



12.04.24 - NE Tribal/Medicaid Monthly Call Agenda

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

Access Code- **2484 050 6718**

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

RickyAnn Fletcher (Ponca), Michelle Runyan (Ponca), Becky Crase (Ponca), Sylvia Allen-Lopez (Ponca), Crystal Appleton (Omaha), Nancy Mackey (Santee), Vietta Swalley (Santee), Andrea Herrera (NUIHC), Megan Raabe (NUIHC), Sky Black Elk-Volkman, Glorine Lovejoy, Stacey Steiner (CMS)

Adam Proctor (NTC), Tuesday Kuhlman (NTC), Tim Easton (NTC), Kiernan Scott (Molina), Angi Tran (Molina), Gelisha Palma (Molina), Jessica Daake (Molina), Janine Fitzpatrick (Molina), Bethany Stech (Molina), Morgan Horst, DDS (Molina), Jesse Clement (Molina), Theresa Ellenwood (Molina), Cynthia Goslin (UHC), Kara Urkoski (UHC), Jonathan Rich, DMD (Centene)

SPA/Waiver Updates

- SPA
 - o NE 24-0026: Lactation Counseling
 - SPA would increase the number of sessions per child from 5 to 10. This will have an impact on the Tribes as the increased limit will apply to any beneficiary eligible for lactation counseling.
 - **QUESTION:** Can Lactation Counseling (CPT 99429 with modifier EP) performed by RNs be billed as an encounter (with the T1015 code)?
 - o **ANSWER:** If a patient received lactation counseling services along with other medical services, this would then be billed all as one encounter. But Lactation Counseling does not require an order by a physician or any other provider. So, if a patient requests Lactation Counseling services and goes in to receive only Lactation Counseling services from a provider not listed in the scope of an encounter (under regulations at 471 NAC 11-003.02A) then this would not be billed as an encounter.
 - o NE 24-0032: Adults with Serious Mental Illness (SMI)
 - 1915(i) SPA that will serve Medicaid eligible adults with SMI. Covered services would include transitional support services, supported housing for individuals with serious mental illness, and supported employment extended services. This SPA would be effective April 1, 2025. Tribal members enrolled in Medicaid who meet the eligibility requirements for these services would be able to receive them.
 - o NE 24-0034: Children's Health Insurance Program (CHIP)

- Update to align reporting with strategic objectives. This SPA will not have an impact on the Tribes as there are no changes to eligibility criteria or services available.
 - NE 24-0036: Serious Mental Illness (SMI) Targeted Case Management (TCM)
 - SPA that would allow Medicaid eligible adults with SMI to receive TCM services. If a Tribal member is a Medicaid eligible adult age 19 or older and has a serious mental illness as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM), they will be able to receive TCM services.
- Waiver Authority
 - None

Additional Items

- Announcements and Updates
 - Interpretation Services
 - [Provider Bulletin 24-22](#) posted to MLTC's website
 - Prenatal Plus Program
 - [Provider Bulletin 24-23](#) posted to MLTC's website
 - Tribal Consultation Follow-Up Items
 - Dental Prior Auth Question – Are prior authorizations approved at the clinic or provider level?
 - NTC – Authorizations are approved at the TIN level for NTC. So if a dentist is out of office but another dentist is able to perform the services, the authorization would carry as long as being billed under the same TIN.
 - UHC – Still awaiting confirmation.
 - Molina – Same as with NTC, authorizations are approved at the TIN level.
 - Billing for medically necessary post-op / follow-up care that is needed following certain services (such as dentures and extractions).
 - The 180-day period in 471 NAC 6 does not apply to Tribal/IHS providers, since these providers are reimbursed per visit/encounter.
 - The Tribes do not need to fill out a follow-up visit form and can simply submit claims for medically necessary follow-up adjustments using the proper CDT code(s).
 - Place of Service Question from Ponca – what Place of Service code should Ponca use for services appropriately provided by their Mobile Unit team inside of the Tribe's administrative building?
 - Place of Service (POS) code 18 is the appropriate POS code if services are provided by the Mobile Unit team and that is the patient's place of employment. But if someone that isn't employed there goes to that location to receive services, a different POS code would be more appropriate.
 - MCO System Updates and Billing outside of the 4 Walls
 - The MCOs need time to configure system updates, and so it would be late January or into February before systems would 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 4 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.

- MLTC is also working to update guidance related to provider enrollment and billing expectations for services provided outside of the 4 walls.
- Still looking into:
 - Billing for OB services (when the same provider does all of the care, but not all at the Tribal/IHS facility)
 - Medicare Advantage and Dual Enrollment, Marketplace, and other coverage
 - The Tribes should send any relevant case examples to Jacob – especially for individuals who reportedly switched MCOs mid-year – so that MLTC can look into the specifics of these cases.
 - Cases for Marketplace enrollments where individuals were unaware of the adverse impact to their benefits should be sent to Mary Munoz at CMS.
- Medicare Crossover Claims – Update
- PHE Data Sharing Agreements
 - MLTC has received a point of contact for each of the Tribes, and these have been forwarded to the MLTC Legal team who is drafting the Data Sharing Agreement. Once drafted, this will be sent out to the Tribes for review and feedback/approval.
 - UPDATE: the Medicaid Policy team has continued to work through the operational considerations involved in establishing, running, and sending out a report of this scope. The MLTC Legal team is drafting the Data Sharing Agreements, and the Data & Analytics Team has been working to run reports that would provide the relevant information.
- 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
- **QUESTION (Ponca):** Ponca asked about dental code D0140 related to when patients are sent to specialty clinics. It is limited to two visits per member instead of two per provider.
 - **ANSWER (MCOs/Centene):** State Medicaid regulations state that the service is limited to 2 per member, not two per provider.
 - **Ponca:** There are patients on Medicaid that need to go in for extractions, and offices are having them pay because these visits are not covered.
 - **MCOs/Centene:** D0140 is not the correct code for patients seen by the specialist. D0140 is a referral code, but the exams are done by a dentist. They're not there to see
 - **Molina:** Molina brought this up with the state, as they had same concern with the limit of two visits per member per year. The State held firm on the position noting that the regulations outline two visits per member. However, the state is looking at adding referral code D9310.
 - Additionally, Molina has a value-added benefit of giving two additional referral visits per member, per year.
 - **Ponca:** Some providers and UNMC do use the D0140 code.

- **ANSWER:** That is because of state regulations. The State is considering the use of referral code D9310.
 - **Santee:** Is it possible to use PRC so the patient doesn't have to pay for those visits?
 - **ANSWER:** If the patient is Ponca and live in a Ponca service area then yes. But PRC is a little different for Ponca.
 - **MLTC:** MLTC will look into this question and provide follow-up information.
- **QUESTION (Ponca):** Ricky included Jacob on emails where post-authorizations were missed. The services were provided and post-authorization was requested with all relevant information attached.
 - **ANSWER:** Post-authorizations have to be sent in as an appeal for these to register in the MCOs systems correctly.
- **Ponca:** Shout out to Tuesday Kuhlman with NTC for helping Becky close gaps for HEDIS measures.