



Last Updated: 08/05/2022

Developmental Disabilities (DD) Waiver Services and Home and Community Based Services (HCBS) Rate Updates - Effective July 1, 2022

The purpose of this bulletin is to notify providers of new rates 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 2022 Appropriation Act approved by Governor Youngkin on June 22, 2022. The new fiscal year 2023 fee-for-service rates have been posted.. However, Managed Care Organizations (MCOs) are continuing to update their rate systems, so providers will need to work directly 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.

Rate Update for Developmental Disabilities Waiver Services

In accordance with the 2022 Appropriation Act Item 304.KKKK(2), the Department of Medical Assistance Services (DMAS) will update the DD Waivers services using the most recent data to be consistent with efficiency, economy, quality, and sufficiency of care. Rate increases shall be made for the following services: Group Homes, Sponsored Residential, Supported Living, Independent Living Supports, In-home Supports, Community Engagement, Community Coaching, Therapeutic Consultation, Private Duty and Skilled Nursing, Group Day Support, Group Supported Employment, Workplace Assistance, Community Guide, DD Case Management and Benefits Planning. DD Waiver rate updates can be found on the DMAS website at <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/> under "Developmental Disabilities Waiver Rates."

Please note, rebased DD Waiver rates will not be based on the temporarily increased rate referenced below but instead, DD Waiver services will receive rate adjustments as defined in budget item 304.KKKK using methodologies defined in the Burns and Associates rate study.

Temporary 12.5% HCBS Rate Update (American Rescue Plan Act (ARPA) of 2021)

DMAS released a Medicaid Bulletin on October 10, 2021 entitled "Temporary Home and Community Based Services (HCBS) rate update effective July 1, 2021" that provided information on the select HCBS services to receive a temporary 12.5% rate increase for dates of service on or after July 1, 2021 through June 30, 2022.

Effective July 1, 2022, a specific set of HCBS services from the services named in the October 10, 2021 Bulletin will retain that temporary 12.5% rate increase. This revised set of services is pursuant to the 2022 Appropriation Act. Services not described in this budget item are not eligible to retain the



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previously increased rates and will revert to their rates prior to July 1, 2021.

The following services will retain the 12.5% rate increase that began on July 1, 2021:

- Adult Day Health Care
- Consumer-Directed Service Facilitation services
- Early Intervention Case Management
- Intellectual Disability Case Management
- DD Waiver Crisis Supports (Center Based, Community Based and Crisis Support Services)

- ASAM Level 3.1 Low Intensity Residential

- Mental Health Case Management
- Community Mental Health Rehabilitation Services (Intensive In Home, Therapeutic Day Treatment, Mental Health Skill Building, Psychosocial Rehabilitation, CMHRS Assessments)
- Mental Health Therapeutic Group Home
- BRAVO Crisis Services (Mobile Crisis Response, Community Stabilization, 23 Hour Crisis Stabilization, Residential Crisis Stabilization, Psychotherapy for Crisis CPT codes)
- Other BRAVO Services: Multi-systemic Therapy (MST), Functional Family Therapy (FFT), Applied Behavior Analysis (ABA), Assertive Community Treatment (ACT), Mental Health Intensive Outpatient (MH IOP) and MH Partial Hospitalization Program (MH PHP) Services

A list of eligible procedure and revenue codes along with the code description for the rate increase appears in the table below.

Please note the following services **will not** retain the 12.5% rate increase:

- Early Intervention services with the exception of Early Intervention (EI) case management,
- Home Health and Center Based Rehabilitation Services.
- Personal Care, Companion and Respite Services
- Peer Recovery Support Services for both mental health and substance use disorder services
The rates for these services were increased effective July 1, 2022, in accordance with the 2022 Appropriation Act, Item 304.QQQQ.
- ARTS services consisting of Office Based Addictions Treatment, Intensive Outpatient, Partial Hospitalization, OBAT and OTP related services
- Additional reimbursement rate detail can be found on the DMAS Website as indicated on page 12 of this document.

A list of eligible procedure codes for the 12.5% rate increase appears in the tables below.

Behavioral Health Services Procedure Codes Retaining the ARPA Rate Increase 7/1/2022*		
90839	97158	H2012
90840	0362T	H2016
97151	0373T	H2018
97152	H0031	H0032
97153	H0035	H2033
97154	H0036	H2034
97155	H0040	S9480



MEDICAID BULLETIN

Behavioral Health Services Procedure Codes Retaining the ARPA Rate Increase 7/1/2022*

97156	H0046	S9482
97157	H2011	S9485
H0040	H0046	H2017
H2020	H0023	T1016

All Other Procedure Codes Retaining the ARPA Rate Increase 7/1/2022*

T1017	T2022	T2034	H2019
S9484	H2000	S5102	S5109
S5116	T1028	99509	

*HCBS services and rates are subject to claims payment processing procedures which may result in different reimbursement according to billing practices and program participation. All claims are subject to post payment review.

Payment System Updates, Provider Billing, Web Updates, Etc.

Payment System Updates: HCBS rate updates described in this bulletin were updated in the DMAS payment system on July 19, 2022. MCOs will update their payment system on or after August 19, 2022. MCO providers have two choices: 1) they may bill now and have claims reprocessed after MCO system adjustments are completed for these changes or 2) they may wait for the claims system updates to be implemented by the MCOs before billing any codes that were subject to the changes described in this memo. All MCOs will reprocess any claim paid at the lower rate by September 19, 2022.

Fee for Service Provider Billing: Providers may choose to bill DMAS prior to the rate update or wait until the payment system is updated. DMAS will not reprocess claims initiated prior to the rate changes being made in the payment system.

MCO Provider Billing: All MCOs will be processing new rates on or after August 19, 2022. For the services subject to rate increases all previously paid claims for dates of service July 1-August 19, 2022 will be reprocessed. All MCO's will have rates loaded to their websites and claims systems will be ready to process claims by August 19, 2022.

Web Postings: HCBS rate updates were posted to the DMAS website on July 15, 2022.

HCBS Rate Increase Resources

HCBS rates are published at the following locations:

- Waiver rates can be found at <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/> under "CCC Plus Waiver Rates" and "Developmental Disabilities Waiver Rates".
- Behavioral health rates are posted here: <https://www.dmas.virginia.gov/for-providers/behavioral-health> and ARTS rates are posted here: <https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/information-and-provider-map/>



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Service rates that are not published under a specific program or waiver rate sheet can be checked by using our code search webpage at

<https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>

Procedure codes that start with a number can use our “Search CPT codes” function. Procedure codes that start with a letter need to be searched manually in our “HCPC Codes” file.

Please use the contact information listed below if you have any questions or concerns.

Fee-for-Service Claims	
Virginia Medicaid Provider Helpline	Phone (Toll Free) - 800-552-8627 Phone (In State) - 804-786-6273

MCO Claims:		
CCC Plus	DMAS Website <i>MCO Directories by Region</i> (Claims Contact)	https://dmas.virginia.gov/for-providers/managed-care/ccc-plus/provider-resources/

MCO Claims:		
Medallion 4.0	Aetna	Claims Inquiry Claims Research (CICR) team 1-800-279-1878 <i>Select the appropriate prompt for all other Claims issues.</i>
	Anthem	Brandon Hutchins-757-272-2593 brandon.hutchins@anthem.com
	Molina	DMAS Website https://dmas.virginia.gov/for-providers/managed-care/ccc-plus/provider-resources/
	Optima	Provider Services Department https://www.optimahealth.com/providers/frequently-asked-questions https://www.optimahealth.com/documents/provider-orientation/012-orientation-key-contacts.pdf
	United	Tamara (Tami) Sink +1(952) 406-5037 va_hcbs_pr@uhc.com
	Virginia Premier	Claims Customer Service Main Toll-Free Number: 877-719-7358 Escalation: Contact your dedicated Provider Relations Representative or email the complete detail to contactmyrep@virginiapremier.com

Additional MCO and BHSA Provider Claims Processing Resources:

Aetna

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/virginia/provider/pdf/provider_manual_2021.pdf

Anthem

<https://providernews.anthem.com/virginia/article/essential-information-you-need-to-submit-edicorrect-ed-claims-3>



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 600 East Broad Street
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MEDICAID BULLETIN

Molina

<https://www.molinahealthcare.com/providers/va/medicaid/resources/provider-materials.aspx>

Optima

<https://www.optimahealth.com/documents/provider-orientation/003-job-aid-view-claim-statussubmit-reconsideration-online.pdf>

United Healthcare

[UHCprovider.com Home | UHCprovider.com](http://UHCprovider.com)

Virginia Premier

<https://www.virginiapremier.com/wp-content/uploads/ProviderCorrectedClaimUpdate.pdf>

BHSA-Magellan of Virginia

www.MagellanHealth.com/Provider

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/
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/



MEDICAID BULLETIN

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