



**Beneficiary Advisory Committee
DRAFT Meeting Minutes
Thursday, July 17, 2025**

The Beneficiary Advisory Committee (BAC) met on Thursday, July 17, 2025, from 12:30 to 2:30 p.m. CST at the Bess Dodson Walt Branch Library in Lincoln, Nebraska. The meeting was held in person for members with a call-in option also available to the public.

BAC members in attendance: Alissa Kern, Allison Sothan, Amber Corbin, Franck Toe, Mary Phillips, Renae Wacker, Vanessa Chavez-Jurado

Department of Health and Human Services (DHHS) employees in attendance: Bailey Reigle, Celia Wightman, Jacob Kawamoto, Jayda Moss, Matthew Ahern, Wasuk Kose,

Members of the public in attendance:

Jennifer Hansen (MAC member), Mikayla Findlay (Nebraska Legislative Fiscal Office), Paige Rivard, Kelsey Arends (Nebraska Appleseed)

(One call-in/ phone number was present for the meeting.)

BAC members not in attendance: Arvoni Johnson, Erica Spears, Lori Wachter (planned absence)

I. Openings and Introductions

The meeting was called to order at 12:30 p.m. CST.

- The [Open Meetings Act](#) was made available for attendees.
- Celia ran through roll call and meeting attendees introduced themselves.
- Celia informed members of the [conflict of interest policy form](#) for MAC and BAC members. BAC members were asked to fill out and return the conflict-of-interest form.

II. Follow Up from Orientation

Compensation and Reimbursement

- Update on ACH enrollment process - check emails for correspondence from DHHS.MACandBAC@nebraska.gov regarding revisions to forms or bank verifications.
- MLTC will be posting two helpful resources on the [BAC webpage](#):
 - Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Compensation Process

- Medicaid Advisory Committee (MAC) and Beneficiary Advisory Committee (BAC) Compensation Guide
- Reporting income changes:
 - Medicaid members are required to report changes in income within 10 days of the change. Changes of income may be submitted in several ways:
 - Mail: ANDI Center, P.O. Box 2992, Omaha, Nebraska 68103-2992
 - Fax: 402-471-9209
 - Email: DHHS.ANDICenter@nebraska.gov
 - Upload online: iServe.nebraska.gov
 - Drop off at a local office; see local office locations online at AccessNebraska.ne.gov
 - If you are anticipating receiving compensation for all MAC/BAC meetings, please note that this will be a recurring change so that you don't have to report income after every meeting.

Attendance and meeting format

- Per the Nebraska Open Meetings Act (OMA), no more than half of our meetings can have a virtual option for members.
 - However, all meetings are required to have a virtual meeting option for the public (non-members).
 - Meeting links should not be used by BAC members on in-person meetings.
- The OMA also requires that all meetings be open to the public.
- Meetings rotate between Lincoln and Omaha.

Communication

- Email DHHS.MACandBAC@nebraska.gov if you plan to miss a meeting.
- Meeting details are posted to [BAC website](#) and sent out via email invitation 30 days in advance.
- Meeting minutes are posted to [BAC website](#) and sent to BAC members within 10 days after meeting.
 - Please review meeting minutes prior to the next meeting.

Medicaid 101 Presentation

Jacob shared the Medicaid 101 presentation that is included in slides 44 through 68 of the [BAC Orientation](#) slide deck. This slide deck is posted on the Medicaid [BAC webpage](#) under 'Member Education.'

Medicaid 101 Group Discussion:

- Question: You talked about the different methods of applying for Medicaid. Which method is used by most people?
 - Answer: Right now, it's iServe. That's a percentage that's growing because of the ease of access. It's an integrated application process

- with other services such as food services. Since it's a portal, there are also application tracking abilities within iServe.
- Question: Do you have the federal poverty level (FPL) figures?
 - Answer: Yes, the [FPL and Program Eligibility](#) document is posted on the [Medicaid Eligibility webpage](#).
 - This has some helpful tables for some of the different eligibility groups.
 - The chart is updated annually as the figures change.
 - Note that the figures on the chart are based on monthly income.
 - Question: Do the three managed care organizations (MCOs) set rates? How are rates set under case management?
 - Answer: The rates are set by Nebraska Medicaid. Medicaid sets a fee-for-service (FFS) fee schedule for every code that Medicaid covers. Every service has an associated code for the billing process. Medicaid set rates based on several different factors such as the market, assessment of neighboring states' rates, access constraints, etcetera. Medicaid works with actuaries that look at our cost and establish what we can pay out based on what we've been given in appropriation from the legislature.
 - Most of Medicaid's services are paid through MCOs. Medicaid establishes what the program will cover and then pays a capitation to the MCOs. From that capitation, they pay for the services and administer them on Medicaid's behalf.
 - For the most part, the MCOs follow the fee schedule. However, they have latitude within their contracts with each of the providers. All providers that bill an MCO will have an independent contract set up with them. They can negotiate rates with the MCO they are contracted with. For example, a provider may negotiate a higher rate because there is critical access. Sometimes, the MCO may pay the provider lower than the FFS rate.

III. Group Discussion

Applied Behavior Analysis (ABA)

BAC members shared feedback on recent changes in the Nebraska Medicaid reimbursement rate for Applied Behavior Analysis (ABA). MLTC shared some answers and context on the changes to ABA reimbursement rates.

- BAC member concern: changes were made quickly. August 1 is a quick turnaround for feedback.
 - MLTC: there has been a lot of work done behind the scenes to determine the new rates. This has been discussed for the past couple of years. This is in alignment with how changes are typically made.
- Matthew: Nebraska compared their rates to other states across the U.S.

- BAC member: Medicaid should have conducted a rate study in Nebraska rather than only compared to other states.
- Matthew: Nebraska is still above the national average for almost all the ABA service codes. Nebraska is in-line with the regional average.
 - BAC member: We understand that Nebraska has been paying well above the average rate.
- BAC member: shared that they appreciate that DHHS is always willing to listen to stakeholder input.
- Matthew: There has been a precipitous increase in utilization of ABA services across the state and country. The parameters and clinical guidelines surrounding ABA have been somewhat lax. This has led to misuse and overuse of the service across the country. As we've been auditing cases, there have been some providers that may have had unofficial requirements that a member receives no less than 30 hours of ABA services a week, even if it's more than what's clinically appropriate. MLTC is trying to balance this so that we can have a sustainable system.
 - BAC member: It's a balancing act. You want to ensure that individuals who need the service have access to it without overapplying it to individuals.
- **Question:** Will some areas be paid more for ABA services if they are shortage areas?
 - Matthew: Often, access constraints are addressed through contracts with the MCOs. It would be incumbent on the MCOs to contract at a higher rate to ensure that there is sufficient access. If they don't have sufficient access, then MLTC will hold them contractually accountable.
 - One BAC member shared that as a Medicaid and long-term care provider, they have experience with rate negotiation with their MCO. Medicaid sets the maximum allowable fees that Medicaid will pay the MCOs for specific services. Then the MCOs go out to contract with providers. If a provider has an issue with a rate that they are receiving, they should go to the MCO they're contracted with rather than taking the concern to DHHS. The MCO has the ability to negotiate those rates on behalf of their contract. The BAC member said they've had success with negotiating higher rates with MCOs for specific services and areas of the state.

Dental Services

BAC members shared concerns regarding access to dental services.

- BAC member: There is no dentist within two hours of us that would accept Medicaid to provide dental services for our foster child.
- BAC member: I don't think any dentists in Broken Bow accept Medicaid anymore.
- Matthew: Dental access is an issue. It is also an issue for every other state. It's due to a combination of factors. Rate is one concern but it's not the only

concern. There are some states that have increased their rates drastically and seen no increase in participation with dentists. If dentists can fill their chairs without accepting any insurance, that's what they'll do. There are some efforts MLTC has made to address this issue:

- Over the past two years, MLTC has unilaterally decided to increase rates by 10%.
- Eliminated the \$750 cap on the adult dental package
- Talked with dentists across the state to make changes on policy and make them more beneficial for dentists. For example, Medicaid now covers the removal of all wisdom teeth during one procedure even if only one of the wisdom teeth is symptomatic.
- Combining dental with managed care has increased financial incentives for MCOs to cover the entirety of members' care. Preventative dental visits will help prevent costly procedures in the future.

Strengths, Opportunities, and Barriers

To better understand the interests, concerns, and goals of BAC members, MLTC asked members to share the strengths, opportunities, and barriers (SOB) that they have encountered through their experience with Medicaid. They were asked to share the SOB of the following categories: application, enrollment, and renewal; service delivery and access to services; and communication from the Division of Medicaid and Long-Term Care (MLTC).

Application, enrollment, and renewal

- Online [iServe](#) application portal
 - Strength: provides information on why applications were denied and what was missing from the application.
 - Barrier: difficult to use on mobile devices
 - Opportunity: DHHS could create an iServe mobile app
- Application status communications
 - Barrier: delays in communication and unclear communication on the status of applications can create uncertainty and confusion
 - Opportunity: DHHS could create an application tracking feature in iServe

Service delivery and access to services

- Waiver services
 - Strength: seen many successes from Medicaid members who utilize waiver services
- Knowledge of available services
 - Barrier: members struggle to identify the services that are available to them
 - Opportunity: person-centered planning

- Opportunity: DHHS could provide additional benefit navigation resources
- Opportunity: members can connect with a service coordinator to help them identify resources
- Opportunity: DHHS should provide information to members that is more specific and personalized to each member regarding what programs/services they qualify for
- Access to dental services
 - Barrier: members struggle to find dentists who accept Medicaid in their area
- Access to language assistance
 - Barrier: members struggle to access translation and interpretation services in their language
 - Strength: translation line
 - Strength: DHHS is in the process of making more documents available in additional languages.
 - Opportunity: add information to iServe about available translation and interpretation resources

Communication from MLTC

- Text message notifications
 - Strength: members can opt to receive text messages that notify them their renewal date is coming up and inform them that they will be sent a packet in the mail.
 - Barrier: not all members know how to sign up for text messages
 - Barrier: continuation of communication from one foster care placement to another
 - Foster children may not always have their information correctly transferred to their new foster parents, causing the previous foster parent to receive the text notification.
 - Difficulty with changing the authorized representative
 - Opportunity: Medicaid can collaborate with the Division of Children and Family Services (CFS) on ways to create a smoother transition process for when foster children change foster home placements.
- Medicaid website
 - Barrier: the Medicaid website has too many different pages and is difficult to navigate
 - Opportunity: leverage social media to share essential information to members and potential members

IV. Open Discussion / Public Comment

One member of the public shared that they appreciated the conversation that BAC members shared her family's ABA experience:

- The individual shared that their child benefits from ABA therapy. Their child received a one-on-one registered behavior technician (RBT) in school and had a great experience. This helped transition the child back into a typical classroom setting rather than having to enter an alternative classroom placement (ACP). The individual expressed concern that recent changes in the ABA fee rate would impact their child's access to ABA service.

V. Confirm the Next Meeting Time and Location

The next meeting will be held on Thursday, September 18, 2025, from 12:30 p.m. to 2:30 p.m. in Omaha, Nebraska with the exact location to be announced.

The BAC confirmed that Mary Phillips and Lori Wachter will attend the September MAC meeting as the BAC member representatives.

Jacob thanked BAC members for attending and sharing their feedback.

VI. Items for Next Meeting

Jacob asked BAC members to start thinking about what topics they want to learn more about and share their experiences about.

- Feel free to send feedback on how the first meeting went and ideas for what you'd like to see at future meetings to DHHS.MACandBAC@nebraska.gov.

Celia will send out the [MAC bylaws](#) for BAC members to review as they think about what they would like BAC structure and governance to look like.

VII. Adjournment

The meeting was adjourned by the committee at 2:32 p.m. CST.