NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

MLTC Tribal Consultation

February 15, 2024
1:00-4:00 p.m. Central Standard Time

Molina Healthcare Offices
3301 Harney St.
Omaha, NE 68131

Present (In-Person): Jacob Kawamoto (Medicaid Policy/Tribal Liaison), Nikkola Bales (Medicaid Communications), Bailey Reigle (Medicaid Policy), Jeshena Gold (Medicaid Plan Management), Erica Buescher (Medicaid Plan Management), Vietta Swalley (Santee Sioux), Becky Crase (Ponca), RickyAnn Fletcher (Ponca), Sylvia Allen-Lopez (Ponca), Lisa Miller (Omaha), Brenda Worrell (Omaha), Frank Clepper (Molina), Kiernan Scott (Molina), Shannon Nelson (Molina), Bethany Stech (Molina), Morgan Horst (Molina), Qiana Brown (Molina), Anna Adams (Molina), Jeff Stafford (UHC), Cynthia Goslin (UHC), Kara Urkoski (UHC), Jackie Agala-Collins (UHC), Adam Proctor (NTC), Mariana Johnson (NTC)

Present (via Webex): Jessie Edwards (Medicaid Policy), Catherine Kearney (Medicaid Plan Management), Megan Gifford (Developmental Disabilities), Colin Large (Developmental Disabilities), Echohawk Lefthand (Public Health), Michelle Coleman (Public Health), Joe Wright (Medicaid Communications), Aaron Reece (Medicaid Health Services), Nancy Mackey (Santee Sioux), Catalina Hernandez (Oglala Lakota/Pine Ridge), Cheryl Darby-Carlberg (Nebraska Urban Indian Health Coalition), Beth Wewel (Winnebago), James Ridgeway (Winnebago), Michelle Runyan (Ponca), Leslie Horwart (Molina), Angela Currier (Molina), Keith Derks (Molina), Heather Leschinsky (Healthy Blue), Heather Hoffman (Modivcare),

1. **Welcome / Group Introductions**
   i. Celebrations
      - The Santee Health Center partnered with United Healthcare, Nebraska Total Care, and Molina in response to the Tribe's declared State of Emergency in light of food and gas shortages brought on by the winter storms. 250 Hy-Vee food and gas cards were provided to Tribal members.
        - Santee's new Dialysis unit is in the process of being assessed and approved.
      - The MLTC team made updates to the Provider Rates and Fee Schedule webpage

   ii. Update of MLTC Tribal contacts / email list

2. **SPA, Waiver and Regulations - Discussion**
   i. 2024 Q1 (Dec – Feb) Overview and recap
   ii. **SPAs:**
      - NE 24-0005: Therapeutic Family Care (TFC)

- The TFC program will serve Medicaid-eligible children and youth up to age 19 who are at the intensive plus or specialized level of foster care and meet additional needs-based criteria for TFC. MLTC plans to phase in TFC eligibility to qualifying children who are at the intensive level of foster care and probation-involved youth. The TFC program includes crisis services and mobile crisis services starting 4.1.24. This will impact the Tribes, as Medicaid-eligible children who meet TFC eligibility will have access to these services.

- NE 23-0016: iServe Electronic Application
  - MLTC plans to submit a state plan amendment to implement the use of the new iServe electronic application for benefits. This would update Nebraska Medicaid's online application, making it more user-friendly and allowing users to apply for multiple programs with a single application. Though the design is changing, there is no impact on the Tribes since the process for submitting the application will remain the same.
- NE 24-0004: Continuous Eligibility for Children Under Medicaid
  - Extends continuous eligibility for children enrolled in Medicaid from 6 to 12 months. The anticipated effective date is January 1, 2024.
- NE 24-0007: Continuous Eligibility for Children Under CHIP
  - Extends continuous eligibility for children enrolled in the Children's Health Insurance Program (CHIP) from 6 to 12 months. The anticipated effective date is January 1, 2024.

iii. **Waivers:**

- None.

iv. Discussion:

- Continuous Enrollment for children

QUESTION: Will MLTC only do redeterminations once every 12 months for children found to be eligible, and no more frequently than that?

- **ANSWER:** Yes. Children who are determined eligible for Medicaid/CHIP would have 12 months of continuous eligibility from the time of their initial application/approval and at all subsequent redeterminations. This is also reflected in the SPA submitted to CMS. They would only need to provide information outside of their annual renewal if it were administrative updates, like updating contact information.
- Changes in circumstances could result in the parent(s) losing coverage– but the child would still remain eligible for the full 12-month period. MLTC would then do a normal redetermination at the time of the child's renewal (to verify income and other applicable eligibility factors) to see if the child is still eligible.
- If a child was/is active and eligible for Medicaid/CHIP on/after January 1, 2024 then they will have continuous eligibility until their next scheduled renewal.

QUESTION: What happens if a child is living with one parent, and custody is changed to another parent? Will they lose continuous eligibility or need to submit information to remain eligible since the head of household changed? What if the parent they are now living with is not Medicaid eligible?

- **ANSWER:** In this case, continuous eligibility would still apply, and the child would remain eligible until their next renewal/end of continuous

eligibility. The member(s) should ensure that they report all changes to Medicaid, including updates to contact information and household composition. At the time of the child's next renewal, Medicaid would redetermine eligibility using the current household information.
    - If the parent that the child is now living with is not Medicaid eligible, or hasn't ever applied, a new application is not needed for the child to remain continuously eligible until their next renewal/end of continuous eligibility.

v. MLTC is still working on promulgating new regulations alongside the SPA submission to CMS.

vi. Continuous Eligibility for Children FAQ: https://dhhs.ne.gov/Documents/Child%20CE%20FAQ.pdf

3. **Dental Billing Guidance**

i. *Update* – Highlights from the newly proposed Dental Regulations: (more information is available at: https://dhhs.ne.gov/Pages/Medicaid-Dental-Care.aspx)

- Removal of $750 benefit maximum limit
- Allows for Public Health Dental Hygienists (PHDHs) to provide appropriate services within their scope of practice
    - **QUESTION (MLTC):** Are the Tribal health facilities using PHDHs?
        a. **ANSWER:** Those present answered 'yes.'
    - Services that can be billed by PHDHs are indicated on the updated 01.01.24 Dental Fee Schedule (e.g., D0190, D0191).
- Scope of services requiring prior authorizations does not change.
    - The proposed regulations would update some service-specific prior authorization details and documentation requirements.
- Payment/Reimbursement for denture/interim services would be done in multiple parts.
    - For these services, the prior authorization approval from the MCO would outline how many visits are allowed based on medical necessity. Tribal providers would bill and be reimbursed for these services (for the number of visits as approved through the prior authorization) at the Tribal encounter rate (See Q&A below for more detail).
- Allows for the removal of up to all four wisdom teeth when at least one requires removal
- Minor clarifications for service-specific details and updated language throughout the chapter
    - The corresponding SPA is still being negotiated with CMS and the proposed regulations are being promulgated (MLTC is responding to the public comment period)

ii. Guidance and Discussion around billing and reimbursement for dental services

QUESTION: Should the Tribes still bill with the T1015 encounter rate code at the IHS encounter rate, and include the dental service-specific code(s) on the subsequent line(s) for dental services that were completed on the date of service?

- **ANSWER:** Yes. All dental services provided by the Tribal facilities that qualify as an encounter (i.e., are appropriately provided by a dentist at the clinic/facility) are to be billed in this manner and reimbursed at the IHS encounter rate. This includes dental services where the FFS rate is higher than the IHS encounter rate. It also includes services where the FFS rate is

lower than the IHS encounter rate – all qualifying dental services provided are billed and reimbursed at the IHS encounter rate. For situations where services provided fall outside the scope of the encounter, the Tribes should reach out and coordinate with NE Medicaid and the Managed Care Organizations (MCOs) if billing guidance is needed.

QUESTION: Are there limitations on which dental services can be reimbursed at the IHS encounter rate with the removal of the $750 benefit maximum limit?

- **ANSWER:** No. All dental services appropriately provided by the Tribal facilities that qualify as an encounter (i.e., are appropriately provided by a dentist at the clinic/facility) are to be billed and reimbursed at the IHS encounter rate.

QUESTION: When the Tribes provide dentures to patients, it could take up to five visits before the dentures are seated. Previously, the Tribes were only paid one encounter rate when the dentures were seated. The IHS encounter rate amount does not even cover the lab bill for the complete dentures D5110 & D5120 to be made. Can the tribes be paid the IHS encounter rate for each visit?

- **ANSWER:** 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.

QUESTION: If a Tribe cannot add the T1015 encounter rate code to the dental claim (due to software limitations) will they still be paid at the IHS encounter rate?

- **ANSWER:** Any one-off situations regarding system limitations will be addressed between the Tribe, MCO(s), and MLTC to determine a reasonable solution. It is important that collaboration occurs between representatives from MLTC and the MCO(s) for consistency/continuity.

QUESTION: Due to the limited staffing at Tribal facilities can the Tribes go back to 12 months billing from the date of service and follow up on denials the way it used to be?

- **ANSWER:** No. The Tribes would still be expected to meet standard timely filing requirements (6 months) when billing for dental services. Any extenuating circumstances will be addressed between the Tribe, the MCO(s), and NE Medicaid to determine a reasonable solution.

iii. **Prior Authorization Requirements**

- Prior authorization requirements for dental services billed to the MCOs should follow the 'MCO Dental Prior Authorization Grid 01/01/24' which has been approved by MLTC. Dental services on this list require prior authorization in order to be reimbursed by the MCOs. The Tribes should work with each of the

MCOs to ensure they are familiar with prior authorization billing expectations for dental services.

QUESTION: Periodontics maintenance (D4910) is usually done three to four times a year after perio-scaling and root planning (D4341, D4342) is completed. Does D4910 need prior authorization? If a prior authorization is needed to be completed, can D4910 be prior authorized for the whole year at one time?

- **ANSWER:** Yes, Periodontal maintenance (D4910) does need to be prior authorized and this needs to be done annually. Prior authorization should specify the frequency of the maintenance being requested.

QUESTION: If a prior authorization is not completed before services are completed, can the Tribes request a post-authorization for payment when the claim is sent in?

- **ANSWER:** No, as this would defeat the purpose of the prior authorization process. Exceptions would only be made in emergency situations or under special circumstances.

The Tribes have seen patients at their health facilities and provided medically necessary services that require prior authorization. However, at the time these services were delivered, the scope of dental services that require prior authorization hadn't been clarified by MLTC or the MCOs. The Tribes voiced concerns about how these previously provided services will be billed and reimbursed.

- All three MCOs are honoring and recognizing prior authorizations that were approved prior to 01/01/24 (under MCNA) for dental services provided after 01/01/24. There are some limitations to the acceptance of these prior authorizations, see Provider Bulletin 24-02 for details.
- For dental services provided between **January 1, 2024** and **April 19, 2024** (the date these meeting minutes were published and provided to the Tribes), which require authorization prior to payment, the MCOs will work with the Tribes to ensure proper authorization and reimbursement.
  - The Tribes need to submit a retroactive prior authorization request, along with all necessary documentation to support the authorization, for the previously provided services. The MCOs will then review to ensure that prior authorization requirements were met. Once notified the service has been authorized, the Tribes can submit the claim to the MCO for reimbursement.
  - All three MCOs will accept these retroactive authorization requests for services provided between **January 1, 2024,** and **April 19, 2024,** until **May 20, 2024.**
    a. All services provided after **April 19, 2024,** that require prior authorization must be authorized prior to services being rendered.

iv. Discussion around the Dental Home/provider assignment

- The state requires the MCO ID cards to provide a primary dental provider (Dental Home), however, these have not all been accurate for Tribal members. Some MCO ID cards have a Dental Home listed as a dental provider in another town instead of the Tribal facility nearest the member.
  - NTC has, to the best of their ability using all available data, assigned the member's Dental Home, and has also implemented a specific manual process for assigning Dental Homes to Tribal members. This is a manual

process, so the Tribes should let NTC know if there are errors or incorrect assignments to patients.

- The member can request to change their primary dental care provider (Dental Home) at any point.
- **QUESTION:** Is there a number to call to make this change? Can the Tribal health facilities make the update on behalf of the member, or does the member have to call in?
    - **ANSWER:**
        a. NTC – There is a process in place for providers to change the Dental Home assignment. Tribal providers can work with Tuesday Kuhlman if they have any questions about this process.
        b. UHC – The member would need to call UHC Member Services
        c. Molina – The member would need to call Molina Member Services

v. The Tribes also noted that they are being listed in some of the MCO directories and worry that this is leading to them getting calls from non-AI/AN beneficiaries about, or non-AI/AN beneficiaries showing up to receive dental services.
    - Each of the MCO Tribal Liaisons will work with each of the Tribal health facilities to determine whether the facility is - or would like to be - listed in the directory, and if so, if the facility would prefer to be listed as a 'Tribal only' provider in the directory.

4. **COVID-19 Public Health Emergency (PHE)**
    i. Data Sharing Agreements – *Update*
        i. The draft Data Sharing Agreements have been finished by MLTC's Legal team and submitted to the DHHS Procurement team for review and approval. Once finalized and approved, these agreements will be sent to the point of contact previously identified for each Tribe. The Tribes can then review and sign (or provide further feedback).
    ii. Federal Injunction Cases – *Update*
        i. MLTC is working to identify a list of individuals impacted by the Federal Injunction. Once this list is finalized, MLTC will attempt to run a report that identifies the individuals impacted by the Federal Injunction who also receive services at a Tribal or IHS facility so that the Tribes can rebill for PRC dollars used on members who otherwise should have maintained benefits under the Public Health Emergency (PHE) per the Federal Injunction. This is a separate, but similar, effort to the Data Sharing Agreements above.
    iii. Discussion around coordinating between MLTC Policy and Field admins/staff regarding:
        i. Improved recognition and processing of authorized representatives (auth rep)
            1. Specifically, Tribal organizations listed as auth rep on a case
        ii. **QUESTION:** How should an individual who is unemployed at the time of applying for Medicaid answer whether they will be filing taxes this year? If they leave it blank, the application often gets rejected.
            1. **ANSWER:** Tax filing status needs to be captured for Medicaid applicants as it determines the unit size and income counting rules. Historically, Medicaid has asked individuals how they would file today if they were submitting a tax return. If someone isn't currently working, they could indicate they do not file taxes (non-filer) or use the status they've previously used (single tax filer, married-filing jointly, tax dependent, etc.).

If this question is not answered on the application, Medicaid workers would reach out to attempt to gather this information first before closing (for failure to provide).

5. Break – Networking and Connections

6. **Policy Updates**
   i. MCNA Data Security Incident
      - FAQ/Flier for facilities/clinics
   ii. Discussion of potential collaborative projects
      - 'Tribal FQHC' Option
        - CMS extended the four walls grace period through February 11, 2025. They also note that, "CMS is reviewing the clinic benefit regulation and the associated four walls requirement" as part of their rationale for extending the deadline.
        - The 'Tribal FQHC' option would be established in the Nebraska Medicaid state plan, and allow for reimbursement for services provided by Tribal/IHS facilities outside the four walls of the facility.
          a. The MLTC Policy team will bring more information and draft updates for the next Tribal Consultation meeting in May 2024.
        - Note: Tribal facilities enrolled as FQHCs under Medicare would/are not automatically enrolled as 'Tribal FQHCs' under Medicaid.
      - Administrative Claiming – Discussed at the November Consultation
      - Care Coordination Agreements
        - These would be agreements that Tribal/IHS providers would enter into with non-Tribal providers to provide services to beneficiaries that the Tribal/IHS facility cannot provide. They would be put in place to provide continuity of care to beneficiaries seeking services outside of the Tribal/IHS facility. Per federal guidance, the Tribal/IHS facility would still assume responsibility for the patient's care. There are different ways this could be operationalized.
        - These agreements would be best entered into with non-Tribal providers that the Tribes already refer patients to. The non-Tribal provider would also need to be a part of the MCO provider networks and enrolled with Nebraska Medicaid.
        - MLTC Policy will bring more information about this topic to the May Consultation. The Tribes will come prepared with which providers and services they most often refer patients to/for.
          a. *Note*: Some of the Tribes may already have informal/formal agreements with non-Tribal providers, but the Care Coordination Agreements would be a separate process following the guidance set out federally by CMS.
      - Develop Uniform MCO Guidance, Requirements, and Expectations
        - NE Medicaid has recently undertaken efforts to create guidance related to Tribal providers to help institutionalize knowledge, clarify expectations, and clarify regulations and policies.
        - The group discussed the MCOs undertaking similar efforts to create guidance documents where institutionalized knowledge could be easily accessed and referenced. This would help provide consistent guidance and

policies amidst things like staff turnover down the road. Potential topics to address in the guidance include accessing MCO provider portals, Tribes choosing whether or not to contract with MCOs, claims, billing and reimbursement expectations, and resources available to members.

- Tribal Home Health and Long-Term Services and Supports
  - The group discussed the potential to expand in-home care to elders and disabled Tribal members through increased utilization of waiver services.
    a. MLTC Policy to bring more information to the May Tribal Consultation.
- Reimbursement for CHRs
  - MLTC Policy to research how coverage for CHRs is operationalized in other states, and if there are any Tribal-specific CHR programs.

Note: These initiatives may require more buy-in from Medicaid and/or Tribal leadership. MLTC will

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

iv. Updates from MCO Liaisons

v. NEMT

i. The group discussed specifics for submitting the exemption from the Public Service Commission (PSC) to provide NEMT services as a governmental subdivision.

ii. Reimbursement through the MCOs is a two-step process:

1. Enroll as an NEMT provider through the state/Maximus
   a. Apply for and receive approval of exemption through the PSC,
   b. Enroll through Maximus as a PSC-exempt provider of NEMT services
2. Contract with the MCOs' NEMT broker(s)
   a. There are two brokers utilized by the three MCOs
   b. If the Tribes run into any issues contracting with the NEMT brokers, they should reach out to the MCOs directly for assistance

vi. 2024 Consultation Meetings Scheduling

i. Santee to host the May Tribal Consultation Meeting

1. Date and time TBD

vii. Open Agenda

i. Medicaid cards for foster parents

1. In some cases, neither the Tribal CFS workers assigned to the Tribal ward's case, or the foster parent(s) are receiving an MCO ID card for the foster child.
   a. The Tribes should work with the MCOs in these cases, and work within the Tribe to ensure that the correct entity (Tribal CFS program, Health facility, foster parent(s)) is listed as the authorized representative.

ii. Questions around the pre-natal gift value add from the MCOs

1. Jacob to connect Lisa Miller with the 3 MCO Tribal Liaisons.

Closing

NOTES: