



Last Updated: 07/08/2022

Update to the Pharmacy Provider Manual Chapter IV and Appendix D and Addition of Appendix E

The purpose of this update is to notify providers of the revisions to Chapter IV and Appendix D in the pharmacy manual and the addition of the new Appendix E to the pharmacy provider manual which lists the drugs which may be dispensed as a 90 day supply.

Appendix D includes information regarding updates to the Virginia Medicaid’s Preferred Drug List (PDL) or Common Core Formulary (CCF) and fee-for-service (FFS) drug service authorization requirements for drugs reviewed by the Department’s Pharmacy and Therapeutics Committee and the Drug Utilization Review (DUR) Board. This revision includes changes to the CCF and FFS drug service authorizations since the previous update on 12/21/2021, as well as the addition of changes to the DMAS 90 day list.

Appendix E has been added to provide the current 90-day list in the pharmacy manual.

Chapter IV: Covered Services and Limitations has been updated to include information on tribal facility payments.

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/



MEDICAID MEMO

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.magellanofvirginia.com, email:
VAProviderQuestions@MagellanHealth.com, or
Call: 1-800-424-4046

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.Uhcommunityplan.com/VA
and www.myuhc.com/communityplan
1-844-752-9434, TTY 711

Virginia Premier

1-800-727-7536 (TTY: 711), www.virginiapremier.com