

Medical Assistance Advisory Committee
Wednesday, September 10, 2014

State Staff Attending: Jeanne Larsen, Courtney Miller, Kris Azimi, LaRue Cole, Karen Heng

Members Attending: Mary Barry-Magsamen, Heath Boddy, David Burd, Joni Cover, Dr. Deb Esser, Frannie Green, Ron Jensen, Dr. Steve Lazoritz, Terri Melvin, John Milligan, Jina Ragland, Ed Schneider, Ricky Ann Trobaugh, Dr. Dale Zaruba

Members Absent: Dr. Joe Acierno, Lynette Helling, Dr. Paul Taylor

Members Absent (Unexcused): Dr. Scott Applegate, Brad Rasmussen, Natalie Torrez

I. Review of June 11, 2014 Meeting Minutes – Approved as written.

II. Department Issues

A. October 1, 2014 ICD-10 Changes – Ms. Azimi distributed copies of the project summary and actions being taken. MMIS will be able to accept and process more diagnosis codes on institutional claims. Prior authorizations with a diagnosis code need to use ICD-9 codes before October 1, 2015 and after that ICD-10 codes. We are changing interfaces with external vendors and testing to make sure nothing else in MMIS changed. The system can't accept ICD-10 codes until October 1, 2015. Trading partner testing is continuing. We have had a few providers volunteer to be testers, but at the beginning of 2015 more testers will be recruited. Paper claims will be tested in April. We are not seeing anything different on the code set and the testing is going well. Ms. Azimi said we test institutional claims regarding the DRG and will run test claims through and will price the ICD-10 DRG. She said information about how providers need to do testing has been published in provider bulletins and on the website. The EDI Helpdesk can assist trading partners to get started testing.

B. MMIS Project Update – Ms. Azimi also distributed a summary of the MMIS Replacement Project and actions being taken. She said systems are being looked at and staff are doing procurement analysis. We will bring in a number of MMIS vendors to learn about their potential solutions. Ms. Azimi will communicate more as the process moves along.

C. New MIP System October 6 – Ms. Cole said the Medicaid Incentive Program is where providers can attest to an incentive payment if they adopt, upgrade, implement or show meaningful use of a certified EHR system. Providers have been completing attestations manually on a PDF. The new system will be implemented on October 6, which means instead of providers completing the PDF on our website, they will be going into a portal. A CMS rule change which was just issued on August 29 allows providers to attest via the 2014 certified edition or the old certified version of the software or a combination of the two. Providers attesting based on the old technology will be able to attest probably before Thanksgiving. The vendor is working on that now and we will update you as changes occur. The portal will be rolled out October 6 with a link

on our website that will take providers there. It includes a user guide and will lead a provider through attestation process. The portal features a dashboard, which will track stages the provider is in and show payment history. Currently the provider is requested to complete an entire document to resubmit their form, but with the new system the correction can be made only to the fields that need to be corrected and the attestation resubmitted.

D. Update on Eligibility Numbers – Copies were available of the chart showing the numbers of Nebraskans covered by Medicaid and CHIP each month from July 2008 through July 2014. Ms. Heng said the preliminary number for August are 235,447, which is a slight increase from July. The chart has a line for children with Medicaid and children with CHIP, which add up to 157,000, leaving 80,000 in the adult group. Total enrollment has increased since July 2008.

E. HCBS Final Rule – Copies of the draft ‘Transition Plan to Implement the Settings Requirement for Home and Community-Based Services Adopted by CMS on March 17, 2014 for Nebraska’s Home and Community-Based Waivers’ were available. The plan is located on the DHHS website at <http://dhhs.ne.gov/Pages/hcs.aspx>. Ms. Miller explained this requires waiver services to be truly home and community-based services and not institutional in any way. We were mandated to put together a five-year transition plan and address services. There are five HCBS waivers – three in Developmental Disabilities and two in Medicaid and Long-Term Care. Part of the plan is public comment period, which began September 3 and will end October 15, 2014. Four public meetings have been scheduled in Kearney, Lincoln, Omaha, and Sidney. The report discusses each waiver. Ms. Miller said we have a team working on this. There may be concerns about the assisted living memory units but we are working with CMS to clarify the exception guidelines. They have been provided this draft to review and if they provide suggested changes, the comment period may begin again for any revisions. CMS is refining the implementation path. We will share more information as we receive it.

Ms. Miller said the BIP (Balancing Incentive Program) application was submitted and we are awaiting comments from CMS.

III. Member Issues – Ms. Melvin asked about the notice from CMS regarding the 59 modifiers and x modifiers and how Medicaid will handle that. Mr. Miller will follow up with Jeanne Larsen and get back to her.

Mr. Boddy asked Ms. Miller to follow up with Ms. Larsen on another issue. Some of their facilities are having a problem with enrollment. New criteria causes an issue when the provider gets one thing incorrect, the enrollment gets returned and when the provider returns it once again it goes to the bottom of the stack of enrollments. He asked if it would be possible to work out a solution, maybe put the returned enrollments in a different stack.

Mr. Boddy and Ms. Green reported issues with client and caregiver satisfaction with IntelliRide, saying the vehicles assigned do not always fit the mission, such as bringing vehicles for a wheelchair client that they can’t get a wheelchair in. Ms. Melvin said they have also had feedback about data received was outdated, patients are dissatisfied, etc. Ms. Miller said many of the implementation hurdles have been addressed and there has been an increase in understanding

the new broker's system. IntelliRide was requested to provide additional training on the system as drivers did not have sufficient training initially. Ms. Miller asked that when situations occur, please let her know the client's name, date of service and any other information about a specific instance, as generalities are difficult to identify and resolve. Dawn Vosteen is the transportation specialist. Her phone number is 402-471-9530 and her email address is dawn.vosteen@nebraska.gov. Client satisfaction letters went out to Medicaid recipients as a way to get feedback from them.

IV. Other Issues – The next meeting is Wednesday, October 8, 2014, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.

2015 meeting dates - meetings begin at 5:30pm each Wednesday listed below

January 14

February 11

March 11

April 8

May 13

June 10 September 9

October 14

November 18 – 3rd Wednesday as the 2nd Wednesday is Veterans Day

V. Adjournment – The meeting adjourned at 6:15pm.