



## Archived Announcements 2022

### **DMAS Replacing VAMMIS With Medicaid Enterprise System (MES): Key Dates For Providers**

This period of transition requires several functions that are currently part of VAMMIS to be taken temporarily off-line beginning March 30, 2022 through April 3, 2022. (Access to these functions will resume on April 4, 2022. The Virginia Medicaid Bulletin dated 3/4/2022, Provides a list of those functions impacted, key dates and where to go for assistance during this period. Future memos will provide more detail on how to access the new and improved features offered by MES and will provide additional guidance on the various options for training for MES.

For additional information: Medicaid Enterprise System Information for Fee-for-Service Providers at <https://www.dmas.virginia.gov/for-providers/medicaid-enterprise-system/fee-for-service-providers/>, and Medicaid Enterprise System Provider Portal Pre-Launch FAQs at <https://vamedicaid.dmas.virginia.gov/provider/faq> Medicaid Enterprise System Provider Training at <https://vamedicaid.dmas.virginia.gov/training/providers> Email your Medicaid Enterprise System general questions to [AskMES@dmas.virginia.gov](mailto:AskMES@dmas.virginia.gov).

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### **Remote Patient Monitoring**

DMAS has outlined its coverage of RPM in the Telehealth Supplement, include defining RPM, identifying covered RPM codes, and specifying reimbursement/billing requirements and equipment/technology criteria. Select RPM codes have been covered for suspected and confirmed cases of COVID-19 per the Medicaid Memo "New Administrative Provider Flexibilities Related to COVID-19" (dated May 15, 2020). That coverage will remain in effect until the end of the federal Public Health Emergency (see the Medicaid Memo "COVID Flexibilities Update – Expiration of State PHE" on 6/30/2021), but will require prior authorization for FFS members. RPM requests for treatment of FFS



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members with COVID-19 during the aforementioned period will undergo automated processing when submitted with an appropriate COVID ICD-10 diagnosis code to DMAS's Kepro vendor via Atrezzo.

**<https://atrezzo.kepro.com/Account/Login.aspx>**

Effective for submissions as of May 1, 2022 AND with dates of service on and after May 1, 2022, RPM will be covered by FFS and MCOs for the following populations:

- Medically complex patients under 21 years of age
- Transplant patients
- Post-surgical patients
- Patients with a chronic health condition who have had two or more hospitalizations or emergency department visits related to such chronic health condition in the previous 12 months
- High-risk pregnant persons

Prior authorization will be required for coverage of these services. Please reference the updated Telehealth Supplement, and its associated references, for FFS policies, service authorization criteria, quantity limits and billing processes. MCOs will adopt equivalent service authorization criteria and quantity limits as FFS.

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### Gender Dysphoria

Effective February 1, 2022 DMAS covers treatment for Gender Dysphoria. When diagnoses are for gender dysphoria (F64-), please send your request to the DMAS Medical Support Unit. Requests are received by faxing the completed form DMAS P-264 to 804-452-5450. For questions related to the Gender Dysphoria program, the Medical Support Unit can be reached at 804-786-8056. For more information on the new gender dysphoria program access the following link: **<https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo-2021.12.09.pdf>**



## **Federal Public Health Emergency Extended Until October 13, 2022; New State Public Health Emergency**

The federal public health emergency (PHE) was extended on July 19 2022, and will now last until October 13, 2022. In addition, Executive Order 84 allowed for certain additional state flexibilities under a new, temporary state PHE. For additional information refer to the DMAS Medicaid link <https://www.dmas.virginia.gov/media/4546/covid-active-flexibilities-update-4-19-2022.pdf>

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## **Update: Face-To-Face Supervisory and Case Management Visits**

DMAS will continue to waive the enforcement of face-to-face visits in the event the member or family does not agree to participate in a face-to-face visit for the following Medicaid services: case management, service facilitation, and supervisory visits for personal care. This bulletin extends this period of non-enforcement until the end of the Federal Public Health Emergency (PHE). The federal public health emergency (PHE) was extended on July 19 2022, and will now last until October 13, 2022. For additional information refer to 03/17/2022 DMAS Medicaid Bulletin.

This flexibility is not for the convenience of the providers. When a member refuses the visit, providers should take steps to explain to the member/family why the visit is important, and work with them to come up with a plan that moves toward the return of face-to-face visits. *The provider should document all efforts made to conduct face-to-face visits and only then may the provider complete the visit by telephonic or audio-visual means during the non-enforcement period.*