

Medicaid Member Engagement Committee Meeting (MMEC) Minutes

May 7, 2024

Meet & Greet and Icebreaker

- Meeting called to order: 9:30am
- Meeting adjourned: 11:30am
- Welcome
- Roll Call
 - Roll call of committee members in attendance:
 - Victoria Alexander
 - Kara Hanson
 - Eldor Scheid
 - Jacqueline Frost-Hodney
 - Heather Skadsem
 - Allison Wanner
 - Members Absent:
 - Jon Fettig
 - Also in attendance:
 - Mandy Dendy, Policy Director
 - Monique Runnels, ND Medicaid Tribal Liaison
- Meet & Greet
- Icebreaker

Discussion

- Last Meeting's Follow-ups
 - MMEC made suggestions for staffing and features to enhance communication between members and ND Medicaid. They asked:
 - Can we create a chat box on our website that can assist visitors with website navigation and general Medicaid questions?
 - We are looking into this.
 - Can a search bar for just the Medicaid Member Handbook be created within the handbook or its webpage?
 - We are looking into webpage-specific search bars.
 - Can specific words be typed into the main search bar to lead visitors directly to handbook?
 - We are looking into this.
 - MMEC raised concerns about coverage of specific services.
 - Can members pay for the difference between a non-transition bifocal and a transition bifocal because this lens is not covered by ND Medicaid?
 - Discussed medical necessity and Medicaid coverage of items that meet a member's needs and currently this is not an option.
 - An SFN form to request increases to coverage for specific items was shared.
 - We reviewed ways for members to more easily access information through the handbook.

- MMEC recommends increasing reimbursement for transportation.
 - Provider rates will be increased effective July 2024
 - There will be an article on non-emergency transportation in a future E-Newsletter issue.
 - MMEC recommends offering a Care Specialist/Guide Position for members with complex health needs to help guide them in finding the right care.
 - MMEC was asked, "What members would need this position outside of members who are assigned a case manager?"
 - No MMEC members have had experience having a case manager with Medicaid, though several are caregivers of members with complex health needs.
 - MMEC discussed best practices by commercial insurance companies such as auto-assignment of a case manager and frequent check-in's by case manager.
 - MMEC suggests ND Medicaid could auto-assign a case manager based on a member's diagnoses or medical treatment frequency.
 - MMEC suggested that case managers could reduce cost to ND Medicaid by assisting members in knowing where to go for treatment vs. seeing multiple providers to find the care they are needing.
 - MMEC was asked if primary care providers could fill this care coordination role and members thought this wasn't always an option.
 - MMEC reviewed the [ND Medicaid provider list](#) and asked questions.
 - How often are provider lists updated?
 - These lists are updated monthly.
 - What will be the layout of the provider lists now that the Primary Care Case Management (PCCM) program has ended?
 - We are currently working on improving the user-friendliness for these lists.
- New Topics
 - We reviewed the purpose of the MMEC and how we can impact ND Medicaid members.
 - MMEC should focus on topics that affect the majority of ND Medicaid members.
 - MMEC can increase member knowledge of ND Medicaid practices.
 - MMEC members were asked to test the hhs.nd.gov website and reported:
 - Some found use and navigation easy while others were confused and unintentionally re-directed to other locations on the website.
 - Not all MMEC members were able to complete this task.
 - Members didn't identify any shared areas of concern at this time.
 - MMEC reviewed the last issue of the E-Newsletter and recommends:
 - Short length, enticing titles, keeping imagery, and keeping links.
 - Placing a URL on the E-Newsletter flyer.
 - Social media posts of E-Newsletter articles would be beneficial.
 - MMEC was asked suggest topics for future E-News articles.
 - MMEC reviewed the Medicaid Member Handbook (chapters 1-4) and made the following recommendations:
 - Add directions/links for members of Medicare and BCBS Expansion to find correct webpage.
 - Language translation should be more prominently displayed on the webpage or in the handbook.
 - Add a 'close' button under each section to avoid scrolling back up to close sections.
 - Keep less content in chapters and use links for more information when needed.
 - Add more detailed information on covered services in this document, reducing need to use the call center to find information.

- We are exploring ways to strike a balance between too much information and not enough information.
 - Include a list of non-covered services.
 - Include a pdf version for printing capabilities.
 - Add general Non-Emergency Medical Transportation information and rates to reduce calls into call center.
 - Add instructions for viewers of the Provider Directory to call their chosen provider to see if they are taking new patients and accepting Medicaid.
 - Additions have been made to the handbook draft.
- Q&A
 - Do Medicaid and IHS work together or separate?
 - Monique Runnels briefly described how tribes bill differently, how referrals work, and tribal care coordination.
 - Is there a way to request a case manager?
 - We are looking into this.
 - What does Medicaid offer for guide/support?
 - We are looking into this.
- Open Discussion
 - MMEC shares that there needs to be more information on Medicaid and IHS for members.
 - Monique shares that we are conducting tribal consultations and care coordination agreements are in place.
 - We will work on future content within the handbook and E-Newsletter.
 - MMEC shared that members need help and guidance with appeals. They shared:
 - The process is intimidating and confusing for members.
 - Past experience showed that there was no advocate present for members during appeals.
 - Requesting documentation takes up to 30 days but you only have 30 days to file an appeal. The window of opportunity could close before documentation is ever received.
 - There needs to be clearer, more encouraging, helpful explanation of the appeals process.
 - MMEC recommends exploring best practices for appeals processes for commercial insurance companies.
 - MMEC shared Self Service Portal concerns.
 - Tabs in the SSP look like they can't open but they do. MMEC recommends making this feature more obvious.
 - Coverage concerns
 - MMEC recommends that hearing aids, frequency of cleanings, and equipment have more coverage.
 - Recent audiology policy update, effective 4/1/24, addressing age, diagnoses, removal of PCP referral requirement, and more was shared with MMEC. Leadership shared with the MMEC that policy changes were made after surveying audiology providers.
 - Information about Non-Emergency Medical Transportation (NEMT) providers needs to be more easily accessible to members, promoted more, and easier to understand.
 - We will have content in the handbook and will consider an article for the E-Newsletter.

- MMEC expressed concerns for providers experiencing difficulties with length of wait for reimbursements. They feel this deters providers from partnering with ND Medicaid.
- Do we want to request a guest speaker?
 - Out-of-State Coverage
 - Behavioral Health
 - Medicaid and BCBS Expansion
 - Recipient liability
 - Medicare and Medicaid dual coverage

Next Steps

- Reminder for next meeting
 - July 9, 2024 @ 9:30-11:320am
- Future meetings
 - September 10, 2024
 - November 5, 2024