

3.2.22 - NE Tribal/Medicaid Monthly Call Agenda

Conference Access Number **(888) 820-1398**

Attendee Code- **7300221**

Present: Jacob Kawamoto, Danielle Trejo, Chris Morton, Aaron Reece, Jeshena Gold, Jessie Edwards, Becky Crase (Ponca), Crystal Appleton (Omaha), Audrey Parker (Omaha), Jena Free (Omaha), Lauren Buchanan (Winnebago), Vietta Swalley (Santee), Nancy Mackey (Santee), Mindy Spray (HB), Gelisha Jeffers (HB), RickyAnn Fletcher (MCNA), Tracy Nelson (MCNA), LeAnn Ortmeier (UHC), Jennifer Newcombe (NTC),

SPA/Waiver Updates

- SPA
 - o NE 22-0002: Graduate Medical Education (GME) Outpatient Payments
 - o NE 22-0005: GME Inpatient Payments
 - o NE 22-0003: Clinical Trials
 - o NE 22-0004: CHIP ARP
- Waiver Authority
 - o None at this time

Additional Items

- Medicare Crossover Claims – Update
 - o Jacob sent emails to each of the Tribes and followed up with meetings where needed. From this, Jacob identified the need for further clarification to the Tribes regarding the different types of dual eligible Medicaid statuses (one where Medicaid only pays for Medicare cost sharing, and the other where an individual is fully eligible for a Medicaid category in addition to receiving benefits from Medicare. The latter is eligible for reimbursement at the AIR on crossover claims).
 - Jacob will type of a brief for the Tribes containing CMS’s original guidance regarding paying Tribal Crossover Claims at the AIR, along with more information around the different types of dual eligible statuses, and references to relevant provisions in Nebraska’s State Plan. Jacob will also look into how the Tribes will identify and differentiate these different dual eligible statuses (currently Tribal providers are unable to do so through the NMES line).
 - o QUESTION: Have you been able to get the rejection and denial reports from Medicaid?
 - ANSWER: Not yet, but Jacob will look into this and let the Tribes know when he hears back. These denials will be beneficial to identify which past claims were denied because the beneficiary was only eligible for Medicaid to pay the Medicare cost sharing portions (and not the AIR), and which ones still need to be reimbursed up to the AIR.
- Ambulance payments – Healthy Blue

- QUESTION: Concerns were raised about Healthy Blue's Ambulance payments not being paid at the correct fee schedule. Has this been addressed or are there any updates?
 - Santee: Healthy Blue needs to load the fee schedule rates. This goes back to June of 2021 (which would be 2020 rates), and so HB will need to make sure to reimburse the claims at the correct fee schedule.
 - Healthy Blue: Santee's claims have been corrected and are being reprocessed, they should expect repayment and EOBs any day. The fee schedule rates are loaded and ready to go, so Santee can submit further claims anytime. Gelisha will make sure they get reimbursed correctly.
 - Nancy will make sure the schedules were applied correctly and then submit accordingly.