



Last Updated: 07/26/2022

Clarification of the Correction Process for Medicaid Long-Term Services and Supports Screenings

The purpose of this bulletin is to clarify the process for correcting auto-filled demographic information that may occur in screenings for Medicaid-funded Long-Term Services and Supports (LTSS).

Effective immediately, LTSS screening teams should not contact the local Department of Social Services eligibility staff to correct errors in the auto filled demographic sections of the LTSS screening. Medicaid LTSS screeners are directed to contact the DMAS Division for Aging and Disability Services (DADS) LTSS screening staff for all needed corrections or assistance with their LTSS screening via the following e-mail: ScreeningAssistance@dmas.virginia.gov

LTSS screening errors that require DMAS assistance include errors entered in screenings that have been “successfully processed” and all errors that appear in auto filled demographics sections of the LTSS screening (i.e., individual’s name, Social Security Number (SSN), Medicaid ID Number, Date of Birth (DOB), Date of Death (DOD), Race, Sex, Marital Status, and etc.).

It is essential that all information is correct on the Medicaid LTSS screening to assure that LTSS screening documentation correctly reflects the status of the screened individual and that individuals receive services when systems auto check for the LTSS screening documentation. DMAS requests that LTSS screening teams double check all data entries and auto-filled demographics before submitting a LTSS screening via the Medicaid ePAS portal.

Medicaid Expansion

New adult coverage began January 1, 2019. Providers use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the

Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in Medicaid Bulletin: Clarification of the Correction Process for Medicaid LTSS Screenings January 8, 2020

managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.



MEDICAID BULLETIN

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.	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
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