



Last Updated: 01/30/2026

## Clarification on Intellectual and Developmental Disability Targeted Case Management and FAMIS

The purpose of this bulletin is to clarify the member benefit plans that are eligible to receive support coordination services for individuals with intellectual or developmental disability (IDD). Support Coordination, also called targeted case management services, is a covered service option for individuals with Medicaid coverage, However, the service is not covered for members enrolled in the Family Access to Medical Insurance Security (FAMIS) benefit plan.

This means that reimbursement for T2023 (Developmental Disability Case Management/Support Coordination) and T1017 (Intellectual Disability Case Management/Support Coordination) is not available for individuals with FAMIS benefit plans. Any support coordination claims will be denied if the individual receiving services is not enrolled in the Medicaid benefit plan. Providers must check an individual's eligibility and benefit plan prior to providing services. Services rendered prior to the effective date of an individual's Medicaid coverage are not eligible to receive reimbursement. However, Medicaid coverage may be retroactive up to three months prior to the month in which the application was filed, if the individual was eligible during the retroactive period. Once an individual is determined to be eligible for Medicaid, providers may bill for covered services delivered during the time the member was eligible, and, if any payments were collected from the member prior to enrollment, upon receipt of payment from Medicaid, the service provider must reimburse the member for their out-of-pocket expenses. DMAS does not reimburse members for out-of-pocket expenses.

**To avoid disruption to claims payment through FFS and the MCOs** providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

### **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 \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/pace-program-of-all-inclusive-care/)

### Provider Enrollment

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373

Email: [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto: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

### Humana Healthy Horizons

Provider Services Call Center

1-844-881-4482 (TTY: 711)

<https://provider.humana.com/medicaid/virginia-medicaid>

### Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

### United Healthcare

[www.uhcprovider.com/](http://www.uhcprovider.com/)

1-844-284-0146



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# MEDICAID BULLETIN

**Acentra Health** <https://vamedicaid.dmas.virginia.gov/sa>  
Behavioral Health and 1-804-622-8900  
Medical Service  
Authorizations  
**Dental Provider** 1-888-912-3456  
DentaQuest  
**Fee-for-Service (POS)** <https://www.virginiamedicaidpharmacyservices.com/>  
Prime Therapeutics 1-800-932-6648