

**Commonwealth of Virginia
Department Of Medical Assistance Services (DMAS)
Center for Medicaid & CHIP Services (CMCS)
Virginia Indian Tribes**

Wednesday, September 13, 2023 9:00 a.m. to 9:30 a.m.

Agency Communications with the Tribes

To provide context, it is important to note that Virginia tribes have a long history of valuing self-sufficiency in lieu of involvement with federal or state government. Virginia tribes do not have a significant number of members enrolled in Virginia’s Medicaid or Family Access to Medical Insurance Security (FAMIS), the state’s Children’s Health Insurance Program (CHIP), programs. Once the tribes became federally recognized in 2018, DMAS initiated a public notice/public comment process for each tribe for all State Plan Amendments (SPAs), state regulatory stages, and all other agency actions that require prior public notice. During the years in which DMAS has been providing such notice, only once have any tribal members provided public comment on any agency action. With the exception of the agency’s regular communications in working with the two tribal providers as set out below, the tribes have not shown substantial interest in engaging with DMAS.

Working with Tribal Providers

Within the past three years DMAS submitted SPAs authorizing the state to enroll and reimburse tribal providers at the All Inclusive Rate (AIR). Two tribes, the Mattaponi and the Nansemond, each created a tribal primary care clinic, both of which are enrolled with Medicaid as federally qualified health centers (FQHCs). The Mattaponi clinic (Aylett Family Wellness) opened in April of 2020, serving the King William County area. This past year Aylett Family Wellness expanded their service coverage to include home health, and plan to begin offering dental this fall, and behavior health services in the spring of 2024. The Nansemond primary care clinic (Fishing Point Health) will open this fall and will serve the Tidewater area.

Per the Indian Self Determination and Education Assistance Act and Virginia’s approved State Plan, DMAS reimburses each clinic at the AIR for up to five encounters per tribal member, per day. Because of the unique nature of tribal provider enrollment and reimbursement, DMAS was required to create in its Medicaid Enterprise System (MES) a separate reimbursement module for tribal providers, capable of processing their claims and factoring in the singular set of rules that apply to their service coverage and reimbursement. The process for accomplishing this setup took nearly a year, and continuing modifications have been being made since. For over a year DMAS staff has been hosting bi-weekly meetings with tribal representatives and clinic staff to troubleshoot all issues encountered by the tribal providers. DMAS has devoted a great deal of resources to ensure that the tribal providers are timely paid, and that all difficulties are resolved. Virginia’s two tribal providers are expanding the scope of the services they provide, which began with primary care, lab/x-ray and pharmaceutical services, and are now working to expand to

include telemedicine, dental, rehabilitative, and behavioral health services. This expansion of the scope of tribal services requires close cooperation between DMAS and the tribal providers.

Agency Communications with CMS Regarding Tribal Issues

Because the Virginia Medicaid program had no federally recognized tribes until 2018, DMAS was not previously required to understand and apply Medicaid policy with respect to tribal members. In the five years since federal recognition, DMAS has sought CMS guidance for tribal issues on multiple occasions. The agency heavily relied upon its communications with CMS when seeking approval of its tribal SPAs. DMAS has also sought input and guidance from CMS both directly and via information provided on the CMS website. The agency has greatly benefitted from calls and email exchanges with CMS and Indian Health Services staff and leadership in understanding federal tribal requirements, by which we've been able to ensure that tribal members have access to services and that tribal providers are appropriately reimbursed for those services. While DMAS is not currently in need of CMS' technical assistance, we anticipate that our work with the tribes will continue to require consultation with CMS on questions as they arise.