



Last Updated: 08/30/2022

## One-time COVID-19 Support Payment for Attendant/Aides

This bulletin is a follow-up to the Medicaid Memo, “One-time COVID-19 Support Payment for Attendants/Aides” that posted on December 17, 2021. The purpose of this bulletin is to give providers an update on the status of the one-time COVID-19 support payment and provide the next steps necessary to move forward with the implementation.

The Department of Medical Assistance Services (DMAS) recently received federal approval to provide the one-time support payment for aides/attendants who furnished agency-directed or consumer-directed personal care (T1019, S5126), respite care (T1005, S5150), or companion care services (S51350, S5136) for Medicaid members during the first quarter of the State Fiscal Year (SFY) 2022 (July 1, 2021 - September 30, 2021).

DMAS contracted with Myers and Stauffer, LC (MSLC) to conduct claims data analysis to identify eligible aides who qualify to receive the one-time COVID-19 support payment. MSLC will create a roster of the qualifying provider aide staff to the respective provider. Within ten (10) business days of receiving the roster from MSLC, each provider must supply the social security number for their aide staff appearing on their roster. This information uniquely identifies each aide to ensure that only one support payment is provided. As a result, each provider will receive a final roster of aides from MSLC who should receive the payment from the agency.

Providers will receive a communication from MSLC further describing the process and outlining the steps necessary to provide the information. MSLC will provide an email address and phone number for providers to direct their inquiries. Providers should expect to receive the initial email from MSLC in mid-March.

Provider agencies will receive instructions on receiving the funds for the delivery of the \$1,000 payment to each of the aides included in the final roster. The agency shall be responsible for providing the payment directly to the aides and withholding any applicable payroll taxes. Funds to support the provider agency in the payment of employer taxes and administrative costs will be added to each payment.

### **Consumer Direction**

CD payments will be made through the member’s respective Fiscal/Employer Agent. This process will occur automatically and there are no additional steps need to be taken by the member, employer of record, attendant, or services facilitator in order for the attendant to receive the one-time payment.

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### **PROVIDER CONTACT INFORMATION & RESOURCES**



# MEDICAID BULLETIN

<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a></p>
<p><b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><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.</p>	<p><a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a></p>
<p><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.</p>	
<p><b>Medallion 4.0</b></p>	<p><a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a></p>
<p><b>CCC Plus</b></p>	<p><a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a></p>
<p><b>PACE</b></p>	<p><a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a></p>
<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> <u>For credentialing and behavioral health service information, visit:</u> <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</p>
<p><b>Provider HELPLINE</b> Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>



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Suite 1300  
Richmond, VA 23219

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Aetna Better Health of Virginia	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878
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>