



MLTC Tribal Consultation
November 16, 2023
1:00-4:30 p.m. Central Standard Time

Nebraska Total Care Offices
2525 N 117th Ave, Suite 100
Omaha, NE 68164

Present (In-Person): Jacob Kawamoto (Medicaid Policy Team), Jesse Edwards (Medicaid Policy Team), Nate Watson (Medicaid Communications and Compliance), Nikkola Bales (Medicaid Communications), Echohawk Lefthand (DHHS - Public Health, Office of Health Disparities), Brenda Worrell (Omaha), Gidget Wingad (Omaha – Nursing Home), Becky Crase (Ponca), Sylvia Allen-Lopez (Ponca), Vietta Swalley (Santee), Tuesday Kuhlman (NTC), Mariana Johnson (NTC), Adam Proctor (NTC), Jeff Stafford (UHC), LeAnn Ortmeier (UHC), Heather Leschinsky (Healthy Blue), Lisa Neeman (Healthy Blue)

Present (via Webex): Erica Buescher (Medicaid Plan Management), Jordan Himes (Medicaid Communications), Aaron Reece (Medicaid Health Services), Joe Wright (Medicaid Communications), Marcy Bartek (Medicaid PAS), Nancy Mackey (Santee), Karri Steadman (Ponca) Tashina Provost (Omaha), Jamie Ferguson (Healthy Blue), Julie Godbout (Healthy Blue), Tiffany White-Whelchen (Healthy Blue), Leslie Horwart (Molina), Rick Hearon (MCNA)

1. Welcome / Group Introductions

i. Celebrations

i. Santee Sioux:

1. Hosted their annual Veteran's Day Powwow
2. Currently testing to get their mammogram certification and working to get everything in place for their new Dialysis Unit
3. Hosted a successful outreach to deliver flu and COVID-19 vaccinations
4. The Tribe is beginning construction on a new Youth Center

ii. Ponca:

1. Hosted a Health Fair in October
 - a. Administered a lot of COVID vaccines and flu shots
2. Work is still underway on their Joint Venture Project

iii. Omaha:

1. Efforts have been underway to recruit, train, and equip native nurses to work in the Tribe's Nursing Home. There are currently 4 students in the program, and a large number are interested.

iv. MCOs:

1. Especially with the new contracts, there has been a deepening sense of collaboration between the MCOs. And with this comes the opportunity for more collaborative approaches to advance Tribal Health.
 - v. Public Health, Office of Health Disparities:
 1. Tribal Liaisons from each DHHS Division have been meeting together more regularly to identify and eliminate silos and work collaboratively across divisions to advance Tribal Health.
 - a. This group is also looking to meet with each of the Tribes individually to understand how DHHS can partner with the work being done by each of the Tribes.
 2. Public Health has hosted several Listening Sessions and plans to continue to host these to understand the perspectives and health barriers of different groups across the state (Tribal, Hispanic, rural, aged, etc.)
 3. Current efforts are underway to address chronic absenteeism in Western Nebraska
 - vi. Native American Heritage Month
 - ii. Update of MLTC Tribal contacts/email list
2. SPA, Waiver and Regulations - Discussion
 - i. 2023 Q4 (Sept – Nov) Overview and recap
 - ii. **SPAs:**
 - i. [NE 24-0003](#): Postpartum Coverage Extension
 1. Effective, January 1, 2024, individuals who are eligible for and enrolled in Medicaid or CHIP during their pregnancy will receive 12 months of extended postpartum coverage, regardless of any changes in circumstances that may otherwise affect eligibility.
 - ii. [NE 24-0006](#): Federal Medical Assistance Percentage (FMAP) proxy methodology
 1. No Tribal impact.
 - iii. [NE 23-0014](#): Vehicle Disregard
 1. With this change, all vehicles will be excluded from the resource total except for boats, recreational vehicles, planes, and classic vehicles.
 - a. **QUESTION:** When is this effective? And is there a maximum number of vehicles that can be excluded?

ANSWER: This is effective September 1, 2023. There is no maximum number of vehicles that are excluded, so long as the vehicles are not one of the vehicle exceptions listed above.
 - iv. [NE 23-0015](#): Adult Vaccine Coverage
 1. Bring MLTC into compliance with federal vaccine coverage requirements to allow for coverage of all ACIP-recommended vaccines. This SPA will impact tribal health providers, as they will now be able to bill Medicaid for certain vaccinations the program didn't previously cover.
 - a. **QUESTION:** Did MLTC update this on the vaccine formulary?

ANSWER: Yes. More information can be found on [Provider Bulletin 23-26](#), and the [2023 Injectables Fee Schedule](#).
 - v. [24-0001](#): Dental Service Changes

1. Dental services for adult tribal members will no longer be subject to a \$750-per-year limit. Additionally, public health-licensed dental hygienists will be able to provide certain dental services to tribal members.

iii. **Waivers:**

i. HCBS Family Support Waiver

1. MLTC plans to submit a request for a new 1915(c) Home and Community-Based Services (HCBS) Family Support Waiver (FSW) which would serve up to 850 eligible children with intellectual or developmental disabilities through the age of 21 years old by providing an array of services outlined in the FSW.

- a. *UPDATE:* Substantive changes to the waiver application have been made since this waiver was previously submitted for Tribal Comment (in Aug.). These changes include the removal of the Fiscal Management Service (FMS) from the waiver application, the removal of the waiver service titled *Participant Directed Goods and Services*, and changes to provider qualification training requirements.

ii. [1902\(e\)\(14\)\(A\) Waiver](#)

1. Suspends the requirement for beneficiaries to apply for other benefits under 42 CFR 435.608 for the duration of the Unwinding Period.

iii. [1915\(b\) Managed Care Waiver Amendment](#)

1. Provides authority for all managed care programs, effective January 1, 2024. Enrolled American Indians/Alaskan Natives will continue to receive physical health, behavioral health, and pharmacy services through the Managed Care Organizations (MCOs). In addition to this, Dental benefits will also be administered through the MCOs.

iv. Upcoming Dental Changes

1. Beginning 2024:
 - a. Dental care will be handled by the members' chosen health plan,
 - b. The \$750 annual dental benefit maximum will be removed, denture treatment reimbursement processes will be updated,
 - c. Asymptomatic wisdom tooth extractions will be available, and
 - d. Efforts will be made to simplify credentialing.
2. The Tribes requested that the state continue to keep them informed on policy and programmatic changes to dental administration and benefits.
 - a. NTC plans to reimburse the Tribes at the encounter rate, and the Tribes will bill through Involve, the dental benefits manager.
 - i. This information has been sent out to the Tribes. Reach out to Tuesday Kuhlman if you still need this information.
 - b. NTC will be doing testing and working to get Involve to join the next meetings with the Tribes.
3. Santee noted they hadn't yet received dental information from UHC or Molina.

iv. Encounter Rate Project

- i. Review of Draft Guidance Document
 - 1. Updates were reviewed by the group. There was no additional feedback. Medicaid plans to move forward with finalizing and publishing the document.
- 3. COVID-19 Public Health Emergency (PHE)
 - i. Data Sharing Agreements – Update
 - i. The Medicaid Policy team is continuing to work through the operational considerations involved in establishing, running, and sending out a report of this scope. The date by which this could be completed is currently still being determined, and the Medicaid team will keep the Tribes informed.
 - 1. Santee noted that the redetermination date for members enrolled in NTC can be viewed on the MCO’s portal.
 - ii. Eligibility Verification Changes
 - i. Direct Express – verification by attestation
 - ii. Suspension of the requirement to apply for other benefits
 - iii. Messaging Misconception
 - i. There is a misunderstanding that children will automatically be found ineligible for Medicaid if their parent(s) are no longer eligible. However, in some cases, the child may still be eligible. Parents should still complete and submit all information requested by the Department to ensure that a correct determination can be made for every member of the household.
- 4. Break – Networking and Connections
- 5. Policy Updates
 - i. Tribal Health Website
 - i. The Medicaid Tribal Health Website has been updated:
 - 1. <https://dhhs.ne.gov/Pages/Tribal-Health.aspx>
 - 2. Individuals can now subscribe to the website for updates (such as upcoming meeting dates, policy guidance, and other things that are added to the website)
 - 3. The Tribes/MCOs should let the Medicaid team know if they have any feedback or suggested updates for the website. For any recommendations, please email DHHS.MLTCexperience@nebraska.gov
 - ii. Federal Injunction Cases
 - i. CMS released guidance during the Pandemic that states were required to move beneficiaries with full Medicaid benefits to coverage under Medicare Savings Program (MSP) groups as appropriate based on changes in eligibility criteria. However, this was overturned in Federal Court, and states are now required to follow court rulings to retroactively reinstate beneficiaries whose coverage was incorrectly changed during the Pandemic. Cases impacted by this federal ruling are referred to as ‘Injunction Cases.’
 - 1. Providers can re-bill claims for these Injunction Cases and Medicaid will waive timely filing requirements.
 - a. If the provider doesn’t/can’t re-bill, Medicaid can reimburse the affected individuals directly.

- ii. Though not required by the Federal Injunction, Nebraska Medicaid has also chosen to reinstate beneficiaries who met Medicaid eligibility under a Medically Needy / Share of Cost program between March 2020 – December 2022. For example, if a member met their Share of Cost in March 2020, but then paid out of pocket in a later month towards a Share of Cost, they could be reimbursed. Medicaid can reimburse the money spent towards meeting a Share of Cost, or for medical bills paid for by the member for otherwise coverable medical services.
- iii. Members will be receiving, or may have already received, a letter from the Department if they are impacted by the Federal Injunction Cases. The letter specifies which months the member is retroactively eligible for and notifies them that reimbursement for these past months is also available. Members and providers will have 6 months from the date of the notice to re-bill for past claims and expenses.
 - 1. Some of the notices sent to members did not correctly contain all the affected months. Newly updated notices are being sent out, and the 6-month time frame will be re-set with the date of the updated notices.
- iv. For more information, see the following Provider Bulletins:
 - 1. [PB 23-22: Full Restoration of Medicaid Member Benefits](#)
 - 2. [PB 23-24: Claims for Share of Cost Medicaid Members](#)
 - 3. Members and Providers can also visit the [Medicaid Member Reimbursement](#) website for more information on this topic and instructions on reimbursement.
- v. **QUESTION:** What about Purchase Referred Care (PRC) dollars that the Tribes spent on medical care for members affected by the Federal Injunction? Are those reimbursable?
ANSWER: Yes, the Tribes can re-bill Medicaid for these members and expenses.
- vi. **QUESTION:** Can the state provide a list to the Tribes of members affected by the Injunction? Otherwise, it might be impossible for the Tribes to identify PRC dollars that were spent on members affected by the Injunction.
ANSWER: Yes – MLTC will work to get a list to each of the Tribes. However, there have been some technical issues internally in Medicaid’s systems when identifying and pulling reports for members impacted by the Injunction. The Medicaid Policy and Communications teams will look into the feasibility of producing this report and keep the Tribes informed.
- vii. **QUESTION:** If someone in an MSP was transferred to a Share of Cost program and spent money to purchase additional medical coverage with a premium, what would happen to the money they spent on that premium?
ANSWER: Medicaid can only reimburse for covered medical services, and as such it cannot reimburse member payments spent on private insurance plans.
- viii. **QUESTION:** Can Purchase Referred Care dollars be reimbursed if used to help meet an affected member’s Share of Cost?
ANSWER: Yes.
- ix. **QUESTION:** Some Medicare Advantage plans provide monetary benefits that members can use for things like food and utilities. If members lose out on receiving these benefits because they were moved during the Injunction, can they be reimbursed for those benefits?

ANSWER: Medicaid is only able to reimburse for covered medical services and expenses, and so would be unable to reimburse for this kind of Medicare Advantage benefit.

- x. **QUESTION:** What should the Tribes and the state do in unique scenarios? Will the individual's specific circumstances be considered?

ANSWER: Each case impacted by the Federal Injunction is being reviewed by the state individually to ensure everything is correctly considered.

- xi. **QUESTION:** What marks the beginning of the 6-month timeframe for members and providers to re-bill Medicaid?

ANSWER: The date of the notice sent to the member.

- xii. **NOTE:** The UHC Medicare Advantage plan cash benefits (referenced above) are not considered income.

iii. Continuous Eligibility for Children and Pregnant Women

- i. Effective January 1, 2024, Nebraska Medicaid postpartum coverage for new mothers will be extended from 60 days to 12 months. Nebraska Medicaid is also extending continuous coverage for all children found newly eligible for Medicaid from 6 months to 12 months. This will ensure that children maintain access to healthcare for one year after being found eligible for Medicaid.

iv. iServe

- i. Nebraskans can use the new benefit application 'iServe' to apply for one or more state benefits at the same time. The benefits can include help with things like food, utilities, healthcare, childcare, and other needs. iServe Nebraska can be accessed at: iServe.nebraska.gov

1. iServe will eventually completely replace the current application for Medicaid and the ACCESSNebraska website.

- ii. **QUESTION:** Can the beneficiary reset their password via iServe?

ANSWER: Yes, this can be done without having to verify with a separate PIN#. Part of the iServe project is to update Nebraska Medicaid's systems and user interfaces to be more modernized and work with mobile applications.

- iii. **QUESTION:** When using iServe, will applicants need their ID and income verification? Or will they be asked for multiple kinds of these since they are applying for multiple benefits?

ANSWER: The application will ask for everything needed for all programs the individual is applying for. In many cases, the same ID or verification sources (for things like income) can be used across programs for different benefits. But some programs do have unique additional requirements that may be needed too.

- iv. **QUESTION:** Will there be a 'cheat sheet' to help navigate the application?

ANSWER: No. There are over 200 different permutations for the application based on what benefits the individual is applying for and on their unique circumstances. It is more like a chose-your-own-adventure book.

- v. **NOTE:** Applicants can also save their application and come back to it later through iServe. Additionally, if someone were to only apply for Medicaid initially, but later wants to apply for more benefits, iServe will save their information. This should help reduce the number of verifications requested.

v. MCNA Data Security Incident

- i. MLTC is working internally, with MCNA, and with the HIPAA Office to provide information for Tribal providers to help spread awareness around the data breach and the resources that are available to affected members.

6. Administrative Claiming

- i. Potential new policy initiative – MLTC is seeking Tribal feedback and input
- ii. This would be based on a program implemented by the state of Alaska. Alaska worked with CMS to get approval to allow the Tribes to bill and claim reimbursement for assisting with certain specified administrative activities (ex. Helping individuals apply for Medicaid, updating their contact information, etc.)

i. Alaska Model:

1. The state pays the Tribal facilities an unduplicated per member payment once per quarter.
 - a. The payment is the same whether the facility performs 1 or more qualifying administrative activities.
 - b. The facilities don't make any determinations, they just help gather the information.
2. The Tribes have basic access to state eligibility systems.
3. Identified creative solutions to address potential bottlenecks (like authorized representatives and who can access the individual's data)
 - a. In AK, the Tribal providers enter a Memorandum of Understanding (MOU) with the state so that no authorized representative is needed – instead points of contact within the Tribal facility are identified in the agreements as having access to utilize and administer the data appropriately.
 - b. This allows for things like the facility updating member contact information, etc.

ii. NE Medicaid and the Tribes would discuss collaboratively what the administrative activities should be.

1. Alaska warned that it is a lot of administrative work on both ends for reimbursement, but if there is interest Medicaid can pursue this option
 - a. At this time, the Policy Team can't guarantee anything. It is uncertain if Medicaid leadership would want to pursue this option. However, the Policy team first wanted to gauge the Tribes' interest in this project before bringing it to the Agency's leadership.

iii. Each of the Tribes represented expressed interest in pursuing this program.

1. The Carl T. Curtis Nursing Home also requested that they be included as well, as they currently assist with administrative activities for their residents.

iv. The Policy Team will research this option further, bring it to Medicaid's leadership for consideration, and keep the Tribes informed.

7. Roundtable discussion on how MLTC can support the Tribes' work.

iv. Managed Care Discussion

i. Updates from MCO Liaisons

1. NTC – Omaha and Ponca overpayments are being finalized now. Adam Proctor of Nebraska Total Care is announced as the new CEO.

- ii. **QUESTION:** Can the Tribes receive more training on the DSNP plans?
 - 1. **ANSWER:** Yes, the MCOs can provide more training for the Tribes on these.
- iii. **QUESTION:** Molina had noted that they couldn't provide certain resources yet because they were still awaiting state approval and compliance review. What does this entail and how long will it last?
 - 1. **ANSWER:** The state is in its final stages of review and approval for Molina's plan – this should be finished soon.
- v. NEMT Update
 - i. Jacob spoke with the Public Service Commission (PSC) – if the Tribal transportation/health program (whichever entity is providing the transportation) can provide documentation to the PSC that they are a subdivision of their Tribal government, then they **do** meet the exception under state statutes and *do not* have to be certified through the PSC to enroll as NEMT providers. The Tribes should:
 - 1. Complete the exemption packet and send it to the PSC
 - a. The Tribal health facility (and/or ride delivery program) likely meets exemption 12 under Nebraska Revised Statute 75-303 – governmental subdivision (of the Tribal government)
 - 2. Complete a cover letter that describes the Tribe's transportation operations along with what exactly about those operations would meet the identified exemption (i.e., that they are provided as a part of a governmental subdivision)
 - a. Provide supplemental information that shows that NEMT is being provided by a subdivision of the Tribal Government
 - 3. Reach out to the PSC with any questions.
 - a. PSC.motorfilings@nebraska.gov
 - ii. Once the Tribes submit this information to the PSC, the PSC will review and approve or deny the request. If granted the exception, the Tribe will then need to enroll with Maximus as a PSC-exempt NEMT provider. The Tribe can then provide the approval from the PSC to Maximus to complete this enrollment.
 - 1. Once enrolled as NEMT providers, the Tribes will then work with the MCOs and their sub-contractors/brokers to be reimbursed for NEMT services provided by the Tribes to Tribal members.
 - a. NTC noted that they are still staying up to date on this item and are in communication with their broker, Modivcare.
 - b. UHC: If the Tribes run into any issues with receiving payment from the sub-contractors, they should reach out to the MCOs who can ensure that the Tribes are reimbursed correctly.
- vi. 2024 Consultation Meetings Scheduling
 - i. 2024 in-person Tribal Consultation Meeting will be held in February, May, August, and November.
 - 1. Please reach out to jacob.kawamoto@nebraska.gov if your Tribe or organization would like to host one of the 2024 Consultation meetings.
- vii. Open Agenda

Closing