



MLTC Tribal Consultation  
May 11, 2022  
1:00-4:00 p.m. Central Standard Time

**Lincoln Health & Wellness Center**  
1600 Windhoek Drive, Lincoln, NE

1. Group Introductions – **Jacob Kawamoto and Danielle Juracek**

i. Introduction from Director Kevin Bagley

i. MLTC is working on improving member experience and access to available services.

a. Priorities regarding provider experiences:

- Ensuring providers have a communication pathway when issues arise.
- Improving MLTC's transparency and accountability for stakeholders

b. Director Bagley and MLTC want to continue to encourage feedback and hear from stakeholders.

1. **QUESTION:** Would DHHS be able to provide best practices to improve access? One thing in particular that is an issue for Tribal providers is the prior authorization process and lack of uniformity between MCOs with this.

**ANSWER:** MLTC would like to measure what access issues currently exist, and what measures can be taken to help address them. MLTC would like to put together listening sessions that are targeted to specific access issues.

2. **QUESTION:** Will there be a new portal for iServe? When will this be released to the public? Tribes would like their benefit coordinators to have this information.

**ANSWER:** The iServe project is being rolled out and implemented in stages. DHHS wants to start with community stakeholders to ensure effectiveness and that the system is fully functioning before it replaces current systems.

3. **Tribes:** Many beneficiaries do not have access to internet, and this is causing application issues. Clients do not feel fully supported with phone service.

**MLTC:** Thus far, no one has been disenrolled during the Public Health Emergency (PHE). However, we want to make sure that people have the ability to receive and update their eligibility information once the PHE does end. Lack of internet access could

have a big impact on those beneficiaries continuity of coverage after the PHE, and the MLTC policy/communications team has been working on strategies to address this concern.

4. **Tribes:** Some clients are not getting their mail. Often Tribal beneficiaries have to pay for a box to receive mail, and families with low income cannot pay for mailboxes.

**MLTC:** When the PHE ends, MLTC will be publishing educational tools and resources on how to update contact information and navigate eligibility information. This will be provided to everyone, and the MLTC policy/communications team will work with Tribal facility case care coordinators to help make sure that information reaches the homeless and most vulnerable beneficiaries.

5. **Tribes:** In some cases, for people that carry life insurance, coordinators are unable to obtain needed documents or verification and are therefore unable to finish the applications. Direct express is not answering when called, and the Tribes are not getting the information they need.

**MLTC:** There verifications are federal requirements, and Direct Express is not a state-run program, so unfortunately MLTC has no oversight over this. MLTC is looking into this issue and any potential solutions.

6. **Tribes:** A request was made to have publications on hand regarding outreach and eligibility after the PHE ends.

**MLTC:** MLTC will make sure all relevant resources are sent and available to Tribal facility staff after the PHE.

7. **Tribes:** Will MCOs know who is being terminated? If so, when will they know? Can MCOs assist with communications?

**MLTC:** While still in the PHE, MLTC is planning for operations and strategies to implement once it ends. MLTC hopes to utilize MCO operations and resources to outreach to beneficiaries, but exact details of how this will work are still being worked out, and are contingent on federal guidance, which is still developing.

8. **Tribes:** Children in boarding schools, this past year they went back to boarding school (in a different state) and lost their benefits due to being out of state. What can the Tribes do about this?

MLTC is looking into this question and will work with the Tribes to help resolve these cases.

## 2. SPA/Waiver Discussion – **Jacob Kawamoto**

- i. 2022 Overview and recap

- i. Encounter Rate Project:

MLTC is beginning a new project to revise the Tribal encounter rate language found in the NE Medicaid state plan and NE state regulations. The goal of this project is to bring clarity to the Tribal encounter rate language and help provide consistency in interpretation and application of the encounter rate between MLTC, Tribal health care providers, and the MCOs. In this meeting, MLTC is interested in knowing how the Tribes and MCOs

currently understand the Tribal encounter rate as it is written in state regulation, and what common operational issues they currently face regarding it.

- a. The Tribes are not comfortable adding an Evaluation and Management code (E&M) when it is for a lab visit and not an office visit. But the Tribal encounter rate language talks about reimbursement for lab visits. Clarity around reimbursement for lab only visits would be helpful. There is always a referring provider for lab services, but what if the beneficiary only sees a lab technician. Does this still count?
  - i. Similar questions arose for services ordered by a physician but delivered by RNs.
- b. The MCOs noted that the Medicare crossover claims do not crossover at the all-inclusive rate, which can lead to difficulties processing the claims correctly.
- c. One key idea that was discussed by the entire group is uniformity in billing/processing encounter claims:
  - i. Uniformity in billing practices across the Tribes
    1. MCOs noted that it would be helpful to have a standardized way to identify services billed that are covered at the encounter rate
  - ii. Uniformity in processing claims across the MCOs
    1. The Tribes noted that not all MCOs reimburse the same services at the all-inclusive rate
- d. The group also all agreed that it would be helpful to have clarity around multiple encounters that occur in the same day.
- e. **QUESTION:** How is MLTC going to start the encounter rate project? Are they going to keep the Tribes in the loop?
  - i. **ANSWER:** The discussion at this consultation meeting is part of MLTC beginning this project. The current aim is to understand internally (within MLTC) how the Tribal encounter rate language is interpreted and operationalized, and then in turn how this language is understood and operationalized by the Tribes and MCOs. MLTC policy has been reviewing the language, and meeting with the MLTC health services team to understand some of the clinical considerations and operations around the encounter rate. After internal review and gathering this feedback from the Tribes and MCOs, MLTC policy will aim to update and amend current language to clarify what qualifies as an encounter, and what operational expectations surround that when it comes to claims billing by the Tribes and claims processing by the MCOs. MLTC will continue to consult and provide progress and feedback on this project to the Tribes and MCOs.
  - ii. **Tribes:** We have been asked why the Tribes are treated differently or “what makes them special”, which is a pretty crazy question. How do we respond to this, and how can MLTC provide information and education to those who would ask this question?  
**MLTC:** MLTC understands that there are many protections and provisions at the federal and state levels regarding Tribal healthcare, and the government’s unique responsibility in ensuring care for Native Americans and Alaskan Natives. MLTC is working to provide information regarding this on its Tribal Health webpage, with references to foundational federal legislation such as the Indian Health Care Improvement Act and the American Recovery and Reinvestment Act. Once published, the Tribes will

be able to refer anyone who doesn't understand these protections and provisions to read more about them on the MLTC website.

- iii. **Tribes:** One issue the Tribes have run into is MCO Tribal liaison turnover and having to teach and train new MCO liaisons.

- a. MLTC is looking into creating trainings and providing orientations for new MCO Tribal liaisons, and how they would be able to alleviate this burden by coordinating with the MCOs when they have new hires or turnover.

- iv. **Tribes:** Will the organizations that will be bidding in the new Request for Proposals for MCO contracts be made available to the Tribes? Some organizations have already started reaching out to the Tribes. Why would this be?

**MLTC:** MLTC will follow up with the Tribes when this information is available. New organizations may already be contacting the Tribes to try and build relationships or understand the Tribe's operations to try and prepare in case they do get a contract with the state. However, the Tribes are not obligated to interact with them, and can reach out to MLTC if they have any issues.

- v. COVID-19 Public Health Emergency

- a. Feedback on current flexibilities

- 1. Telehealth

- a. MLTC plans to extend provisions adopted during the PHE and make these permanent in the NE Medicaid state plan. This would allow Tribal providers to continue to be reimbursed at the all-inclusive rate for applicable telehealth services, as long as they adhere to the four wall rule (meaning either the provider or beneficiary is within the facility when the service is provided via telehealth).

- 2. Nurses administering vaccines

### 3. Break

### 4. New resources – **Chris Morton**

- i. Presentation about dual eligibility

The main takeaway is that, for dually eligible Tribal beneficiaries covered under FFS, claims would be reimbursed up to the all-inclusive rate where appropriate if the beneficiary is in a "Spend Down" program and meets their monthly share of cost requirements in order to be eligible to receive medical services through Medicaid.

- a. One issue that was identified is that all beneficiaries in an MSP (including QMB only) display as Medicaid eligible in NMES. MLTC is currently working to determine how Tribal providers can view beneficiary eligibility information to determine "full dual" beneficiaries (those who would be reimbursed up to the all-inclusive rate under FFS).

- b. **Tribes:** If the patient has an MCO are they considered full Medicaid?

**MLTC:** Yes, those that are enrolled with an MCO have full benefits and receive medical coverage through Medicaid. With Fee-For-Service (FFS) not everyone in a Medicare savings program (MSP) is also enrolled in a Medicaid category that provides medical coverage. Those individuals who are FFS and enrolled in an MSP where Medicaid only covers the

beneficiary's Medicare cost-sharing would not be reimbursed at the all-inclusive rate, since they do not receive medical coverage through Medicaid.

- c. **Tribes:** Are these individuals that would have Medicare Advantage Plans?  
**MLTC:** This guidance does not address Medicare Advantage Plans, as such plans are administered by private-sector health insurers and not the federal or state government.
  - d. **Tribes:** In the past, patients were mailed a form for the clinic/provider/facility, they would complete to assist in the determination if share of cost was met. Is Medicaid still mailing these forms to patients?  
**MLTC:** Yes.
  - e. **Tribes:** Would Medicaid Insurance for workers with disabilities show up in NMES as a full Medicaid member? Can we assume the programs is also paying the patients Medicare Part B Premiums as well? Or does this program display differently than full Medicaid?  
**MLTC:** MLTC anticipates that individuals eligible for Medicaid Insurance for workers with disabilities (MIWD) would display as Medicaid eligible in NMES. Currently, Medicare Part B premiums are paid under MIWD for those who do not have an MIWD premium.
- ii. New updates to the Tribal Health webpages: <https://dhhs.ne.gov/Pages/Tribal-Health.aspx>

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

- i. Planning MLTC visits to Tribal health facilities
  - a. MLTC will work to set up visits to each of the Tribal health facilities in order to learn more about their operations and how Medicaid can partner with the work they do
- ii. Update of MLTC Tribal contacts / email list
  - a. SPA Mailbox and MLTC Tribal Liaison email lists were updated at this meeting
- iii. CMS Listening Sessions:
  - a. 5.17.22 Rural Health Strategy (1:00-2:30 CST)
  - b. 5.19.22 NEMT Services (1:00-2:30 CST)
- iv. RFP Sub-contractors
  - a. **QUESTION:** How does MLTC vet sub-contractors? They are held to the same standards as health plans.
    - i. **ANSWER:** Subcontractors are held to the same standards as the Health Plans and are liable to fulfill their end of the bargain. MLTC's process involves reviewing all Health Plans' member and provider materials as well as subcontracts to make sure they can deliver the necessary services and live up to the other standards and requirements MLTC has in place. Contracts also have safeguards in place, so that if problems arise partway into the contract period MLTC is able to take corrective action on behalf of providers and beneficiaries.
- v. Updates from MCO Liaisons
  - a. AIR Rate Adjustments – Status Updates
    - i. All MCOs reported their systems had been - or were in the process of being – updated, and that past claims were being reprocessed to pay up to the 2022 All-Inclusive Rate published in the federal register.
- vi. Open Agenda