



MLTC Tribal Consultation
May 16, 2024
Facility Tour and Lunch: 11:00am-1:00pm CST
Meeting: 1:00-4:00 p.m. CST

Santee Health & Wellness Center
110 Visiting Eagle St.
Santee, NE 68760

Present (In-Person): Matthew Ahern (Interim Medicaid Director), Jacob Kawamoto (Medicaid Policy/Tribal Liaison), Nikkola Bales (Medicaid Communications), Vietta Swalley (Santee), Nancy Mackey (Santee), Brenda Worrell (Omaha), Gidget Wingad (Omaha), Shannon Saunsoci (Omaha), Becky Crase (Ponca), RickyAnn Fletcher (Ponca), Sylvia Allen-Lopez (Ponca), Karri Steadman (Ponca), Elisa Ramirez (Ponca), Adam Proctor (NTC), Tuesday Kuhlman (NTC), Cynthia Goslin (UHC), Frank Clepper (Molina), Kiernan Scott (Molina)

Present (via Webex): Jessie Edwards (Medicaid Policy), Kris Radke (Medicaid Plan Management), Catherine Kearney (Medicaid Plan Management), Anita Wisecup (Public Health, Office of Health Disparities), Beth Wewel (Winnebago), Tashina Provost (Omaha), Bethany Stech (Molina), Meagan Weasler (UHC), Tracy Nelson (UHC)

1. Welcome / Group Introductions

- i. Celebrations
 - **Santee** – hosted their 36th Annual Memorial Walk (and NTC sponsored by providing water bottles for the event), Preparing for the upcoming Powwow in June
 - **Ponca** – began piloting providing services via their mobile unit in South Sioux City. Ponca Health Services has hired a new CEO – Jacqueline Bae. The Tribe is preparing for their annual Powwow in August.
 - **Omaha** – Carl T. Curtis Nursing Home has hired its first high school CAN, which is the result of efforts by the Tribe/facility to invest in Native youth in the community to enter the healthcare workforce to help care for their elders.
- ii. Update of MLTC Tribal contacts / email list

2. SPA, Waiver and Regulations - Discussion

- i. 2024 Q2 (March – May) Overview and recap
 - SPAs:**
 - **NE 24-0016: Medicaid Insurance for Workers with Disabilities (MIWD) premiums**
 - Effective May 1, 2024, Medicaid beneficiaries enrolled in the MIWD program with income 200 percent or more but less than 250 percent of the Federal Poverty Level

will have a monthly premium applied which must be paid in order to receive coverage for the benefit month. This SPA will not have an impact on the Tribes as cost-sharing provisions do not apply to the Tribes.

- **NE 24-0017: Temporary Extension of Transitional Medical Assistance (TMA) Program Premiums**
 - The suspension of TMA premiums is currently approved through a Disaster Relief SPA extension which is set to expire May 12, 2024. This SPA will extend the suspension of premiums for an additional six months. This SPA will not have an impact on the Tribes as premiums are waived for those with a Tribal affiliation.
- **NE 24-0018: Discontinuance of Copayments**
 - Effective May 1, 2024, Medicaid beneficiaries will no longer have to pay a copayment when receiving Medicaid services.
- **NE 24-0019: Katie Beckett Program Update**
 - Effective July 1, 2024, the SPA would expand the Katie Beckett program level of care eligibility requirements to include the intermediate care facility level of care. If a child meets the ICF level of care, and all other eligibility requirements, they may be eligible for the Katie Beckett program.
- **CHIP Vaccine Coverage**
 - Brings MLTC into compliance with federal vaccine coverage requirements to allow for coverage (with no cost sharing to the member) of all ACIP-recommended vaccines under Nebraska's Childrens Health Insurance Program (CHIP). This SPA will not have an impact on the Tribes, as Tribal beneficiaries who receive services at IHS/Tribal/Urban health facilities are already exempt from cost sharing.
- **CHIP Continuous Eligibility for Children**
 - This Tribal Notice is a duplicate of the one sent on January 24, 2024. CMS is recommending the state update sections in the paper version of the CHIP State Plan to reflect the new CE policy. The previous CHIP CE state plan amendment was submitted via a web portal.

Waivers:

- None

ii. **New CMS Eligibility Final Rule**

- CMS recently published a final rule meant to simplify the eligibility and enrollment processes for Medicaid and CHIP. The final rule:
 1. aligns enrollment and renewal requirements for most individuals in Medicaid,
 2. establishes beneficiary protections related to returned mail,
 3. creates timeliness requirements for redeterminations of eligibility,
 4. makes transitions between programs easier,
 5. eliminates access barriers for children enrolled in CHIP by prohibiting premium lock-out periods, benefit limitations, and waiting periods,
 6. modernizes recordkeeping requirements to ensure proper documentation of eligibility determinations.
- MLTC is still digesting the final rule and programmatic requirements set forth in it and will be working to implement the various provisions over the course of the coming years.

QUESTION: How many people have lost coverage since Medicaid started doing eligibility renewals and redeterminations?

ANSWER: Approximately 55,000 individuals have been closed since the start of the Unwinding Period (March 2023). For more information, see the MLTC [Preparing to Renew Medicaid Coverage](#) site and the [Medicaid Unwind Dashboard](#). MLTC is also trying to address high levels of CHURN, which is where individuals are determined ineligible, re-apply, and then re-enroll in Medicaid. Individuals who are closed for failure to provide requested information can provide that needed information related to their redetermination within 90 days of their closure notice. If all requested information is provided and the individual still meets eligibility criteria for Medicaid, they can then be re-opened without having to submit a new application.

QUESTION: What was the pre-COVID rate for cases that were not redetermined as eligible?

ANSWER: Around 8% - 13% on average.

QUESTION: When does MLTC plan to have all of the unwind-related renewals completed by?

ANSWER: The new target date to complete unwind-related renewals is through the end of August. Turn around times have been taking longer than anticipated and this is due to a couple of factors. First, during the unwinding period, NE Medicaid is allowing a 30-day window for individuals to respond to Requests for Additional Information (RAIs). This window was previously 15 days but was extended for the unwinding period. Second, MLTC has had an influx of new staff. Case renewals used to take around 5 days on average. They are now averaging 3 weeks, but this is again due to a number of factors like the extended time frame for individuals to provide information, new staff, and beneficiaries being unfamiliar with renewal requirements.

Note: The CMS eligibility final rule would make permanent the 30-day period for individuals to respond to RAIs.

QUESTION: Is Medicaid looking at making changes to how renewals are done?

ANSWER: MLTC is looking into changes it could make to help optimize the renewal process. However, the goal currently is to complete the renewals for the Unwinding period and let operations stabilize before making any changes to current operations.

QUESTION: Why does Medicaid ask for information that it has access to (for example, tax information)?

ANSWER: When there are discrepancies in what is reported by the individual and the data that Medicaid views when processing redeterminations, Medicaid is required to reach out to the individual to verify the information. This is a federal requirement.

3. Spring 2024 Listening Tour Presentation

- i. Discussion with Interim Director Matt Ahern

Medicaid Insights: Navigating Changes and Progress in 2024

End of PHE – Unwind

- **COVID-19 Pandemic Response:**
 - Throughout the COVID-19 pandemic, all individuals enrolled in Medicaid maintained coverage, ensuring that nobody lost their Medicaid benefits during this challenging time. The COVID-19 pandemic ended in May 2023 and the requirement for states to maintain Medicaid coverage ended March 31, 2023.
- **Review Period:**
 - DHHS embarked on a comprehensive review process, spanning a 14-month "unwinding" period from March 1, 2023, to April 30, 2024. DHHS staff are completing reviews for nearly 380,000 members.
- **Continued Review:**
 - Our dedicated staff will continue to conduct Medicaid reviews until all are completed. DHHS is targeting to be substantially complete with the unwind reviews by August 2024.
 - Several factors are causing the delay in completing the unwind by April 30 including;
 - Significant increases in the call center, new application, and change report volumes
 - Operationalizing updated CMS guidance for completing ex parte renewals
 - Operationalizing temporary flexibilities to support the unwind reviews (waiver of Medicaid rules to make it easier for members to complete their reviews)
 - Federal injunction requiring CMS and states to reinstate coverage for individuals who were transferred from Medicaid to a Medicare Savings Program (MSP)
 - Implementation of the new MCO contracts and members transitioning from Healthy Blue
- **Engagement with partners and advocacy groups:**
 - Prior to and during the unwind period DHHS has regularly engaged Medicaid providers, MCOs, community partners, and advocacy groups to help get the word out and assist members in completing their reviews, and gather input on key messaging included in member outreach materials
 - This engagement also led to the development and release of monthly reporting on the unwind website

	<ul style="list-style-type: none"> • Current Status: <ul style="list-style-type: none"> ○ As of March 2024 DHHS has completed 82% of the unwinding reviews with 68% of members remaining eligible. Members who are no longer eligible are encouraged to visit the federal marketplace, HealthCare.gov, to apply for coverage and see if they qualify for premium assistance and reduced cost-sharing. <ul style="list-style-type: none"> ▪ 51% have been closed because they are no longer eligible ▪ 49% have been closed due to procedural reasons • For more information: <ul style="list-style-type: none"> ○ As we approach the conclusion of the Nebraska Medicaid Maintenance of Eligibility (MOE) Unwind, it's crucial to remain informed and prepared. DHHS is dedicated to supporting individuals throughout this transition, ensuring access to essential healthcare services. For more information please visit the DHHS unwind website, https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx.
Telehealth	<ul style="list-style-type: none"> • Contextualizing the Update: The updated telehealth guidance within Provider Bulletin 23-38 prioritizes patient safety, accessibility, and clinically appropriate care. Providers offering telehealth services must adhere to applicable laws, maintain proper documentation, and ensure services are delivered in a clinically appropriate manner. Currently, all Telehealth services covered by Medicaid can be found on the Medicaid Provider Rates and Fee Schedule webpage. Billing for telehealth services requires a specific place of service codes and modifiers, which are crucial for accurate reimbursement, appropriate service delivery, and compliance. • Benefits of Telehealth: Telehealth offers numerous benefits, including increased access to care, convenience for patients, and improved efficiency for healthcare providers. By embracing telehealth, Nebraska Medicaid continues to prioritize the well-being and accessibility of its beneficiaries.
Dental Update	<ul style="list-style-type: none"> • For Members: <ul style="list-style-type: none"> ○ Enhancements in Dental Care Management: As of 2024, dental care for our members is now be managed by our three health plans. This change aims to streamline the dental care process and ensure efficient delivery of services to our members. ○ Removal of Annual Dental Benefit Maximum: The \$750 annual dental benefit maximum has been removed. This means our members

can access necessary dental services without worrying about reaching a maximum limit.

- **Expanded Coverage for Wisdom Tooth Extraction:** We have expanded coverage to include improved wisdom teeth coverage (asymptomatic extraction). This proactive approach aims to address potential dental issues before they escalate, promoting long-term oral health for our members.
- **Public Health Dental Hygienists:** To further enhance access to dental care, with public health dental hygienists as part of our dental care team. These dedicated professionals will play a crucial role in providing preventive dental services and education to our members, particularly in underserved communities.
- **For Providers:**
 - **Updates to Denture Treatment Reimbursement:** In 2024, we are implementing updates to the reimbursement process for denture treatment. These updates aim to ensure fair compensation for providers while maintaining high standards of care for our members who require denture services.
 - **QUESTION:** How are the Tribes to bill for interim, or multiple-visit, services (such as dentures and crowns)?
 - **ANSWER:** Billing for these services should follow the process outlined in the [Tribal Dental Billing 2024 Provider FAQ](#). For these services, the prior authorization approval from the MCO would outline how many visits are allowed based on medical necessity. As part of their authorization review process, the MCOs will work with Tribal providers to ensure an appropriate number of visits are captured in the prior authorization. If additional visits beyond the standard three are deemed appropriate, the MCOs can set the prior authorization units accordingly.
 - Tribal providers would then bill for each visit with the T1015 encounter rate code at the IHS encounter rate and include the dental service-specific code(s) for the dentures/interim service on the subsequent line(s). Each visit for these services (as approved in the prior authorization) would utilize the same service-specific code(s) and would be billed and reimbursed at the IHS encounter rate.

	<ul style="list-style-type: none"> ○ Streamlined Credentialing Process: We understand the importance of efficiency for healthcare providers. That's why we're pleased to announce the ongoing efforts to streamline the credentialing process. These enhancements will simplify administrative procedures, allowing providers to focus more on delivering quality care to our members. <ul style="list-style-type: none"> • More information on the 2024 Dental Updates can be found on the Medicaid Dental Care webpage (https://dhhs.ne.gov/Pages/Medicaid-Dental-Care.aspx) <p>QUESTION: Why aren't patients able to get temporary dentures? ANSWER: There is a difference between immediate and complete dentures. Previously, denture services faced some limitations in delivery and timing due to the \$750 annual dental benefit maximum. But now that the dental benefit maximum is gone, services delivered to patients are determined by what services are medically necessary and the most appropriate.</p> <p>QUESTION: Why are some patients unable to get braces? ANSWER: Medicaid pays for services based on medical necessity and function. Whereas private insurance will often cover braces on a cosmetic basis too, Medicaid only covers based on medical necessity.</p>
<p>CE (Mothers & Children)</p>	<ul style="list-style-type: none"> • Postpartum Mothers: <ul style="list-style-type: none"> ○ Extended Postpartum Coverage: Starting January 1, 2024, Nebraska Medicaid is implementing a significant enhancement to postpartum care. Postpartum coverage, previously limited to 60 days, will now be extended to a full 12 months. ○ Importance of Extended Coverage: This extension recognizes the critical importance of postpartum care in ensuring the health and well-being of both mothers and babies. By extending coverage, we aim to provide mothers with continued access to essential healthcare services during this crucial period of recovery and adjustment. ○ Supporting Maternal Health: Access to comprehensive postpartum care is vital for addressing maternal health concerns and promoting positive birth outcomes. This extended coverage period allows mothers to receive ongoing medical attention, screenings, and support as they navigate the postpartum period. ○ Empowering Mothers: By extending postpartum coverage, we empower mothers to prioritize their health and well-being without the added stress of navigating insurance coverage during a vulnerable time.

This change aligns with our commitment to supporting maternal health and ensuring equitable access to healthcare for all mothers.

- Maternal Health Resources for Medicaid Webpage: <https://dhhs.ne.gov/Pages/Maternal-Health.aspx>

- **Children:**

- **Continuous Coverage Extension:** In alignment with our commitment to child health and well-being, Nebraska Medicaid is extending continuous coverage for newly eligible children. Previously set at 6 months, this coverage period will now be extended to a full 12 months.
- **Ensuring Consistent Care:** Continuous coverage for children is essential for ensuring consistent access to necessary healthcare services, including preventive care, screenings, and treatments. This extension minimizes disruptions in coverage, allowing children to receive the care they need to thrive.
- **Promoting Healthy Development:** Access to consistent healthcare coverage plays a crucial role in promoting healthy child development and addressing potential health concerns early on. By extending coverage, we aim to support children's overall health and well-being from infancy through childhood.
- **Reducing Administrative Burden:** Extending continuous coverage streamlines administrative processes for families and healthcare providers, reducing the burden associated with frequent re-enrollment and ensuring uninterrupted access to care for eligible children.

iServe

- **Introduction of Integrated Benefit Application:** On October 23, 2023, Nebraska introduced a groundbreaking initiative: the integrated benefit application. This application revolutionizes the process for Nebraskans and community partners alike, streamlining access to vital resources and support.
 - Link to the iServe portal: <https://iserve.nebraska.gov/>
- **Comprehensive Assistance:** The integrated benefit application offers a new and simplified approach for Nebraskans to access essential assistance. Now, individuals can apply for a range of benefits including food assistance, utility support, healthcare coverage, childcare services, and more—all through a single, user-friendly platform.

- **Simplified Process:** Gone are the days of navigating multiple applications and agencies to access different forms of assistance. With the integrated benefit application, Nebraskans can complete one comprehensive application, eliminating the need for redundant paperwork and streamlining the entire process.
- **Enhanced Accessibility:** This innovative approach aims to make essential assistance more accessible to all Nebraskans, reducing barriers to entry and ensuring that individuals and families in need can easily access the support they require to thrive.
 - **Mobile Applications:** Mobile applications were not possible prior to iServe. The mobile applications go up on the weekends which shows that people are now able to apply for benefits during the weekend with just their smartphone.
- **Empowering Community Partners:** In addition to benefiting Nebraskans, the integrated benefit application also empowers community partners by providing them with a more efficient and coordinated system for assisting individuals in accessing essential services. By working together through this unified platform, community organizations can better serve their constituents and maximize the impact of their efforts.
- **Conclusion:** The introduction of the integrated benefit application marks a significant milestone in Nebraska's commitment to supporting the well-being of its residents. By simplifying the application process and expanding access to vital resources, we are working towards a more inclusive and supportive community for all Nebraskans.
- **Data:**
 - 56,735 total applications from 10.16.2023 to 4.10.2024
 - 23% Integrated Application
 - 28% Medicaid Only
 - 49% EA Applications
 - 29% SNAP Only
 - Other Interesting Metrics:
 - 28% Mobile Applications
 - 6% Spanish Applications
 - 15% Guest Applications

Legislative Bills	<ul style="list-style-type: none"> • LB62: Provide Coverage of Translation and Interpretation Services <ul style="list-style-type: none"> ○ The operative date in the bill says 1.1.24 however we cannot meet the retroactive date. We are looking at a 7.1.24 effective date. <ul style="list-style-type: none"> ▪ Note: MLTC will still need to determine if reimbursement for interpretation services will be included in the encounter rate, or if it would be in addition to it. • LB204: Provide Reimbursement for Pharmacy Dispensing Fees <ul style="list-style-type: none"> ○ Effective 7.1.24 the pharmacy dispensing fee will increase by \$10.38 per prescription for any independent pharmacy until a rate survey is completed due by the end of the year. • LB358: Increase Dental Services Reimbursement <ul style="list-style-type: none"> ○ Increased dental rates by 12.5% effective 7.1.24 • LB857: Nebraska Prenatal Plus Program <ul style="list-style-type: none"> ○ Effective 10.1.24 – Requires 6 or fewer sessions of nutrition counseling; psychosocial counseling and support; general client education and health promotion; breastfeeding support; and targeted case management. • LB905: Medical Respite Care <ul style="list-style-type: none"> ○ 1115 demonstration waiver to cover medical respite care for homeless individuals eligible under expansion to be submitted by 10.1.25 <ul style="list-style-type: none"> ▪ There would be two facilities to start with, one in Omaha and one in Lincoln. Omaha: Siena Francis House, Lincoln: TBD ▪ This will also serve as a good model that could spread further in the state. There is a good opportunity for these to positively impact state savings, increase access to care, and reduce rehospitalizations. As such, similar programs could be rolled out in other areas of the state down the road. • LB1087: Hospital Quality Access Assessment Act <ul style="list-style-type: none"> ○ Effective immediately when signed (3.24) • LB1215: Coverage of Breast Pumps and Lactation Counseling <ul style="list-style-type: none"> ○ Effective 1.1.25, mandates coverage of coverage of breast pumps and a minimum of 10 lactation counseling sessions.
Web Update	<ul style="list-style-type: none"> • Dental Care Webpage

- **Introduction to Dental Care Resources:** DHHS is committed to promoting oral health and providing access to dental care for all Medicaid beneficiaries.
- **Overview of Webpage Content:** This webpage serves as a comprehensive resource for individuals seeking information on Medicaid dental benefits, coverage options, and providers in Nebraska.
- **Access to Important Information:** Visitors to this webpage can find details on covered dental services, eligibility criteria, provider directories, and frequently asked questions regarding Medicaid dental care.
- **Empowering Beneficiaries:** By centralizing dental care information in one accessible location, DHHS aims to empower Medicaid beneficiaries to make informed decisions about their oral health and access the care they need to maintain healthy smiles.

- **Maternal Health Postpartum Coverage Webpage**

- **Focus on Maternal Health:** DHHS recognizes the importance of supporting maternal health, particularly during the postpartum period, to ensure the well-being of both mothers and babies.
- **Comprehensive Resource Hub:** The Maternal Health Postpartum Coverage webpage provides essential information on Medicaid coverage extensions, resources for new mothers, and support services available in Nebraska.
- **Addressing Postpartum Needs:** Visitors to this webpage can learn about recent policy updates, access resources for postpartum care, and discover avenues for additional support during the critical postpartum period.
- **Promoting Maternal Wellness:** DHHS is dedicated to promoting maternal wellness and improving health outcomes for postpartum individuals. This webpage serves as a valuable resource for mothers and caregivers seeking guidance and assistance in navigating postpartum healthcare options.

- **Listening Tour Webpage**

- **Engagement and Collaboration:** DHHS values feedback from stakeholders and community members in shaping healthcare policies and initiatives across Nebraska.
- **Introduction to the Listening Tour:** The Listening Tour webpage provides information on upcoming events, opportunities for participation, and avenues for providing input on Medicaid and Long-Term Care (MLTC) services.
- **Community-Centered Approach:** Through the Listening Tour, DHHS seeks to engage with individuals, organizations, and advocates to better understand their needs, concerns, and priorities regarding Medicaid and long-term care services.
- **Enhancing Transparency and Accountability:** By fostering open dialogue and soliciting input from diverse voices, DHHS aims to enhance transparency, accountability, and responsiveness in delivering healthcare services that meet the needs of Nebraskans.

The group discussed Medicare Advantage plans and how these have been leading to disruptions to care for Medicaid-eligible beneficiaries. MLTC will look into how it communicates with MA plans, and Tribes experiencing issues with Ambetter should reach out to Tuesday and Adam with NTC so that these cases can be looked into.

4. Break

5. COVID-19 Public Health Emergency (PHE)

- i. Data Sharing Agreements – Update
 - i. Can the Tribes receive Secure Email containing and excel file with the data?
 - 1. The Tribes present responded that they would be able to receive the data file this way.
 - ii. The Tribes present confirmed that the following were the appropriate contacts for the Data Sharing Agreements:
 - 1. Omaha – Sarah Rowland, Carl T. Curtis Health & Ed. Center, CEO
 - 2. Santee – Phil Jaquith, Public Health Director
 - 3. Ponca – Jacqueline Bae, Ponca Health Services CEO, and Rhiannon Pitzl
 - iii. Winnebago was not present in-person, but Mona Zuffante and Beth Wewel are the contacts listed for them.
 - 1. Winnebago – Mona Zuffante & Beth Wewel
 - iv. The preliminary details of the Data Sharing Agreement are still being worked by MLTC, out will contain requirements around:
 - 1. Proper data storage, and
 - 2. Appropriate staff access to data.
- ii. Federal Injunction Cases – Update

- i. MLTC is prioritizing finishing the Data Sharing Agreements. However, MLTC has looked into running a report identifying Tribal members impacted by the Federal Injunction Case and believes it is possible to do so. Once the Data Sharing Agreements are completed, MLTC will work with the Tribes on impacts of the Federal Injunction Cases on Tribal PRC funds.

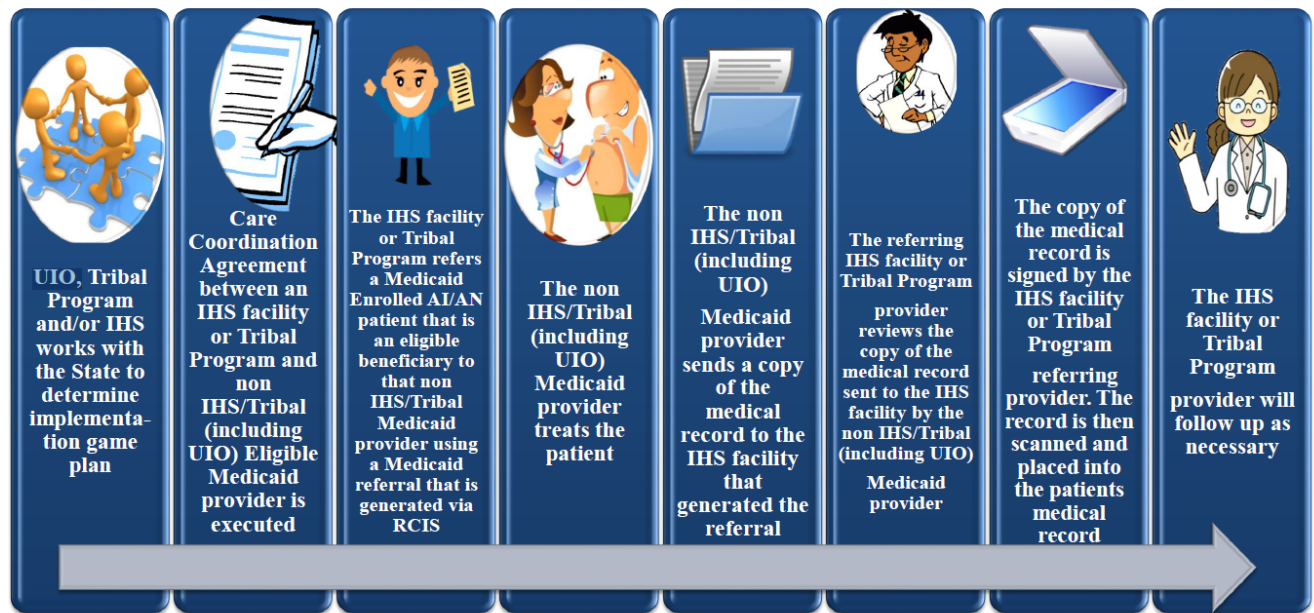
6. Policy Updates

- i. Tribal FQHC Option Update

- Stacey Steiner, the CMS Native American Contact for the Great Plains Area, noted that CMS is considering whether to make changes to the clinic services benefit at 42 CFR 440.90 (the “four-walls requirement”). She notes that they have increasingly heard that the four-walls requirement may create access to care problems for certain populations.
- CMS is considering creating an exception to the four walls requirement and Stacey expects that this exception if approved, will be finalized prior to the expiration of the grace period on Feb 11, 2025. So, unless the Tribes in NE are interested in enrolling as a Tribal FQHC for reasons other than to avoid the 4 walls requirement, a Tribal FQHC SPA may no longer be necessary.

- ii. Care Coordination Discussions

100-Percent FMAP Flow Chart



- The Tribes noted that they most often refer patients to non-Tribal providers for cardio, GI, endocrinology, and EMT services. Essentially, those specialty provider types that they are unable to contract with outside providers to provide at the clinic.
- Care Coordination Agreements would require a lot of administrative work and planning. However, they would lead to savings for the state, which could be reinvested in a number of ways.
 1. How those funds are used depends on a number of variables, and may ultimately require Legislative approval depending on how they are reinvested.
 2. Other states have done different things with these savings. Some states have reinvested these dollars to non-Tribal providers to incentivize participation in Care Coordination Agreements. North Dakota passed a state law outlining that these funds would go back to the Tribes, and specific ways the Tribes would be required to use the funds.
- Under Care Coordination Agreements, IHS/Tribal facilities:
 1. Remain responsible for the patient's care, and
 2. Would require developing care/case management, billing, and documentation processes with the non-Tribal providers.
- The Tribes noted that they are interested in a Care Coordination Agreement structure where they still bill for the services at the AIR, but services are provided by non-Tribal providers, in order to help save PRC dollars.
 1. Jacob to look more into the specifics of these agreements and how CMS would expect them to be set up.
- The Tribes also noted that they are interested in the Tribal Medicaid Administrative Claiming that was discussed at the 2024 February Consultation meeting.
 1. Jacob will look more into this as well and what next steps are needed.

iii. MCO Tribal Provider Guidance Documents

- The group discussed each of the MCOs creating guidance documents to outline their MCO-specific processes and federal Tribal protections in Medicaid and CHIP managed care. This would be in alignment with recent initiatives from CMS, as outlined in their 07.06.22 CIB.
- Potential Topics:
 1. MCO Contracts / Network Participation
 - a. Tribes aren't required to participate/contract
 - b. Sub-contractor expectations
 - c. CMS Tribal Medicaid and CHIP managed care contract addendum
 2. Navigating MCO online billing and claims portals
 - a. How to submit and edit claims
 - b. MCO-specific requirements for billing claims
 3. MCO Tribal Liaisons
 - a. Expectations and requirements
 4. Reimbursement for dual eligible beneficiaries

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

- iii. Updates from MCO Liaisons
- iv. NEMT
- v. Open Agenda
 - i. Santee raised issues they've been having accessing Molina online claims through Availability
 - 1. The Molina team will continue working with Santee to resolve these issues

Closing