

From: Begay, Shelly, HSD <shelly.begay@hsd.nm.gov>
Sent: Wednesday, May 29, 2024 3:08 PM
To: McCormick, Brian (DMAS) <Brian.McCormick@dmas.virginia.gov>
Cc: Belanger, Theresa, HSD <theresa.belanger@hsd.nm.gov>
Subject: RE: [EXTERNAL] Request for information re Medicaid care coordination between Tribal providers and MCOs

Thank you. This helps with our engagement.

Shelly Begay, MS, MLS (Dine')
Tribal Liaison
Administrative Officer II
HSD-Office of the Secretary
Shelly.Begay@state.nm.us
Work Cell: 505-470-2731

From: McCormick, Brian (DMAS) <Brian.McCormick@dmas.virginia.gov>
Sent: Wednesday, May 29, 2024 11:41 AM
To: Begay, Shelly, HSD <shelly.begay@hsd.nm.gov>
Cc: Belanger, Theresa, HSD <theresa.belanger@hsd.nm.gov>
Subject: Re: [EXTERNAL] Request for information re Medicaid care coordination between Tribal providers and MCOs

Dear Shelly,
Please see my responses below in blue; happy to provide any additional information you may need.
Brian

Needing clarification

Virginia Tribes do not currently have their own MCOs and have declined to enroll as MCO network providers. Are you referring to Fee For Service members and providers?

To date, none of the Virginia Tribes has created/administer their own MCOs. Roughly 97% of Virginia's Medicaid population, including Tribal members, are enrolled in managed care. Virginia's two Tribal providers are not enrolled as network providers with any of our MCOs, and are therefore operating as FFS providers, who provide services as out-of-network providers to Tribal members enrolled in managed care.

Tribal members in managed care are accessing waiver services through both their network providers and Tribal providers. Can you define the type of waiver services? Personal Care Services? Home Based Community benefits?
They're currently accessing personal care services as a HCBC waiver service.

This arrangement raises concerns for us regarding the potential for contractors to possibly "double dip" by charging both the Tribe and the MCO for the same service, as well as the issue of paying both a higher cap rate to the MCOs for waived Medicaid members enrolled for complex care, while also paying the Tribes the AIR for waiver services. Can you provide a couple of examples of services that could be reimbursed.

As we're currently dealing with personal care services, our concerns are directed to MCO network enrolled personal care service provided with whom the Tribes contract to provide these services. It creates the potential for the contractor to be paid for a service by the Tribe pursuant to their contract, but also fraudulently bill the member's MCO for that same service. This is a possibility because we currently do not have care coordination for Tribal members between the MCOs and the Tribal providers, so the MCO could pay the personal care service provider, not knowing that they've already been paid for the same service by the Tribe. If the Tribes expand into providing additional inhome waiver services, such as nursing, respite, assistive technology and environmental modifications.

Brian McCormick, Director
Legislative and Intergovernmental Affairs
Va. Dept. of Medical Assistance Services
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804-371-8856
[Telework on Fridays](#)

From: Begay, Shelly, HSD <shelly.begay@hsd.nm.gov>
Sent: Wednesday, May 29, 2024 11:25 AM
To: McCormick, Brian (DMAS) <Brian.McCormick@dmas.virginia.gov>
Cc: Belanger, Theresa, HSD <theresa.belanger@hsd.nm.gov>
Subject: FW: [EXTERNAL] Request for information re Medicaid care coordination between Tribal providers and MCOs

Hi Brian, I had a quick conversation regarding your email and I need some clarification so I know who to have at the meeting. Please see below.

Thank you.

Needing clarification

Virginia Tribes do not currently have their own MCOs and have declined to enroll as MCO network providers. Are you referring to Fee For Service members and providers?

Tribal members in managed care are accessing waiver services through both their network providers and Tribal providers. Can you define the type of waiver services? Personal Care Services? Home Based Community benefits?

This arrangement raises concerns for us regarding the potential for contractors to possibly "double dip" by charging both the Tribe and the MCO for the same service, as well as the issue of paying both a higher cap rate to the MCOs for waived Medicaid members enrolled for complex care, while also paying the Tribes the AIR for waiver services. Can you provide a couple of examples of services that could be reimbursed.

Shelly Begay, MS, MLS (Dine')

Tribal Liaison

Administrative Officer II

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From: Begay, Shelly, HSD
Sent: Tuesday, May 28, 2024 10:02 AM
To: McCormick, Brian (DMAS) <Brian.McCormick@dmas.virginia.gov>
Cc: Belanger, Theresa, HSD <theresa.belanger@hsd.nm.gov>
Subject: RE: [EXTERNAL] Request for information re Medicaid care coordination between Tribal providers and MCOs

Good Morning Brian.

Thank you for reaching out. The Office of Tribal Affairs staff are returning from the National Indian Health Board Conference today. I don't see an issue with us setting up a meeting for next week. Would you kindly send some dates and times. I am Ce'ing Theresa Belanger, our Medicaid Tribal Liaison.

In the meantime, we will work on answering and verifying the payment method to our MCO's. You may have already viewed the following resources, but I posted them anyway.

[Medicaid 1115 Waiver Renewal - New Mexico Human Services Department \(state.nm.us\)](#)

[Looking for Information - New Mexico Human Services Department \(state.nm.us\)](http://state.nm.us)

Thank you,

Shelly Begay, MS, MLS (Dine')

Tribal Liaison

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From: McCormick, Brian (DMAS) <Brian.McCormick@dmas.virginia.gov>

Sent: Tuesday, May 28, 2024 8:53 AM

To: Begay, Shelly, HSD <shelly.begay@hsd.nm.gov>

Subject: [EXTERNAL] Request for information re Medicaid care coordination between Tribal providers and MCOs

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Dear Ms. Begay:

My name is Brian McCormick. I'm the Tribal liaison for Virginia's Medicaid agency. I am looking for information to assist our Agency in addressing care coordination and provider payments issues between Tribal providers and MCOs - specifically regarding waiver services.

Need clarification-Virginia Tribes do not currently have their own MCOs and have declined to enroll as MCO network providers. Tribal members in managed care are accessing waiver services through both their network providers and Tribal providers. This includes accessing personal care through both, including personal care through home care providers that contract with both the Tribes and the MCOs. Currently, we pay the Tribes the AIR for these services, and they in turn pay an agreed rate to the home care contractors.

This arrangement raises concerns for us regarding the potential for contractors to possibly "double dip" by charging both the Tribe and the MCO for the same service, as well as the issue of paying both a higher cap rate to the MCOs for waived Medicaid members enrolled for complex care, while also paying the Tribes the AIR for waiver services.

I recently learned about New Mexico's approach to these issues via the use of care coordination agreements between the MCOs, Tribes and contractors. As I roughly understand it, these agreements create robust transparency between the parties, forestalling opportunities for double dipping by contractors. Under New Mexico's arrangement, the Tribal contractors are paid with funds drawn from the Agency's cap fee paid to the patient's MCO, which addresses the concern that the service is being paid for twice.

Virginia is a relative newcomer to working with Tribal providers, and the learning curve can be rather steep at times. I would appreciate any information you could share regarding New Mexico's experience with this issue, and any approaches you may use in addressing these concerns. If your schedule permits, we would be happy to exchange information with you either via email or a call, whichever works best for you. In the interim if you have any questions or need anything further, please let me know.

Thank you very much for your time,

Brian McCormick

Brian McCormick, Director

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