

**MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING
MINUTES
August 21, 2013
34th Floor Conference Room**

<u>Members Present</u>		<u>Phone Conference</u>		<u>Members Absent</u>
Dr. Michael Brooks	Dr. Lori Paschal	Mr. A. Edward Cockman	Mr. Steven Barber	Dr. Hogai Nassery
Mr. Marvell Butts	Dr. Hugo Scornik	Dr. William Kanto	Dr. Jacinto del Mazo	
Dr. Hillary Hahm	Dr. Ruth Shim	Dr. John Lue	Dr. Sandra Reed	
Dr. Kim Hazelwood Mr. Dave Zilles, Advocate	Mr. J. Reid Wilson	Dr. Larry Tune		

The MCAC meeting began at 10:15 a.m. with a welcome by Ms. Patricia Jeter and introductions of the Committee members, and new DCH staff. Mr. Marvell Butts, Vice Chairperson, called the meeting to order. A motion was made to approve the May 15, 2013, minutes. The minutes were approved as written.

The following agenda items were presented:

A. Overview of Early Elective Deliveries Policy: Argartha Russell, Director, Medical Policy Unit

Ms. Russell presented an update on the Georgia legislative mandate regarding Early Elective Deliveries (EED) prior to 39 weeks gestation. Its purpose is to reduce morbidity in neonates from trauma and fetal immaturity by reducing non-medically necessary deliveries less than 39 weeks gestation and encouraging greater collaborations between hospitals and physicians in developing quality improvement initiatives aimed at improving birth outcomes. The expected implementation date for the EED policy is October 1, 2013.

The policy changes are:

1. All Medicaid practitioners' claims for elective inductions or C-sections must include the last menstrual period (LMP) in field 14 on the 1500 claim. Dr. Lue and Dr. Reed asked that DCH consider FLD (field) locator 14 to include the estimated date of confinement (EDC) or the estimated delivery date (EDD), not just LMP.
2. Obstetric procedure codes will require one of three (3) modifiers (UB, UC or UD) to be appended for payment on the 1500 claim.
3. For non-medically necessary deliveries:
 - a. The practitioner's 1500 claim will deny unless there is clinical justification and/or an appropriate diagnosis that warrants a delivery prior to 39 weeks gestation.
 - b. Hospitals UB04 claims are not impacted from their current submittal process.
4. Practitioners and hospitals can submit an appeal for a denial using the DMA 520-A form to Medicaid's peer review organization, Georgia Medical Care Foundation.

CMS will begin tracking states' compliance on Measure 14 (EED) beginning January 1, 2014. Hospitals should be implementing their own EED policies.

B. Overview on Medicaid Redesign: Pat Jeter - Medicaid Redesign Initiatives

Ms. Jeter presented updates on two key redesign initiatives on behalf of Terri Branning. The two initiatives are (1) Transition of children /youth in Foster Care and Adoption Assistance and Select Youth in Juvenile Justice (FC/AA/JJ) to Georgia Families and (2) Implementation of a Medical Care Coordination program for Aged, Blind, and Disabled (ABD) population. A new acronym was developed for the program FC/AA/JJ. DCH worked with partner agencies and stakeholders to develop the Foster Care/Adoption Assistance/Juvenile Justice (FCAAJJ) Georgia Families program.

DCH selected Amerigroup as the single statewide Care Management Organization (CMO) to serve the eligible population. DCH publicly announced the selection of Amerigroup on July 22, 2013. The eligible population consists of approximately 27,000 children. FCAAJJ Georgia Families program will provide additional care coordination and improved medical oversight and health outcomes, improve continuity of care when child members transition into and out of foster care and improve access to necessary physical and behavioral health services covered by the Medicaid program. Every child member will have a medical and dental home. There will be a mechanism in place for the providers that are not enrolled in Amerigroup. Questions were posed for Ms. Branning and responses will be provided to members prior to the next MCAC meeting.

ABD Intensive Medical Care Coordination

The purpose is for eligible members to receive improved clinical care and intensive medical care coordination. The ABD Medical Care Coordination Program is scheduled to be launched in January 2014 for the Aged, Blind, and Disabled (ABD) initiative. A RFP (request for proposal) will be released within the next 60 days and bidders will have 75-90 days to respond. The vendor selection process will occur 60-75 days after the response deadline.

The impacted populations (Members) are individuals in the Aged, Blind, or Disabled eligibility category, including children with special health care needs, dually eligible individuals and individuals who are enrolled in HCBS waiver programs or who are in long-term institutional settings.

The excluded populations are individuals in Georgia Families or in the following eligibility categories (classifications): Qualifying Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs) and Qualifying Individuals 1 (QI1s).

C. Overview on ICD-10: Camille Harris - ICD-10 Communication and Compliance

Ms. Harris (ICD-10 Communications Lead) provided an update on the ICD-10 project (i.e., mandated testing, consequences of improper coding and transitioning to ICD-10). The MCAC members posed questions in regards to the following:

1. Reminders about ICD-10
2. Responsibilities for Transitioning to ICD-10 –
3. Status of ICD-10 transition
4. Risks associated with being ready or not ready for ICD-10 implementation
5. Beta testing with ICD-10
6. Helpful Resources

The deadline for the ICD-10 transition remains for October 1, 2014. Claims for dates of service prior to October 1, 2014, are to be submitted with ICD-9 codes; services rendered **on/or after October 1, 2014 must include ICD-10 codes in order to be paid.** Medicaid providers signed a 'Statement of Participation Agreement.' Ms. Harris recommended that providers collaborate with peers to get ideas/suggestions on how they are handling the transition; take a look at their approaches and inquire about their use of external resources. Ms. Harris encouraged providers to utilize free resources such as the General Equivancy Measurement System (GEMS) Tool which is available on CMS website (www.CMS.gov). The tool translates ICD-9 codes to their corresponding ICD-10 codes. She reiterated that documentation is very important with ICD-10 and the code specificity is even more in-depth in ICD-10 than in ICD-9. Beta testing will be available at DCH to providers prior to October 1, 2014. Any provider interested in becoming a beta tester should forward an email to: ICD10Project@dch.ga.gov.

The risks associated with not being ready on October 1, 2014 were discussed. Claims will be rejected or denied if incorrect or incomplete. Backlogs may occur and claims resolution issues with DCH will be more time consuming and create further delays. Providers also run the risk of their cash flow slowing or stopping and credit worthiness suffering. In addition staff will be playing catch-up; struggling to submit new claims as services are rendered and revising existing claims that were submitted incorrectly. The goal is to make sure that the ICD-10 transition is as smooth as possible even though ICD-10 will have one of the largest impacts in the healthcare coding industry.

ICD-10 is a major shift in providers' business processes and their IT technology systems. If providers are not able to test for ICD-10 readiness prior to the deadline, claims will most likely be error-ridden, rejected, and denied and claim issues could increase. Due to lack of interoperability between the current system and the systems used by trading partners and payers resulting in a bleak financial outlooks for practices.

D. CMO COMPLIANCE AUDIT: Marvis Butler, Director Provider Services (Managed Care Unit)

Ms. Pat Jeter stood in for the Managed Care Unit and highlighted two points from the presentation provided by Ms. Marvis Butler in her absence.

1. CMOs provide transportation when providers have medically necessary members in rural counties that do not have the provider specialties. For the past four (4) quarters, typically there were not any providers available in some areas.
2. All three (3) CMOs are contracted with Georgia Partnership for Telehealth to provide coverage in rural areas. These providers are not counted for geographic access requirements but are available to members if mutually agreed upon with their physicians.

Additional CMO subjects included in Ms. Butler's presentation but not discussed at the meeting were: Network Access Requirement, PCP Provider Access, Pediatrician Provider Access, Dental Provider Access, Zero Access, and Telemedicine.

E. UPDATES ON Medicaid Fair, ACA, Provider Rate Increase and Telehealth: Erica Dimes, Program Director

Ms. Dimes provided an update on the following topics:

Medicaid Fair: MCAC members were provided with the upcoming date and location (11/21/13 in Dalton, GA). Members were asked to pass the information along to their peers, associates and associations as well as to notify DCH if they have any suggestions for the Fair. This is an opportunity to have DCH, HP and the CMOs present to answer questions and concerns. Leadership will also be present. The MCAC members can submit session questions or potential sessions that they think will be beneficial to Erica Dimes or HP for consideration to add to the agenda.

ACA Provider Rate increase:

Providers need to attest if they are Board certified. Approximately 7000 providers have attested and been approved to receive the ACA Provider rate increase. The enhanced rate will be received for the month attested for any attestations received prior to August 31, 2013. Our provider enrollment team is still working on the backlog of attestations. DCH is anticipating a November date for funds to actually be released. First payments will probably be supplemental payments. Deadline to attest is on or before August 31, 2013, to receive retro pay increases back to January 1, 2013.

Pediatric ER Transportation:

The Emergency Ambulance Policy is not specifically geared to Pediatrics. There is not a separate pediatric transportation policy.

Telemedicine:

GA Medical Composite Board is working on rules for Telemedicine. Currently it is in the third review period. Its latest draft will be discussed at the next Composite Board meeting on 9/13/13. There are still a few items of contention for which providers have questions/issues.

MCAC Members' Round Table Discussion:

- Committee requested Erica Dimes to forward the Telemedicine handbook link to MCAC members.
- Committee requested Terri Branning generates an email responding to their questions posed and explaining ABD member exclusions.
- Discussed the amended fiscal year 2014 budget requested funds that are to reflect savings by eliminating hospital reimbursements for preventable readmissions. MCAC is seeking clarification to

formulate a means to accomplish it so ideas can be presented to hospital group as opposed to them dictating policy to us. Ultimately seeking policy that will be beneficial to physicians. .

- Pat Jeter opened the discussion for amending the date of the next MCAC meeting and time for future meetings. Committee moved the meeting date up to November 13, 2013 due to the Thanksgiving holiday. Meeting time will remain at 10 am.

Meeting was adjourned at 11:49 am

The next MCAC meeting is November 13, 2013 at 10 a.m. 34th Floor Conference Room.

MCAC future meeting date for 2013:
November 13, 2013

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS 13th DAY OF November, 2013.

John Lue, MD, FACP, Chairperson