



MLTC Tribal Consultation
May 18, 2023
12:00-4:00 p.m. Central Standard Time

Santee Health and Wellness Center
110 S. Visiting Eagle Street
Santee NE 68760

Present (In-Person): Jacob Kawamoto (MLTC Policy/Tribal Liaison), Chris Morton (MLTC Communications), Jessie Edwards (MLTC Administrative Support), Jeshena Gold, Alex Zimmer (MLTC Plan Management), Alonzo Denney (Santee Sioux Nation Tribal Chairman), Vietta Swalley (Santee), Nancy Mackey (Santee), Karri Steadman (Ponca), Sylvia Allen-Lopez (Ponca), Michelle Runyan (Ponca), Rebecca Crase (Ponca), Lisa Miller (Omaha), Shannon Saunsoci (Omaha), Gidget Wingad (Omaha), Julie Bassette (Winnebago), Glenda Bruggeman (Winnebago), Elisa Davenport (Winnebago), Jeanine Frazier (Winnebago), Tara Divis (NCHS), Julie Godbout (HBN), Heather Leschinsky (HBN), Gelisha Palma (HBN), RickyAnn Fletcher (MCNA), Frank Clepper (Molina), Heath Phillips (NTC), Tuesday Kuhlman (NTC), Jeff Stafford (UHC), Cynthia Goslin (UHC), Kara Urkoski (UHC), Jacqueline Argarin (Modivcare), Josephine Egermier (Modivcare)

1. Welcome / Group Introductions
 - i. Celebrations
 - ii. Update of MLTC Tribal contacts / email list
2. SPA/Waiver Discussion – **Jacob Kawamoto**
 - i. 2023 Q2 (Mar – May) Overview and recap
 - i. SPAs:**
 - NE 23-0005: Temporary Extension of Disaster Relief Policies
Temporarily allows reasonable opportunity period extensions and extends suspension of copayments and premiums for one year after the COVID-19 PHE end date (May 11, 2023). This SPA will impact Tribe members who were born in Canada or outside the United States, as additional time to verify non-citizen status will be provided.
 - ii. Waivers:**
 - Traumatic Brain Injury Waiver Renewal
 - Section 1115 Substance Use Disorder Demonstration Renewal
 - ii. Encounter Rate Project
 - i. Updates on the project and scope:

1. MLTC is currently working on a guidance document supplemental to state regulations at 471 NAC 11. This guidance document would address things like the scope of an encounter, IHS/Tribal provider requirements, billing practices, and more in order to help provide guidance and clarity to the relevant state Medicaid regulations applicable to IHS/Tribal providers and services. This guidance document will also help identify what or if regulation changes are needed.

ii. Discussion:

1. Both the Tribes and MCOs voiced that – regarding multiple encounters in a day – determining which services are “distinctly different” should be based solely on the primary diagnosis code. Currently, some encounters billed by the Tribes are being denied because of overlapping diagnosis codes (and these codes may be the 5th or even 6th diagnosis codes on a visit, not the main or primary diagnosis).

- a. MLTC will consider and incorporate this feedback while drafting the forthcoming guidance document.

2. **QUESTION:** Would updating the regulations open up the possibility of including other services (e.g. ambulatory, nursing facility) in the scope of the encounter?

- a. **ANSWER:** Updating regulations would not necessarily expand the scope of what is considered an encounter. An encounter is considered a face-to-face visit with a qualifying provider, and currently this already covers most clinic services at Tribal facilities. Something like ambulatory services likely would not be considered an encounter because it is not a face-to-face visit with a practitioner. MLTC will need to discuss further regarding nursing facility services covered as encounters.

3. **QUESTION:** How do location codes regarding the Carl T. Curtis nursing home impact reimbursement at the encounter rate?

- a. **ANSWER:** MLTC will need to discuss with the nursing facility further in order to answer this.

3. COVID-19 Public Health Emergency (PHE) – **MLTC Team**

i. Data Sharing Agreements

- i. MLTC is working with the Tribes to enter into data sharing agreements that would allow MLTC to share beneficiary information with the Tribes. This would include renewal and eligibility information for beneficiaries. These data sharing agreements would be valuable in helping ensure continuity of coverage for Tribal beneficiaries. With this data, Tribal health facilities could partner with MLTC to work with beneficiaries and help them update contact information and complete their eligibility redeterminations during the Unwinding period. However, these data sharing agreements also have the potential to be ‘evergreen’ agreements, extending beyond the Unwinding period.

1. At the Consultation Meeting, Jacob gathered contact information for each of the Tribes’ public health authorities. Jacob will relay this information along to the MLTC Legal team, who will work to draft the data sharing agreements and share these back out to the Tribes for their review and

- feedback. Ultimately, the goal would be to enter into a mutually beneficial agreement to allow data sharing between the agency and the Tribes.
2. It was also voiced that considerations should be made to include the MCOs in these data sharing agreements to help ensure continuity between the Tribes-MLTC-MCOs.
- ii. Regarding beneficiary outreach, Winnebago noted that recently the addresses across the reservation changed, which could impact Medicaid beneficiary redeterminations.
- ii. ‘Tribal FQHC’ Option – Timeframe
 - i. CMS has extended the deadline for States and Tribes to operationalize changes needed regarding ‘Tribal FQHC’ enrollment. Currently, CMS has extended a grace period for IHS/Tribal clinics providing services ‘outside of the four walls’ of the clinic. This grace period will last until 9 months after the end of the Public Health Emergency, or until approximately February 2024. The Tribal FQHC option would allow Tribal facilities more flexibility in delivering services outside of the clinic (i.e. in schools, other satellite facilities, etc.). IHS/Tribal facilities that do not elect to enroll as Tribal FQHCs will no longer be able to receive reimbursement for any services provided outside of the facility after February 2024.
 1. MLTC will bring more information on this topic to the Tribes at the next in-person consultation meeting in August.
- iii. Communications and Toolkits / Resources Available
 - i. Notices for community spaces and social media
 1. Feedback from the Tribes on which would be most beneficial for their use
 2. The group reviewed MLTC fliers – as well as mockups made utilizing resources from the National Indian Health Board (NIHB).
 - ii. General Medicaid Informational Materials Available
 1. NE Medicaid Unwinding Information: <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>
 2. NE Medicaid Unwinding Fliers and Resources: <https://dhhs.ne.gov/Documents/Nebraska%20Medicaid%20Unwind%20Resources.pdf>
 3. NIHB Unwinding Resources: <https://www.nihb.org/tribalhealthreform/medicaid-unwinding/>
 - iv. Education and resources are available through CMS and NIHB
 - i. CMS Unwinding Information: <https://www.cms.gov/aian-unwinding>
 - v. Collaboration Ideas
 - vi. Discussion:
 - i. Lisa Miller has been seeing issues with Medicaid eligibility for Tribal wards placed in IA, and also in SD and ND.
 1. MLTC will work with Lisa on these cases to get resolution. Tribal wards placed in another state should be eligible for Medicaid in the state in which they are placed/reside.
 - a. MLTC has also been having ongoing discussions with IA Medicaid to resolve residency disputes around Tribal wards placed in IA by the Tribes in Nebraska.

- ii. **QUESTION:** Have the system issues been updated so that address information updated by the Tribes though the MCOs will be reflected in the State's systems?
 - 1. **ANSWER:** There is currently an address update submitted by NTC, and this will show if the updates are happening correctly.
 - a. **UPDATE:** The address update submitted by NTC was properly transferred and reflected in the state's and MCO's systems.
- iii. **QUESTION:** Can a card or form be created for patients to fill out when they visit the health facilities that could then be submitted to the MCOs to help update contact information?
 - 1. **ANSWER:** While the Tribes can work with the MCOs to update contact information, MLTC encourages Tribal facility staff assisting beneficiaries to update contact information by submitting a Change Report through [ACCESSNebraska](#). Tribal benefit coordinators are also encouraged to have beneficiaries sign the MLTC-35 Form to designate qualified facility staff as authorized representatives for beneficiaries that need assistance with applications and case management. (See [11.09.2022 Tribal Consultation Meeting Minutes](#), pg. 12 for more info on authorized representatives).
- iv. A number of Tribal case care and benefit coordinators voiced the need to improve wait times at the call centers.
 - 1. MLTC will look into ways to coordinate with field/eligibility staff and improve response times to Tribal partners. Jacob will also discuss and reach out about setting up a 'task force' of benefit coordinators to meet regularly and discuss issues that the Tribes have been running into.
- v. **QUESTION:** Is it possible to add an MCO phone number to the NMES line?
 - 1. **ANSWER:** MLTC will look into this. However, each of the MCO Tribal liaisons are also available to assist Tribal facility staff when working on cases.
- vi. **QUESTION:** Are there any exemptions for Medicaid applications when a spouse is not cooperating? There is currently a case in the Carl T. Curtis nursing facility where the spouse is not complying or providing needed information to make an eligibility determination. Does this qualify for spousal impoverishment?
 - 1. **ANSWER:** Spousal impoverishment/abandonment typically only applies when the spouse cannot be located. In this case, the spouse's whereabouts are known, and Medicaid cannot force an individual to provide information.

4. Break

5. Crossover Claims Update – **Jacob Kawamoto**

- i. MLTC is still working to reconcile all outstanding crossover claims discrepancies. MLTC has received the 2017 EOBs from Santee and can process the 2018 and 2019 EOBs once those are sent to the state.
 - i. MLTC will work with CMS to see if past EOBs from Omaha can be obtained since the Tribe's records were damaged in 2019 floods.

6. NE Dept. of Public Health April Tribal Listening Session

- i. Recap and Takeaways
 - i. What can we do to better coordinate within DHHS?

1. MLTC has been meeting with the Tribal liaisons from the other Dept. of Health and Human Services (DHHS) Divisions to improve internal communications at DHHS. One of the goals of this increased internal communication is to eliminate ‘silos’ and help responses to Tribal issues to be more cohesive, especially when they have impacts beyond Medicaid (or one single DHHS Division).
- ii. Setting Goals Together
 - i. Emphasis was noted on increased communication to Tribal partners, and increased outreach in Tribal communities. The importance of making individuals and beneficiaries feel valued amidst outreach efforts was also expressed by the Tribes.
 - ii. More information was requested around:
 1. Aid for the Aged, Blind, and Disabled (AABD) programs and how things like life insurance policies, burial insurance, irrevocable insurance plans, and estate planning are calculated.
 2. UPDATE – links to more resources:
 - a. Aged and Disabled - <https://dhhs.ne.gov/DD%20Documents/AD%20Waiver%20Info%20Sheet.pdf>
 - b. Comprehensive Developmental Disabilities - <https://dhhs.ne.gov/DD%20Documents/CDD%20Waiver%20Info%20Sheet.pdf>
 - c. Developmental Disabilities Adult Day - <https://dhhs.ne.gov/DD%20Documents/DDAD%20Waiver%20Info%20Sheet.pdf>
 - d. Traumatic Brain Injury - <https://dhhs.ne.gov/DD%20Documents/TBI%20Waiver%20Info%20Sheet.pdf>
 - e. Waiver informational resources library - <https://dhhs.ne.gov/Pages/DD-Resources.aspx>
 3. Share of Cost programs
 - iii. Discussion was had around improving internet access.
 1. MLTC sent a follow-up email to Tribal stakeholders with information about the Nebraska Broadband Bridge Program (NBBP) Grant Application on June 5, 2023.
 - iv. The group identified a goal for the State and each of the Tribes and MCOs to create organizational charts with points of contact within each of the organizations to help with communication across the State-Tribes-MCOs.
 - v. Discussion was had around increased case manager coordination between the State, MCOs, and Tribal staff.
 - vi. The group also discussed different ideas for how the quarterly in-person Consultation Meetings could be conducted, including as a part of a larger (potentially annual) State/Tribal Conference or Training event.
7. Roundtable discussion on how MLTC can support the Tribes’ work
 - i. Managed Care Discussion
 - i. Updates from MCO Liaisons
 - ii. Discussion around the Tribes enrolling as NEMT providers and partnering with the MCOs to provide NEMT services.

- i. Discussion occurred around whether or not the Tribes would be exempt from the NE Public Service Commission (PSC), and how certain federal/other funding of Tribal transportation programs may impact reimbursement and enrollment.
- ii. **UPDATE:** The Tribes will need to work with the NE Public Service Commission (PSC) to receive certification before working with Maximus to enroll as an NEMT provider.

PSC contact: stasha.oborny@nebraska.gov

- iii. Open Agenda

- i. Would any of the Tribes like to host the next in-person Consultation Meeting? Or is the preference to have the State host the next one in Lincoln?

Closing