

Medical Assistance Advisory Committee
Wednesday, March 9, 2011

State Staff Attending: Vivianne Chaumont, Jenifer Roberts-Johnson, Susan Buettner, Anne Harvey

Members Attending – Mary Barry-Magsamen, David Burd, Joni Cover, Ed Erickson, Tami Frank, Roxann Hamilton, Lynette Helling, Terri Melvin, Brad Rasmussen, Larry Voegele, Dr. Dale Zaruba

- I. Review of February 9, 2011 Meeting Minutes – approved as written.
- II. Department Updates
 - A. **Medicaid RAC (recovery audit contracts)** – Anne Harvey, Program Integrity Office, said the process is on hold until CMS has a decision on the implementation date, which will be posted at that time. Our SPA has already been approved.
 - B. **National Correct Coding Initiative (NCCI)** – Ms. Harvey reported this initiative is effective for claims received as of April 1, 2011 with service dates on or after October 1, 2010, to make sure procedure codes are correct. CMS has done this with Medicare for several years. Most providers are coding things correctly, but we will still do provider education. Ms. Harvey thanked the associations who put information and/or the provider bulletin in their newsletter.
 - C. **MCO Marketing Materials** – Vivianne Chaumont asked if there are questions or comments regarding the materials that were sent out with the agenda. Coventry covers the at-risk managed care counties – Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington. United Health Care also provides managed care in those 10 counties. One of the Appropriations Committee proposals is that physical at-risk managed care be statewide effective July 1, 2012.
 - D. **State Medicaid HIT Plan (SMHP)** – Jenifer Roberts-Johnson distributed handouts explaining the state decision points. The first is Meaningful Use, where providers can choose from 10 menu set objectives. Nebraska Medicaid will not seek additional meaningful use requirements. Under Patient Volume Calculations the state can choose the option to calculate based on “encounters” or “patient panel”. Nebraska Medicaid will allow either option. The Eligible Hospital Payment Calculations is where DHHS will calculate EHR incentive payment amounts for eligible hospitals. A provider bulletin was issued explaining the procedure. These are in addition to core

criteria being met. The second slide shows what will very soon be on the website. If you subscribe you will get a note or an alert when there are changes made. The survey that was sent to estimate the number of providers in hospitals closed yesterday. Mr. Burd asked about the timeframe. We anticipate submitting the HIT plan to CMS by the end of April for approval. Enrollment anticipated by November.

- E. **Medical Home** – Ms. Roberts-Johnson said regulations have been approved, contracts with the two pilots – Kearney Clinic and Plum Creek Clinic have been signed. Ken Klaasmeyer was appointed to fill the vacancy on the Medical Home Advisory Council.
- F. **Budget Update** – Ms. Chaumont said the Appropriations Committee sent out their draft proposal. Their draft was different from the Governor’s proposed budget in a few areas. They put in a 4% provider rate cut instead of 5%. They did not include savings from elimination of Medicaid eligibility for adults who don’t comply with Employment First. They did not include savings for nutritional supplements for adults and kids. They added savings from the expansion of the physical health at-risk managed care program statewide except in the two counties where the medical home pilots are located. DHHS Medicaid & Long-Term Care Division’s budget hearing is Tuesday, March 15. The budget covers July 1, 2011-June 30, 2013.
- G. **Legislative Bills** – Ms. Chaumont gave the status of each of the following bills:

- LB 456 – Medicaid Clean-up – *In Committee*
- LB 465 – Medicaid and SNAP for aliens – *General File*
- LB 466 – Preferred drug list – *In Committee*
- LB 467 – Medicaid for ADC not meeting EF – *In Committee*
- LB 468 – Medicaid copayments – *In Committee*
- LB 494 – Require timely review of Medicaid eligibility – *In Committee*
- LB 525 – Provide for Medicaid plan amendment or waiver and transfer of funds relating to the Nebraska Regional Poison Center – *In Committee*
- LB 534 – Phototherapy Practice Act – *In Committee*
- LB 539 – Require State Plan Amendment or waiver relating to adult emergency room visits – *In Committee*
- LB 540 – Require Medicaid waiver relating to family planning services – *In Committee*
- LB 541 – Third party contracts to promote Medicaid integrity and cost containment – *In Committee*
- LB 599 – Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act – *March 16 Hearing*
- LB 600 – Adopt the Nursing Facility Quality Assurance Assessment Act – *In*

Committee

LB 602 – Require DHHS to apply for Medicaid amendments, options, and Waivers – *In Committee*

LB 607 – Provide duties for DHHS and the Tax Commissioner regarding Kids Connection – *In Committee*

LB 662 – Demonstration project regarding bundling payments under the Medical Assistance Act – *In Committee*

LB 696 – Change provisions relating to children’s medical – *In Committee*

- III. Regulations Review – no regulations to review
- IV. **Member Issues** – Behavioral health community support is scheduled to be implemented April 1. We will send a Provider Bulletin to remind providers to unbundle those rates to comply with CMS when the implementation date is confirmed.

Next month’s agenda will include a budget update and a legislative update. Mr. Burd asked if Medicaid Quality Measures could be on a future agenda.

There was discussion about Medicaid copayments. The Budget proposes addition of copays for mental health visits, inpatient hospital stays and DME. It also increases the copays for brand name drugs. Nebraska’s copays are not over what any other state charges and a lot of them charge more than what Nebraska does. Ms. Chaumont reminded members there’s a limit of what Medicaid can charge for copays and also an overall limit of what an individual has to pay for copays in a year. Copays cannot be charged for children, pregnant women, or those in institutions.

There was a discussion of the regulation which requires providers to provide the service even where the client does not pay the copay. All members present, with the exception of Ms. Hamilton, agreed that the Department should delete the rule.

- V. **Other Issues** – Our next meeting is Wednesday, April 13, 2011, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska.
- VI. Adjournment – adjourned at 6:50pm.