

## CHAPTER 7-000 MHCP PROVIDERS

7-001 Introduction: MHCP contracts with approved providers. Contracts are required for certain types of providers for two different types of services: medical treatment services and clinical and treatment planning services. Contracts are offered to individual providers or to certain institutions employing specific providers.

Providers of other MHCP services must be approved by MHCP Central Office staff.

MHCP monitors and reviews providers as necessary to ensure compliance with MHCP regulations.

This chapter contains MHCP's regulations for provider participation, including general requirements, the contracting process, the approval process, specific provider requirements, authorization of payment, and payment rates.

7-002 General Requirements for Participation: Each provider must -

1. Provide services according to the regulations of the Nebraska Department of Health and Human Services for MHCP and in compliance with state and federal law;
2. Provide services in compliance with Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, and the Nebraska Fair Labor Employment Practice Act, all as amended;
3. Accept as payment in full the rate established by the Nebraska Department of Health and Human Services for MHCP after all other sources have been exhausted;
4. Submit bills within 60 days of the date of service;
5. Maintain records on all services provided for which a claim has been made for four years after the date of service to allow on-site inspection, and furnish, on request, the records to the Nebraska Department of Health and Human Services, the federal Department of Health and Human Services or other agencies so designated. Providers must document services before billing the Department;
6. Provide and maintain quality, necessary, and appropriate services within acceptable medical community standards and/or accepted national standards for specific services as determined by a body of peers, medical review teams, or investigations conducted by or under contract with MHCP;
7. Repay or make arrangements for repayment of identified overpayments or otherwise erroneous payments. The provider has 45 days to refund the requested amount, to show that the refund has already been made, or to show why the provider feels the refund request may be in error; and
8. Accept the termination or reduction of his/her contract in the event that funds to finance his/her contract become unavailable due to reductions in state or federal funds.

7-003 Contracting Process: This subsection contains the steps MHCP Central Office staff must follow to contract with a provider and the requirements a provider must meet before MHCP may offer a contract.

7-003.01 Requests: Any individual may request MHCP Central Office staff to consider contracting with a provider.

7-003.02 Response: MHCP Central Office staff must respond to a request for an MHCP medical provider contract within 30 days of receipt of the request. This response may be a request to provide additional information.

7-003.03 Evaluation: MHCP Central Office staff must determine whether to consider contracting with this provider. This decision is based on -

1. MHCP coverage of services offered by this provider;
2. Whether an individual contract is necessary; and
3. MHCP's need for this provider's services.

7-003.04 Provider Eligibility: If MHCP will consider contracting with a provider, MHCP Central Office staff must determine that the provider meets the following eligibility requirements:

1. The provider must be licensed and/or certified as required by state law;
2. The provider must meet any applicable state or federal law governing the provision of his/her services; and
3. The provider must not be under sanction by Medicare or Medicaid, or the Nebraska Department of HHS Regulation and Licensure.

7-003.05 Individual Provider Contracts: For an individual provider contract, MHCP Central Office staff must request -

1. A copy of the potential provider's professional resume and/or curriculum vitae; and/or
2. A copy of the certificate or other means of recognition.

Failure to provide this requested information within 120 days of the request disqualifies the potential provider for an MHCP contract. A new request must be submitted for MHCP to consider contracting with this provider.

Local office staff may be called upon to assist in recruitment of new medical providers by:

1. Making initial contact; and
2. Referral to Central Office to begin the contract process.

7-003.05A Professional Corporations: The Department must negotiate physician treatment service contracts only with individual physicians, not with a professional corporation.

7-003.05B Institutions Employing Physicians: The Department must negotiate contracts for treatment services only with the institution employing the physician\other professionals (usually medical schools), not with the individual employee.

7-003.05C Psychological Treatment Services: Psychological treatment services are provided only for clients eligible for major medical-burn services. The psychologist must -

1. Be selected by, or willing to work closely with, the MHCP-contracted physician providing burn services; and
2. Have, at a minimum, a doctorate degree in clinical psychology.

7-003.05D Audiology Treatment Services: A provider of audiology treatment services must be an audiologist with a masters or doctorate degree and licensed by the State of Nebraska.

7-003.05E Hearing Aid Providers: A hearing aid dealer/provider must be licensed as a provider of hearing aids in the State of Nebraska.

7-003.05F Clinic Consultant Contracts: MHCP does not require a separate contract with a clinic consultant if a contract is made with a teaching institution regarding the payment rate and use of the employee's time.

When an employer allows an employee to provide clinic consultation services on his/her own time and to be paid directly by MHCP, the employee is considered an independent contractor and a written contract is required. See 467 NAC 7-006.

Exception: If MHCP contracts with a provider of a professional corporation for medical treatment services, another contract for clinic consultant services is not necessary.

7-003.05G Physical and Occupational Therapy: For clinic consultation services, physical and occupational therapists must -

1. Be licensed by the State of Nebraska to be a physical therapist/occupational therapist; and
2. Have one of the following for pediatric training:
  - a. Master's degree or its equivalent received from an approved school in occupational therapy or physical therapy with the major emphasis on pediatric therapy and six months of subsequent provision of occupational therapy or physical therapy to pediatric patients under age 16 on at least 25 percent of a full-time employment basis, or its equivalent; or

- b. One year of providing occupational therapy or physical therapy to pediatric patients under age 16 on at least 25 percent of a full-time employment basis or its equivalent, with participation in the clinical refresher courses and training programs designed to increase and maintain consistency and quality of clinic teams and/or designed to maintain or increase competence in providing pediatric therapy as sponsored and/or as certified by MHCP, while maintaining a current (current is defined as "within a three-month time period") caseload of providing occupational therapy or physical therapy to pediatric patients at 25 percent of a full-time employment basis or its equivalent.

MHCP may contract with therapists who do not meet these criteria for pediatric clinics only when a therapist meeting these criteria is not available. These therapists will be paid at the lower rate listed in 467 NAC 7-009.14.

7-003.05H Clinic Nurse Coordinator: For the clinic nurse coordinator role at MHCP clinics a nurse must –

1. Be licensed by the State of Nebraska as a registered nurse;
2. Have a bachelor's degree in the field of nursing; and
3. Meet one of the following criteria for training and/or experience:
  - a. One year experience in working as a nurse with children under age 16 with disabilities and/or children with chronic care needs; or
  - b. Training as a pediatric nurse which includes working with children with disabilities and/or children with chronic care needs.

MHCP may contract with nurses who do not meet the bachelor's degree criteria if the training and/or experience is met and the MHCP medical consultant approves the contract.

MHCP may contract with nurses who do not meet the experience and/or training criteria. However, these nurses will be paid at 80% of the usual rate until they meet these criteria.

7-003.05J Nutritional Providers: For clinic consultation services and direct services to MHCP clients, a nutritionist must –

1. Be licensed by the State of Nebraska as a Licensed Medical Nutritional Therapist; and
2. Have a minimum of 30 contact hours of specific education and/or training in providing medical nutritional therapy to children with disabilities or chronic health needs as evidenced in the provider's professional resume and verified by educational transcripts and training course descriptions; or
3. Have a minimum of 20 hours of experience working with children under age 15 with disabilities or chronic medical conditions; or
4. Be grandfathered as an MHCP direct nutritional provider through prior experience as a member of an MHCP multidisciplinary team nutritional consultant.
5. Be grandfathered as an MHCP direct nutritional provider to children under age 15 with disabilities or chronic health needs by providing services to these children as a contracted Nebraska Medicaid provider prior to January 1, 2000.

Exception: MHCP may contract with Licensed Medical Nutritional Therapists who do not meet these criteria for clients age 15 and younger when a therapists meeting these criteria is not available. These therapists will be paid at 80% of the usual rate until such time they meet these criteria; or

7-004 Specific Requirements for Participation: In addition to the general requirements for participation (see 467 NAC 7-002), a provider must meet the following specific requirements after a contract is signed.

7-004.01 Providers of Medical Treatment Services: A provider of medical treatment services must -

1. Bill for only the services approved and authorized by MHCP;
2. Perform consultation evaluations as requested by MHCP; and
3. Provide medical reports to MHCP stating the diagnosis, prognosis, and plan of treatment at no additional charge.

7-004.02 Providers of Surgical Treatment Services: Physicians contracted to provide surgical treatment services must -

1. Provide MHCP-covered surgeries in MHCP-contracted medical facilities;
2. Use an MHCP-contracted assistant when a surgical assistant is necessary;
3. Provide post-operative care as part of the surgical fee; and
4. Provide MHCP with reports of the surgical procedure at no additional charge to MHCP.

7-004.03 Providers of Psychological Treatment Services: Psychological treatment services are provided only for clients eligible for major medical-burn services. The psychologist must provide regular reports regarding the client's progress to MHCP at no additional charge.

7-004.04 Providers of Audiology Treatment Services: The audiologist must provide complete reports to MHCP at no additional charge, including reports of an audiogram, diagnostic information, recommended treatment plan, and general impressions.

7-004.05 Hearing Aid Providers: Each hearing aid dealer must -

1. Include charges for the following items as part of the sale price:
  - a. The hearing aid(s);
  - b. The ear mold satisfactorily fitted to the client;
  - c. Cord and receiver, if required for a specific model of hearing aid;
  - d. Warranty for mechanical defects;
  - e. One year's reasonable service; and
  - f. One month supply of batteries;
2. Provide insurance for up to three years at an additional cost;
3. Meet with a client up to three times during the first 90 days of the use of the aid for no additional charge;
4. Submit a bill only after the hearing aid is properly fitted and satisfactory to the client (Note: This is an exception to the 60-day requirement);
5. Refund the purchase price less \$100 if an MHCP-contracted audiologist determines that the aid is not suitable for the client's needs;
6. Agree that any changes in brand, model, or modifications will be approved by a separately contracted MHCP audiologist who is not a member of or employee of the provider's hearing aid business or firm;
7. Contact the client's MHCP services coordinator if any repairs or services in excess of \$250 are required; and
8. Directly supervise any employee who has a temporary license.

7-004.06 Providers of Dental Services: A provider of routine and/or specialized dental treatment must -

1. Follow the treatment plan outlined by the MHCP clinic team for each client;
2. Obtain specific prior authorization from the MHCP services coordinator before carrying out the recommendations of an MHCP clinic team; and
3. Contact the MHCP services coordinator for authorization if any deviation from the plan recommended by the MHCP clinic team is necessary. The MHCP services coordinator must contact MHCP Central Office staff for review and approval of any deviations from the plan.

7-004.07 Hospitals: A hospital must -

1. Obtain prior authorization of all services from MHCP;
2. Contact MHCP as soon as feasible in emergency situations; and
3. Provide medical reports to MHCP at no additional charge.

7-005 Contracts for Clinic Consultants: MHCP contracts with medical and paramedical personnel and institutions to provide consultation services at MHCP-sponsored clinics. In addition to the general regulations for MHCP provider contracts (see 467 NAC 7-003), each self-employed consultant must agree that s/he -

1. Is a self-employed independent contractor;
2. Is paid on an amount per child basis to be calculated on the number of children usually scheduled for the clinic;
3. Must attend the MHCP-sponsored clinic to receive payment for the clinic. Exception: The consultant will be paid if MHCP cancels a clinic without notifying the consultant at least five working days before the scheduled date of the clinic;
4. Will be paid state employee rates according to Department of Health and Human Services policies for travel and other expenses necessary for clinic attendance;
5. Will not be reimbursed for other travel arrangements when MHCP arranges and pays for travel and other expenses necessary for clinic attendance;
6. Will not be paid for clinics canceled due to inclement weather or other circumstances beyond MHCP's control;
7. Must dictate on-site the results of the examinations of the children scheduled for the clinic and other diagnostic/treatment planning recommendations;
8. Will subcontract only when approved by MHCP; and
9. Must provide statistical reports/information regarding clinic participation and the request of MHCP.

MHCP may increase the number of children normally scheduled for the specific clinic by one on an emergency basis and decrease the number of children by two without prior notice to the consultant. MHCP Central Office staff must coordinate the scheduling of clinic with the consultant at his/her convenience to the extent that these clinics must be also coordinated with other independent consultants.

7-006 Approved Providers: MHCP does not require individual contracts with providers of durable medical equipment, orthopedic appliances (prosthetics and orthotics), prescription drugs, medical supplies, occupational therapy, physical therapy, ambulance services, or nonspecialized physicians, noncontracted general hospitals, hospitals providing occasional emergency care or occasional care outside Nebraska and other providers as necessary. These providers must agree to meet the requirements of 467 NAC 7-002 and 7-003.04 by signing page 2 of the computer generated authorization.

7-007 Authorizing Payment: Payment for all medical care and treatment covered by MHCP must be authorized by the MHCP services coordinator. All third party sources must be exhausted before the MHCP services coordinator authorizes MHCP payment. Note: Medicaid is considered a third party source.

7-007.01 Contracted Providers: Authorizations for services are issued by MHCP. The provider must enter the authorization number on each billing submitted to MHCP. The bill will be returned if the authorization number is not included.

7-007.02 Temporary Providers: On occasion, a family may be receiving services from a provider who is not contracted with the program. MHCP may pay for temporary services for those families by issuing page two of the computerized authorization form, which asks the temporary provider to accept MHCP payment as payment in full, and not charge families for any balance not covered by the program. The provider is asked to fill out the second page of the authorization, sign, and return it with the bill.

7-008 Billing Requirements: The provider must submit bills to MHCP which must include the following information:

1. The provider name and federal ID number or Social Security number;
2. The client's name;
3. The date and place of service;
4. The amount of any insurance payments received for the service and/or denial of payment by insurance and a copy of Explanation of Benefit (EOB); and
5. The authorization number;
6. For physician services, dental services, and lab and x-ray services: the procedure code and description;
7. For drugs: the name of the drug, the quantity dispensed, the prescription number, and the amount charged; and
8. The original page two of the authorization when sent to the provider.

Providers must submit bills to MHCP within 60 days from the date of service. Providers must document the extenuating circumstances for bills submitted more than 60 days from the date of service.



7-008.01 Medical Reports: MHCP must receive the following medical reports for services provided before payment can be made:

1. For a hospitalization, the discharge summary;
2. For emergency room services, ER report;
3. For surgery, the hospital discharge summary; and
4. For a physician's office visit, a report of each visit.

7-008.02 Third Party Liability: MHCP providers must accept as payment in full the rate established by the Nebraska Department of Health and Human Services for MHCP after all other sources have been exhausted. MHCP providers must bill for insurance or other third party that may be liable for payment for medical services before billing MHCP. A third party is any individual, entity, or program that is or may be liable to pay for all or part of medical services received by an MHCP client.

If the provider is participating in an insurance program or other third party coverage and is accepting assignment or otherwise accepting the insurance or other third party's payment as payment in full, the provider must not bill MHCP for any additional payment. MHCP must not make any additional payment to the provider for services covered by the third party source.

## 7-009 Payment Rates

7-009.01 Inpatient Hospital Care: MHCP must not exceed the Nebraska Medical Assistance Program's (NMAP) (also known as Medicaid) rate for payment for hospital inpatient services. MHCP Central Office staff may negotiate for a lower rate.

7-009.02 Rehabilitation Care: MHCP Central Office staff must negotiate a rate.

7-009.03 Transitional Care: MHCP may cover post-hospital transitional care in an appropriate licensed facility for a maximum of 60 days. MHCP must not exceed the facility's NMAP rate. If the facility is not an NMAP provider, MHCP Central Office staff must negotiate a rate.

7-009.04 Physicians Services: MHCP pays for physicians services at the lower of:

1. The providers submitted charge; or
2. Up to 110% of the allowable amount by the Nebraska Medicaid Practitioners Fee Schedule.

7-009.05 Durable Medical Equipment and Medical Supplies: MHCP Central Office staff must negotiate rates for durable medical equipment and medical supplies.

7-009.06 Dental Services: MHCP pays for dental services at the lower of:

1. The providers submitted charge; or
2. Up to 110% of the allowable amount by the Nebraska Medicaid Practitioners Fee Schedule.

7-009.07 Nutrition Services: MHCP pays for nutrition services by a nutrition provider defined at 467 NAC 7-003.05J as nutrition consultation as part of MHCP diagnostic and treatment planning teams at the rates defined for MHCP Clinic Personnel. MHCP also pays for nutritional assessments at the rate of \$140 for the first in-home visit and at the rate of \$105 for follow-up in-home services.

7-009.08 Physical and Occupational Therapy: MHCP pays for physical therapy and occupational therapy at negotiated rates.

7-009.09 Hearing Therapy: MHCP Central Office staff must negotiate rates for hearing therapy.

7-009.10 Drugs: MHCP pays for approved prescription drugs as billed. If MHCP Central Office staff determine the charges are excessive, MHCP Central Office staff will negotiate rates.

7-009.11 Outpatient Hospital Services: MHCP Central Office staff must negotiate rates for outpatient hospital services.

7-009.12 Emergency Room Services: MHCP pays emergency room, supplies, and other items at negotiated rates.

7-009.13 MHCP-Sponsored Clinic Facility Fees: MHCP must negotiate with clinics and institutions for a "per patient" payment when MHCP-sponsored clinics are held in the provider's facilities.

7-009.14 Employees of Institutions: For employees of institutions, MHCP may negotiate rates to meet the actual cost of the employee's time.