

MCAC December 15, 2022, Meeting Minutes

- **Introduction**
 - **Attendees Representing Medicaid Providers:** Amy Nordness, Jessica Meeske
 - **Attendees Representing Medicaid Members:** Frank Herzog, Karma Boll, Sue Misselt, Felicia Martin, Sharon Price
 - **Attendees Representing Nebraska Medicaid:** Kevin Bagley, Nate Watson, Matt Ahern, Elsie Verbik, Chris Morton, Collin Spilinek, Jordan Himes
 - **Other:** Jina Ragland, Brittany Balance, Kelsey Arends, Carey Potter, Kent Rogert, Guest
- **Review and approve October minutes**
 - Moved by Karma, Seconded by Frank
- **MLTC Business Updates:**
 - **Enrollment Figures (Chris):**
 - Data team was unable to pull numbers for enrollment, those numbers will be sent directly to the board as soon as the department has them prepared
 - **Federal Public Health Emergency (PHE) Update (Nate):**
 - The department has not yet received word that the emergency will end on January 11, 2023, when it is currently set to expire.
 - The PHE has been renewed every 90 days for the past few years and is currently expected to continue through April.
 - The federal government has agreed to issue a 60-day notice to states prior to the end of the PHE.
 - At this time, anyone on Medicaid who is no longer eligible is still allowed to receive benefits.
 - The department expects that, at the end of the PHE, 10 to 20% of members will be no longer eligible. With the expectation that a majority of those members will be eligible for coverage at reduced rates through the Federal Marketplace, the department has prepared communication for those members
 - **Managed Care Plans (Matt)**
 - United Health Care (UHC), Nebraska Total Care and Molina Healthcare have been awarded Managed Care Organization (MCO) contracts.
 - Healthy Blue has made appeals through the formal process. MLTC will issue a response no later than December 20.
 - All chosen plans have had their initial meetings and will be going through the beginning stages after the protest period

- Dr. Meeske: Can a rollout calendar be shared with the board during the next quarter?
 - Yes, communication will be shared as soon as the protest period is complete
 - Dr. Meeske: There has been a lot of confusion regarding Medicaid's expectations among Dentists who are being contacted as Molina begins building out its provider network.
 - The board is interested in seeing some additional communication including a PowerPoint and explanation material.
 - A brief, optional meeting will be arranged for January
- **Loan Repayment Plan (Chris):**
 - Resolution that was written during October's meeting:
 - "The MCAC urges MLTC, RHAC, and the Office of Public Health to collaborate on loan repayment criteria that meet both of the goals of placing health care providers in underserved areas for underserved populations and healthcare disciplines AND increasing the number of providers that provide a meaningful amount of Medicaid services as a way to increase access to health care. Be it further resolved that MLTC provide any needed Medicaid data to the Office of Public Health in a timely manner so they can begin to look at where the Medicaid underserved areas are (per health care discipline) and make recommendations that take into consideration Medicaid participation when determining loan repayment awards."
 - Several ideas need to be broken down and elaborated for clarity and intent
 - MLTC has not polished the statement to not gloss over the MCAC's opinion but will assist with technical questions
 - Dr. Meeske: Interest in setting up meetings to see the statement through
 - Should we work with associations to begin contact with a Senator to get a bill started? A bill could also be requested to go through appropriations with a stakeholder group to smooth the criteria of the allotment of money.
 - Kevin: Recommends that the board wait until there is a better sense of how things may change following the end of the PHE.
 - Nate: To implement parts of the statement, some statutory change would be required
 - Dr. Meeske: Is this something the board can do on its own with the right stakeholders while collecting information over the next few months or would it be better to go through a provider association and senator?

- Kevin: Does not know which is necessarily better than the other, MLTC is happy to aid in obtaining information regardless.
 - Dr. Meeske: Proposes to invite some key stakeholders in February to see what the key things are that they're looking for.
 - The board will submit a letter of recommendation in hopes that changes will be made moving forward.
 - Dr. Meeske: Can Chris explain the statement that needs to be elaborated?
 - Is practicing in a rural area and implementing the requirement to be a Medicaid provider ethical when the rural areas simply need providers? Additionally, how can we prevent doctors from only seeing a few Medicaid patients a year but receiving the benefit of full loan repayment?
 - Karma: It is not just rural areas that are underserved, it also happens in Lincoln and Omaha. Can a threshold be included that outlines a requirement for providers to see a certain number of patients before receiving loan repayment?
 - Dr. Meeske: Suggestion to review data to get the greatest return on investment for new providers. Begin small, return to look at the outcomes and determine what is working to make the best use of taxpayer dollars.
- **Setting the Next Meeting Date:**
 - Next meeting will be held on February 16 in Lincoln
 - Tentative time scheduled for 9 to 11 a.m.
 - A Calendar invitation will be sent out with the information of the physical location, Webex information will be at the bottom of the invitation. Meeting information can also be found online: <https://dhhs.ne.gov/Pages/MCAC.aspx>
 - MLTC will set a time for the optional January meeting
- Open Discussion:
 - **Program Integrity Presentation (Collin):**
 - The last presentation went well, what topics would the board like to hear from an expert about?
 - Dr. Meeske: Offers presentation from the Dental Association. Interested in hearing from Medicaid recipients. What are their challenges and how can providers help?
 - Karma agrees and requests to cover spend down to educate the board on key principles, how it is calculated, what counts as a qualifying expense and is there a point of contact members can turn to.
 - A member approached Karma saying they don't understand how spend down works in conjunction

with their son's Medicaid coverage/benefits. They also said that when they try to receive help from Nebraska, they do not have a point of contact or expert to answer questions.

- Additionally, is there a guide that members can use to understand regulatory language? If not, should there be one?

- **Motion to Adjourn**

- Franks moves to adjourn, Seconded by Amy