



07.03.24 - NE Tribal/Medicaid Monthly Call Agenda

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

Access Code- **2484 050 6718**

Present: Jacob Kawamoto (MLTC), Jennifer Irvine (MLTC), Jeshena Gold (MLTC), Travis Beck (MLTC), Catherine Kearney (MLTC)

RickyAnn Fletcher (Ponca), Dr. Aitken (Ponca), Crystal Appleton (Omaha), Donna Morris (Omaha), Tashina Provost (Omaha), Beth Wewel (Winnebago), James Ridgeway (Winnebago), Vietta Swalley (Santee)

Adam Proctor (NTC), Tuesday Kuhlman (NTC), Tim Easton (NTC), Kiernan Scott (Molina), Angi Tran (Molina), Candace Noll (Molina), Jessica Daake (Molina), Janine Fitzpatrick (Molina), Heather Halstead (Molina), Jesse Clement (Molina), Cynthia Goslin (UHC), Kara Urkoski (UHC), Tracy Nelson (UHC), Jonathan Rich, DMD (Centene)

*Two additional attendees were present via phone

SPA/Waiver Updates

- SPA
 - o None
- Waiver Authority
 - o 1915(b) Managed Care Waiver Update
 - This update addresses two legislative mandates, related to hospital assessments and direct payments as well as the Therapeutic Family Care (TFC) program, impacting the managed care program. This update does not have an impact to Indians and/or Indian Health Programs.

Additional Items

- Conference Line Updates
 - o The new Webex conference line for these calls, **+1-408-418-9388** (Access Code- **2484 050 6718**) has been updated on the meeting invites for 2024 and will be reflected on the meeting agendas as well.
- Dental Billing Guidance – Dentures and Interim Services
 - o MLTC has created the [Tribal Dental Billing 2024 Provider FAQ](#) which addresses billing expectations for denture and other interim services.
 - At a virtual meeting in June, the Tribes raised a concern that billing expectations provided by MLTC would conflict with IHS reporting requirements for IHS/Tribal providers. MLTC has reached out to IHS to discuss this concern along with the Tribes. In the meantime, the

Tribes should work with the MCOs for specific questions, beyond the information contained in the Tribal Dental Billing 2024 Provider FAQ, related to billing for denture/interim services.

- The billing expectation for all MCOs is for the Tribes to bill for these services using the T1015 code at the IHS encounter rate, and the CDT (service-specific) code on the subsequent line (with at least some amount billed on this line). Each visit billed this way will be reimbursed at the IHS all-inclusive rate (encounter rate).
 - Ponca – Our systems aren't set up to bill/report claims this way. Ponca is concerned that this would then lead to issues with reporting to IHS and Tribal Council, as the report will look like 5 dentures are being provided to one patient. Systems updates for these interim services with multiple appointments would require a lot of administrative work to implement, which the Tribes often don't have the resources for. The Tribe would need to manually manipulate the data (or potentially make their own code(s) for internal reporting) for each interim service/claim.
 - Winnebago – as the Denture code is defined by the ADA, it is billed for one set of dentures. However, on the flip side, while there is potentially more administrative work for the Tribes to bill this way (especially if they want to implement a reporting work around) there is also a significant financial benefit in that the Tribe could bill for each visit (rather than billing once for all of the related denture/interim services).
 - Winnebago and Santee noted that their reports to Tribal Councils are focused more on visit numbers and total revenue generated, so they are less concerned with reporting under the new billing requirements for these services.
- Prior authorization request submitted by the Tribe should specify the number of visits being requested for the service.
 - These services are billed out based on location and paid per visit.
- Discussions occurred between the Tribes and MCOs about various compliance topics (overpayments, adding providers and credentialing, approval for multiple perio-maintenance visits).
 - The respective Tribes and MCOs Liaisons are working to address these items.
- 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