

OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)		Attending: Ritu Bhatnagar, Marguerite Burns, Kelly Carter, Allison Espeseth, Randi Espinoza, David Gundersen, Veronica Gunn, Dipesh Navasaria, Bobby Peterson, John Rathman, Randy Samuelson, Paula Tran, Laura Waldvogel,	
Date: 2/8/2023	Time Started: 9:00 a.m.	Time Ended: 11:30 a.m.	Presiding Officer: Veronica Gunn
Location: Virtual Zoom Meeting			

Minutes

Members absent:

Others present: Jamie Kuhn, Curtis Cunningham, Marlia Mattke, Krista Willing, Gina Anderson, Emily Loman, Nick Di Meo

Meeting Call to Order, Veronica Gunn, MAC Chairperson

- Roll was called. Thirteen members were present, constituting a quorum.
- New and existing MAC members and DHS staff introduced themselves.
- Reviewed the MAC Charter and specifically the provision regarding the MAC charge. Dr. Gunn introduced the concept of Access as the MAC charge for 2023
- Minutes from the 10/5/22 meeting were reviewed and finally approved. Motion to approve by John Rathman, second by Laura Waldvogel. No opposed, no abstentions.

Introduction and Updates

Jamie Kuhn, DHS, Medicaid Director, Administrator, Division of Medicaid Services

Director Kuhn introduced herself to the MAC and shared her perspectives on working with the MAC going forward. In addition, Director Kuhn provided some just in time updates on selected activities of the Division.

Updates:

- Unwinding the continuous coverage provision of the Public Health Emergency (PHE) and implementing provisions that passed in the Consolidation Appropriations Act (CAA) 2023 is a main priority for DMS in 2023. The focus of the transition will be on members who have had continuous coverage and certain benefits and services throughout the PHE. Even for those members who will lose eligibility, the goal is to make sure they “land” and have supports from partners, providers, and stakeholders to help them gain access to coverage. DMS will work to make sure that timely information is flowing out to these entities and to members to help members transition in the most seamless way possible.
- \$17 million in American Rescue Plan Act (ARPA) grants were issued to enhance Home and Community-Based Services (HCBS) programs in DMS. A second round of \$15 million in grants will open up in February.
- Updated gender affirming care policy and will continue to monitor compliance with federal law.
- Rate increases for specific provider categories were issued last week, including EMS, midwives, family planning/vasectomy services, Prenatal Care Coordination (PNCC), substance abuse treatment, autism services. Governor Evers suggested that DMS move forward with these rate increases outside of the budget process because they fall into the legal space where they do not have to go before the legislature. Effective date February 1, 2023
- CMS approved of CHIP housing services state plan amendment (SPA) at the end of October, 2022. This initiative is one of the first in the nation. DMS will be providing grants to local housing consortia across the state to provide

housing consultation services, transition supports, sustaining supports and relocation supports for eligible Medicaid members. DMS will be announcing awardees soon.

A MAC member asked whether telehealth flexibilities under the PHE and the Ryan Haight Act would continue to reach patients requiring treatment for substance abuse after the end of the PHE.

DMS response: PHE helped expand telehealth to provide access in new and innovative ways to the entire Medicaid population. Current telehealth flexibilities do not require providers to indicate telehealth on a claim. The month following the end of PHE, which will likely be June, 2023, permanent telehealth policy will go into effect under Wisconsin Act 56. Essentially, all current telehealth flexibilities will continue. The telehealth must continue to be functionally equivalent to an in-person visit. DMS is also exploring ways to expand telehealth so it can be used in schools, HCBS, and other non-traditional settings (e.g., libraries and homeless centers). We will continue to monitor federal flexibilities in regards to HIPAA being used by the Office of Civil Rights (OCR) to allow non-traditional platforms.

A MAC member asked about telehealth flexibilities for rural areas that don't have access to broadband and can't do video.

DMS Response: Audio-only is currently allowable under Medicaid. We will continue to look at HIPAA and other federal regs on private communications.

A MAC member asked whether tele-dentistry, including reading X-rays, remote diagnosis, intended to help reach rural areas, would be eligible for reimbursement?

DMS Response: Current flexibilities allow for tele-dentistry. Asynchronous visits are reimbursable as consultative services.

A MAC member asked about the approval status of the Postpartum Coverage 1115 waiver.

DMS Response: the application is currently pending before CMS. CMS is offering states another option with a State Plan Amendment (SPA) for postpartum coverage for 12 months that does not require a demonstration waiver. The Governor's budget may address the issue and elicit a reaction from the legislature as it gets introduced.

“Access 101”

Jamie Kuhn, DHS, Medicaid Director, Administrator, Division of Medicaid Services

Director Kuhn provided a broad overview of information and perspectives related to access and utilization in the Wisconsin Medicaid program. Topics ranged from awareness to eligibility, enrollment to engagement, and provider and service utilization with the intent to provide sufficient context for subsequent group dialogue.

A MAC member asked what are the enforcement mechanisms (e.g., contractual penalties to plans or consortia making eligibility determinations) to ensure accountability regarding access and to prevent scenarios where members are sued for medical debt and incur compromised credit scores?

DMS Response: From an eligibility perspective, there may be more enforcement mechanisms available to ensure access to prospective members and existing members through the renewal process. For example, specific types of outreach to individuals and documentation are required.

MAC Identification of Access Issues of Relevance

Dr. Gunn facilitated discussion on potential topics of interest related to access, seeking to hear input from all MAC members on items related to access that could benefit from further exploration. These insights, combined with timely or pressing questions from Medicaid staff, will inform the agenda for the remainder of the calendar year.

A MAC member offered the perspective from a safety net community center. The member believes there should be more uniform standards around beneficiary empanelment in an MCO or safety-net provider. Currently, there are different standards depending on whether someone has straight FFS Medicaid or BadgerCare Plus managed care. Because there are such a high-number of MCOs in Wisconsin Medicaid, it takes more time to help beneficiaries understand all of their choices. In addition, there should be a faster process and fewer administrative burdens when beneficiaries change to a different MCO.

A MAC member offered the opinion that there are a significant number of layers between Medicaid as the payer/guarantor of healthcare services and the members receiving those services. The layers are managed care organizations, the healthcare systems and clinics, the clinician. There are so many rules and requirements for each layer that the accountability of whether the member is getting what they need is lost. The member experience should be central to this conversation on access. More trouble-shooting needs to occur when members can't get access. As the largest payer, Medicaid should be asking why there are long-standing structural workforce issues that have not been dealt with by the other layers to ensure accountability with regard to access.

A MAC member observed that beneficiaries often access Medicaid under crisis situations. As a result, beneficiaries are often working with service providers that do not have a broad-based understanding of other available Medicaid services. For example, new beneficiaries can get stuck in a hospital and quickly need to get discharged into a more appropriate setting because other things in their lives are quickly falling apart, but can't because of workforce issues and knowledge barriers about other Medicaid resources.

A MAC member is concerned that the end of continuous eligibility will threaten access to continuing services. Individuals face knowledge barriers about public Medicaid programs, private coverage options, transitions to Medicare for people over 65 or with disabilities, access to hospital charity care and community health centers. It is important to capture and convey this information at a level that will be meaningful to individuals to help them understand the full range of options from basic primary care to advanced neurosurgery. Assistance with advocacy to avoid medical dept, transition to the right coverage at the right time, understanding health and illnesses, health benefits check-ups with a public health approach to prevent medical and financial catastrophe.

A MAC member commented on the availability and geographic distribution of mental health and substance abuse clinical providers. Expansion of telehealth is very a positive development for improving access. Encourage providers to take advantage of the renewal of the "X waiver" for buprenorphine that recently went into effect to improve provider availability.

A MAC member offered an opinion from the perspective of a county agency that delivers behavioral health services that because they are the provider of last resort, they need an individual to have Medicaid coverage to be able to continue to provide those services. Leverage technology to create efficiencies to help clients who transition between Medicaid and marketplace coverage understand their coverage. Following a period of continuous eligibility, there are now workforce shortages of experienced staff performing Medicaid eligibility determinations that can have impacts on access in Medicaid. The next 12 months will be critical in this area.

A MAC member suggested that Medicaid look at how to reduce the onus on the consumer and be more welcoming to services that are helpful people. Reduce the stigma that the government does not want me to use these programs. As the PHE unwinding starts and beneficiaries will be asked to actively renew their coverage, about 20% will be renewed through the administrative/ex parte renewal process. Wisconsin should look at how other states have expanded the percentage of those who are able to renew through the ex parte process.

A MAC member suggested that Medicaid increase access to wellness and health promotion programs. Medicaid has convening authority to bring diverse stakeholders together to address inequity in access to income, which became even more apparent during COVID. Medicaid has an opportunity to address the gap between public health infrastructure and healthcare and support primary care to connect the public to downstream health care outcomes. Medicaid provides access to staying well, surviving community conditions and overcoming crisis, improving health outcomes.

A MAC member recommended that access to DMEs to meet specific needs is an important aspect of access especially for children. Currently, it is challenging to find providers in Wisconsin that accept Medicaid that provide residential psychiatric treatment and therapies, a safe space, and dental services for children.

A MAC member recommended that Medicaid look to build on its “foundational portal” for accessing care, including FQHCs that provide wrap-around care, pathways to care, and hub and spoke models, health systems, population health programs. Develop existing systems and modify reimbursement structures for systems development and access to portals of care.

A MAC member observed that tribal patient access to primary care PCP affected by lack of nursing (RN, CNA, LPN). Facilities, etc. exist but need vital nursing support to do intake and paperwork, which adds to the quality of care. Tribes need licensed clinical social workers to help people in crisis and to do therapies. Help Tribes do more services beyond primary care, dental at tribal facilities to improve access. The member appreciates the complexity and scope of the Medicaid program and the state’s investment in continuous improvement.

A MAC member stated that the division has the opportunity to enhance access by promoting equity within its programs. For example, the statement “I know I can access services in a culturally relevant way in a language that I understand. What is the division’s vision to prospectively invest in services to help Medicaid achieve the outcomes for members associated with that statement?”

Division Staff provided an update on the Request for Application (RFA) for the Member Feedback Alliance for Community-Based Organizations (CBOs) to pay Medicaid members for their input on the program. The RFA responses are currently being graded. Pilot opportunities will begin after CBOs have been selected through this process.

A MAC member asked the division to share information and timelines related to federal changes to continuous eligibility for children under the Reconciliation Act.

Receive Public Comment on Access 101 Discussion and Identification of Potential Access-Related Topics for Future Exploration.

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 June 7, 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 Laura Waldvogel, second by Marguerite Burns.
- The meeting concluded at 11:26 am central time.

Prepared by: Veronica Gunn and Emily Loman on 5/5/2023.

These minutes are in draft form and will be reviewed for approval by the governmental body on: 6/7/2023