Medical Assistance Advisory Committee
Wednesday, February 9, 2011

State Staff Attending: Vivianne Chaumont, Jenifer Roberts-Johnson, Susan Buettner, Karen Heng, Ed Matney, Anne Harvey, Margaret Booth

Members Attending – Dr. Joe Acierno, Dr. Scott Applegate, Heath Boddy, Ed Erickson, Tami Frank, Ron Jensen, Terri Melvin, John Milligan, Brad Rasmussen, Ed Schneider, Natalie Torrez, Dr. Dale Zaruba

Also Attending: Nick Faustman

I. Review of January 12, 2011 Meeting Minutes – approved as written.

II. Department Updates

A. **ACCESSNebraska** – (handouts) Karen Heng, project administrator with the Division of Children & Family Services and project lead for ACCESSNebraska, distributed handouts and gave a brief update on the status of the project. Ms. Heng and Ed Matney, deputy director with CFS and co-chair of ACCESSNebraska, responded to questions asked and concerns raised. If there are specific clients that members need assistance with, they would appreciate receiving that information. Their email addresses are karen.heng@nebraska.gov and ed.matney@nebraska.gov. Please send concerns and questions to Ms. Heng with a copy to Mr. Matney.

Ms. Chaumont said a Provider Bulletin will be issued regarding caseworkers now being able to approve payment for emergency labor and delivery services only without additional steps and after checking eligibility. Clients need to put in an application. This is only for labor and delivery. Anything else goes through the standard process.

B. **Recovery Audit Contracts (RAC)** – Anne Harvey, Program Integrity Office, said CMS postponed the implementation date indefinitely until they get their rules finalized. They issued additional information through their website, which includes a map which gives the status of a state's SPA. The RFP is being worked on. Ms. Harvey said we anticipate being able to address David Burd's concerns in the RFP. We will make an effort to put more information out for providers as to what Nebraska is doing. Ms. Frank said it's hard to tell what's been changed on a page and asked if changes can be notated somehow. Ms. Harvey said our functions can report that something did change and the date it changed, but can't list the exact change.

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C. **National Correct Coding Initiative (NCCI)** – Ms. Harvey said this is a federal mandate that states must implement. CMS works with the American Medical Association's CPT manual to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. We are working with the contractor to meet the April 1, 2011 implementation date. We are in the process of identifying things in the current system so we can educate providers with the education and communication plan being developed, which will include another Provider Bulletin that will be out soon. She highlighted information regarding NCCI that's available on the CMS website. If members have groups with newsletter Ms. Harvey would like contact information so she can share information with them. The contractor, Bloodhound Technology, will assist with procedure codes on claims by looking at them and letting us know how they should be paid. It is all done electronically for anything with a CPT code. Dr Zaruba asked how much the contractor is being paid and why we the State is not continuing on their own. Ms. Harvey responded that our system can't handle it and it would be too costly to redo that system.

D. **5010 Provider Validation** – (handouts) Ms. Harvey said the Provider Bulletin was published today regarding the switch to the 5010 version of transactions. There has been a 50% response rate from the first batch of letters we sent to providers in Lancaster County. If we don't hear back from providers, their claims will not get paid. There is no re-enrollment process for providers already in the system. Staff are following up with providers, sending letters, emails, and calling. There is contact information on Provider Bulletins. A provider bulletin will be going out shortly.

E. **Hospital Acquired Conditions** – Margaret Booth stated that, effective July 1, 2011, Medicaid will mirror Medicare requirements and no longer pay for hospital acquired conditions on inpatient claims. This means we'll start collecting "present on admittance" indicator when client is admitted to hospital.

F. **Renewal of the Aged & Disabled Medicaid Waiver** (handout) – Ms. Buettner said the waiver is due to CMS this spring. We are looking through it to see if there should be changes.

G. **Medical Home Update** – Ms. Roberts-Johnson reported that CMS approved our pilot project and we are moving forward. Governor Heineman appointed Ken Klaasmeyer to the Medical Home Advisory Council. The regulations are in the final phase of approval.

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TransforMED will provide technical assistance to the pilots. The kickoff is later this month.

H. **Budget Update –** Ms. Chaumont will send a copy of the provider codes at Mr. Jensen's request. Every code except those listed will be subject to the 5% provider cut. Dr. Schneider asked about the change to visions/dental in the budget modifications list. These were not included in the Governor's budget.

I. **Legislative Bills –** Ms. Chaumont explained LB 456, LB 465, LB 466, LB 467 and LB 468. The latter relates to changes in copayments. Mr. Erickson said LB 534 adopts the Phototherapy Practice Act. He said the regulations try to cover a lot of people with just one regulation. LB 539 requires a Medicaid State Plan Amendment to limit adult emergency room (ER) visits to 12 per year for those that do not result in admission. There are compliance issues with this approach. LB 540 requires a Medicaid waiver relating to family planning services up to 185% of poverty level. The waiver is just for family planning services. LB 541 requires the state to have a RAC program where a third party contracts to promote Medicaid integrity and cost containment. It includes TPL recovery, estate recovery, HIPP. LB 662 provides for a demonstration project regarding bundling payments to do voluntary pilot projects.

Ms. Chaumont asked how members prefer to handle legislative bill information. All bills are on the Legislature's website. Dr. Applegate finds it helpful to have the LB on the agenda with bills attached.

III. Regulations Review

Third Party Liability-Long Term Care Insurance Payments – Ms. Roberts-Johnson said this is updating the regulation to reflect that payments from long term care insurance that exceed what Medicaid paid will no longer be paid to the caseworker but will go back to the insurer or client directly.

IV. **Member Issues –** Continued updates on RACs requested for next month's agenda if there is any new information.

V. **Other Issues –** Our next meeting is Wednesday, March 9, 2011, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.

VI. Adjournment – adjourned at 7:20pm

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