



Last Updated: 04/10/2023

## Update to Chart of Provider Flexibilities

The purpose of this bulletin is to notify providers that the chart of flexibilities related to the COVID-19 public health emergency has been updated as of April 3, 2023.

The updates are to one of the behavioral health flexibilities and to four of the appeals flexibilities as shown with new text underlined below.

Behavioral Health Services	
Outpatient Psychiatric Services, Therapeutic Day Treatment (TDT), Intensive In-Home Services (IIH), Mental Health Skill Building (MHSS) and Psychosocial Rehabilitation (PSR). Face-to-face service requirements will continue to be waived, but documentation shall justify the rationale for the service through a different model of care until otherwise notified. The goals, objectives, and strategies of the plan of care or ISP shall be updated to reflect any change or changes in the individual's progress and treatment needs, including changes impacting the individual related to COVID-19, as well as any newly identified problem. Documentation of this review shall be added to the individual's medical record as evidenced by the dated signatures of the appropriate professional for the service being provided and the individual.	The flexibilities included in the Telehealth Supplement to the Medicaid Manuals will remain in place. Any other flexibilities will end at midnight on May 11, 2023. <u>Several additional audio- only CPT codes for outpatient psychiatric services will be permitted. More information will be released soon.</u>
Appeals	
For all appeals filed during the state of emergency, Medicaid members will automatically keep their coverage.	<u>This flexibility is continuing under a 1902(e)(14) waiver approved by CMS.</u>
There will be no financial recovery for continued coverage for appeals filed during the period the emergency.	<u>This flexibility is continuing under a 1902(e)(14) waiver approved by CMS.</u>
Delay scheduling of fair hearings and issuing fair hearing decisions due to an emergency beyond the state's control.	<u>This flexibility is continuing under a 1902(e)(14) waiver approved by CMS for cases that involve existing coverage.</u>
The state may offer to continue benefits to individuals who are requesting a fair hearing if the request comes later than the date of the action under 42 CFR 431.230.	<u>This flexibility is continuing under a 1902(e)(14) waiver approved by CMS.</u>



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The full list of current flexibilities and their end dates is available at this [link](#).

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="https://vamedicaid.dmas.virginia.gov/">https://vamedicaid.dmas.virginia.gov/</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<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.	<a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a>
<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.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing behavioral health service information, visit: <a href="http://www.magellanoftv.org">www.magellanoftv.org</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or Call: 1-800-424-4046
<b>Provider Enrollment</b>	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: <a href="mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com">VAMedicaidProviderEnrollment@gainwelltechnologies.com</a>



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<b>Provider HELPLINE</b> 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	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-855-270-2365 1-866-386-7882 (CCC+)
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 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+) <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> <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-284-0149 1-855-873-3493 (CCC+)
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>
<b>Dental Provider</b> DentaQuest	1-888-912-3456