



Jessie Barrington <jessie@culturalheritagepartners.com>

## RE: Call w/Nansemond Nation

Lunardi, Jeff (DMAS) <Jeff.Lunardi@dmass.virginia.gov>

Wed, Aug 14, 2024 at 4:51 PM

To: "Weatherford, Tina (DMAS)" <Tina.Weatherford@dmass.virginia.gov>, "McCormick, Brian (DMAS)" <Brian.McCormick@dmass.virginia.gov>, "Campbell, Brian (DMAS)" <Brian.Campbell@dmass.virginia.gov>, "Richardson, Hope (DMAS)" <Hope.Richardson@dmass.virginia.gov>, "Martin, Nichole (DMAS)" <Nichole.Martin@dmass.virginia.gov>, "McClellan, Emily (DMAS)" <Emily.McClellan@dmass.virginia.gov>, "Lewis, Tiaa (DMAS)" <Tiaa.Lewis@dmass.virginia.gov>, "Pelletier, Cat (DMAS)" <Caitlin.Pelletier@dmass.virginia.gov>, "Nixon, Sevda (DMAS)" <Sevda.Nixon@dmass.virginia.gov>, "Driscoll, Tammy (DMAS)" <Tammy.Driscoll@dmass.virginia.gov>, Lance Johnson <l.johnson@fishingpointhc.com>, Suzzi Williams <s.williams@fishingpointhc.com>

Cc: Jessie Barrington <jessie@culturalheritagepartners.com>, Earl Evans <earl@culturalheritagepartners.com>, David Darling <d.darling@fishingpointhc.com>, Marion Werkheiser <marion@culturalheritagepartners.com>

Hi Everyone,

As we discussed on our call last week, we are following up that discussion with additional information. We are appreciative of the opportunity to consult with you all on these issues as we develop a plan to resolve them. We can discuss these in more detail on our call tomorrow at 10am.

In our initial review, we have identified the following steps that we will need to work together to implement. We are continuing to review this and there will be additional steps needed, but we want to share what we know at this point.

**AI/AN Tribal list data exchange:** We will need to begin working with you immediately to set up processes for a regular file transfer identifying which Medicaid enrollees you serve are tribal members. This is necessary because DMAS must track and report to the federal government the amounts we pay you for services provided to American Indian/Alaska Native Tribal members and for services to non-AI/AN tribal members.

**Managed care billing and potential network participation:** We will need to work together, in coordination with the Medicaid managed care organizations (MCOs) to transition from the current fee-for-service arrangement to a managed care setup. For members you serve who are enrolled in a managed care plan, it will be necessary to bill the MCO. We are working to set this up as quickly as possible, but it will require several steps, including changes to our systems as well as the MCOs' systems, and will take some time. We will continue to keep you apprised as we get more information about timing of implementation.

Topics for future discussion:

- Managed care mandatory protections for AI/AN tribal providers and tribal members.
- Decision and implications of enrolling with the MCOs or billing as an out-of-network provider.
- Confirmation of FQHC provider type for managed care setup (same as fee-for-service).

**Billing processes, coverage limitations and utilization management criteria apply:** We will need to make changes to our current fee-for-service setup and build the future managed care setup to ensure that all appropriate billing processes, coverage limitations, utilization management criteria, and other required parameters apply to services billed by tribal providers. Some of these changes are process changes where we will be working with you to provide information and technical assistance on the requirements so you can take the needed steps right away. Other changes will require alterations to automated systems and will take longer. Some of these are specific to the actual services being provided, and so fully understanding that scope of services will be important to these changes.

**Waiver services and tribal FQHC scope of services:** In our review of the services being billed, we have determined that services authorized through Virginia's §1915(c) home and community based services waiver – including personal

care – are not included in the scope of services for tribal FQHCs in Virginia's Medicaid State Plan. Tribal providers could choose to enroll as the appropriate provider type for provision of personal care and bill at the corresponding Medicaid personal care rates (and the contracted rates through the MCOs). However, it will not be possible for Virginia Medicaid to pay the facility rate (all-inclusive rate/AIR) for these services, or guarantee that the same members would receive services through your providers, or for the same number of hours.

Thank you so much.

Jeff

-----Original Appointment-----

**From:** Weatherford, Tina (DMAS) <[Tina.Weatherford@dmass.virginia.gov](mailto:Tina.Weatherford@dmass.virginia.gov)>

**Sent:** Monday, August 5, 2024 12:50 PM

**To:** Weatherford, Tina (DMAS); Weatherford, Tina (DMAS); Lunardi, Jeff (DMAS); McCormick, Brian (DMAS); Campbell, Brian (DMAS); Richardson, Hope (DMAS); Martin, Nichole (DMAS); McClellan, Emily (DMAS); Lewis, Tiaa (DMAS); Pelletier, Cat (DMAS); Nixon, Sevda (DMAS); Driscoll, Tammy (DMAS); Lance Johnson; Suzzi Williams

**Cc:** Jessie Barrington; Earl Evans; David Darling; Marion Werkheiser

**Subject:** Call w/Nansemond Nation

**When:** Thursday, August 15, 2024 10:00 AM-10:45 AM (UTC-05:00) Eastern Time (US & Canada).

**Where:** Microsoft Teams Meeting

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