

Medical Assistance Advisory Committee  
Thursday, May 13, 2010  
Nebraska State Office Building – Conference Room 1Z

Attendees: Dr. Scott Applegate, Heath Boddy, Ed Erickson, Tami Frank, Ron Jensen, Terri Melvin, John Milligan, Marcia Mueiting, Ed Schneider, Renee Kohles, Dr Michelle Petersen, Roxann Hamilton

State Staff: Vivianne Chaumont, Jenifer Roberts-Johnson, Susan Buettner, Pat Taft, Anne Harvey, Nancy Staley, Cindy Kadavy

- I. Review of February 25, 2010 Meeting Minutes – approved as written.

Ms. Chaumont introduced two new members, Ed Erickson, DME provider, and Heath Boddy, Executive Director of the Nebraska Health Care Association.

- II. ACCESSNebraska – Karen Heng, with the Economic Assistance Unit in the Division of Children & Family Services, distributed handouts and gave a presentation on ACCESSNebraska.
- III. Changes to Medical Assistance Advisory Committee – Ms. Chaumont suggested changing the way the committee works. We should be talking about policies and proposals. Because issues rise so quickly, quarterly meetings are not feasible. She would like to change appointments to the committee as well as the meeting schedule and asked for members input on how to do that.

It was decided meetings will be held monthly on the second Wednesday at 5:30 pm, except for July and December. It was agreed that early input is a good idea. If members have consumers that might want to participate, names and contact information should be sent to Ms. Chaumont. Other suggestions were adding a mental health practitioner, including members outside of Lincoln, having the option of a phone meeting, including tribes representative, a home health provider and a pharmacist who fills a lot of Medicaid prescriptions.

The next meeting is Wednesday, June 9 from 5:30-7:00pm. Dinner will be provided. Submit agenda items to Ms. Chaumont. Representatives of Coventry, UnitedHealth and the Enrollment Broker will be invited to attend the meeting to answer questions.

- IV. Department Update
  - A. Managed Care Updates – Physical and Behavioral Health – Ms. Roberts-Johnson said the Physical Managed Care contracts were awarded to UnitedHealth and Coventry. The start date is August 1 in the ten-county expansion area. Information on the plans will be sent to clients beginning July 1. The Provider Bulletin sent in April included contact numbers for both

MCOs. Marketing materials that have been submitted for state approval were distributed to members for review. If there are concerns or changes, email them to Heather Leschinsky. Members approved changing numbers 1 and 2 to Vision Care, Immunization, and Hearing screenings.

Behavioral Health – Ms. Roberts-Johnson said the contract with Magellan is in the process of being extended one more year. We are working with staff to come up with more efficiency. We are in the process of updating mental health descriptions for the managed care handbook.

- B. Audits – PERM, DSH, Medicaid Integrity Contractor – Anne Harvey said CMS requires a PERM – payment error rate measurement – audit every three years. The current period is 10-1-1009 to 9-30-2010. Livanta is the federal contractor that does sampling, we send quarterly reports; A+ Government Solutions reviews to make sure claims are paid properly. Letters will be sent to providers on CMS letterhead letting them know about the audit. Rushmore is handling the audit on eligibility determination. If there are questions, contact Betsie Steenson. In addition, CMS will set up a website for questions.

Medicaid Integrity Group Contractor – The MIG contractor, Health Integrity, identifies claims to be reviewed by CMS. Twenty-six providers were identified for audit – 14 focused desk audits, 10 focused field audits, and two comprehensive desk audits. CMS decides the type of audit. We will be scheduling an hour training by Robb Miller, CMS.

DSH – Ms. Roberts-Johnson said a draft report on the first cycle, 2005-2006, was received from Meyers and Stauffer on disproportionate share hospitals. The next survey will be the 2007 period. It will be ongoing process until it's up to date.

- C. Transportation Broker – Ms. Buettner said the RFPs have been scored. We are waiting for CMS to finalize review. Our goal is September 1 implementation.
- D. Medical Home Pilot – Ms. Taft reported there are 12 communities in the state which might be pilot sites. Outreach will be provided to those communities through RFI (request for interest) to see who would want to pilot a medical home. Standards will be developed. Competencies are being worked on as well as payment methodology. A pilot evaluation will be created developing outcomes and measures.
- E. Behavioral Health Services – Secure Residential and Community Supports – Ms. Roberts-Johnson said the Secure Residential SPA was approved by CMS. Testimony was received at the public hearing on April 15. Regulations were sent to the AG's office for review early this month.

Community Supports – Ms. Chaumont said the Department is trying to work with providers to make this flexible. CMS has informed us we cannot pay a monthly fee. We will meet with a group of providers to discuss possible solutions that address the CMS requirement and do not increase the budget while providing flexibility.

- F. Autism Waiver and Regulations – Ms. Buettner stated there is a link on our website through the HCBS waiver that links to the Autism waiver. We received approval from CMS in March. When the regulations are approved, we will move forward to start enrolling providers and families. Our goal is to begin enrolling in July.
  - G. Physician Services – Site of Service Differential and Consultation Codes – No comments were received at the May 6 hearing for Site of Service Differential. Consultation Codes – Medicare is removing this and Medicaid will follow suit.
  - H. National Drug Codes (NDC) – An updated Provider Bulletin will be sent in the near future to help with missing data. Provider Bulletins were issued January through July of 2008, based on a change in federal law so rebates can be gotten on these drugs. Claims with incorrect coding will not be reimbursed.
  - I. Nursing Facility Reimbursement Revisions – Cindy said beginning July 1 we will use the new RUG tool with 34 levels of care. Our website has information and responses to provider questions. Providers should receive their 34 specific rates before the end of May.
- V. Regulations Review –

Medicaid Supplemental Payments to UNMC Physicians and Medicaid Supplemental Payments to UNMC Dentists – Both sets of regulations went to hearing on May 6 and there were no comments on either. Changes to the regulations are to provide enhanced payment to the practitioners.

Managed Care revisions and Hospital Rate changes – The public hearing is scheduled for June 10. Changes are being made to come into compliance with federal regulation.

Payment of Medicare Part A Crossover Claims for Nursing Facility Services – Effective July 1, if Medicare's payment amount exceeds or equals what Medicaid pays, there will be no Medicaid payment. If Medicare's payment amount is less, then Medicaid will pay the coinsurance or the difference between the two whichever is less.

In future meetings, if the rules are available for review we will ask for questions and/or comments on them instead of giving a report.