

## Medicaid Medical Advisory Committee Meeting (MMAC)

August 20, 2024

### Agenda

Members in attendance: Shannon Bacon, Melissa Bingham, Tim Blasl, Donene Feist, Kim Hacker, Amy Hornbacher, Courtney Koebele, Senator Judy Lee, Senator Tim Mathern, Janelle Moos, Lisa Murry, Brad Peterson, Emma Quinn, Nikki Wegner, Dr. Nizar Wehbi, and Bobbie Will.

#### Follow-up

- **MMAC Charter review and changes** – compliance with finalized federal Access Rule – Mandy Dendy, *Policy Director*
- **Conflict of Interest Presentation** - Ethics Commission – Logan Carpenter, *General Counsel*
  - There is a procedure for identifying, disclosing, and handling conflicts of interest set forth in ND Administrative Code by the ND Ethics Commission
    - Prior to taking an action or making a decision in a matter, individuals must identify any potential conflicts they have
    - It's best to declare potential conflicts of interest on the record and provide adequate context for the conflict
    - Once disclosed there are two options
      - The disclosing individual can recuse themselves from conversation and voting if applicable or
      - They can ask a neutral reviewer for help
        - The neutral reviewer identifies conflict of interest factors in Administrative Code and determines whether a disqualifying conflict exists.
      - The neutral reviewer can be the remaining members of the group
- **Questions coming from the Conflict of Interest Ethics Commission discussion**
  - Why do these rules apply to both members of the public in attendance and MMAC members?
    - Because federal requirements state time must be set aside at each MMAC meeting for both members and members of the public to disclose conflicts of interest
  - Aren't legislative MMAC members already covered by applicable legislative ethics requirements?
    - The MMAC rules will apply to legislators the same as any other MMAC member because legislators serving on the MMAC are not serving in a legislative capacity. Their status as legislators are only what qualifies them to be MMAC members
  - How do these rules apply to members of the public?
    - We will bring more information to the November meeting. But members of the public will be expected to disclose conflicts if intending to participate in

discussion. There will be some differences as to requirements for MMAC members and members of the public.

- Who is the neutral reviewer for the MMAC?
  - We will bring proposed language to the November meeting that remaining MMAC members would serve as the neutral reviewer for disclosed conflicts where the disclosing individual does not recuse themselves.
- **Discuss proposed and required Charter changes**
  - Required (most changes are required by July 9, 2025):
    - Continuous, rotating membership with no consecutive terms
      - Questions discussed:
        - How does this requirement apply to current membership of the State Health Officer considering that position does not “turn over”?
        - Will bring proposed language on how this requirement applies to legislative MMAC members at November meeting.
      - We determined that for purposes of this requirement membership is defined at an individual versus association/organization level.
    - At least 25% of members being Medicaid beneficiary members who are also members of the Medicaid Member Engagement Committee (MMEC)
      - This requirement is phased in and we are proposing to add all 5 required MMEC seats by February 2025 and hold those seats until they are all filled by MMEC members, ideally filling them at different times so representation is staggered.
      - MMEC members are permitted to rotate attendance at MMAC meeting considering their membership in both groups.
    - HHS is currently working on reimbursement for MMEC member attendance at MMAC and MMEC meetings.
    - Representation from certain membership categories
      - The State Health Officer is no longer a required member. States are given the opportunity to have state agency/officer representation as ex officio/non-voting members. We will look into this further with CMS to determine what exactly that means as far as being a MMAC “member”.
    - Published list of members along with recruitment and selection processes, including MMAC leadership
      - We did not discuss leadership recruitment and selection.
      - The list of members only needs to include names.
    - Rotating variety of meeting attendance options with accessible meetings, including one annual in-person meeting in Bismarck
      - Discussed the requirement to have one in-person meeting each year (with dial-in info available) along with one hybrid meeting and the rest virtual.
    - Annual reporting requirements (First annual report must be finalized by July 9, 2026, and posted 30 days after)
    - Time on each meeting agenda for conflict-of-interest disclosures
      - See Conflicts of Interest discussion
  - **Questions to decide:**
    - What is/are the appropriate MMAC member term lengths? (including for MMEC members and Tribal representative)
    - Members were not opposed to continuing three year terms and allowing MMEC members to serve two year terms, per their request.

- Still need to determine legislative member terms lengths and State Health Officer/ex officio members
- Can members serve repeat non-consecutive terms? If so, how many?
  - Members decided to not have any term limits. Members can reapply to serve on the MMAC for non-consecutive terms.
- How will MMAC members choose a chairperson and how long will the chair serve?
  - Not discussed. Will be discussed in November.

### Did you Know?

- **Non-Emergency Medical Transportation** – Kimberly Gabriel, *Utilization Review Specialist*
  - NEMT helps our eligible members who need assistance getting to and from appointments. Appointments must be for services covered by ND Medicaid.
    - NEMT includes in and out of state travel, meals, and lodging.
  - Members can call the Customer Support Center at 1-866-614-6005 to ask questions about and get assistance with NEMT. NEMT services must be approved.
  - NEMT providers must be enrolled with ND Medicaid and can be commercial transporters, family, friends, neighbors, or individuals who provide foster care, kinship, or guardianship.
  - Information about enrolling as a provider is available [here](#).
  - Covered, non-covered services, service requirements and more can be found in the [NEMT policy](#).
  - Questions asked:
    - Are there any Community Health Representatives enrolled as NEMT providers? No, but there can be if they enroll.
    - How is urgent care/walk-in care handled. If a member knows a NEMT provider and uses them for transport, they can apply for a retroactive approval of services.

### Medical Services Division Updates

- **Medicaid Eligibility Call Center merged with [Customer Support Call Center](#)** on 8/1/24
  - Members can call the CSC (1-866-614-6005 or email at [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov)) to report changes to their case, ask questions, and/or check the status of their applications and/or reviews.
- **[Provider Enrollment Call Center](#) hours have expanded!** Provider enrollment specialists are now available between 8am and 5pm Monday through Friday to assist providers. Note the new number – (877) 328-7098/(701) 328-7098.
- **Eligibility – Changes on the Horizon** – Mandy Dendy, *Policy Director*
  - Two changes in the next year to note are:
    - By January 1<sup>st</sup>, 2025, we will have removed the requirement to apply for and provide proof of application for Other Benefits at Medicaid application time
      - These benefits include unemployment, Veteran’s compensation and pensions, old age, survivors and disability benefits and railroad retirement.
      - Administrative rule changes are drafted and expected to take effect January 1<sup>st</sup>.
    - By December 2025 there will be steps to update beneficiary addresses in place using postal updates on returned mail and Managed Care Organization (MCO) and Programs of All-Inclusive Care for the Elderly (PACE) to update addresses.
      - We are currently working on policy changes to implement these.

- **Dual Special Needs Plans (D-SNPs) Overview** – Adrienne Biles, *D-SNP Administrator*
  - D-SNPs are Medicare Advantage Plans for members who are enrolled in both Medicare and ND Medicaid. Members must be “full-benefit” dually eligible. See meeting slides for a visual explaining this.
  - One of the benefits of D-SNPs is care coordination to help members navigate their Medicare and Medicaid benefits
  - Starting January 1, 2025, four insurance companies will begin offering D-SNPs in ND
    - Humana
    - Medica
    - Sanford Health
    - Sierra Health (United Healthcare)
  - There will be statewide coverage for all counties except: Billings, Bottineau, Burke, Divide, Dunn, Eddy, Golden Valley, McKenzie, Pierce, Renville, Rolette, Sioux, Stark, Towner, Ward, and Williams. Enrollees must live in the D-SNP service area.
  - Dual Special Needs Plan Enrollment Periods
    - Open Enrollment Period: October 15-December 7, 2024 for start date January 1, 2025
    - Initial Enrollment Period: newly eligible for Medicare
    - Special Enrollment Period: certain life events
  - State Health Insurance Assistance Program (SHIP)
    - North Dakota Insurance Department offers the State Health Insurance Assistance Program (SHIP) program to assist residents with finding the right coverage and answering questions.
  
- **SFN 905 Requests for New/Additional Coverage Update** – Mandy Dendy, *Policy Director*
  - Four requests have been received this quarter
    - Approved – coverage for at home self-monitored blood pressure readings and monitor calibration/education
    - Under review – member education and self-management training by certified asthma education specialists
    - Denied
      - Assistive technology under the state plan (example: smart watches). Referred for consideration under the HCBS waivers.
      - Pharmacogenetic testing for treatment of some behavioral health conditions
  
- **Policy Update** – Mandy Dendy, *Policy Director*
  - Many coverage policies were updated in July and August.
  - Please see our Provider Guidelines, Manuals, and Policies [webpage](#) to see a list of all policies. Recently updated policies have the month of update noted.
  
- **State Plan Amendments**
  - [Recent](#)
    - **June 1 effective date**
      - 1915(i) SPA approved
      - removed diagnosis list from state plan so it’s easier to modify
      - Modified conflict of interest (COI) language allowing providers to do both care coordination and other services with COI protections so long as they are the only willing and qualified provider in a member’s county of residence.

- **July 1 effective date**
  - Some changes to note:
  - Other licensed practitioners (OLPs) now receive 100% of the Medicaid fee schedule reimbursement
  - We cover school psychologists as OLPs and Behavior Analysts as Behavioral Health Rehabilitative Service providers
  - Upcoming
    - MMAC pages of State Plan, including update to Tribal Consultation pages
    - Long-Acting Reversible Contraception (LARC) hospital payments
      - Beginning with discharges on October 1, 2024, instate PPS hospitals will be reimbursed for LARCs separately from the inpatient stay when the device is inserted prior to the discharge from the delivery stay.
  
- **Home and Community-Based Waivers (HCBS 1915(c))** – [ND current Medicaid 1915\(c\) HCBS Waivers page](#)
  - Home and Community Based Services (HCBS) Waiver – Nancy Nikolas Maier, *Aging Services Director*
    - The waiver will be updated to allow administrative claiming for some case management duties and there will be a change of case management tasks in addition to broader provider qualifications.
      - The goal of these changes is to increase access and promote health equity.
    - Rate methodology changes are being proposed for agency nurse education, adult day care, emergency response system (ERS) from rates based on costs to set fees.
    - There will be some administrative language clean-up regarding the nursing facility level of care assessment duties.

Education Topic

- IPRO Presentation on Annual Technical Report findings – Chuck Merlino and IPRO staff
  - The presentation covered the following areas and applies to ND Medicaid Expansion. Please see meeting slides for more details.
    - Purpose of Annual Technical Report (ATR)
    - Quality Strategy
    - Performance Improvement Projects
    - Performance Measure Validation
    - Compliance Review
    - Network Adequacy
    - CAHPS Survey
    - Conclusion and Recommendations

There was no public comment.

Next meeting date:

November 19, 3-5 pm CT, via Microsoft Teams

Date Posted: August 27, 2024

Date Revised: