



Last Updated: 07/26/2022

Electronic Visit Verification Required September 1, 2020

As discussed in the Medicaid Memo dated June 11, 2020, DMAS will require Electronic Visit Verification (EVV) for individuals receiving personal care, respite care, and companion services on September 1, 2020. The Department of Medical Assistance Services (DMAS) launched EVV on October 1, 2019. DMAS provided a transition period through August 31, 2020, for agency-directed services provided through fee for service, Commonwealth Coordinated Care Plus (CCC Plus), and Medallion 4.0 managed care plans. Consumer-directed service EVV requirements remain unchanged.

Until August 31, 2020, DMAS will pay EVV claims, but provide error codes on EVV reporting requirements that do not fully comply. On September 1, 2020, claims with error codes will be denied payment. Please ensure your EVV system meets the claim requirements.

If the EVV service is provided in a Department of Behavioral Health and Developmental Services (DBHDS) licensed facilities, such as a group home, sponsored residential home, supervised living, supported living or similar licensed facility, the REACH Program, or in a school setting where the personal care is rendered under the authority of an Individualized Education Program (IEP). The Commonwealth Coordinated Care Plus Waiver Manual, Chapter V, page 3, or the EPSDT (Personal Care Services) Supplement B, page 23, provides information on how to bill claims provided in these settings. Providers MUST use a modifier of UB in association with the agency directed service procedure code when the service is provided in an exempt setting. The modifier will exempt the claim from the additional reporting requirements.

Additional information on EVV is available at the following link: <http://www.dmas.virginia.gov/#/longtermprograms>. Please email EVV@dmas.virginia.gov with any questions.

PROVIDER CONTACT INFORMATION & RESOURCES



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Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.viriniamedicaid.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/
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



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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.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
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536, TTY 711