



04.02.25 - NE Tribal/Medicaid Monthly Call Agenda

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

Access Code- **2495 538 5383**

Present: Jacob Kawamoto (MLTC, Policy), Kendra Wiebe (MLTC, Policy), Celia Wightman (MLTC Communications), Kris Radke (MLTC Plan Management), Cathy Kearney (MLTC, Plan Management), Aaron Kilgore (MLTC Plan Management), Jeshena Walker (MLTC Plan Management), Travis Beck (MLTC Health Services), Bethany Nelson (MLTC Health Services), Aaron Reece (MLTC Health Services), Rachel Metry (Div. of Developmental Disabilities)

RickyAnn Fletcher (Ponca), Becky Crase (Ponca), Sylvia Allen-Lopez (Ponca), Crystal Appleton (Omaha), Tashina Provost (Omaha), Val Holli Merrick (Omaha), Nancy Mackey (Santee), Vietta Swalley (Santee), James Ridgeway (Winnebago), Megan Raabe (NUIHC), Andrea Herrera (NUIHC), Stacey Steiner (CMS)

Tuesday Kuhlman (NTC), Tim Easton (NTC), Kiernan Scott (Molina), Angi Tran (Molina), Gelisha Palma (Molina), Bethany Stech (Molina), Janine Fitzpatrick (Molina), Jesse Clement (Molina), Morgan Horst, DDS (Molina), Cynthia Goslin (UHC), Tracy Nelson (UHC), Mary McHale (UHC), Jonathan Rich, DMD (Centene), Julie Sheppard (Optum)

3 callers joined via telephone call-in

SPA/Waiver Updates

- SPA
 - o None
- Waiver Authority
 - o None

Additional Items

- Interpretation Services
 - o Provider Bulletin 24-22 was updated to provide greater billing flexibility to IHS/Tribal Clinics. Each claim must list as the service rendering provider either the generic individual group member or the individual service rendering provider of the covered health services that required the use of interpretation services.
 - [Provider Bulletin 24-22](#)
- Billing for Services Delivered Outside of the 4 Walls and MCO System Updates
 - o MLTC is working to finalize the draft updates to the guidance document that were shared at the February Quarterly Tribal Consultation Meeting.
 - MLTC will continue working with the MCOs to ensure that systems are updated to appropriately process claims for services provided outside of the 4 Walls. Payments would

then be allowed retroactively back to 1.1.25 (the effective date of the final rule) once the system updates are completed.

- Place of Service (POS) Code vs Servicing Location – Discussion
 - Winnebago noted that traditionally Items 32 and 32(a) on a CMS 1500 claim – which capture the servicing location / address – are hardcoded items. Winnebago has just recently updated their billing system, and they have the ability to adjust these items based on claim type, but they don't have the ability to change those items at the individual claim level. So, differentiating the servicing location in Items 32 and 32(a) on a per claim basis would be very difficult. It would be even more difficult for the Tribes that still utilize the IHS RMPS system.
 - Omaha, Santee, and Ponca agreed with this.
 - Santee noted that currently, they bill for services provided outside of the four walls by using a different POS code.
 - Someone suggested that this could be a similar process for certain provider types that occasionally offer services in hospitals. On these claims, items 32 and 32(a) are bypassed when processing the claims.
 - **QUESTION (UHC):** Most other providers include the servicing location when providing services at a different location. Would the Tribes not be able to do this as well?
 - **ANSWER (Winnebago):** Most systems will let you bill another servicing location for a specific service, and often times other providers that bill at different locations bill certain services at one location, and certain services at the other. However, for the IHS/Tribal providers – they will be providing many of the same service codes both at the facility and at different other locations.
 - **QUESTION:** Is it possible to set up RPMS to do this?
 - **ANSWER:** It would technically be possible, but the IHS/Tribal providers would need to create separate claim options which would be a big operational lift. And even then, these may not capture all of the different service addresses (patient's homes, mobile unit locations, schools, etc.).
 - Jacob will set up an internal meeting with the NE Medicaid teams to discuss this feedback. From there, he will coordinate updates to the Guidance Document and will ensure the Tribes are able to review and provide feedback before approval.
 - This may require an ad hoc meeting on this topic before the next Tribal/Medicaid Monthly Call.
 - Home Visits vs Home Health Services
 - Home Visits (professional services provided by a physician or qualified provider at the patient's home) would be covered at the IHS encounter rate when provided outside of the four walls.
 - Home Health Services must be provided by Home Health Agencies and would not be reimbursed at the IHS encounter rate.
- 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
 - Data Sharing Agreements

- The Data Sharing Agreements were approved by DHHS and sent out to the Tribes on 01.30.25 for review and approval. MLTC is working on developing the next steps and processes for sharing the data with the Tribes that have signed the agreement.
- 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.
 - Jacob 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
 - **QUESTION (Winnebago):** Are there any guidance documents related to implementing NEMT services or contracting with the MCO sub-contractors?
 - **ANSWER (MLTC):** No, this is still a relatively new process. Once the Tribe gets the Public Service Commission exemption/approval and enroll with Maximus as an NEMT provider, the next step is to work with the MCOs and transportation sub-contractors to contract as a provider and get set up in their systems.
- Discussion about Marketplace Claims
 - **QUESTION:** Santee received notices that Ambetter will be deducting copays and deductibles – is this a system issue? Santee was also told they have to have a POS / service code 07. Are any of the other Tribes being paid correctly for these claims?
 - **ANSWER (Winnebago):** Each of the Tribes would be paid differently based on their contracts.
 - **ANSWER (NTC):** NTC is aware of the issue and is working on a solution to the underpayments and working on identifying next steps. NTC will reach out to Santee about this.