



Department of Medical Assistance Services  
600 East Broad Street  
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<https://dmas.virginia.gov>

# **MEDICAID MEMO**

## **Entry of Managed Care Organizations (MCOs) for the Medicaid/FAMIS Programs in the Roanoke and Alleghany Regions**

**Last Updated: 03/09/2022**



## **Entry of Managed Care Organizations (MCOs) for the Medicaid/FAMIS Programs in the Roanoke and Alleghany Regions**

The purpose of this memorandum is to inform you of the entry of Managed Care Organizations (MCOs) for the Medicaid/FAMIS programs in the Roanoke and Alleghany Regions. The Department of Medical Assistance Services (DMAS) is pleased to announce that, effective January 1, 2012, Amerigroup Community Care, Anthem HealthKeepers Inc., MajestaCare-A Health Plan of Carilion Clinic, Southern Health CareNet, Optima Family Care, and Virginia Premier Health Plan will be administering health care services to Medicaid and FAMIS managed care eligible members in the following localities:

Alleghany County	Covington City	Highland County	Radford City
Bath County	Craig County	Lexington City	Roanoke City
Bedford City	Floyd County	Martinsville City	Roanoke County
Bedford County	Franklin County	Montgomery County	Rockbridge County
Botetourt County	Giles County	Patrick County	Salem City
Buena Vista City	Henry County	Pulaski County	Wythe County

Managed care eligible members in the Roanoke and Alleghany regions will have a choice of six health plans offering a wide range of enhanced services not available under the MEDALLION PCCM program.

Medicaid's MCO program began on January 1, 1996, as a managed care initiative of the Virginia Medical Assistance Program. As a result of multiple expansions, the current managed care program now covers Medicaid and FAMIS populations in 119 localities across the Commonwealth of Virginia. Expansion of the managed care program has resulted in significant health outcome achievements that are detailed in the *Virginia Managed Care Performance Report 2009-2010*, which may be viewed at [http://dmasva.dmas.virginia.gov/Content\\_atchs/mc/apr-f1.pdf](http://dmasva.dmas.virginia.gov/Content_atchs/mc/apr-f1.pdf).



## IMPACT OF MCO EXPANSION ON PROVIDERS

MCO expansion in Roanoke/Alleghany region means that the MEDALLION PCCM and the Client Medical Management (CMM) program will end on October 31, 2011, and will no longer be an option for

members in the localities listed above. All Medicaid managed care eligible individuals in the affected localities, who were formerly enrolled in the MEDALLION PCCM program, will be returned to fee-for- service Medicaid on November 1, 2011 to December 31, 2011. Effective January 1, 2012, managed care eligible individuals residing in the Roanoke and Alleghany region will be enrolled in one of the six MCOs. **Existing Virginia Premier Health Plan members will not be impacted by this transition unless they want to select another MCO during their open enrollment or renewal period for FAMIS members.**

Each MCO is responsible for the development of its provider network. Providers are strongly encouraged to contract with at least two or more MCOs. This will allow you to continue serving the Medicaid and FAMIS managed care population. It will be helpful to your patients to advise them of the MCOs with which you are contracting so that they may continue to be seen by your practices.

If you have not already been contacted by one of the MCOs, DMAS encourages providers to begin the contracting and credentialing process. Please be aware that credentialing may take up to 90 days. If you wish to contract with the MCOs, please call:

- |   |                 |
|---|-----------------|
| Amerigroup Community Care                               | 1-703 286 3972  |
| Anthem HealthKeepers Plus offered by HealthKeepers Inc. | 1-540-853-5077  |
| Southern Health CareNet<br>1-866 240-4345, Ext 6739     |                 |
| MajestaCare-A Health Plan of Carilion Clinic            | 1-855-606-4304  |
| Optima Family Care                                      | 1-804-510-7434  |
| Virginia Premier Health<br>Plan                         | 1-800 727-7536, |



## Option 6

To assist in the transition process, DMAS will be providing the MCOs with Medical Transition Reports. These reports will reflect individuals receiving certain medical services such as durable medical equipment, pregnancy services, and dialysis, among others. This information will assure that service authorizations, etc., are transferred to the MCOs without disruption.

Providers will be able to identify members enrolled in an MCO by their member ID card. Members may call the MCO to request replacement cards, if needed. If a Medicaid or FAMIS member seeks services, you should always ask for their MCO member ID card and plastic Medicaid ID card. It is the provider's responsibility to verify coverage before each visit. FAMIS members in MCOs are responsible for co-payment for some services. Individuals enrolled in MCOs will carry a card bearing the name of Amerigroup Community Care, Anthem HealthKeepers Plus, Southern Health CareNet, MajestaCare-A Health Plan of Carilion Clinic, Optima Family Care, or Virginia Premier Health Plan. All MCO ID cards include the member's Virginia Medicaid ID number.

## **MCO Carved-Out Services and Services that Exclude Individuals from MCO Participation**

### MCO Carved-Out Services

There are a few Medicaid/FAMIS covered services that are "carved-out" of the MCO contracts. For MCO enrolled individuals, coverage for carved-out services is handled through the fee-for-service program. The Medicaid and FAMIS MCO contracts regarding carved-out services differ. Benefits by program are described in the respective MCO contracts, available on the DMAS website at: [http://dmasva.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx). These services are also highlighted in the table below.



# MEDICAID MEMO

MCO Carved-Out Service <i>These services are carved-out of the MCO contracts and are reimbursed through DMAS fee-for-service, in accordance with DMAS established coverage criteria and guidelines.</i>	Medicaid Covered	FAMIS Covered
Community Mental Health Rehabilitation Services (CMHRS) Reference Chapter IV of the CMHRS Manual at: <a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/</a>	Yes	Limited*
Home and Community Based Care Waiver Services	Yes	No
Early Periodic Screening Diagnosis and Treatment (EPSDT) Personal Care	Yes	No
Specialized Nutritional Supplements For Children Under Age 21	Yes	Yes
Early Intervention (EI) Services for children enrolled in the EI Program	Yes	Yes
School Health Services	Yes	Yes
Lead Investigations through Local Health Departments	Yes	Yes
Dental Services	Yes	Yes
<i>*FAMIS coverage for CMHRS is limited to the following services: Intensive In-Home, Therapeutic Day Treatment (Non-Hospital Based), Mental Health Crisis Intervention, and Case Management For Children At Risk of and/or Experiencing Serious Emotional Disturbance.</i>		

## Individuals Excluded from Managed Care Participation

There are certain groups of Medicaid and FAMIS members who are exempt from MCO participation. These individuals will continue to be served through Medicaid's fee-for-service program and include, but are not limited to, individuals in nursing facilities, and individuals who have Medicare and/or other comprehensive group or individual health insurance. Additionally, there are also some services that require a Medicaid enrollee to be excluded from managed care participation. Exclusionary services include:

- Inpatient care (hospitalized) under fee-for-service coverage at the time of MCO enrollment (includes inpatient acute, psychiatric, EPSDT psychiatric, and inpatient rehabilitation settings). Individuals who are admitted as fee-for-service members, and who subsequently become enrolled with the MCO prior to discharge from an inpatient setting, will be excluded from MCO participation until after they are discharged. MCO enrollment will not occur until the first of the month following the month in which the individual is discharged. DMAS' managed care staff is notified by area hospitals at the end of each month regarding all Medicaid individuals who have not been discharged by the last day of the month. Hospitals follow the process described on the DMAS website at [http://dmasva.dmas.virginia.gov/Content\\_atchs/mc/mc-mdl2\\_hsptlzd.pdf](http://dmasva.dmas.virginia.gov/Content_atchs/mc/mc-mdl2_hsptlzd.pdf).
- Admission to a state owned mental hospital beyond the TDO timeframe.
- Admission to an approved residential level C treatment facility (under age 21 only).
- Admission to a nursing facility or hospice (in accordance with Medicaid regulations).
- Authorized services for treatment foster care case management (TFC-CM).



# MEDICAID MEMO

Providers should continue treatment of these individuals following DMAS coverage criteria and guidelines without interruption.

Medicaid members may contact the Managed Care HelpLine at 1-800-643-2273 or find more information on Managed Care on the DMAS website at [http://dmasva.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/mc-home.aspx).

FAMIS members should contact FAMIS at 1-866-873-2647 for assistance with choosing an MCO or visit the [www.famis.org](http://www.famis.org) website for more information.

## **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.

## **ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a>	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX	Emdeon  <a href="http://www.emdeon.com">www.emdeon.com</a> Telephone: 1 (877) 363-3666
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Telephone:  
1 (888) 661-5657

[www.hdx.com](http://www.hdx.com)  
Telephone:  
1 (610) 219-2322

## "HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273          Richmond area and out-of-state long distance

1-800-552-8627          All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.