

Medicaid Spring 2024 Listening Tour

Recap of Community Feedback

Throughout April and May 2024, Nebraska Medicaid and Long-Term Care (MLTC) held listening sessions statewide to get feedback from providers, members, and advocates about changes to the Medicaid program. These sessions allowed people to talk directly with leaders from Nebraska's Medicaid program and the managed care organizations (MCOs). There were thirteen meetings in eleven cities and two virtual sessions. We listened to key stakeholders, representatives, and Medicaid members. Nebraska Medicaid is dedicated to working with stakeholders to address concerns and find ways to improve the program. By working together, we can find solutions and improve the health of our community.

Navigating Medicaid

The Nebraska Medicaid and Long-Term Care (MLTC) listening tour has been important for getting feedback and ideas from people in the community to help shape the Nebraska Medicaid program. During the tour, we discussed important topics such as ending the Public Health Emergency (PHE), Telehealth services, dental updates, continuous eligibility for moms and kids, the iServe benefit application portal, and new legislative bills affecting the Medicaid program in Nebraska.

End of Public Health Emergency (PHE) – Unwind

Throughout the COVID-19 pandemic, all individuals enrolled in Medicaid maintained coverage, ensuring that nobody lost their Medicaid benefits during this challenging time. The COVID-19 pandemic ended in May 2023 and the requirement for states to maintain Medicaid coverage ended March 31, 2023. DHHS embarked on a comprehensive review process, spanning a 14-month "unwinding" period from March 1, 2023, to April 30, 2024. Nebraska Department of Health and Human Services (DHHS) staff are completing reviews for nearly 380,000 members. Our staff will continue to conduct Medicaid reviews until all are completed. DHHS is targeting to be complete with the unwind reviews by August 2024. DHHS is dedicated to supporting individuals throughout this transition, ensuring access to essential healthcare services. For more information please visit the DHHS unwind website, <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>.

If a member loses coverage or thinks they might be eligible, Medicaid is always open. Nebraskans can apply at any time if they lose coverage or if their situation has changed and they think they may be eligible for Medicaid. We recommend that members update their personal information, report any changes, and see when their renewal date is by contacting ACCESSNebraska at:

- Online at ACCESSNebraska.ne.gov
- Email at DHHS.ANDICenter@nebraska.gov
- Fax at (402) 742-2351
- Over the phone by calling ACCESS Nebraska at:
 - Omaha: (402) 595-1178
 - Lincoln: (402) 473-7000
 - Toll-Free: (855) 632-7633
 - TDD: (402) 471-7256

If a member is found ineligible during their renewal, their information will be sent to the <https://www.healthcare.gov/>. We can only send their information if they updated their information with Nebraska Medicaid before or during their renewal. If updated information was not provided during the renewal process, the member will receive information on the health insurance marketplace. They will need to contact the marketplace if the member thinks they qualify for little to no-cost health coverage.

Telehealth Coverage and Services

The updated telehealth guidance within [Provider Bulletin 23-38: Guidance on Telehealth after December 31, 2023](#), prioritizes patient safety, accessibility, and clinically appropriate care. Providers offering telehealth services must follow applicable laws, maintain proper documentation, and ensure services are delivered in a clinically relevant manner. Telehealth services covered by Medicaid can be found on the [Medicaid Provider Rates and Fee Schedule](#) webpage. Billing for telehealth services requires a specific place of service codes and modifiers, which are crucial for accurate reimbursement, appropriate service delivery, and compliance.

2024 Dental Updates

As of 2024, dental care for our members will be managed by our three health plans (Molina Healthcare, Nebraska Total Care, and UnitedHealthcare), streamlining the dental care process and enhancing service delivery. The \$750 annual dental benefit maximum has been removed, allowing members to access necessary dental services without limit concerns. Additionally, coverage for asymptomatic wisdom tooth extractions has been expanded, promoting proactive dental health. Public health dental hygienists have been further integrated into the program to provide preventive services and education. In 2024, we are updating the reimbursement process for denture treatment to ensure fair reimbursement while maintaining high care standards. Additionally, we are streamlining the credentialing process to simplify administrative procedures, enabling providers to focus on delivering quality care to our members. More information on the 2024 Dental Updates can be found on the Medicaid Dental Care webpage at <https://dhhs.ne.gov/Pages/Medicaid-Dental-Care.aspx>.

Continuous Eligibility for Mothers and Children

Starting January 1, 2024, Nebraska Medicaid made an important change to postpartum care. Before, coverage for mothers after giving birth was only for 60 days. Now, it's extended to a whole year. Good postpartum care is important for moms' health and making sure babies are healthy too. With this longer coverage, moms can keep getting check-ups, screenings, and support as they adjust to being a new mother. By extending postpartum coverage, we help moms focus on their health without worrying about insurance during a tough time. More information about Medicaid's continuous coverage for moms and helpful resources can be found here: <https://dhhs.ne.gov/Pages/Maternal-Health.aspx>.

To further support child health and well-being, Nebraska Medicaid also extended coverage for kids who just became eligible. Before, this coverage was for 6 months, however as of January 1, 2024, regardless of most changes to the child's circumstance, children will remain eligible for Medicaid for 12 months after they are first enrolled. This continuous coverage ensures kids can always get the healthcare they need, like check-ups, screenings, and treatments. Extending this coverage makes things easier for families and healthcare providers, so kids can keep getting care without any interruptions. Learn more about continuous eligibility for children here, <https://dhhs.ne.gov/Documents/Child%20CE%20FAQ.pdf>.

iServe: Integrated Benefit Application Portal

On October 23, 2023, Nebraska launched 'iServe', a new online application portal for benefits. This makes it easier for Nebraskans and community partners to access important resources and support. With iServe, people can apply for many types of help, like food assistance, utility support, healthcare, and childcare, all in one simple, user-friendly place. This new portal aims to make getting help easier for everyone in Nebraska, so people and families can quickly get the support they need. iServe also helps community partners by giving them a better way to assist people in accessing essential services. Using iServe, community organizations can work together more efficiently and help more people. The launch of iServe shows Nebraska's commitment to supporting its residents. To learn more about the integrated benefit application portal visit, <https://iserve.nebraska.gov/>.

iServe data from October 16, 2023 to April 10, 2024 (10/16/2023 – 04/10/2024):

Total Applications: 56,735

- Integrated Application: 23%
- Medicaid Only: 28%
- Economic Assistance (EA) Applications: 49%
 - Supplemental Nutrition Assistance Program (SNAP): 29%

Other Interesting Metrics:

- Mobile Applications: 28%
- Spanish Applications: 6%
- Guest Applications: 15%

New Legislative Bills for Nebraska Medicaid

LB62 – Provide Coverage of Translation and Interpretation Services

LB62 aims to extend coverage for translation and interpretation services, and is set to begin on starting on July 1, 2024. Efforts are ongoing to add billing codes for reimbursement, and there is a need for clarification on the coverage scope for Home Health Care episodes of care.

LB204 – Provide Reimbursement for Pharmacy Dispensing Fees

Starting July 1, 2024, independent pharmacies with six or fewer locations will get \$10.38 for each prescription they fill. A rate survey will be conducted to further inform future reimbursement adjustments.

LB358 – Increase Dental Services Reimbursement

Starting July 1, 2024, dental rates will go up by 12.5%. This means that dentists who provide services to Nebraska Medicaid members will get reimbursed more for the care they give.

LB857 – Nebraska Prenatal Plus Program

Starting October 1, 2024, LB857 sets new rules for the Nebraska Prenatal Plus Program. Offering up to six sessions of different types of services such as nutrition counseling, learning about staying healthy, promoting health, getting help with breastfeeding, and getting help managing their care. LB857 will also add coverage for continuous glucose monitors, which helps give additional support to pregnant people getting prenatal care.

LB905 – Medical Respite Care

On October 1, 2025, LB905 plans to make medical respite care facilities available in both Omaha and Lincoln for homeless people.

LB1087 – Hospital Quality Access Assessment Act

The Hospital Quality Access Assessment Act mandates a 6% tax on services provided by hospitals. Under this legislation, the collected taxes are sent to the federal government, where they are matched before being returned to the state for distribution to hospitals. The act follows a proposed model by the Nebraska Hospital Association (NHA).

LB1215 – Coverage of Breast Pumps and Lactation Counseling

Effective January 1, 2025, requires insurance coverage for breast pumps and a minimum of 10 lactation counseling sessions, an increase from the previous requirement of 5 sessions. LB1215 also includes the purchase of breast pumps instead of renting hospital-grade equipment.

Statewide Access to Care

During our listening tour, a variety of members, providers, and other stakeholders addressed concerns regarding difficulties in accessing care throughout Nebraska. Key concerns included access to; care management and provider relations teams, dental access, dual-eligibility concerns, and workforce concerns. Nebraska Medicaid is adjusting to recent changes in the healthcare system to ensure that our practices align with national trends, ensuring that Medicaid services are accessible to all Nebraskans.

Case Management and Provider Relations Teams

The Managed Care Organizations (MCOs) help members, especially those with special needs, get the care they need. Even if appointments are far away, MCOs use Non-Emergency Medical Transportation (NEMT) to make sure patients can get to their appointments. We are working to improve communication with care coordination teams in all three MCOs to speed up access to resources for members. However, there are still challenges with transportation services due to limitations in provider participation and geographical hardships. We are thinking about exploring additional transportation solutions. We also discuss the benefits of care coordination, with each MCO helping members who are hard to place get the care they need. Members should contact their MCO directly for help accessing care, including dental providers. Concerns about elderly people not getting enough help lead us to relook at Medicaid coverage and the problems in accessing long-term care services. We are working on fixing gaps in care and case management, especially for vulnerable people who need extra support.

Dental Access

We are looking into how recent changes will affect dental providers and their ability to take Medicaid patients. Our goal is to work closely with both members and providers to solve any problems. Instead of updating the adult dental cap, we decided to remove it. The legislature increased dental service rates by 12.5% to encourage more providers to join. We are also working on making the credentialing process easier for dental providers. We keep dental providers informed about rate changes through bulletins and by working with the Nebraska Dental Association and the American Dental Association. These partnerships help make sure providers know about updates. We understand some providers worry about having too many patients if they accept Medicaid, but we are working to address these concerns. It's still early to see all the effects of these changes, but we hope more providers will accept Medicaid. We are also improving care and case management to help coordinate appointments and transportation for members. This is an ongoing effort, and we are committed to making long-term improvements for dental providers and Medicaid patients.

Dual-Eligibility Concerns

We are looking at the CMS 80/20 Rule to understand the impact now that Medicare has expanded to enroll Marriage and Family Therapists (MFTs), Licensed Mental Health Practitioners (LMHPs), and Licensed Independent Mental Health Practitioners (LIMHPs). Starting July 1, we will change how we bill for dual-eligible patients (those with both Medicare and Medicaid), some plans offer courses to help with this transition until July 1. Providers should know that Medicaid will now pay only up to the Medicare rates, which might mean lower payments. Recent changes in adult behavioral health eligibility have made it easier for Medicare patients to get

care but also brought new challenges. We understand the concerns and are looking at our coordination of benefits policies to balance the needs of different provider groups. We are working on these changes and finding ways to ensure continued care and fair payments.

Workforce

Addressing workforce concerns is very important, especially for paying non-clinical workers and managing waitlists. We are looking into using bachelor's and associate's level professionals to help with care support and case management. This could help community support efforts and allow billing for assessments with non-clinical tools. We know there are limits on paying for master's level non-clinical positions, so we need to open up payment for non-clinical roles. Using bachelor's or associate-level therapists for initial screenings could let master's level professionals handle more complex cases. A community support worker model might work, but we need a clear plan to make this change. In behavioral health, the current assessment process makes it hard to get care and adds to waitlists. We have five cap sessions available each year, but paying non-licensed clinicians could help reduce pressure. In rural areas, this would let clients start services while waiting for licensed providers. We need to be creative with our workforce because there aren't enough master's level therapists and nurses. Using a Community Health Worker (CHW) model or loosening current rules is essential to meet the growing need for services. There isn't a clear solution yet, so we must adapt to ensure everyone gets the help they need.

Message from Nebraska Medicaid

Nebraska Medicaid is taking more steps to respond to the feedback we heard across the state. We want to be as accessible and clear as possible to help members get the services they need and support providers. Nebraska Medicaid and our MCOs are dedicated to building healthier communities in Nebraska. We need to hear stakeholder voices and work on improving the Medicaid program. By working together and listening to your concerns, we can make the changes needed to improve the health of our community. We thank every Nebraskan who took the time to meet with us and share their thoughts. We appreciate those who are open to working together to make the Nebraska Medicaid program better.

DHHS values feedback from stakeholders and community members in shaping healthcare policies and initiatives across Nebraska. The listening tour webpage provides information on upcoming events, opportunities for participation, and a pathway for providing input on Medicaid and Long-Term Care (MLTC) services. Through the listening tour, DHHS seeks to engage with individuals, organizations, and advocates to better understand their needs, concerns, and priorities regarding Medicaid and long-term care services. To stay updated and learn more about Medicaid listening sessions, please visit <https://dhhs.ne.gov/Pages/MLTC-Listening-Tour.aspx>.