Department of Medical Assistance Services
600 East Broad Street
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Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/12/2022

Provider Appeals For Medicaid Members - Reminder that Authorization Is Required

The purpose of this Medicaid Bulletin is to provide clarification on requirements for Medicaid providers submitting appeals on behalf of Medicaid Members when a service or medication has not yet been provided. If the service or medication has been provided, the provider can seek a provider appeal to contest authorization or payment denials by following the provider appeal process.

In instances where the service or medication has not been provided and the Managed Care Organization's internal appeal process has been exhausted (if applicable), providers requesting appeals on behalf of Medicaid members are required to submit written proof of authority to act on behalf of the member in accordance with 12 VAC 30-110-60. However, the DMAS Appeals Division frequently receives appeals from providers for medication denials (and other services) on behalf of Medicaid members without proper authorization. The Appeals Division cannot process these appeals without the proper written authorization.

Pursuant to 12 VAC 30-110-60, an appeal may be submitted by an authorized representative who must be designated in a written statement that is signed by the Medicaid member or by a family member or other person acting on behalf of a Medicaid member who is physically or mentally unable to sign a written statement. Proof of designation as authorized representative must accompany the appeal request in order for the request to be processed and scheduled for a hearing. This includes expedited appeal requests. The authorized representative form provided on the DMAS website (https://www.dmas.virginia.gov/appeals/) is preferred, but not required. Failure to submit the required authorization with the appeal request will cause delays to the appeal. An appeal will be dismissed if the authorization is not submitted in the timeframe required by DMAS.

Appeal requests, including authorization letters, may be submitted and tracked online in the Appeals Information Management System ("AIMS"). Visit here to learn more.

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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	https://www.dmas.virginia.gov/for-providers/long-term-care/
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
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
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