



Medical Care Advisory Committee Meeting Minutes Thursday, January 18, 2024

The Medical Care Advisory Committee (MCAC) met on Thursday, January 18, 2024, from 3 to 5 p.m. CST at the Charles B. Washington Branch Library in Omaha, Nebraska. The meeting was held in person and virtually.

MCAC members in attendance: Karma Boll, Amy Nordness, Kelly Weiler, Shawn Shanahan, Frank Herzog.

DHHS employees in attendance: Dr. Elsie Verbik, Nate Watson, Jordan Himes, Joe Wright, Nikkola Bales.

Members of the public in attendance: Dr. Deb Esser, Jeff Stafford, Marv Fritz, Sarah Maresh, Mikayla Wicks.

MCAC members not in attendance: Dr. Jessica Meeske, Felicia Martin, Jason Gieschen, Jason Petik, Kenny McMorris, Melanie Davis, Michaela Call, Staci Hubert, Vietta Swalley.

I. Openings and Introductions

The meeting was called to order by Karma at 3:02 p.m. CST.

- The Open Meetings Act was made available for attendees
- Jordan welcomed the meeting attendees and ran through the roll call

II. Review and Approval of [date of last meeting] Draft Minutes

Karma asks for a motion to approve the minutes because the board does not have any revisions.

- Jordan: Moving forward, the data discussed during MCAC meetings will be included in the minutes.
- Shawn moves to approve the minutes, Amy seconds. The motion passes

III. Medicaid and Long-Term Care (MLTC) Business Updates

Enrollment Updates:

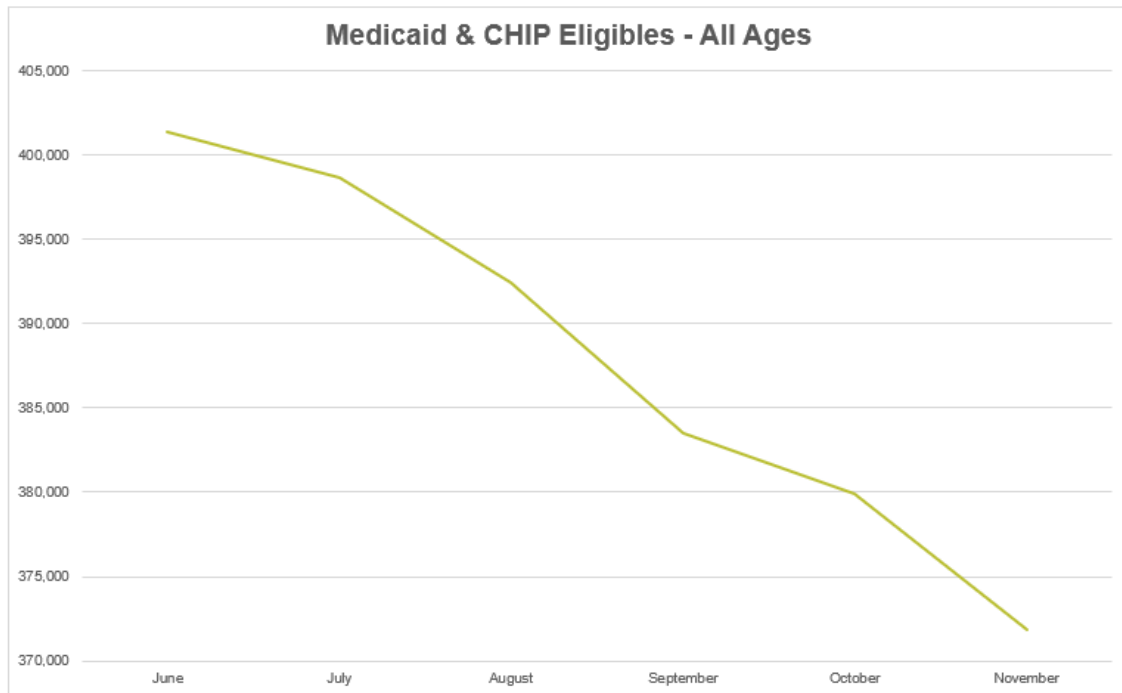
Jordan: To begin, we've chosen to stick with the following way to pull data going forward. It allows us to not just see a snapshot in time but get a cumulative look at the data. We will have a better understanding of enrollment each month.

MCAC Enrollment Update

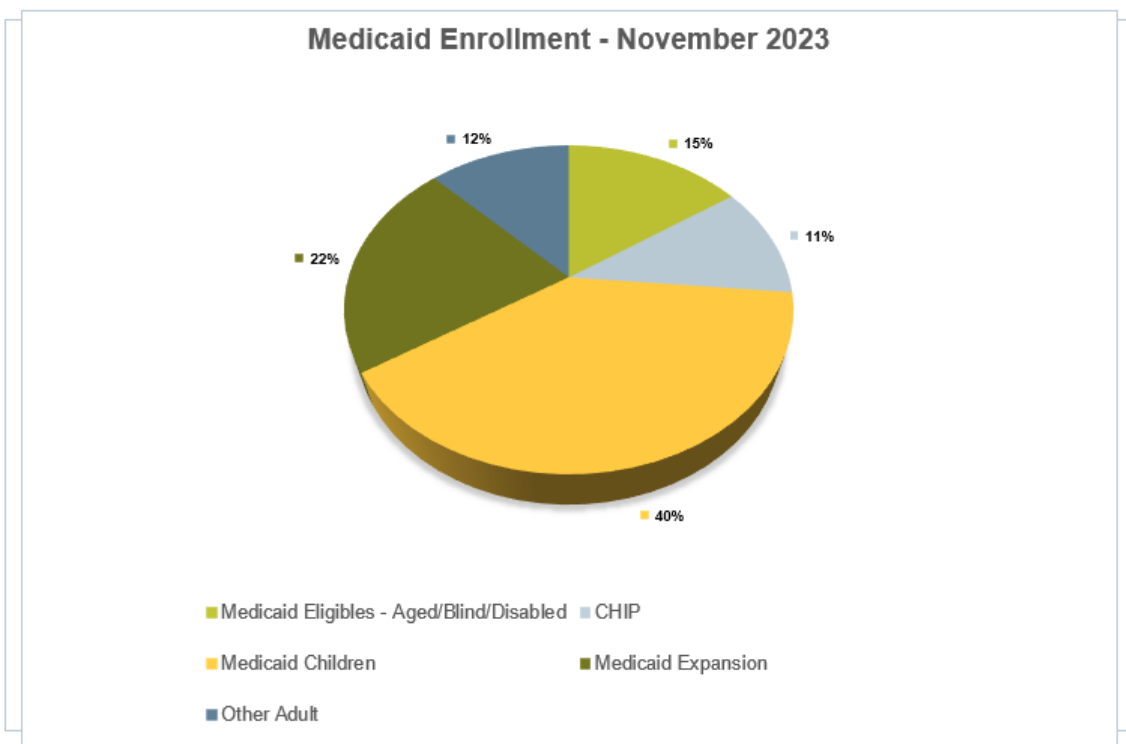
June 2023 – November 2023

Eligibility Group	June	July	August	September	October	November
Medicaid Eligibles - Aged/Blind/Disabled	59,048	58,941	58,751	58,385	57,863	57,138
CHIP	43,682	43,351	42,895	42,359	41,821	41,316
Medicaid Children	159,524	158,585	156,507	153,385	150,085	146,590
Medicaid Expansion	88,222	87,855	86,495	84,702	82,854	81,008
Other Adult	51,888	51,322	50,282	48,743	47,315	45,795
Total Medicaid & CHIP Members	402,364	400,054	394,930	387,574	379,938	371,847

Jordan: One thing that I do want to point out, for your awareness, is that, if you still have the data from the previous meeting and wish to compare data, though we have the retroactive data listed in this graphic, the data set from last meeting will differ with the data from this meeting. The only reason for this is that we have a couple of member cases that get reviewed after the month is over. You may see a couple hundred extra people in difference. You will continue to see this difference in the future. Our enrollment overall has declined by about 8,000 between October and November. You can see that each category has declined at the same rate, the most being Medicaid Children since they are our largest population.



Jordan: Moving on, this graph showcases that our enrollment numbers have, again, declined. This has been especially the case since June due to the unwind.



Jordan: This graph shows that Medicaid Children remain our highest category of enrollees. We are seeing percentages change due to the Unwind. Nate will delve into this later on, but we are seeing quite a few new applications.

Karma: I have a question on this data, but I will ask it after Nate presents. **COVID-19 Public**

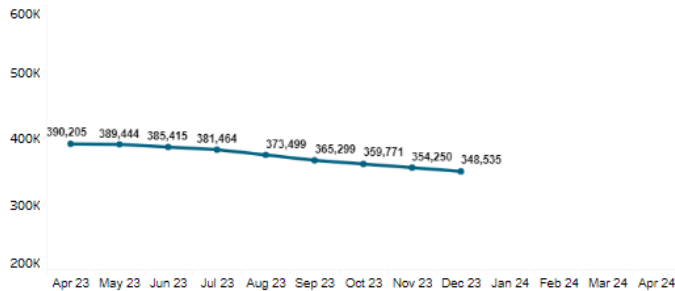
Medicaid Unwind Public Dashboard

About the Data

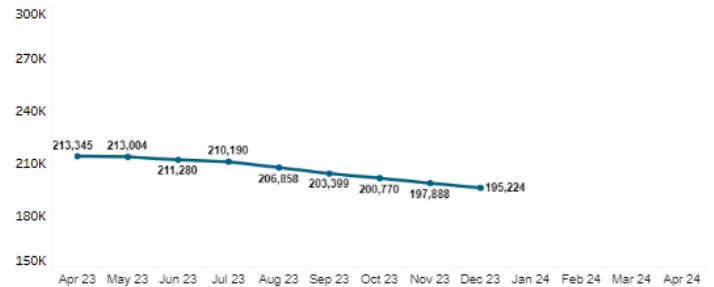
Following the recent passage of federal legislation, the Nebraska Department of Health and Human Services (DHHS) has resumed regular reviews of Medicaid eligibility. Since the beginning of the COVID-19 pandemic, Medicaid members have kept Medicaid coverage even if no longer eligible.

Starting March 1, 2023, each Nebraska Medicaid member's current eligibility will be reviewed starting up to 90 days prior to their renewal month. It will take approximately 12 months to review all households. A member can find out their own renewal month by logging into their [ACCESSNebraska account](#) or calling toll-free (855) 632-7633.

Total Medicaid Member Enrollment



Total Medicaid Household Enrollment



Medicaid Member Renewals

238,341 of 381,095

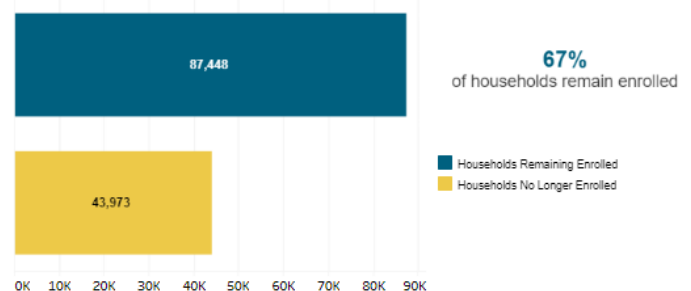
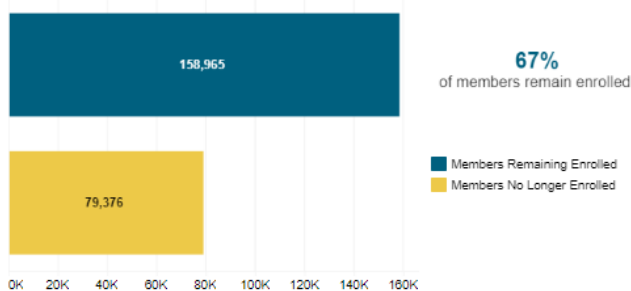
Medicaid members have been reviewed with 150,365 pending renewals remaining.



Medicaid Household Renewals

131,421 of 208,400

Medicaid household have been reviewed with 81,939 pending renewals remaining.



Nate: At a high level, we've gone through approximately 55% of the annual renewals and redeterminations. 67% of people we've reviewed continue to remain enrolled. Our net enrollment has dropped by approximately half compared to the people who have been disenrolled during the Unwind. We've had a lot of new people join Medicaid as well as people who dropped off during the Unwind and then rejoined. Many people are churned. People can come in and off Medicaid, which is typical. The overall number of people who have been disenrolled during the Unwind is higher than we thought it was going to be. Our 10-20% guess was just a guess. We've all been proven wrong. One of the significant variables for Nebraska, which wasn't the case for many other states, is that we implemented adult expansion. This started in August of 2019 and was fully in place by October of 2020. Having this variable shift at the height of the pandemic, we assumed that this group of people would disenroll at the

same right as our “typical” population, such as children, elderly people, pregnant women, etc. Our number of dis-enrollees is higher than we thought initially. Half of the approximately 1/3rd of those denied Medicaid coverage were procedurally denied. This means that we didn’t have enough information to determine if this person was still eligible, so we had to reach out in the mail for more information. We also did call and text if we had the cell phone number. Our MCO partners also helped us in this process to ensure people knew what they had to do. Among the states, we are in the top half of the least number of procedural denials. The state with the most was 96% disenrolled due to procedural denials. Nonetheless, we continue directly and through our plans to let people know that, even after they are disenrolled for procedural reasons, they still have 90 days to submit their information. Federal law doesn’t make us do it, but it is the right thing to do. If they are found to be eligible after submitting their information, we can reinstate their Medicaid and not make them have a lapse in coverage. Anecdotally, if people are not getting back to us, it is because people say they know they are not eligible. They may have gotten a better job, a raise, or a general change in circumstances. We’re trying to spread the message that people should still apply because they may be mistaken if they believe they don’t qualify for Medicaid. Additionally, the eligibility requirements for kids are more generous.

- Karma: I was going to bring up this. Specifically, regarding child eligibility and spreading the message about this.
 - Nate: We’ve been working on earned media efforts about child eligibility. Earned media is when we talk to the press, drum up interest, and then the press voluntarily writes stories. We’ve also been doing paid media. We’ve done this through the public channels in the state. We must be diligent about where we put our advertisements because, in the eastern part of the state, they often don’t get all the same channels. This is why we’ve put some of our advertisements on South Dakota stations. Going back to our numbers, we’re still down a significant number of staff, and over half the staff are new since March 2020. It’s higher than average, at least compared to pre-pandemic, regarding retention rate. This is a challenge. We still think we can get through all the renewals within the 14 months we’ve been given. Roughly around Memorial Day is the target deadline.
- Karma: We should still look towards the MCOs to remind members to get their renewal done and remind them about their kid’s eligibility.
 - Nate: Yes, this is the big message we are pushing now. We’re doing it because it’s the right thing to do and our federal partners have also been emphasizing this.

2024 New MCO Contract Implementation Update:

Nate: Overall, MCO implementation is going smoothly. We had a few issues at the beginning of the month. There was an error regarding enrollment brokers. We hire a company to handle the enrollment of new members. The re-upping of existing members is also addressed. This is called the Automated Home System. They are our enrollment broker. There was a pledge of close to 8,000 individuals who were not in Molina and were marked as if they were. This caused a bit of a glitch on January 1. It became noticeable when these people tried to fill prescriptions and it made it seem like they didn’t have coverage even though they did. We believe this has now been remediated. It took a lot of questions from members, particularly from pharmacies. There always will be a few hiccups during transition and we expected it. We have scheduled daily meetings, though this week we did not have to hold them since we haven’t had any issues to work through. At this point, again, things are going smoothly. However, there are always individual cases where issues are present. There are many ways people can reach out. One of the ways is through DHHS.MLTCEXperience@nebraska.gov.

These questions can be from anyone, from providers to members. For example, there was a member who needed insulin. This can't wait, and we expedited the process to get it solved that morning. If you see cases like this, tell them to refer to this email. You can also use this email for questions. Many of the provider bulletins we release are to add clarifications to questions we see in this email inbox. Again, operations are going well. We are very pleased.

- Jeff: Anecdotally, we're seeing a continuous uptick in questions about dental.
 - Nate: That is the number one question we get: dental. People didn't realize they had this coverage before. This is one of the benefits of having the plans handle dental. It's easier to remember the people that help you with your behavioral health, and physical health, and your prescriptions also help you with your dental.
- Karma: It's nice that they know they have it. Not only that, but it's also expanding.
 - Amy: Do you think you'll see more challenges later with the lack of people accepting Medicaid dental?
 - Jeff: Yes. It's going to be a bit like driving in the snow. Sometimes you overcorrect a bit and skid. But we will get to the right place. The idea is to get coverage for people and access to that coverage. We're getting a lot of curiosity about this, and now we need to go forward and continue working on this.
 - Jordan: I will add that we have been receiving dental questions from our sisters and local health departments. I've been working with them to help proactively engage that members may see some dental information on their new card. We're just trying to help lessen the stress of members.

2024 Legislative Session:

Nate: Yesterday was the last day to introduce new legislation, with an obvious asterisk that there is a chance something new could be added. The legislation is in a two-year biennium, as the general election is in November. 1,411 bills were introduced. If not a record, it's got to be no. 2. There have been a variety of bills, many not dealing with Medicaid directly. Most bills dealing with healthcare relate to what insurance requires. Most of the insurance laws don't apply to Medicaid. They may apply to the MCOs, but that is a separate issue. The running of the Medicaid program is separate and is generally not covered by insurance laws. There are many proposed legislation bills that, if they passed, would require insurance to cover things Medicaid already covers. For example, some aspects of behavioral health which is new to the private insurance market and Medicare. For your general interest, there are many bills related to taxes, where should they fall, whether they should be on income or sales or property, and more. Is there any area I can elaborate on?

- Karma: Do you have any bills you think are of interest?
 - Nate: There is a bill, [LB1278](#), that would require us to cover doulas to a certain degree. I know that certain aspects are covered now as a value-add by some of the plans, but this bill would require us to cover certain elements. This bill is written by Senator McKinney of Omaha.
- Karma: As things progress in the legislature, we'll probably get interested in certain bills. Going forward, you can keep us aware of what's going on.
 - Nate: There is a bill, [LB358](#), that would raise dental rates by about a quarter. I'm sure we will receive more letters about this. There are also plenty of bills that would tweak and expand laws on incentives for people to serve in underserved areas. The incentives available, the groups to whom it would be available, the

requirements needed to serve, and more could be affected if these bills were to pass.

- Amy: Has this happened in the past where proposed legislation aligns?
 - Nate: The best practice, if you're associated with any of these areas, is to get these things passed you need to get everyone in a room. You find a way to make everyone happy. You're more likely to get the bill through if you have more people pushing it.

IV. Discussion of MCAC Member Terms and New Positions

Karma: This is our third year of having people roll off. If you're rolling off the committee, you can ask to stay on and have a second three-year term. Those individuals whose terms are expiring include Jason Petik, Dr. Jessica Meeske, Amy Nordness, who will not roll off as she is taking over as the chair following today, Frank Herzog, who has left, and Melanie Davis, who will also be rolling off. If you will let Jordan know if you want to stay on, or if you want to term, please let her know. Frank let us know that he will be terming off. We want to thank him for all that he's done to help our group. Going forward, we eventually need to figure out how many openings we have on the committee. We want to fill these by either the end of January or February.

Nominations for Vice Chair

Karma: We've also been looking for nominations for the vice chair. Jordan, have you received any?

- Jordan: No, I have not. We have only received general applications.
 - Karma: We will carry this over to the next meeting if this is okay with everyone.
 - Shawn: I'm not against helping. If someone could spend some time with me on the phone regarding roles, responsibilities, and expectations, I'd be willing to explore.
 - Karma: Thank you, Shawn. We will be in touch.
 - Karma: Jordan, how many applicants do we have?
 - Jordan: I believe 8, but we may have more. We have two provider positions and one member position vacant.
 - Karma: We have five provider applications and three member applications, correct?
 - Jordan: Yes.
- Karma: At our next meeting, we will have some nominees and be able to vote on this.

V. Project Discussion

Karma: As we usually discuss, we want to see if we can move these projects forward to make a difference for Nebraskans on Medicaid.

Dental Student Reimbursement:

Karma: Dr. Meeske is not present. We will table this discussion for our next meeting.

Nursing Home Staffing:

Karma: Frank is not present and will no longer serve on the MCAC. He was a valuable contributor, and we will miss his insight and discussions.

Maternal and Newborn Health:

Karma: Our workgroup met earlier, and we had a speaker for our meeting in December. We have not had a meeting since then. We should meet either at the end of January or early February. We will have another meeting before the next MCAC meeting.

Other Potential Projects:

Karma: I want to offer this time to see if there is anything you all have thought of that you believe would make a worthwhile project. Does anyone have any suggestions for educational topics? If you do, share them with me or Jordan. Seeing no other suggestions at this time, we will proceed.

VI. Future Educational Opportunities

Karma: We welcome your suggestions for any future educational opportunities. Seeing as there are no other suggestions, we will move forward

VII. Confirm the Next Meeting Time and Location

Jordan: The next meeting date and time will be March 21, 2024, from 3 to 5 p.m. Please email us or discuss some suggestions for where to host this next meeting.

VIII. Open Discussion

Karma: Are there any topics that someone would like to bring up for discussion?

- Karma: Seeing as there are none, I want to thank everybody. It has been a great year and we've accomplished some good things. I am officially passing the torch to Amy. We wish her the best of luck and we will be there for her going forward. I would also like to thank Jordan, who has been my right-hand man. She does a lovely job of keeping us on task. I also want to thank all the MLTC communications team for the hard work they do.
 - Nate: Very briefly, I will mention that, for our next meeting, Nikkola has some items on the proposed federal rule for the beneficiary advisory group (BAG). We have suggestions for how it should interact with the MCAC. We will have some suggestions in the very likely event it goes forward. Nikkola has been working hard on this.
- Jordan: I will be sending out a quick questionnaire to ensure our meeting time still works for everybody.

IX. Adjournment

Amy motions to adjourn which is seconded by Shawn at 3:46 p.m. CST.