**Department of Medical Assistance Services**
600 East Broad Street
Suite 1300
Richmond, VA 23219
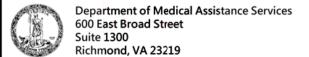
https://dmas.virginia.gov
# MEDICAID MEMO

**Last Updated: 07/14/2022**

# Updates to Chapter V of the Physician/Practitioner Manual

The purpose of this memorandum is to notify providers of changes to Chapter V of all Department of Medical Assistance Services (DMAS) Physician/Practitioner Provider Manual. In addition to changes made to update language for clarity purposes, the following changes have been made to Chapter V:

- DMAS has updated information and requirements for Medicaid billing to align with the new Medicaid Enterprise System (MES)
- DMAS has added the requirement that providers must use a valid provider taxonomy code as part of the claims submission process.
- Instructions for completion of the CMS 1500 billing form have been updated to include instructions for including a provider taxonomy code.

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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. | https://vamedicaid.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/ |

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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.

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|---|---|
| **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**<br>Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members. | www.MagellanHealth.com/Provider<br>For credentialing and behavioral health service information, visit:<br>www.magellanofvirginia.com, email:<br>VAProviderQuestions@MagellanHealth.com,or<br>Call: 1-800-424-4046 |
| **Provider HELPLINE**<br>Monday–Friday 8:00 a.m.-5:00 p.m.  For provider use only, have Medicaid Provider ID Number available. | 1-804-786-6273<br>1-800-552-8627 |
| Aetna Better Health of Virginia | www.aetnabetterhealth.com/Virginia<br> 1-800-279-1878 |
| Anthem HealthKeepers Plus | www.anthem.com/vamedicaid<br>1-800-901-0020 |
| Molina Complete Care | 1-800-424-4524 (CCC+)<br>1-800-424-4518 (M4) |
| Optima Family Care | 1-800-881-2166 www.optimahealth.com/medicaid |
| United Healthcare | www.Uhccommunityplan.com/VA<br>and www.myuhc.com/communityplan<br>1-844-752-9434, TTY 711 |
| Virginia Premier | 1-800-727-7536 (TTY: 711), www.virginiapremier.com |