



Last Updated: 07/14/2022

Nursing Facility and Specialized Care Rate Updates Effective July 1, 2022

The purpose of this bulletin is to notify providers and MCOs of updates to nursing facility price-based rates, specialized care rates, and the Value Based Purchasing (VBP) rates add-on 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.

Nursing Facility Rates

Nursing facility rates have been updated in accordance with 12VAC30-90-44 and the 2022 Virginia Acts of Assembly. In accordance with Item 304.AAAA, nursing facility rebasing is deferred for one year to use calendar year 2021 cost reports as the base year. The deferred year's rates reflect the prior year rates inflated by 14.7% according to the existing reimbursement regulations. In accordance with Item 304.VV of the 2022 Virginia Acts of Assembly, new peer groups for direct and indirect operating rates are established for the Virginia Home which does not affect rates established for other direct and indirect care peer groups.

In accordance with 12VAC30-90-44 and Item 304.AAAA, direct and indirect operating components of the price-based nursing facility rates have been updated to receive full inflation for SFY 2023. Capital or Fair Rental Value (FRV) rates for freestanding nursing facilities are calculated in accordance with 12VAC30-90-36 using the settled FRV Calendar Year (CY) 2021 report. Reimbursement for plant costs for hospital-based nursing facilities is based on depreciation from cost reports with provider fiscal years ending in CY2020. Rates for Nurse Aid Training and Competency Evaluation Programs (NATCEP) are based on cost per day from cost reports with provider fiscal years ending in CY2021 and inflated to the current rate year. Rates for Criminal Records Checks (CRC) are based on cost per day from cost reports with provider fiscal years ending in CY2021 and are not inflated.

The Virginia Home Peer Group

For rates on or after July 1, 2022, The Virginia Home nursing facility shall be treated as its own independent peer group for the purpose of setting its direct operating rate and indirect operating rate in accordance with Item 304.VV of the 2022 Virginia Acts of Assembly. This change shall not affect rates established in the most recent rebasing for facilities in other direct or indirect care peer groups.



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Specialized Care

Effective July 1, 2022, specialized care rates are inflated by 14.7% in accordance with Item 304.WW which defers rebasing for one additional year. Freestanding facilities use the settled FRV cost report for CY 2021 and hospital-based facilities use cost reports with provider fiscal years ending in CY2020 for capital rates.

Value Based Payment Add-On for Nursing Facilities and Specialized Care

Effective July 1, 2022, nursing facilities and specialized care shall be paid a \$10.49 add-on payment as a guaranteed quality of care investment. This quality of care add-on is an evolution of the previous COVID enhanced add-on payment and is intended for investment in functions, staffing, and other efforts necessary to build their capacity to enhance the quality of care furnished to Medicaid members. The previous \$15 COVID enhanced add-on payment will sunset June 30, 2022 and be replaced with the guaranteed quality of care \$10.49 add-on payment in accordance with Item 304.OOO.2.b of the 2022 Virginia Acts of Assembly. This new \$10.49 add on is based on SFY 23 appropriations and forecasted Medicaid days. All nursing facility and specialized care providers enrolled in Virginia Medicaid that previously received the \$15 COVID enhanced add-on will receive the \$10.49 add-on payment for SFY 23. There are no other additional requirements to receive the guaranteed quality of care add-on payment for SFY 23. Rates effective on or after July 1, 2022 will have the updated \$10.49 add-on payment added to their indirect operating rate component for nursing facilities and operating rate for specialized care facilities.

SFY 2023 Rate Notification

This bulletin serves as the official notification that rates for SFY 2023 are posted on the DMAS website at <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/nursing-facilities/>.

Corrections or revisions after July 1, 2022 will be noted at the bottom of the official rate sheet. If you have any questions regarding nursing facility or specialized care rates, please contact the DMAS Helpline 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



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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/#/longtermpprograms
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