MLTC Tribal Consultation
August 26, 2026
Meeting: 1:00-4:00 p.m. CST

Location – Nebraska State Office Building
301 Centennial Mall South
Lincoln, NE 68508

Present (In-Person): Amelia Swalley, Vietta Swalley, Amber Draper, Michelle Runyan, Robyn Salerno, Rebecca Crase, RickyAnn Fletcher, Jackie Orth, James Ridgeway, Keith Morrow, Tuesday Kuhlman, Jacob Kawamoto, Bailey Reigle, Ashiye Aator, Celia Wightman

Present (via Webex): Chasity Davis, Cynthis Gillaspie, Kelsey Wright

1. Welcome / Group Introductions
   i. Celebrations
      - Winnebago is successfully billing and receiving payment for NEMT claims
      - Santee is opening a hardware store and will soon open a restaurant
      - Jacob has been promoted to MLTC's Deputy Director of Policy and Plan Management
   ii. Update of MLTC Tribal contacts / email list

2. Medicaid Updates
   i. SPA and Waiver – Discussion
      - SPAs
        - NE 26-0003: Personal Assistance Services (PAS) Methodology
          - Effective January 1, 2027, the payment methodology for personal assistance services will be updated
          - This change **will impact** the Tribes. Since personal assistance services are reimbursed at the fee schedule rate and not reimbursed under the IHS all-inclusive rate, the Tribal impact will be an increase in the reimbursement rate for providers of personal assistance services.
        - NE 26-0006: Enhanced Primary Care (EPC) Program
          - Effective July 1, 2026, the Nebraska Medicaid EPC program will be discontinued.
          - EPC provider claims incurred through June 30, 2026, will be reimbursed using the EPC fee schedule rate. Effective July 1, 2026, EPC provider services will be reimbursed primarily though the Physician fee schedule.

- No action is required from participating EPC providers
- This SPA will **not impact** Tribal providers since they are reimbursed at the IHS all-inclusive rate.

- NE 26-0007: Nursing Facility Inflation Factor
  - Effective July 1, 2026, the inflation factor for the nursing facility rate period is -2.07%
  - This SPA **will have an impact** on nursing facilities participating in Nebraska Medicaid including Tribally owned and operated nursing facilities. Reimbursement for Tribally owned and operated nursing facilities will continue to be reimbursed at 100% of costs
- NE 26-0008: Intermediate Care Facility Inflation Factor
  - Effective July 1, 2026, the inflation factor for intermediate care facilities for individuals with developmental disabilities (ICF-DD) is 24.0%
  - This SPA will **not impact** the tribes as they do not operate ICF-DD facilities in Nebraska
- NE 26-0009: Inpatient Hospital Rates
  - Effective July 1, 2026, MLTC will update the Medicaid State Plan to reflect updated effective dates for payment rates for psychiatric residential treatment facilities and transplant diagnosis-related group direct medical education payments
  - This SPA will **not impact** the tribes because the changes are technical in nature and will neither affect access to care for Medicaid beneficiaries nor affect the healthcare facilities operated by the tribes
- NE 26-0010: Outpatient Hospital and Professional Provider Rates
  - Effective July 1, 2026, MLTC will update the Medicaid State Plan to reflect current payment rate effective dates for state fiscal year 2027
  - This SPA will **not impact** the Tribes because payment rates will remain steady in State Fiscal Year 2027 and the changes will neither affect access to care for Medicaid beneficiaries nor affect the health care facilities operated by the Tribes

- Waivers
  - No waiver updates

ii. Rural Health Transformation Program (RHTP)

- Monthly Tribal RHTP meetings will be held on the 2nd Wednesday of the month from 4:00pm-5:00pm
  - There will be no meeting in September
  - The October meeting will be October 21, 2026
  - There is interest in moving the meetings up in the day, preferably to 10:00am. MLTC will work with the RHTP staff to adjust the meeting time.
- Rural Health Transformation Program Webpage
- Nebraska Initiatives
- Year 1 Timeline
- Year 1 Tribal RHTP Data
  - Total RHTP funds awarded to Tribes: $2,566,681.92

- Year 1 Initiative Awards
    - 5.3 Modification of Existing Clinical Facilities for Crisis Stabilization Centers: $53,615
    - 4.4b Remote Patient Monitoring: $414,694
    - 4.4a Chronic Disease Management: $678,303
    - 2.3a Community Health Workers: $1,320,070
    - 1.5 NE Kids Fitness and Nutrition Day: $100,000
- Year 1 Contacts – 8 contracts across 5 initiatives
    - 2.3a Community Health Workers: $691,942
    - 2.3a Community Health Workers: $455,717
    - 2.3a Community Health Workers: $172,411
    - 4.4a Chronic Disease Management: $339,612
    - 4.4a Chronic Disease Management: $338,691
    - 4.4b Remote Patient Monitoring: $414,694
    - 5.3 Modification to Existing Clinical Facilities for Crisis Stabilization Centers: $53,615
    - 1.5 NE Kids Fitness and Nutrition Day: $100,000
- Questions and Answers
    - Question: When should Tribes expect to receive a signed contract and funding for their initiatives from DHHS? They are currently on pause with their efforts until they receive the contract/funding
        - Answer: MLTC will work with the RHTP staff to get an answer and follow up with the Tribes.
    - Question: Some Tribal entities are excluded from funding opportunities due to the zip code of their facility even though their facility serves a majority of individuals from rural areas. Is there some sort of exception that could be made for tribal entities in Lincoln/Omaha so that they could apply for more opportunities?
        - Answer: MLTC will work with the RHTP staff to get an answer and follow up with the Tribes.
    - Question: If a Tribe received funding for an initiative during year 1 and wants to receive funding for that same initiative in year 2, will they have to completely reapply, or will there be a renewal option?
        - Answer: MLTC will work with the RHTP staff to get an answer and follow up with the Tribes.

iii. H.R.1 Update

- Tribal H.R.1 Timeline – posted on the Tribal Health Website
- Medicaid Work Requirements (MWR) Update
    - Emerging data on Native exemptions for MWR
        - Initial Applications (05/1/26-08/16/26): 165 Native Exemptions
        - Renewal Applications (7/1/26-8/16/26): 107 Native Exemptions
    - Please inform the MLTC Tribal Liaisons if there are issues with any of the Native exemptions being applied for an application or renewal
    - MLTC has received feedback that the language on the notices in confusing because it says that the individual will have to continue to meet MWR.

        - Once a Native exemption is in place, it does not go away and will remain on the individuals file. MLTC is planning to revise the notices applicants receive to reduce confusion surrounding MWR.
    - MLTC is working towards utilizing claims data to apply an exemption for Tribal members.
- Medicaid Eligibility: Changes for Noncitizens
    - Beginning October 1, 2026, federal law changes which noncitizens are eligible for full Medicaid coverage. As a result, some noncitizens who currently qualify for Medicaid will no longer be eligible for full Medicaid benefits after September 30, 2026
    - Native Americans born outside of the United States must have a lawful permanent resident status to remain eligible
        - Process link for AI/AN born in Canada:
    - More information about these changes can be found on MLTC's Eligibility for Noncitizens website
- Question and Answer
    - Question: How many AI/AN individuals are in the expansion group?
        - Answer: We don't have an accurate number because we have never required Tribal members to share their AI/AN status when they apply. Any data we do have would be underreported.
    - Comment: Multiple individuals raised concerns and voiced issues around calling into Medicaid. It was stated that Tribal entities are told that filling out an application over the phone is different than filling out an online application. Helping an applicant submit a phone application only allows the helper to be an authorized representative for a day. There was an instance where the applicant/Tribal facility were told that they can't prove that they're Native over the phone.
        - Response: MLTC will look into these concerns and work to educate call center workers. If applicants have the phone number they called and the date and time of the call, they can send it to the Tribal Liaisons along with the concerns from the call and MLTC will look into it.
    - Comment: It is hard to manage patient populations because Tribal facilities can't view all of their patients at once. The NMES line is not always updated and sometimes does not match what is in NFOCUS.
        - Response: MLTC will look into the NMES line issues.
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iv. NE Medicaid Tribal Consultation Policy

- MLTC is considering amending its official Tribal Consultation Policy and process based on feedback from Tribes
- Current Tribal Consultation Policy
    - MLTC sends out Tribal Notices for proposed SPAs and Waivers. Comments can be received from the Tribes for 30 days. If no comments are received, MLTC can submit the SPA/Waiver to CMS.
    - If comments are received, the consultation time-frame increases to 60 days
        - If one Tribe has a question or concern, it will be communicated to all other Tribes with a response from the Department

- After the 60 day timeframe, MLTC can submit the SPA/Waiver to CMS
- Comments from the Tribes are reported to the CMS Native American contact
- Comments should be submitted to DHHS.MedicaidSPA@nebraska.gov

- Discussion around updating the policy
  - MLTC will be more proactive in sharing SPA/Waivers that impact the Tribes with Tribal members.
  - There was discussion around changing the no comment language to say no concerns.
  - One concern is that if the language is too broad it could be misinterpreted in the future as new state staff start working with the Tribes
  - The Tribes have requested that MLTC be more transparent about where the changes stem from, if it's a federal mandate, state mandate, etc.
  - An idea was floated out that in order to increase the timeframe to 60 days, a formal request must be made.
  - There was feedback that adding definitions of comments, request, etc. could help limit confusion.
  - The Tribes and MCOs are interested in the Tribal notices being posted on the Tribal health webpage.
  - MLTC will draft edits to the consultation policy and bring them to the November consultation for review.

3. Break

4. Outstanding Items:
   i. Inpatient Encounter Rate Billing/Reimbursement
      - Outpatient Rate
        - Billed and reimbursed at the IHS all-inclusive rate
        - This all-inclusive rate includes professional fees
        - No additional claims should be billed when billing for outpatient services
      - Inpatient Rate
        - Billed and reimbursed at the IHS all-inclusive rate but excludes physician/practitioner costs
        - When billing for inpatient services, Tribal hospitals can separately bill for physician/practitioner costs at the appropriate feed schedule rate
      - Medicaid has updated the IHS and Tribal 638 guidance document to reflect these changes. MLTC will make edits based on feedback received today.
   ii. MCO Change Requests
      - To change MCOs due to a for cause reason, use the following process,
        - Identify a "for cause" reason:
          - A "for cause" reason is a state-approved reason to change your Heritage Health plan outside of the annual Open Enrollment period (which is from October 15-December 7). Some examples include:

i. Poor quality of care
ii. Lack of access to covered medical services
iii. Lack of access to medical providers

- Speak with a Choice Counselor:
  - You need to contact a Choice Counselor (1-888-255-2605) to discuss your specific situation and determine if your "for cause" reason is valid. They can provide guidance and help you understand the change process.
- Fill out and submit the change form:
  - If your "for cause" reason is approved, you may need to fill out a Health Plan Change Form, which is usually included in your welcome packet. Then, you will need to mail the completed form to the Heritage Health Enrollment Center.
- If you are having issues with this process please let the MLTC Tribal Liaisons know

5. Roundtable Discussion
   i. Other DHHS Division Updates
   ii. Updates from MCO Liaisons
      i. United Healthcare
         1. Amber Draper is the interim Tribal Liaison as UHC searches to fill that role
         2. White Bison Training November 17-19 in Omaha the theme is mending broken hearts. Reach out to Amber D. for more information.
         3. UHC plans to include contractors on monthly meetings to help answer questions that the Tribal Liaison does not know the answer to. If Tribes are uncomfortable with this and don't want the contractors there, let UHC know.
      ii. Nebraska Total Care
         1. Starting October 17, NTC's system will send notification if there appears to be an issue with a claim. Facilities can then go in and fix the issue if they agree with the message, or they can override, and submit as is
      iii. Molina
         1. The Tribes would have liked Molina to address the vision changes sooner. They would like VSP to pay the AIR from the beginning or they would just wait to submit claims until it is set up correctly.
            a. Did Molina members get their new cards? Molina will look into this
            b. The Tribes need payer information in order to update their systems.
         2. Nancy will send Robyn an email about behavioral health pre-authorization
   iii. Data Sharing Agreements
   iv. NEMT
   v. Medicare Advantage / Crossover Claims
      i. MLTC is working on these claims
   vi. Open Agenda
      i. Tribes have expressed interest in having Medicaid eligibility workers coming to their facilities to help address Medicaid issues. Dinah is on board with this. Each Tribe can determine that cadence that works best for them.

ii. Santee and Winnebago are experiencing DSNP issues with UHC. The claims cross over but are not being paid correctly or at all. It is believed that this issue is a systems issue.

vii. Closing
   i. The next Tribal Consultation will be on Wednesday, November 18th from 1:00pm-4:00pm
   ii. Location TBD