

Medicaid Fall 2023 Listening Tour

Recap of Community Feedback

In October and November 2023, Nebraska Medicaid held a series of listening sessions throughout the state to gather feedback from providers, members, and advocates about changes expected to the program in 2024. We want to thank every Nebraskan who took the time to come meet with us and share their perspective.

Over twelve meetings in 10 cities throughout Nebraska, along with two virtual sessions, we heard from key stakeholders, representatives, and members of the Medicaid program. The community feedback provided to us reflects a focus on accessibility, and improving Nebraska Medicaid programs with specific attention to access to care throughout the state and improving communications with stakeholders in the program. Additionally, there was a large focus on addressing the unique challenges of receiving Medicaid services in rural areas.

Statewide Access to Care

During our listening tour, a variety of members, providers, and other stakeholders addressed concerns regarding difficulties in accessing care throughout Nebraska. Key concerns included access to; dental and mental health, transportation, and telehealth coverage. Nebraska Medicaid is adjusting to recent changes in the healthcare system to ensure that our practices align with national trends, ensuring that Medicaid services are accessible to all Nebraskans.

Dental Care

Attendees expressed concern about the struggle to access dental care, especially in rural areas of the state. Providers who do provide dental care also expressed difficulty in providing services to Medicaid members due to rates and the reduced number of dentists credentialed with Medicaid.

On January 1, 2024, several changes will be made to dental care that will impact Nebraska Medicaid members and providers. These changes aim to make dental care more accessible for Nebraskans and reduce the administrative burden on providers.

The managed care organizations (MCOs), Molina Healthcare, Nebraska Total Care, and UnitedHealthcare will be managing dental services. This helps align all of the member's medical needs and services under the health plan of their choice. Additionally, the adult dental benefit maximum of \$750 will be removed to help reduce the barrier to care for new patients and encourage regular maintenance, and preventive treatment. We are also updating the process for denture treatment reimbursement to ensure that dentists are paid during each step in the process. Asymptomatic wisdom tooth extraction will also be covered based on the judgment of the provider.

Public health dental hygienists will be introduced to the program in 2024. These hygienists will be able to practice and be reimbursed for their work at the top of their license. Making this change will help reduce the burden on dentists across Nebraska so that even when a dentist is unavailable, a public health dental hygienist can help provide routine maintenance. This will expand our provider base and make dental services more

accessible throughout the entire state. You can learn more online at:
<https://dhhs.ne.gov/licensure/pages/dental-hygienist.aspx>.

Mental Health Services

Many advocates addressed their thoughts on the services and support that are provided to individuals with mental illness. Advocates spoke specifically on behalf of members who are in the following categories: adults, pregnant women, and members in assisted living facilities. There is an opportunity for growth in the program to further support our members with mental illness. Nebraska Medicaid is looking at options available federally to provide additional support in a community-based environment. We plan to have more discussions to learn how to better provide support to our communities.

Transportation Services

Throughout the listening tour, there were various discussions related to access to transportation services in rural areas. Access to transportation is vital for members who can't drive or don't have access to a vehicle and have to travel long distances for in-person care. Attendees expressed the need for better transportation solutions to accommodate members with unique needs.

Nebraska Medicaid is working to streamline communication, improve the process of scheduling for transportation, standardize rates, and expand the number of transportation providers to ensure that members have access to transportation when they need it. The MCOs are also working to offer additional resources to help members understand and access their transportation benefits.

Telehealth

Some providers expressed confusion surrounding recent changes Nebraska Medicaid made to the coverage of telehealth. Many providers had questions regarding the decision to cover, or not cover, certain services, especially for members in rural areas.

Physical, occupational, and speech therapists advocated for telehealth services that they believe should be covered by Nebraska Medicaid. Providers offered suggestions to review our coverage policies for these services to ensure that members can continue to access the care that they need.

Nebraska Medicaid is actively having conversations with providers to ensure that telehealth services provide effective and comprehensive coverage for members. Guidance on Telehealth services can be found online at:
<https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2023-08.pdf>.

Court-Appointed Guardians of Medicaid Members

We heard concerns from court-appointed guardians of those on Medicaid. Members with guardians are unable to make their own medical decisions. The guardians are struggling with communication and coordination due to the recording and tracking of guardianship information. Due to the Health Insurance Portability and Accountability Act (HIPAA), patient health information cannot be shared without the patient's consent or knowledge. This is why verifying guardianship is so important to Nebraska Medicaid and the MCOs before we begin sharing member information. During our meetings, we were able to discuss and schedule conversations with relevant groups to help further understand these challenges to find a solution.

Independent Pharmacies

We heard from independent pharmacies about the issues they face when handling Medicaid prescriptions. This led to discussions of finding ways to improve coordination with independent pharmacies, addressing differences in coverage across health plans, and managing pharmacy-related issues such as billing and administration. We heard from stakeholders that our efforts towards offering transparent pricing are greatly appreciated; ensuring that the cost of services and prescriptions are standardized.

Navigating Medicaid

We heard from caregivers of those with disabilities, community health workers, and advocates across the state about concerns in areas of Nebraska Medicaid that can be more accessible to help improve the healthcare system for our members. Listening to stakeholder experiences helps us determine what we can improve and allows us to further engage with providers and community partners across the state to connect members with the care they need.

Introduction of New Integrated Application Portal: iServe

The new integrated benefit application was released to all Nebraskans and Community Partners on October 16, 2023. This portal introduces a way for Nebraskans to apply to get help with food, utilities, healthcare, childcare, and other essential needs at once. You can view and apply for Medicaid and other resources at iServe.nebraska.gov.

Public Health Emergency (PHE) Unwind Updates

The continuous coverage requirement, in which, those enrolled in Medicaid could not lose their coverage even if they were no longer eligible ended on March 31, 2023. Since then Nebraska DHHS has resumed regular reviews of Medicaid eligibility. During this review process, help us ensure you and your family don't unnecessarily lose Medicaid coverage by verifying all of your information. We encourage all members to make sure their personal information is up to date, report changes and see when their renewal is due. Learn more information online at: <https://dhhs.ne.gov/Pages/Medicaid-PHE.aspx>.

Messaging Misconception

There is a misunderstanding that children will automatically be found ineligible for Medicaid if their parent(s) or guardians are no longer eligible for coverage. However, in some cases, the child may still be eligible. Help us ensure that children on Medicaid don't unnecessarily lose coverage, and remind parents and guardians to verify or update their family's information. Updating their information can make all the difference in maintaining the healthcare children need. Additional information can be found online at: <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>.

Streamlining Provider Credentialing

Leading up to 2024, we have been collaborating with the MCOs to streamline the provider credentialing process. Projected to start in 2025, there will be a single website for providers to credential with all three MCOs in one application. This change reduces administrative burden and enables providers to prioritize their patients' care.

Loss of Coverage

We want to prevent members from unnecessarily losing coverage. We recommend that members update their personal information, report any changes, and see when their renewal date is by contacting ACCESSNebraska at:

- Online at ACCESSNebraska.ne.gov

- Email at DHHS.ANDICenter@nebraska.gov
- Fax at (402) 742-2351
- Over the phone by calling ACCESS Nebraska at:
 - Omaha: (402) 595-1178
 - Lincoln: (402) 473-7000
 - Toll-Free: (855) 632-7633
 - TDD: (402) 471-7256

If a member loses coverage or thinks they might be eligible, Medicaid is always open. Nebraskans can apply at any time if they lose coverage or if their situation has changed and they think they may be eligible for Medicaid.

If a member is found ineligible during their renewal, their information will be sent to the <https://www.healthcare.gov/>. We can only send their information if they updated their information with Nebraska Medicaid before or during their renewal. If updated information was not provided during the renewal process, the member will receive information on the health insurance marketplace. They will need to contact the marketplace if the member thinks they qualify for little to no-cost health coverage.

Message from Nebraska Medicaid

In addition to many of the opportunities mentioned, Nebraska Medicaid is taking a few additional steps to respond to the input we heard throughout the state. We are committed to being as accessible and transparent as possible to help people access the services they need and qualify for. Nebraska Medicaid and our MCOs are dedicated to building healthier communities throughout Nebraska.

It is important for our team to hear these stories and commit to addressing concerns and improving the Medicaid program. Through collaboration, we can make the improvements needed to find solutions and improve the overall health of the community that we serve.

Again, we want to thank every Nebraskan who took the time to come meet with us and share their perspective. We greatly appreciate those who are willing and open to collaboration in helping strengthen the Nebraska Medicaid program. We value your participation.