MEDICAID MEMO

Last Updated: 11/25/2024

Updates to Chapter 5 of the Hospital Manual

The purpose of this memorandum is to inform hospital providers of updated language regarding readmission billing. Claims for a patient who is discharged from a facility and readmitted within 6-30 days from date of discharge to the same facility within the same or similar principal diagnosis (locator code 67 on the UB-04) will be considered as a readmission subject to reimbursement reduction. The discharge on the first admission must occur on or after July 1, 2020. A diagnosis is considered same or similar if the first three digits on the diagnosis are the same.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the MCO Provider Network Resources webpage and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

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

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

Cardinal Care Managed Care 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.

Cardinal Care https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/ **Managed Care**

PACE Program of All-inclusive Care (virginia.gov)

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373 **Provider Enrollment**

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider HELPLINE

Monday-Friday 8:00

a.m.-5:00 p.m. For 1-804-786-6273 provider use only, have 1-800-552-8627

Medicaid Provider ID Number available.

Aetna Better Health https://www.aetnabetterhealth.com/virginia/providers/index.html

of Virginia 1-800-279-1878

Anthem http://www.anthem.com/

HealthKeepers Plus 1-800-901-0020 **Molina Complete Care** 1-800-424-4524

https://www.molinahealthcare.com/providers/va/medicaid/home.aspx 1-800-881-2166 https://www.sentarahealthplans.com/providers

Sentara Community

Plan

United Healthcare www.uhcprovider.com/

> 1-844-284-0149 1-888-912-3456

Dental Provider

DentaOuest

Fee-for-Service (POS) https://www.virginiamedicaidpharmacyservices.com/

Prime Therapeutics 1-800-424-4046

Acentra Health https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900

Behavioral Health and

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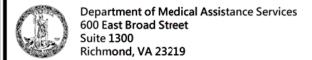
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