MEDICAID BULLETIN

Last Updated: 04/04/2023

Temporary PACE Flexibilities Ending May 11, 2023

The purpose of this bulletin is to notify PACE providers that current statutory and regulatory PACE program requirements must be followed starting May 12, 2023. This includes the requirement to conduct in- person participant assessments in accordance with 42 CFR § 460.104, and signature requirements for the enrollment process.

Signature flexibilities and the flexibility to use remote technology for scheduled and unscheduled participant assessments, care planning, monitoring, communication, and other related activities that would normally occur on an in-person basis will end and coincides with the ending of the COVID-19 national emergency and public health emergency declarations, effective May 11, 2023.

For more information, please review the March 24, 2023 Memo sent by the Centers for

Medicare and Medicaid Services (CMS) to PACE Organizations.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Center for Medicare 7500 Security Boulevard Baltimore, Maryland 21244-1850



DATE: March 24, 2023

TO: All Programs of All-Inclusive Care for the Elderly (PACE) Organizations

SUBJECT: Coronavirus Disease 2019 (COVID-19) Related Exercise of Enforcement Discretion

Ending May 11, 2023

After the Secretary of Health and Human Services declared the COVID-19 public health emergency (PHE) in January 2020, CMS developed guidance for PACE Organizations (POs) regarding steps they should take to protect PACE participants and staff against the spread of COVID-19. In March 17, 2020 guidance, entitled "Information for PACE Organizations Regarding Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19)," and in subsequent FAQs, CMS outlined precautions against COVID-19, and announced that CMS was exercising its enforcement discretion to adopt a temporary policy of relaxed enforcement in connection with certain PACE requirements, with the caveat that this temporary policy would end when the COVID-19 PHE, or any extension thereof, ends.

On January 30, 2023, the Biden-Harris Administration announced that it intends to end the national emergency and PHE related to the COVID-19 pandemic on May 11, 2023. On February 9, 2023, the Secretary of Health and Human Services informed governors that, based on current trends regarding COVID-19, the U.S. Department of Health and Human Services is planning for the COVID-19 PHE to end on May 11, 2023.

This memo is to inform POs that CMS is ending the temporary enforcement discretion policy to coincide with the ending of the COVID-19 national emergency and public health emergency declarations, effective May 11, 2023. After that date, POs will be required to comply with current statutory and regulatory PACE program requirements, including the requirement to conduct imperson participant assessments in accordance with 42 CFR § 460.104, and signature requirements for the enrollment process (Sections 460.152(a)(2), 460.154, 460.156, and 460.158)). This means that there is no longer enforcement discretion for use of remote technology for scheduled and unscheduled participant assessments, care planning, monitoring, communication, and other related activities that would normally occur on an in-person basis.

If you have any questions about this memorandum, please submit an inquiry at https://pace.lmi.org.

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/

https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html



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

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Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. KEPRO Service authorization information for fee-for-service members.	1-800-884-9730 or 1-800-772-9996 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	

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	<u>www.MagellanHealth.com/Provider</u>
Behavioral Health Services	For credentialing behavioral health service information,
Administrator, check eligibility,	visit:
claim status, service limits, and	<u>www.magellanofvirginia.com</u> , email:
service authorizations for fee-for-	VAProviderQuestions@MagellanHealth.com,or
service members.	Call: 1-800-424-4046
	In-State: 804-270-5105
Provider Enrollment	Out of State Toll Free: 888-829-5373
	Email:
	<u>VAMedicaidProviderEnrollment@gainwelltechnologies.com</u>
Provider HELPLINE	
Monday-Friday 8:00 a.m5:00	1-804-786-6273
p.m. For provider use only, have	1-800-552-8627
Medicaid Provider ID Number	1-000-552-0027
available.	
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)

https://dmas.virginia.gov

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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), <u>www.virginiapremier.com</u>
Dental Provider	1-888-912-3456
DentaQuest	