

Medical Assistance Advisory Committee
Wednesday, May 11, 2011

State Staff Attending: Vivianne Chaumont, Susan Buettner, Jenifer Roberts-Johnson, Sarah Briggs, Roxie Cillessen, Kay Wenzl

Members Attending – Dr. Scott Applegate, Mary Barry-Magsamen, Heath Boddy, David Burd, Dr. Deb Esser, Tami Frank, Roxann Hamilton, Lynette Helling, Ron Jensen, Terri Melvin, John Milligan, Dr. Ed Schneider

Vivianne Chaumont introduced new member Dr. Deb Esser, Medical Director for Coventry. Dr. Esser is a family practitioner in Omaha.

- I. Review of April 13, 2011 Meeting Minutes – approved as written.
- II. Department Issues
 - A. **Frequency and Attendance at MAAC Meetings** – Currently we hold meetings each month except for July and December. Ms. Chaumont explained that the purpose of the committee is to give advice on significant policy changes in the Medicaid program. For several years, MAAC meetings were held on a quarterly basis. Members agreed there was too much time between meetings. Last month only six members attended the meeting, but only part of the members absent let us know they wouldn't be attending. Discussion ensued and it was agreed that two unexcused absences in a row will result in a member being replaced on the committee. An excused absence means the member has let Roxie Anderson know, via email or phone, they will not be attending. If there are issues a member wants to discuss at a future meeting, send an email to Ms. Chaumont or Ms. Anderson. The meeting schedule will remain as is and an email will be sent about the attendance decision.
 - B. **Coventry Radio Scripts; UnitedHealthcare Share Advantage Marketing Materials** – Ms. Chaumont explained the annual re-enrollment period is coming up. There was a great deal of discuss about the word 'free' on the ShareAdvantage material. If the Plan can find a way to say these are additional services available at United, that will work better. They should be advertised as extra services. Coventry's radio spot is also out of line where it says "my Medicaid does."
 - C. **Medicaid Behavioral Health Benefits** – Roxie Cillessen, Behavioral Health & Pharmacy Services Unit Administrator, updated members on issues with residential care for children with behavioral health problems. After sending a State Plan Amendment (SPA) to CMS last summer, CMS asked for assurance that Nebraska is not providing any psychiatric residential treatment services to children in an Institute for

Mental Disease (IMD). Nebraska could not make the assurance so we are under a corrective action plan. Nebraska needs to be in compliance July 1, 2011.

The same issue has surfaced on the adult side. We will need to do a corrective action plan for that as well. On the adult side anyone under 65 and over 21 in an IMD is not eligible for Medicaid services. We have been meeting with providers and working on rates.

One other issue relates to unbundling services. We have unbundled all services on the children's side in the SPA and have started working on the adult side of services. We will submit a corrective action plan on the adult side and will schedule more training sessions. Comments can be made at a public hearing.

- D. **AD Waiver Individual Cost Limit** – Kay Wenzl, HCBS Waivers & Community Supports Unit Administrator, gave background information about what a waiver is, and distributed copies of a document about Home and Community Based Waivers. She explained that the state can target who it is going to serve, clients must meet an institutional level of care, waiver services cannot duplicate what the state offers in the Medicaid plan, and the waiver must be cost neutral in comparison to institutions. The first time a waiver application is submitted to CMS, it results in a three-year approval. Renewals are approved for five years each time after that. The six waiver assurances we give CMS are: level of care, service plan, qualified providers who meet standards, health and welfare of the participants, financial accountability, and administrative authority. Waivers in Ms. Wenzl's area include Aged & Disabled (AD) and Traumatic Brain Injury (TBI). The TBI Waiver serves around 20-21 individuals, specializing in assisted living. There are almost 6,000 people on the AD Waiver.
- E. **SMHP** – Sarah Briggs, Medicaid IT Initiatives Administrator, said the State Medicaid Health Information Technology Plan (SMHP), will be submitted to CMS for approval. There is a link on the Medicaid webpage under Medicaid Services titled 'Medicaid Electronic Health Record (EHR) Incentive Program.' Individuals can ask questions on this page, subscribe to it and receive updates.
- F. **Budget Update** – Ms. Chaumont said just this afternoon the Legislature approved the budget, which includes a 2 ½% rate decrease for Medicaid providers (except primary care providers). The budget bill has not been signed by the Governor at this time. We will be working to implement that July 1. Statewide Managed Care is in the appropriations bill, and the two counties with the medical home pilot are exempted. Statewide Managed Care will be implemented on July 1, 2012. DME efficiencies, co-pays, paying bed hold for nursing

homes at the lowest rate are all included in the appropriations bill. Co-pays will go into effect as soon as possible but no later than October.

- G. **Legislative Bills Update** – Ms. Chaumont gave the status of the budget bill under the budget update.

III. **Regulations Review**

1) Treatment of VA-pensions for Medicaid-qualified veterans in nursing homes – Jenifer Roberts-Johnson, Operations Section Administrator, said previously there was \$90 allowance for veterans which replaced the \$50 but CMS clarified that the \$90 is in addition to the \$50, not part of the \$50 allowance. The regulations are being updated to show that.

- IV. **Member Issues** – Tami Frank said CMS released correspondence today about aligning Medicare and Medicaid services. There is a link open for comment by July 11, 2011. Ms. Chaumont will send the link to MAAC members at Ms. Hamilton's request.

Ms. Chaumont talked about transportation broker, which went live May 2. The first week AMR did not have enough people working the phones and a lot of people waited too long or didn't get through. AMR has hired additional staff and the wait time is decreasing. There's an adjustment for both providers and clients. We have had issues with people calling for transportation to take them to church, to school, to internships, to probation officer, to pawn shop, to take their cat to vet. We want to provide the least expensive form of transportation suitable for the client. Ms. Hamilton voiced her concerns about the form. Ms. Wenzl said that form is to find out if the person qualifies for escort services and can get in and out of a vehicle. Ms. Wenzl will find out if that can be done through questions and screening. Ms. Chaumont said we were also paying for people who had a license and a vehicle. Ms. Wenzl added that there are numerous other providers that are family or friends who have also enrolled with the transportation broker and are reimbursed on a mileage basis. Mr. Milligan said individuals aren't being scheduled a ride to an 'urgent' doctor's appointment, i.e. come in today or tomorrow. Ms. Wenzl explained urgent medical services and will discuss the issue with AMR. Ms. Chaumont said as we learn about the issues we fix them.

- V. **Other Issues** – Our next meeting is Wednesday, June 8, 2011, at 5:30pm in Classroom 1 at the Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, Nebraska. The agenda will include an update on the transportation issue and a managed care update. Future meetings will be scheduled to end at 7:30pm.
- VI. **Adjournment** – adjourned at 7:20pm.