

Medical Assistance Advisory Committee
Wednesday, March 13, 2013

State Staff Attending: Vivianne Chaumont, Jeanne Larsen, Sarah Briggs

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

Members Absent – Heath Boddy, Dr. Deb Esser, Natalie Torrez

Members Absent (Unexcused) – John Milligan, Brad Rasmussen

Nick Faustman from NHCA sat in on the meeting.

- I. **Review of February 13, 2013 Meeting Minutes** – approved as written.
- II. **Department Updates**
 - A. **EHR Incentive Update** – Ms. Briggs distributed a handout and briefly explained the 2013 changes. The patient volume calculation period is now within the 12-month period preceding the attestation date (rather than the preceding calendar year) and now the calculation can include CHIP participants. In addition, Medicaid encounters can be counted in the patient volume calculation even if Medicaid paid zero. There are also some 2013 updates and general reminders regarding Meaningful Use. Eligible professionals applying for their second year payment have to meet 90 days of meaningful use. Eligible hospitals requesting second year payment are in the same meaningful use cycle as they are for Medicare. We are encouraging hospitals to enroll early rather than waiting until they have met their meaningful use period so we can begin work on them. Program contacts are listed at the bottom of the handout, which also includes the webpage address that has all this information.
 - B. **Long-Term Care Managed Care** – Ms. Chaumont reported work is beginning on long-term care managed care. We plan to have the RFP out late 2013 or early 2014 with an implementation date of January 1, 2015. We are planning stakeholder meetings to gather input. Clients in the area with PACE could pick either PACE or long-term care managed care. We hope to have regulations in place for PACE by May 1.
 - C. **Status of Review-Transitioning to EDI** – Ms. Larsen talked about the results of the inquiry to providers regarding their plans to transition

to EDI (Electronic Data Interchange) claim submissions. In conjunction with other projects going on, this project has been put on hold for a time although we will continue to encourage providers to move to electronic filing. Ms. Larsen said efforts are being made to expand the inquiry line into more of a customer service problem-solving unit, resolve issues and improve procedures regarding adjustment and appeal requests, making some of our instructions clearer, and simplifying provider enrollment. We are trying to build better processes and procedures. The overall rate for electronic submission is quite high. We need to get word out to providers that they can attach a document to a claim. Ms. Chaumont asked that providers be encouraged to call us if they need help with electronic billing. If we forward the information to him on how to include accompanying information with a claim, Dr. Schneider will forward to providers and also include in his newsletter. Ms. Larsen will send members the links on attachments as well as adjustment procedures.

Ms. Larsen gave an update on provider enrollment. She explained that we now use the date the application is received and are making a concentrated effort to clean things up. A glitch in getting incomplete applications returned and confirmation letters sent timely was recently noted. Both should be brought to a current status by the end of next week but the time frame for complete enrollments is still at about two months. Medicaid is also getting ready to release a RFP on provider screening and enrollment.

Ms. Chaumont said the Provider Bulletin regarding injectables will go out tomorrow.

D. **Legislation** – Ms. Chaumont talked about the preliminary budget from the Appropriations Committee. 2.25% rate increase is included.

Ms. Chaumont testified in opposition of LB 577, requiring Medicaid expansion, at the February 28 hearing.

Kerry Winterer testified in favor of LB 338, the bill stating licensed providers cannot discriminate against Medicaid patients.

The DHHS budget hearing is March 25-26. Division of Medicaid & Long-Term Care is the afternoon of March 25.

The contract with Magellan posted today. There is no rate reduction although the budget does include a 3% decrease as a result of managed care.

III. Regulations Review

Medicaid Claims Filing - Change from 12 Months to 6 Months – there were no concerns with these regulation changes. The public hearing is March 21.

- IV. **Member Issues** – no member issues were brought up.
- V. **Other Issues** – The next meeting is Wednesday, April 10, 2013, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.
- VI. **Adjournment** – adjourned at 6:30pm

DRAFT