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

MEDICAID BULLETIN

Last Updated: 03/22/2024

Updates and Information on Fee-For-Service Behavioral Health Services Post Transition of Behavioral Health Services Administration

The purpose of this bulletin is to review claims, service authorization, member and provider enrollment requirements for behavioral health providers in the Department of Medical Assistance Services (DMAS) Fee for Service (FFS) delivery system. In addition the bulletin will serve as a reminder to established providers and will serve as consolidated guidance to new providers on how to access DMAS FFS provider support resources related to your day to day operations.

DMAS is asking all behavioral health providers to review the content of this bulletin along with their provider enrollment details to ensure that each behavioral health agency and individual practitioner is enrolled correctly. Correct provider enrollments require the provider to ensure that their enrollment account contains the necessary provider type and specialty codes to support reimbursement and day to day operations related to the services delivered by your agency and/or individual practitioners. As a reminder, DMAS Behavioral Health service participation requirements apply to both services delivered through your Managed Care and Fee for Service contracts; because of that independency the FFS provider enrollment details are necessary to ensure accurate alignment between your fee for service and managed care service delivery. All service participation and claims processing requirements are documented in the Behavioral health program policy manuals. This enrollment review is necessary to ensure that the provider enrollments explicitly match the services delivered by your agency. This review and any adjustments to your provider enrollment account are necessary to ensure that your agency is enrolled consistent with program policy, services are authorized appropriately, and that claims are paid in a timely manner.

Claims Submission and Alignment Among Enrollment, Authorization, and Claims Details

For claims to be successfully paid through DMAS Fee-For-Service, the following elements must all be correct and aligned among the enrollment, authorization, and claims processing systems.

The **NPI**, the **taxonomy**, the **Service Authorization number** (for services that require prior authorization), any **modifier** used, and the **9-digit zip code** of the service location billed on the claim are used to match elements among enrollment, authorization, and claims for the claim to be processed correctly and paid.

The servicing NPI must be associated with the correct taxonomy, provider type, and specialty type and have a service location (with those enrollment elements) that matches the 9-digit zip code on the claim. Taxonomy billed needs to match an allowable provider type and service type for the service being billed, per the Behavioral Health Taxonomy Crosswalk. https://dmas.virginia.gov/media/6301/taxonomy-crosswalk-for-bh-providers.xlsx

Providers who are uncertain about the Provider Type and Provider Specialty linked to their NPI can use the Provider Extract spreadsheet. To verify this information, follow the provided link and instructions at https://vamedicaid.dmas.virginia.gov/provider/mco#gsc.tab=0. Scroll down to action item number 3 titled "Check your enrollment status" on the MCO Provider Network Resources page and click on the link named "Download Latest Provider Extract Spreadsheet."

To verify your Taxonomy Code log into the MES Provider Portal under "Maintenance" and "Manage My Information." Select the "Specialties" tab to validate. If your Provider Portal access is maintained by a Primary Account Holder or Delegated Admin, please contact them for assistance.

The Service Authorization number on the claim must match a valid SA from Acentra Health. For Authorizations that transitioned from Magellan, use the contact information below for Provider Helpline (*not* Acentra Health) to get updated SA number. The updated SA number must be used for the claim to pay. Claims billed utilizing the Magellan BHSA assigned SA will not be processed for payment.

If you are billing a claim with a modifier, then the modifier must also be on the Service Authorization.

For Psychiatric Residential Treatment Facilities (youth PRTF and ARTS): the billing NPI must be the NPI associated with the PRTF rate according to this rate sheet: ARTS PRTF Rates Web File - Effective July 1, 2023 (virginia.gov)

What to Do When You Have a Member Enrollment, Authorization, or Claims Issue

Automated System for General Information: Claim status, eligibility, and service authorization can be verified through our automated call system at 800 884 9730 or 804 965 9732.

However, if the information is not available on the Automated System for General Information, and to ensure that your questions get answered in a timely manner, it is important to determine whether you are experiencing an issue with enrollment, authorization, or claims, and reach out to the correct entity. The details of each are provided below.

DMAS Provider Enrollment

Provider enrollment questions can be answered by calling 888-829-5373 or emailing VaMedicaidProviderEnrollment@gainwelltechnologies.com

DMAS Billing and Claims

All DMAS FFS claims guidance will now apply to BH FFS providers. Here is the website:

Fee-for-Service Providers | DMAS - Department of Medical Assistance Services (virginia.gov)

For questions or issues related to direct billing or clearinghouses, email Virginia.EDISupport@conduent.com

For assistance with other billing and claims (as well as member eligibility) contact the Virginia Medicaid Provider Helpline:

toll-free 800-552-8627

in-state 804-786-6273

The Provider Helpline is available Monday to Friday between 8 a.m. and 5 p.m.

Virginia Medical Assistance MediCall System

The Virginia Department of Medical Assistance MediCall System offers Medicaid providers twenty-four-hour-a-day, seven-day-a-week access to current member eligibility information. The system also allows you to check the following for FFS Member claims status, prior authorization information, service limit information, pharmacy prescriber identification number cross reference, and information to access member eligibility and provider payment verification via the Internet.

The telephone numbers are:

1-800-772-9996 Toll-free throughout the United States

1-800-884-9730 Toll-free throughout the United States

(804) 965-9732 Richmond and Surrounding Counties

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If you have any questions regarding the use of MediCall, contact the Medicaid Provider Helpline. The Provider Helpline is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions at 800-552-8627.

DMAS FFS Authorization and Specialty Services: Acentra Health (formerly Kepro)

Acentra Health is the DMAS Contractor for Fee for Service (FFS) Authorizations and Specialty Services.

There are many resources on their website as well as many trainings to support providers

during the BHSA transition. This includes the IACCT process and related forms and resources.

Acentra Health Website: Acentra / DMAS Home

Provider issues regarding FFS authorization should be directed to Acentra Health by contacting their Customer Service Team or Provider Issues mailbox information listed below.

Acentra Health Customer Services: Atrezzo (ANG) related questions (difficulty accessing system, troubleshooting technical issues):

Local Phone: 804.622.8900
Tollfree: 888.827.2884
Fax: 877.652.9329

Acentra Health DMAS Provider Email: Specific Provider Related Issues (not Atrezzo system related issues):

vaproviderissues@acentra.com (do not include PHI)

All Provider and Member Complaints/Concerns are acknowledged within one (1) business day and resolved within five (5) business days. Please contact us at 888.827.2884 or email

vaproviderissues@acentra.com*. Please include a description of the event, the names of individuals involved, and information related to any previous attempts to resolve this matter.*

Provider Resources to Review

For detailed FAQs, please review all of the following documents:

Overview of Changes to BH Claims Processing: Behavioral Health Fact Sheet (virginia.gov)

BHSA General FAQ: BHSA General FAQs (virginia.gov)

Electronic Claims Submission FAQ: Frequently Asked Questions: Electronic Claims Submission (virginia.gov)

Online Claims Submission FAQ: Frequently Asked Questions: Online Claims Submission (virginia.gov)

Several bulletins and other resources have been published to support the BHSA transition, all of which have information necessary to successfully transition to the new required business processes. They are linked below:

Provider Training on How to Register and Submit Successful Service Authorization Requests to Acentra Health (formerly known as Kepro) Effective November 1, 2023 | MES (virginia.gov)

If you have worked with the appropriate entity to resolve an issue and have documentation of your attempts at resolution with the entities listed above or have hit a barrier and do not

have a path forward to resolution you may also send these details to enhancedBH@dmas.virginia.gov in addition to any BH policy questions you have.

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
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

Cardinal Care Managed Care 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.

Cardinal Care Managed Care	https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/
PACE	Program of All-inclusive Care (virginia.gov)
Acentra Health Behavioral Health Services	https://dmas.kepro.com/
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	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878

Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Molina Complete Care	1-800-424-4524 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0149
Dental Provider DentaQuest	1-888-912-3456