

**NEBRASKA DDD/MLTC WAIVER WORKGROUP: PROVIDER ENROLLMENT**  
**MARCH 4, 2016**

**Participants:** In attendance: Kim McFarland, Dave Barrett, May Faith, Melinda Abbott, Pam Hovis, Erin Raabe, Joan Speicher-Simpson, Nick Wood. By Phone: Cindy Ashmore-Blunck, Linda Redfern, Tammy Westfall, Alan Zavodny

**Notes Recorder:** Dave Barrett

**Next Meeting (date/time):** March 18, 2016, 2-4 p.m. CST

**Agenda:**

- 1) Welcome! Introductions
- 2) Sign in Sheet
- 3) Questions before getting started
- 4) Provider Enrollment Process
  - a. ID what can be done via other agencies/process  
Public Health certification?
- 5) Discuss provider contracting/agreement process
  - a. Change from contract to agreement
- 6) Non-specialized provider enrollment process
  - a. Education about Maximus
  - b. Provider handbook/webpage
- 7) Next steps:
  1. Assignments
  2. Next meeting agenda

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Topic	Person Responsible	Discussion	Action Item
Contracting	Kim McFarland	<p>From contracts to provider agreements – July 1s or January 1<sup>st</sup></p> <ul style="list-style-type: none"> <li>○ Currently fill out contract with provider and director signatures</li> <li>○ Signatures won't change</li> <li>○ Contract won't change much until regulations change, which should make the provider agreement shorter.</li> <li>○ Currently the contract goes through the Enterprise 1 system, just like all other contracts, with a lot of paperwork and processing time</li> <li>○ Provider agreements won't have to go through this process</li> </ul>	<p>Kim McFarland will work with Administration on the change to provider agreement and report back with progress during future meetings.</p>
Non-Specialized Process	Kim McFarland	<ul style="list-style-type: none"> <li>○ Provider enrollment became a web-based process effective 12/1/2015</li> <li>○ Vendor is Maximus</li> <li>○ Tough transition, getting ironed out</li> <li>○ The Medicaid provider webpage has resources for both specialized and non-specialized providers</li> <li>○ If there are address changes or service code changes for either specialized or non-specialized provider it will require that all of the paperwork be completed with Maximus. This is</li> </ul>	<p>Kim McFarland will keep the workgroup up-to-date on service code changes and will work on getting the draft non-specialized provider handbook reviewed.</p>

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		<p>called a validation. Once the validation is completed, changes will be much more automated and easy to use.</p> <ul style="list-style-type: none"> <li>○ Provider enrollment is good for five years, instead of one, however providers will need to go through a re-certification process each year.</li> <li>○ According to Pam Hovis by October 1<sup>st</sup> we should know what the new service codes will be – at that time Division staff may be able to work with Medicaid Division staff to make the process of service code changes move smoothly</li> <li>○ Non-specialized handbook is in the draft stage and is for Service Coordinators, Individuals, Parents/Guardians and Providers</li> </ul>	
Provider Enrollment	Dave Barrett and Kim McFarland	<ul style="list-style-type: none"> <li>● Once a Medicaid provider, if adding a new service, just add that vs. starting over</li> <li>● Enrollment will be automated, much easier to add waivers service</li> <li>● Send Provider Enrollment process to everyone this week</li> <li>● Identify ways of replacing P&amp;P w/ . . . .</li> <li>● Person-centered – how does this get addressed/assigned?</li> <li>● Front door – what do we need to teach them vs what do they need to know</li> </ul>	Modules – collect information for subgroups by next week – by March 16 should have drafts/outlines of what goes into the identified modules

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		<ul style="list-style-type: none"> <li>○ Need to know how to run a business               <ul style="list-style-type: none"> <li>▪ Other venues that do things</li> <li>▪ Checklist “did you do that” – provide to new folks                   <ul style="list-style-type: none"> <li>• Employer ID #/Tax ID</li> <li>• Registered with Secretary of State of Nebraska</li> </ul> </li> <li>▪ What is reasonable to tell them?</li> </ul> </li> <li>• Develop a Module – “front door” that would be a checklist for first steps               <ul style="list-style-type: none"> <li>○ Would help with us backing out while still being helpful</li> <li>○ Have information up-front and easily attained on web</li> </ul> </li> </ul> <p>First Step – get feedback from existing provider agencies about what would be useful/necessary in order to hit the ground running.</p> <ul style="list-style-type: none"> <li>- Providers send a list to our group/Surveyors/SC’s all send in ideas, topics</li> </ul> <p>Module 1 – Front door, prior to certification process            Module 2 – Certification process – what to have with P&amp;P            Module 3 – Post certification – SC relationship, surveyors                              Survey Process, Quality, SC, Boots on the Ground</p>	

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		<p>Mini-module – this is what a P&amp;P looks like</p> <p>All Modules competency based/ have curriculum that providers could go through step by step</p> <ul style="list-style-type: none"> <li>○ Measurables for CMS</li> <li>○ Drafts for waiver for workgroup to review</li> </ul> <p>Mini-module subgroup – Dave Barrett, Kim McFarland, Joyful Stoves, Erin Raabe</p> <p>Mini-module subgroup – what does a new DD provider need to know</p> <ul style="list-style-type: none"> <li>- Habilitation</li> <li>- Computers</li> <li>- Medication</li> <li>- Finances</li> <li>- Etc.</li> </ul> <p>Council on Quality and Leadership may have information that would be helpful</p> <p>Core Indicators</p>	
Discussion Items	All	<ul style="list-style-type: none"> <li>- CMS questions that relate – training components, training to providers, then filtering to their staff; ongoing, especially non-specialized provider <ul style="list-style-type: none"> <li>▪ Timeline for enrolling a provider? Typical timeline – specialized and non-specialized</li> </ul> </li> </ul>	Make sure we have the questions asked by CMS on the agenda for each meeting for review.

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		<ul style="list-style-type: none"> <li>▪ Checked against Medicaid excluded provider list? - Yes, done by Maximus</li> <li>- Process of timeline with Maximus – not much we can do – all dependent on prospective provider moving forward. Onus is on the provider – at the mercy of the provider to get it done               <ul style="list-style-type: none"> <li>○ CMS wants to see our end – how fast we respond to providers.                   <ul style="list-style-type: none"> <li>▪ Once Maximus is running smoothly, Resource Development will start looking at provider applications and if fifteen days go by they will contact the prospective provider</li> </ul> </li> </ul> </li> <li>- Discussion about internships or mentor relationships with existing providers               <ul style="list-style-type: none"> <li>○ Providers were not enthusiastic about internships, but were willing to discuss a mentor relationship of some type                   <ul style="list-style-type: none"> <li>▪ Concern from a workgroup member that we not get so automated that we have no personal contact with prospective providers</li> </ul> </li> </ul> </li> </ul>	

**Considerations for 2017:** Service Code changes and what that means for Maximus, NFocus, Therap and Providers