



Last Updated: 10/04/2022

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

This bulletin is an update to the Medicaid Bulletin titled, "One-time COVID-19 Support Payment for Attendant/Aides" that posted on March 8, 2022. This bulletin aims to outline the process that providers will need to follow to receive the one-time COVID-19 support payment.

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

Personal Care Agencies

On March 21, 2022, Myers and Stauffer, LC (MSLC), emailed agency providers to inform them that DMAS contracted with them to identify a list of aides who qualify to receive the one-time COVID-19 support payment. In addition, the email stated that MSLC would send a roster of qualifying aides derived from Medicaid claims from July 1, 2021 through September 30, 2021, requesting assistance with validating the roster information.

As of April 12, 2022, providers received a second email from MSLC with an attached roster requesting validation of the information. This email instructed providers to submit the listed aides' social security numbers and employment status and how to identify live-in caregivers. MSLC informed providers that the roster submissions were due within ten (10) business days or no later than **April 26, 2022**.

MSLC is conducting outreach efforts to providers who could not be reached using the agency's contact information on file. If you have not received a roster, please send a secure email to C19SUPPORT@mslc.com or call the MSLC COVID-19 Support Department at (888) 832-0856.

MSLC will deliver the final roster to providers by email in **June**. The rosters will include the name of the member, the associated aide, and the payer source derived from the claim. For example, the payer source may be one of the six MCOs or DMAS. The information is necessary to receive payment for each aide.

How to Submit the One-Time Payment Claim

The Centers for Medicare and Medicaid Services requires that a reimbursement claim be filed to disperse the one-time supplemental payment. To receive the one-time payment, agency providers must submit a claim through their standard process utilizing either EDI 837P or DDE to the payer source identified on the roster using the HCPCS code **G2021**.

Here are some things to keep in mind when filing the claim

- The date of service for the claim is when the aide provided care for the member during the



MEDICAID BULLETIN

period of July 1, 2021 through September 2021. This can be a range of dates (including dates when services were not provided) or a specific date. Be sure the date of service does not exceed the date the aide last provided service for the member.

- The reimbursement amount is \$1,117.60. The amount over \$1,000 covers the provider's administrative costs, including required payroll taxes.
- Providers must not submit claims for members/aides that were not identified on the agency's final roster from MSLC.

Additional billing instructions for fee-for-service are posted on the DMAS website at:

<https://dmas.virginia.gov/for-providers/long-term-care/waivers/>.

DMAS is waiving the timely filing requirement for G2021 through October 31, 2022 for claims submitted after twelve months from the service date. For these claims, agencies must attach a Timely Filing Waiver. The Timely Filing Waiver may be found [here](#). A G2021 claim submitted with the Timely Filing Waiver that is received after October 31, 2022, will be denied for timely filing.

The MCOs will provide additional information to providers on how to submit the claim for these payments.

Aide Payments

Agencies are responsible for directly providing the one-time payments to both former and current aides listed on the provider's final roster received from MSLC. Additionally, providers are responsible for withholding applicable employee taxes from the aide's 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 that need to be taken by the member, employer of record, attendant, or services facilitator for the attendant to receive the one-time payment.

Frequently Asked Questions

A list of Frequently Asked Questions about the one-time COVID support payments may be found on the DMAS website at: <https://dmas.virginia.gov/for-providers/long-term-care/waivers/>.

| 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. | Through March 29: www.virginiamedicaid.dmas.virginia.gov As of April 4, 2022: https://login.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 |



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

<https://dmas.virginia.gov>

MEDICAID BULLETIN

| | |
|--|--|
| 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/ |
| Provider Audits Please continue to adhere to all instructions provided via DMAS or its contractors as it relates to complying with audit processes and procedures. Conversion to MES will not affect audit protocol. | |
| 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 | https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/ |
| CCC Plus | https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/ |
| PACE | https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/ |
| 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 for claims assistance only as of March 26, 2022 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 |
| Provider Enrollment and Management Help Desk Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available. | 1-804-270-5105 1-888-829-5373 |
| 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.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711 |
| Virginia Premier | 1-800-727-7536 (TTY: 711), www.virginiapremier.com |