https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 07/08/2022

Changes to the Provider Portal- Electronic Funds Transfer, Primary Account Holder, and Inactive Accounts

The purpose of this bulletin is to inform providers of changes being made to the DMAS Provider Portal related to inactive provider accounts, provider electronic funds transfer (EFT) change requests, and primary account holder (PAH) change requests. The changes outlined are all effective February 24, 2020.

All provider requests to update Electronic Funds Transfer information must be submitted via paper submission only using the "**EFT**" form. Providers will no longer be able to make changes to this information via the provider portal after initial registration.

All requests to change/update a provider's Primary Account Holder must be submitted via paper submission only using the "**PAH**" form. The DMAS Provider Helpline will no longer be able to make changes to a primary account holder's information. Both the "EFT" and "PAH" forms have been updated and are available at http://www.virginiamedicaid.dmas.virginia.gov.

Additionally, all account logins that have not had any activity within a 90-day period will be automatically de-activated. All account logins that have not had any activity within a 120-day period will be deleted. If an account is deactivated or deleted, please contact the provider's primary account holder (PAH) or organization administrator (Org Admin) to assist with updating the account. If the PAH or Org Admin experiences issues, please contact the DMAS Web Support Helpline at 866-352-0496.

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Medicaid Expansion Eligibility Verification

Medicaid coverage for the new expansion adult group began January 1, 2019. Providers may use the Virginia Medicaid Web Portal and the Medicall audio response systems, as shown in the table below, to verify Medicaid eligibility and managed care enrollment, including for the new adult group. In the Virginia Medicaid Web Portal, individuals eligible in the Medicaid expansion covered group are shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the "MED4" (Medallion 4.0) or "CCCP" (CCC Plus) managed care enrollment segment. Eligibility and managed care enrollment information is also available through the DMAS Medicall eligibility verification system. Additional Medicaid expansion resources for providers are available on the DMAS Medicaid Expansion webpage

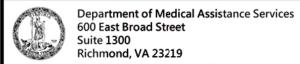


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at: http://www.dmas.virginia.gov/#/medex.

PROVIDER CONTACT INFORMATION & RESOURCES		
Virginia Medicaid	www.virginiamedicaid.dmas.virginia.gov	
Web Portal		
Automated		
Response System		
(ARS)		
Member eligibility,		
claims status,		
payment status,		
service limits,		
service authorization		
status, and		
remittance advice.		
Medicall (Audio	1-800-884-9730 or 1-800-772-9996	
Response System)		
Member eligibility,		
claims status,		
payment status,		
service limits,		
service authorization		
status, and		
remittance advice.		
KEPRO	https://providerportal.kepro.com	
Service		
authorization		
information for fee-		
for-service members.		
Managed Care Programs		
Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and the		
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	
Managed Care		
Program		
CCC Plus Managed	http://www.dmas.virginia.gov/#/cccplus	
Care Program		
PACE Program	http://www.dmas.virginia.gov/#/longtermprograms	



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Magellan	<u>www.MagellanHealth.com/Provider</u>
Behavioral Health	For credentialing and behavioral health service
Behavioral Health	information, visit:
Services	www.magellanofvirginia.com, email:
Administrator, check	VAProviderQuestions@MagellanHealth.com,or_
eligibility, claim	call: 1-800-424-4046
status, service	
limits, and service	
authorizations for	
fee-for-service	
members.	
Provider	1-804-786-6273
HELPLINE	1-800-552-8627
Monday-Friday 8:00	
a.m5:00 p.m. For	
provider use only,	
have Medicaid	
Provider ID Number	
available.	