MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING
May 15, 2013
37th Floor War Room

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

The MCAC meeting began at 10:05 a.m. with a welcome by Ms. Patricia Jeter and introductions of the Committee members, DCH staff and guests. Dr. Lue, Chairperson, called the meeting to order. A motion was made to approve the February 20, 2013 minutes. The minutes were approved as written.

The following agenda items were presented:

A. Legislative Session Update – Kallarin Richards—Legislative Update
Tracked close to150 Bills –

HB 608 – Representative Penny Houston – Long-term care criminal background check requirements: This bill would allow the GBI to interface with the Federal Bureau of Investigation (FBI) "Rapback" system, which performs a comprehensive national fingerprint-based background check. The bill would provide uniform requirements for employee background checks in longterm care facilities.

Department Impact: Office of Inspector General (OIG) & Healthcare Facility Regulation Division (HFRD);

SB 24 / Act 1 – Senator Charlie Bethel – Hospital Medicaid Financing Program Act

a. Continues the existing 42 Code of Federal Regulations provider fee for an additional four years, until 2017.
    i. The Board of Community Health is empowered to assess provider payments on participating hospitals for the purpose of obtaining federal financial participation.
    ii. Revenues from the program to be limited to an amount and at a rate to be set by the annual Appropriations Act.
b. Department Impact: Medicaid, Financial Services; effective date: Feb. 13, 2013.
    i. *Note: Provisions of O.C.G.A. § 31-8-179.2 are modified by SB 62.*

HB 78 / Act 132 – Representative Wendell Willard – Elder abuse

a. Expands criminal code protections to the elderly, disabled adults, and residents of long-term care facilities and clarifies reporting requirements for individuals who are witnesses to certain illegal and exploitative acts.
b. Department Impact: No direct impact, FYI - HFRD, OIG; effective July 1, 2013.

SB 236 / Act 338 – Senator Burt Jones – Patient Protection and Affordable Care Act premium increases

a. Requires insurers (including SHBP) to inform beneficiaries of the amount of any premium increase that is attributable to [P.L. 111-148].
b. Department Impact: SHBP; effective July 1, 2013.

HB 240 / Veto 4 – Representative John Carson – Speech-Language Pathology Clinical Fellows, require Medicaid reimbursement

Veto Message: House Bill 240 attempts to address concerns voiced by speech language pathologists that clinical fellows are not reimbursed by Georgia.

- Medicaid. However, Georgia Medicaid only enrolls fully licensed providers for reimbursement. On close review, this legislation would expand the number of eligible providers that could bill for Medicaid reimbursement and open the door for additional providers, who are not yet fully licensed, to pursue similar legislation. The Georgia Medicaid budget has been under tremendous financial pressure and any additional expenses will increase the financial burden. In addition, the legislation would require Georgia Medicaid to reimburse Clinical Fellows at 100 percent of the Speech Language Pathologist rate which would create an inequity among other fully licensed provider types who are reimbursed at less than 100 percent. I am vetoing this legislation because I believe HB 240 creates an inequitable system of reimbursement among provider groups. I also find that this legislation would open the door for similarly situated non-licensed providers to seek Medicaid reimbursement. Accordingly, **I VETO HB 240**.

B. <u>Overview on Medicaid Redesign – Terri Branning</u>—Medicaid Redesign Initiatives

Ms. Branning presented updates on several redesign initiatives that DCH is developing for the Fee-for-Service side of Medicaid involving the Foster Care/Adoption and ABD populations. These initiatives are based on input and feedback from various stakeholders and partner agencies (DHS, DBHDD, DJJ, DPH, and DOE), task forces and work groups (Children and Families, ABD, Provider, Mental Health and Substance Abuse) and advocates. The expected implementation date for the Foster Care/Adoption CMO initiative is January 2014 with pre-implementation activities conducted between November – December 2013. The main objective of the Foster Care/Adoption CMO is to provide medical care coordination with intensive case management under one (1) vendor (one of the three existing CMOs). The chosen CMO will utilize care coordination of health services through a multi-disciplinary team to develop and implement individualized Service Plans for each enrolled member.

Terri also presented the implementation timeline of January 2014 for the Aged, Blind, and Disabled (ABD) initiative. The DCH is looking for vendors experienced with the ABD populations to utilize various managed care tools such as health assessments, risk stratification and predictive modeling. The chosen vendor will be selected in the second quarter of 2013.

C. <u>Overview on ICD-10 – Camilla Harris</u>—ICD - 10 Compliance

Ms. Harris presented information on the federal mandate from CMS for all HIPAA-covered entities (entities include hospitals, physicians and other practitioners, health insurers, 3rd party payers, electronic transmission firms, clearinghouses, hardware/software vendors, billing practice and management firms, health care administrative and oversight agencies, public and private health care research institutions) to be ICD-10 compliant on October 1, 2014. Transition to ICD-10 is NOT an option for the health care industry. All health care providers in the United States must transition to ICD-10 code sets to continue to be paid for services.

Some facts on ICD-10 mandated transition are:

- There are 84,000 new ICD-10-PCS for inpatient procedure coding. The PCS codes are associated only with surgical codes. PCS codes must be associated with *any* inpatient hospital service. This is a major change for inpatient UB 04 claims.
- The current ICD-9 system is outdated. It is 30-years old, limited data storage capacity and no longer supports medical science
- ICD-10 is vital to transforming our nation's health care system. The new code sets will evolve in being more robust and expandable and will be used for case management or care coordination for more efficient billing and increase claims processing and payments.

- The ICD-10 transition has no impact on Current Procedural Terminology (CPT) for outpatient procedures and Healthcare Common Procedure Coding System (HCPCS).Without a successful transition to ICD-10, claims will be suspended, rejected or denied.
- Without a successful transition to ICD-10, providers' cash flows, revenues and audit experience with payers will be negatively impacted.
- Reminder: ICD-10 codes with dates of service prior to October 1, 2014 will be accepted; ICD – 9 codes submitted **on/after October 1, 2014 will NOT be accepted**.
- DCH is on track for October 1, 2014 with Phases of Implementation being: **Awareness**, **Remediation**, and **Testing**. Ensure that the claims will be coded correctly and completely to avoid denials, rejections and cash flow delays.

D. NET Transportation Update – James Peoples — NET Transportation

The Georgia Medicaid Non-Emergency Transportation (NET) program provides free medically necessary transportation for eligible Medicaid members, who have no other means of transportation available. This is a ride share program and transportation is provided only to and from Medicaid reimbursable facilities for the purposes of:

- receiving medical treatment;
- receiving medical evaluations;
- obtaining prescription drugs; and
- receiving medical equipment.

- DCH contracts with selected brokers to provide NET services to eligible Medicaid members throughout Georgia's 159 counties, which are divided into 5 regions. The two brokers who provide service are: LogistiCare, LLC and Southeastrans, Inc. Members are advised of pick-up time when requests are made. Pick-up times may vary according to travel time to destination. Usually, members are asked to be ready 1 hour before scheduled medical appointments.
- The Broker must allow, without charge to the escort or member, one (1) escort to accompany a member or group of members who are residents of a nursing home, blind, deaf, mentally challenged, under 21 years of age, or as otherwise determined by DCH staff. A member traveling with an adult must be prior approved by the broker at the time of reservation.

E. CMO Compliance Audit – Sasha Green, Provider Services (Managed Care Unit)

Ms. Green provided a slide presentation on the DCH CMO Centralized Credentialing. The CMOs' credentialing process is to streamline their enrollment application process into the Georgia Medicaid Management System (GAMMIS) web portal. Beginning **March 29, 2013,** the change to the new single source credentialing application process took place and now applicant information can be submitted to the Georgia Health Partnership Web Portal (https://www.mmis.georgia.gov) to complete the Georgia Medicaid enrollment and CMO credentialing. The entire credentialing process takes 30 to 45 days for applications with complete documents/documentation. Incomplete applications (e.g. missing documents) will result in an extended processing time (up to 120 days or more). Any questions regarding CMO credentialing and contracting status should be addressed to the specific CMO's Provider Relations Departments.

Amerigroup	Peach State Health Plan	WellCare of Georgia
1-800-454-3730	1-866-874-0633	1-866-300-1141

Call : 770-325-9600, or
1-800-766-4456 (only if outside local calling area)

F. Updates On Medicaid Fair And Affordable Care Act — Erica Dimes, Program Director

Ms. Dimes provided an update on the Medicaid Fair and progress of Telehealth

- The Medicaid Fair will be held Thursday, May16, 2013 – Columbus, GA
  One issue that will be discussed is Central PA processing effective July – submitting PAs and sharing information. The Medicaid Fair will be informational for the providers.

- ER Ambulance Transportation – there is no distinction in services for adult and pediatric transportation. The transportation is for emergent care or when a member's life is in danger. This service requires prior approval. The service is covered at either level.
- Affordable Care Act and Attestation Process – providers receive an increased rate for administration codes. The providers can attest if they are Board certified.

MCAC Members' Round Table Discussion:

- Dr. Lue suggested that Kallarin, Terri, Camilla, and Sasha come back to discuss further Legislative updates, Medicaid Redesign, ICD-10, and CMOs.
- Dr. Lue requested that the presentations be available on the web – posted 5/16
- Dr. Paschal wants to know which Georgia dental patients have specific providers. It's important to find out with whom the patient is signed up and if certain dental procedures have been utilized for the current year. Dr. Lue suggested that a letter should come from the committee and suggested that Dr. Paschal compose the letter. Lynnette Rhodes will discuss with Dr. Jerry Dubberly and attend the next meeting to respond.

Agenda Items:

1. Extend meeting time to 9 – 12
2. CMO Counties – which counties do not have providers
3. Dr. Paschal - GA Dental Patients – draft letter

Meeting was adjourned at Noon.

The next MCAC meeting is August 21, 2013, at 10 a.m. 34th Floor Conference Room.

MCAC future meeting dates for 2013:
November 13, 2013

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS _____ DAY OF _____, 2013.

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John Lue, MD, FACP, Chairperson