



## 06.12.24 - NE Tribal/Medicaid Monthly Call Agenda

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

Attendee Code- **7300221**

**Present\*:** Jacob Kawamoto (MLTC), Jeshena Gold (MLTC), Tashina Provost (Omaha), Becky Crase (Ponca), Sylvia Allen-Lopez (Ponca), RickyAnn Fletcher (Ponca), Nancy Mackey (Santee), Cynthia Goslin (UHC), Kara Urkoski (UHC), Kiernan Scott (Molina), Gelisha Palma (Molina)

\*Due to technical difficulties, there were more attendees present whose attendance was not recorded.

### SPA/Waiver Updates

- SPA
  - NE 24-0008: Long-Term Acute Care Hospital
    - Adds long-term acute care hospitals as a new provider specialty type with the Medicaid program. Medicaid does not anticipate that this SPA will impact Tribal health providers.
  - NE 24-0009: Rural Emergency Hospital
    - Adds coverage of a new hospital specialty type, the rural emergency hospital (REH). Medicaid does not anticipate that this SPA will impact Tribal health providers.
  - NE 24-0010: Outpatient and Professional Provider Rates
    - Outlines increased provider rates for dental services, pharmacy dispensing fees, lactation counseling, and personal assistance services (PAS). The SPA will have an impact on Tribal healthcare providers who participate in Medicaid for any applicable services delivered that are not included in or billed at the encounter rate.
  - NE 24-0020: Occupational Therapy, Physical Therapy, Speech Pathology, and Audiology Services
    - Allows for the above services to be delivered and billed by home health agencies.
  - NE 24-0021: State FY 2025 Intermediate Care Facility for Individuals with Developmental Disabilities (ICF-DD) Inflation Factor
    - Adjusts the inflation factor for ICF/DDs. The SPA will not impact the tribes as they do not operate ICF-DD facilities in Nebraska.
  - NE 24-0022: State FY 2025 Nursing Facility Inflation Factor
    - For the rate period of July 1, 2024 through June 30, 2025, the nursing facility inflation factor is 6.67%. This SPA will have an impact on nursing facilities participating in the Nebraska Medicaid, including Tribally owned and operated nursing facilities.
  - NE 24-0023: Interpretation Services
    - Provides for coverage of interpretation services that are provided in conjunction with another Medicaid covered service. Interpretation services billed in conjunction with services included in and billed at the IHS all-inclusive encounter rate will be reimbursed as part of the encounter. Interpretation services will be reimbursed separately when they are provided in conjunction with Medicaid-covered services not billed under the IHS all-inclusive encounter rate (such as services provided in Urban Indian Health Centers).

- Waiver Authority
  - o None

## Additional Items

- Conference Line Updates
  - o The current conference line for these calls, 888-820-1398, associated with the conferencing services utilized through University of Nebraska-Lincoln will be decommissioned on June 30<sup>th</sup>, 2024. Starting in July 2024, MLTC will be changing these monthly Tribal/Medicaid meetings to be facilitated via Webex. There will still be a call-in, or phone-only, option. The meeting invite will be updated to reflect this information.
- Dental / Denture Billing Clarification
  - o At the May Tribal Consultation meeting the question arose again around how the Tribes are to bill for denture services. Billing for denture services should follow the process outlined in the [Tribal Dental Billing 2024 Provider FAQ](#).
    - **QUESTION:** *When the Tribes provide dentures to patients, it could take up to five visits before the dentures are seated. Previously, the Tribes were only paid one encounter rate when the dentures were seated. The IHS encounter rate amount does not even cover the lab bill for the complete dentures D5110 & D5120 to be made. Can the Tribes be paid the IHS encounter rate for each visit?*
      - **ANSWER:** *For these services, the prior authorization approval from the MCO would outline how many visits are allowed based on medical necessity. As part of their authorization review process, the MCOs will work with Tribal providers to ensure an appropriate number of visits are captured in the prior authorization. If additional visits beyond the standard three are deemed appropriate, the MCOs can set the prior authorization units accordingly.*
      - *Tribal providers would then bill for each visit with the T1015 encounter rate code at the IHS encounter rate and include the dental service-specific code(s) for the dentures/interim service on the subsequent line(s). Each visit for these services (as approved in the prior authorization) would utilize the same service-specific code(s) and would be billed and reimbursed at the IHS encounter rate.*
  - o Ponca is only seeing the procedure being approved for prior authorization but is not seeing an approved number of visits from the MCOs.
    - **UPDATE:** from the previously released guidance (referenced directly above) – the prior authorization request submitted by the Tribe should specify the number of visits being requested for the service. Additional visits beyond those approved in the initial prior authorization would require approval to ensure medical necessity.
  - o **QUESTION (Santee):** Is the D0999 code on the Fee Schedule? It didn't appear to be when Santee reviewed.
    - **ANSWER:** The D0999 code is not on the Medicaid Fee Schedule. The D0999 code is used by FQHCs, and there was a misunderstanding that IHS/Tribal facilities also use this code when the MCOs were implementing dental coverage. Although some of the MCOs had previously directed the Tribes to use the D0999 code when billing for dental services, Tribal providers do not need to use this code and can bill the T1015 code along with the service-specific CDT code. As of 07/01/24, Tribal providers should bill for all claims

(provided prior and after 07/01/24) according to the Tribal Dental Billing 2024 Provider FAQ; neither IHS/Tribal or FQHC provider will use the D0999 code.

- Medicare Crossover Claims – Update
- PHE Data Sharing Agreements
  - o 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
  - o 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.
    - Have any of the Tribes submitted an exemption request to the PSC? Is there anyway Medicaid can assist?
      - 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.
        - o PSC contact: [PSC.motorfilings@nebraska.gov](mailto:PSC.motorfilings@nebraska.gov)
- Santee provided UHC with information on a crossover claim, but then received another letter from Optum asking for money back from Santee. Santee also received something from the Provider Relations teams asking about payment amounts from 09/2022 – 04/2024.
  - o UHC is working on updates and addressing the case that Santee brought to them. UHC set up an ad hoc meeting to touch base on this.
- Ponca is having trouble with recoupments on hold but is getting that cleared up. No trouble with Medicare crossovers.
- **QUESTION (Ponca):** Ponca’s mobile medical unit going up to Niobrara. Can they bill from their group NPI? Can they bill under a group NPI for service delivered at their facility there?
  - o **ANSWER:** Services that are appropriately provided within or under the practitioners’ scope of practice by an IHS/Tribal mobile unit, which the Tribe’s associated health facility is already licensed/enrolled to provide, could be billed under Ponca’s group NPI with the place of service code 15 (POS 15). MLTC is still looking into the second question and if services delivered by the mobile unit at an administrative facility/building could also be billed this way.