

Medical Assistance Advisory Committee
Wednesday, June 9, 2010
Nebraska State Office Building – Conference Room 1Z

State Staff Attending: Vivianne Chaumont, Jenifer Roberts-Johnson, Susan Buettner, Dr. Jeanne Garvin, Cindy Kadavy, Kay Wenzl, Nancy Staley

Lehn Straub attended as invited guest

- I. Roll Call - Dr. Joe Acierno, Dr. Scott Applegate, David Burd, Joni Cover, Tami Frank, Lynette Helling, Ron Jensen, Terri Melvin, John Milligan, Dr. Michelle Petersen, Dr. Ed Schneider
- II. Review of May 13, 2010 Meeting Minutes – approved as written. VMC introduced the three new members, Dr. Joe Acierno, Lynette Helling, and Dr. Michelle Petersen.
- III. Managed Care Presentations

Coventry – Janet Fonfara, Director of Provider Relations, and Shelly Wedergren, Director of Communications and Public Relations, distributed handouts and gave a brief presentation of their services. Contact either of them if you want to attend one of their open forums.

United ShareAdvantage – Tim Spilker, Interim Executive Director, gave a brief presentation. Company representatives Ann Woods and Ralph Beck were also in attendance. Kathy Mallatt is starting Monday as their Executive Director. He asked that members call with questions and concerns they hear about.

Enrollment Broker – Joan Anderson, Executive Director of the Lincoln Medical Education Partnership, explained that the enrollment broker function is the way mandatory managed care clients will get information about the plans and decide which plan they want. 53,000 households will call in to center. They have seven and one-half staff that answer 16 phones from 8am-5:30pm Monday through Friday, and four to five staff who will be at the phones Monday through Thursday from 5:30-8:00pm. There will be two levels of calls. Automatic assignments will be done by provider, not zip code. Ms. Anderson asked for comments or suggestions to make the system better.

Dr. Schneider asked Coventry and ShareAdvantage representatives if they have an ultimate '911' phone number for situations when "everything breaks." He asked how someone can get in touch with them. They will provide numbers to Ms. Chaumont to email to MAAC.

Dr. Applegate would like to speak with providers who have expressed concerns and have had them appropriately resolved. He asked for a list of examples.

Mr. Burd asked Coventry about provider education. Ms. Fonfara said there is an in-person meeting Thursday, June 17 at Embassy Suites and she will send him the information. She will also send to Ms. Chaumont, who will forward to the provider mail list. Ms. Chaumont discussed the concerns she has heard about and stressed the need to pay close attention to the continuation of care so there is a minimum of hassle to all when they go from PCCM to managed care, which will go live August 1. She gets questions about the payment issue and not getting claims paid on time. DME providers and home health providers are concerned about provider enrollment. She asked that they please reach out to those providers and get information out to them.

Mr. Burd said there is a cost settlement issue process that the Hospital Association will assist with, for the new counties within managed care regarding critical access hospitals.

- IV. ShareAdvantage Marketing Material – They will be requested to take out the “free transportation” wording because that is a regular Medicaid benefit. Dr. Petersen asked about “the doctors you want” wording. Staff will discuss that wording with ShareAdvantage. Maybe “the doctors you need.” Members approved the marketing material.
- V. Medicaid Reform Council – savings suggestions – It was in statute for the Council to give advice to Medicaid Program on how to run the Medicaid program. The 2005 report came up with ideas to contain Medicaid costs. Senator Campbell introduced a bill to keep the Council meeting four times each year. Ms. Chaumont asked for ideas to take to the Council that might include cost containment. Cutting eligibles is not option, but cutting benefits, cutting rates, or managing care better are. The aged and disabled are exempt from managed care. Dr. Applegate said appropriate treatment cuts hospitalizations and taking medication, which cuts utilization of services. Dr. Schneider asked if emergency rooms are a major factor? Yes, and part of the medical home model is to take better care of Medicaid clients so they don’t go to emergency rooms. We are working on a medical home pilot for a more rural part of the state that is not in the ten-county managed care area. Ms. Chaumont said increasing co-pays for clients will be discussed. Mr. Jensen said most people don’t have private resources if they spend several years in a nursing facility. He stated that each facility has its own rate based on cost reports. Most fees go to facility but some are billed to therapies. Dr. Applegate asked if reimbursements were tracked would that be more cost effective? Could we incentivize cost efficiency? Ms. Chaumont responded that the PACE (Program for All-Inclusive Care for the Elderly) Program is an optional benefit under both Medicare and Medicaid that focuses entirely on

older people, who meet the State's level of care standards for nursing home care, with one company managing both. Nebraska is working toward a PACE Program. Ms. Helling asked if we know what percentage is cardiac, diabetes, COPD - do we know what diseases cost most? Mandatory benefits we have to cover, but optional benefits the state does not have to offer at all. Dental, vision, chiropractic, podiatry, hearing aids, physical therapy/occupational therapy/ST visits were changed. Medicaid is a \$1.6 billion program, so a 10% cut is \$160 million, and a 5% cut would be \$80 million. Ms. Chaumont again requested any ideas be shared with her.

- VI. DME – breast pumps, incontinence supplies, prior authorization, gloves, - Lehn Straub, DME distributor, is attending at Ms. Chaumont's request. Mr. Straub had sent a letter asking to work on system issues, program issues, reimbursement issues, etc. and we have been working through those issues. The four pages of material you picked up at the beginning of the meeting should all state 'Draft'. We are asking for input so we can discuss at our August meeting. We want to provide breast pumps where it is medically necessary. We have discussed proposed codes and talked about diagnoses but have not finalized. There is an issue for how long it takes for infant to get into Medicaid. Are there ideas? Moms have to enroll their babies. We are looking at different options for educating moms on providing complete information on an application/paperwork. Expressing breast pumps without justification sometimes defeats bonding between mother and baby. Dr. Applegate said he's in favor of the draft policy.

Send Ms. Chaumont any comments you have on any proposals.

- VII. Department Update

Home Health – Ms. Chaumont explained that the issue is that we are trying to provide people with the appropriate service at the appropriate level of care for the right cost. We started the contract with Qualis, which began April 1, because we didn't have the resources to prior authorize home health in a timely fashion and providers had expressed those concerns to us. Prior authorization can be done more efficiently and quicker with a contractor. With some procedural issues worked out we will get to that point. One thing we were routinely paying for was two home health visits to every new Medicaid mom, whether necessary or not. The decision was made not to do that routinely anymore, but if it is medically necessary it will be paid for. It is things like that, as well as places where it was common for some providers to ask for LPN and RN services interchangeably. Some things an LPN could do so there was no need to pay for the services of an RN. Some things only an RN could do but they do not need to be used interchangeably. Chore providers could do some things at half the cost. We need to shift the care to those providers instead of paying twice the cost for those who are licensed. Ms. Chaumont reviewed the notice that was sent to clients and rescinded it.

We still need to continue to review home health. We are committed to keeping people in the community if they want to be there and spending our money in the best way possible. We will educate clients regarding HCBS and PAS. We will look at reimbursement of services. We will look at the difference in coming out of the hospital and needing different care the first month than maintenance type efforts for someone. Ms. Helling said providers need to be fiscally responsible also. Ms. Chaumont reported that system kinks are being addressed so Qualis information will match the State's information. Mr. Milligan says they get complaints because the people who don't get told are the patient and their family. The provider giving the service needs to be responsible for helping transition the client to another level of care. Is it the State's responsibility to find new care? Mr. Milligan said we need to find a way to balance necessary budget cuts with needs of clients. We are committed to keeping people in the community. Ms. Chaumont hopes that by our August meeting we will have a proposal to discuss. In the meantime, we will meet with home health providers as well as any clients who want to meet.

- VIII. Regulations Review – Pediatric Feeding – Ms. Chaumont said the regulations will be redone. Ms. Roberts-Johnson will respond to Ms. Melvin's email regarding the regulations.
- IX. Other Issues – Our next meeting is Wednesday, August 11, 2010, at 5:30pm at the Lincoln Medical Education Partnership located at 4600 Valley Road in Lincoln.
- X. Adjournment