



## Medical Care Advisory Committee Meeting Minutes Thursday, June 15, 2023

The Medical Care Advisory Committee (MCAC) met on Thursday, June 15, 2023, from 3 to 5 p.m. CST at the Charles H. Gere Branch Library in Lincoln, Nebraska. The meeting was held in person and virtually.

**MCAC members in attendance:** Karma Boll, Frank Herzog, Sharon Price, Shawn Shanahan, Jessica Meeske, D.D.S., Vietta Swalley, Jason Gieschen

**DHHS employees in attendance:** Dr. Elsie Verbik, Matt Ahern, Nate Watson, Collin Spilinek, Jordan Himes

**Members of the public in attendance:** Mike Feagler, Kimber Lawrence, Deb Schardt,

**MCAC members not in attendance:** Staci Hubert, Jason Petik, Melanie Davis, Felicia Martin, Amy Nordness, Kenny McMorris

### **I. Openings and Introductions**

The meeting was called to order by Karma at 3:00 p.m. CST.

- The Open Meetings Act was made available for attendees.
- Karma welcomed the meeting attendees and ran through roll call.

### **II. Review and Approval of April 20, 2023 Draft Minutes**

Karma requests one change to be made, Sharon was in attendance during the last meeting but she was accidentally listed as not in attendance. The group prefers that the minutes reflect high detail because it is easier to recall the meeting. The notes will continue to reflect extra detail for members who could not attend.

- Frank moves to approve the minutes as long as the error is corrected. The motion is seconded by Vietta, and the motion passes.

### **III. Medicaid and Long-Term Care (MLTC) Business Updates**

#### **Enrollment Updates:**

The board received a document with enrollment updates two weeks prior to the meeting. A copy of this data was made available to in-person attendees during the meeting. The board notes

that enrollment of all ages slightly increased throughout March; however, there is a slight decrease in CHIP and blind and disabled eligibility.

- Frank: Do we have an update on the enrollment status after March?
  - Nate: Yes, as you know we returned to normal eligibility rules. About 3,000 people have been found ineligible for Medicaid and have been removed from coverage. This is currently on par with our estimates, we still believe that 10 to 20% of members will be found ineligible during the unwind period. We are still in the early days so these numbers may vary month to month moving forward. The first appeal hearing from the redetermination period is currently scheduled for late June and hearings are anticipated to continue through next July.
    - Frank: Have the people being disenrolled been disproportionately a certain group?
      - Matt: Not that we know of yet, It is still very early on
      - Nate: Each state was allowed to return to normal rules based on their individual decisions. Some states are requiring their unwind to be completed faster than others. While we are unwinding in 14 months, others are unwinding in as little as 4 to 6 months. Each state has its own plan regarding which groups will be reviewed first. Nebraska chose to stick with our normal cadence, we need this process to be consistent throughout the year. Some states frontloaded the process where they reviewed the member's eligibility but did not disenroll them until the unwind was initiated. You will see nationally that some states have a 90% disenrollment rate, take that with a grain of salt because those states may have started with members they knew were no longer eligible. Nebraska is nowhere near that and we don't anticipate having that high of a disenrollment rate. Because of this, the comparison can be tricky when looking at states side by side.

### **Review of Legislative Bills:**

- Karma: Are there any changes to the bills we have been reviewing?
  - Nate: As you know, the budget was approved before the legislature adjourned for the year. For your general information, the Legislature passed certain provider increases; however, increases for the second year were vetoed. So some provider rates will only increase by 3% next year and not the following year.
- Karma: There is now additional coverage for pregnant women and children, after a child is born will they be covered for more than 60 days?
  - Matt: We are currently looking at an extension of 6 to 12 months. At this time, it looks like 12 months will make more sense from an administrative standpoint. We still have a long way to go to come to a final decision.
  - Nate: Additional time is beneficial for the mother and the child, we believe this will improve the quality of life for our members moving forward.
- Matt: There were quite a few bills combined into one this year. LB276 is for community health centers to combine physical and behavioral health. This will be a long-term project as the bill has a start date of January 1, 2026. It is my understanding that this bill is for a more comprehensive care delivery model. There are three community behavioral health centers at this time, all three have received grant funding to move forward. This will be a way for the department to build this model into the Medicaid care structure. While we

often refrain from commenting on bills, Director Bagley, CEO Smith and Gov. Pillen all testified in support of this bill.

- Matt: The budget bill saw an increase for providers, CCBHCs, and rebasing for critical access hospitals for rates and timing. Other requirements were set for reimbursement for nursing facilities
  - Frank: LB1014 was the ARPA funding for nursing home staff and recruiting. Will they recall the allotment of funds for the second and third years?
    - Nate: We can take that back but I do not think that will be taken back. A lot of the clawbacks were at a federal level rather than at the state level.
  - Frank: There was a change in the personal fund allowance, when does his come into effect?
    - Nate: 90 days after the closing of the session, so it will come into effect on September 2 if there is no other date listed.

### **COVID-19 Public Health Emergency (PHE):**

- Nate: We have already gone over quite a bit today and in past meetings. We continue to work to get the message out to our members and partners like Appleseed, HCAN, and MMI. That is one of the major things we are doing. We need to keep doing this thoughtfully and get it right so people who are still eligible and want to receive Medicaid continue to do so.
- Matt: Cost sharing and premiums are all rolled into policy considerations. We requested an extension on the pause of those for an additional year so we have more time to work on the policy part of those.
- Nate: With that, we are still discussing how to do this thoughtfully and how to make it as easy as possible for the members. We don't think changing everything at once is a recipe for success. If the board has any opinions we are happy to hear our thoughts.
  - Karma: I like the member-forward approach to help the members. That makes sense to me.
  - Frank: Agreed
- Nate: The press says there are a lot of people who don't know anything about the change, we see that and are continuing to do our best in ensuring that everyone knows what is going on.

### **Managed Care Organization (MCO) Contract Update:**

Matt: We are continuing to roll through the implementation of these contracts. The contracts were awarded to Nebraska Total Care, UnitedHealthcare, and Molina. Healthy Blue did not receive the bid and we are working through the transition and legal process. In August, we will be kicking off the readiness review to make sure that all of the requirements are prepared. The health plans will submit documents, SOPs, Manuals, and more so that our team can a comprehensive review of their existing medical network and how they will take on the dental network. We all have standing meetings every other week for broad items and more frequently for intensive items. We want to make sure they know how the data transfers are working and so on. We will still hold open enrollment in the fall that will begin on November 1 and end on December 15. We will also continue to have automatic sign-up but open enrollment will be available if the member wants to change their health plan.

- Dr. Meeske: I had a chance to meet with the three health plan CEOs, I think you made wonderful selections, and I'm very impressed with their leadership. So far, I think we are making a lot of progress with this. I wanted to discuss the fact that UNMC College of Dentistry wants to only accept 1 of the 3 plans. This concerns me because there are hundreds of patients who could suddenly lose dental coverage. I sent an email to the

Dean and Director Bagley. I really think he, or the leadership team, needs to go discuss with them in person. It is important for student learning, the future of dental care in our state, clients, and client care.

- Matt: Thank you, Dr. Meeske, it is on our radar and we share your concern. Leadership is discussing how to approach this and we will follow up with you once we have an answer.

#### **IV. Project Discussion**

Karma: We want to see if we can move these projects forward to make a difference for Nebraskans on Medicaid.

#### **Dental Student Reimbursement:**

Dr. Meeske: My proposal was that we explore a loan forgiveness program regardless of where dentists practiced, but based on the dental care they provide to Medicaid members. I think MLTC needs to talk to the Office of Public Health to see how we can make this work. This would not replace what they are doing, but it would be in partnership. I'm the president-elect of the Nebraska Dental Association so the timing is good. We want to potentially create a bill to let dental professionals take the lead on this. I think this is a great way to use general fund dollars. The research shows that once a dental provider is working for 5 years it is much easier to maintain them. I will send a follow-up email to Director Bagley. We've really got to get going on this if we will generate a bill before the next session. If we have MLTC and Public Health support, I'm happy to do the leg work on this.

- Karma: Do you need a workgroup to help you?
  - Dr. Meeske: I can pull together a meeting with MLTC, Public Health, Rural Health, and the Dental Association. We can discuss if this has merit and if we want to keep pursuing it. We can pull from what other states have done. We don't need to reinvent the wheel, but invent our own way to do this. Maybe this looks like a pilot program, to give us 5 years to see if this works. It doesn't appear that it has moved much in the last 6 to 9 months and I understand why with the Unwind.
- Karma: I like your approach of speaking with Director Bagley. Do you feel this is a good starting point moving forward?
  - Dr. Meeske: Yes, I'm fine with that.
  - Matt: It adds a little bit on our end but I do think it is a good first step to start that conversation and stakeholders can discuss if they would like to proceed further. That meeting may also give more of an insight to where we can intersect moving forward.
    - Dr. Meeske: It will help you put metrics to this so we monitor who we are helping fund. The last thing I want to do is put in the work to do a thoughtful proposal then MLTC comes in and says no. I think we need you at the table to make sure that this makes sense from an administrative standpoint. Making this a pilot program makes a little more sense and limiting that to dentists will make it more digestible.
      - Matt: Please reach out to Director Bagley. Nate and I will discuss as well.

#### **Nursing Home Staffing:**

Frank: To refresh memories, we have been talking about the staffing, how to increase it, payments, etc. but we need to go back and realize that there is a direct correlation between the health and welfare of residents and the staffing in nursing homes. The minimum standard is that nursing homes need to meet the minimal needs of its residents. President Biden has discussed, in Feb. 2022, updating these standards to see if there is a way to raise the minimum

requirements. D.C. has been the only state to reach these standards, no one meets the standard yet. We need to at least meet this to provide good care for the residents. Having said that, one of the things we have discussed is the passage of ARPA funding to relieve the burden of the problems that have occurred as a result of Covid where nursing home staffing, which was poor to begin, with was devastated. The legislature has previously passed a bill to give 47.5 million to nursing homes across the state to help them pay more and incentivize the hiring and retention of staff. To a certain extent that helps, there has been an increase in pay from about 16 an hour to 20 to 21 an hour (in Omaha).

The other thing we discussed was that nursing homes have had to use agency staff. This is a much more costly process but there are people available when needed. During Covid, nearly 50% of staff were agency staff, this is not sustainable and it causes a lot of difficulties for patients because their nurses aren't familiar with them. They are now down to about 20% agency staff in Omaha. When the ARPA funding ends what will happen? What is sustainable? Hopefully, the federal guidelines will change soon and those hearings will say what standards are proposed and how they will be funded. Each state will probably need to make changes. Something needs to happen as soon as possible. I've been speaking with Director Bagley and he wants to meet in June about this. I want to know how to move this forward. I think we need to touch base with Director Bagley again and see what he thinks about moving this forward.

- Karma: I don't think this currently warrants a workgroup.
  - Frank: Agreed, I think we need to figure out what Director Bagley's position is on this.
  - Matt: We need to know what the scope of this project is. We cannot make changes to the staffing in nursing homes. This may be beyond what we can do from a Medicaid perspective. However, I am happy to have those conversations to see if we can determine what the approach will be.
  - Frank: Director Bagley did say that he was meeting with directors in other states and mentioned potentially combining home-based and nursing home care to see if there is a way to make it easier on the system.
  - Karma: I am more than happy to sit in on this meeting as well.

### **Maternal and Newborn Health:**

Karma: What can we do to improve the outcomes of maternal care? We scored a "D" by the March of Dimes. Last time, we had interest from Staci, Kenny, and Sean, she is in Fremont where they have a program and, I would like to see what they are doing and where they see success. If there are no objections, I would like to create a workgroup, I will reach out to them and see if they are interested, and of course, if anyone else is interested I'm happy to invite them.

- Dr. Verbik: I'm happy you're working on this. maternal care is extremely important to MLTC. Prematurity rates are slightly higher in Nebraska than the national average. Director Bagley and the Director of Public Health have been conducting discussions on this. The Division of Public Health has a program where healthcare personnel go into a patient's home and help guide and navigate the mother and baby in healthcare to make sure their needs are met. We are working with them to see if we can sync up our efforts to maximize each other's strengths. We are working to start this early in a person's pregnancy to see if we can reduce the incidence of premature birth. We need to monitor the patient's needs; for example, we can see if we can help with transportation. The patient also needs to have the social and cultural support that they may need to ensure

their health and well-being. Director Bagley is bringing together stakeholders this summer to discuss what opportunities can be pursued in the future.

- Karma: 5 or 6 years ago KPIs were being tracked on the dashboard is this still the case?
  - Dr. Verbik: Yes, we have quality metrics that are reported to CMS. It includes prenatal, postpartum, cesarean rates, etc., and we will be developing a dashboard that will be on our website and updated each year.
  - Matt; There is a dashboard that has some of this information but we are looking to make a shift to a maternal care dashboard.
- Karma: Dr. Verbik, would you like to be in our workgroup?
  - Dr. Verbik: Yes, I am happy to.
- Karma: We can't help people if we do not know about their situation, that is a critical part of this. How can we look into the members who we don't know? They will be turning into our members in the future and it would be more beneficial if we can identify them before we have a negative outcome. There were many ideas shared last meeting, we could discuss more with Fremont.
  - Dr. Verbik: We are looking into that, our presumptive eligibility (PE) SME presented to the ALIGN committee twice so they know how they can guide their patients to PE as soon as they capture any clinical signs of a positive pregnancy.
- Karma: The local payments piece is probably going to be long-term. There is a form you can fill out that notifies the MCOs but healthcare staff do not have the time to fill it out but they do bill claims. I don't know if there is anything we can track that way.
  - Dr. Verbik: The ONAF form is filled out by healthcare providers and getting it to the MCO is very important for the patient's care. The NPQIC committee has several doctors revising the ONAF form to make it a universal form for all providers across Nebraska.
    - Karma: I think if we do this then there may be some more universal incentives as well.
    - Dr. Verbik: Yes, we also hope that with the NPQIC working on the form and leading the charge, they will continue to encourage other providers to use and submit the form in a timely fashion.
- Karma: I will go ahead and create a workgroup for this if Collin can help me set up the meeting.

### **Other Potential Projects:**

Karma: I want to offer this time to see if there is anything you all have thought of that you believe would make a worthwhile project. Seeing no other suggestions at this time we will proceed with these three.

### **V. Future Educational Opportunities**

Collin: With Jason Davis recently giving a presentation on spend down, I want to extend an offer to see if you would like another opportunity for someone to come talk. Is there anything that you all would like to learn more about?

- Karma: Why don't we all think about it and send it to Collin if you have any ideas.
- Collin: We will discuss internally as well and can make some suggestions for you if you would like.

### **VI. Filling Vacant Positions on the Board**

Karma: We have four open positions and currently have 5 applications. We are hoping to have an executive committee meeting to discuss the applications and invite the new members to the next meeting. Anyone can go ahead and apply online still if they would like.

## **VII. Confirm the Next Meeting Time and Location**

Karma: The next meeting date and time will be August 17 from 3 to 5 p.m. in Omaha.

- Collin: Is there a member of the board that wants to choose another location? We are happy to accommodate. If not, we can try Benson Library and will provide everyone with an update once the reservation is made.

## **VIII. Open Discussion**

Karma: Are there any topics that someone would like to bring up for discussion?

- Sharon: I am stepping down from my position with behavioral health. As of July 17, I will be working for DHHS as a DD Service Coordinator. I will inform the new director, Arlene, she has a lot of new ideas and I'm sure she will be helpful to the group. I'm not sure if you would like to replace me with a deaf and hard-of-hearing representative of Nebraska. You can figure out where to go with this position but I wanted to make you all aware that I will be stepping down.
  - Karma: Thank you, Sharon, you will be serving in a capacity to help others.
- Matt: CMS recently proposed new language that would have an impact on this committee. Right now, they are waiting on feedback from the states. Several months down the road we will have a discussion to see how this will make a change to the committee.
  - Karma: Is this a significant impact?
    - Matt: I don't know yet. It is a way to ensure that members' voices are heard and considered in every state. It is likely that it will have an impact on us.
    - Nate: There is one piece that would require a Beneficiary Advisory Group or "BAG" if that were to pass, they wanted to make sure that MCACs across the country give enough of a voice to members. One way we could do this is to have members be a sub-committee of this group. This can be a wonderful thing in general. It is a great way to bring in another group of leaders. It allows members who have a limited amount of time, or particular interest, to participate.
    - Karma: We don't want to limit having members and professionals on the advisory committee.
      - Nate: No, the rule does not reduce that, it requires both.
    - Frank: Is that why the MCACPAC attended the last meeting?
      - Nate: We do not know, though that would be a reasonable guess given the timing.

## **IX. Adjournment**

Frank makes a motion to adjourn which is seconded by Vietty at 4:22 p.m. CST.