



01.08.25 - NE Tribal/Medicaid Monthly Call Agenda

Conference Access Number **+1-408-418-9388**

Access Code- **2495 538 5383**

Present: Jacob Kawamoto (MLTC, Policy), Kendra Wiebe (MLTC, Policy), Cathy Kearney (MLTC, Plan Management), Echohawk Lefthand (Public Health), Jacob Harlan (Public Health)

James Ridgeway (Winnebago), RickyAnn Fletcher (Ponca), Michelle Runyan (Ponca), Becky Crase (Ponca), Sylvia Allen-Lopez (Ponca), Crystal Appleton (Omaha), Brenda Worrell (Omaha), Tashina Provost (Omaha), Nancy Mackey (Santee), Vietta Swalley (Santee), Andrea Herrera (NUIHC), Megan Raabe (NUIHC), Robyn Crow, Glorine Lovejoy

Adam Proctor (NTC), Tuesday Kuhlman (NTC), Tim Easton (NTC), Kiernan Scott (Molina), Gelisha Palma (Molina), Janine Fitzpatrick (Molina), Cynthia Goslin (UHC), Tracy Nelson (UHC), Jen Nelson (UHC), Mary McHale (UHC), Jonathan Rich, DMD (Centene)

SPA/Waiver Updates

- SPA
 - o NE 24-0025: Mandatory Reporting Core Sets
 - This is a technical update to attest to mandatory reporting of the child core set and behavioral health measures on the adult core set. This proposed state plan update will not impact Indians and/or Indian health programs (technical update only).
- Waiver Authority
 - o 1915(b)(4) FFS Selective Contracting Waiver Tribal Notice
 - Established a Fee-for-Service (FFS) Selective Contracting Program which would limit providers that can provide Targeted Case Management (TCM) services. This proposed program would limit the entities authorized to provide TCM.

Additional Items

- IHS has established the 2025 all-inclusive rates (encounter rates)
 - o Federal Register link: <https://www.federalregister.gov/documents/2024/12/16/2024-29505/reimbursement-rates-for-calendar-year-2025>
 - o **MCO Updates:**
 - The UHC and NTC systems are set up and configured to reimburse IHS/Tribal encounter claims up to the 2025 encounter rate
 - Kiernan to check and confirm if Molina's systems are also updated for the 2025 encounter rate.

- **UPDATE:** Molina confirmed that systems are set up and configured to reimburse IHS/Tribal encounter claims up to the 2025 encounter rate for medical, behavioral health, pharmacy, and dental claims.
 - All MCOs are checking to ensure that vision and all other sub-contractors have updated their systems too.
- Santee noted that Molina’s pharmacy claims were not paying up to the 2025 encounter rate until 01/06/25 and so will need to make sure those claims from 01/01/25 – 01/05/25 are reimbursed correctly.
- **QUESTION (Winnebago):** Sometimes when billing, a user error occurs where the previous year’s encounter rate is billed on the claim instead of the current year’s encounter rate. If a claim is submitted to the MCOs using the T1015 (encounter) code with a date of service from 2025 but accidentally billed at the 2024 IHS/Tribal encounter rate, will payment still process at the 2025 IHS/Tribal encounter rate?
 - **ANSWER:**
 - NTC won’t process at a lesser-of logic and in a case like this would reimburse at the 2025 encounter rate.
 - UHC: Cynthia’s understanding is that UHC would reimburse the same way and does not use a lesser-of logic for IHS/Tribal encounter claims. But she will check and confirm.
 - Molina: Noted that for dental claims, the system is configured for a lesser-of logic. And so, in a case like that above, it would reimburse at the 2024 encounter rate (instead of the 2025 rate) or else the provider would need to resubmit the bill with the 2025 encounter rate.
 - Molina: Kiernan will check and confirm the logic for medical and all other claims too.
 - **QUESTION (Winnebago):** Is it allowed for the MCOs to use a lesser-of logic when reimbursing IHS/Tribal encounter rates? Did not think it was allowable to reimburse for lower than the current year’s annual IHS/Tribal encounter rate.
 - **ANSWER:** MLTC will check on the requirements for the MCOs to reimburse at the current year’s encounter rate and follow up with the group.
 - **UPDATE:** Per Medicaid regulations (see 471 NAC 11), IHS and Tribal (638) facilities will be paid for qualifying encounter services at the most current encounter rate established by the IHS which is published annually in the Federal Register.
 - Molina has confirmed that their systems will not process IHS/Tribal claims using a lesser-of logic. All claims with a 2025 date of service would be paid at the 2025 IHS/Tribal encounter rate.
- Interpretation Services – Clarification
 - When billing for interpretation services, Tribal and FQHC providers can use either the generic interpreter NPI (which must be enrolled with their professional clinic) or the individual service rendering provider of the covered health services which warranted the use of interpretation services (the service rendering provider must also be enrolled with the Tribe’s/FQHC’s professional clinic).
 - Per the guidance in [Provider Bulletin 24-22](#), these interpretation services would still be billed using the T1013 code on a separate HCFA 1500 professional claim.

- **NOTE:** MLTC is updating Provider Bulletin 24-22 to include this clarification.
- MIWD and TMA Premiums
 - Premiums for the Medicaid Insurance for Workers with Disabilities (MIWD) and Transitional Medical Assistance (TMA) have both recently resumed after being suspended during the COVID-19 public health emergency. However, American Indians and Alaska Natives don't pay premiums, copayments, coinsurance, or deductibles under Medicaid.
 - MLTC may waive premiums under these programs if documentation indicating the beneficiary's affiliation with a federally recognized Tribe is received. For any questions regarding cases where premiums are being applied, but should be waived, reach out to Jacob (jacob.kawamoto@nebraska.gov)
- Billing for Services Delivered Outside of the Four Walls and MCO System Updates
 - MLTC is also working to update [guidance](#) to clarify changes, and similarities, to provider enrollment, reimbursement, and billing expectations for services provided outside of the Four Walls.
 - The MCOs need time to configure system updates, and so it will likely be late January or into February before systems will be ready. But MLTC Plan Management is working with the MCOs to ensure that systems are updated to appropriately process claims for services provided outside of the Four Walls. Payments would then be allowed retroactively back to 1.1.25 (the effective date of the final rule) once the system updates are completed.
 - **QUESTION:** Should the Tribes currently be billing for services provided outside of the Four Walls?
 - **ANSWER:**
 - NTC: Claims for Medical and Behavioral Health services provided outside of the facility can be billed.
 - Systems are not yet configured for Dental and Vision claims.
 - Molina: Claims for Medical and Behavioral Health services provided outside of the facility can be billed.
 - UHC: UHC is still working on systems updates, claims for services provided outside of the facility should not be billed at this time.
- Data Sharing Agreements
 - The MLTC Legal team has drafted the Data Sharing Agreements, and the Data & Analytics Team has identified a report that would provide the relevant information. These Data Sharing Agreements are with the DHHS Data and Compliance Office for final review and approval. Once approved, the agreement will be sent to the identified point of contact for each Tribe.
- NEMT
 - At the August 2022 Quarterly Consultation meeting, it was agreed that the MCOs and Tribes would discuss how to improve access to transportation services for Tribal beneficiaries.
 - Jacob spoke with the PSC, brought more information to the November 2023 Tribal Consultation, and sent a follow up email to each of the Tribes. The Tribes should submit an exemption request to the PSC. If granted the exception, the Tribe will then need to enroll with Maximus as a PSC-exempt NEMT provider and can then provide the approval from the PSC to Maximus to complete this enrollment.
 - PSC contact: PSC.motorfilings@nebraska.gov

Further Discussion:

- Lisa Miller with the Omaha Tribe raised the concern that many members, especially in foster care, have not been receiving their Medicaid or MCO cards. This issue is likely being impacted by recent address changes for the Omaha Tribe too.
 - o Jacob will follow up with her to coordinate how and where Medicaid can assist. Lisa will check with the Post Master.
- **QUESTION (Ponca):** Is it possible for the MCOs to not require prior authorization for dental code D4910?
 - o **ANSWER (Centene):** This prior authorization requirement comes from MLTC's regulations at 471 NAC 6 and the Nebraska Medicaid Fee Schedules. Individuals may need follow up 3 or 4 times, and so prior authorization is required to determine that amount of follow-up for each patient.
 - o **MLTC:** Jacob to review and provide an update to Ponca and the group.
 - **UPDATE:** Dental code D4910 (periodontal maintenance) requires prior authorization. This is outlined in state Medicaid regulations at [471 NAC 6-004.02\(E\)\(iv\)](#). This is also reiterated in the January 2025 Dental Services [Fee Schedule](#) and in the [Tribal Dental Billing FAQ](#) Flyer. Prior authorization is required to approve the number of follow-up visits for the beneficiary, and as such there is no intention from MLTC at this time to remove the requirement for prior authorization for this service.
- **QUESTION (Ponca):** Has SKYGEN fixed the issue where it automatically fills all member-related dates to the current year? (For example, if a provider entered in a member's DOB as 01/01/2000, it would automatically update the DOB to be 01/01/2025)
 - o **ANSWER (UHC):** Tracy Nelson stated that a fix was pushed through last weekend. She asked Ricky to check and send a screenshot to her if it is not fixed.
 - o **ANSWER (Molina):** Molina will check and confirm the answer to this.
 - **UPDATE:** Both Molina and UHC confirmed after the meeting that this issue has been resolved.
- Echohawk Lefthand, Public Health Office of Health Disparities, shared the Lincoln Community Foundation – Chief Standing Bear Scholarship: <https://lcf.academicworks.com/opportunities/2059>