

Administrative Simplification Committee Meeting Summary
May 24, 2016

Participants: MLTC Representatives, ASC Members, Public Attendees

Contact: PLACEHOLDER FOR MLTC CONTACT PERSON NAME AND CONTACT INFO UNDER MLTC CONTACT EMAIL INCLUDE: DHHS.HeritageHealth@nebrasksa.gov

Next Meeting: July 27, 2016
2:00 PM to 3:00 PM, Central Time
Nebraska State Office Building
301 Centennial Mall South
Lower Level Room F
Lincoln, NE 68509

Meeting Materials: http://dhhs.ne.gov/medicaid/Pages/med_ManagedCare2.aspx

Overview

- MLTC Director Calder Lynch welcomed Administrative Simplification Committee (ASC) members and thanked members for their willingness to participate in the ASC.
- ASC participants were asked to introduce themselves.
- Director Lynch led a review of the ASC charter and emphasized that the committee was formed to optimize the provider experience through reducing administrative burden and simplifying provider compliance processes.
- Director Lynch provided an overview of Nebraska Medicaid's current managed care and fee-for-service programs and described how those programs will come together under Heritage Health.
- Director Lynch reviewed the new populations that will be included in Heritage Health that were previously excluded from managed care.
- Director Lynch noted that services, such as long-term services and supports (LTSS), that are not included in Heritage Health and will still be reimbursed through fee-for-service system.
- Director Lynch and Deputy Director Heather Leschinsky provided an overview of the credentialing requirements in the Heritage Health plans' contracts including:
 - Providers must be Medicaid-enrolled providers in order to contract with Heritage Health plans.
 - For providers attempting to simultaneously enroll as Medicaid providers with the State and to contract with Heritage Health plans, the health plans must operate their credentialing process concurrently with the State's Medicaid provider enrollment application process so that providers don't experience unnecessary delays in credentialing approval.

- All three Heritage Health plans must accept Council for Affordable Quality Healthcare credentialing for providers participating in CAQH.
- Heritage Health plans are required to adjudicate “clean” credentialing applications within the 30 calendar days of receipt.
- WellCare of Nebraska presented an overview of its credentialing and contracting process for the Heritage Health program. WellCare emphasized the need for providers participating in CAQH to have attested to their CAQH profile within the last six months and to select WellCare as an approved payer in order for WellCare to access the provider’s CAQH profile.
- Nebraska Total Care presented an overview of its credentialing and contracting process. NTC noted that the plan had just recently mailed contracting packets to identified providers in the state.
- UnitedHealthCare Community Plan presented an overview of its credentialing and contracting process.
- All three plans provided information on the process and timeline for recredentialing providers.
- As new entrants into the Nebraska, WellCare and NTC stated that during the initial implementation of Heritage Health, their credentialing review committees would meet weekly in order to expedite the provider credentialing approval process.
- Each plan provided information on it handles delegated credentialing.

Discussion

Sent email on 6/10/16 asking for clarification on including Q&As in the meeting summary/minutes. Will revise accordingly.

ASC participants asked several questions that were addressed throughout the health plan presentations and during the open discussion period.

Questions included:

- Will “critical access” providers, particularly those located in rural areas, have to abide by the same credentialing and contracting criteria?
 - The State said that credentialing standards for providers would be consistent but that the health plans had the flexibility to negotiate different contracting terms for different providers. The State also noted that the health plans had to meet state standards for ensuring access to providers.
- How will “value-based” reimbursement requirements impact rural providers?
 - The State noted that health plans had flexibility in meeting the value-based contracting requirements and that value-based agreements would likely be more appropriate for certain types of providers.

Will add additional questions based on answer to the highlighted question above...