

Medical Assistance Advisory Committee  
Wednesday, August 11, 2010  
Lincoln Medical Education Partnership Classroom 1

State Staff Attending: Vivianne Chaumont, Jenifer Roberts-Johnson, Margaret Booth, Dr. Jeanne Garvin, Cindy Kadavy, Kay Wenzl

- I. Roll Call - Dr. Joe Acierno, Dr. Scott Applegate, Heath Boddy, David Burd, Joni Cover, Ed Erickson, Tami Frank, Lynette Helling, Ron Jensen, Terri Melvin, John Milligan, Dr. Michelle Petersen, Brad Rasmussen, Dr. Ed Schneider, Dr. Dale Zaruba
- II. Ms. Chaumont introduced two new members, Dr. Dale Zaruba and Brad Rasmussen.
- III. Department Issues – all handouts are attached to minutes

As a reminder, Medicaid pays for medically necessary services for eligible clients.

- A. DME Breast Pump Policy – (handout attached) Ms. Wenzl explained the policy is being revised to clarify that Nebraska Medicaid will rent hospital grade breast pumps for the medical conditions listed on the handout. This will eliminate the ability to purchase other pumps. There was discussion regarding the length of the short term and long term rental periods. Dr. Petersen asked why six months was chosen for the long term rental when the recommendation was one year. Vivianne said we will look into that. Dr. Petersen said they prefer two months for short term and 12 months for long term or six months for long term with the option to renew for a second six months. Also want the option to renew the two-month short term rental if there is a new diagnosis, possibly with an option to return before the two months are over if no longer needed. Dr. Petersen asked Ms. Chaumont if there could be a pilot program to see how an infant does on hospital grade breast pumps vs. a single person breast pump. Ms. Chaumont said we would consider results of any such study.
- B. DME Revisions – (two handouts attached) Ms. Wenzl explained the draft provider bulleting regarding incontinence products maximum units. Ms. Chaumont said if we find we're getting a great deal of prescriptions from physicians for more of each, then we will re-evaluate the maximum number. These products are included in the ICF/MR rate, as well as the rates for long term care facilities and hospitals, but not in the rates for assisted living facilities. The same applies to gloves in the draft provider bulletin. Both were initiated from cost savings measures that were requested.

- C. Home Health – (two handouts attached) Ms. Kadavy said the Provider Bulletin, posted today, regarding Medicaid Home Health and Private-Duty Nursing Services becomes effective September 1. For home health we prior authorize every service. She explained briefly what was included in the bulletin. There will be an hourly code as opposed to number of visits. Medicaid pays on the service that is needed, not on who provides the service. Ms. Helling asked about an aggregated rate because sometimes there isn't an LPN available so an RN goes out, but there's such a difference in the reimbursement rate. Ms. Chaumont said we will look at that. Ms. Helling will provide her information on what people within the city limits are paying their employees. The second handout includes definitions relating to the idea of restructuring the home health program. Please look at this document, get input, and we will talk about at the next meeting.
- D. Managed Care Update – (handout attached) Ms. Chaumont said the transition went smoothly. There are 9,000 clients who are special needs and can not be auto assigned. Dr. Schneider said optometrists have great concern with the reimbursement rate and some will drop out. Mr. Erickson said the DME issue is that United chose to cap the number of providers and refused to enroll any new providers. Clients had to work to find a new provider if they went with United. Dr. Petersen said she has had home health problems through managed care for kids. Ms. Helling said they're working through that. The managed care contracts are for three years with two one-year options to renew. Ms. Chaumont asked that you keep her posted, sending her emails. Promotional materials from Coventry were available. If you have any input or any issues with that material, please bring them to the next meeting. We will discuss at that time because this committee has to approve promotional material.
- E. Newborn Enrollment – Ms. Roberts-Johnson and Ms. Booth met to with hospital representatives to come up with a process so newborn enrollment can go smoothly and Medicaid ID numbers can be issued quickly so a doctor will pick them up and they can get into managed care immediately. Looking at having a number in the system before a mom delivers so that, when the baby is born, that activates the number and then we can pay for the baby. It was suggested that physicians might like to see how they could help, in an office setting, get a mom to enroll her baby in the system in advance.
- F. Physical Therapy Authorizations for Kids – Ms. Chaumont asked members to think about this, give her input, and we will discuss at the next meeting. Dr. Garvin explained that the OT/ST/PT visit rate is

climbing. It can be lowered three ways - by eliminating hours, visits, or by requiring prior authorization for each therapy. The school system does their education-related therapy, not medical-related therapy. If a service is medically necessary for a child, that's when Medicaid pays for it. We're not talking about a cap to limit services, but prior authorization to corral them. Dr. Petersen asked for information about that – Jeanne will put together thoughts on that and share at the next meeting. Dr. Petersen is interested in what services are increasing.

G. Autism Waiver – Ms. Chaumont explained the legislative bill that passed two years ago, providing services for kids up to the age of nine. There would need to be a private donor and Medicaid would match that amount. The waiver was approved by CMS, but the donor has decided not to donate the money because of the conditions in the statute. The statute read that first administrative costs would be paid. Secondly, kids who were not otherwise eligible would get their other medically necessary services paid and the remaining money would be used for autism services. The waiver was negotiated on the fact that it would be cost neutral to the Medicaid program.

H. Electronic Billing – will be on next month's agenda.

#### IV. Regulations Review –

Billing for Orthodontic Treatment – Copies of the draft changes were available. This will be on the September agenda.

Elimination of Medicaid Coverage of the Unborn – Changes have already been made for discontinuing coverage of the unborn of those not eligible.

V. Member Issues – Dr. Petersen asked that members received the handouts with the agenda when it's emailed prior to the meeting. Dr Schneider requested that Medical Home be on the next agenda and that material is sent in advance. Ms. Wenzl said staff are gathering information for a DME recovery program. Mr. Rasmussen asked about a drug recovery program also. Ms. Chaumont asked that members email her with any issues they have.

VI. Other Issues – The next meeting is Wednesday, September 8, 2010, at 5:30pm in Classroom 1 (Entrance 1) at the Lincoln Medical Education Partnership, 4600 Valley Road in Lincoln, Nebraska.

#### VII. Adjournment