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

MEDICAID BULLETIN

Last Updated: 05/18/2023

BHSA Changes Due to Magellan Contract Ending – Electronic Funds Transfer Update Required for Providers Currently Enrolled with the Magellan of Virginia Behavioral Health Services Administrator (BHSA)

The purpose of this bulletin is to inform all Behavioral Health providers of important changes to Fee for Service (FFS) behavioral health claims processes effective on November 1, 2023.

Through a competitive procurement process, the Department of Medical Assistance Services (DMAS) has awarded the new Service Authorization and Specialty Services Contract for Medicaid fee-for-service (FFS) behavioral health and medical service authorization (SA) processing to Keystone Peer Review Organization, Inc. (Kepro).

The Magellan of Virginia BHSA contract will cease DMAS operations on October 31, 2023 upon close of business. Magellan of Virginia will no longer process claims or service authorizations after that date. All FFS behavioral health claims submitted on or after November 1, 2023 will be processed through the Medicaid Enterprise System.

Please note that this change does not impact any services covered by the DMAS-Contracted Managed Care Organizations.

Magellan of Virginia Behavioral Health Services Administrator (BHSA) - November 1, 2023 Transitions

As part of the Magellan BHSA contract closeout, BH providers must take action in the following areas to ensure reimbursement is available as a result of the transition from Magellan to Kepro.

1. Electronic Funds Transfers (EFT) for Behavioral Health Billing Providers

All Behavioral Health billing providers must update their provider files in the Provider Services Solution (PRSS) Portal to receive payments via Electronic Funds Transfer (EFT). It is very important to provide EFT information prior to November 1, 2023, in order to continue receiving payments.

The EFT information that is currently on file at Magellan BHSA was not included in the transfer of provider data into PRSS as a part of the Medicaid Enterprise System (MES)

implementation. This information must be entered and validated before it can be approved in your PRSS provider file.

For providers NPIs that are currently enrolled with the DMAS fee-for-service network in addition to the Magellan BHSA network and are currently paid by DMAS via EFT, no further action is required. The EFT information must be added prior to the November 1, 2023, transition date from Magellan to Kepro.

Billing providers who have access to the MES PRSS Portal and have not set up EFT in PRSS, are required to log on the secure provider portal and follow the instructions for adding EFT information, located on the MES Public Portal under provider training. Click on PRSS-120 "Provider Portal Overview" and download the training PDF or view the PRSS-120 "Provider Portal Overview" video. You can find the instructions for adding EFT information to your provider file on page 60 of the PDF and the required EFT Form at the following link here.

Please note that all providers enrolled with DMAS must also receive electronic remittance advices (ERA). Providers will have access to their remittance advices on the Secure MES Portal. Click on the PRSS-120 "Provider Portal Overview" training and go to page 121 to view the instructions on how to access provider documents. PRSS and other training materials may be found on the **MES Provider Training** page.

If you do not currently have secure access to the MES PRSS Portal, you may need to download the Primary Account Holder (PAH) form from the MES Public Portal at vamedicaid.dmas.virginia.gov, complete the PAH form and fax it to 888-335-8476 to gain access to the Secure Provider Portal to enter the provider profile maintenance system to add your EFT information to your provider file and access Remittance Advices. The PAH form is located on the MES Public portal. Click on the Provider link to locate the PAH form. The turnaround time to process PAH forms is 7-10 business days.

To get started, please visit the **MES Provider Training** page. This page includes a curriculum and comprehensive list of provider courses.

2. FFS Behavioral Health Claims Processing

All billing for fee for service behavioral health services will be submitted and processed at Conduent beginning November 1, 2023. DMAS is currently working with Conduent, DMAS's Fiscal Agent Solution (FAS) to configure BH claims processing.

3. Service Authorization for BH services

Behavioral Health service authorization requests will be submitted to Kepro starting November 1, 2023. Additional information and training will be scheduled. BH providers are strongly encouraged to attend upcoming training with Kepro, to be scheduled prior to the November 1, 2023 transition date.

DMAS will share additional details at a later date prior to the Magellan to Kepro transition on November 1, 2023.

4. Training Opportunities

Kepro will hold several training sessions on logging into their secure portal to request services, steps to take to request services successfully, and much more. Upcoming training sessions will be outlined in future bulletins related to the close out of Magellan BHSA.

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 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
Dental Provider DentaQuest	1-888-912-3456