

Briefing – Tribal Case Care and Benefit Coordinators

What:	Meeting is to discuss questions previously sent out to the respective representative. These questions are intended for Tribal Case Care and Benefit Coordinators. This document can either be filled out and sent back to Jacob at jacob.kawamoto@nebraska.gov , or just reviewed before the meeting on 3.25.21 in preparation for discussion
Topic Area(s):	<ul style="list-style-type: none"> • Tribal Care and Benefit Coordinator – Meeting Questions • Discussion
Meeting Date	Thursday, March 25, 2021
Main Goals of these meetings:	<ul style="list-style-type: none"> • We wish to identify specific issues that do not come up on monthly calls • Want to be collaborative and have as many areas of this covered as possible • Want to have the meeting reoccurring, and let others fit the needs of these meetings, do decide the agenda • Want to do webinar or seminar
Introductions	<p>DHHS:</p> <ul style="list-style-type: none"> • Danielle Trejo, Tribal Liaison, Medicaid • Jacob Kawamoto, Tribal Liaison, Medicaid • Catherin G, Tribal Liaison Program Manager, Medicaid • Chris Morton, Communications Team, Medicaid • Stacey Schenk DHHS, Community Support Specialist with DHHS <p>Ponca Tribe:</p> <ul style="list-style-type: none"> • Michelle and Sylvia Allen-Lopez, Fred LeRoy Health and Wellness Center <p>Omaha Tribe:</p> <ul style="list-style-type: none"> • Brenda Worrell, Patient Benefits, Social Security <p>Winnebago Tribe:</p> <ul style="list-style-type: none"> • Lauren Buchanan • Missy Whitebird <p>Nebraska Total Care</p> <ul style="list-style-type: none"> • Mariana Johnson, Senior Manager provider relations for Nebraska total care • Jennifer Newcombe, Tribal liaison • Paula Stapleton, director of case management • Michelle Muhle, Nebraska Total Care Foster Care liaison

	<ul style="list-style-type: none"> • Erica Anderson, Manager of Case Management <p>UHC:</p> <ul style="list-style-type: none"> • Jeff Stafford, CEO of United Medical Care • Patricia Cartledge, UHC, Associate Director of Medical Directives • LeAnn Ortmeier, Tribal Liaison • Heather Johnson • Barb Palmer Rn, MHA HSD – UHC <p>HealthyBlue:</p> <ul style="list-style-type: none"> • Kaylene Finney, Healthy Blue, Care Manager of Behavioral Health • Jenny Cupak, Healthy Blue, Tribal Liaison, • Jennifer Weesner, Healthy Blue, Social Deterrence Health, Manager • Melinda Spray, Healthy Blue, Community Relations Specialist <p>MCNA:</p> <ul style="list-style-type: none"> • Ricky Fletcher, MCNA, Providers Relations Manager and Tribal Liaison
<p>Questions from the Survey</p>	<ol style="list-style-type: none"> 1. What topics/areas of Medicaid would you want to be more informed about? 2. What recurring issues have you seen arise with their Medicaid beneficiaries, and how could Medicaid help with this? 3. What challenges do you face in doing your job as benefit coordinators/case care managers? How could Medicaid help with this? 4. What are some short-term impacts you hope to make in your communities? How could Medicaid help with this? 5. What are some long-term impacts you hope to make in your communities? How could Medicaid help with this?
<p>Discussion</p>	<ul style="list-style-type: none"> • DISCUSSION: Sylvia Allen-Lopez: When completing applications for patients they use paper because it keeps a trail, usually use the paper copy. The last page is the authorizations rep, Form-53. Field staff sometimes tells her that the form she used or filled out is not the correct form, and so won't give any further information regarding the beneficiary. <ul style="list-style-type: none"> ○ DHHS RESPONSE: <ul style="list-style-type: none"> ▪ Cats Response: Much of this is a training/field issue. Field staff handle eligibility, process these forms, and respond to inquiries like Sylvia's. Sylvia is correct, this Form 53 does allow her to be an authorized rep. MLTC is aware of this issue, and it is continued education we will continue to do. We will be sure to communicate this to field staff trainers.

Send us another reminder or let us know when this occurs.

- **DISCUSSION:** Hard to get signatures when clients live in Norfolk or other rural areas of Nebraska, how can we improve this?
 - **DHHS RESPONSE:**
 - MLTC-35, the scope of the authorization is hard to fulfil, this does the same thing as the appendix C on the application. MLTC also created a standalone form that does the same thing, the Form 53 or 35 provide the same authorizations. MLTC will be sure to do better education and training, and send another reminder to the field staff.
- **QUESTION:** HHA Income: is there a place where we can find the household incomes?
 - **DHHS RESPONSE:** There is an income chart, on the public website, it has for all categories, except for HHA. The HHA income level is up to 138% of the FPL
<https://dhhs.ne.gov/Documents/FPL%20Eligibility.pdf>
- **QUESTION:** Income limits AABD: Does MLTC have income limits and resource for MAGI to share?:
 - **DHHS RESPONSE:** Income limits for the programs can be found on the same webpage provided above. Additionally, included below is a brief description of the PAS Medicaid Program, and similar EA programs that were discussed at this meeting.
 - **CHIP:** Children’s Health Insurance Program. CHIP is a federally funded grant program that provides health coverage to youth (up to age 18 in Nebraska). In Nebraska, we have what is known as an integrated CHIP program, where CHIP operates as a part of Medicaid.

Personal Assistance Services (PAS) vs other Economic Assistance Programs

- **PAS:** Personal Assistance Services. This is a Medicaid Program, and as such a beneficiary has to be enrolled in Medicaid in order to receive these services. PAS is a State Plan Service, and allows for someone to assist the beneficiary in their homes with tasks of daily living. PAS generally covers more services than SSAD.
- **SSAD:** Social Services for the Aged and Disabled. This is an EA Grant Program. It covers assistance such as light housework and chores provided for the beneficiary, but does not require that they be enrolled in Medicaid to receive these benefits.

	<ul style="list-style-type: none"> ○ SDP: State Disability Program. This is an EA Program meant to cover beneficiaries with short-term disability needs. For those who do not meet the Social Security disability duration of 12 month or longer, they can apply for SDP. Individuals do not need to be enrolled in Medicaid to receive these benefits. ○ AABD: Aid to the Aged, Blind, and Disablen. This is an EA Grant Program which provides medical assistance to qualifying aged, blind, and disabled individuals. Individuals do not need to be enrolled in Medicaid to receive these benefits. However, there is also an aged, blind, and disabled (ABD) category within Medicaid. ○ One thing to note is that many of the individuals who would qualify for these EA programs are now also Medicaid eligible through the HHA Medicaid Expansion. <ul style="list-style-type: none"> ● QUESTION: It is difficult for the client to request direct express because than have to pay and some are on limited income. The agency is no longer taking the monthly report or print out monthly statement. And it's difficult when you have the patient on the phone. Is there a reason why DHHS is not taking the monthly statement with direct express? <ul style="list-style-type: none"> ○ DHHS RESPONSE: DHHS Policy has not directed that we can't take the monthly statement. This is another area where we can send out a reminder for field staff. For issues with direct express we do encourage 3 way calls ● QUESTION: Is there a way that a patient benefit coordinator could have a master account account for applications instead of having to create an account for each specific client? Is there a way to do the applications like this? <ul style="list-style-type: none"> ○ DHHS Response: DHHS will check into this and follow up with this group. ● DISCUSSION: Brenda from Omaha: Patients are not getting their Medicaid card, she isn't getting cards for patients delivered to her facility or to the patients. <ul style="list-style-type: none"> ○ DHHS RESPONSE: DHHS is aware of this issue. Our communications team has been working on getting Medicaid cards to beneficiaries, and we will look into having them on one of these calls in the future to discuss how tribal communities specifically are impacted by this. ● QUESTION: Sylvia: Are there any resources or websites that the patient can visit for more information about HHA?
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	<ul style="list-style-type: none"> ○ DHHS RESPONSE: There is dedicated HHA website, but a lot of the program details are still pending approval from the federal government. ● QUESTION: Are there programs for Diabetics in HHA to receive dental or vision services? Some kind of sliding scale or discount rate? Are there any further services for those who do not qualify for Prime? <ul style="list-style-type: none"> ○ DHHS RESPONSE: There is a program for diabetics in Basic to receive vision screenings. DHHS will look more into this and other services and follow up with this group.
Action Items / Follow Up	<ul style="list-style-type: none"> ● Authorized Representatives, DHHS staff is working on updating field staff to correctly respond to authorized representatives ● Provide MCO Tribal Liaison Contacts (See Chart Below) ● Income FPL Charts: https://dhhs.ne.gov/Documents/FPL%20Eligibility.pdf ● Distinctions between PAS and EA Programs (See Information Above under “Discussion” section) ● Vision Screening – Diabetics HHA beneficiaries <ul style="list-style-type: none"> ○ All surgical procedures provided by an optometrist or ophthalmologist require approval from the Primary Care Case Management Plan. Coverage only for eye examinations and diagnostic services for medical conditions affecting that may cause damage to components of the eye leading to permanent vision loss and therefore presenting a need to monitor in order to prevent or slow vision loss. Diabetes can cause damage to components of the eye leading to permanent vision loss. If a member in HHA basic experiences vision loss they should contact their MCO. Any coverage for eye examinations or services is dependent on the MCO’s billing and regulatory guidelines. It is not guaranteed that HHA basic members will receive services for vision. However, many but not all diabetics qualify for Medically Frail, which would qualify them for prime benefits. https://dhhs.ne.gov/Medicaid%20State%20Plan/HHA%20Basic%20-%20ABP%205%20-%20Benefits%20Description.pdf ● Issues with Mailing and Receiving Medicaid ID Cards, this has been discussed internally and will be addressed more in depth at the next Case Care and Benefit Coordinators Meeting on 4.29.21 ● Issues with Direct Express are still being discussed internally
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MCO Tribal Liaison Contacts:

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