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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 02/06/2023

Resource Disregard for Institutional and Community Based Waiver Services

The purpose of this bulletin is to notify providers that DMAS is seeking federal authority to disregard certain resources for individuals receiving institutional or home and community based waiver services when eligibility re-determinations begin in March 2023 after the continuous coverage requirements end.

DMAS has been working with the Centers for Medicare and Medicaid Services (CMS) to draft a state plan amendment (SPA) that would allow DMAS to disregard, during eligibility re-determinations, income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the post-eligibility treatment-of income (PETI) rules, but which became countable resources on or after March 18, 2020 as income after the month of receipt becomes a resource and the individual's resource may have accumulated and exceeded the resource threshold for eligibility. The disregard will be evaluated if the member has excess resources at redetermination, and only the portion of the excess resource due to inability to increase patient pay will be disregarded. DMAS has requested authority to disregard income that has been accumulated into resources until the individual's second Medicaid renewal that follows the end of the continuous coverage requirement.

The DMAS request involves any income increases that would have normally been applied to the individual's liability for institutional or home and community-based waiver services and resulted in accumulations to resources that exceed the allowable resource limit. If the request is granted, individuals will have until their second Medicaid renewal following the end of the PHE to spend these funds down so that they are not counted as part of the individual's "patient pay" obligations. If the individual has excess resources at the time of the second renewal, the disregard no longer applies and the individual may lose coverage.

More on the patient pay process can be found in Chapter M14 of the Eligibility and Enrollment Manual.

DMAS is preparing this SPA for submission to CMS. When the SPA is filed, it will be posted here. CMS will review the SPA within 90 days of submission. SPA approvals are posted here.

DMAS is developing additional, more detailed information on this topic, which will be posted soon.

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/
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 Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
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 1-855-270-2365 1-866-386-7882 (CCC+)
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-833-207-3120 1-833-235-2027 (CCC+)
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-643-2273 1-844-374-9159 (CCC+) www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA www.myuhc.com/communityplan 1-844-284-0149 1-855-873-3493 (CCC+)
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com