OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Dipesh Navsaria, Kyle Nondorf, Laura Waldvogel, Kelly Carter, David Gunderson, Bobby Peterson, Allison Espeseth, Paula Tran
Date: 6/19/2024	Time Started: 9:02 a.m.	Time Ended: 11:00 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Laura Waldvogel

Minutes

Members absent: Allison Espeseth, Marguerite Burns, Randi Espinosa, Randi Samuelson, John Rathman

Others present: Bill Hanna, Amanda Dreyer, Cheryl Jatczak-Glenn, Gina Anderson, Jennifer Mueller, Nick Havens, Elizabeth Branney Grant, Deb Rathermel, Emily Brach

Meeting Call to Order, Laura Waldvogel, MAC Chairperson

- Roll was called. Seven members were present, constituting a quorum.
- The agenda was reviewed.
- Minutes from the 12/6/23 and 3/6/24 were reviewed. A motion was made to approve by Bobby Peterson and seconded by Paula Tran. Minutes for both meetings were approved.

Public Comment: Four members of the public were present
Corey: Commenting as a person who has had to do a significant amount of advocacy. Corey is dual eligible, which presents huge barriers to access and poses significant discrimination against Corey's rare medical conditions. Corey shares a link to a past news story about his condition, and a link to a Change.com petition to pass the PROTECT Rare Act of 2023.

Corey has led a lot of advocacy efforts. Corey has struggled with issues such as difficulty getting gas mileage reimbursement for weekly infusions. Corey has lost access to medications, which resulted in the need for emergency care and long recovery periods. This year, Corey is getting medications without issue. This did not happen when Corey was covered on Medicaid alone – the differences in the programs (Medicare/Medicaid) are a challenge.

Corey has been made aware of the forthcoming Beneficiary Advisory Council (BAC). When the applications come out, Corey would be happy to sit on this council to provide perspective and constructive comments. Corey's experience with Medicaid was positive – the program advanced the state of Corey's care and got access to needed drugs. With Medicare, Corey experienced barriers to getting needed medications and faced difficult legal challenges he has brought forward.

Finding providers is a challenge, as is the case for any rare disease – last year, Corey had an order authorized for a rare medication, but no doctor would sign off on it – it was considered too rare and was beyond their comfort. This interrupted Corey's ongoing successful treatment with the medication.

Corey has encountered another issue: his long-term partner just experienced a job loss and was placed on Medicaid temporarily. She is eligible for maximum amount of unemployment and will therefore be kicked off Medicaid next month. Given these and other challenges Corey has faced to keep Medicaid, Corey favors Medicaid expansion to provide better access.

This has been a years-long series of events, all of which impacted Corey's access to and quality of care. Corey would like to be a member of the Beneficiary Advisory Council to continue to advocate for others. This access to needed care (insurance, SSI) is a battle for many folks, and Corey hopes to see this change.

Question for Corey from MAC member: I'm wondering about the systems that have developed to support folks like you. I'm assuming you've worked with the Aging and Disability Resource Center at some point. Has that been helpful in navigating systems and getting past red tape?

Corey: In our county we used to have a benefits analysis that was helping a disabled friend. That person left the county in the midst of her SSI case, which kept getting denied. Corey took a courageous step last year – they stood forward and offered to represent her as an agent for social security.

Corey sued a federal agency during the height of COVID to fight for access to his medications. COVID was a particularly frightening period due to risk of catching a respiratory illness.

The systems may be well-meaning, but even experts are not always familiar with Corey's needs. When applying for MAPP (Medicaid Purchase Program), Corey received several conflicting opinions resulting in confusion.

30 days is not enough to navigate a denial of coverage, even for someone able to do this degree of self-advocacy.

Response from Medicaid Director: Echoing the desire for Medicaid expansion – he and others are hard at work to make this a reality. This is of note for working individuals – there is misunderstanding about who is benefitting from these services and notions in the state of who should/should not benefit from Medicaid.

We are working on the Beneficiary Advisory Committee and will keep Corey informed of its progress.

The system for duals (those eligible for Medicare and Medicaid) is complex – the federal government has focused a lot of attention on this in the past five years or so. Bill asked Corey to confirm (which Corey did confirm) that the transition from Medicaid to dual coverage was particularly challenging.

Corey: The idea of 'double coverage' feels like a sick joke. During the Obama administration, a bill was passed related to intravenous immunoglobulin (IVIG) that clearly missed the mark. The coverage discriminated against some folks in need of the medication, only covered it in some instances, etc. Corey also outlined issues with legal challenges he has brought against various individuals and agencies as a result of these challenges he's faced. Corey brings the MAC's attention to a code for Medicare denied coverage: P03199 – M7 Medicare disallowed or denied payment.

Corey reiterates that many patients do not have the ability to advocate for themselves and stand their ground like Corey has.

MAC Chair: Thanks Corey for the testimony and the willingness to enlighten us, share these stories, and shed light on some of these complexities before transitioning to the next agenda item.

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Cybersecurity Updates and Discussion

Jennifer Mueller, Department of Health Services, Chief Information Security Officer (CISO), Nick Havens, Department of Health Services, Director – Bureau of Systems Management, Elizabeth Branney-Grant, DHS Deputy CISCO

- Will provide an overview of DHS Medicaid systems and environment, trends in cybersecurity and risk management, and reporting systems for incidents.
- Systems Overview:
    - Enrollment eligibility systems allow benefits to apply for and manage benefits. Approximately 6,000 members accessed benefits online last year.
    - Medicaid ManagementFv Information System (MMIS) handles provider enrollment and claims processing.
    - Other systems offer other data management functions.
- Security Risks and Considerations: Trends in cybersecurity can feel overwhelming. The state of cybersecurity requires that we be prepared for a variety of threats (phishing, ransomware, social engineering, etc.)
    - Prevention and preparation are key to managing these risks. DHS does this by using a variety of tools and methods:
        - Cyber hygiene
        - Audits and assessments
        - Awareness and training
        - Vendor management
        - Information sharing
        - Monitoring for change in criticality of risk
- Incident Management & Reporting:
    - If an event impacts DHS systems or services, should contact DHS Computer Security Incident Response Team (CSIRT): DHSCSIRT@dhs.wisconsin.gov or Office of Preparedness and Emergency Response

Wisconsin Wayfinder

Deb Rathermel Department of Health Services, Director – Bureau of Children's Services (BCS) and Emily Brach Department of Health Services, Lead Liaison in Access, Bureau of Children's Services

- Background on Wayfinder – what is it, who is it for, how to access it
- Nationally, there is a significant need (1 in 4 families) have children with a special healthcare need
- In WI, 235,000 children have a special healthcare need
- Wisconsin Wayfinder simplifies the complex journey for families and professionals looking for information and resources for children with delays, disabilities, and special healthcare needs.
- Wayfinder launched in 2023 – it is a children's resource network:
    - Created for parents and caregivers of children 0-21 with delay, disability, special healthcare needs, or mental health needs
    - It is also designed with awareness for professionals who support these families.
- How to access Wayfinder:
    - Online at dhs.wi.gov/wiscway. This website was designed with families in mind and with input from real families to answer real questions.
    - Call 887-WiscWay and talk to a children's resource guide team member. Calls are triaged based on needs, and offers language options (English, Spanish, Hmong).
    - Fill out our Contact Us form and a children's resource guide will reach out to you.
- Wisconsin Wayfinder has invested in marketing to make this consolidated set of resources available and known to those who need it.

Question from MAC member: Wayfinder is such an important initiative – MAC member has worked in this space for over three decades, and this advocacy for families is so important. The extraordinary levels of complexity are difficult for families and individuals – this offers the promise of an opportunity to help families. MAC member would like to put support behind next stages of development. We had an MCH block grant that supported these families, but not a statewide effort to support the 235,000 kids with special health care needs. Need to be able to respond, address needs, and build an infrastructure of knowledge and support.

Question from MAC member: Are there plans or ideas for sustainability and strengthening the program?

Deb: It takes a village:

- One key feature will be partnership between DHS divisions (DMS, DPH, DCTS; (DHS/DPI/DCF).
- Intentionality about scope of Wayfinder and what remains – need for navigators, ombudsman, etc. that can be built upon for next iterations of Wayfinder.

Updates and Discussion
Medicaid Director, Bill Hanna
Updates

- Updates about priority initiatives
    - Summer EBT payments go out on Saturday – WI was one of first states to sign up, first state to get plan approved federally. 425,000 families are eligible for $120 per child if eligible for foodshare. Put a lot of effort into taking action without requesting additional effort or information from families – worked closely with DPI to get these data (e.g., kids on free/reduced lunch programs). Families can still apply if they have not been enrolled yet and will do several runs throughout the summer to meet needs. Summer EBT: Food Benefits for Eligible Children During the Summer Months | Wisconsin Department of Health Services
    - Emergency Dentistry: Not much uptake to date on access to ORs among dentists. CMS created a new code for ambulatory surgery centers related to sedation for dentistry. Currently aware of 1 ASC opening in Minnesota and interested in working with WI as a border state provider. They are also interested in opening a facility in Milwaukee with a focus on children and adults with disabilities who need sedation dentistry.

      Comment from MAC member: Regardless of what we're able to set up, we have to find a way to recruit more dentists and get more dentists into a system. In my experience, good dentists burn out and experience compassion fatigue. Actively building referral processes and stable set of dentists locked into a system is key. When people present in EDs or urgent care, they may be referred to a dental provider. There is buy-in, but need dentists bought into these systems. Unless there is funding and support for care coordination elements of this, the problem will persist. There needs to be someone facilitating finding the care for patients, engaging dentists to provide the care, and then helping to navigate.

      Comment from MAC Chair: From Federally Qualified Health Center (FQHC) side, there are lots of providers who would like to provide sedation dentistry but need systems support and adequate reimbursement.

      Comment from MAC member: It's important to have multiple pillars, not just FQHCs.

Comment from MAC member: SSM has been pursuing this for years. Glad we are continuing to provide access to sedation dentistry in Ambulatory Surgical Center (ASC)s, but is that the best site of care for patients? This may not be enough to take this to scale. There may be ways to do this that are beneficial to Medicaid – providing greater access but at lower cost sites of care. Not everyone will have access to ASC setting.

Comment from Medicaid Director: Appreciate the comments on coordination. Dental is FFS, so often the coordination is left to members or providers. We are left trying to figure out how to improve the system so folks aren't alone in navigating. Dental is carved in in the Southeast, which is confusing – need to ease both member and provider experience.

Comment from MAC member: Of course, real answer is getting upstream and preventing the need for sedation dentistry – dental at its finest is prevention. Wisconsin has great school-based dental care, which is a key component.

Comment from MAC member: Coordination piece that is really acute is coverage coordination – during intake, understanding coverage/geography is critical.

- Public Health Emergency Unwinding: Thank you to folks who submitted written comments on lessons learned from unwinding. We are putting a lot of thought into what we've learned. Some updates:
  - A lot of the policy changes will continue – the new federal rule around eligibility is making them standard. Trying to maintain as much flexibility as we can.
  - Reporting: We built a lot of reports to support access and outreach shared with partners. We will keep all of the monthly reports we have started producing and will keep the dashboard post-COVID to track how we're doing with the metrics that have become a focus during unwinding.
    - One of these is lost coverage due to procedural reasons. We can't do much about those who lost coverage due to life changes – ideally, they've approved acuity or have higher income, etc. We want to see people *not* losing coverage due to things like paperwork. This number has continued to decline since unwinding began. Procedural lost coverage started in high 20%s. Now, this is down to 10-14%. A lot of this was among BadgerCare population.
    - We've learned a lot about how to do outreach to people. We also made major changes to increase administrative renewal process.
    - We will also continue to work with partners (HMOs/MCOs, advocacy groups) to clarify eligibility requirements and changes.
    - We had a communications group to provide feedback on communication tools – as the state, we are not the closest to our members. Community organizations have a better sense of how language and messaging resonates with members.
    - Continuing to support regional enrollment efforts, which have been very useful during unwinding.

- Qualified Treatment Trainees (QTTs) – those who do not have full licensure but are getting training hours to get to licensure. These folks have been useful in filling access gaps.
- Just released for industry review a new rule around expanding access using QTTs.
- Looking to improve care for children who are in multiple systems of care. Working to streamline system for kids who are involved in multiple systems and there is significant complexity.

  Comment from MAC Chair: Making it easier for providers who provide behavioral Health (BH) services for complex need patients – reducing needless barriers and complexity in large systems will be key.

  Medicaid Director: We are looking at complexity not just with MCOs, but others as well. Goal is to streamline delivery and cut down administrative work for providers.

  Comment from MAC Member: How are we developing and providing learning opportunities – not everyone needs to have expert-level understanding. We get caught up sometimes in developing one-size-fits-all trainings – can be overwhelming for some and underwhelming for others.

  Medicaid Director: We have to make it simple enough that you can understand at least how to help people to get to the right spot, but not overly simplified. Will not work to funnel everyone through one channel.

- Behavioral Health Quality Strategy with HMOs: This includes both metrics and Healthcare Effectiveness Data and Information Set (HEDIS) measures, but also softer measures – access (time, cost, wait times), care coordination (is there proactive outreach and assessment from HMOs).
  - Quality strategy includes a number of tools: (e.g., pay for performance or withhold)
  - Wherever we focus on one thing, other things start to drift. Have to maintain a fundamental basic level of quality outcomes and maintain attention, and fine-tune where we use payment levers where it's needed.
  - Need to align Medicaid efforts as a payor with overall state population health goals. How do we use *our* tools and levers to stay coordinated and aligned with the state, and maximize our resources to support population health goals.

    Comment from MAC member: The opportunities are so vast – balanced approach is important. To the extent this group has thoughts or reflections around priorities, that would be helpful.

    Medicaid Director: CMS published a ton of rules in the last 60 days or so. This includes eligibility, access, managed care, and non-discrimination rules. A big part of the managed care and access rules are around standardizing quality expectations nationally. Core measure sets are broken down by demographics and other splits. CMS will be publishing sub-regulatory guidance, and much of this will be phased in over next several years. The reception has been positive but overwhelmed.

- Updates about State Plan Amendments, Waivers, and new CMS Rules:
    - Family Care waiver expires at the end of 2024 – finished passive review last month on renewal. Will be submitting this fall – renewal is currently open to public comment through July 5th, here.
        - Some highlights: expanding access to transportation (Family Care does not use NEMT vendor other populations do).
    - Legislation passed last session requiring DMS to submit an 1115 waiver to add Institute for Mental Disease (IMD) services as an allowable coverage. This is due to CMS at the end of 2024. Currently, Medicaid cannot pay for care in IMD settings. Several years ago, CMS made exceptions to allow states to cover these services for a limited time (up to 30 or 60 days, typically). Psychiatric hospitals are part of the continuum of care but should not be a long-term solution. Go-live for this benefit would be likely sometime in 2026.
    - Submit state plan amendments quarterly – four will be submitted at the end of June.
        - Children's Health Insurance Program (CHIP) amendment: we have continuous eligibility now for children, same as what was submitted for Medicaid last quarter. Once kids have eligibility, it lasts for 12 months, regardless of changes in family status. This will be retro to 1/1/2024.
        - Technical Change: Duals in Medicare Advantage plan may receive vouchers from Managed Care Organizations (MCOs), which we have not historically counted as assets. We are updating state plan to clarify this practice and codifying via this SPA.
        - Income Calculation: Codifying calculation for self-employed income for CHIP.
        - Nursing Home Payments: Changing to a prospective, supplemental per diem payment.

Principles for becoming a Health Transformation Organization

- Create an exceptional member experience.
- Improve outcomes through accountability.
- Innovate and solve problems.
- Create an inclusive culture.
- How do these align in your world? Where are we doing this well? Where should we be innovative? Where do we need to improve? Where are we not being culturally inclusive? What do we need to understand?

  Comment from MAC member: DMS has infrastructure for supporting members through processes: a lot is contracted out. Are we getting data about the issues patients are contacting these folks about, patterns we're seeing, resolutions reached? Would like to see this data. This would drive towards better outcomes, improve member experience, and would be innovative.

  Medicaid Director: We've discussed this internally – want to ensure there's a good system within the Division so that providers and members have a good experience when they call the call center. If call center doesn't know the answer, how do we get them the answer from within the division? We want to intentionally direct this work – contract out process, own answers to policy questions, especially most complex ones that

rely on expertise housed within DMS. Sometimes, this results in changing the policy – and Gainwell can't do that.

MAC member: The other part of this is educating this group about what's going on so they can share observations and recommendations.

Comment MAC chair: How do we assess the structure within which you have to work? What can be changed if the structure itself is the issue, or part of the issue?

Medicaid Director: We have control over some things, but not all – we will never have the state FTEs to run these things as a department, and so they have to be contracted. We are looking into ways to improve structure for duals, for instance, through a grant.

MAC Chair: We align goals of system with the health priorities of counties and regions we serve. Medicaid is informed by statewide priorities as well.

Medicaid Director: People are also welcome to submit written feedback or call and discuss one on one. This feedback is important, appreciated, and respected.

Committee Membership Recruitment: Discuss recent recruitment and new members
Amanda Dreyer Deputy Medicaid Director

We are recruiting for five open positions for the committee and received nearly 200 applications. We are working through each application, codifying them, and considering the variety of perspectives we want to add – what is needed in this moment (for the next two year term)?

We would like to have them join the next meeting September 4th.

New CMS rules will help guide where we go with more member engagement. We would like to recruit Medicaid members – so we need to think about how that needs to be structured and report back later.

Wrap-up, Laura Waldvogel, MAC Chairperson

- Future meetings Suggested topics
  - Services for incarcerated members, including tribal members in county jails.
  - Sedation dentistry
  - MAC member suggested Healthcheck, Durable Medical Equipment

- 2024 Meetings: March 6, June 19, September 4, December 4

Adjourn

- A motion to adjourn was not obtained. The meeting concluded at 11:00 am central time.

Prepared by: Gina Andearson and Alexandra Dawson on 6/19/2024.

These minutes were reviewed and approved by the governmental body on: