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MEDICAID BULLETIN

Last Updated: 07/12/2022

Update on Claims Reprocessing for Temporary Home and Community Based Services (HCBS) Rate Update, Effective July 1, 2021

This bulletin serves to provide follow up information to the bulletin dated December 9, 2021. DMAS secured approval from the Centers for Medicare & Medicaid Services (CMS) to allow an adjustment of previously billed and adjudicated claims with dates of services between July 1, 2021 and October 22, 2021. The Managed Care Organizations (MCO) and Behavioral Health Service Administrator (BHSA) reprocessing cycles will ensure that providers who have not yet adjusted claims will receive the additional reimbursement amounts resulting from the retrospective rate increases enacted by the 2021 Special Session of the General Assembly.

All DMAS contracted MCOs and the BHSA will implement this automated mass claims re-processing option for their providers who have not yet been paid the increased rates for services dating back to July 1, 2021. Due to system limitations, FFS providers (excluding those who bill the BHSA for Behavioral Health and ARTS Services) will need to continue with the claims adjustment process as discussed in the December 9th bulletin.

Retrospective Claims

DMAS MCOs and the BHSA, are working to implement this comprehensive claims reprocessing project within the next two weeks. The MCOs and BHSA should be able to completely reprocess all claims by the end of March 2022.

Consumer Directed Services Payments

DMAS and the MCOs are working to adjust payments for Consumer-Directed (CD) services. Employers of Record (EORs) and attendants will be notified of the timeline from each MCO and the FFS payroll vendor when it is confirmed. Payroll should be adjusted by the end of March 2022.

DD Waiver and other Fee for Service Payments Processed through the Medicaid Management and Information System (MMIS)

Please note that any FFS claims that were adjudicated by the DMAS MMIS will not be reprocessed due to MMIS system limitations as the new Medicaid Enterprise System (MES) is being implemented. FFS providers must submit adjusted claims to receive any retrospective rate increases.

MCO and BHSA Provider Claims Processing Resources:

Aetna

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/virginia/provider/pdf/provider_manual_2021.pdf

Anthem

https://providernews.anthem.com/virginia/article/essential-information-you-need-to-submit-edi-corrected-claims-3

Molina

https://www.molinahealthcare.com/providers/va/medicaid/resources/provider-materials.aspx

Optima

https://www.optimahealth.com/documents/provider-orientation/003-job-aid-view-claim-status-submit-reconsideration-online.pdf

United Healthcare

UHCprovider

Virginia Premier:

https://www.virginiapremier.com/wp-content/uploads/ProviderCorrectedClaimUpdate.pdf

BHSA-Magellan of Virginia

www.MagellanHealth.com/Provider

Temporary HCBS Rate Update

New rates are posted on the DMAS website.

- Waiver rates are provided at https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/ under “CCC Plus Waiver Rates” and “Developmental Disabilities Waiver Rates.”
- ARTS rates are provided at https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/information-and-provider-map/ under the “ARTS Reimbursement Structure” link.
- Mental Health service rates are provided at: https://www.dmas.virginia.gov/for-providers/behavioral-health/
- Home Health rates are provided at https://www.dmas.virginia.gov/for-providers/rate-setting/ under “Home Health.”
- Service rates that are not published under a specific program or a waiver rate sheets can be checked by using our code search webpage at https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/. Procedure codes that start with a number can use our “Search CPT codes” function. Procedure codes that start with a letter need to be searched manually in our “HCPC Codes” file.

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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/
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.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	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
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.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com