



Last Updated: 07/13/2022

Inflation for Outpatient Rehabilitation Rates Effective July 1, 2022

The purpose of this bulletin is to inform Providers of Outpatient Rehabilitation Services that, effective July 1, 2022, the rates for outpatient rehabilitation providers will be increased to reflect a 7.40% inflation adjustment in accordance with Chapter 12 of the Virginia Administrative Code, Section 30-80-200.

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.

Outpatient rehabilitation rates effective July 1, 2022 may be found on the DMAS web site at www.dmas.virginia.gov/for-providers/rates-and-rate-setting under Rehab Agencies.

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/



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
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