



Last Updated: 07/11/2022

Federal Vaccination Requirement

This memorandum (which supersedes the memo dated November 23, 2021 entitled, “Federal Vaccination Requirement”) is a REVISION to the previous memo. The federal vaccination requirement described in the November 23, 2021 memo is TEMPORARILY ON HOLD DUE TO LITIGATION.

The purpose of this bulletin is to communicate to Medicaid and Family Access to Medical Insurance Security (FAMIS) providers that the Centers for Medicare and Medicaid Services (CMS) has issued regulations requiring eligible staff at health care facilities that participate in the Medicare and Medicaid programs to receive the COVID-19 vaccination.

The requirements apply to the following health care facilities:

- Ambulatory Surgical Centers
- Hospices
- Programs of All-Inclusive Care for the Elderly (PACE)
- Hospitals, including freestanding psychiatric hospitals
- Long Term Care Facilities
- Psychiatric Residential Treatment Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-DD)
- Home Health Agencies
- End-Stage Renal Disease Facilities
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- Clinics (rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services)
- Community Mental Health Centers (BRAVO partial hospitalization)
- Home Infusion Therapy suppliers
- Rural Health Clinics/Federally Qualified Health Centers

The vaccine requirements are divided into two phases. Phase 1 requires that, by December 5, 2021, each provider/supplier subject to the new rules develop and implement policies and procedures containing the elements described in the rules and ensure that all staff have either: (i) received at least the first dose of a two-dose COVID-19 vaccine or the dose of a single dose COVID-19 vaccine, or (ii) have requested a medical or religious exemption or approval of a temporary delay of vaccination for clinical reasons in accordance with CDC recommendations, prior to providing any care, treatment, or other services.

Phase 2 requires that, by January 4, 2022, all applicable staff are fully vaccinated for COVID-19, unless granted an exemption or a temporary delay of vaccination. To meet the requirements of Phase 2, it is sufficient that staff have received the final dose by January 4, 2022, even though an individual is not considered fully vaccinated until 14 days after the final dose. CMS has indicated



MEDICAID BULLETIN

that the requirements preempt inconsistent state and local laws, such as those that purport to prohibit vaccine mandates or offer broader exemptions than are allowed under the new rules.

For details on the vaccination requirements, including deadlines and required doses, please view a CMS press release [here](#), the new federal rule [here](#) and a frequently asked questions document from CMS [here](#).

PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.viriniamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>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.</p>	<p>https://www.dmas.virginia.gov/appeals/</p>
<p>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.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>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</p>



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MEDICAID BULLETIN

Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com