OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Jordan Mason, Bobby Peterson, Jessica Stevens, Randi Espinoza, Allison Espeseth, Dino Tousis, Marguerite Burns, Laura Waldvogel, Kyle Nondorf, Lori Fierst, Dipesh Navsaria, Karen Nelson, Robin Carufel, Mandy Stanley, Kelly Carter, Paula Tran (Joined later)
Date: 3/11/2025	Time Started: 9:02 a.m.	Time Ended: 11:33 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Laura Waldvogel

Minutes

Members absent: David Gunderson, Ariel Robbins, Shalya Olson

Others present: Bill Hanna, Amanda Dreyer, Allie Merfeld, Cheryl Jatczak-Glenn, Gina Anderson

Meeting Call to Order, Laura Waldvogel, MAC Chairperson

- Laura welcomed the group and the new members of the Medicaid Advisory Committee (MAC), roll was called trough introductions. Fifteen members were present, constituting a quorum.
- The agenda was reviewed.
- Minutes from the 12/4/24 meeting will be reviewed for approval at the next meeting.

Public Comment: four members of the public were present.

- Dr. Ann Raabe - New Wisconsin Association of Audiology
    - Hoping to partner to make their handbook more easily navigated in light of all updates, new additions in technology
    - Looking for names of folks who can help with this project
    - Not looking to change content, just make it easier to navigate
    - She provided her email and DMS staff will reach out to her.
- Corey Sukalich:
    - Primary reason today is checking up on the Beneficiary Advisory Council to see if there are any updates on applications or timeline. (Amanda noted that we are making good progress on the Beneficiary Advisory Council.)
    - Also had some questions about whether anything can be done for beneficiaries who have lost medication coverage - a number of folks with issues accessing medication for hyperhidrosis
    - Received a letter stating that it's also no longer covered by Medicare. (Amanda noted that staff will follow up.)
    - Locked out for an entire year now
    - Results in more spending for lesser quality of care
    - Offer commentary - not sure if there's any contingency plan for budget cuts
        - Folks are very vulnerable right now - without Medicaid, he can't receive his medications, which would be catastrophic
- Robin Carufel (New MAC member also made comment.):
    - Wanted to explain that tribes have a very unique relationships with feds
    - Have been to Washington trying to clarify how upcoming changes may impact the services they provide across the state
    - Have a good rapport with CMS - work with Tribal Affairs folks regularly
    - All health directors were going to have 1:1s with state folks on Thursday

Updates and Discussion

SPA Updated: Allie Merfeld gave an update on the 9 SPAS that will be submitted by the end of March and an update on recently approved SPAs (since December 4, 2024)

- We are currently working on 9 SPAs that will be submitted to CMS for approval by the end of March.
    - 25-0001 CCC Enrollment
    - 25-0002 Remove 1932 SPA for FamilyCare Partnership
    - 25-0003 Inpatient Hospital Rate Increases
    - 25-0004 Outpatient Hospital Rate Increases
    - 25-0005 2023 CAA-Pre-Release Services for Incarcerated Youth
    - 25-0006 Disregard cash received in conjunction with medical or social services as an asset
    - 25-0007 and 25-0007-A Yearly COLA Updates
    - 25-0008 Adding Treat-in-Place/No Transport to GEMT Assessment
    - 25-0009 Expanding School Based Services
- Recently Approved SPAs (since December 4, 2024)
    - 23-0002 WI GEMT (Ground Emergency Medical Transport) Program
    - 23-0018 WI Ambulance Service Provider Fee Reimbursement Program
    - 24-00018 SFY25 Nursing Home Rate Change
    - 24-0015 Dental Ambulatory Surgical Center Rates
    - 24-0016 Disproportionate Share Hospital- Payments
    - 24-0017Gradualte Medical Education (GME) Cap
    - 24-0019 Pharmacy Value Based Agreement Template
    - 24-0020 Imported Drugs/Prescribed Drugs to Ensure FFP
    - 24-0023 Mandatory Reporting for Core Reporting Set – Adult & Child Measures
- MAC member comments:
    - Bobby Peterson -It would be good to send these materials ahead of time.
    - Laura Waldvogel – Could we leave room on the next agenda for comments on this topic after MAC members have time to look at the materials?
    - Robin Carufel– could you share this list `before Thursday to allow time to review before WI Tribal Director meeting (Allie noted that we will be sure to get this out before then and that she and other subject matter experts will also be at Thursday's meeting.)
    - Amanda Dreyer noted that yes, we can send out materials ahead of time and can come back to the SPA list at the next meeting.

BadgerCare Plus Update: Allie Merfeld gave an update on Section 1115 BadgerCare Plus Waiver Extension.

- BadgerCare Plus is one of a few Medicaid programs in WI. It is an 1115 waiver program. BadgerCare Plus was extended on Oct 29, 2024, and will operate until December 31 2029.
- Changes to eligible groups, benefits, and rules
    - Eligible groups
        - Childless Adults: Adults without children who have family incomes up to 100% of the federal poverty level
        - Former foster care youth form another state: People under 26 who were in foster care in another state or Tribe where they turned 18, were enrolled in Medicaid while in foster care, are now applying for Medicaid in WI.
    - Benefits and requirements – BadgerCare Plus provides many benefits beyond what is in WI Medicaid State Plan. There are some different benefits and member requirements.

        - Substance Use Disorder (SUD) Program: The waiver includes an SUD Program that expands to cover short-term residential services in institutions for mental diseases (IMDs) for all Medicaid members.
        - Nonemergency emergency visit copay: Charges childless adults an $8.00 copayment if they go to the emergency room while not having an emergency.
    - Pending requests
        - In 2020, Wisconsin requested to add a health savings account for BadgerCare Plus members. This request is still pending.
        - In December 2024, Wisconsin requested an amendment to add coverage of acute inpatient stays in hospital-based institutions for mental diseases (IMDs). This coverage would be for Medicaid-enrolled adults ages 21-64 who have been diagnosed with serious mental illness or serious emotional disturbance. This request is still pending.
- Budget Requirement
    - Federal policy requires Section 1115 demonstration waivers to be budget neutral to the federal government.
    - This means there is no extra funding provided for the newly eligible groups or new benefits covered by BadgerCare Plus.
- BadgerCare Plus Materials
    - Waiver materials and annual and quarterly monitoring reports (in the draft extension application): dhs.wi.gov/medicaid/waiver-badgercare1115.htm
    - 2023 annual monitoring report of the demonstration by an independent evaluator: medicaid.gov/medicaid/section-1115-demonstrations/downloads/wi-badgercare-reform-annual-monit-rpt-2023-attachment-a.pdf
- MAC Member Comments:
    - Dipesh: Have been having conversations with concerns about Medicaid federally - one that has come up is the challenge explaining the connection between Medicaid and BC+. Has there been any discussion to explain the connections/distinction there?
        - Folks don't always feel connected to Medicaid, even if they are members

Director Updates, Bill Hanna:

- House passed Budget Reconciliation
    - House Energy and Commerce Committee received targets for cuts to meet House bill - $880B over 10 years
- What is Medicaid in Wisconsin?
    - Health care and long-term care coverage for:
        - Children
        - Adults
        - Children and adults with disabilities
        - Pregnant people
        - Older adults
    - Programs are branded, but all part of Medicaid:
        - BadgerCare Plus
        - CLTS
        - Elderly, Blind, or Disabled Medicaid (EBD)
        - Family Care
        - Family Care Partnership
        - IRIS
        - Katie Beckett

        - Supplemental Security Income (SSI)-Related Medicaid
    - Medicaid supports about 20% of Wisconsinites
        - 47% are kids
        - 20% are adults with disabilities
        - 17% adults without dependent children
        - Partial benefits not included: programs that offer a limited set of benefits, such as partial duals (Medicare/Medicaid - Medicaid pays premium or premium and cost share), Family Planning only
    - Kids on Medicaid:
        - Nearly 40% of kids in the state are enrolled in some form of Medicaid
        - Access to healthcare is crucial during childhood, a critical period for brain development, school readiness, learning, and lifelong health
    - Long term impact of Medicaid coverage:
        - Every additional year of Medicaid coverage contributes to a child's success later in life (when compared to not having insurance)
            - Higher earnings
            - More hours worked
    - Medicaid covers almost 40% of births in the state - similar to the rest of the country
        - This includes prenatal care, childbirth, and 60 days postpartum
        - Gov. Evers once again put forward a bill to introduce 12 months coverage
            - Arkansas is the only other state that doesn't cover 12 months postpartum coverage
    - Older adults:
        - 4 in 7 people in nursing homes use nursing homes
        - Medicaid, not Medicare, is the primary coverage for LTC
            - Nursing homes
            - Assisted living
        - WI Medicaid also covers a lot of care that keeps people in their homes, close to family, and out of institutions
            - This is cost effective and preferable for most
    - Geography:
        - Medicaid covers 1 in 4 Wisconsinites in rural counties
        - 1 in 5 in small towns
        - 1 in 5 living in urban counties
        - In most rural parts of the state, up north, are more like 1 in 3 receiving Medicaid
    - Economic impact of Medicaid:
        - Medicaid pays nearly every hospital and nursing home in the state
        - Medicaid pays more than 30,000 providers across WI
            - This doesn’t include LTC providers
        - Medicaid is primary funder of BH services in the state and nationally
    - Medicaid is a state/federal partnership
        - For every $1, the federal government pays $0.61
        - There are three drivers to cut spending:
            - Who gets care
            - What care they get
            - How much we pay

Group Discussion:

- How is federal discussion impacting MAC members' organizations?
- What are they hearing?

- What advice do they have for Medicaid?

- Dino Tousis:
    - Despite the chaos right now, Wisconsin is uniquely positioned to handle cuts without impacting our ability to continue carrying out care
        - Past two years - pharmacists as providers via collaborative practice agreements has increased in popularity coming out of COVID - public saw this works
        - Pharmacists have broad access to people where providers may not - expanding their scope has been beneficial
        - WI Medicaid led the charge - we have broadened their scope, allowing a physician to do most of what a physician does when delegated under a CPA
            - It's also cost saving ($10 for every dollar spent)
        - If pharmacists as providers were paired with preventive medicine, savings might be even greater
    - This might be a great way to combat loss of funding AND to expand availability
- Marguerite Burns:
    - Have been thinking about how to communicate the value of Medicaid to populations who don't know anything about it
    - Historically, putting names other than Medicaid on programs was strategic and beneficial - now, it's less obvious how impactful Medicaid is
    - Think about creating communication tools that demonstrate -
        - A cut of X% means Y change for this population, this provider, this type of care
        - Create products that are district specific to be tools to share with legislators
- Allison Espeseth:
    - Continuous basic education is needed
        - Allison is Director of Covering Wisconsin - it is so confusing!
    - Does DHS have a regular legislator education program
- Bobby Peterson:
    - One thing that jumped out from Bill's slides - the $1.2B that state contributes to nursing home care
        - This is close to what hospitals identify as uncompensated care (~$1.3B)
        - If we cut funding, the numbers will increase
        - What are the implications for hospitals and other providers?
        - Medicaid is part of a preventive strategy - preventing adverse health outcomes, preventing medical debt
    - How do we address knowledge barriers?
        - There is massive complexity, which we can do our best to minimize
        - We need to identify opportunities to enhance learning and knowledge
        - Learning strategies at different levels for different learners
    - Medicaid can also be a cost saver for tribes - reduces their spending
- Allison Espeseth
    - Members often think of it as ForwardHealth given the name on their card.
- Dipesh Navsaria:
    - Basic recognition: do people understand that BadgerCare and Medicaid are the same?
        - With the exception of a box about the shutdown, there is only one reference to Medicaid on the page
        - To help with recognition, is there a tagline for BC+?
        - I have many families who say “the forward card” when asked about their insurance.
- Robin Carufel:

- Maybe need to think about new marketing spin
- Putting positive spin - if we had more funding, what could we do?
- Positive marketing emphasis

- Jessica Stevens:
  - We need to put some effort into educating people who do not qualify for or use Medicaid services.... what is the value of these programs to them? We focus on the value to the consumer who uses the programming but why do the other community members need to also support it... taxpayer dollars saved, jobs impacted, cutting programming cost vs savings etc. Speak to those people. They have a big voice right now.
    - Demonstrating value to consumers - why do their tax dollars matter in funding Medicaid, and why should it matter to them?
- Lori Fierst:
  - DR's social workers, teachers and school personnel should have knowledge about Medicaid services and programs, and they don't. We need to educate the people who directly encounter the people who need Medicaid services. There is a lack of training with this group of people. This is from my experience and trying to get information over the years.
- Bill Hanna response:
  - Key takeaways -
    - We have too many names for our programs and folks don't know what they are
    - We are doing legislative education, including at Congressional level
    - Need to communicate the impact of Medicaid for those who don't benefit directly:
      - Uncompensated care increases costs in the healthcare system
      - Behavioral health keeps people out of carceral/justice system
      - Reducing Medicaid spending will show up in other areas and impact us all
    - Pharmacists as providers - we appreciate this, went broad intentionally
- Marguerite Burns:
  - Would DHS colleagues be willing talk about what we're doing in anticipation of these cuts?
    - Energy and commerce committee released a list of items, which have been scored by CBO
    - We're looking at impact to WI:
      - Changes to how federal match works:
        - We spend a dollar, we show CMS, they reimburse us $0.61
        - Talks about block grants - Fed gives us cash, when we run out, we run out
          - Hard to model, this is really vague - structure is key
        - Per capita caps:
          - When economy gets worse, more people need Medicaid
          - So, at least this is better than a block grant - grows as population grows
          - Hard to model still - depends on details of what is passed federally
          - Big decision point - what is growth factor (inflation, medical inflation, etc.)
          - Does it change by population mix?
        - Federal match rate:
          - It's .61 now
          - There's a formula calculating what each state gets
          - There's a floor - no state can get less than 50/50 match
            - Some states might drop below this, but not an impact for us
          - Match for expansion - we don't get $0.90 for childless adults, so no impact to us

- Medicaid expansion would still be a good idea - we've already lost out on $2.4B
- Under current law, states get an extra 5% on all Medicaid spending for 2 years
    - This is likely to go away - if we don't take it up today, we'll likely miss out on another $2B in funding
    - Had we taken up full expansion originally - instead of paying with it for 40% state dollars, we would have saved $2.4B
    - ARPA included an extra 5% match for 2 years for expansion - this would have been an extra $2B. This could change, but is still on the table today
    - North Carolina became 40th state to expand due to this funding
- Provider taxes:
    - We have three:
        - Hospitals
        - Nursing homes
        - Ambulance providers
    - Tax pays for state share of Medicaid, and increases reimbursement to those providers
        - Currently, law limits this to 6% of denominator
            - Hospital and nursing home are at less than 2% today
            - If it is removed wholesale, big impact
        - Ambulance tax is at 6%, so cuts would have a big impact
    - Access and Managed Care rules:
        - Talk or rescinding part or all of rules
        - Minimum staffing rule is most likely to go

- Robin Carufel:
    - Whether people know it or not, any time a Medicaid patient comes through a tribal program, it's 100% federal money
        - Can't forget what Tribes do as well
        - They save the GPR
        - Uncompensated care: when you look at what hospitals might charge, don't see it trickling down to doctors
        - Bill response: if we move to per capita or block grants, this will have a big impact on tribes.

- Dino Tousis:
    - According to the Pharmacy Society of Wisconsin, Pharmacist interventions for patients with chronic conditions save an average of $1000 per patient annually!
    - According to CMS, every dollar invested in evidence-backed preventive medicine saves $5.30 on direct healthcare costs to federally and state funded programs

Bill Hanna: How is eligibility determined and verified?

- Some rules are set federally
- Some are set at state level - such as what income levels to cover

- Different rules for different programs
- Two kinds of eligibility rules:
    - General requirements, same for all programs:
        - Age
        - WI residency
        - Citizenship or qualifying immigration status
    - Income limits
        - Vary by program
        - Asset limits
        - Tied to FPL
- Eligibility System = CARES
    - System supports and enforces eligibility rules and decisions
    - CARES keeps all of the member info we have
    - More than 1,400 eligibility workers across the state
    - CARES helps us verify information provided in applications to help us figure out who is eligible and for what Medicaid program.
- Application > Verification as needed > Decision > Renewal
    - Members must report changes
    - We get info from external data sharing sources
- Fair hearings to adjudicate decisions and correct mistakes
    - Most hearings are withdrawn after Medicaid does proactive outreach
    - In last half of 2024, 82% of agency decisions upheld
        - Very few errors!
- Each month, we review a sample of decisions for quality assurance
    - We share those errors with federal partners
- Office of Inspector General follows up to provide technical assistance and education, end benefits for those who have moved out of state or getting benefits in more than one state
- Every three years, CMS conducts an audit - sample program decisions across all programs and look for errors
    - For 2022, Medicaid error rate was 0.51%
    - For 2022, CHIP error rate was 0.90%
    - Rolling average in 2022 was 11.89% - this has come down significantly since then
    - WI's results were much lower than national averages across states and better than federal goal of 3%
- This human error results in improper payments, but isn't fraud
    - CMS extrapolates across whole program - they found $327 dollars, not millions.

Discussion:

- Bobby Peterson:
    - Agree that fraud is very small
    - Tend to worry about the negative error rate - those wrongly excluded from coverage
        - Can be significant and devastating
        - We don't have in WI a strong system of checks and balances - someone who attends a hearing on their own, it's messy
        - ADRC system does this for seniors, but it's difficult for other populations
        - Need to equip people to navigate these systems with knowledgeable advocates
        - Advocate for building in more checks and balances
- Bill Hanna:
    - Agree with the callout for negative error rate
    - On one end of the spectrum, system isn't robust enough

        - It's also a pretty difficult system to navigate - not easy to enroll
    - Be raise balance billing issues with OIG, who takes this very seriously

- Allison Espeseth:
    - A lot of messaging happening now around fraud - the more resetting from DHS that we can do about the checks in place to reduce fraud, the better

Wrap-up, Laura Waldvogel, MAC Chairperson

- Future meetings Suggested topics
    - Reopening the SPA discussion for folks to weigh in
    - Bobby Peterson: interested in updates from Medicaid program on status of changes, Department response
    - Robin Carufel: Are these meetings dictated by statute? What if we want to convene sooner?
        - We can convene more frequently, plenty of options
    - Bobby Peterson: sending folks the org chart for the department - this is helpful between meetings
    - Jordan Mason: has this turned into a partisan issue? And, if so, how does that change the way we approach this issue to advocate more effectively for Medicaid?
        - Have observed a tremendous difference in perceptions of Medicaid depending on who you talk to
    - Laura Waldvogel: Medicaid funded programs will hurt constituents for all legislators - many CHCs will not be able to continue providing services
    - Bill Hanna: Legislature has continued to support Medicaid via a middle path over past several budgets
        - President of Senate supported Medicaid minimum fee schedule
        - Legislators who have been around - esp. in finance or health committees, have a clear understanding of the program and its benefits
        - It's a shared responsibility - it's on Medicaid program and on MAC members/other providers/advocates
        - If things start moving quickly at the federal level, we can convene the group

- 2025 Meetings: March 11, June 10, September 9, December 9

Adjourn

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

Prepared by: Allie Merfeld and Gina Andearson on 3/11/2025.

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