

OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Ritu Bhatnagar, Marguerite Burns, Kelly Carter, Randi Espinoza, Veronica Gunn, Kyle Nondorf, Bobby Peterson, Randy Samuelson, Paula Tran, Laura Waldvogel
Date: 6/21/2023	Time Started: 9:00 a.m.	Time Ended: 11:30 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Veronica Gunn
Minutes			

Members absent: Dipesh Navsaria, John Rathman, David Gunderson, Alison Espeseth

Others present: Jamie Kuhn, Curtis Cunningham, Jeff Huebner, Krista Willing, Gina Anderson, Emily Loman

Meeting Call to Order, Veronica Gunn, MAC Chairperson

- Roll was called. Ten members were present, constituting a quorum.
- The Agenda was reviewed.
- Minutes from the 2/8/23 meeting were reviewed and finally approved. Motion to approve by Laura Waldvogel, second by Marguerite Burns. No opposed, no abstentions.

What We Heard and Just in Time Updates - *Jamie Kuhn, DHS, Medicaid Director, Administrator, Division of Medicaid Services*

- Director Kuhn shared reflections on what she heard from the MAC regarding topics that are top of mind for MAC members regarding access to healthcare. In addition, Director Kuhn provided some just in time updates on selected activities of the Division.
 - Regarding unwinding the Public Health Emergency (PHE), as of April 1, 2023 systems were updated to support this process. 1.6 million Medicaid members were enrolled when the unwinding began. The goal of the unwinding process is to provide these members with a seamless transition to other health insurance options. To this end, Medicaid must provide timely, accessible and accurate guidance to members and stakeholders. Medicaid is currently working with stakeholders to ensure that members have the right information to navigate the process.
 - DMS recently signed a contract with eight Coordination of Care (CoC) agencies to provide housing consultation, transition and stabilization support services for unstably-housed Medicaid members. The contracted agencies have begun hiring coordinators. Wisconsin is one of the first states in the nation to utilize this process in this manner. DMS will continue to monitor this process carefully to engage members who are eligible for this service.
 - DMS has started the Administrative Rules process to update the Prenatal Care Coordination (PNCC) program to increase access to this program. Additional training and education for providers is currently underway. A public hearing was held in February, 2023 to engage stakeholders. Links are to materials are available on the DHS website.
 - DMS working on system changes to implement 2021 Wisconsin Act 98 that would allow pharmacists to enroll in ForwardHealth as a provider. As part of this effort, DMS is identifying and developing at an expedited rate the system requirements needed to allow a pharmacist to bill and receive reimbursement for medical services. In addition, DHS is collaborating with stakeholders to determine the types of medical services provided by a pharmacist that can be covered by Wisconsin Medicaid.
 - Recently, two Medicaid Managed Care Organization (MCO) acquisitions have occurred. In June, Humana purchased Inlusa. And, Molina is in the process of purchasing MyChoice. The MyChoice deal must still go to OCI for certification, after which it will come back to DMS to be finalized. MyChoice

will still exist in Molina as a separate product line. In the long-term care space, we will continue to have 4 MCOs.

- DMS updated the Preferred Drug List (PDL) for first half of 2023, and it is now available online.
- DMS launched the WisCaregiver professional website and platform.
- DMS is drafting comments to submit to CMS on the proposed new Access Rule changes by July 3. Rule changes impact both managed care and fee for service (FFS). CMS is allowing time for implementation of new requirements. <https://www.federalregister.gov/documents/2023/05/03/2023-08959/medicaid-program-ensuring-access-to-medicaid-services>
- Electronic Visit Verification (EVV) is being rolled out following CURES Act requirements. Extra time to implement new requirements has allowed many providers to move into compliance voluntarily. We are working closely with our partners to do this.
- DMS has posted its permanent telehealth policy, which expands the definition of telehealth, on ForwardHealth. Audio-only visits are now included in the telehealth definition. DMS is having conversations about how to update this policy going forward to ensure that members can access this service.
- T-code for interpreter services allow FFS and managed care to reimburse for this service will start August 1, 2023.
- Questions and comments from MAC members regarding updates:
 - Question: How does DMS know what percentage of MA members have moved. Answer: DMS has been approved to work with USPS. We are seeing a low return rate on mail, which is a positive sign. We are also trying to find additional information, such as phone numbers, to call members who may have moved. 20% of MA members updated their addresses by using the MyAccess tool. DMS also added text messaging to remind people to update addresses.
 - Comment: Audio-only telehealth is important to reach more people with Opioid Use Disorder (OUD) in rural areas.
 - Comment: Act 56 allows functional equivalent services to be reimbursed under Medicaid.
 - Question: What is the status of the Postpartum Coverage 1115 Waiver. Answer: CMS is unlikely to approve the one-month extension to 90 days of coverage because they want states to cover a full twelve months. Pressure from the public will be key to moving the state legislature to approve twelve months.
 - Question: What is the status of DMS's efforts to implement continuous eligibility for children in the 2024 federal budget? Answer: DMS is prepared to implement continuous eligibility for children. We will provide forthcoming communication on this.

Workforce – A Key Aspect of Access - *Jamie Kuhn, DHS, Medicaid Director, Administrator, Division of Medicaid Services*

- Based on feedback from the prior MAC meeting, the discussion on workforce initiatives focused on access and utilization. Division staff shared current workforce-related strategies that enhance access. The intent of this presentation is to provide sufficient context for subsequent group dialogue.
 - DMS utilizes a few different levers to enhance access. The Division cannot address this issue alone.
 - Provider Rates – Increasing rates is not always synonymous with increasing access, however, it can be helpful in attracting and retaining workforce.
 - 2022 – hearing aids, audiology, child and adolescent day treatment, day services, opioid treatment, personal care, speech and language, and many more. Some went through the budget process, others via legislation.
 - 2023 – ambulance, behavioral health, Targeted Case Management, vasectomy, licensed midwives, PNCC, SUD, autism

- Last week, Joint Finance passed their motion on DHHS – included hospital rate increases and nursing home rate increases (via new methodology for rate calculation).
- WisCaregivers platform – (See Slides) Providing training for personal caregivers. Turnover rate of 50-60% in the 1st year, low wage (\$13/hr), 1 in 4 positions unfilled, no clear opportunity for advancement, 60% of employers do not provide health insurance, these roles not clearly valued by society. Objective to build a workforce for caregiving within home and community-based services. Improve caregiver competencies and portability of those skills across different agencies. Ability to sustain a career within caregiving. Online, self-paced, FREE training (30-40 hours). Goal is to recruit 10k direct care professionals. Sign-on and retention bonuses available.
- Question: Does the training include something to help persons build a profile within the platform to promote oneself? Also, if an individual is credentialed through this, are employers willing to accept this credential? Response Yes, we have included coaching through these modules on how to “market” yourself to employers, benefit counseling (since so few employers offer insurance), how to navigate the support systems, etc. And, it is our hope and expectation that these credentials will be recognized. We are looking at putting this training as a requirement for our adult group homes, which would make it more convenient for employers to hire people who have completed this training.
- Question: Is there a process by which you measure change in competency? Response: There is an exam that requires renewal every three years. We are also mindful that this not become a barrier to our existing workforce that does NOT want to become a *Certified* Direct Care Professional.

MAC Exploration of Workforce Efforts to Enhance Access - Dr. Veronica Gunn, Genesis Health Consulting, Chairperson

Dr. Gunn facilitated discussion on workforce-based initiatives to enhance access, seeking to hear input from all MAC members. Questions of interest included:

- What other ways can the Division enhance access utilizing workforce-based initiatives?
 - Knowledge barriers of the workforce related to healthcare coverage. When people within the system don't understand how Medicaid works or how one can access it, that can be a great barrier to access. Measure related to this: levels of uncompensated care. Caregiving platform could be an interesting approach to making information available for individuals across the continuum.
 - I think about engaging and building the workforce through financial and non-financial incentives. If you go through provider types in short supply, are there regulatory or administrative barriers to that supply (e.g., waivers for provider prescribing). What is in the MCO contracts with respect to providers isn't very clear to me, this seems like a lever available. Another idea is potentially having a “Hotline” just for providers to access someone who can address access questions. Finally, it is not always clear to me who experiences rate increases; FFS providers are clear, but since most providers are covered within MCOs, how do you ensure they experience those rate increases?
 - I also see this as part of my role to be available to providers and guide them to the right place to get these types of questions answered.
- Assessing Impact
 - Can the initiatives be implemented in such a manner to allow for a comparison group?
 - We've been working on a set of self-assessment tools that allows participants to identify and track areas of importance to themselves. We also have – at higher levels of training – pre and post assessments.
 - Regarding Unwinding, much of our awareness of eligibility comes through our agencies. We are being very attentive to any issues that surface not getting “stuck in the bureaucracy” so that we can distribute communication clarifications or updates quickly. Sometimes, it needs to be one on one, but ideally we can share information on broad scale.

- One of the plus sides of the pandemic is that it did enhance communications between different divisions and agencies. We have a better opportunity to build within a state of mutual respect than we did previously. This has a huge impact on access and worker training over time. Encourage the division to maintain many of the communication.
- When tribes are enrolled, they are not automatically assigned to an HMO, which can increase complexity of access.

Receive Public Comment on Workforce Efforts to Expand Access.

No members of the public joined the meeting to provide comments.

Wrap-up, Veronica Gunn, MAC Chairperson

- The feedback from today's meeting will be shared and discussed internally at the division, and then used to create agenda topics for discussion future meetings.
- Question-focused meetings are most desirable for the MAC to be able to offer relevant insights.
- Next meeting is September 6, 2023. Topic for that meeting will be determined and communicated before the meeting.
- MAC Chair will follow-up with an email with links to materials.

Adjourn

- A motion to adjourn from Marguerite Burns, second by Bobby Peterson.
- The meeting concluded at 11:26 am central time.

Prepared by: Emily Loman on 8/28/2023.

These minutes are final and were approved by the governmental body on: 10/4/2023