Medicaid Advisory Committee
DRAFT Meeting Minutes
Thursday, November 21, 2024

The Medical Care Advisory Committee (MAC) met on Thursday, November 21, 2024, from 3 to 5 p.m. CST at the Loren C. Eiseley Branch Public Library in Lincoln, Nebraska. The meeting was held in-person and virtually with a call-in option also available.

MAC members in attendance: Philip Gray, Jennifer Hansen, Josh Sharkey, Vietta Swalley, John Andresen, Amy Nordness, Dave Miers, Heidi Stark

DHHS employees in attendance: Matthew Ahern, Dr. Elsie Verbik, Jillion Lieske, Will Morgan, Jacob Kawamoto, Becky Peplinski, Gillian Daniel

MCO representatives in attendance: Colleen Hobbs (UHC)

Members of the public in attendance: Cindy Kadavy (Ne Health Care Association), Ryan Anderson (Ne Hospital Association), Ned Stringham (Ne Psychological Association), Alana Schriver, Angela Gleason, Deb Schardt, Meghan Chaffee (NHA), Charity Menefee, Nate Watson, Sarah Maresh, Marie Woodhead

(Five call-in/phone numbers were present for the meeting)

MAC members not in attendance: Michaela Call, Karma Boll, Shawn Shanahan, Jason Gieschen, Bradley Howell, Staci Hubert, Kenny McMorris, Kelly Weiler

MAC stakeholders not in attendance: Dr. Elliot (NTC), Dr. Esser (Molina)

I. Openings and Introductions

The meeting was called to order by Amy at 3:06 p.m. CST.

- The Open Meetings Act was made available for attendees.
- Amy and Jacob welcomed the meeting attendees and ran through the roll call.
    - **NOTE:** Governor Pillen announced his appointment of Drew Gronshorowski as the new Director of the Medicaid and Long-Term Care Division (MLTC). He will officially assume this role on December 9, 2024.

II. Review and Approval of May 23, 2024, Draft Minutes

The Committee has no revisions for the minutes, Amy asks for a motion to approve the minutes.

- John Andresen makes a motion to approve the minutes, Philip seconds. The motion passes.

Follow Up Items from the September MAC Meeting:

- Katie Beckett Program – enrollment numbers
    - As of the date of this meeting (11/21/24), MLTC had 270 cases assigned to workers related to the Katie Beckett program. Of those, 61 children were approved, 2 were eligible in another Medicaid category, 10 were denied for 'Failure to Provide' the requested information, 5 were denied due to not meeting the eligibility criteria, 11 were withdrawn, and the rest did not yet have a decision (for various reasons).
- MLTC will post a brief explanation of the changes required under the Access Final Rule and timeline for implementation to its website.
    - This has been completed and is posted to the Medicaid Advisory Committee webpage.
- Concern was raised that the SRT sends paper forms to medical providers to collect medical records, but the providers have medical records available in electronic formats, not paper formats. Thus, there is a barrier to providers sharing this information with the SRT.
    - The SRT has an eFax where providers can submit electronic records.
        - Email: DHHS.ANDICenter@Nebraska.gov
        - Fax: 402-742-2351
    - Paper records can be mailed to PO BOX 2992, Omaha, NE 68172-9659 or dropped off in-person at a local DHHS office.
- What if the applicant doesn't know to ask about other programs they may be eligible for? Does the information about disabilities make it onto the application for workers to review? That seems like the key part missing from the process.
    - MLTC is still looking into this. On paper applications, applicants can write that they are applying for the Katie Beckett program (if they know about the program), or for a child with disability (generally). On the iServe application, applicants can check that they are applying for someone with a disability. If the iServe application is filled out for a disabled child and it is noted that the parents aren't applying, this should be reviewed for eligibility in the Katie Beckett program.
- MLTC is still looking into the following feedback:
    - Families are having a hard time understanding how to apply for disability programs. Additionally, they may not see their children's conditions as a disability. Members of the MAC reported hearing about cases where individuals were determined over income but not asked about disability, especially when applying for their children.

- Can Medicaid ask the applicant if they have an individualized education plan (IEP)? The SRT asks for an IEP, but it would be helpful if this was already included on the initial application.

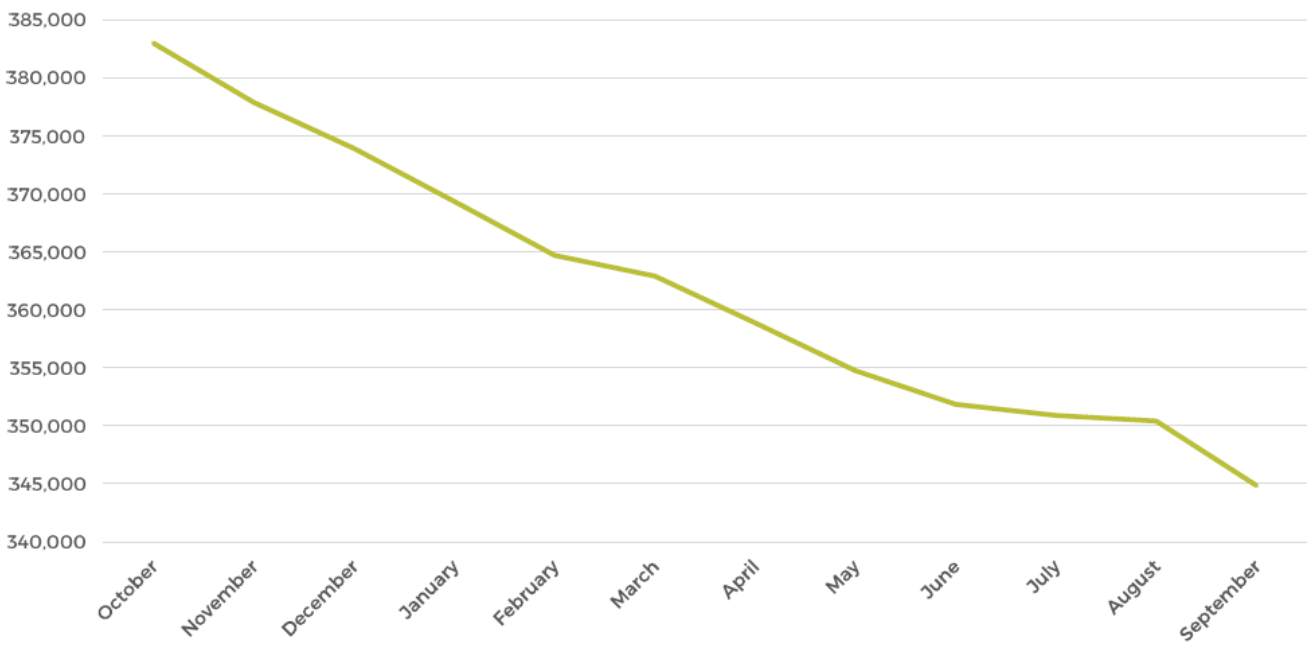
III. Medicaid and Long-Term Care Updates

Enrollment and Unwind Updates (Final Update):

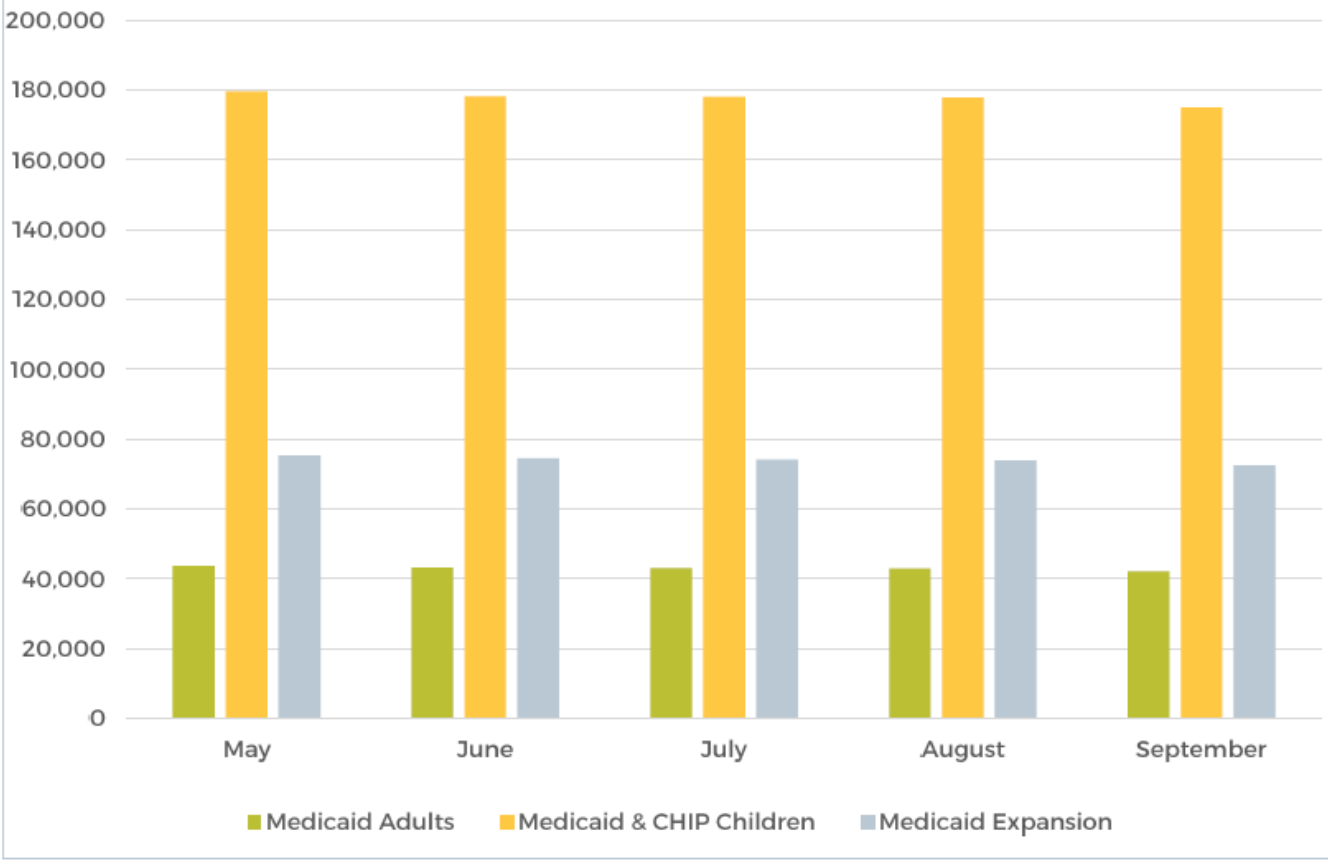
Jacob: This month's update remains similar to previous updates the group has reviewed. Medicaid and CHIP children continue to be the largest eligibility category. As previously discussed, there is still a very limited change to Medicaid and Long-Term Care's (MLTC's) aged, blind, and disabled categories as their medical need and resources are unlikely to change dramatically. (Note: The data in following charts/graphs includes retroactive enrollment of individuals in previous months, so figures in this update will reflect higher numbers than previous updates).

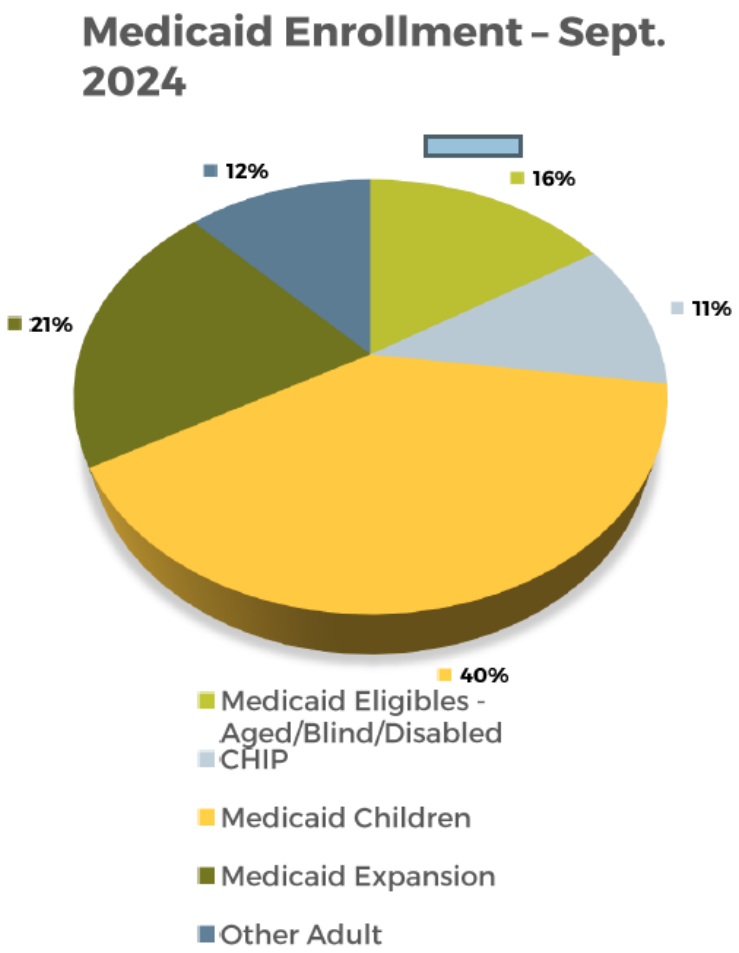
Eligibility Group	May	June	July	August	Sept.
Medicaid Eligibles - Aged/Blind/Disabled	56,304	56,208	55,983	55,860	55,452
CHIP	38,787	38,417	38,414	38,575	38,224
Medicaid Children	140,715	139,704	139,525	139,255	136,770
Medicaid Expansion	75,304	74,446	74,011	73,816	72,341
Other Adult	43,633	43,071	42,956	42,904	42,049
Total Medicaid & CHIP Members	354,743	351,846	350,889	350,410	344,836

Medicaid & CHIP Eligibles - All Ages



Medicaid Enrollment by Month





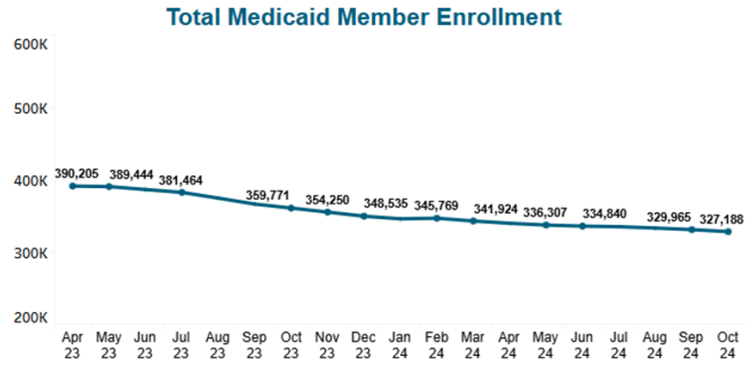
Moving on the to Nebraska Medicaid Unwind Dashboard, we have seen a net change of 60,000 – 70,000 in the number of individuals enrolled in Nebraska Medicaid since the beginning of the Unwind in April 2023. This includes members who have been disenrolled and new or returning members who have been found eligible through this time. The total number of cases closed is close to 120,000.

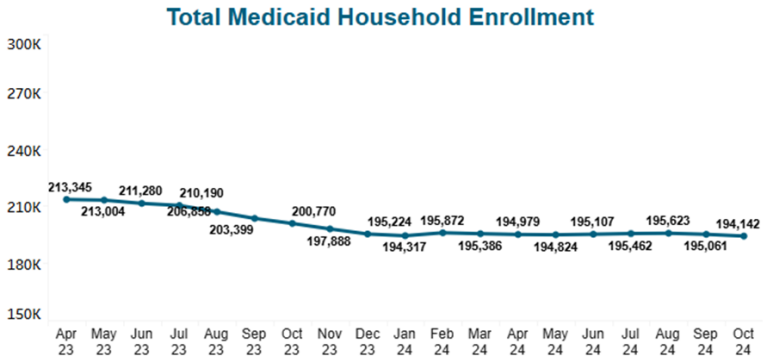
Programmatic closures, where individuals are determined to be no longer eligible for Nebraska Medicaid, account for approximately 51% of the total loss of coverage. Administrative closures, where an individual is determined to be ineligible due to administrative reasons (such as failure to provide necessary eligibility or other requested and required information), accounts for approximately 49% of the total loss of coverage. This is the 6th or 7th lowest rate of administrative closures during the Unwinding Period across the country. Additionally, CHURN rates, where individuals re-apply for Medicaid after an administrative closure, are only around 7% of those cases.

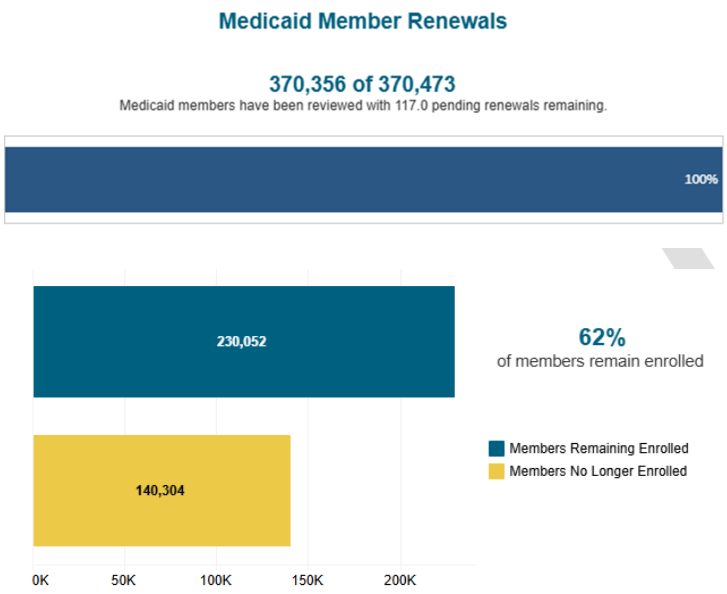
- Philip Gray noted that Nebraska Medicaid has been one of the best in the country when it comes to Unwinding renewals and redeterminations.

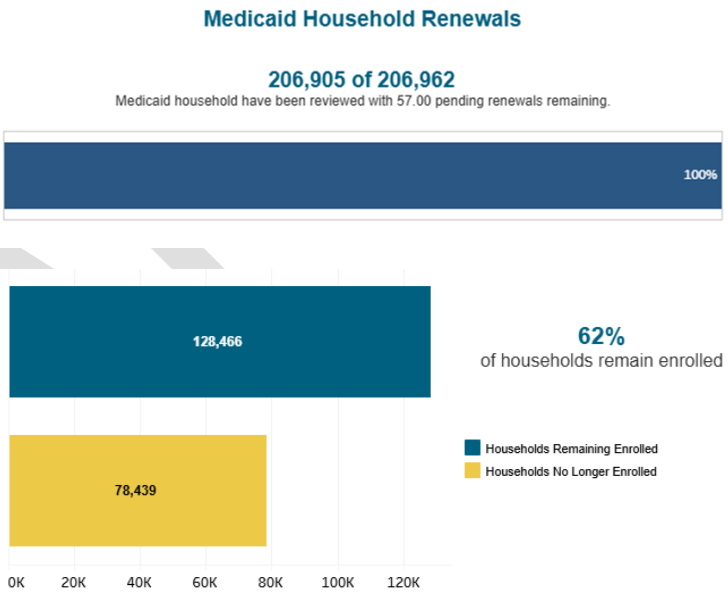
All Medicaid cases that were active at the beginning of the Unwinding Period (April 2023) have been reviewed and eligibility redetermined.

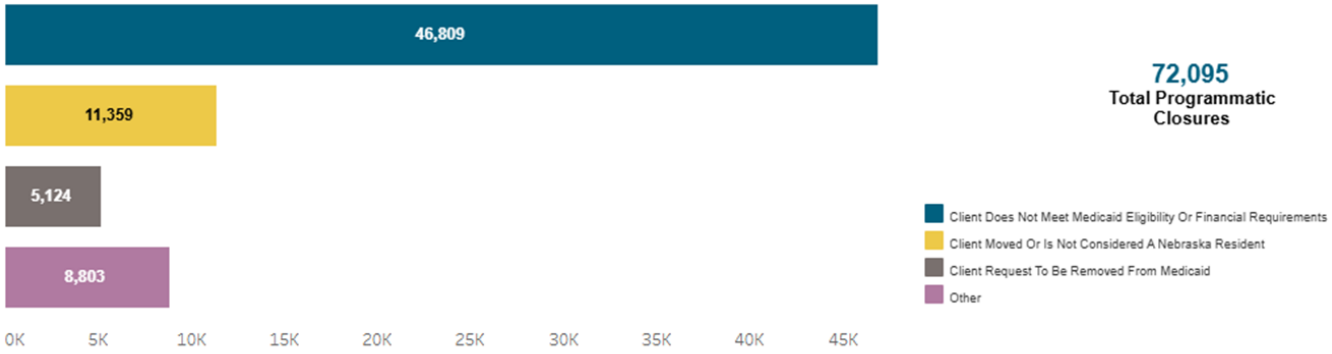
The percentage of members and households remaining enrolled with Nebraska Medicaid dropped slightly from about 65 and 64 percent, respectively, to about 62% for both.

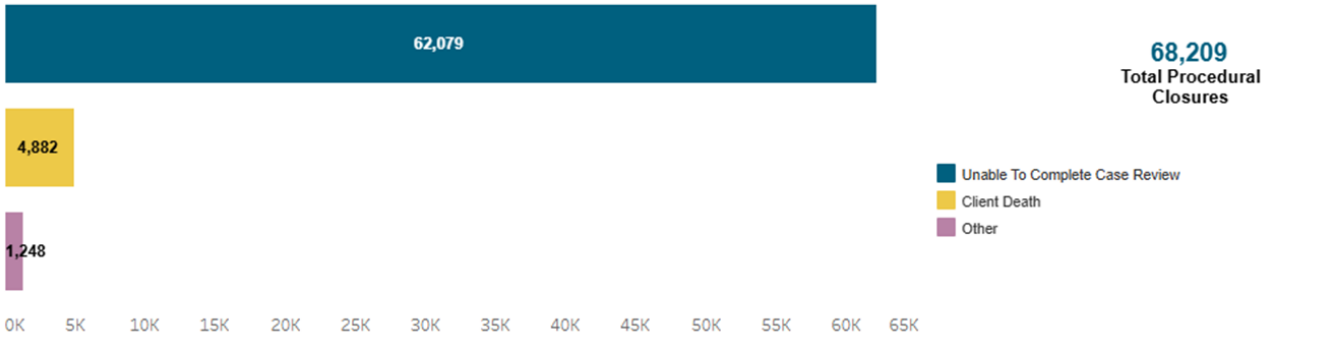












IV. MCO Member Satisfaction and Clinical Quality Update

Presentation by Dr. Elsie Verbik, MLTC Medical Services Director

See the MCO Member Satisfaction and Clinical Quality Measures PowerPoint presentation posted with these meeting minutes on the Medicaid Advisory Committee webpage.

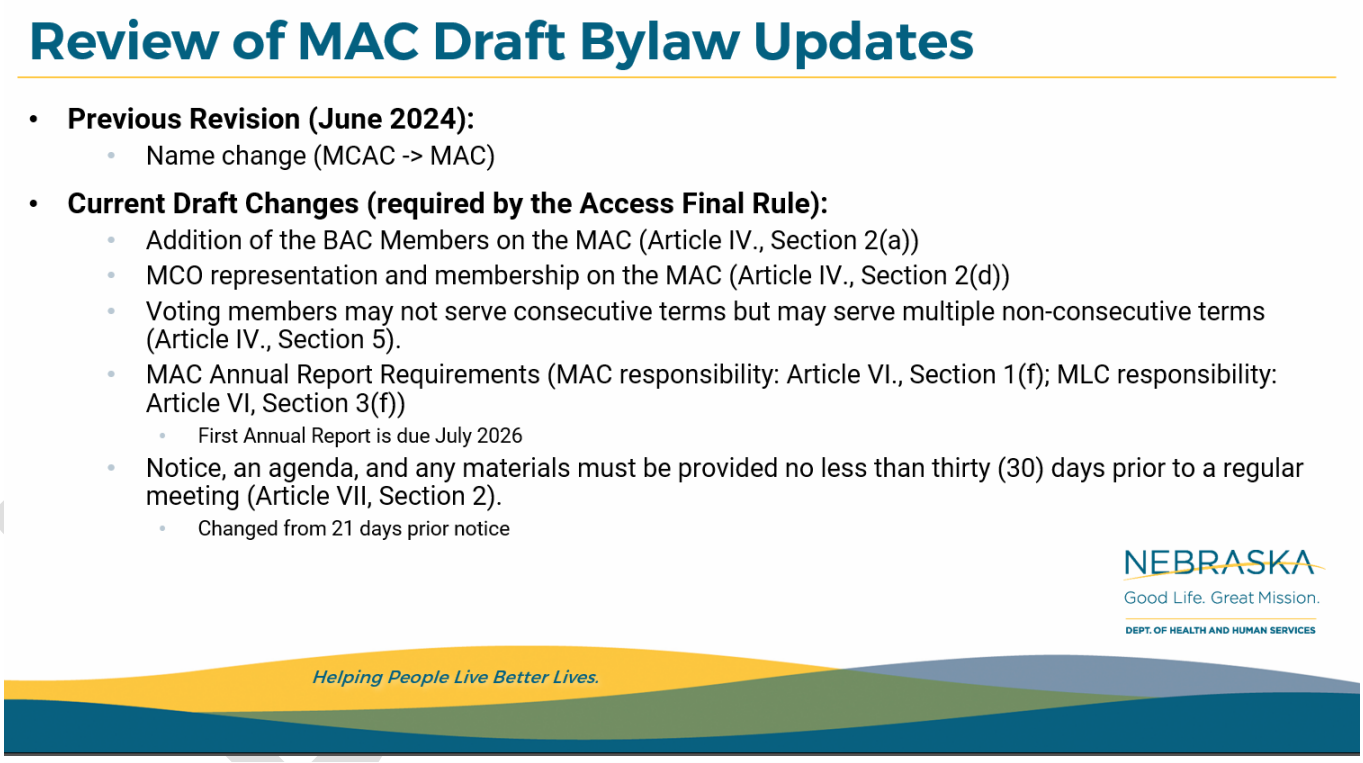
Discussion:

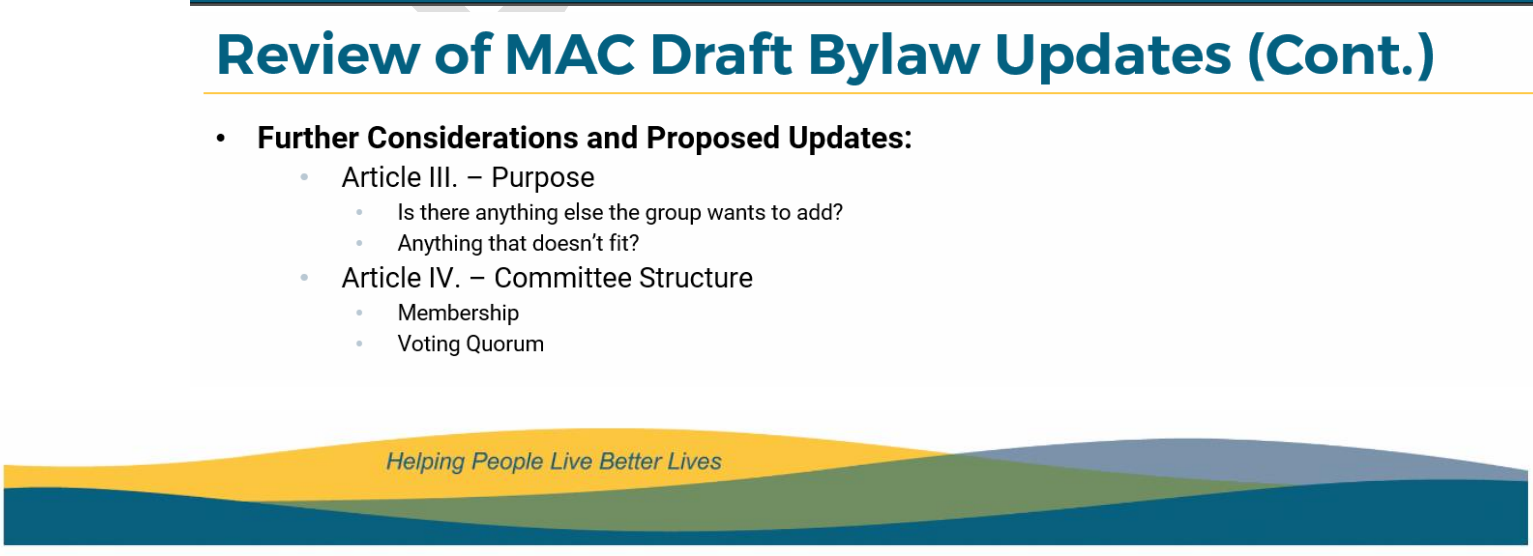
- **QUESTION:** Are the CMS median numbers referenced in the presentation averages or normal? Do the change much?
    - **ANSWER:** MLTC will post the trend numbers to help indicate the year-after-year comparison.
- **QUESITON:** Are the figures in the opioid metrics section for opioid use or prescription?
    - **ANSWER:** The data shows prescriptions, fills, and doctor follow-ups. It does not report on frequency of use by the patient.
- **QUESTION:** What is meant by “Getting Needed Care” in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey? Is there a standard timeframe to measure this? Or is it subjective from the patient’s perspective?
    - **ANSWER:** Subjective from the patient's perspective.
- Questions related to the ADHD metrics and reporting:
    - **QUESTION:** Are phone follow-up visits included in this reporting? Or are these not coded, and therefore not counted, and the only data

reporting is office follow-up visits? As I provider, should I do something different when conducting phone follow-up visits?
    - **ANSWER:** Correct that phone call follow-up visits aren't counted, since they aren't coded. MLTC will check and see if these should be conducted or counted any differently.
- **QUESTION:** Are these just for codes where consent to treatment is present (and not just cases where a physician prescribed something, but the patient didn't request or consent to that)?
    - **ANSWER:** Yes.

V. Review of Draft Bylaws and Updates

- Due to time constraints, Jacob just gave a brief overview of the updates still needed in light of the Access Final Rule, and of the updates that require further consideration, but are not required.
- MLTC will email the Draft MAC Bylaw updates to the Committee for review ahead of the January MAC Meeting.





VI. Educational Discussions

- Information on the Division of Developmental Disabilities (DD) Waiver Eligibility and Services – **Jillion Lieske**
- See the Medicaid Home and Community-Based Services (HCBS) Waiver Services PowerPoint presentation posted with these meeting minutes on the Medicaid Advisory Committee webpage.
- Highlights from the presentation:
    i. Waivers allow DHHS to waive certain Medicaid eligibility requirements to allow for certain services to be delivered in a home and community-based setting (instead of in an institution).
    ii. Funds are paid directly to providers, and cannot be used for certain activities.
    iii. DD waivers also require a need for habilitation (ABD and TBI waivers don't).
    iv. Waiver offer letters DO need to be returned to initiate waiver services.
    v. Individuals, applicants, and assistors should contact DD if they are unsure where an application is at in the process or for follow-up questions.
        Phone: (402) 471-8501 // (877) 667-6266 (toll free)
        Email: dhhs.dddcommunitybasedservices@nebraska.gov
        Mailing Address: P.O. Box 98947, Lincoln, NE 68509-8947
        Contact webpage for Home and Community-Based Services

Discussion:

- QUESTION: What has been the biggest challenge in the efforts to eliminate the waitlist? What is DD currently working on?
    - ANSWER: A team within DD meets weekly to chart progress and phases of the project. One big barrier is that there are a lot of families that have been waiting for services for a long time, but there is now a big learning curve for both staff and families in delivering these services. There is difficulty for families in understanding the different services offered between the 3 different waiver types. There are a lot of processes related to these services, and each unit/waiver can differ slightly from one another too.
    - Additionally, the effort to eliminate the waitlist is also concurrent with the roll out of the Family Support Waiver (FSW) – which is completely new. There are capacity differences between maintenance and enrolling new members. These are two larger, but different initiatives, and it's a big demand on DHHS systems.

- QUESTION: A member of the MAC heard that there are provider enrollment holds on waiver providers in Omaha and Lincoln? Is there enough capacity?
    - ANSWER: Getting independent providers and employees with agencies enrolled as waiver providers can be a real concern. However, there is a hold on enrollment for the Omaha and Lincoln area since these areas are overly saturated with providers currently. But providers wanting to enroll as FSW providers still can, even in these cities.
- QUESTION: Is it a separate process to become enrolled as a FSW provider?
    - ANSWER: No, it is the same process to enroll as a provider for these services. Providers determine what services they will provide, and they can choose to just provide the FWS services.

- Next educational sessions:
    i. Dental Access Across the State
    ii. Medicaid-specific data on Suicide

VII. Sub-Committees

- Maternal and Newborn Health – **Karma**
    i. Karma was unable to attend/present at the November 21st MAC meeting.
- Access to Waiver Services and Disability Determinations – **Philip and Jennifer**
    i. Jenifer and Philip are still gathering information, especially with the SRT recently switching to be housed under DD. Nothing to report at the November 21st MAC meeting.

VIII. Open Discussion and Public Comment

- Cindy Kadavy with the Nebraska Health Care Association (NHCA) raised concerns related to access to Waiver services. They've seen a couple cases where individuals applied for the Aged & Disabled (AD) Waiver and Medicaid at the same time. They are seeing issues where those who are applying for AD Waiver and Medicaid services and live in their home still are receiving approval and services quicker than those applying for both who are also moving to or living in an assisted living facility (ALF).
    i. **ANSWER:** This application process should be the same, regardless of the individual's living arrangement. It may be the case that the level of care (LOC) determination is easier to complete when an individual lives in their home, but that is just conjecture. MLTC and DD would need to review the cases to know specifically if there are issues with how the cases are being determined.

- **QUESTION:** Medicaid eligibility is the part that is holding the process up as it is taking a long time to complete the resource lookback. And waiver services aren't covered retroactively.
    i. **ANSWER:** In both cases, whether living at home or in an ALF, the resource lookback review is required for Medicaid (and therefore Waiver) eligibility. So this requirement wouldn't differ based on living arrangement. But it may be completed quicker if someone is already Medicaid eligible and is just moving to a different Medicaid category.
- Cindy will send these case examples to Medicaid for their review.

IX. Confirm the Next Meeting Time and Location

- January 16, 2025, from 3 to 5 p.m. in Omaha.
    i. Next meeting the Committee will plan to discuss current term timeframes, as well as the Chair and Vicechair terms.
    ii. The group discussed the MCO Centralized Credentialling as an agenda item for the March 2025 MAC meeting.

X. Adjournment

The meeting was adjourned by the Committee at 5:02 p.m. CST.