



Last Updated: 07/12/2022

## Update of Coverage of Routine Contraceptives

The purpose of this bulletin is to inform providers of an update to coverage of routine contraceptives. In accordance with Item 313.YYYYY of the 2021 Special Session I Appropriations Act, DMAS and all contracted managed care plans will cover up to 12 months of contraceptives for Medicaid, FAMIS, and Plan First Members, effective July 1, 2021. A valid prescription for 12 months of coverage is required.

Information on specific medications may be accessed through the drug lookup tool for fee-for-service Members (see <https://www.viriniamedicaidpharmacyservices.com/provider/drug-lookup>). For questions on coverage for members enrolled in a managed care organization, refer to the relevant MCO formulary on the websites indicated below.

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PROVIDER CONTACT INFORMATION & RESOURCES	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>



# MEDICAID BULLETIN

## 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](http://www.MagellanHealth.com/Provider)  
For credentialing and behavioral health service information, visit:  
[www.magellanofvirginia.com](http://www.magellanofvirginia.com), email:  
[VAProviderQuestions@MagellanHealth.com](mailto: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](http://www.aetnabetterhealth.com/Virginia)  
1-800-279-1878

Anthem HealthKeepers Plus

[www.anthem.com/vamedicaid](http://www.anthem.com/vamedicaid)  
1-800-901-0020

Magellan Complete Care of Virginia

[www.MCCofVA.com](http://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](http://www.optimahealth.com/medicaid)

United Healthcare

[www.Uhcommunityplan.com/VA](http://www.Uhcommunityplan.com/VA)  
and [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan)  
1-844-752-9434, TTY 711

Virginia Premier

1-800-727-7536 (TTY: 711), [www.virginiapremier.com](http://www.virginiapremier.com)