

MCAC Meeting 6/23/22

- Welcome and intros – **Jessica**
 - Open Meetings Act read and introductions made
 - Committee members present in person: Karma Boll, Jay Fleecs, Frank Herzog, Jessica Meeske, Amy Nordness, Vietta Swalley
 - Committee members present via WebEx: Staci Hubert, Kenny McMorris, Susan Misselt, Shawn Shanahan
 - DHHS staff present in person: Matt Ahern, Nate Watson
 - DHHS staff present via WebEx: Kevin Bagley, Todd Baustert, Jeremy Brunssen, Carisa Schweitzer Masek, Elsie Verbik
- Review and approve minutes – **Jessica**
 - Moved by Jay, seconded by Karma. Motion passes unanimously.
- Medicaid business updates – **MLTC Staff**
 - Enrollment updates
 - **Nate:** Presents packet and information shown on Medicaid enrollees
 - **Jessica:** Is it too soon to have numbers go down due to PHE unwind? **A:** Yes, as the federal government has not given heads-up it will end in July. Renewal period goes until late October.
 - **Staci:** Estimate on percentage that would be ineligible once PHE ends? **A:** Rough estimate is 10-20% of individuals. Includes current expanded adult Medicaid population.
 - **Jessica:** If you have a private plan, can Medicaid be used as a secondary? **A:** Sometimes Medicaid covers some areas private insurance doesn't cover. Medicaid has a program for those with significant medical conditions where it pays the premium for primary coverage if it's cost-effective for state.
 - **Nate:** There are 68-69k members in adult expansion, of the around 90k in Nebraska who are estimated to be potentially eligible.
 - Jeremy: It takes states more than a year to materialize a steady member count. We can't expect how many would move to expansion when the PHE ends.
 - Rules, regulations, and state plan amendments
 - **Matt:** Not much to update, but clinical trials approved as an amendment by the state in June.
 - COVID-19 public health emergency
 - **Nate:** We're preparing communications for letting people know about the PHE ending. Part of that includes discussions with federal partners, who want us to make certain if someone is ineligible, they may be eligible through other categories. Eligibility is redetermined based on available information, and if more information is needed, Medicaid will reach out. Because people are used to not responded due to the PHE, we are expanding our outreach through phone calls and texting.
We are also working with MCOs to remind members of renewals and the importance of answering questions.

- **Matt:** When we get return mail, we work with MCOs to track down members and give additional information from system. We will send files to MCOs prior to determination to keep them up to date. Also working with pharmacy systems to see if they have updated information. If someone loses coverage for administrative reasons, they are given a 90-day grace period to bridge coverage. Information is sent to MCOs to follow up with members.
 - **Jessica:** Wants draft of flyers to go to committee to look at. Shares information from CMS on best actions to take for unwind.
 - **Jay:** Requests communication strategy to be sent to providers and MCOs. **A:** We haven't shared yet because we don't know the actual PHE end date and federal government has changed guidance multiple times. Once guidance is finalized and rules are fixed, we'll let people know to avoid unintentionally giving wrong info.
 - **Kenny:** Are there any accountability touchpoints tied to MCOs? **A:** We have identified metrics to engage members and providers that we intend to track.
 - **Jeremy:** MCOs have interest in being active participants and have taken part in engaging dialogues.
 - **Carisa:** Excited for communications plan and partnering with providers.
- Nursing facility staffing discussion – **Frank**
 - Brings up staffing concern at nursing facilities, including St. Joseph Villa in Omaha. Issues with CNAs who take care of residents. The job is never fully staffed, poorly paid, and provides little career advancement. The position is also difficult work with little gratitude. The situation got worse during the pandemic and as nursing homes began to close. Legislature passed bill to allocate \$50 million of ARPA funds to recruit, train, and incentivize CNAs, nurses and physical therapists in nursing homes. With this funding, said it's important to make sure future generations see benefit.
 - **Carisa:** Thanked Frank and said issue is multifaceted and getting more difficult. Said a representative from the Nebraska Health Care Association can speak to the committee on what is being done to combat issue, including goals and top priorities. Staffing problem is representative of wider employment issues and additions such as benefits are being looked at.
 - **Jessica:** How can group or MLTC make recommendations or collaborate to help address the problem? **A:** Frank said make sure we're good stewards of money and cooperate with federal government. Hard to see financial visibility of nursing homes, so require disclosure of what funds will be used for.
 - **Jay:** Group can educate about business practices.
 - **Jeremy:** Need to be careful about overregulation, as that might decrease access. Controls are built into the rate development process, as cost reports are collected on all Medicaid facilities on an annual basis. Desk audits are identified and high-risk providers are identified.
 - **Jessica:** Committee can collaborate with other groups on supporting high schools and community colleges that incentivize entering the workforce.
- Medicaid communications initiative discussion – **MLTC staff**

- Follow-up from last meeting that DHHS provides too much communication that is difficult to parse through. Update communications letter presented, which boils top 10 points into clear, concise message that allows for readers to look more into something if it's of interest.
- **Jay:** Who is the audience? **A:** Providers.
- **Jessica:** Messaging can be confusing, as event not important to her are highlighted over others. How do we get alerts to the right providers at the right time with the right importance? Suggested using mandatory text message alerts.
 - Jay echoed comments
- **Elsie:** Comments from providers and associations are received by Drew Preston and given to her and Kevin for review and replies.
 - Jessica said a solid point of contact and consistent meetings are needed.
- Confirm next meeting time and location – **Jessica**
 - Committee decides to meet Aug. 18 at 3 PM in Lincoln, Oct. 20 at 3PM in Lincoln, and Dec. 15 at 3 PM at a TBD location.
 - Jessica asks about possibility of holding virtual meeting. Nate said he is looking into flexibility, but said physical location still needed for members of public.
- Open discussion – **Committee members**
 - **Jessica:** Brought up concern with Rural Health Advisory Commission's Nebraska Loan Repayment Program, which several committee members take part in. Current program works so that you receive funding by seeing Medicaid patients, but still counts if only one patient is seen.
 - Jessica presented resolution as follows: "The MCAC urges MLTC, RHAC, and the Office of Public Health to collaborate on loan repayment criteria that meets both the goals of placing health care providers in rural underserved counties AND increasing the number of providers that provide a meaningful amount of Medicaid services as way to increase access to rural health care. Be it further resolved that MLTC provide any needed Medicaid data to the Office of Public Health in a timely manner so they can begin to look at where the Medicaid underserved areas are (per health care discipline) and make recommendations that take into consideration Medicaid participation when determining loan repayment awards."
 - **Matt:** Said would be worth exploring.
 - **Amy:** Said there could be negative repercussion for not following.
 - **Jessica:** Suggested a point system or guideline criteria, as well as incentivizing existing providers to increase their Medicaid capacity.
 - **Jay:** Some cities collaborate with colleges by offering tuition for staying in community.
 - **Jessica:** Brought up issue of new simplified credentialing process with Medicaid's contracted health plans. Asked if process would have to be done separately with Medicaid, the MCO, and contractor.
 - **Matt:** Process would be streamlined, but it would still have to be done with each separate entity. RFP requires MCOs to contract collectively with a centralized platform.

- **Jessica:** What information would differ? Why can't just one form be filled out that is then shared? **A:** Each organization has different components and processes.
- **Jeremy:** Needed to conduct more research to bring back to committee. Differences in levels of detail and type of info collected for Medicaid enrollment vs. credentialing. Could use API connection to give data to single entity to improve efficiency.
- **Kenny:** Wanted to identify opportunities to scale and explore the streamlining process.
- **Matt:** There may be federal guardrails, but said it was worth looking into.
- **Jay:** Asked about RFP process
 - **Matt:** RFP has been published. An initial meeting with those interested in bidding and two rounds of questions had been held. All bids are due on July 1. Once received, bids will go through evaluating proposals based on scores identified with specific and general expertise. Target date for communicating award is middle or end of August. After award is made, the process will begin to ramp up and implement changes made in the RFP.
- **Closing – Jessica**
 - Jay makes motion to adjourn, Frank seconded. Motion passes unanimously.