



Last Updated: 07/14/2022

## Professional and Children's Vision Rate Increases Effective July 1, 2022

The purpose of this bulletin is to inform Fee-for-Service (FFS) professional services providers and Medicaid MCOs of targeted rate increases for obstetrics and gynecology services, primary care services, and children's covered vision services as mandated by the 2022 Appropriation Act 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.

### *Obstetrics and Gynecology Services Rate Increase*

In accordance with Item 304.LLLL of the 2022 Appropriation Act, DMAS increased practitioner rates for obstetrics and gynecology services by 15 percent.

### *Primary Care Services Rate Increase*

In accordance with Item 304.JJJJ of the 2022 Appropriation Act, DMAS increased practitioner rates for primary care services by 28.6 percent to reflect the equivalent of 80 percent of the 2021 Medicare rates.

### *Children's Covered Vision Services Rate Increase*

In accordance with Item 304.MMMM of the 2022 Appropriation Act, DMAS increased practitioner rates for children's covered vision services by 30 percent.

In accordance with 12VAC30-80-190, DMAS first adjusted rates to reflect changes in relative value units (RVUs) in a budget neutral manner and then applied the targeted rate increases. The actual increases from SFY 2021 rates vary by procedure code because of the changes in RVUs.

These increases affect all FFS and MCO enrolled providers of these services. Reimbursement rates are available from the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Select Providers, Rates and Rate Setting, Procedure Fee Files & CPT Codes

For questions about practitioner reimbursement, please contact the DMAS help line at 1-800-552-8627.



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# MEDICAID BULLETIN

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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="https://vamedicaid.dmas.virginia.gov/">https://vamedicaid.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>
<b>Provider Appeals</b> 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.	<a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a>
<b>Managed Care Programs</b> 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.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or Call: 1-800-424-4046
<b>Provider HELPLINE</b> 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	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878



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Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a>
United Healthcare	<a href="http://www.Uhcommunityplan.com/VA">www.Uhcommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>