Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 03/30/2023

Information on the Eligibility Renewal Process - REVISED

This bulletin (which supersedes the bulletin entitled "Information on the Eligibility Renewal Process" dated March 24, 2023) is a *REVISION to the previous bulletin*. The purpose of this bulletin is to provide information about the eligibility renewal process over the next 12 months, including how Medicaid and FAMIS members can determine when their renewals will occur.

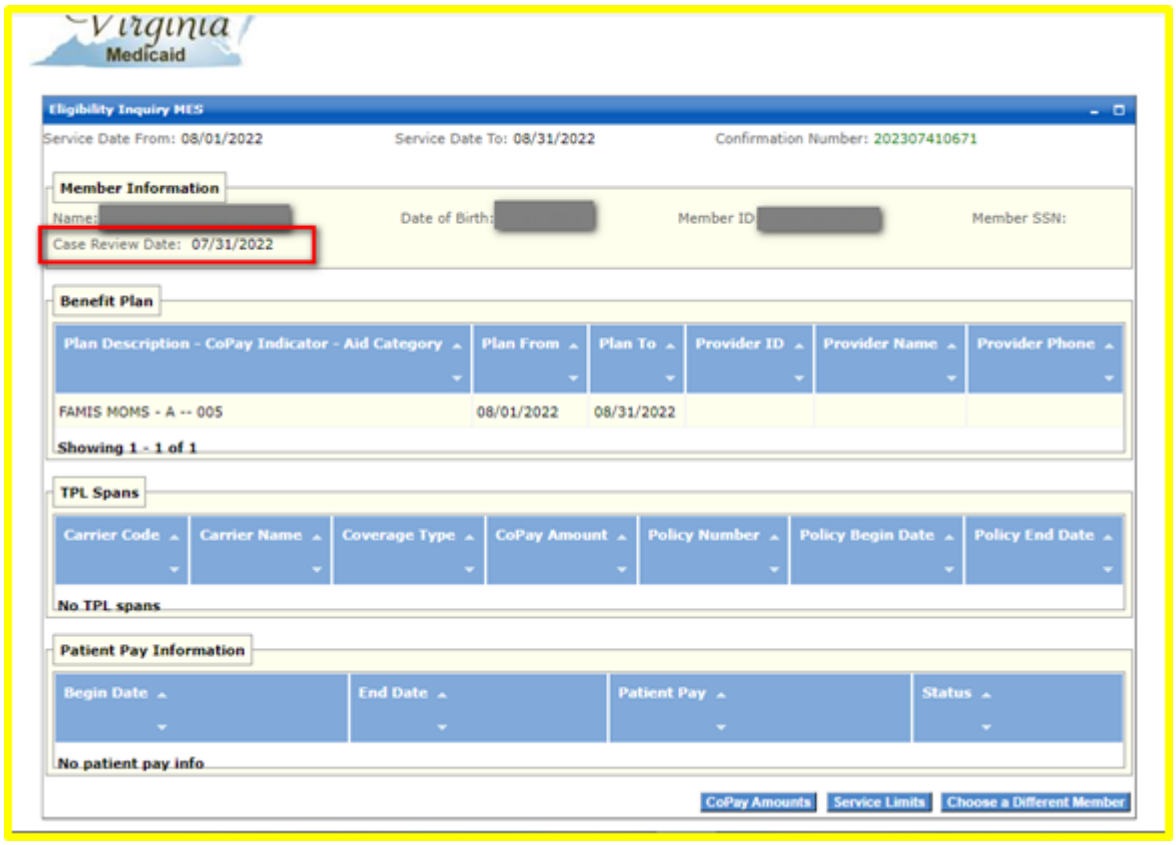
Renewal dates are grouped according to the date of the member's last renewal, as shown in the chart below.

Member's Case Renewal Month			Renewal Process Start
May 2023			March 2023
March – October 2020	&	June 2023	April 2023
November 2020 – March 2021	&	July 2023	May 2023
April – September 2021	&	August 2023	June 2023
October 2021	&	September 2023	July 2023
November 2021	&	October 2023	August 2023
December 2021	&	November 2023	September 2023
January – February 2022	&	December 2023	October 2023
March – May 2022	&	January 2024	November 2023
June – October 2022	&	February 2024	December 2023
November 2022 – February 2023	&	March 2024	January 2024
March – April 2023	&	April 2024	February 2024

If a member does not know their renewal date, they can call their local Department of Social Services (go to the following link to identify that office: https://www.dss.virginia.gov/localagency/index.cgi), or Cover Virginia (1-855-242-8282) (TTY: 1-888-221-1590).

The following functionality will be available on Saturday, April 1, 2023:

If a provider would like to determine the renewal date for a Medicaid member that they are serving, they can go to the Member Eligibility Inquiry page in the Provider Services Solution (PRSS) system. The response will show the member's renewal date as demonstrated by the red box below. Once the provider has the "case review date" the provider should review the chart above to determine when the renewal will occur.



If providers have any difficulties accessing this screen, they are encouraged to visit the Helpful Links tab in PRSS and review the Provider Reference Material, especially the User Guide, Frequently Asked Questions (FAQ), and Computer Based Training (CBT).

Starting now, some Medicaid and FAMIS members will receive a letter in the mail informing them that their renewal was completed. If DMAS needs more information to complete the renewal, the member will receive a packet in the mail with options for submitting the renewal online, via phone, or by completing the documentation and returning it in person or by mail/fax.

For more details about the return to regular renewal operations, providers are encouraged to access the following resources on the Cover Virginia Website: Renewal Process Flowchart, Renewal Process Flow Sheet: Step-By-Step, Renewal Process Flow Sheet: Where Are You?, and Toolkits and Materials.

For questions, additional help, or language assistance services or large-print, Medicaid and FAMIS members are encouraged to call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or send an email to: covervirginia@dmas.virginia.gov.\

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	www.MagellanHealth.com/Provider
Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	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 1-855-270-2365 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