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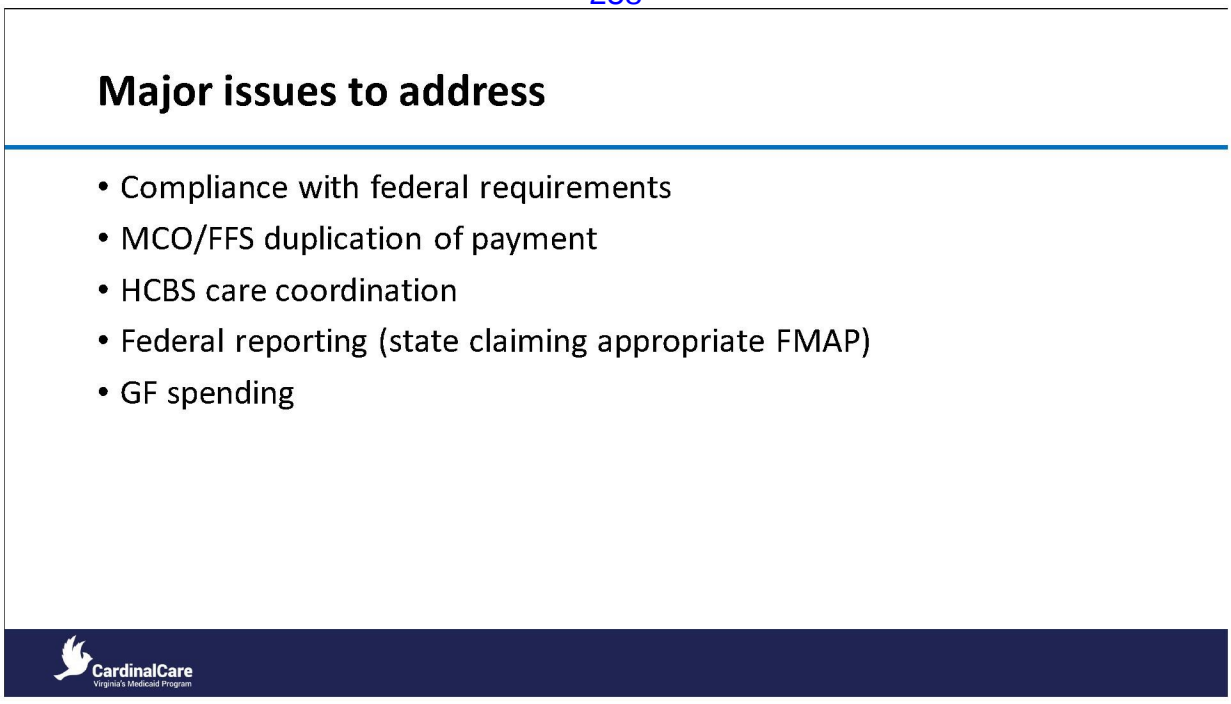
Virginia's Medicaid Program

Tribal Providers Proposed Solutions 7/15/24

DMAS



Compliance with managed care requirements and protections for tribal providers and members (and other compliance issues)
Avoiding MCO/FFS duplication of payment
Ensuring HCBS/LTSS care coordination for individuals getting waiver services; also for BH and other services
Appropriate federal reimbursement
Limiting risk of outsized General Fund impact

Crosswalk of problems/solutions:
Changes that require consultation with Tribes and MCOs

	Compliance with federal requirements	MCO/FFS duplication	LTSS care coordination	Appropriate FMAP	GF Spending
Implement **federal managed care requirements**, recognizing statutory protections for tribal providers and tribal members	X	X	X		X
End reimbursement for waiver services "received through" the Tribal facilities at AIR rate		X	X		X

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Problems across top
Solutions down the left side

Changes that require tribal consultation and/or MCO negotiation

X = it helps (doesn't necessarily solve)
* = Initiate without delay; does not require tribal consultation, MCO negotiation, or CMS approval

Crosswalk of problems/solutions:
Changes that can be initiated without delay

	Compliance with federal requirements	Avoiding MCO/FFS duplication	Ensuring LTSS care coordination	Appropriate FMAP	GF Spending
Identify AI/AN tribal members	X	X		X	
Initiate changes to claim process (NPI on claim) and documentation **process for non-tribal providers of "received through" services**	X		X		X
Stop payment for waiver services to members not enrolled in waiver	X	X	X		X

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Address known concerns by initiating operational and systems changes.

Certain changes we know we will need to make and can initiate without delay.

Options to limit 'pass-through' for non-tribal members

	Current state (FMAP is wrong)	Corrected current state (what is should be)	Tribal clinics switched to clinic provider	Disallow pass-through for non-tribal members	Disallow waiver services
Tribal member					
Rate for 'received through'	$719	$719	$719	$719	$0
FMAP	100%	100%	100%	100%	0%
Non-Tribal member					
Rate for 'received through'	$719	$719	Regular FFS or MCO rates	Servicing provider bills directly at regular rate	$0
FMAP	100%***	FMAP by AC	FMAP by AC	FMAP by AC	0

In some cases no received through allowable.
Also depends on

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Managed care options for tribes

	Out of Network	In Network	Tribal clinics switched to clinic provider	Disallow pass-through for non-tribal members	Disallow waiver services
Tribal members	**Tribal members have right to receive services from the tribal provider.**	**Tribal members have right to receive services from tribal provider and choose as PCP**	In some cases no received through allowable. Also depends on		
Rate for 'received through'	Bill as regular FQHC and wrap	Negotiated rate with MCOs; DMAS wraps	$719	$719	$0
DMAS impact	AIR	AIR	100%	100%	0%
Non-Tribal member					
Rate for 'received through'	Plan does not cover services to non-tribal Medicaid members when	Plan covers services to non-tribal Medicaid members in their network	Regular FFS or MCO rates	Servicing provider bills directly at regular rate	$0

DMAS cannot control	DMAS/MCOs can control	Recommendation
Tribal provider chooses whether to serve non-AI/AN individuals (they determine in coordination with HHS and it's in their contract with HHS/IHS. It appears we don't have a say)		
DMAS must pay same rate to tribal provider whether member served is AI/AN or not (CMS policy of "one facility, one rate" for Medicaid payment)	State Medicaid agency chooses what services the tribal providers can bill for at the AIR as "received through" services rendered by non-tribal providers	(we could decide that they cannot do this for HCBS/waiver services; it is not covered under our current SPA)
FMAP is 100% for tribal members only. Regular FMAP for non-AI/AN individuals served by the tribe.	We can set the tribal providers' FFS rate (but our SPA already sets this out, so we'd have to negotiate change in consultation w/tribes) *each state works out the payment details with the Tribe, then those*	Implement required changes to put us in compliance with federal requirements that payment come from the MCOs

Communication Needs

- Tribal consultation and communication
- MCO communication
- HHR/DPB
- OAG

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Communication to Tribes

- Tribal reimbursement SPA does not authorize waiver services as services they can bill through the tribal provider. (Only covers state plan services.) This impacts personal care and home health.
- Our federal partners have advised that because Tribal members are enrolled in managed care in Virginia, payment must be through the MCOs for patients they serve who are enrolled in a Medicaid managed care plan.
  - For members not in managed care, continue to bill DMAS, we still reimburse the same way.
- Managed care options:
- Out of network:
  - Tribal members have right to receive services from the tribal provider.
  - Bill as regular FQHC; we make up difference
  - Plan does not cover services to non-tribal members when not in their network
- In network:
  - Tribe bills the plan the member is enrolled in.
  - Negotiated rate with MCOs (wraparound), Virginia tops off the rate
- Those are the rules for services provided directly by the tribal facility and billed through the clinic as received through services. We need to identify other non-waiver services being provided by the non-tribal providers besides waiver services. PC and home health) because there is a separate set of rules for

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