https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 07/08/2022

COVID 19 - Electronic Visit Verification Transition Period Extended to September 1, 2020 for Agency-Directed Services

The purpose of this memo is to provide an update for the implementation of Electronic Visit

Verification (EVV) requirements. EVV is a requirement for personal care, respite care and companion services paid through the Medicaid program. The Department of Medical Assistance Services (DMAS) launched EVV on October 1, 2019 and provided a transition period. In light of the ongoing COVID-19 pandemic and to allow agency providers during this time the opportunity to acclimate to the requirements, DMAS will extend the transition period through August 31, 2020. This transition period applies to agency-directed services provided through fee for service, Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 managed care plans.

Consumer directed service EVV requirements remain unchanged.

During this extended transition period, agency providers will continue to be reimbursed for claims that do not meet EVV compliance. DMAS will continue to monitor the rate of EVV compliance to ensure providers are making concerted efforts to successfully comply with EVV.

Until September 1, 2020, DMAS will continue to pay EVV claims with regardless of the status of EVV data. Claims that do not fully comply with the EVV requirements will receive informational error codes. On September 1, 2020, these error codes will no longer be information and will result in claim denials. Please use this additional time to correct any errors.

PROVIDER CONTACT INFORMATION & RESOURCES		
Virginia		
Medicaid Web		
Portal		
Automated		
Response		
System (ARS)		
Member	rurur ringiniamadianid dmaa ringinia gar	
eligibility, claims	www.virginiamedicaid.dmas.virginia.gov	
status, payment		
status, service		
limits, service		
authorization		
status, and		
remittance advice.		

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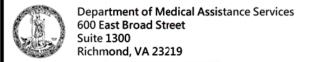
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Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
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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	www.MagellanHealth.com/Provider
Services	For credentialing and behavioral health service
Administrator,	information, visit:
check eligibility,	www.magellanofvirginia.com, email:
claim status,	VAProviderQuestions@MagellanHealth.com,or
service limits, and	call: 1-800-424-4046
service	
authorizations for	
fee-for-service	
members.	
Provider	
HELPLINE	
Monday-Friday	
8:00 a.m5:00	1-804-786-6273
p.m. For provider	1-800-552-8627
use only, have Medicaid Provider	
ID Number	
available.	
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Aetna Better	aetnabetterhealth.com/virginia
Health of Virginia	1-800-279-1878



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Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)