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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

10.01.25 - NE Tribal/Medicaid Monthly Call Agenda

Conference Access Number **+1-408-418-9388**

Access Code- **2495 538 5383**

Present: Matthew Ahern (MLTC Policy), Jacob Kawamoto (MLTC Policy), Kendra Wiebe (MLTC, Policy), Jayda Moss (MLTC Policy), Bailey Reigle (MLTC Policy), Cathy Kearney (MLTC Plan Management), Aaron Kilgore (MLTC Plan Management), Aaron Reece (MLTC Health Services), Jackie Orth (MLTC Eligibility Operations), Jacob Harlan (Div. of Public Health – Tribal Liaison), Echohawk Lefthand (Div. of Public Health)

Becky Crase (Ponca), RickyAnn Fletcher (Ponca), Dr. Aitken (Ponca), Michelle Runyan (Ponca), Crystal Appleton (Omaha), Tashina Provost (Omaha), Val Holli Merrick (Omaha), Brenda Worrell (Omaha), Christi Merrick (Omaha), Lisa Miller (Omaha), Vietta Swalley (Santee), Nancy Mackey (Santee), James Ridgeway (Winnebago), Beau Boryca (NUIHC), Chasity Davis (Iowa Tribe of KS & NE), Jacquelyn Urban (Iowa Tribe of KS & NE), Jessica Blacksmith (Rosebud), Leah Belgarde (GPTLHB),

Adam Proctor (NTC), Tuesday Kuhlman (NTC), Tim Easton (NTC), Angi Tran (Molina), Gelisha Palma (Molina), Robyn Salerno (Molina), Bethany Stech (Molina), Janine Fitzpatrick (Molina), Jesse Clement (Molina), Theresa Ellenwood (Molina), Heather Halstead (Molina), Jessica Daake (Molina), Cynthia Goslin (UHC), Jenn Nelson (UHC), Mary McHale (UHC), Jonathan Rich, DMD (Centene)

2 callers joined via telephone call-in

Rural Health Transformation Program – NE Medicaid Presentation to Tribal Stakeholders

- Slides shared at this meeting are included below.
- Presentation by Deputy Director Matthew Ahern
 - o The presentation will be followed by questions, feedback, and discussion from Tribal Stakeholders
 - Dep. Dir. Ahern introduced the Rural Health Transformation Program (RHTP) as part of House Resolution 1 (H.R. 1, also known as the One Big Beautiful Bill Act). He stated that DHHS wants to be purposeful in how the money is invested. He explained that there are two buckets of money: \$100 million will be divided equally among states that submit RHTP applications and receive approval from CMS, and the other \$100 million will be divided among approved states at the discretion of the CMS administration.
 - This funding is crucial to Nebraska because it will help mitigate the volatility of healthcare resources across the state.
 - 88 of Nebraska's 93 counties are rural. Access to healthcare has historically been a problem in rural areas.
 - States are on a very tight timeline to create proposals. The Notice of Funding Opportunity (NOFO) for the RHTP was released by CMS on September 15th, and the deadline for

submitting applications to CMS is November 5th. CMS will be evaluating applications based on measurable outcomes, so metrics will be crucial for RHTP application planning.

- Dep. Dir. Ahern noted that CMS has been directing state RHTP applications to focus on five areas of funding and investment: Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation
- An RHTP website will be created and the full proposal will be posted on this page once it has been submitted.
 - Please submit data you may have to identify gaps or questions about the proposal to MLTC's Tribal liaison or the Office of Health Disparities. (Jacob.Kawamoto@nebraska.gov and Echohawk.Lefthand@nebraska.gov respectively).
- DHHS and Nebraska Medicaid value the input and partnership of Tribal stakeholders. The aim of this meeting is to provide information regarding the RHTP and receive feedback from the Tribes and Tribal stakeholders to help inform Nebraska's RHTP application and proposal to CMS in a way that responsibly accounts for Tribal communities and providers within Nebraska.
 - DHHS asked for the Tribes' feedback, ideas, and potential areas of priority. The following ideas were discussed collaboratively:
 - Software coordination between medical providers statewide for record sharing. The idea of funding for EHR upgrades at Tribal facilities was discussed, but MLTC was uncertain to what degree this would be allowable under the RHTP
 - Funds for facility renovations and improvements
 - Funding for mobile units
 - Ponca noted that they have a mobile unit providing medical and dental services and that it "does wonders" in their rural communities
 - Funds to increase visits by contracted specialists
 - MLTC noted that this may pose a sustainability challenge, and the RHTP application stresses the importance of initiatives that are sustainable beyond the RHTP funding period. However, it could be a short-term approach.
 - Workforce development to attract providers and staff as residents in rural areas. MLTC is looking at incentives for student loan repayment and housing. Group discussion was had around education to increase cultural awareness and integration into the local community. MLTC is also exploring opportunities for rural students to engage in programs to encourage careers in the healthcare professions.
 - Santee noted that they are looking into an after school program for high school students to shadow at the health clinic and explore if the healthcare field is something they are interested in pursuing
 - Inpatient behavioral health
 - Funding for dialysis units
 - Innovation and efficiency consulting
 - Winnebago noted that there have been times where they felt they were repeating things over and over or did things simply because "that's how we've always done it", but expressed that the RHTP could help them be "champions of change" and that consulting on increasing throughput and efficiencies could be very beneficial

- Questions/Comments
 - **QUESTION:** Will funds for mobile units be allowed?
 - **ANSWER:** DHHS is working to include a proposal for dental and perinatal mobile units in the application.
 - **QUESTION (GPTLHB):** Can funds be set aside for Tribal facilities specifically?
 - **ANSWER:** MLTC noted that general “buckets” of funding will likely not be allowed in the RHTP program. CMS has been clear that there must be a specific detailed plan for all funds to align with specific initiatives outlined in the Notice for Funding Opportunity (NOFO). These detailed plans must be included in the RTH program application and cannot be added or specified later. MLTC noted that specific use cases that align with the RHTP and Tribal priorities will be the best approach to get the funding set aside for Tribes.
 - **QUESTION:** Will EMS services be funded?
 - **ANSWER:** MLTC referenced a legislative bill was passed in last year's session for this initiative, but please send additional specific ideas or proposals to MLTC if there are any.
 - **QUESTION (ITKN):** The Iowa Tribe of Kansas and Nebraska has Tribal land that overlaps state lines and the White Cloud Health Center sees a lot of NE Medicaid beneficiaries, but the facility is located in Kansas. Would this health center be able to utilize this funding?
 - **ANSWER:** MLTC noted that each funding application is tied to each state specifically, so since White Cloud is based in Kansas, their available RHTP investment opportunity must come from the state of Kansas. Kansas will also be sending a proposal to CMS and should be engaging in outreach activities to gather feedback from stakeholders too. States will have their own RHTP plans, but thought can be given towards collaborative efforts that might overlap with other states.
 - NE DHHS Office of Health Disparities also added that collaboration with their office and the local health department can be valuable too.
 - MLTC closed by thanking the Tribes for their feedback and reiterating DHHS's commitment to ongoing support of the Tribes. DHHS also acknowledged that the RHTP will not address all barriers or gaps in Tribal health, and if there are gaps that the Rural Health Transformation Proposal cannot address, DHHS will explore alternative ways to work with the Tribes to address those gaps.

(There was not time to discuss the following after the RHT Program presentation and discussion – but the items below were included on the meeting's agenda which was sent out in advance.)

SPA/Waiver Updates

- SPA
 - NE 25-0007: Opioid Treatment Program (OTP) and Medication-Assisted Treatment (MAT)
 - This SPA removes the end date for MAT coverage (as mandated by the Centers for Medicare & Medicaid Services), while also making minor wording edits to the state plan

documents. This SPA will not impact the Tribes, as these services have been covered since October 2020 and will continue to be covered.

- NE 25-0021: Targeted Case Management for Postpartum Home Program
 - This SPA would implement a Postpartum Home Program (PHP) to provide targeted case management (TCM) services for Medicaid enrolled postpartum women and Medicaid enrolled children up to 12 months old. TCM services would be conducted in the home by a nurse, and the SPA would be effective July 1, 2026. These changes will impact the Tribes by allowing individuals who meet the above criteria to receive the new services.
- NE 25-0022: Extended Services for Pregnant Women
 - This SPA would extend pregnancy-related and postpartum services from 60 days to 12 months after a pregnancy ends for Medicaid enrolled beneficiaries effective October 1, 2025. These changes will impact Tribal beneficiaries by extending the length of pregnancy-related and postpartum services available to pregnant women.
- Waiver Authority
 - None

Additional Items

- Data Sharing Agreements
 - The reports generated for the Data Sharing Agreements were finalized and sent out to the specified point of contact with each of the Tribes on 06.09.25. MLTC is available for any support and partnership related to these efforts going forward.
- Medicare Crossover Claims – Update
 - MLTC has received and is reviewing the final Crossover Claims from the period of 07.01.17 – 06.30.19 from Omaha
- NEMT
 - At the August 2022 Quarterly Consultation meeting, it was agreed that the MCOs and Tribes would discuss how to improve access to transportation services for Tribal beneficiaries.
 - MLTC spoke with the PSC, brought more information to the November 2023 Tribal Consultation, and sent a follow up email to each of the Tribes. The Tribes should submit an exemption request to the PSC. If granted the exception, the Tribe will then need to enroll with Maximus as a PSC-exempt NEMT provider and can then provide the approval from the PSC to Maximus to complete this enrollment.
 - PSC contact: PSC.motorfilings@nebraska.gov

Rural Health Transformation

STAKEHOLDER BRIEFING

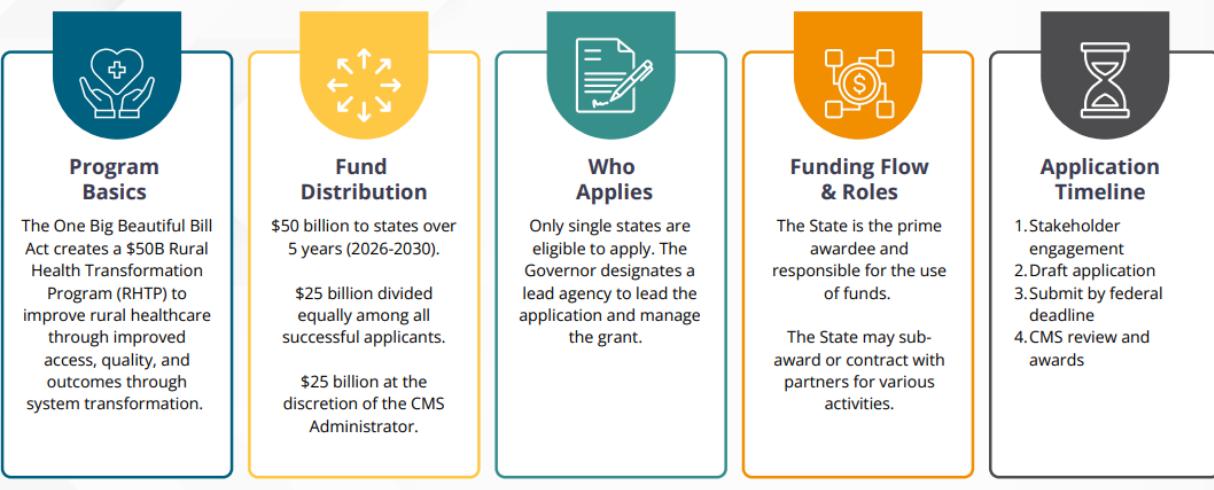


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RHTP Background

PURPOSE, FUNDING , TIMELINE



CMS-Prioritized Funding Opportunities



Make Rural America Healthy Again

Evidence-based prevention, chronic disease, behavioral health, and prenatal care.



Sustainable Access

Help rural providers become long-term access points by coordinating operations, tech, primary/specialty, and emergency services.



Workforce Development

Recruit and retain highly-skilled providers to rural areas.



Innovative Care

Grow new care models, improve coordination, and use mechanisms that reduce costs, improve quality, and shift care to lower-cost settings.



Tech Innovation

Adopt technologies for efficient care delivery, data security, and digital health tools that support remote care, data sharing, and emerging technologies.

Why RHTP Funding Matters to Nebraska

Rising state costs and fragile rural infrastructure stretch care thin. RHTP funds practical fixes, grows the workforce, and connects care so people get services closer to home.



Nebraska's Reality

FMAP volatility increases state costs and impacts rural access.

How RHTP Helps

 Target funds to keep essential rural access points stable while modernizing operations.

Long distances, frontier counties, and low populations make services fragile and expensive.

 Fund a hub-and-spoke model to right-size care delivery across Nebraska.

Workforce shortages across primary care, dental, and mental health.

 Recruit and retain highly-skilled staff and train to top of licenses.

Behavioral health gaps and maternity care deserts persist in over half of counties.

 Support of prenatal services, telehealth specialty, and integrated behavioral health in primary care.

Rural infrastructure, telehealth, and data-sharing are uneven across rural providers.

 Investment in connectivity, interoperability, and security to connect care safely.

How Rural is Nebraska?

- 37% of Nebraskans live in rural areas
 - 88 of 93 counties are rural
 - 30 counties are frontier
- Healthcare shortages span rural counties
 - 66 counties have a primary care shortage
 - 61 counties have a dental care shortage
 - 88 counties experience psychiatry and mental health shortages
- Over half of counties are maternity care deserts
- 84% of rural EMS agencies rely primarily on volunteers



Cultivating Quality Health Care in Rural Nebraska

Make Rural America Healthy Again

Improve rural health outcomes through a focus on food as medicine, preventative care, chronic disease management, and behavioral health access.

Workforce Development

Leverage AI and virtual reality training to recruit and retain a skilled workforce to ensure long-term capacity in underserved rural areas.

Expanded Technology Adoption

Enhance efficiency, security, and care coordination through focusing on adopting expanded technology.

Sustainable Access

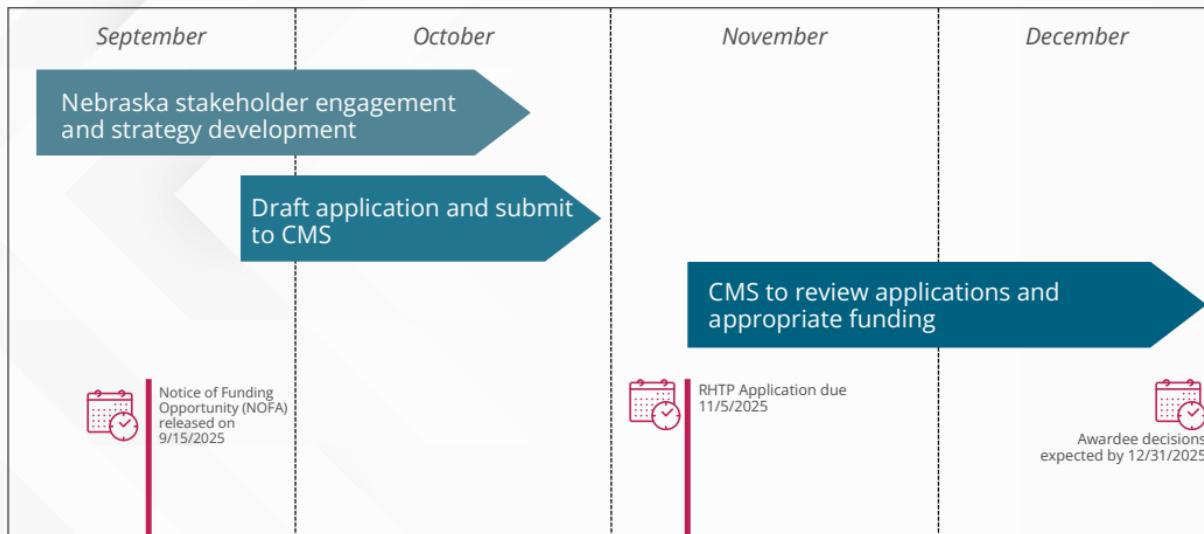
Enable rural facilities working together through regionalization of rural health infrastructure, hub and spoke model, and by helping communities "right-size" delivery systems.

Innovative Care: eHealth & Mobile Solutions

Support innovative care through eHealth at Home, mobile training units, and mobile urgent care.



RHTP Application Timeline



QUESTIONS?

NEBRASKA
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