## MCAC Meeting 8/22/22

- Welcome and intros Jessica
  - o Open Meetings Act read and introductions made
  - Committee members present in person: Karma Boll, Jeanne Burke, Jay Fleecs, Jessica Meeske, Amy Nordness, Vietta Swalley
  - Committee members present via WebEx: Jason Gieschen, Frank Herzog, Staci Hubert,
    Felicia Martin, Susan Misselt, Sharon Price, Shawn Shanahan
  - o DHHS staff present in person: Kevin Bagley, Nate Watson
  - o DHHS staff present via WebEx: 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 information on different methods of getting Medicaid, including total number of individuals in each category at different points in time
    - Jessica: With a total number of 70,144 adults in the expansion population, what might the total get to? A: Ideally 90,000, but since that's everyone getting on Medicaid who is eligible, that number will likely not be reached.
      - Kevin: Over the last several months, haven't seen much growth, but will see more churn after end of PHE. But going from 0 to 70k in 18 months has been a great accomplishment.
    - Jessica: What percentage has a private primary insurance plan? A: Doesn't know, but those who are parents or caretakers are more likely to be employed and have a primary insurance.
      - **Jay:** Seeing less and less people coming in without insurance; now they come prepared with Medicaid.
      - **Karma:** She's seen that even those with chronic health issues use less services, including behavioral health.
      - Kevin: Looking at research, behavioral health is underutilized both inside and outside Medicaid, but recipients are more likely to seek these services than others.
  - Public health emergency
    - Kevin: There are now two federal PHEs: COVID-19 and monkeypox
      - The monkeypox PHE does not impact Medicaid elements and the ability to disenroll individuals.

The federal government can authorize a PHE for up to 90 days at a time, with 60 days advance notice given. The COVID PHE was slated to end in mid-October, but the 60-day period has passed with no indication. A plan on how to respond to the PHE ending is being developed and will be soon released, although there is a reluctancy to publish it early to avoid panic. Nebraska will use the 12-month period that federal partners have allotted for the unwind process of disenrolling ineligible members.

- Jessica: Do we know how many individuals will be disenrolled? A: Number can range anywhere from 10% to 20% of total members, but current estimate is around 15%.
- **Kevin:** The goal is to minimize the number of individuals who are removed because DHHS didn't receive the needed information. Typically, Medicaid only reaches out to members once a year. If a member isn't receiving mail, they may not know that they have lost coverage until they seek services. This may be likely if someone has moved in the last three years.
- Jay: Will the unwind process have members disenrolled month by month? A:
  Yes, it will.
  - What's the success rate of contacting members for review prior to COVID? A: Around two or three people out of 10.
- Kevin: Those who receive regular services or prescriptions will notice that their coverage has ended, but those who only go to the doctor every six months will miss the 90-day period.
  - To reduce the numbers, DHHS is working with managed care plans and pharmacies to ensure it can gain access to contact information of members.
- Jessica: Can tell staff to check Medicaid eligibility of patients prior to their appointments to avoid unnecessary schedules
  - **Kevin:** This will be a part of our communication strategy.
- Vietta: Are managed care organizations able to tell when someone's up for renewal? A: We're working to make sure that they have easy access by sending data as part of the member file.
- Nate: We're working with community partners and advocacy organizations for beneficiaries to get the word out if info is not up to date. DHHS will also work with Department of Insurance if an ineligible member is referred to the Marketplace.
- o Rules, regulations, and state plan amendments
  - Nate: The process is a long, complicated one with input from public and attorney general before being sent to the governor for approval Various regulations have been updated, which can also be looked up online
- Introduction of new members Sharon Price and Jason Gieschen
- Nursing facility staffing discussion MLTC Staff
  - Chris Morton said DHHS was unable to get in contact with the Nebraska Health Care
    Association for a speaker, but they should hopefully have one at the October meeting.
- Resolution regarding RHAC's Nebraska Loan Repayment Program Jessica
  - Nate provided updated resolution from last meeting
    - "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."

- Kevin: DHHS has had conversations with partners in Office of Public Health to understand their process and opportunities to provide additional data to them, as well as Rural Health.
- Jessica: One route would be to analyze how many people are Medicaid eligible in a community.
  - The goal is to incentivize providers to come to/stay in Nebraska with current funding streams without taking away eligible providers.
- Jessica: The second route would be for new providers considered for loan repayment who are willing to cover a disproportionate share of the Medicaid population
- o Karma: There are often "Medicaid deserts" where no one can be served
- o **Jeanne:** Wait times can be bad, even in urban areas.
- Kevin: During meetings, we'll see what we have the authority to do in case an issue would need to be addressed by the Legislature. After discussion, committee will be updated via email.
- Jessica: Can begin drafting language this fall if legislative action is needed and communicate with other states to see if they have similar issues.
- Kevin: Wanted to have Office of Public Health come and talk with the committee.
  Questions could be given ahead of time and even answered prior to the meeting.
- Confirm next meeting time and location Jessica
  - o Oct. 20 at 3 p.m. in Lincoln
  - Jessica suggested hosting the Dec. 5 meeting in Hastings at 3 p.m., possibly at the school district building.
- Drawing straws to determine committee rotation Nate
  - Nate: Current members on the committee need to be randomly assigned one-, two-, or three-year term limits to avoid everyone leaving at once. Members can also decide to run again for a three-year term.
    - Members randomly picked a number between one and 17, with six randomly assigned to a one-year term, six to a two-year term, and five to a three-year term.
  - Kevin: Bylaws state that the current vice chair becomes chair the following year, so Karma needs at least a two-year term.
  - Jessica picked 1 (2-year term); Karma picked 2 (3-year term); Frank picked 3 (2-year term); Jason G. picked 4 (1-year term); Vietta picked 5 (3-year term); Staci picked 6 (1-year term); Sharon picked 7 (2-year term); Jeanne picked 8 (3-year term); Amy N. picked 9 (2-year term); Shawn picked 10 (3-year term); Felicia picked 12 (3-year term); Jay picked 13 (2-year term); and Susan picked 17 (1-year term)
  - Members who were not present were assigned the remaining numbers in alphabetical order of their names: Amy F. to 11 (1-year term); Jason P. to 14 (1-year term); Kenny to 15 (3-year term); and Melanie to 16 (2-year term)
- Open discussion Committee members
  - Jay: Expressed a hope for a strong push to improve the credentialling process in the next
    RFP

- Kevin: The credentialling process was the number-one issue to be tackled in this RPF process, followed by prior authorization. The plan is to mitigate the impact as much as possible, mostly through having all of the MCOs work together to procure a single credentialling system.
  - The goal is to make the process less burdensome and be clearer on what the process is and how long it should take. As the plan is developed, details will be brought to the committee and other stakeholder discussions. If providers or providers have issues, they can reach out to DHHS.MLTCExperience@nebraska.gov.
- Jessica: Asked about bringing back more information on credentialling per provider as opposed to credentialling per provider per facility.
- Vietta: Is a different Medicaid number given at each location? A: Believes so, but Kevin will bring back answer, as well as information to the next meeting when plans are announced.
- o Jessica: Had question on program integrity and compliance for Medicaid
  - While some providers may be bad actors that cheat system, others may be inexperienced and not used to the system. To help this, what is the best way to have dialogue with this group?
  - Kevin: Agreed that more education is needed and suggested that committee bring topics to meetings on a rolling basis, starting wit provider enrollment/credentialling and program integrity.
  - Jay: Does Medicaid have a similar compliance/volunteer system as OSHA? A: There are consultants, but no. There is individual outreach, but no collective help done yet.
  - **Karma:** Could a town hall meeting could be held to provide this help? A: Yes, and we're planning some with MCOs included in the conversation.
  - **Kevin:** We need to make sure we're sharing our goals and processes with people in a way that is actually accessible, as well as share how we're holding ourselves and our plans/providers accountable.

## • Closing – Jessica

Jay makes motion to adjourn, Amy seconded. Motion passes unanimously.