

## OPEN MEETING MINUTES

Name of Governmental Body: Medicaid Advisory Committee (MAC)			Attending: Ritu Bhatnagar, Allison Espeseth, Veronica Gunn, Joshua Merskey, Dipesh Navasaria, Bobby Peterson, John Rathman, Randy Samuelson, Laura Waldvogel, Mike Wallace
Date: 1/5/2022	Time Started: 9:00 a.m.	Time Ended: 11:23 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Dr. Veronica Gunn
<b>Minutes</b>			

**Members absent:** Samantha Falk, Rebekah Fox, Dave Gundersen, Lauren Jerzak, Luisana Wakau, Jennifer Winter

**Others present:** Lisa Olson, Curtis Cunningham, Krista Willing, Jamye Chapman, Gina Anderson, Emily Loman.

### Meeting Call to Order, by Dr. Veronica Gunn, Chairperson

- Roll was called. 10 members were present, constituting a quorum.
- The agenda was reviewed.
- Minutes from the 8/26/21 meeting were reviewed and finally approved. Motion, Laura Waldogel, Dipesh Navsaria, second. No opposed, no abstentions.

**Lisa Olson**, DHS, Medicaid Director, Administrator, Division of Medicaid Services

Director Olson introduced herself to the committee as the new Medicaid Director taking over the position from Jim Jones, who retired from the State at the end of December, 2021. Director Olson outlined the following areas of priority for the Wisconsin Medicaid program over the next year:

- Striving for equity in our Medicaid programs and for our members.
- Tribal partnerships (shared savings program and other initiatives).
- Home and community based services (HCBS) enhanced funding through time-limited ARPA grant.
- Unwinding the declared PHE and transitioning from continuous eligibility to re-determining eligibility.

### Equity Discussion

MAC members were asked to share insights about Equity by responding to the following four questions to guide the discussion:

- 1) How are you working with and not just for MA members to enhance equitable outcomes?
  - MAC member shared their advocacy organization's process, known as precision patient advocacy, to help understand the unique needs of members through a careful and collaborative interview approach. By identifying characteristics such as income, family size, immigration and veteran status, existing medical debt and illness, a robust health care coverage record can be created to obtain and maintain medical coverage. Say it Forward is another process that is designed to elicit feedback from members about how to help others in their community or family, and can open the door to other referrals. It is always important to ask the right questions in the culturally correct manner, and to look at how to improve the system to avoid repeating the same problems. Staff training can help to answer member questions.
  - MAC member shared some of their FQHC's model of care requirements that are designed to help ensure that their organization is working for the members they serve. For instance, 51% of the FQHC's governing board must be patients of record and also receiving comprehensive care, dental or BH services. Medicaid members serve on this

board and are asked for input on how the FQHC is ~~are~~ doing on patient access and equitable outcomes. Social Determinants of Health (SDoH) screening is also used to access appropriate programs and services (transportation, food, housing), and requires collaboration with other health care systems. Accessible hours, regular patient surveys, mobile services were all informed by patients (70% are MA members).

- MAC member shared their organization's holistic approach that incorporates one-on-one staff to member interaction to help people maintain coverage in outpatient mental health clinic. A Third Party Liability group meets weekly to make sure higher utilizing patients have coverage, and eliminate transportation barriers. Strong partnerships with community partners, local FQHCs. Regional enrollment networks, Income Maintenance (IM), non-profits have monthly meetings that focus on coverage and equity. Mobile services reach out to members to collect verification items to ensure coverage. Tutorials and assistance on using new technology.
- MAC member shared their strategy to respond to Medicaid member needs by producing educational resources. Gathering ideas from consumers to understand the sticking points they face, and then translating that information into a document intended to answer their questions. Focus groups comprised of community partners and members are essential to this "co-creation process." Also helpful to ask members, what else do you think others in your community don't understand?
- MAC member emphasized that many Medicaid members are also tribal members. Therefore, they are working with re-entry program for those who are incarcerated for addiction in need of a helping hand to get back into the community. Re-establishing their life in the community, working on living skills, finding sustainable employment or seeking education would all be part of this program. Tribal members, leadership, and county government are all involved.
- MAC member asked DMS to consider the setting in which health care professionals interact with members. Often these interactions occur at office visits and parenting support programs in primary care and pediatrics. While it is important to teach and train professionals to achieve benchmark care (lead screening, etc), Medicaid members should also be allowed to drive the agenda in order to get what they need. Therefore, models of care should not create incentive to ignore member's needs, and the amount of time in an office visit should be long enough to cover evidence-based care.
- MAC member emphasized that building trust with members when they walk in the door so they feel comfortable asking for help to treat their needs, especially behavioral health needs. For example, if member shares that they have transportation barriers (NEMT doesn't pick up on time), the provider can help by offering creative ways to provide telehealth services, cab voucher programs. Understand whether someone has continuous eligibility to avoid sudden end to coverage so that access to critically needed medication is not interrupted.

## 2) How might the DMS work with Medicaid members to enhance equitable outcomes?

- MAC member asked DMS to think beyond the Medicaid silo because there might be other issues beyond Medicaid eligibility requirements that prevent people from getting healthcare coverage. Medicaid has resources and leverage through its size to look at other sources of assistance. Medicaid intake assessment should consider other needed services, transition points, and coverage. Retrospective review, follow-up after they leave Medicaid, health benefits check-ups to maintain relationships and understand how their needs change over time.
- MAC member emphasized that contract enforcement of Managed Care Organizations is important to ensure that contract requirements that promote equity are followed. Since Medicaid members are not likely to alert advocacy organizations that a contract provision is not being followed, MCO colleagues, service providers, and advocates will be more incentivized to assist with enforcement, if they know there are repercussions when non-compliance occurs.
- MAC member suggested that DMS create a mechanism to assess whether Medicaid members understand the process for obtaining and maintaining coverage, what their frustrations with the process might be. Assessment could occur by looking at a targeted population that has been denied services for administrative reasons (e.g.,

coverage renewal) to help determine whether the denial was due to a misunderstanding about the process or a choice by the member.

- MAC member observed that Medicaid members with co-occurring issues are often at a point in their lives when they are most willing to accept help. For example, receiving AODA counseling while incarcerated. Suggested that DMS could partner with DOC in a pilot program to help those with re-entry and complete recovery to avoid re-incarceration.
- MAC member opined that the high number of Medicaid HMOs can actually make it more challenging for members to connect with providers in the community because members have to navigate which HMO has the appropriate level of care, which is challenging from the patient's perspective. Suggested that DMS provide a list of preferred providers that is frequently updated to help members navigate the system.
- MAC member observed that thirteen MCOs have inconsistencies in their contracts for Medication Assisted Treatment (MAT) and Behavioral Health (BH) services. Getting providers enrolled in a timely manner could help with contract alignment and access to care.
- MAC member emphasized that DMS ensure that equity efforts that are meant to assist members are actually assisting members and not just for show.
- MAC member suggested that as the public health emergency ends, Medicaid can review how members are auto-assigned to an MCO, if no response was received.
- MAC member noted that it is important for Medicaid members to know that MCOs operate under a contract. Suggested that service providers and advocates could be involved in the contract review process.

### 3) Where did you start? Did you address your organization's largest gaps or go for quick wins?

- MAC member stated that a good place to start is by checking our own understanding and motivation for doing our work to help determine whether our work is improving people's lives.
- MAC member identified their FQHC's model of care requirements to engage members as a good place to start, while also noting that a 51% patient board requires a lot of board development because many patients have not been in that role before. Also, invest in CHWs, and collaborate with likely and unlikely partners.
- MAC member suggested examining the client interview process and finding immediate opportunities to help patients. Learn if they are eligible for Free lunch, energy assistance, eligibility for charity care at hospitals can really.
- MAC member identified starting with the patient voice by asking what is important to the member at the beginning. Recognize there are constraints with what Medicaid can deliver, but coordinating care at the beginning of patient engagement can really help improve outcomes.

### 4) Where might DMS focus their efforts?

- MAC member suggested having dedicated staff to prioritize equity efforts and advocacy is really important. The Justice, Equity, Diversity, and Inclusion (JEDI) team at DMS is heading in the right direction. Also noted the value of having this discussion within the MAC.
- MAC member suggested focusing on data collection and analysis, and to continue to enhance it's the Medicaid website to collect information and complaints, aggregate data, and give members the ability to speak to a live person. Also consider intersectional approaches and multiple variables when analyzing equity in Medicaid, because what looks equitable in a low income population is not necessarily equitable when compared to the larger population.
- MAC member suggested that DMS account for geographical difference across the state by breaking down data at the county level. Also, survey to partner agencies to help and rank what areas would be most effective.
- MAC member suggested that DMS leadership identify and remove or modify existing structures that are in the way of equity to eliminate barriers for Medicaid members.

- MAC member suggested that DMS partner with DOC to support incarcerated persons at discharge and to bridge the gap to prevent overdoses immediately after discharge.

### **Presentation by Curtis Cunningham on Wisconsin Home and Community Based Services (HCBS) and ARPA HCBS plan**

Curtis Cunningham gave a presentation on the Wisconsin Home and Community Based Services and ARPA HCBS plan. MAC members gave the following comment and asked the following question after the presentation:

- Adding kids to ADRC services is really important and part of the equity conversation. DPH and DMS MOU document has been effectively utilized so that maternal and child health block grant funding is utilized wisely.
- What are the plans for developing data collection?
  - Response: A critical incidence system to share data across multiple platforms is being developed. National core indicators for measurement tools are currently surveyed at the program level with plans to be able to drill down to look at race and ethnicity, which could help provide access to residential services and culturally appropriate meals and other services for low-income individuals at the neighborhood level.

### **Receive Public Comment on Medicaid Equity and Inclusion Initiative**

One member of the public joined the meeting but did not offer comment.

### **Department Updates, Lisa Olson, Medicaid Director**

DMS staff discussed the HMO selection process improvement, and how when members select an HMO at the time of enrollment in Medicaid this will increase the speed in which someone can be enrolled in an HMO; earlier enrollment in an HMO will help member access the right services to address their needs.

MAC member asked whether there is a process for someone to change HMOs? DMS staff responded that members may change HMOs within the first 12 months.

DMS staff discussed the rate increases for Medicaid providers in the Governor's budget that started Jan 1, and referenced the ForwardHealth Provider Update that announced the changes: <https://www.forwardhealth.wi.gov/kw/pdf/2021-54.pdf>

### **Wrap-up, Dr. Veronica Gunn, Chairperson**

- Next meeting is April 6. Topic for that meeting will be determined and communicated before the meeting. MAC officers will follow-up with an email with links to materials.

### **Adjourn**

- Motion to adjourn, Dipesh Navasaria. Second, John Rathman. The meeting concluded at 11:23 am central time.

Prepared by: Dr. Veronica Gunn and Emily Loman on 1/20/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 4/6/2022