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# Meeting Minutes

## Medicaid Medical Advisory Committee Meeting (MMAC)

February 20, 2024

Attendance: Matuor Alier, Shannon Bacon, Brenda Bergsrud, Melissa Bingham, Tim Blasl, Dr. Joan Connell, Donene Feist, Nancy Frosliie, Trina Gress, Amy Hornbacher, Courtney Koebele, Lisa Murry, Beth Larson Steckler, Senator Tim Mathern, Janelle Moos, Brad Peterson, Emma Quinn, Dr. Nizar Wehbi, and Bobbie Will.

### Follow-up

- Update on [CMS MAC Proposed rule change](#). Still waiting to hear whether rule will be modified and/or approved by the Center for Medicare and Medicaid Services (CMS).
- **Term Lengths.** About half of MMAC members responded to a survey asking for volunteer term lengths. Names for all members except currently seated legislators and the State Health Officer were drawn from a hat to determine a 1, 2, or 3-year term length. Assigned term lengths are below. At the end of those terms, members may apply for reappointment to the MMAC per Charter requirements. Terms expire on February 20th of the appropriate year.

<b>1 year term</b>	<b>2-year term</b>	<b>3-year term</b>
Brenda Bergsrud	Amy Hornbacher	Donene Feist
Dr. Connell	Shannon Bacon	Kim Hacker
Trina Gress	Shawn Stuhaug	Jacob Sutton
Brad Peterson	Melissa Bingham	Tim Blasl
Emma Quinn	Janelle Moos	Matuor Alier
Bobbie Will	Courtney Koebele	Lisa Murry
Nancy Frosliie	Beth Larson Steckler	Open Seat

- **MMAC Orientations and Onboarding.** The first MMAC Orientations were done prior to this meeting occurring. Shannon Bacon, Brad Peterson, and Jacob Sutton all received the new MMAC orientation presentation and had a brief Q&A session with facilitator, Mandy Dendy. Feedback received on this process was positive. Ongoing feedback is welcome.
- **MMAC Surveys.** MMAC members were sent the first of two annual surveys to gather feedback about the effectiveness of MMAC meetings and member participation in workgroups and committees. Six people responded to the survey with overall positive feedback. Takeaway suggestions are to ensure that committee and workgroup volunteer

email lists are maintained to ensure all members get necessary emails and to ensure inclusion of member beneficiaries as part of MMAC.

Members were polled regarding what they would like to learn more about at upcoming MMAC meetings. Results appear below and included the comment that a member would like to learn more about “poverty levels, Medicare and Medicaid and the gaps.” Poll results will be used to help develop future meeting agenda and education topics.



### Medical Services Division Updates

- [Unwinding of ND Medicaid continuous enrollment](#). Krista Fremming, *Assistant Medicaid Director*, spoke about how we are nearing the end of the twelve-month renewal period following the end of Medicaid’s continuous enrollment period.
  - March 2024 is the last month for ND to initiate unwinding related activities and all activities must be completed by the end of April 2024.
  - As of January 31<sup>st</sup> – 101,898 reviews were completed out of 134,563 total.
  - Medicaid enrollment for both Expansion and Traditional Medicaid was 112,881 members as of January 2024.
  - Members will continue to have their eligibility reviewed on at least annually and we encourage them to use the [Self-Service Portal](#) for completing reviews, updating contact information, viewing information about their case, reporting changes, uploading documents, viewing notices, and applying for services.
  - For more information, visit [www.hhs.nd.gov/staycoverednd](http://www.hhs.nd.gov/staycoverednd).
- **Medicaid Member Engagement Committee** – Jen Sheppard, *Member Liaison*

- Current or former (within the last three years) Medicaid members or their caregivers are encouraged to apply to join the Medicaid Member Engagement Committee (MMEC).
  - The Committee can have up to twelve members and currently has six.
  - Virtual meetings begin in March 2024 and will be held every other month with a meeting occurring prior to the quarterly MMAC meetings so that a meeting update can be shared at MMAC meetings.
  - Individuals interested in applying for the MMEC can learn more about it [here](#) and submit an easy online application [here](#).
    - We are looking to ensure representation on the MMEC from missing voices - women who are currently pregnant and on Medicaid or were on Medicaid while pregnant, young people (even teenagers), and anyone else with a unique perspective.
  - Medicaid members can now subscribe to get Medicaid Member E-Newsletters delivered to their email address every other month. The first issue was delivered in January 2024 and the next issue will go out in March.
    - To read the Medicaid Member E-Newsletter and/or subscribe to receive it, please visit <https://www.hhs.nd.gov/medicaid-member-engagement/news>.
  - To visit with Jen about her work as Medicaid Member Liaison, please email [jsheppard@nd.gov](mailto:jsheppard@nd.gov).
- **Value-Based Purchasing** – Stacy Chadwick, *Quality Performance Manager*
    - Planning for Value-based purchasing began in July 2021 and the program officially started in July 2023 with all six Prospective Payment System (PPS) hospitals in ND. There has been ongoing stakeholder involvement and planning throughout the process.
    - Value in this program is currently defined by CMS-set adult and child core set measures for various aspects of wellness. ND Medicaid is working to incorporate value across all its programs.
    - Upcoming VBP milestones:
      - February 2024 is when the VBP reporting tool is due. All 6 hospitals are on track to submit by February 29<sup>th</sup>.
      - This fall in October-November we anticipate holding a VBP Outcomes meeting and in January 2025 supplemental data is due from hospital - 5 out of the 6 have already submitted this. Supplemental data can be things that are not always captured on a claim, such as an extra CPT code.
      - 2024 is a pay for reporting year and then in 2025 we move into a pay for performance period with initial core set reporting measures used moving into requiring expanded core set measures in 2026 through 2027.
      - Next steps include waiting to hear from the Centers for Medicare and Medicaid Services (CMS) on a submitted state plan amendment and continued work with stakeholder workgroups to implement the current VBP model and grow value-based care.
    - Changes in health care delivery are occurring within these 6 hospital systems which include interventions in primary care access, behavioral health care, and process enhancement.
    - Each health system has its own Dashboard to help drive proactive care management and support as well as SharePoint access to a document library and program resources.
    - Learn more at <https://www.hhs.nd.gov/healthcare/medicaid/provider/vbp>.
  - **New Service Coverage**

- **Paid Family Caregiving** – Tina Bay, *Developmental Disability Director*
  - This is a pilot project to allow for payments to a legally responsible individual who provides extraordinary care to an eligible child or adult participant in one of the Medicaid 1915(c) waivers (excluding the HCBS aged and disabled waiver).
  - The pilot start date is April 1, 2024. It is limited to participation by 120 individuals and has a monetary cap per the authorizing legislation, [SB 2276](#).
  - Administrative rules have been drafted and go before the Administrative Rules legislative Committee on March 5, 2024.
  - This pilot project has been developed with collaboration from interested stakeholders and individuals who supported SB 2276. The bill refers to extraordinary care which has been defined after looking at similar programs both in ND and around the country. Volunteers have assisted with the assessment.
  - Interested individuals will apply and complete an assessment to determine eligibility. Extraordinary care will be separated into tiers and have corresponding payment rates on a half or full-day basis.
  
- **SFN 905 Requests for New Coverage** – Mandy Dendy, *Policy Director*
  - The [SFN 905](#) is how people outside of ND Medicaid (providers, members, etc.) suggest the addition of coverage for non-covered services, technology, or providers. The form goes through a Medical Services analysis and receives a recommendation on coverage.
  - Recent approvals of service requests include
    - SBIRT – Screening, Brief Intervention, Referral, Treatment
      - Meant to prevent or reduce substance use through early intervention
    - Interprofessional Consultations
      - Treating providers can consult with a specialist to assist the treating provider in diagnosis and/or management of a patient’s health condition without requiring the patient to have face-to face contact with the specialist.
      - Specialists bill for their consultation time with these codes.
      - Dr. Connell shared that coverage of this code will mean that pediatric subspecialists will now be able to get paid for their consultation time and that she anticipates this will increase her ability to care for her pediatric patients.
    - Preventive Medicine Counseling and/or Risk Factor Reduction Interventions
      - Risk factor reduction services to promote health and prevent illness or injury.
      - Service occur outside of a preventive medicine visit.
  - It is anticipated that policy will be issued and coverage for these services will begin April 1, 2024.
  
- **Medicaid Provider Guidance, Policy and Manuals webpage redesign** – Mandy Dendy, *Policy Director*
  - The ND Medicaid Provider Guidelines, Manuals, and Policies [webpage](#) has undergone some changes to note. These changes include breaking individual policies out of the General Information for Providers and Behavioral Health Services Manuals.
  - Policies are now located in alphabetized lists in these umbrella categories: General Provider Policies, Behavioral Health, Dental, Durable Medical Equipment, Encounter-Based Services, Institutional Services, Professional Services, Pharmacy, and Targeted Case Management.

- The goal behind this change is to make it easier for providers to locate policies of interest. Feedback and suggestions on these changes are welcome and can be directed to Mandy – [mrdendy@nd.gov](mailto:mrdendy@nd.gov).
  
- **Operations Updates**– Michelle Adams, *Operations Director*
  - Several state forms have been reviewed and updated. Please use the most recent version of the forms listed below.
    - [SFN 9](#) Rehab Services Provider Enrollment Attestation
    - [SFN 615](#) Provider Agreement
    - [SFN 661](#) Electronic Funds Transfer (EFT)
    - [SFN 620](#) Non-Emergent Medical Transportation
    - [SFN 1299](#) Group Address Update
    - [SFN 1330](#) Request to Add an Affiliation
    - [SFN 1331](#) Provider Termination
  - Noridian provider enrollment specialists are available to answer questions between the hours of 9 a.m. to 3 p.m. CT, Monday-Friday to better serve our providers. Provider enrollment specialists can assist with questions about enrollment, revalidations, maintenance items and more.
    - Call 701-277-6999. Providers still have the option to leave a voicemail outside of those core hours.
  
- **State Plan Amendments**
  - 1915(i) Behavioral Health Supports and Services State Plan Amendment Approved
    - Exciting program changes were approved by CMS with an effective date of February 1, 2024. These changes increase access to the program and its services for Medicaid members.
      - The target populations for these supports and services are Medicaid-eligible members with qualifying diagnoses within these categories: brain injuries, substance abuse disorders, and mental illness.
      - Services are Care Coordination, Peer Support, Family Peer Support, Non-Medical Transportation, Housing Support, Benefits Planning, Prevocational Training, Supported Education, Community Transition, Respite, Supported Employment, Training and Support for Unpaid Caregivers
      - Changes to note include the addition of the Daily Living Assessment-20 (DLA) as a needs-based assessment used to determine eligibility. Qualifying assessments conducted at any of the regional human service centers will be accepted and are expected to result in potentially another 730 individuals qualifying to receive 1915(i) services.
        - Additionally changes have been made to increase accessibility of services, including removal of annual service limits and an increase of remote support (telehealth) service limits to 75% of services from a previous limit of 25%.
          - To learn more, go to <https://www.hhs.nd.gov/1915i>.
    - Upcoming
      - SFN 905s have been approved and ND Medicaid will be submitted State Plan Amendments to request coverage of school psychologists as providers and coverage of behavior analysts as behavioral health rehabilitative service providers.

- 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*
    - Amendment was approved effective January 1, 2024, to add the requested services discussed at the last MMAC meeting. No further updates currently.
  - Traditional Individual with Intellectual Disabilities and Developmental Disabilities (IID/DD) HCBS Waiver – Tina Bay, *Developmental Disability Director*
    - The renewal is currently under CMS review with a pending April 1, 2024, effective date.
  - Katherine Barchenger, *Children’s Waiver Administrator*
    - Autism Spectrum Disorder (ASD) waiver
      - The Amendment was approved by CMS on January 30, 2024, with an effective date of November 1, 2023.
        - The waiver now has 345 slots (an increase of 195) and covers eligible children through age 17. There are additional new services of Community Connector for helping to integrate and prevent isolation, Remote Monitoring which is a GPS locator for children at risk of eloping, and a rural differential for Service Management.
    - Medically Fragile HCBS waiver (no changes)
    - Hospice waiver (no changes)

Did you Know?

**ND Medicaid’s Tribal Liaison – Monique Runnels**

- There are 5 Tribal Nations in North Dakota. Each Tribe is unique in terms of its geography, membership, and healthcare systems.
- There are federal and state laws, as well as Medicaid requirements, treaties, case law, regulations, and executive orders that relate to federal, state, and Tribal relations.
  - The United States recognizes Indian Tribes as sovereign nations, and this relationship makes American Indians and Alaska Natives (AI/AN) distinct from all ethnic groups in America. Tribes are considered a political group with a unique relationship with the federal government.
- The Indian Health Care Improvement Act is the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives. It recognizes Indian Health Service (IHS) isn’t enough to address the healthcare needs of Tribal members and permits reimbursement by Medicare and Medicaid for services provided to Tribal members in IHS and Tribal health care facilities. States can receive 100% federal funding for these services.
- Monique, as ND Medicaid Tribal Liaison, serves as a key point of contact for both Tribal members and partners regarding issues related to Medicaid and Tribal members.
  - ND Medicaid is required to consult with ND Tribes for proposed changes to the Medicaid program which are likely to directly impact ND Tribes and/or their members. We consult by sending written correspondence, holding quarterly meetings in

conjunction with Tribal Health Director Meetings, offering Tribes an opportunity for quarterly individual consultation meetings, and through ongoing communication.

- We use this process to collaborate and actively work on shared goals, provide Tribes with answers and resources, and to gather feedback which informs policy development.
- We also send out a regular Tribal E-News and Notices newsletter, provide education on opportunities for engagement, and share data. You can sign up to receive the Tribal News and Meetings at <https://www.hhs.nd.gov/contact>.

No Public Comment

Next meeting date:

May 21, 3-5 pm CT, via Microsoft Teams

Date Posted: 2/29/24

Date Revised: