

10.13.21 - NE Tribal/Medicaid Monthly Call

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

Attendee Code- **7300221**

SPA/Waiver Updates

- SPA
 - HHA - Nebraska ABP
 - Approved 9.21.21
 - SUPPORT Act MAT
 - Approved, effective Oct. 1, 2020 – Sept. 30, 2025
 - State Fiscal Year 2022 (SFY22) Rates submitted to CMS
 - Tribal Notices regarding these rate proposals were sent out on 8.6.21
 - Medicaid Insurance for Workers with Disabilities (MIWD) SPA submitted to CMS on 9.28.21
- Waiver Authority
 - HCBS Waiver for Aged and Adults and Children with Disabilities (AD)
 - Approved 9.8.21
 - HHA 1915(b) Waiver Amendment
 - Approved 9.28.21. Implements updates to the managed care authority to reflect changes in the adult expansion program.
 - Tribal Notice for proposed HCBS Waiver renewals sent on 9.27.21
 - Developmental Disabilities Adult Day Waiver (DDAD)
 - Comprehensive Developmental Disabilities (CDD)

Additional Items

- *10.4.21 CMS Informational Bulletin – Extension of “four walls” grace period*
 - Due to the PHE, CMS extended the grace period for Tribal facilities providing services outside of the “four walls” and receiving reimbursement at the AIR to convert to FQHCs. This conversion would allow them to continue to receive the AIR for services delivered outside of the “four walls” of their facilities after the grace period ends.
 - At this time none of the Tribes have expressed a need for or interest in this option, but if any of the Tribal facilities are wanting to convert to FQHCs, please let Jacob know as soon as possible.
 - 10.04.21 CIB: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib10421.pdf>
- *HHA & Open Enrollment Updates*
 - Under the Heritage Health Adult (Medicaid Expansion) group, as of October 1, 2021, all beneficiaries enrolled in HHA will receive benefits identical to Prime benefits (now called the Nebraska Alternative Benefits Package). This means that benefits for all beneficiaries

in the adult expansion group will include dental, vision, and over-the-counter (OTC) coverage.

- Additionally, as of October 1, 2021, beneficiaries or their providers can request medically complex benefits, which is a care and case management program. This is different from Medically Frail. This will cover individuals who are impacted by different social deterrents of health or economic insecurity, such as homelessness. This program will help these individuals with specific care provided by their health plans.
 - For more information on a medically complex attestation or homelessness form please refer to the DHHS website: <https://dhhs.ne.gov/Pages/Medically-Complex.aspx>
- Open Enrollment is from Nov 1 – Dec 15: This is an opportunity for beneficiaries to change their health plans and enroll with a different MCO. If individuals are satisfied with benefits and health plans, they do not need to change or take any further actions.
 - Any changes that are made are effective Jan 1 2022
 - For more information, visit: <https://dhhs.ne.gov/Pages/Heritage-Health-Resources.aspx>
- **QUESTION:** How will beneficiaries know how to access dental, vision, and OTC?
 - **ANSWER:** All of this information will be included in the member information packets that have been or are currently being sent out to beneficiaries. For dental coverage, all of this is handled through MCNA.
- **QUESTION:** What about individuals who were switched from basic benefits? Did these individual receive a letter?
 - **ANSWER:** Notices and letters have been sent to them from their health plans (MCOs) letting them know about the change and how it impacts their benefits.
- *Crossover Claims Update*
 - MLTC plans to have all outstanding FFS crossover claims reconciled by the end of the calendar year (2021)
 - MLTC is currently working to implement system changes, and will let the Tribes know when this has been fully completed
 - In the meantime, if any FFS crossover claims issues arise, reach out to Jacob
 - **QUESTION:** How is the re-payment process going to happen? Will it be by individual claims or a mass check? This will impact all postings and Tribes need to understand what claims are attached to which services and facilities.
 - **ANSWER:** Jacob believes re-payment will occur in one payment to each of the Tribes/facilities, but he will follow up on the exact process/plan for the crossover claims resolution. MLTC will ensure each claim is paid properly and properly identified. If there are outstanding FFS claims, please send them to Jacob so MLTC and the Tribes can be sure all claims are accounted for in the re-payments.
- MLTC Tribal Health Website feedback
 - <https://dhhs.ne.gov/Pages/Tribal-Health.aspx>

- A final internal/executive review was being done at the time this monthly call was held. The internal review of the website has since been completed and the website has been published.
 - **QUESTION:** Do the Tribes not see the website before it is published?
 - **ANSWER:** Jacob stated on the call that the webpage drafts had been sent to the Tribes, however this information was inaccurate. The website content for the Provider page was reviewed on the 5.5.21 Monthly Tribal/Medicaid Call. Jacob will include the web page content in Word Document form for the Tribes to review and comment on.
- *Open Discussion/Questions*
- **QUESTION:** HealthyBlue has a new Tribal Liaison. Jenny C. was supposed to introduce her to the Tribes before she left, but the Tribes have not heard anything. Who is the contact for Healthy Blue?
 - **ANSWER:** Gelisha Jeffers is the new Tribal Liaison for HealthyBlue. Gelisha has been in the Medicaid space for 23 years and has a wealth of knowledge. Gelisha plans to reach out to the tribes to gather point of contact information. Gelisha had been working with Jenny C. on several of the issues prior to her departure and plans to set up some meetings for the current claims issues. Tribes can also reach out to Jamie Ferguson, HealthyBlue's Manager of Provider Experience, when needed. Contact info:
 - Gelisha.Jeffers@healthybluene.com
 - Jamie.ferguson@healthybluene.com
 - **QUESTION:** What about the standing meetings that the Tribes had already scheduled with Jenny C.?
 - **ANSWER:** Tribes should forward these standing meetings to Gelisha and she will create new standing meetings with the Tribes based on the previous invites.
 - **Note to Healthy Blue from the Tribes:** Please continue to notify the Tribes of any changes and ensure that there is a constant line of communication with emails/phone calls, as well as consistency and responses to inquiries and requests from the Tribes.
 - **QUESTION:** Before the Website was taken down for review, the Tribes saw that these meeting minutes were posted to the website. Is the state considering this Tribal Consultation? If so, the Tribes have an issue with that, as this is not Tribal Consultation.
 - **ANSWER:** MLTC does not consider these calls to be official Tribal Consultation. On the Tribal Health Website, there will be a Tribal Relations page. On this page, MLTC will post minutes from official Tribal Consultation in-person meetings. Separately, MLTC will post these monthly Tribal/Medicaid meeting minutes as supplemental materials, in order to make them available to anyone who was not able to attend the call or who needs to access the information later on. However, it will be clear that these minutes from the monthly Tribal/Medicaid calls ARE NOT Tribal Consultation. MLTC will also include a note that official, in-person Tribal Consultation has not occurred during the PHE.
 - **QUESTION:** Is there an update in any of the Provider Bulletins about booster vaccines?
 - **ANSWER:** Provider Bulletin 21-19 was updated with guidance regarding the additional COVID-19 vaccine doses.

- PB 21-19:
[https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2021-19A%20\(Updated%209.30.21\).pdf](https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2021-19A%20(Updated%209.30.21).pdf)