

2.3.21 - NE Tribal/Medicaid Monthly Call Agenda

Present: Jacob Kawamoto, Catherine Gekas Steeby, Monica Hinrichs, Danielle Trejo, Sam Herwig, LeAnn Ortmeier UHC, Jenn Nelson UHC, Tracy Nelson MCNA, Ricky Fletcher MCNA, Kami Hudson HB, Jennifer Newcombe NTC, Stacey Shuman CMS, Stacy Schenk, Nancy Mackey (Santee), Vietta Swalley (Santee), Crystal Appleton (Omaha), Becky Crase (Ponca), Arlene Grant (Winnebago)

SPA/Waiver Updates

- SPA
 - o Approved
 - Outpatient provider rates effective 7/1/20
 - o Pending
 - eSPA – Vaccines
- Waiver Authority
 - o Statewide Transition Plan (STP) tribal notice sent 2/1/20

Additional Items

- Tribal FQHC APM
 - o CMS Informational Bulletin extended the four walls grace period for IHS and Tribal facilities to October 31, 2021: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib11421.pdf>
- MCO HIS All-Inclusive Rate Updates
 - o MCNA – systems are up to date and claims being reprocessed
 - o UHC - systems are up to date and claims being reprocessed
 - o NTC – systems and claims have been updated for medical and vision, pharmacy systems and claims to be updated and processed by 2/15/21. NTC will reach out to the tribes once this has been done.
 - o HB – systems have been updated for the new rates
 - Q: What about reprocessing pharmacy claims?
 - HB and UHC will check with pharmacy on reprocessing claims and follow up with the tribes
- HHA updates
 - o Enrollment (through January): 31,877

Q (Nancy): When individuals are denied Medicaid due to working status/income level, how often/when do they need to reapply?

- A: If an individual applied and was not eligible because their income was too high, but they subsequently later lost their job, they would have to reapply given the change in their employment.

Q: How often are the State's systems updated/when do they know they need to reapply?

- A: The State bases determinations off of individuals' applications. The State does also utilize several systems to verify things like income, one of which is through the Dept. of Labor, and this is updated quarterly. The State also uses other point-in-time databases, but not all employers contribute to that data. However, if the application does not match the information the State has on file, the State will send out a verification request to get more information regarding the individual applying.

Q (Ricky): When individuals are enrolled in HHA, are they informed that they may have a 6 month period before they can receive dental care (unless they are determined eligible for a target prime group)?

MCNA often gets beneficiaries and providers asking about this.

- A: Notices sent to HHA beneficiaries tell them which category they are in and what benefits they are eligible to receive.

Q: Do HHA beneficiaries have different Medicaid cards?

- A: No, they are the same as all Medicaid beneficiaries.
- Medicaid is continuing to try and keep providers educated about HHA. In March, there will be more information coming out and Medicaid will be increasing efforts to educate providers with trainings and webinars.

Q (Nancy): Is there a "cheat sheet" that explains the denial terms? (for example, terms like "duplicitous subscriber")

- A: Jacob will get in touch with Bob Kane to find out the answer to this and follow up with the Tribes.
- **Follow up:** This information is available on our public DHHS site
 - o Claim Adjustment Reason Codes (139): <https://x12.org/codes/claim-adjustment-reason-codes>
 - o Remittance Advice Remark Codes (411): <https://x12.org/codes/remittance-advice-remark-codes>
 - For more info on how to navigate the public DHHS site to the webpages provided above, please reach out to Jacob at jacob.kawamoto@nebraska.gov
 - o If providers have questions regarding the codes on their Claims Adjustments or their Remittance Advice codes utilized, they can also call our **Medicaid Claims Customer Service line** for assistance, **1-877-255-3096, option #1**, for the quickest answer.

Q (Becky): Are any of the other tribes utilizing/billing for Medication Therapy Management?

- Pharmacists that help confirm and coordinate medications with patients.
- Q (Crystal): For Medication Therapy Management, is that a separate visit for a 1500 Form?
 - o This is also what Becky is trying to understand.
 - o There may be billing problems if the pharmacist is not on the billing side of the pharmacy through Maximus. How would a pharmacist be a provider on a 1500 form?
- Jacob will take this to the Medicaid pharmacy team to check and follow up with the tribes.

- **Follow up:** Medication Therapy Management is not a State Plan covered service that Medicaid can pay a pharmacist for. For any additional questions, please reach out to Jacob at jacob.kawamoto@nebraska.gov

Q (Crystal): There is a patient who is denied because of private insurance, but this insurance has ended and they still are not eligible.

- Crystal to send to client info to Jacob so NE can check the system in NFOCUS. If there are no problems there, Kami with Healthy Blue will take it back to check into where it may be getting caught up in their systems.