



MLTC Tribal Consultation
August 24, 2022
1:00-4:00 p.m. Central Standard Time

Bess Dodson Walt Branch Library
6701 S 14th St, Lincoln, NE 68512
Meeting Room #1

Key Points

- Encounter Rate Project Update
- Personal Assistance Services
- Updates on the Public Health Emergency
- Updates on Heritage Health Contract Procurement
- Clarified Crossover Claims Reimbursement for 7/1/17-6/30/19
- NEMT Discussion with the MCOs
- Homeless Outreach Resources
- Discussion about Managed Care Expectations

Answers to Pending Questions

- MLTC has investigated and determined that PAS providers can live in the same household as the member receiving the PAS benefits.
- Individuals already enrolled with Medicaid can also call a local DHHS office to request PAS services and initiate the process to receive these services.

Present (In-Person): Jacob Kawamoto (MLTC Policy Tribal Liaison), Danielle Juracek (MLTC Policy Tribal Liaison), Chris Morton (MLTC Communications Specialist), Nate Watson (MLTC), Audrey Parker (Omaha), Crystal Appleton (Omaha), Brenda Worrell (Omaha), Rebecca Crase (Ponca), Sylvia Allen-Lopez (Ponca), Karri Steadman (Ponca), Nancy Mackey (Santee), Vietta Swalley (Santee), Gelisha Jeffers (HBN), Jennifer Bohnhoff (HBN), Tiffany White Welchen (HBN), Jennifer Newcombe (NTC), Tuesday Kuhlman (NTC), RickyAnn Fletcher (MCNA), Tracy Nelson (MCNA), Tonya Yale (UHC), Jeff Stafford (UHC)

Present (via Webex): Jeshena Gold (MLTC), Stacy Schenk (MLTC), Collin Spilinek (MLTC), Janelle Ali-Dinar (Ponca), LeAnn Ortmeier (UHC), Jenn Nelson (UHC), Heather Johnson (UC), Stacey Steiner (CMS)

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

i. Celebrations

- **Tribal Health Equity:** The Biden-Harris administration has started to put more of an emphasis on health equity, including Tribal health equity. MLTC has included resources from a recent Tribal Health Equity Summit hosted by the National Indian Health Board (NIHB) and Centers for Medicare and Medicaid Services (CMS). MLTC will also keep the Tribes up to date on the most recent information around health equity. Due to the systemic colonization that Native Americans have faced, and continue to face, MLTC recognizes the importance of health equity for the Tribes in Nebraska. As the MLTC Tribal Liaisons, we recognize that health equity is different from health equality, and we are committed to creating space to have conversations about how MLTC can help address barriers to health that are specific to Tribal Medicaid beneficiaries in Nebraska. We are also committed to advocating for and implementing corresponding policies in so far as we are able to do so.
 - **NIHB Tribal Health Equity Summit Resources:** <https://www.nihb.org/health-equity/>
- **Celebration:** MLTC wants to also create a space to recognize and celebrate the joys and successes happening in the Tribes' communities.
 - **SANTEE:**
 - **Happy family workshop:** health role activities, different games to play with the youth, and cultural education opportunities.
 - **Covid Task Force:** Increased vaccination rates/booster rates by 300+ with a \$200 incentive Hy-Vee gift card. Efforts have been made to track vaccination rates among those employed by the Santee Tribe, as well as in the community as a whole.
 - **Clinic Updates:** Adding an area to do own CT scan/CAT scan and no longer will have to refer patients out to South Dakota. This will decrease travel time for members too.
 - **Water Supply:** This is being address on the federal level now
 - **One day Powwow:** Celebrate the employees and community in September 2022
 - **Elderly Dinner:** This is being done weekly.
 - **HIRSA:** Hosting a mental health webinar in Sioux City. This is occurring in early September. This will also talk about and address historical trauma in Tribal communities.
 - **OMAHA:**
 - **United Health Care representative weekly visit:** Answered many of the elders' questions on their Medicare Part B plans. A lot of elders are enrolled in the wrong plans and are therefore not taking advantage of provisions for Tribal-specific Medicare beneficiaries. The Omaha Tribe continues to communicate with elders to come see this representative with any of their questions or concerns. In the month of September there will be a presentation by UHC for the senior citizens on the senior citizen program.
 - **Wellness Health Fair:** MCO tribal liaisons in contact with educator to organize this event. The purpose of this event is to promote the different wellness plans that the MCOs offer. There has been a lot of interest in the event, and the Omaha Tribe would love to have everyone come once this event has an official date. Many of the Omaha elders do not know about certain programs such as grocery cards or wellness checks, so the Tribe wants to host this event to help spread more awareness/knowledge among the elderly Tribal population.
 - **Omaha Powwow:** Recently celebrated.

- **PONCA (Janelle Ali-Dinar):**
 - **Ponca Powwow:** Just recently celebrated.
 - **Three Major Grants:** The Ponca Tribe just received 3 major grants and one of the newly received grants includes \$3 million grant for Tribal home visits in person (in home sessions). This will allow for better integrated care at an extended family standpoint (baby to elder). Two federal grants received for behavioral health and substance abuse program the Ponca Tribe developed. One of the grants is more specific to the rural population. The other grant is more for the counseling and substance abuse aspects; more in-center focused and FQHC based. This will allow the clinics to focus on more individuals from youth to elders for substance abuse or behavioral health counseling needs.
 - **Ponca Facility:** Lincoln Health Center now fully has their dentistry launched for local care. Continue to expand their services with their elderly population.
 - **Trail of Triumph Outreach RV:** This will provide primary care, dental, and diagnostic care, as well as home health and pharmacy delivery. The Ponca Tribe hopes to begin this towards the end of September. It is a custom RV that can also be taken to the rural area to collaborate more.
 - **First Mammogram on site preventative care screening with Methodist:** September – November, these services will be offered three separate times along with a mini health fair.
- **Healthy Blue:**
 - Healthy Blue continues to look at health equity and really appreciate what MLTC said about health equity vs health equality. Health equity is not defined by one definition but the journey that people are taking along with the individual's perspective.
- Please note that Nebraska Medicaid is willing to provide any information for any of the webinars or health fairs that are being hosted. MLTC is always willing assist in providing more outreach and community events, and these upcoming events hosted by the Tribes are great opportunities to do so.

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

- i. 2022 Overview and recap
- **2022 SPA and Waiver Updates (May-July):**
 - **SPAs:**
 - **NE 22-0008:** Clinical Trials ABP update
 - *No Impact* // Updated the Nebraska Alternative Benefit Plan (ABP) to include coverage of services provided to individuals participating in qualifying clinical trials who are enrolled in the Adult Expansion Medicaid population
 - **NE 22-0009:** State FY23 Nursing Facility Rates
 - Proposed change to nursing facility rates for state fiscal year 2023
 - For the rate period of July 1, 2022, through June 30, 2023, the inflation factor is positive 35.74%
 - **NE 22-0010:** State FY23 ICF-DD Rates
 - *No Impact* // Proposed change to intermediate care facility for individuals with developmental disabilities (ICF-DD) rates for state fiscal year 2023
 - **NE 22-0011:** State FY23 Inpatient Provider Rates

- Proposed change to inpatient provider rates for state fiscal year 2023
 - 2.00% increase in provider rates for non-behavioral health inpatient services
 - 17.00% increase in provider rates for behavioral health inpatient services
 - **NE 22-0012: State FY23 Outpatient and Professional Provider Rates**
 - Proposed change to outpatient and professional provider rates for state fiscal year 2023
 - 2.00% increase in provider rates for non-behavioral health outpatient services
 - 17.00% increase in provider rates for behavioral health outpatient services
 - **Waivers:**
 - **COVID-19 PHE 1115 Demonstration – Evaluation Design**
 - No Impact // Technical authority update with no impact on provider payments or reimbursement
 - This evaluation design consists of questions detailing the retroactive risk sharing agreements Nebraska negotiated with the managed care plans during the COVID-19 PHE and any resulting benefits, challenges, and lessons learned.
 - **1915(b) Waiver Renewal**
 - No Impact // Renewal provides (continues) authority for all managed care programs through the 1915(b) waiver, including relevant program updates
 - Waiver renewal effective date is 10.01.22 // 5 yr renewal
 - Nebraska Medicaid managed care recipients, including American Indians/Alaskan Natives will continue to receive physical health, behavioral health, and pharmacy services through Heritage Health.
 - The protections for American Indians/Alaskan Natives (AI/AN), as outlined in the American Recovery and Reinvestment Act of 2009 (ARRA), will apply to the full risk Heritage Health managed care program.
- ii. Encounter Rate Project
Updates on the project and scope
- **Encounter Rate Project:**
 - MLTC is looking at revising the State Plan and regulations regarding the all-inclusive rate (AIR) and reimbursements for Tribal providers. MLTC has been working with a project manager for this project. MLTC has been researching other state implementation of reimbursement at the all-inclusive rate to see if there are any other best practices to include or ways to expand the scope of an encounter under NE Medicaid policy. MLTC Tribal Liaisons have also been asked by MLTC leadership to create an “as is” documentation of the current processes around Tribal providers and reimbursement at the all-inclusive rate in Nebraska.
 - **Omaha Tribe:** We are in the tri-state area and see a lot of beneficiaries from Iowa and South Dakota, so it would be nice to include policy updates that are like Iowa and South Dakota’s policies and regulations around the AIR. It would be nice if everything can be standardized.

- **Omaha:** Will we be able to see a draft as you get further along?
 - **MLTC:** Yes, MLTC will keep the Tribes updated on any changes. Down the road there will also be a hearing held for the changes in the regulations, and opportunity to comment on the corresponding state plan amendment. There will be many opportunities for the Tribes to provide comment and feedback as MLTC moves through this process. MLTC wants the language around what is included in an encounter to be clear and to clarify billing expectations for multiple encounters in a day. In these updates, MLTC also hopes to address uniformity in billing and reimbursement, applicable provider types, and services considered incident to an encounter.
 - **MLTC (Provider Requirement Research):** Some states provide Skilled Nursing. With many scenarios regarding services provided ‘incident to’ a provider, it seems that if someone is receiving a service that was ordered by a provider, but they do not see the provider, as long as the services are considered within the nurse’s scope of practice this will still be reimbursed under the all-inclusive rate. MLTC anticipates this will be clarified in NE regulation and state plan through the Encounter Rate Project.
 - **Tribal Providers:** The Tribes are interested in trying to incorporate Personal Assistance Service (PAS) providers and how certain services will be reimbursed outside of the clinical setting. We want to better assist with the reimbursement rates. We know many providers also do not want to wait to an entire month to get approved by the state.
- **Discussion:**
 - **Santee/ Omaha:** There is a lot of confusion surrounding the PAS provider process.
 - **MLTC:** MLTC is looking into collecting resources and possibly hosting a webinar on the PAS provider program. MLTC is also hopeful to establish a point of contact for Tribal providers wanting to expand PAS services in their communities.
 - **Santee:** We often have many young people from our community go to college to become CNAs but then end up not enrolling as a provider in our communities. They must find a job 50 miles outside of where the community is at.
 - **Omaha:** Is this PAS program something new?
 - **MLTC:** No, the Personal Assistance Service program is a program to assist beneficiaries with benefits at their home. It is dependent on the level of assistance the individual needs, and anyone can enroll as a PAS provider. The trouble is it can be confusing on what services are billable, and requirements around reimbursements, enrollments, and becoming a PAS provider can be difficult to understand.
 - **Santee:** CMS will often push for this program but then when it comes to someone trying to become a PAS provider there are many obstacles and barriers to the provider enrollment process when trying to get a family member to try and provide care for that elderly person.
 - **Ponca:** This provider enrollment approval process can take up to 90 days. The background check to be completed is the longest process. We always must make sure that the provider is a good fit for the patient.

- **MLTC:** MLTC will look into creating a pamphlet with all the information someone might need for the PAS program. Ideally, this would also include all the steps that need to be taken along with any documentation or forms that need to be completed.
 - MLTC has been working internally to collect all these resources for the Tribes. The goal is to streamline the PAS information so that it is more accessible and straightforward for individuals.
- **Santee:** Many people get frustrated with the process. Elders do not want to get put in nursing homes outside the Tribal organizations or reservations, so this program is beneficial for this population. Most Tribal members also only feel comfortable with other Tribal members providing services in their homes.
- **Santee:** Once an individual is pre-approved how long can they stay a PAS provider?
 - **MLTC:** Unsure at the time of this meeting, and only aware of a re-certification process. MLTC will look into this and circle back to the group.
- **Ponca:** There are some restrictions within the PAS program. For example, the patients can't live in the same house, and this becomes an issue because in many Tribal communities the family member lives in the house, or extended families can often all live together. However, just recently the Ponca Tribe did have a member with a disability and her family member was able to become PAS provider even though she lived with him. So, there might be some exceptions.
 - **MLTC:** MLTC has investigated this and determined that the PAS providers can live in the same household as the member receiving the PAS benefits. MLTC also did host a broad overview of some of the waivers on a webinar and can send this information out to the group again.
 - **Ponca:** It would be beneficial if MLTC policy could provide a webinar that is more specific to each waiver and not a broad webinar on all waiver services. It would be helpful if it could be broken down a bit.
 - MLTC has also thought about having a reoccurring meeting with Case Care Coordinators to provide more resources and outreach. MLTC would also like to foster more communication to understand some of the issues that Tribal providers and beneficiaries are facing.
- **QUESTION:** Does the patient have to apply for PAS services?
 - **ANSWER (Ponca):** Yes, the patient would fill out the economic assistance application form and indicate they would like to receive PAS services. Then the representative will call the patient for an interview (a series of questions) to get an understanding of the services that the patient needs and how many hours a week of help they need. This is also another issue is that some of the patients are not able to give the representative an accurate response of their health needs or how many PAS hours they would need. Fear of being placed in a nursing home can lead them to withhold information about services they need or to over-estimate their ability to complete tasks on their own. This can lead to PAS providers not having enough approved hours to meet these beneficiaries' needs. It would be more helpful if case care or benefit coordinators at the facilities could do this interview with the representative, so it is more from a health provider or health professional perspective. Individuals are sometimes also afraid to say too much because they might think that they must go to a nursing facility.

- **MLTC:** Going forward, one focus for MLTC will be to create resources for PAS and building out informational resources for waiver services. Please provide any input as the Tribes' insights will help the agency's efforts to be well-rounded and benefit the emphasis on health equity.
 - **NOTE:** Individuals already enrolled with Medicaid can also call a local DHHS office to request PAS services and initiate the process to receive these services.
- **Omaha:** An example with issues on health equity: The facility helped with a Medicaid application for a young man with down-syndrome. He is unable to talk to a case worker and they tried to send another application for the disability. However, they are not looking for in home waiver services as he is already taken care of, but just Medicaid coverage. With Medicaid coverage, they could get this individual hearing aids.
 - **MLTC:** Please send their Medicaid number or application information and MLTC Policy will help ensure that this gets resolved.
 - **Ponca (Sylvia):** For individuals with disabilities or Aids Distribution Drug Program (ADDP) it can take up to 6 weeks until they have their coverage approved. A lot of times before applying for Medicaid I ask my patients to provide their bank statements, pay stubs, etc. to help expedite this process.
 - **QUESITON (Ponca):** Does the state have a hearing aid program? There is also a facility here in Lincoln that provides hearing aids.
 - **ANSWER (MLTC):** We will also circle back on this.

iii. COVID-19 Public Health Emergency

- **COVID-19 Public Health Emergency:**
 - The PHE has officially been extended. MLTC still does not know the end date, and still anticipates that CMS will provide a 60-day notice before the effective end date. MLTC will continue to keep everyone posted. In the meantime, facilities should work where possible to keep address/contact information up to date for their beneficiaries.
 - **Homeless Outreach Webinar:** Hosted on 8.23.22. It is important to keep individuals address and contact information up to date to help prevent unnecessary closures once the PHE ends. MLTC is creating resources and trying to implement other ways to reach those that may be homeless or housing-unstable.

3. RFP Update – **Chris Morton**

i. Timeline updates and response to the Medica question

- **RFP Updates:**
 - MLTC expected to release the RFP at the end of August. If there are any new updates, we will keep everyone up to date.
 - **NOTE:** After the consultation meeting, it was announced by MLTC that the procurement team would conduct in-person interviews with the bidders as the final stage of the procurement process. MLTC expects to award the new MCO contracts by the end of September.
 - **Vietta and Santee's Question regarding Medica:** Medica came to Santee-Sioux with a \$25,000 donation. Santee is concerned about this and raised this on past meetings. They believe it to be unethical, especially if Medica tried to use it as an example of having good existing relationships with the Santee-Sioux Tribe. For 9 months Santee has been unable to

contract with Medica, and from the Tribe's perspective they do not have a good relationship.

- **MLTC:** This donation would not impact MLTC's evaluation of the submitted bids, but we appreciate you raising the issue because we take ethical concerns very seriously for all contracting. The MLTC legal team has reviewed and Santee's concerns and is aware of the issue.
 - **Santee:** The main concern is if Medica expects the Tribes to credential or contract with them. Santee expressed they do not want to sign a contract with Medica, however it should be noted and communicated that Medica will still have to process Santee's Medicaid claims.

4. Break

5. New resources - **Jacob and Chris**

i. Crossover Claims Briefing

i. Past FFS Crossover Claims pulled by MLTC to be paid by the end of September

• **Crossover Claims Briefing/Updates**

- **MLTC:** MLTC does apologize that reimbursement for these claims has been taking so long. MLTC is working to resolve them and understand any current systems limitations that may be a barrier. When CMS released guidance to reimburse Tribal crossover claims up to the all-inclusive rate (AIR) for fully dual eligible beneficiaries, MLTC and Leadership thought that this only impacted individuals enrolled with the MCOs (since these individuals are all fully Medicaid eligible). As such, MLTC ensured that the MCOs were paying up to the AIR, which they have been doing since 2019. However, the Tribes have voiced there are other scenarios where claims will need to be reimbursed up to the AIR. MLTC takes this seriously and has been looking into this. MLTC hopes that the crossover claims brief provides more clarity around this issue as well. Reimbursement at the AIR for crossover claims is for individuals who are dually eligible, and almost all of these individuals are covered under managed care. However, there are some FFS claims where the state would pay up to the AIR for dually eligible beneficiaries. But individuals who are in just in a Medicare savings program (MSP), without being eligible for Medicaid benefits, would not be reimbursed up to the AIR because they are not technically eligible for Medicaid benefits.
- Update on Claims Reimbursement:
 - FFS Crossover claims to be paid up to the AIR since 7/1/19 are currently with accounting to be processed. MLTC anticipates these will be paid by the end of September. This will include the FFS claims on the lists that were sent out to the Tribes earlier in the year.
 - MLTC Finance informed Policy that the Medicaid ID number would be needed to identify any other outstanding FFS claims that the Tribes believe need to be reimbursed up to the AIR outside of those on the above-mentioned lists. If the Tribes have individual beneficiaries' information, MLTC can work with the Tribes to look into eligibility information and circumstances.
- **Discussion:**
 - **QUESTION (Santee):** What does the state mean by Medicaid Claim ID?

- **ANSWER (Jacob):** From what I understand, each claim has a claim number and this is the Medicaid Claim ID.
 - Santee: To have a claim ID number, Medicaid would have to process the claim. And that has not been done.
 - **MLTC (Jacob):** We might need to get together and look at the eligibility side of these individuals.

- **QUESTION (Santee):** Is there a deadline for when you need this information? Santee has more information they would like to send.
 - **MLTC:** Santee can send more documents or information anytime.

- **QUESTION (Santee):** CMS did ensure the Tribes that claims from 7/1/17-6/30/19 would be paid by the state.
 - **MLTC:** Does this include beneficiaries who were covered under a Managed Care Plan and not just covered on a fee-for-service basis?
 - **Santee:** From July 1, 2017-July 1, 2019, crossover claims for all dually eligible individuals were eligible for reimbursement up to the AIR. And during this time the MCOs billed at the wrong methodology and not up to the AIR.
 - **MLTC (Jacob):** Does this include individuals in the 2017-2019 timeframe that were covered under managed care at the time, but they were not reimbursed at the all-inclusive rate? My understanding was that the MCOs had reimbursed all previous Tribal crossover claims.
 - **Santee:** A meeting was held with the state and the MCOs, and there it was decided that the State was to be held responsible for reimbursing the Tribal crossover claims up to the AIR for July 1, 2017 – July 1, 2019.
 - **MLTC (Jacob):** When this meeting was held with the Tribes, state and the MCOs was I here?
 - **Santee (Nancy):** No, this meeting was held in Kansas City during a previous deputy of policy at the state. The meeting was held in July 2018. It was our understanding that since this meeting, there was trouble with different understandings between the MLTC policy team and the MLTC finance team regarding how to identify and reimburse these claims up to the AIR. This went on for over a year, and the MCO in the meantime began to reimburse these claims correctly. Now the Tribes are just waiting for the state. The MCOs even updated their software to reflect these changes and the state should consider updating their systems as well.
 - **MLTC (Jacob):** I did not realize that the state’s responsibility to reimburse Tribal crossover claims up to the AIR went back to 2017-2019. 2019 onward should be alright then. For FFS claims, Finance previously thought that the state would still operate under the state’s “lesser-of” methodology where for Tribal crossover claims, the AIR would be substituted for the Medicaid rate. MLTC previously thought that the MCOs were reimbursing all Tribal crossover claims up to the AIR.

- **Healthy Blue NE:** Gelisha came across information in their archives related to the 2018 meeting with CMS, the state, and Tribes that Santee referenced. Her understanding is the same as the Tribes, and she will send this information to the MLTC Policy team so they can review.
- **Santee:** If the facility billed a T-Code over to the clearing house for a Medicare claim, the bill would not be processed because the system will not even recognize it. So, the MCOs had to figure out updates in their systems to identify and process these crossover claims up to the AIR properly, given that they aren't billed with a T-Code. This is probably the main issue with the MLYC systems, and when the state asks for the Medicaid claim number, we are unable to provide one because the bill was not processed by the state.
- **Question (Jacob):** Ponca, do you have 2017-2019 crossover claims that have not been reimbursed correctly?
 - **Answer (Ponca):** No, not that we are aware of currently.
 - **MLTC (Jacob):** MLTC Policy will check back in with Finance to see how we can identify the claims for that '17-'19 period, and will reach out to the Tribes if there is additional information the state needs from them.

ii. Funding Resources Sheet

• **Resources Sheet:**

- Based on the May 2022 Tribal Consultation meeting, MLTC decided to gather and consolidate sources that might be useful for Tribal health facility staff. This is posted on the Tribal Health website under the 'Providers' page. The resource sheet includes:
 - Information and guides from CMS
 - A guide from the Social Security Administration on common problems accessing Social Security benefits (this is in response to the Direct Express issues discussed in May)
 - Access to Funding and Grants
 - Billing out internet access/broadband
 - Ensure Kids – CMS initiative
- Resource Sheet: <https://dhhs.ne.gov/Documents/Resource%20compilation%20final.pdf>

iii. NEMT Flyer

• **NEMT Resources Sheet:**

- During MLTC's visits to the Ponca health facilities, the need for and importance of transportation for beneficiaries was identified. MLTC has created a Non-Emergency Medical Transportation (NEMT) flyer sheet for Tribal providers and beneficiaries to utilize. A QR code and a website link for each of the health plan MCOs is included in the flyer. Beneficiaries and Case Care Coordinators can navigate these resources and use them to help coordinate rides to medical appointments. MLTC understands that this may not provide a solution to all transportation issues, but we hope this will help resolve some of the issues.
 - NEMT Flyer: <https://dhhs.ne.gov/Documents/NEMT%20Flier.pdf>

- **QUESTION (Ponca, Sylvia):** Is there any way to have transportation provided by friends and family members? We would like to get more information on this as we know there is a form that is sent out that will need to be filled out by the patients. Is the person that provides transportation paid directly by the MCOs? We would like to know more about this because a lot of the patients prefer their family members to take them to medical appointments. It is easier for family members to take them to appointments due to convenience. If each MCO could pass along their information on how to get this done it would be very helpful and then I can educate our members.
 - **Omaha (Audrey):** This would be extremely helpful. In our facilities we are having issues with transportation, and this would be a great solution for our facility.
 - **Ponca (Sylvia):** Another question I have is if there is a limitation on mileage? Many of our patients will need to see a provider outside of the facility and sometimes transportation is denied because other clinics are closer to the beneficiary. But these are not always Tribal health facilities.

 - **Jacob:** Do Any of the MCOs know any information on this?
 - **United Healthcare:** We have taken this down to circle back on and see if certain friends and family can provide transportation. Another thing we can throw out there is reach out to a community group that would be willing to host their own transportation for their own purposes. As the MCO we were able to set them up as a transportation vendor for other organizations in the past.
 - **Omaha (Audrey):** UHC is saying that the Omaha facility could partner with them to become a transportation vendor? How can this process be initiated? We would like to move forward for the next step.
 - **United Healthcare:** In the past, UHC has worked with their transportation brokers to leverage them to work with an existing transportation organization. This would be an option for the Tribes, but it is a process that is otherwise outside the norm and it would take considerable work to implement. It is a good idea. However, there is a lot of extra overhead for the brokers, and conversations to navigate about insurance and background checks, etc. So in some cases, it might not fit, in which case we would have to work with MLTC to operationalize.
 - **Omaha:** So where do we start with this?
 - **United HealthCare:** We will circle back internally, and LeAnn or Jenn will be contacted here soon to move to the next step.
 - **Jacob:** We can help oversee the general oversight. We can add this topic as a discussion in our reoccurring meetings to facilitate communication and make sure the state is fulling any action items for this issue.
 - **United Healthcare:** Are beneficiaries currently satisfied with the transportation being offered by the tribes? Typically, we see that transportation is one of the most common obstacles faces among out communities.
 - Yes
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- **Santee (Nancy):** It would also help to put any of the resources you provide on Facebook.

- **MLTC (Chris):** Great, we understand this issue is bigger than just the flyer and that it will take more effort to resolve. Please feel free to let MLTC know if any of the resources we provide are not useful and we can adjust our plan of action accordingly.

- iv. Homeless Outreach Resource Sheet
- **Homeless Outreach Resource Sheet:**
 - MLTC created 6 flyers, each flyer has information regarding community organizations and resources for the homeless population specific to certain areas of Nebraska. The purpose of these flyers is to provide resources to Tribal facilities and beneficiaries, and not only for Medicaid resources, but to other organizations as well that can assist with homelessness. MLTC also plans to create a Tribal-specific flyer with information specific to and resources near each of the Tribes. Any feedback would be appreciated. We are eager to get your input on these flyers when we send them out to the group. Tribal health facility staffs' expertise along with connection to the community is vital for the success of these efforts.

 - **MLTC (Dani):** Additionally, please help MLTC communicate the need for beneficiaries to update their addresses and contact information on the beneficiary portal in order to maintain benefits after the PHE. This is especially important for the homeless and housing-instable population to help avoid unnecessary closures.
 - **Santee (Nancy):** At the May Consultation meeting, Director Bagley had alluded to looking at not just the individual's address, but also the individual's claims or any visits in the past, will this still stay true?
 - **MLTC:** If we are unable to get in contact with individuals based on the information that we have on file, we would look at these past claims or visits. MLTC would then work with the MCOs to get in touch with the provider that the beneficiary was last in contact with. MLTC will attempt to conduct a renewal based on the information currently available to the agency, and each individual will need to have their eligibility renewed after the PHE ends. However, if field staff are unable to do so and do not have the most up-to-date information, they will reach out to the beneficiary via mail. MLTC is required to conduct a full Medicaid renewal for each beneficiary once the PHE ends, and thus it is critical beneficiaries keep their contact information up to date in case field staff reaches out for more information as part of the renewal.
 - **Santee (Nancy):** Many homeless individuals move around Nebraska between Grand Island, Kearny, Omaha, and Lincoln. This could make contacting them difficult.
 - **MLTC (Jacob):** The difficulty with the homeless population is that each case will still need to be reviewed. If we can communicate the importance of updating contact information now before the PHE ends, this could help prevent unnecessary closures.

receive one they need to provide their COVID-19 vaccine card along with proof of where they live. So this could be helpful in updating addresses.

- **Healthy Blue (Gelisha):** Providing any information around the clinics will be useful. Flyers, Facebook posts, etc. This PHE is coming to an end, and we do need this information updated and any information Medicaid could provide would be helpful.
 - **MLTC (Chris):** MLTC is currently still working on a communication plan for the end of the PHE. There are two pieces of this plan that are relevant to this discussion. First, MLTC would work with the health plans to gather contact information and the second part is the homeless outreach resources. We would be willing to work with outside organizations to outreach to the homeless populations. Let us know of any additional items you would like us to include for this second phase.
 - **United Healthcare:** We do need to work together on efforts after the PHE ends, because the Tribal community has a lot of trust in their clinics and Tribal leaders. The Tribes are the most important part of sharing this information when it comes to reaching Tribal beneficiaries. We do not want people to lose access to their healthcare.
- **Santee:** What does the homeless outreach flyer include?
 - **MLTC (Chris):** We have Medicaid information on AccessNebraska as well as local community organizations who may be able to help assist homeless populations.
 - **Omaha (Audrey):** Can MLTC send this to us, and we can add our contact information on the flyers? This might be the best solution for us. We also know how to handle these scenarios the best.
 - **Sylvia (Ponca):** I gave MLTC my contact information so individuals in Omaha know who to contact for the Fred LeRoy Clinic.
 - **MLTC (Chris):** We could also create a flyer for each Tribe?
 - **Ponca (Sylvia):** The current idea to create on Tribal-specific flyer is good because it is not necessarily per Tribe. If an individual is an American Indian, any of the Tribal clinics in NE would be able to help with their Medicaid benefits accordingly.
 - **MLTC (Dani):** Would you all feel comfortable with your information possibly being posted at different outreach organizations?
 - **Sylvia:** Yes, and the flyers highlighting different areas of Nebraska would be the most efficient.
 - **MLTC (Jacob):** MLTC wants to try and get the resources to places where they will be seen by beneficiaries (shelters, etc) and we are always open to any suggestions for where to send them.

- **HBN (Gelisha):** There will be a health fair at the Ponca facility on October 1, 2022 that Healthy Blue will be attending, and that is a perfect time to put the information out there.
 - **MLTC (Jacob):** MLTC will also investigate possibly getting into contact with field staff in working with the homeless population. As we get close to planning for the Unwind, we will look into this more.
 - **Healthy Blue (Gelisha):** What does the process look like when a beneficiary updates their address with the MCOs, and also updates it with Medicaid, but the address is still different? What can we do to facilitate this address update?
 - **Ponca (Sylvia):** This happens with a lot of my patients. The update often times doesn't stay in the system, and it reverts back to the old address. It looks like the beneficiary must initiate the address updates.
 - **MLTC:** They can always do this through AccessNebraska or by calling field staff.
 - **United Healthcare:** If UHC gets a change or address reported, they will also contact Medicaid through AccessNebraska to make these updates. If there are discrepancies from there, someone from MLTC will contact UHC and talk through the different addresses and reach out to the beneficiary to confirm when needed.
 - May also need to find ways in the systems to hold a number of addresses at once until the right one can be determined.
 - Change of addresses will show up on regular enrollment reports monthly. On average, these updates will be done in approximately two weeks, but it depends on when the individuals report the change in address, and when the enrollment reports are then sent out to the MCOs.
- MLTC will send drafts of the flyers to the group for further edits, feedback, or discussions.
6. Roundtable discussion on how MLTC can support the Tribes' work
- i. Planning MLTC site visits
 - ii. Update of MLTC Tribal contacts / email list
- **Plaining MLTC site Visits:**
 - **MLTC (Jacob):** We were able to visit Ponca's health facilities, however we would like to come and visits Santee, Winnebago, and Omaha as well. We will be reaching out about this soon to set this up. Also, please provide a point of contact for this if there is someone specifically to help set these up. MLTC would love to learn more about the Tribes' facility operations, community partnerships, and meet with leadership and providers that would like to meet and discuss with the MLTC team.
- iii. Managed Care Discussion
 - i. Updates from MCO Liaisons

- **Managed Care Discussion**

- **MLTC:** CMS recently released an Informational Bulletin (CIB) on managed care to ensure that certain requirements are met, and certain systems are in place to help ensure timely and accurate payment of Indian Health Care Providers (IHCPs).
 - CMS and the National Indian Health Board (NIHB) outlined the following six guidelines. MLTC has been looking into these and plans to follow up with the MCOs to determine what steps have been taken to meet these recommended practices, and what steps need to be taken still.
 - States should engage with Tribes through effective Tribal consultation to identify and resolve issues.
 - Medicaid and CHIP managed care plans should use the Indian contract addendum to negotiate contract between plans and IHCPs.
 - States and managed care plans should institutionalize knowledge of the Indian Health care delivery system and Indian managed care protections.
 - States and managed care plans should have a single state point of contact to handle Medicaid managed care issues for IHCPs.
 - Medicaid managed care plans should develop internal claims processing practices specific to IHCPs to resolve claims in a timely manner.
 - For state Medicaid agencies, including a managed care contract provision requiring managed care plans pay IHCPs the full Indian Health Services All-Inclusive Rate, rather than the plan paying at the plans regular provider payment rate and requiring IHCPs to bill the state for a wrap-around payment.
- **United Healthcare:** Wants to have a better system of including documentation that would better train Tribal Liaisons and help them understand the unique benefits and protections for IHCPs.
 - **Santee:** This is a big issue; the Tribes have had to “train” MCO Tribal Liaisons in the past.
 - **United Healthcare:** There is room for improvement in all the guidelines mentioned above.
- **Santee:** How does the availability of the MCO Tribal liaisons work? Sometimes the Tribes get a timely response and sometimes they do not.
 - **United Healthcare:** They need to be available when the Tribes need them. UHC is addressing our tribal liaisons position by adding a fulltime person dedicated to the tribal population. If the tribes know anyone who would be good for this position let us know.
- **Santee:** Another issue in communicating with the MCOs is that often the Tribal liaison is unable to meet with the Tribe unless their supervisor is also at the meeting, and sometimes the supervisor can’t make it. The Tribes should be able to just communicate with the Tribal liaisons. It is understandable that if the Tribal liaison is training that the supervisor would need to be there, but this should not be the standard.
 - **United Healthcare:** Just to clarify, sometimes UHC prefers to have two people there or at least two tribal liaisons to support each other. Would that be, okay?
 - **Santee:** That is fine so long as the meeting is not held up because one person can’t be there.

- **Nebraska Total Care (Jennifer):** The Tribes shouldn't ever feel like they need to contact the customer service center, that is why NTC has a Tribal Liaison. The Tribes should be able to contact the Tribal Liaison, and I make myself available to them. That is the purpose of the Tribal Liaisons.
 - **MLTC (Dani):** MLTC will be following up with the MCOs to ensure that they are implementing these practices outlined in the CIB. MLTC will also continue to address these issues on the monthly Medicaid/Tribal calls.
- iv. Open Agenda
- **Open Discussion/Questions:**
 - **Omaha (Audrey):** Many of the patients have PCPs/Doctors who are not enrolled with the Tribal facility. Therefore, the clinics are not getting credit/incentive for these patients with their Medicare Part C Plans. Audrey is trying to go into the charts and validate these individuals and would like to get this updated so the providers from their clinics are on the patients Medicaid care so the clinics can receive the credits/incentive.
 - **Santee (Nancy) / Ponca (Sylvia):** Why does Medicaid ask for the paystubs of our Tribal summer youth program? These individuals are minors, and it does not seem like it would be necessary to request this information.
 - **MLTC:** This is likely due to federal regulations/policy which dictates the state's verification process. Different eligibility circumstances could require different information based on Trusts or the Household size of the main parent. We are certain that collecting this income will not impact IHS. Sometimes our systems do not have all of the information required, and the agency needs to reach out for further information to verify (ie. paystubs for income verification). Unfortunately, eligibility requirements such as these are federally driven, so there may not be much that can be done about this.
 - **Sylvia:** Ponca collects the information for the pay stubs as they hire these minors, so it is ready to be submitted by the end of the summer program. We have current documentation and guidelines in place that we will send to MLTC for review.
 - **HealthyBlue (Gelisha):** If there are any health fairs or events going on, please contact us so our community teams are involved. We are aware of the Ponca health fair, but look forward to being part of any other health/wellness initiatives.
 - Same with Nebraska Total Care, MCNA, and United Health Care.

7. Closing