

## MCAC Meeting 4/21/22

- Welcome and intros – **Jessica**
    - Open Meetings Act and conflict of interest housekeeping item
      - Committee members present: Jessica Meeske, Karma Boll, Frank Herzog, Staci Hubert, Amy Nordness, Jay Fleecs, Vietta Swalley
      - DHHS Staff: Nate Watson, Matt Ahern
  - Review and approve minutes – **Jessica**
    - Moved by Jay, seconded by Frank
      - Motion passes unanimously
  - Policy updates – **MLTC Staff**
    - Matt: Goes over regulation and SPA status, telehealth chapter of regs. SPAs
    - Updates from legislative session
      - Discussion of LB1014 ARPA funds
        - Jay:** Question about process for distribution of funds? **A:** Disbursed through a number of different initiatives, some retroactive payments, some current.
        - How will we communicate about this? **A:** Waiver related subjects handled by DDD, MLTC will explain through MCO partners, other announcements
        - Frank:** This \$47m for nursing homes is disbursed over three years, used for recruitment training, etc. When will nursing facilities have an opportunity to submit requests for funds? **A:** There are a number of initiatives through the Department which will disburse these funds.
        - Jessica:** All of these funds are not necessarily going through Medicaid, correct? There are a number of initiatives with different federal funding sources allocated through different divisions of DHHS.
        - A:** That is correct, it's a complex topic. **MLTC will send out HCBS spending plan which will provide additional detail.**
- Director updates – **MLTC Staff**
  - Public health emergency unwind – **Nate**
    - PHE slated to end mid-July 2022 as federal DHHS has suggested they will not renew. Flexibilities implemented to keep Medicaid cases open.
    - Once PHE ends, Medicaid will begin reviewing cases. Medicaid is developing a communications strategy to ensure beneficiaries keep their info up to date to avoid being closed for failure to provide information. Our planned outreach includes text, phone, email, and social media.
    - Most states think this will impact 10-20% of their Medicaid population. For Nebraska, this is 35-70k people.
    - Federal Marketplace plans are available at little cost.
      - **Jessica:** What is the income level for Expansion? **A:** 138%FPL for a single person 17.5k, increases as household size increases.
      - What is our federal match? **A:** 57% for non-expansion groups. For adult expansion, it's 90%.

How many new adults were added since expansion began? **A:**  
Approximately 66k.

- **Staci:** Will families anticipate losing coverage? **A:** Past renewal notices during the public health emergency have let folks know that if they did not qualify they would still be kept on throughout pandemic. So if they read, they may anticipate that.
  - **Jessica:** What about non-English speakers? **A:** We translate into Spanish. We include tags on our letters about how to access translation services. This is translated in the top 14 languages in the state.  
Is there a flyer that can go out to providers through normal channels that we can post to notify families about the unwind and about expansion? These fliers are excellent potential resources. **A:** For expansion we have fliers, for unwind we are drafting that.
  - What channels exist to communicate with providers? A majority of providers don't read the emails, with so much stuff from DHHS it's hard to cut through the noise. **Maybe the committee could recommend ways to more adequately communicate the needed information.**
    - **A:** MCOs distribute in-house materials, as well as their own materials. Working with provider associations.
  - **Karma:** Keeping providers educated, MCO provider town halls are an opportunity to share this content.
  - **Frank:** ADRCs are a method to share this information as well. Way to assess all the ways folks apply to Medicaid/find out if they're eligible.
- **MCO RFP – Matt**
    - Karma excused herself from the room during this discussion
    - **Matt:** We contract with health plans to administer Medicaid benefits. In Nebraska there are four MCEs: three for physical and behavioral health plans and one plan for dental. The new contracts will last for five years with the possibility of extensions. The process has begun to renew these contracts and request new proposals by health plans.
    - RFP was released on the 4/18, pre-approval conference on 4/28 for potential bidders indicate their intention. Bids are due July 1. State begins reviewing each bid to award contracts by August. Implementation of the new contract targeted to begin 7/1/23.
      - 10% rate increase for dental
        - **Jessica:** just for adults? **A:** No, it is for all members.
      - Concerns that single credentialing provider may not decrease six-month waiting time to be credentialed. MLTC has latitude to set MCO targets if we see problems. Identifying better measures to ensure MLTC can resolve problems effectively.
      - **Vietta:** Tribes don't contract with MCOs, Maximus sends info from state to MCOs. Why not use this system for all providers?
        - **A:** Non-tribal providers enroll in Medicaid through Maximus and credential with each MCO. The Tribes in Nebraska have a

different relationship with MLTC than other providers because of their status as healthcare providers of sovereign nations.

- Dual eligibility issues: MCOs need to run DSNPs to ensure that Medicaid clients get coverage without issues
- Community engagement, incentive structures, ID'ing specific data instead of data in aggregate.
- **Jay**: What is the process for determining and announcing winning bidders?
  - **A**: RFP details the contract provisions, requires prospective plans answer questions per each provision of the contract. Multiple teams with built-in specialization review the submitted bids/evaluate plans seeking to administer benefit.
  - MLTC sets capitation rates by actuarial evaluation. Medicaid has never used financial bids as part of RFP.
- MCO outcome comparisons – **Matt**
  - Evaluating committee interest in this data. What can be done to improve how we present and communicate this data? **Send this out via email, each individual can dive into on their own. In the future, present on Nebraska's trends over time, ways MLTC can hold MCOs accountable and achieve better health outcomes.** Annual technical report contains all measures not just the ones presented today.
  - Link to report: <https://dhhs.ne.gov/Documents/HSAG%20Report%202021.pdf>
- Recap of scheduling survey – **Jessica**
  - What would the committee like to do regarding meeting times?
    - **June 23<sup>rd</sup>**
    - **All three other dates? Consensus looks good**
    - **Meetings: Two in Lincoln and two in Omaha**
- **Receive comments from the public attendees:**
  - Dexter Schrodt (Nebraska Medical Association): Excited about single credentialing system. Further integration of physical and behavioral health are welcome and appreciated.
  - Question about LB698: Continuous glucose monitors, regarding coding, etc. Will follow up with Matt outside of meeting.
  - Nursing home staffing shortage
    - **In the future, MLTC will prepare deep dive on NF staffing difficulties. Plan for virtual meeting. Poor quality of care at the NF as a result of staffing shortage. Karma, Kevin, and Jessica will narrow in on topic of presentation. Other deep dive topics we would like to see in the future? Other agenda items for future? Opioid content.**
- Closing – **Jessica**
  - **Stacy moved, Karma seconded. Motion passes unanimously.**