

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 06/28/2022

Implementation of new rates from 2022 State Budget Appropriations

The purpose of this bulletin is to notify providers that DMAS is diligently working on the implementation of new rates set forth in the 2023 Appropriation Act approved by Governor Youngkin June 22, 2022. The new fiscal year 2023 rates will not be posted online before July 1, 2022. Fee-for-Service (FFS) rates and Capitated rates are currently being developed. All FFS rates will be loaded by July 15, 2022. Capitated rates will be loaded by September 1, 2022. DMAS will distribute additional memos to update providers on the status of rate development and loading.

At this time providers have the option to bill immediately under old rates, and later adjust their claims or delay billing until rates are updated. Additionally, Managed Care Organizations (MCOs) are working to update their rate systems, but providers will need to work with their MCO partners to determine billing procedures. Providers will also need to work with DMAS's Behavioral Health FFS Contractor (Magellan Behavioral Health) to determine billing procedures as well.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response	
System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/



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Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

http://www.dmas.virginia.gov/#/med4
http://www.dmas.virginia.gov/#/cccplus
http://www.dmas.virginia.gov/#/longtermprograms
www.MagellanHealth.com/Provider
For credentialing and behavioral health service
information, visit:
www.magellanofvirginia.com, email:
VAProviderQuestions@MagellanHealth.com,or
Call: 1-800-424-4046
1-804-786-6273
1-800-552-8627
1 000 332 0027
www.aetnabetterhealth.com/Virginia
1-800-279-1878
www.anthem.com/vamedicaid
1-800-901-0020
1-800-424-4524 (CCC+)
1-800-424-4518 (M4)
1-800-881-2166 www.optimahealth.com/medicaid
www.Uhccommunityplan.com/VA
and <u>www.myuhc.com/communityplan</u>
1-844-752-9434, TTY 711
1-800-727-7536 (TTY: 711), <u>www.virginiapremier.com</u>