

## **MAC Meeting DRAFT Minutes 12-6-23:**

Chairperson Laura Waldvogel opens meeting at 9:04 am.

### Motion to approve minutes

John Rathman moves to approve, Marguerite Burns seconded the minutes all aye for minutes

Marguerite and Randy Samuelson both need to leave at 10 AM

**MAC Attendees:** Dipesh Navsaria, Randy Samuelson (left at 10), Kyle Nondorf (joined at 10:45), Laura Waldvogel, Kelly Carter, Randi Espinosa, John Rathman, Bobby Peterson, Allison Espeseth, Marguerite Burns (left at 10), Paula Tran

**DHS Panelists:** Jamie Kuhn, Bill Hanna, Cheryl Jatczak-Glenn, Gina Anderson, Christian Moran, Kelsey Melah

**DHS Attendees:** Crystal Carter, Jeff Huebner

**No members of the public joined the meeting.**

**Motion to approve the minutes** of the Oct 2023 meeting by John Rathman and seconded by Marguerite Burns Peterson. All voted to approve the minutes.

**Motion to adjourn:** Dipesh Navsaria

Welcome and Opening Comments by Director Kuhn

Offers thanks to the Medicaid Advisory Committee (MAC), appreciate the work you do, and thank you for continuing with additional terms, appreciate feedback and always work to enhance the meetings and ensure that we are addressing the current issues and the due diligence on providing feedback. Would like to continue hearing all the voices of the people who work across all areas.

The last year focus has been access and we will continue to use the MAC for this important MAC. Update on Enrollment: 1.45 M across all programs. We anticipated the trend that we are seeing and didn't want to predict but we guessed that as we go through the process, it is likely to return to pre pandemic numbers. We are on track to return to those numbers and appreciate the efforts to outreach. Renewal was at 27% and will continue to see progress in this space.

Breaking news – we will be making enhancements to the unwind dashboard. This new formatting will be updated tomorrow and will have more features and be more dynamic, ability to filter through the data and utilize the info for your focus and the public.

Will be opportunity to hear more about how to use the dashboard. Please let us know if not in those meetings and have a need to learn more about the dashboard. Received guidance from CMS that will not be able to terminate coverage if premiums not paid. Even though we still have to send out premium coupons, kids will not be kicked off. Comms will need to be done; it will be a nuanced space to adhering to CMS and lots of communications coming forward and appreciate your help in that space. What it really means is that those who have renewed prior to Jan 1, will move into continuous coverage. For example, if someone renewed in October 2023 the continuous coverage will last through October 2024. We will not be able to impose monthly premium payments not able to deny eligibility for barriers of premiums.

Tribal partners updates -Excited for long term care informational sessions with tribal partners, making progress in tribal savings initiatives and finalizing rates for 2024

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Bobby Peterson-

Questions about disparities –

Medicaid Director Kuhn will go back to the team and ensure this is a consideration

Randy Samuelson – appreciate the department support for pharmacy amendment

His understanding is there is a dental position to be approved? Then a state plan amendment would be done? Asking this technical process question

Medicaid Director Kuhn indicated would have to wait for the legislation to happen but that is the process

Randy's perspective is that it is difficult to recruit dentists so appreciates the department support for the pharmacy amendment

Medicaid Director Kuhn provides annual review of the department accomplishments

Take a lot of pride in the fact that this collaborative work is in a whole new way, have lessons learned as we move forward in eligibility and enrollment

With the guidance changes and all of the first times, the team feels good about it as we keep learning and growing

A big focus has been on communications, and especially partnering with HMO, MCOs, and others

As challenges arose, we were able to keep up to date on addressing those challenges

### Unwinding updates and accomplishments.

Implemented a call back feature. It minimized the amount of waiting that had to be on the phone. It can be frustrating at a time when people have a lot of questions, so the feature was a huge accomplishment. WI has even presented on this for other states to use. It was initiated prior to the unwind starting and was something that helped the increase in call volume, and more pleasant for members.

Work collaboratively with IM agencies, especially on staffing needs and have the ability to handle the volume. Thanks to cares dollars and using LTEs. Shoutout to IM agencies to help one another and address staffing needs.

Really hard work with so much information and staying up to date on the newest guidance from CMS or DHS, was a heavy lift, and it shows in our wait times in Wisconsin.

### Providers and MCOs.

Sharing data in other ways. When there are challenges in this space, able to collaboratively work through those. Appreciate providers reaching out and are still looking for new ways to get info to our members. The info we are sharing is getting where it needs to go.

### Stood up public facing dashboard.

Includes data from previous months, working to enhance that info on the dashboard. The team had to shift priorities. Partners have been working with us and providing feedbacks, identifying trends. All this has been valuable.

### Different changes and CMS guidance.

It all impacts us and all of you! Can be frustrated but recognize the changes we are making is an impact. The work is behind the scenes but is important and impactful and takes a lot of time and effort. It is one of our very large accomplishments of 2023 and it will not stop for 2024. It has been an all-hands-on deck project for all of us, including you. Proud of the partnership, collaboration and innovation and this is the foundation of moving into the next year. Have been able to pivot and make adjustments as needed.

Managed Care updates.

Working with leadership and also providing feedback on the legislative work in this space. Looking at how to make improvements with partners. On a broader scale, how are we focusing on the social determinants of health and an equity lens. Feels

Working on a strategic plan with HMOs in 2024. Not just quality for also a managed care first approach, how to do more with social determinants of health, and certification process make it smoother.

Will be developing out this process and look forward to the MAC participate in laying the foundation to be on the same page and understand where the division and department would like to focus and where we are headed.

Dr. Jeff Huebner and medical directors.

Exploring issues that need our attention and working diligently to enhance collaboration with public health partners. Dr. Huebner has been a leader in incorporating clinical knowledge and working with medical directors across the state. Some of the issues will be work on lead screening and hepatitis. More to come. He has been relying on collaboration in this medical director space.

Focus on what is best for our members.

Value feedback directly from our members and understand what they are going through and set up a more regular process to set up a program that allows us to work through local entities to get this feedback. More to come as it is built out. As we look to make sure to feel our seats on the MAC by a member or someone who can represent members, we hope this effort will have raw feedback that values their time, and they provide it in a space that is comfortable for them.

Implementation of pharmacists as providers.

We are learning there are a lot of areas in this space that we weren't even thinking of. As we push forward, going to really discover new ways to use the expertise of pharmacists. Not everyone has the time so working hard with the clinicians in this space to ensure implementing and setting up appropriately.

Pilot hub and spoke program.

Added another partner and now up to 4 pilot sites. While there are different models of services, making sure we are successful.

Reimbursement for interpretation services is a significant piece and continue to make sure our members are accessing programs. From an equity lens, the amount of time that we have worked to try to implement has been huge so kudos to the team.

Stood up pandemic EBT program.

Nutrition services program has ended but in process of implementing summer EBT.

WI Caregivers Initiative.

Certification system was developed to provide an opportunity for caregivers to build the skills and credentials and make sure that we are benefiting them in their work. We know need more of them and how can we be sure to incentivize and support workers. Hope to attract over 10,000 providers and already enrolled several thousand. UW Green Bay has offered this curriculum and would like to provide the 10,000 mark to continue to address workforce challenges by increasing the number of direct care providers.

HCBS Innovation grant.

Seeing benefits in enhancing workforce, transportation needs, there were webinars.

ARPA funding resource dedicated to guiding family and providing navigation for special healthcare needs, understanding eligibility and where can they go for assistance. How can I find all of this in one space and were being bounced around, so the WI Wayfinder is an initiative in the children's resource network. It is a hub for families to go and start in one place, so they do not have to bounce around from resource to resource. Anticipate this being more useful as there becomes more awareness of the resource.

Watched video about the new resource.

Time for questions regarding the accomplishments.

Question from Laura about managed care plan that Medicaid Director Kuhn mentioned. What is that?

Medicaid Deputy Director Bill Hanna: WI managed care can be fragmented in the sense that certain things are carved out based on region and not the same across the state. We are looking at what do we really want this landscape to look like going forward so it is simpler and improves caring for the whole person. We will be seeking feedback and how we think about managed care from the beginning.

Want to be intentional about when we are starting new things, are we looking at from a FFS perspective

Bobby Peterson comments on the WI Wayfinder resource. Feels it is an important step in the right direction but there needs to be much more. Infrastructure is really lacking in some ways especially for children with special needs. Is important to think about the steps forward to enhance program, ensure appropriate levels of support and services. Still a lot of challenges ahead and how do we ensure sustainability.

Medicaid Director Kuhn commented will need everyone in this space.

Paula Tran wanted to lift up kudos for the work the division has done over the past year.

Family Care presentation for older adults and people with disabilities. Provided by Kelsey Melah.

Walked through slides and provided background on the program.

About 54,000 in the Family Care program.

Family care partnership available in 18 counties and serves nearly 4,000 people.

MCOs provide regular assessment of member goals and ongoing management.

Participants have a care team

Waiver process described in slides and the timeline

Questions on family care.

John Rathman – can be changes in eligibility. Kelsey responds that they do not expect major changes.

Why is the partnership program only 4,000 people while the Family Care is 54,000 participants

Bill discussed the focus and that it will be looked at to have more participants.

They are available more broadly and ADRC are more aware of what is needed.

CMS has been more interested in this area and would anticipate doing more in this area.

Bobby Peterson shared some comments he sent in writing, included below. Believes is an important and valuable option and has been found to be useful. Issues can be a discharge process and can be difficult to tease out acute care and custodial care services and requires some level of understanding. It involves working with family members and addressing existing knowledge barriers. Can be difficult to navigate even with the background he has in advocacy and can be exhausting. Feeling the pressure for discharge while having the best interest of the patient. Can come with stress, pain, and challenges. Important to amplify your voice in the process.

Laura echoed that Bobby's comments reflected what she prepared for the discussion.

John Rathman offered the adequacy of networks, as it is huge from an MCO perspective amid the staffing shortages. It has impacted the number of facilities available to individuals. Had one scenario where a family in Appleton had to move the person to the Milwaukee area. There is a lot more waiting time for people to get into services on the front end. Facility access is very limited to begin with, and the savings to keep people in the community and have those connections allows friends and relatives to have better relationships.

Allison indicated people may not even know and have awareness and they don't need to know the name of the program, just know that something is there.

Laura indicated intersection comes up in her work such as dental or when a patient is transported and using long term care. Laura echoes the same for personal experience difficulty. Appreciate the opportunity to weigh in.

End of Family Care discussion.

MAC charge for 2024. Director Kuhn.

Director Kuhn opens conversation for the focus for next year. Examples may include maternal, mental, children's health.

Dipesh offers as a pediatrician a focus on child health. It is often something can align around and know that investments in the early years will tie into the maternal health as well. Access is a first step and does not necessarily mean welcoming and feeling wanted there or be made easy for you. going further than access, might be inclusion and how to have people feel they are welcomed in these spaces. Sometimes there is a lot of performative access to follow guidelines but is it being done in a way that works in the context of their lives and needs.

Laura had several ideas and would like to acknowledge the limitations and aware of the complexity of the mental health system. Intersection of all the departments and requirements and recognize the limitations of Medicaid addressing all that complexity.

Kyle Nondorf. Community health needs assessments, mental and behavioral health. Also work on social determinants of health, eradicate low birth weight, assist marginalized communities.

Bobby Peterson. Thanks for opportunity to contribute. Weigh in with Dipesh on some of the child health issues and disparities. One area of concern is a lot of the knowledge barriers that people face in the community and in the workforce. Can we be more creative in addressing those barriers, not knowing what exists out there. Knowledge barriers can result in people not getting services. It may not be a one size fits all. Not only leaning on an IM agency or someone at DMS – there needs to be partnerships, stakeholder meetings. How can we channel that in 2024? A lot is going on so want to make sure do not lose families after underwinding.

Allison Espeseth. All the communication advances and improvements to consumers have been going on, and thinking how we can leverage and build upon those. See it as an equity thing. Know that there is awareness and do so in a method that works. Integrating social determinants of health – how is that showing up across DMS and its programs?

Paula Tran advised there is a lot for SDOH and opportunity for feedback.

Dipesh wondering if there is an opportunity for Medicaid staff to share examples of things they have worked on, like things that were brought to their attention such as specific challenges, here is how we analyzed it, here are the principles we used to inform our response, and how we checked ourselves. Sometimes to connect it to things that are affecting people in their lives and communities, to see that linkage there may be helpful and ground and be connected.

John Rathman – the presentations from the division are well done and are helpful. Getting the overall picture is helpful. Setting specific goals and outcomes for the future and do a look back at where we have come will help facilitate the improvement conversation.

Bobby – understands Dipesh comment and can give light, a better grounding to think more creatively on how to work in partnership. Understands may be confidential info



Director Kuhn advised of the positions open on the MAC charter and is open to recommendations.

Kyle has ideas on the Acute Care Manager and will email Cheryl Jatczak-Glenn