

Medical Assistance Advisory Committee
Wednesday, September 12, 2012

State Staff Attending: Vivianne Chaumont, Susan Buettner, Jeanne Larsen

Members Present – Dr. Joe Acierno, Mary Barry-Magsamen, Heath Boddy, Joni Cover, Dr. Deb Esser, Lynette Helling, Jina Ragland, Dr. Ed Schneider, Natalie Torrez, Ricky Ann Trobaugh, Dr. Dale Zaruba

Members Absent – David Burd, Ed Erickson, Ron Jensen, Terri Melvin, John Milligan

Members Absent (Unexcused) – Dr. Scott Applegate, Brad Rasmussen

- I. **Review of August 8, 2012 Meeting Minutes** – approved as written.
- II. **Department Issues**
 - A. **MCO Marketing Materials** – There were no concerns with the material.
 - B. **Electronic Claim Submittals** – Ms. Larsen said we have discussed going completely to electronic claims. There are still a number of fee for service claims and paper claims. She asked if there would there be issues with providers if we go completely electronic. Could that be a reason for providers not to take Medicaid clients? Ms. Larsen researched pros and cons. She used the EDI site and plugged in 25 claims, which showed a \$500 savings per month if sending electronic claims as opposed to paper claims. It also creates savings for the provider if they are willing to go through the sign up process. It will save administrative time on the provider side as well as the state side if claims are all electronic. Thirty percent of our claims still come in on paper. Could we do the same as Medicare? Dr. Schneider said CMS has free software for Medicare – could that work for Medicaid? He will send the website to Ms. Chaumont. Ms. Trobaugh will work with Nancy Rios on the Tribes' dental claims so they can be filed electronically. Mr. Boddy asked if providers can get instant messages, instead of two weeks later, when something is put in incorrectly and be told why it failed. Ms. Larsen said the clearinghouse should already be doing that. She asked if it's true that not all parts of Nebraska has internet access. Members suggested working with the Dental Association, NABHO, and assisted living facilities. We will come up with a schedule and a list of exceptions, comparing them to Medicare exceptions which are extremely few. Ms. Larsen will get current data on who still sends paper claims. We will check with DME people to

see if they are able to submit all electrically and let Ms. Cover know. We will gather ideas and get this issue back on the agenda.

- C. **Telehealth Regulations** – Ms. Chaumont said the telehealth regulations need to be revised, updated, made more user friendly and available to people. She asked that members look at the regulations and give us their thoughts. We need to make sure we're identifying issues and using it for its purpose. Dr. Esser said Coventry knows telehealth is out there but they haven't had much utilization. Telehealth would need to be secure technology wise. We need to clarify the definition of telehealth as well as the difference between telemedicine and telehealth. We will keep working on them and bring them back to the Committee.

III. **Regulations Review** –

Non-Payment for Provider-Preventable Conditions – these regulations go to public hearing September 27. The big change is that it is not just hospitals, it also includes other providers. Our regulations state that we will follow the Medicare list, which is on their website. What about hospital acquired infection causing readmission? Ms. Buettner reported we don't pay the people who gave them the incorrect care, but we will continue to pay the providers who gave them care after that. That has been a Medicare requirement. The claim will show the diagnosis the individual came into the hospital with.

IV. **Member Issues** – We are still working on the Behavioral Health RFP.

- V. **Other Issues** – Ms. Buettner gave an update on Primary Care Provider Rate Increase. She said enrollment is the same as for Medicare for calendar years 2013 and 2014, effective January 1, and includes sub-specialties. Susan will check the site and clarify the list of sub-specialties. Ms. Chaumont reported we will be meeting with the three managed care organizations to find the best way to increase the rate for primary care providers. Federal dollars will pay the extra for 2013 and 2014. After that states can roll it back if they choose. However, the rates will likely not be in place January 1 because we don't have the final rules yet.

Ms. Chaumont said each department will submit a proposed budget on September 15 and it will become a public document at that time. We will discuss it at our October meeting. We will submit a fairly flat budget and also a list of modifications in the event we would have to go to 95% budget. Managed care and the transportation broker have saved us money.

The draft Medicaid annual report will be released September 15 and will be sent to this Committee. The final report comes out December 1.

The next meeting is Wednesday, October 10, 2012, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.

VI. **Adjournment** – adjourned at 6:50pm.

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