



Last Updated: 07/15/2022

## Patient Driven Payment Model (PDPM) Data Collection

The purpose of this memo is to notify providers about changes to the item set fields required to be completed for the minimum data set (MDS) assessment submissions, effective immediately. DMAS will require the completion and submission of specific MDS fields associated with PDPM on all stand-alone Omnibus Budget Reconciliation Act (OBRA) nursing home comprehensive (NC) and quarterly (NQ) assessment submissions. These additional fields are located in Sections GG (Functional Abilities and Goals), I (Active Diagnoses) and J (Health Conditions). DMAS will use the PDPM information collected on the MDS to evaluate the viability of the PDPM classification system for potential Medicaid reimbursement in the future. DMAS currently uses the resource grouping utilization "RUG-IV Grouper 48 codes" to reimburse Medicaid Fee-For-Service claims. This new framework will allow DMAS to generate a side-by-side comparison between the existing RUG-IV Grouper 48 codes and the new PDPM codes concurrently to understand the variance. PDPM data will only be used for informational purposes, and will not impact Medicaid reimbursement. DMAS will continue to use RUG-IV Grouper 48 to reimburse Medicaid Fee-For-Service claims.

MDS item set fields necessary for PDPM and RUG IV resident classification are available on both the standard NC and NQ MDS item sets. Therefore, providers will not need to file an Optional State Assessment (OSA) at this time. Please consult with your information technology department for any software changes needed to accommodate this requirement.

For MDS 3.0 Technical Information, please visit

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation>

For technical questions, please email Diana Marsh at [diana.marsh@vdh.virginia.gov](mailto:diana.marsh@vdh.virginia.gov).

For reimbursement questions, please email [NFPayment@dmas.virginia.gov](mailto:NFPayment@dmas.virginia.gov).

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<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>
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# MEDICAID MEMO

<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Managed Care Programs</b> 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.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>



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<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> <a href="#">For credentialing and behavioral health service information, visit:</a> <a href="http://www.magellanoofvirginia.com">www.magellanoofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or call: 1-800-424-4046
<b>Provider HELPLINE</b> 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	<a href="http://aetnabetterhealth.com/virginia">aetnabetterhealth.com/virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Magellan Complete Care of Virginia	<a href="http://www.MCCofVA.com">www.MCCofVA.com</a> 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	<a href="http://Uhccommunityplan.com/VA">Uhccommunityplan.com/VA</a> and <a href="http://myuhc.com/communityplan">myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)