

# **Medicaid Unwind Listening Tour**

# **Recap of Community Feedback**

In April and May 2023, Nebraska Medicaid held a series of listening sessions to gather feedback from providers, members, and advocates about challenges and opportunities as we begin the post-pandemic return to regular eligibility operations. We want to thank every Nebraskan who took the time to come meet with us and share their perspective. We value your input.

Over ten listening sessions, two key themes emerged: difficulties accessing care and member difficulty navigating the healthcare system.

### **Statewide Access to Care**

During our listening tour, we heard from dentists, OBGYNs, assisted living facility staff, and others about ongoing difficulties in accessing care throughout Nebraska. Your experiences help us determine what we can do to help. Nebraska Medicaid and our health plans are partnering with providers and others across the state in order to connect members with the care they need.

#### **Dentists**

Our upcoming new contracts with our health plan partners will help address concerns about reimbursement and credentialing.

We are also making policy changes. We heard you. Nebraska Medicaid will eliminate the annual adult dental benefit maximum. The adult dental benefit maximum is a regulation that limits the dollar amount of dental services a member can access per year to \$750. This benefit maximum creates a barrier to care for new patients.

Based on your input, we'll be changing reimbursement for dentures so that dentists get paid at each step in the process. Under the new contracts, we will also cover asymptomatic wisdom tooth extraction. We hope these improvements will attract dentists and oral surgeons and ensure that patients are able to get the care they need.

#### **OBGYNs**

We heard about the growing maternity deserts in western Nebraska and the challenges rural Medicaid members face. Additionally, we heard about the need for consistency across all health plans regarding reimbursement for ultrasounds, antepartum visits, and other necessary care for expecting mothers. This is something we are working on with our health plans in order to decrease the administrative burden on providers. Providers also identified difficulties in the reimbursement process for 599 CHIP cases.

Nebraska Medicaid is actively working alongside our health plans to decrease the administrative burden on providers. We are also planning to hold additional discussions with stakeholders to better understand how we

can increase access to maternal care across the state. We anticipate these changes and additional discussions will lead to improvements in the quality of maternal care for our members.

### **Assisted Living Facilities**

Throughout the listening tour, assisted living facility staff shared their concerns with Nebraska Medicaid regarding the ongoing closures of facilities in western Nebraska. Key issues included staffing challenges, logistical and administrative burdens imposed by federal regulations, and low reimbursement rates. We continue to explore what more might be done to help this situation.

# **Difficulties Navigating Medicaid**

We heard from mothers of children with disabilities, community health workers, and advocates across the state about key areas Nebraska Medicaid can improve to make the healthcare system more accessible to Medicaid members.

#### **ACCESSNebraska**

We heard from community health workers and providers that our website could be improved in a number of different ways. The user interface can be difficult to navigate even for those who are experienced with computers.

While iServe deployment presents an important opportunity to improve members' experience managing their benefits, it is important to acknowledge that the underlying legacy systems present real constraints on our ability to improve user experience. Nebraska Medicaid hopes to address these concerns in future system updates.

#### **Notices**

We heard from community health workers and advocates that there is significant work to be done to improve our notices. There is an important opportunity that the program is pursuing to ensure the language we use is clear and accessible. We are working on identifying which changes are possible within our system for generating notices.

#### Trust in Nebraska Medicaid

Several parents of children with disabilities attended Omaha's listening session to share their stories of difficulty navigating our systems to access care for their children. They expressed a sense of frustration with processes and policies that ultimately eroded their trust in our program.

It is important for our team to hear these stories and commit to improving our system so members can access the care they need. It is crucial that we build relationships of trust with stakeholders throughout the state. Our members, providers, and other stakeholders should expect transparency and accountability from our program. As we take the time to hear and understand the stories of our stakeholders across the state, we can make the improvements needed to foster additional transparency, accountability, and trust in our programs.

# Follow-up Actions for Nebraska Medicaid

In addition to many of the opportunities mentioned up to this point, Nebraska Medicaid is taking a few additional steps to respond to the input we heard throughout the state.

### Opportunities to Collaborate on the Unwind

Across the state, we heard from a wide range of providers, advocates, assisters, and other community organizations about their willingness to collaborate as we return to pre-pandemic regular eligibility rules. We greatly appreciate their openness to collaboration in helping Medicaid members in understanding this process.

We made <u>informational resources available</u> to stakeholders to ensure that they have the tools needed to answer members' questions. In cases where stakeholders need messaging tailored to their communities, we are working to customize our messaging to fit their needs. We will continue to have conversations with stakeholders to better understand where we can be proactive in renewing Medicaid members' coverage.

## **Developing a Share of Cost Resources**

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