

OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Marguerite Burns, Kelly Carter, Alison Espeseth, Kyle Nondorf, Bobby Peterson, John Rathman, Randy Samuelson, Laura Waldvogel
Date: 10/4/2023	Time Started: 9:00 a.m.	Time Ended: 11:11 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Laura Waldvogel
Minutes			

Members absent: Ritu Bhatnagar, Randi Espinoza, David Gunderson, Dipesh Navsaria, Paula Tran.

Others present: Jamie Kuhn, Bill Hanna, Jeff Huebner, Marlia Mattke, Gina Anderson, Masiel Gomez, Emily Loman

Meeting Call to Order, Laura Waldvogel, MAC Chairperson

- Roll was called. Eight members were present, constituting a quorum.
- The Agenda was reviewed.
- Minutes from the 6/21/23 meeting were reviewed and finally approved. Motion to approve by Marguerite Burns, second by Bobby Peterson. No opposed, no abstentions.

Introduction of New MAC Chairperson and DMS Deputy Administrator - *Jamie Kuhn, DHS, Medicaid Director, Administrator, Division of Medicaid Services*

- Director Kuhn introduced the new MAC Chairperson, Laura Waldvogel, and the new DMS Deputy Administrator, Bill Hanna, to the Committee.
- Director Kuhn provided updates regarding the hiring of Crystal Carter, the new DMS Equity Advisor, and the departure of Curtis Cunningham as assistant administrator from DMS.
- Director Kuhn advised the MAC that she will be reaching out individually to MAC members regarding their MAC appointments to discuss continuing their service and other ways to stay involved if they should discontinue their participation on the committee.

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

- Director Kuhn provided some just in time updates on selected activities of the Division.
 - DMS is in the process of annual rate setting for provider, including emergency medical services, and autism and midwife services as passed by the Governor. DMS is also implementing rate increases for nursing homes, primary care providers, and emergency department physicians.
 - DMS is currently amending its contracts with MCOs and HMOs, which we do annually.
 - DMS is having conversations with partners to discuss a longer term strategic plan to make sure that members are able to receive the services and benefits they are eligible for.
 - DMS continues to implement 2021 Wisconsin Act 98, which allows pharmacists to enroll in ForwardHealth as a provider.
 - DMS issued \$43 million this past summer in P-EBT benefits distributed to Wisconsin families.
 - FNS released payment error rates for 2022. Wisconsin's error rate was 4.39%, which is well below the federal benchmark of 6%. Wisconsin is one of seven states to be below the benchmark.
 - DMS continues to return to routine operations on policies that were paused due to the public health emergency, including return to work requirements for certain adult members in the FoodShare program without dependent children, and premiums for childless adults in the MAPP program in Medicaid. DMS's goal is to make the return to routine operations as minimally disruptive as possible for members impacted by these policy changes.

- DMS is implementing a statewide communications plan for the WisCareGivers credentialing program. The program provides training, credentialing, and the professionalizing of Wisconsin's direct-care workforce. DMS has received interest from other states at the national level about this initiative.
- In 2022, Wisconsin DHS contracted with the National Center for START services to evaluate the State's efforts to provide services for individuals with intellectual and developmental disabilities, and mental health needs. DMS is currently working through a plan for how to best implement the recommendations for improving crisis services, expanding training and education for providers, improving the mobility of outpatient and preventative mental health services, improving coordination and supports between systems and services. Anyone who is interested may join a START workgroup.
- Questions and comments from MAC members regarding updates:
 - Question: Can DMS share the START evaluation so we can review it? Answer: Yes. The START subcommittees have started meeting. The website has a link to a recording of phase 2 kick-off which was held on Sept 14. <https://www.dhs.wisconsin.gov/dms/start.htm> The phase 1 report is available at the top of the page.

DMS Unwinding Implementation Update - Masiel Gómez, DHS, Enrollment & Outreach Coordinator, Bureau of Eligibility and Enrollment Policy, Division of Medicaid Services

- Division staff provided a presentation with updates on recent efforts by the Division to implement Unwinding policies while supporting access to Medicaid. The intent of this presentation is to provide sufficient context for subsequent group dialogue.
 - **Wisconsin's Unwinding goals include:**
 - Keeping members covered, either in a Medicaid program or another type of insurance that suits their needs.
 - Providing members with timely, accurate, and actionable information to avoid disruptions in coverage or medical care.
 - Collaborating with stakeholders to share information about unwinding and getting feedback from the field.
 - **Unwinding Partner Toolkit**
 - The toolkit was designed to give partners communication tools to help members navigate the Unwinding process successfully.
 - Partners are able to download and customize materials and to share social media posts to help spread key messages.
 - Materials are available to help members:
 - Update addresses
 - Submit renewals at the right time
 - Renew healthcare for their children even if they are no longer eligible
 - Find renewal information tailored for older adults
 - Materials also are available to help members:
 - Receive email and text reminders
 - Submit medical expense deductions
 - Understand their options for enrolling in Medicare
 - Sign up for ACCESS and MyACCESS to help apply for and manage benefits
 - August 29, 2023 - New renewal resources for [Kids and Families](#)
 - Resources include an outreach card, flyer, and social media posts.
 - Spanish and Hmong translations included.
 - August 15, 2023 - Nineteen new translations have been added for the [Renewals are Back](#) outreach card and flyer.
 - July 13, 2023 - Renewal resources for [Older Adults](#) are now available.
 - These resources include a poster, flyer, outreach card, and handouts.
 - Spanish and Hmong translations included.
 - For more information on the Unwinding Partner Toolkit, please visit: <https://www.dhs.wisconsin.gov/covid-19/unwindingtoolkit.htm>

- **Unwinding Task Force**
 - The Unwinding Task Force was created to:
 - Advise DHS on outreach strategies and communication.
 - Help partners and stakeholders take an active role in reaching out to members so they can successfully navigate the Unwinding process.
 - Provide a forum for partners to give feedback on in-the-field operations.
 - The next Task Force meeting is October 17, 2023.
- **Stakeholder Calls**
 - DHS is holding biweekly stakeholder calls to provide information about policy updates and rule changes affecting Wisconsin programs.
 - For more information, please visit: [Wisconsin Programs Policy Updates Call Series | Wisconsin Department of Health Services](#)
- **DMS-Medicaid Unwinding Communications Listserv**
 - Stay informed about the Unwinding efforts by registering for the DMS-Medicaid Unwinding Communications listserv at: https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_668.
- Question: What is DMS acting on in terms of available section1902 waiver flexibilities from CMS? Answer: DMS is implementing a combination of flexibilities offered by CMS already, including sharing information with HMOs/MCOs in advance of members' renewal months. As far as specific waiver flexibilities such as allowing pharmacists to enroll members directly, DMS considers this a big lift, and DMS is unable to do this at the systems level. Waiver opportunities of this scope are not doable at this time. DMS has been focusing its efforts on communications with members beyond just sending letters of renewal, including emails and texts. Not all states are able to do this.

MAC Exploration of Unwinding Implementation Efforts and Access - *Laura Waldvogel, Chairperson*

- Chairperson Waldvogel facilitated discussion on Unwinding implementation efforts and maintaining member access to health care, seeking to hear input from all MAC members.
- Questions of interest to MAC members included:
 - What role are you playing, or how are you engaging in the redetermination process, to help members enroll in Medicaid?
 - What are you hearing most from members, providers, workforce, or HMOs/MCOs in reference to the redetermination process?
 - What information and communication strategies are you aware of that are most effective?
 - Now that we are 5 months into the Unwinding, what are the top 3 needs that members have for accessing Medicaid?
 - With the recent enhancements to the ACCESS and MyACCESS platforms, do you think that members are adequately informed about what action they must take to maintain eligibility for Medicaid?
- Advocacy organization is actively working with current clients to conduct health benefits check-ups to identify members' renewal date, change in circumstances, changes in income, family composition, immigration. This work can be an intense process because we're dealing with clients' mental health and immigration issues. Our health watch coalition is creating short videos to create awareness about unwinding. We're trying to engage in a "say-it-forward" campaign to help inform members' families, friends and neighbors know what's going on. This is generating referrals, contacts and communications. We're doing three-way calls. If we can use ACCESS or myACCESS, we will, but these systems don't work as well with clients who have unique circumstances, or trying to align eligibility dates with children. These encounters are showing us that pervasive knowledge barriers exist in communities about the changes that are occurring. Knowledge barriers are at the client-level, system-wide, providers – it's across the board. We knew this going into the unwinding. It is a large task and requires training for advocates, detailed understanding of the rules, working with IM agencies. We are proactively working with IM agencies in workgroups to identify issues and create processes and procedures to address any issues. It's been very helpful to have this forum. Our staff keeps a detailed spreadsheet on all the IM Consortium and what their issues of concern are, what their encounters are. We are trying to praise in public and encourage best practices and address issues with IM privately. This helps us generate an atmosphere of

mutual respect. Neither party has all the answers, but collectively we are working on process improvement. We are using the information we collect at our organization to create a health benefits record to understand their needs, e.g., disability, BadgerCare Plus, managed care enrollment, marketplace. This helps us understand people's key dates (ages 19, 26, 65). This helps us assist people ahead of time and prevent them from falling off coverage and incurring medical debt. 5-months into the unwinding, we are trying to get a better understanding of the Administrative Renewals process, understanding how the income extension is going to work if they incurred more income during the pandemic. We've been able to catch some people with extensions and work with the IM agency to help them avoid medical debt. Continuous eligibility for children is just around the corner in January. We need to stay in contact with the State to ensure that we are aware of it so we can inform clients about that process and build that information into our healthcare coverage record. Enhancements to ACCESS and myACCESS could include more decision-support technology so that the State doesn't have to ask certain questions, which can speed up the process. Language and technology barriers often exist which further complicates effective use of these tools. It takes people a long time to get interpretive services. Calling the language line is often faster.

- Response by DMS: regarding the extension group, who are known as transitional medical assistance or TMA individuals, these are individuals who are eligible for an extra year if their income goes up. DMS has programmed its system to automatically give them a 12-month extension. DMS will be implementing continuous eligibility for children in January 2024 so we will be in compliance with the federal requirement. Regarding the administrative renewal process and using systems to push folks through the ex parte process to make them eligible automatically— we have been engaging with our partners at the federal government to help us get access to that through a contract with US Digital Services, which has been looking closely at this issue for a while. We are working to implement some systematic changes in November and moving forward with future system releases so more people will be swept into the administrative renewal process. This is in addition to any changes we made for the household vs. the individual changes.
- As the Wisconsin navigator agency, we are directly involved in this work with DHS. Our agency is conducting direct targeted outreach to FFS Medicaid members in parallel with what HMOs are doing with their membership. We've been doing this every month since May. We get reports from DHS that tell our project manager if members are past their renewal date or if they were denied. We send out targeted messages using a variety of modes, including text messages, auto-calls, voicemails. People may receive up to six messages depending on if they respond to earlier messages. Messages direct people to our agency, WisCoverage, and CMS, reminding them that it's time to renew or find other coverage, and that there is a system out there to help them do this. We are working with an evaluation team at UW-Madison to track impact of these techniques on this population as a longer-term assessment. We are also receiving weekly member rolls with consumer information for people who are referred from DHS Medicaid to the marketplace if found ineligible (not procedurally denied) for Medicaid. These rolls include thousands of people. We were not informed about this by our federal partner until March. We have had to integrate this into our existing system in addition to doing basic outreach and enrollment. We are prioritizing large households where parents may not be focusing on the health needs of their children for whatever reason (mixed-income situation). Outreach includes working with community organizations around the state, called mobilizers to get the word out to their priority populations who are at most risk for not understanding what they need to do to keep coverage. The reintegration of the ten (10) enrollment networks across the state, two of which are focused on non-English speaking populations (Spanish and Hmong). We appreciate WI DHS for creating forums, such as this one and the unwinding task force to give organizations such as ours a voice in this process to share back what we're seeing on the ground on a daily basis as it evolves. Young adults who are about to age off their parents' coverage are at the greatest risk for losing coverage need additional outreach and communication to get them to take some action to stay eligible for Medicaid. We had lost sight of policy changes that occurred right around the pandemic regarding incarcerated members. Their coverage in MA is paused while incarcerated, but they still need to renew while incarcerated. Incarcerated individuals are losing coverage for procedural reason at a rate of 81% compared to the FFS population living independently (which is a small snapshot of the overall MA populations) which is losing coverage at a rate of 29%. The incarcerated population is a group that needs

assistance, but we're not sure how to do that. There is internal data available working with other stakeholders looking at the smaller populations that are falling through the cracks

- Question: When is the renewal supposed to occur for incarcerated individuals?
- Response: they need to renew while incarcerated, and if not, upon release they would need to reapply and cannot be reinstated. It also depends if they are a family case that is up for renewal or if they are a CLA.
- DMS is working on this with IM consortium and DOC on how to ensure there is enough time to renew before reentry with a phone call to walk them through their process whether it is renewal or an application. The biggest challenge in this space is making sure they can get the right information when they don't know what their address will be. If incarcerated in county-based jails, it is even more complicated to make resources available for those who are incarcerated there, working with the sheriff's department.
- Question: Is it possible to see a written protocol from DMS for coverage for incarcerated people? DOC has its own MA suspension process that was in place before the policy change.
- Response: Yes, we can work to share this information. We are working through the logistics of an agreement with DOC, and it might depend on their procedures to make time for individuals to be on the phone with an IM worker and the restrictions around that.
- Health and Human Services Agency has two major roles in the unwinding. First, we are an IM agency part of a 9-county consortium. Wait times in our call center during unwinding are a little longer but within contract standards. We are unique in that we have two staff that are within MH/substance use division that are also fully trained application counselors to help people get enrolled in Medicaid year-round. We are hearing from members that they appreciate our staff efforts. We also hear from providers, employers, HMOs who are very supportive and ask how our staff are doing and realize how busy our staff are getting people enrolled in Medicaid or marketplace. Many staff are working overtime to help do this. Communication strategies include proactive outreach. On a monthly basis, staff review who has lost MA and call or send letters to get people back on coverage. Regional enrollment network (REN) are extremely valuable in this work. Our REN has been meeting monthly since the start of unwinding to bring all the partners together. FQHCs provide the leadership to our local REN and can help problem solve very difficult cases. We tap into all of our resources, including insurance agents, local advocacy agencies, IM partners to help problem solve cases in both MA and marketplace. Five months into unwinding, the top 3 needs of members are 1) hands-on assistance to understand information, 2) especially for the EBD populations, a need for verification of assets (e.g. life insurance certificates now that things are automated, 3) personal technology support, including call center software, smartphones support, home visits. ACCESS, MyACCESS enhancements are helping. Many more people across the state have accounts. Statewide phone numbers take pressure off local call centers. People who want to learn technology take advantage of our staff for instruction. Others who come into our center don't want to wait on the phone as wait times have increase some and want personal assistance. Thank you to DHS for reactivating RENs across the state!
- MCO representative that works directly with members to renew. We have our financial eligibility specialists reach out directly to members to remind them to renew. Care teams reach out to members at high risk for non-renewal. Members are preferring hand-on assistance more than before the pandemic. We are seeing that members take longer to take needed actions than before. Per DHS's recommendation, we send letters to residential providers to remind them that the members living in their facilities are up for renewal. This helps in some instances, but there just needs to be more follow-up. Additional challenges for health care POAs and guardians to get permission for obtaining financial documents from banks to assist with renewals. As a result, deadlines are missed. Care teams could do a better job of checking back with members. Communication must be increased and improved.
- DMS is exploring how we use other messengers, such as families and friends, that members trust and feel comfortable with to get messages out. 1 in 4 Wisconsinites are on Medicaid.
- Question: Is DMS messaging out through the FoodShare program and health systems?
- Outpatient clinic administrator for an Indian Tribe. The clinic provides medical, dental, pharmacy, and BH service. Benefits specialists and social service department talks to the clinic, but the clinic cannot

enroll people. It would be ideal if the clinic could enroll them when they come to the clinic for their appointment. The biggest challenge is communication and getting people to respond.

- Comment: since Medicaid is the payer of last resort before IHS, there is an incentive to keep people enrolled in Medicaid to free up funding for contract Indian health services.
- FQHC representative serves existing patients with redetermination, and, application counselors, also do outreach to others such as migrant workers that are impacted by redetermination to get them engaged. We have internal software to assist, but mostly it's field work communication. Our biggest concern is people think they're over-income whether accurate or not and don't renew. We need to make sure people understand that their kids may still be eligible. Patients are well informed about options to do redetermination. Long hold times at call centers; new income limits are confusing; printer, internet, smartphones access are also barriers in this process.
- Question: We have heard DMS efforts to get people to create myACCESS accounts are working well and they're using the accounts to re-enroll. Is there data to compare current usage rates to previous rates?
DMS: we have heard anecdotally that usage rates have increased but don't have data on this
- DMS comment: we are doing targeted outreach to parents of kids to get them to re-enroll their kids. It is important to communicate with existing Medicaid members and the general public.
- Question: What we do after unwinding to build on the gains we have made during unwinding to coordinate systems to address knowledge and access barriers to combat system fragmentation.
- DMS response: We are gathering and analyzing lessons learned from the partnerships that we've created during the unwinding. We will continue to talk with CMS about available flexibilities on an ongoing basis. The renewal process is ongoing. As such, we want to continue to be innovative. Please reach out to our team on what you're hearing over the next months. Enhance the processes that are currently available. We need the help of our partners!

Receive Public Comment on Unwinding Implementation Efforts to Expand Access.

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

Wrap-up, Laura Waldvogel, 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.
- Next meeting is December 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 Bobby Peterson, second by John Rathman.
- The meeting concluded at 11:11 am central time.

Additional comments were received outside of the meeting, gathered internally by Laura Waldvogel from WPHCA and FHLC, found below:

Wisconsin Community Health Centers: Feedback on Unwinding Implementation and Access to Health Care What role are you playing?

-Direct outreach and enrollment assistance, expertise in working with complex family and individual eligibility situations.-Health Centers have been involved in the Unwinding implementation from the very start. CHC along with WPHCA staff participate in various DHS workgroups pertaining to the Unwinding.-CHC staff have worked over the last year to disseminate pre-unwinding communications to patients and community members,

update internal systems, processes, and communications to better serve patient needs related to outreach and enrollment.

How are you engaging in the redetermination process to help members enroll in Medicaid?

-Health Centers employ outreach staff to provide culturally sensitive and accurate assistance to patients and community members as they work through the redetermination process. CHC staff also note and provide feedback to DHS on trends and barriers that patients and community members are facing working through the process.

What are you hearing most from members, providers, workforce or HMOs/MCOs in reference to the redetermination process?

- Long wait times for call centers
- Long wait times for translation services
- Lack of timely updates to system outages (Access, MyAccess)
- Discrepancies in IM agency and enrollment assister interpretation/understanding of current policies.
- Need for more actionable and relevant data from DHS to better provide outreach.

What information and communication strategies are you aware of that are most effective

-Assisting individuals remotely helps remove barriers for patients, including taking time off work or traveling long distances to update information or better understand how the redetermination process is affecting their family/case. -Information/assistance provided in the language of choice for consumers. -• DHS collaborated with partners and health insurance literacy experts to develop a wide variety of customizable materials that provide the right message at the right time. These materials have been used widely amongst health centers and REN's to support a consistent message of Watch, Read, Act. -• Health centers are uniquely poised to outreach in communities – libraries, schools, health fairs and events, and presenting virtually to other non-profit partners. Health centers have been out in the community talking with everyone about renewals and promoting care at community health centers. -• Health centers message to patients at every point of service: •Phone schedulers can see coverage in Forward Health and provide reminders •Registration – coverage is confirmed prior to patient visits, providing an opportunity to discuss renewals •Providers office – renewing coverage can impact future visits, referrals to specialty care at other health systems, access to pharmacy, •After visit summaries can message reminders to renew •Billing – back billing has the opportunity to refer uninsured patients to enrollment assisters, as well as capture patients without active coverage to see if backdated Medicaid coverage is an option

Now that we are in month 5 of the Unwinding, what are the top 3 needs that members have for accessing Medicaid?

- 1)Continue to remove barriers/streamline process for members.
- 2)Connecting members with CACs/Navigators to assist them in the process.
- 3)Increased transparency and communication with community partners who are doing the on the ground work of outreach and enrollment. For example – letting them know when Access or MyAccess is having glitches, not working. Bilateral communication to both IM agencies and partner CACs/Navigators on policy changes/work arounds.

With the enhancements to the ACCESS and MyACCESS platforms, do you think that members are adequately informed about what action they must take to maintain eligibility for Medicaid?

-ACCESS.wi.gov website is a useful tool to assist consumers to renew or apply for benefits. Some members may already be using ACCESS, however most applications and change reporting has been facilitated by enrollment assisters during the pandemic by phone. Assisters began preparing in early 2023 to become proficient using ACCESS to help alleviate phone usage during the unwinding. Policy regarding remote assistance is confusing to assisters who serve health center patients in person, as well as community members - many of whom are unable to attend an in-person appointment during working hours. This includes two parent working families, people who lack transportation, or reside a significant distance from a health center that prevents them from attending an in-person appointment.

-ACCESS could be enhanced further to aid in ease of use, like a “show” button to see password when logging in, larger font in the body of the application, easier navigation through the application. Submitting documents via ACCESS scans is limited by file size.

-Recently DHS provided a solution to retrieve PIN numbers required to create ACCESS accounts for people who do not have a Social Security number.

-MyACCESS usage has increased significantly, largely due to the coaching and guidance of use by enrollment assisters. Assisters create ACCESS accounts and coach the usage of MyACCESS to encourage independent management of benefits, like submitting photos of needed verifications, tracking Foodshare deposits, use and balances, and storing Forward Health card images.-Questions or problem resolution for ACCESS or MyACCESS does not happen with IMagencies – rather Forward Health member services. This is not widely known by members or assisters. WPHCA O&E PLN support is working to share DHS guidance on a new ACCESS help email, as well as additional resources (DHS Partner ResourceGuide) Prepared by Sashi Gregory and Julia Garvey (WPHCA) October 2023

Prepared by: Cheryl Jatczak-Glenn on 11/27/2023.

These minutes are in draft form and will be reviewed for approval by the governmental body on: 12/6/2023