

**OPEN MEETING MINUTES**

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Ariel Robbins, Jordan Mason, Bobby Peterson, Jessica Stevens, Maya Kiel, Randi Espinosa, Shayla Olson, Alison Espeseth, Dino Tousis, Marguerite Burns, Laura Waldvogel, Kyle Nondorf, Lori Fierst, Dipesh Navsaria, Karen Nelson
Date: 9/4/2024	Time Started: 9:03 a.m.	Time Ended: 11:33 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Laura Waldvogel
<b>Minutes</b>			

**Members absent:** John Rathman, David Gunderson, Paula Tran, Randy Samuelson, Kelly Carter

**Others present:** Bill Hanna, Amanda Dreyer, Cheryl Jatczak-Glenn, Gina Anderson, Linda Kastner, Shelly Glenn, Tom Betlach, Emily Zhu, Autumn Linsmeier, Christian Moran, Autumn Knudtson

**Meeting Call to Order, Laura Waldvogel, MAC Chairperson**

- Roll was called. Fourteen members were present, constituting a quorum.
- The agenda was reviewed.
- Minutes from the 6/19/2024 were reviewed. A motion was made to approve by Marguerite Burns and seconded by Kyle Nondorf. Minutes were approved.

**Welcome new members**

Laura Welcomed the new members of the MAC.

**Public Comment:** Two members of the public were present.

One member of the public made comment regarding the barriers to access they face as a dual eligible member. Getting medications and finding providers is extremely challenging. They noted the importance of engaging people who need the benefit in policy making, “nothing about us, without us.” They also asked if there was any update on the Beneficiary Advisory Committee.

**Updates and Discussion**

Medicaid Director, Bill Hanna

Welcome to members, goal to have more discussion vs presentations, and would like to pause where there are questions and take the time to understand complex topics.

Updates

- Updates about priority initiatives
  - State Plan Amendment Updates to be submitted at the end of the quarter with a retro effective date to the beginning of the quarter.
  - Serious Mental Illness Significant Emotional Disturbance Smi/SED 1115 Waiver due to state law change that requires the waiver for IMDs, doing gap analysis, we are on track to get submitted on time and will take about a year of negotiation with CMS for approvals.
    - Will be talking with tribal leaders next week. This Will be posted for public comment in October for 30 days. We encourage you and your partners to submit comment.

- Will be submitted to CMS in January and work with CMS over 1-2 years including an implementation plan with a potential go live date of 2026.

MAC member comment: I appreciate the time and energy being put into this.

MAC member comment: In the long term this will provide more tax levy to pay for the services. The state is moving in the right direction, and this is great.

MAC member comment: There will need to be a lot of training and technical assistance for this. There can be issues where the HMO is not being billed and clients are receiving large bills and would like to see that addressed as it is in the current state.

MAC member Question: Why is the limitation for 15 days? Bill's Answer: This is part of the managed care rule. It is 15 days in a calendar month. We must demonstrate that institutions do not become the go to solution for this. There is a focus on community care and follow up after discharge.

MAC member Question: How or if room and board costs will be addressed? Answer: We will try to get room and board costs covered but it has been denied when have tried in the past to get these costs covered.

MAC member question: Within IMDs how many beds are potentially available and how many are used. Are there beds available for that and to what extent? Answer: As of right now, the State hospital has room. I don't know about the other hospitals. Capacity analysis is something that we are working on.

○ Fully Integrated Dual Eligibles Special Needs Plans (FIDE-SNP) Linda Kaestner, Maya Kiel, Tom Betlach

- Our team is looking for engagement is to support Wisconsin's Department of Health Services (DHS) to develop a strategic plan to advance expansion of a Fully Integrated Dual Eligible (FIDE) SNP program statewide to serve more dual eligible individuals.
- Fully Integrated Dual Eligible (FIDE) SNPs offer the most integrated coverage option for full benefit dual eligible individuals as compared to other D-SNPsAs. FIDE SNPS (Partnership plans) offer:
  - Integrated member materials and overall enrollee experience.
  - Exclusively aligned enrollment meaning the enrollee receives their Medicaid benefits through the D-SNP, or from a Medicaid managed care plan operated by the same parent organization.
  - Model of Care tailored to the specific needs of the enrollee population.
- Our Goals for partner engagement are:
  - Identify the key barriers and challenges to plans offering FIDE SNPs in the state of Wisconsin.
  - Understand the overall experience of dual eligible individuals currently enrolled in Partnership and non-Partnership plans.
  - Understand general perception of current integrated coverage options and a proposed effort to expand FIDE SNPs, both geographically and/or by population.
- DHS plans to administer a broad partner survey in August through September on topics similar to those discussed today. DHS welcomes attendees of the Medicaid Advisory Committee to participate in the survey.

MAC member suggestion: Key informant interviews with ADRC staff and other assisters. Improve the structure and support services that we can lean in to.

MAC member question: Is this just for people living in an institution? Answer: No there may be individuals not in institutions that this would apply to.

Question posed by DHS: What do you view as the most common needs for people who are dual eligible?

MAC member comment: Look at it not just from an eligibility lens but from an advocacy lens.

MAC member comment: There is lack of awareness that this is even an option.

MAC member comment: Sometimes with Dual Eligible if they are not strong advocates for themselves, there are often problems at the pharmacy with them running things incorrectly.

MAC member question: Who reaches out to those who are dual eligible? Answer: ADRC.

Question posed by DHS: How should the state think about expanding FIDE SNP options including geography or by populations?

Bill Comment: The only current FIDE SNP is Family Care Members

- Quality Strategy Managed Care Program Annual Report
  - This is a federal requirement to submit a 3-year quality plan and provide that report to the MAC. MAC was given the report and a summary.
  - Quality strategy must encompass all 5 managed care programs: BadgerCare Plus, SSI, Care 4 Kids, FamilyCare, Family Care Partnership.
  - HEDIS a national tool to measure quality have been used to evaluate across plans.
  - Bill walked through the 3 goals and objectives.
    - Goal 1: Improve member health and social connectedness as measured by aggregate performance on specified priority measures.
      - Objective 1: Increase the number of Medicaid HEDIS measures in the Adult and Child Core Sets that meet or exceed the NCQA National Medicaid HEDIS means (50th percentile in Quality Compass) by MY 2027.
      - Objective 2: Improve health outcomes for Wisconsin Medicaid members living with chronic conditions by establishing a target of the 75th percentile nationally for HEDIS measures for chronic health conditions by MY 2027.
      - Objective 3: Improve population health through the increased provision of preventive care and primary care for all our members by MY 2027.
      - Objective 4: Increase overall health, safety, and social connectedness of members receiving long-term supports and services by MY 2027.
      - Objective 5: Increase utilization of outpatient, least-restrictive behavioral health and substance use disorder services by MY 2027.
    - Goal 2: Reduce health disparities and support underserved populations by providing person-centered services and supports.
      - Objective 1: Address members' Health-Related Social Needs (HRSNs) identified through screening.
      - Objective 2: Improve healthy birth outcomes by increasing utilization of certain maternity services, by reducing rates of babies with low birth weights,

and by reducing rates of C-section utilization, while also reducing racial and ethnic disparities in these measures, by 2027.

- Objective 3: Increase stratification of performance measures by member demographics with a goal to identify and address health disparities.
- Objective 4: Care4Kids will prioritize identification, assessment, and coordination of care for their members' health concerns when entering out-of-home care by MY 2027.
- Goal 3: Support overall quality improvement through compliance with federal requirements, contracts, and Wisconsin benchmarks.
  - Objective 1: Managed care plans in all programs will have at least 90% compliance in network adequacy standards.
  - Objective 2: Managed care plans will continue to screen new members to identify specific health and health related social needs (i.e., member needs screening).
  - Objective 3: By 2027, all BadgerCare Plus and Medicaid SSI HMOs and Care4Kids will have a compliance score of at least 80% or higher for the Annual Compliance Tool (ACT).
  - Objective 4: The Family Care and Family Care Partnership MCOs will have an overall care management review (CMR) score for both Family Care and Family Care Partnership programs of 95% or higher by 2027.
  - Objective 5: By MY 2027, MCOs will have an overall quality compliance review (QCR) score of 98% or higher.
  - Objective 6: Maintain or improve provider participation in Wisconsin Medicaid for key provider types.
    - This will be posted for public comment Monday, September 23 for a 30 day window and we invite you to submit public comment.
    - Christian will be presenting at the Long Term Care Advisory Council next week.
    - Christian will share the feedback mailbox with Gina who will send out the information to the MAC.

MAC member question: How are plans dealing with referrals for special services? Answer: I will have to check with the team and follow up with you.

MAC member question: Has this been presented to health plans and what is their reaction to it? Answer: The reaction has been mixed. Some will roll up their sleeves and get it done. Some say this is a lot. WI has a lot of health plans. We have 13. Normally a state our size would have 3. I do not want to risk losing high performing regional health plans. Due to our minimum expectations, we may lose some of our health plans.

MAC member question: How do you collect the race/ethnicity information. Answer: We do collect that data in the application process. There is data we collect, and the plans also collect their own data.

MAC member comment: Have we developed the external advocacy for these populations with high needs, challenges. I would like to see a better system of checks and balances.

MAC member comment: The MCOs set higher goals with providers than the goals described in the quality plan.

MAC member comment: It would be great if the state put some guidance out about mental health care for pregnant individuals. Also, who owns a child's care? The county where they live or the county where they are placed?

MAC member question: Other repercussions for programs repeatedly underperforming besides the 1.5% hold? Are there means to collate this data by county instead of at a state/macro level, in order to obtain a more accurate representation of trends across demographics and program to program?

Answer: We do have consequences in the Quality plan, including intermediate sanctions (examples: corrective action plans, freezing enrollment) al the way to contact termination.

Will share the feedback mailbox with Gina who will send out the information to the MAC

**Dentistry:** What changes has Medicaid implemented to improve access to dental services for Medicaid patients? What challenges and opportunities exist to improve dental access and quality?

- Presented by Autumn Knudtson and Autumn Linsmeier
- Dental Pilot started with enhanced Medicaid Reimbursement in 2016 with evaluations submitted starting in 2020. No key differences noted in pilot areas and non-pilot areas for dental participation.
- Tele dentistry implemented: Synchronous since 2022 is members talking to dental provider in real time. Asynchronous since 2023: an example would be a member submits a photo and hears back from the dentist at a later time.
- 40% rate increase in 2022 on selected dental services authorized by 2021 Budget Act 58.
- Provider webinars 2023: Partnered with DPH Oral Health program to put together three training videos on submitting prior authorizations and claims, and how to manage their provider portal.
- Virtual Dental Team 2023; Created an internal cross functional team to address issues within our dental benefit.
  - Published forward Health Update and handbook policy on orthodontic services.
  - Orthodontic codes are now priced max fee.
  - Periodic orthodontic treatment visit PA requirements changed. No PA required for first 24 units of service.
  - Lifetime dollar limits and encounters for orthodontic services were removed.
- Other
  - Updated ForwardHealth Handbook.
  - Added 2024 ADA Claim form.
  - Policy clarification was added to the handbook for dental providers.
  - Policy clarification on ceramic braces and root canals.
  - Added procedure code for dental Ambulatory Surgical Centers (ASCs).
- Future Work, Areas we are reviewing but are not limited to:
  - Orthodontic scoring guidelines
  - Ongoing provider claims processing issues.
  - Reviewing opportunities for adding new dental codes.
  - Other dental policy clarifications (extractions, retainers, sedation, sealants)
  - Dental therapists as a Medicaid provider type
  - DMS is working on a long-term project to automate some prior authorizations.
- Updates:
  - As changes are made to our dental policy communications will be sent out which may include:

- Hot topics on ForwardHealth
  - Banner messaging on ForwardHealth
  - Portal message
  - ForwardHealth Update, which will include industry review.
- Barriers and Opportunities
  - Barriers: Competing priorities, lack of providers, provider concerns about reimbursement rates, members having a hard time obtaining interpreter services
- Opportunities
  - Momentum from leadership to continue improving dental benefit, working on tracking issues providers are experiencing, looking at reimbursement rates and benefit enhancements.

MAC member question: Members had several points about allowing anesthesia-based dentistry and it being covered in clinics and not sure it is well understood. A barrier for expanding access is the allowing for anesthesia-based dentistry. This information was released on the Forward Health Portal.

Could we please share the Forward Health dental update with the MAC members so they can share it with others.

- Lori Fierst MAC Member sharing her experience with Medicaid Dental:  
My son is 21. When I started seeking adult care for him, I spent hours calling places regarding seeing adults with behavioral issues. It was very frustrating. I did end up calling and going to St. Annes even though they are not near my home. There were over 200 people on the list ahead of us and it could take up to a year to be seen. Sedative services would be needed and only 2 dentists in the state have privileges at hospitals. My son is still on a wait list. There is a great need for dentists who provide these services. What are we going to do to help get rid of these long wait lists for people who are in pain? We need more dentists. The office person I spoke with at St. Anns indicated that one of the biggest barriers is the amount of time it takes entering prior authorizations and there is only one person in the office who can do it.

MAC Member comment: I also have a child with a behavioral issue, and we took out a credit card just to cover anesthesia for my child and we were on a wait list of over 400.

MAC member comment: Does Wisconsin Dental Association have an annual meeting that someone from the Medicaid team could join?

MAC member comment: I'm in Dodge County and we have families with autistic children who do not have the ability to travel for these services.

MAC member comment: This is an issue we have struggled with a lot of clients on. We are getting calls from those who are having issues finding sedation dentistry adults and children.

MAC Member comment: Thank you Medicaid team for what you are doing. WI was one of the lowest reimbursement rate nationally. Do we know where we're at since the increases and the other issue is the administrative challenges: Answer: That continues to be an issue. We have raised that with the Secretary's Office and we will know more after the budget discussion. We are still lower than we would like to be. We are also trying to make changes to improve the administrative end.

MAC member comment: Being able to cover fluoride has been helpful. We may want to look at water fluoridization as a preventative measure to deter more severe dentistry needs.

MAC member comment: Advocating with providers, I encourage them to take on Medicaid patients. If we are looking at expanding the number of providers, I let them know that actually getting reimbursed even with the lower reimbursement rates has always been easier dealing with Medicaid and actually getting paid.

MAC member comment: Depending on where you live, access to dental is an issue (Medicaid and non-Medicaid). Extremely challenging in rural areas.

MAC member comment: How can we prevent the need for sedation? A lot of kids, fluoride varnish. Risk the primary care medical home becoming the end all, be all for everything. Push into the well visits. A lot of places are asking providers to do the impossible in 15mins. What we get begins to boarder on friction.

MAC member comment: More and more water systems have stop fluoridating due to cost and anti-fluoride activism.

MAC member comment: You should set up your practice around Medicaid. Support staff, issue resolution, and claim reimbursement is better with Medicaid than commercial payers.

#### **Wrap-up, Laura Waldvogel, MAC Chairperson**

- Future meetings Suggested topics
  - Requirement that states cover youth coming out of incarceration for 30 days.
  - Federal rule requirements
- 2024 Meetings: March 6, June 19, September 4, December 4

#### **Adjourn**

- A motion to adjourn was not obtained. The meeting concluded at 11:33 am central time.

Prepared by: Gina Andearson and Cheryl Jatzack-Glenn on 9/4/2024.

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