



Last Updated: 07/13/2022

Psychiatric Residential Treatment Facility, Addiction and Rehabilitation Treatment Services, Peer Recovery and Family Support Services Rate Changes Effective July 1, 2022

The purpose of this bulletin is to inform Behavioral Health providers and Medicaid Managed Care Organizations (MCOs) of rate changes mandated by the 2022 Appropriation Act. All rate changes are effective July 1, 2022.

As stated in the June 28, 2022 bulletin on "Implementation of new rates from 2022 State Budget Appropriations," 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 may not be posted online before July 1, 2022. 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.

Psychiatric Residential Treatment Facilities Rate Changes

In accordance with Item 304.X(4) of the 2022 Appropriation Act, DMAS increased rates for Psychiatric Residential Treatment Facilities (PRTFs) with Residential Levels of Care for the American Society of Addiction Medicine (ASAM) including:

- Medically Monitored Intensive Inpatient Services (Adult) and Medically Monitored High Intensity Inpatient Services (Adolescent) (ASAM Level 3.7),
- Clinically Managed High-Intensity Residential Services (Adult) and Clinically Managed Medium-Intensity Residential Services (Adolescent) (ASAM Level 3.5) and
- Clinically Managed Population-Specific High-Intensity Residential Services (ASAM Level 3.3).

DMAS increased rates by 8.89 percent to account for inflation since the last audited cost report of fiscal year 2018 and increased the established rate ceiling to \$460.89 per day.

Addiction and Recovery Treatment Services Providers Rate Changes

In accordance with Item 304.X(2) of the 2022 Appropriation Act, DMAS established a separate rate ceiling for Addiction and Recovery Treatment Services (ARTS) providers offering qualifying residential services. In-state and out-of-state ARTS provider per diem rates shall be subject to a \$518.86 rate ceiling based on the statewide weighted average cost per day from providers' most recently submitted cost reports.



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Peer Recovery and Family Support Services Rate Changes

In accordance with Item 304.QQQQ of the 2022 Appropriation Act, DMAS increased Medicaid rates for peer recovery and family support services in private and public community-based recovery services settings from \$6.50 to \$13.00 per 15 minutes for individuals and from \$2.70 to \$5.40 per 15 minutes for groups. The affected codes are H0024 and T1012 for individuals and H0025 and S9445 for groups.

For questions about behavioral health reimbursement, please contact the Behavioral Health Services Administrator, Magellan Behavioral Health at 1-800-424-4046 or the DMAS help line at 1-800-552-8627.

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.	https://vamedicaid.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



Department of Medical Assistance Services
600 East Broad Street
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<https://dmas.virginia.gov>

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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.magellanoftv.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