims are being submitted correctly and returning results. We will also begin paper claim testing later in April. ICD-10 will be a standing agenda item. Mr. Burd requested the number of providers actually testing be included in future updates.
- G. **Administrative Simplification** – Ms. Azimi distributed two documents. The Eligibility & Claims Status handout listed the high level description of the project as well as what we are doing now and highlights of what providers can expect as this is implemented. We are required to provide a different connectivity method for real time responses. This is an additional option that all payers will be providing.

The Administrative Simplification Electronic Fund Transfer and Electronic Remittance Advice (EFT/ERA) handout listed the high level description of the project, what we are doing now, and highlights of what providers can expect as the project is implemented. This project also requires us to provide another connectivity method for the trading partner. Providers will need to request their bank to provide the EFT trace number that connects the EFT to the ERA.

H. **ACA E&E Update** – Ms. Vineyard said the call wait times are five to six minutes. We are very current, within 30 days of receipt, on work tasks. We have been receiving information from the FFM since mid-January and last week they FFM started using information we are sending them. We have four hospitals that are presumptive providers. Please contact Ms. Vineyard if you have questions regarding eligibility.

I. **CMS 1500 Claim Forms** – Ms. Azimi distributed copies of Provider Bulletins 13-75 and 14-12. Bulletin 13-75 stated that Medicaid will be following the same timeline as CMS for implementation of the CMS 1500 version 02/12. The new version of the 1500 claim form and the instructions, as well as the 1500-837P (form to EDI) crosswalk can be obtained on the National Uniform Claim Committee (NUCC) website. Bulletin 14-12 contained reminders as well as announcing that the billing instructions for both the CMS 1500 and CMS 1450 forms have been updated on our website.

If anyone is using paper claims, effective April 1 they must use the new version or the claim will be returned. If using EDI for claim submission, practice management and EDI software should be aligned with the new claim form version.

J. **Provider Enrollment Process Changes** – moved to April 9 agenda

III. **Regulations Review** – There were no regulations to review.

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

V. **Other Issues** – The next meeting is Wednesday, April 9, 2014, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.

VI. **Adjournment** – The meeting adjourned at 6:35pm.