



Last Updated: 03/09/2022

Inter-Rater Reliability Study of LTSS Screenings

This bulletin informs you that beginning January 1, 2022, the Virginia Department of Medical Assistance (**DMAS**), in collaboration with Ascend Maximus, the vendor responsible for this initiative, will launch an **Inter-rater reliability (IRR) study** – as mandated by the General Assembly. This study will validate the children’s criteria used to determine eligibility for Medicaid Long Term Services and Supports (LTSS) and will design and implement an IRR process to verify the consistency and accuracy of the LTSS Waiver screening process, including the Uniform Assessment Instrument (**UAI**).

This IRR study is designed to demonstrate that current LTSS screening practices:

- consistently and reliably assess the level of care needs for children and adults
- provide individuals across the Commonwealth the same opportunity to obtain services
- identify the most integrated and appropriate setting choice, minimizing unnecessary

institutional placements

The study will include identification of potential areas of data collection, measurement, analysis and reporting. Throughout the entire process, Ascend Maximus will collaborate with and report directly to DMAS, its sister agencies in the Virginia Department of Health (VDH), Department of Aging and Rehabilitative Services (DARS) and targeted stakeholder groups, which will provide program oversight in collaboration with DMAS. At the end of the project DMAS and Ascend Maximus will provide a detailed summary of the findings and any recommendations to its partner agencies and stakeholders including the local screening team representatives. The screening teams will play a critical role as key partners in this project. Their cooperation, understanding and participation in this study are critical for the success of the study and compliance with the Joint Legislative Audit and Review Commission (**JLARC**) recommendations for the program and its overall success as indicated in the report which can be found on the DMAS website at

<https://www.dmas.virginia.gov/media/3502/jlarc-report-managing-virginias-medicaid-spending-2016.pdf>.

DMAS thanks you in advance for assisting ASCEND MAXIMUS staff as they pursue study related processes. These processes will, in some cases, include their additional review of previously assessed Medicaid members and observation of real-time screenings.



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<https://dmas.virginia.gov>

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- https://maximusclinicalservices.com/svcs/virginia_irr

- VAIRR@maximus.com
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<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/ltss-screening>



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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.	www.virginiamedicaid.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 and behavioral health service information, visit: www.magellanoofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or Call: 1-800-424-4046



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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 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com