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MEDICAID MEMO

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Retirement of Appendices D and E from the Pharmacy Provider Manual

The purpose of this memo is to notify providers of the retirement of Chapter 8 “Appendix D: Preferred Drug List / Common Core Formulary Changes, and Drug Utilization Review Board Service Authorization Changes” and Chapter 9 “Appendix E: DMAS 90 Day Supply List” from the Pharmacy manual. This update is to remove redundancies and ensure the most up-to-date Pharmacy resource information is readily available.

All available information from Appendix D: Preferred Drug List / Common Core Formulary Changes, and Drug Utilization Review Board Service Authorization Changes can be found in the posted Pharmacy Manual Chapter 4: Covered Services and Limitations within the Preferred Drug List Program section or the Service Authorization (SA) Process section respectively. The Preferred Drug List / Common Core Formulary information can be accessed at: https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list/ and is updated quarterly upon conclusion of the Pharmacy and Therapeutics Committee meeting. The Drug Utilization Review Board Service Authorization information can be accessed at: https://www.virginiamedicaidpharmacyservices.com/provider/authorizations/ and is updated quarterly upon conclusion of the Drug Utilization Board meeting. Finally, the summary of the Formulary and Service Authorizations changes is disseminated quarterly through a Medicaid Bulletin.

Information previously from Appendix E: DMAS 90 Day Supply List can be found in the posted Pharmacy Manual Chapter 4: Covered Services and Limitations within the Days’ Supply Limitations section. This includes a website link to the list accessed at: https://www.virginiamedicaidpharmacyservices.com/provider/documents/.

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/

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 Managed Care	https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/
PACE	Program of All-inclusive Care (virginia.gov)
Provider Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
Provider HELPLINE 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	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878
Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Molina Complete Care	1-800-424-4518 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0149

Dental Provider DentaQuest	1-888-912-3456
Fee-for-Service (POS) Prime Therapeutics	https://www.virginiamedicaidpharmacyservices.com/ 1-800-932-6648
Acentra Health Behavioral Health and Medical Service Authorizations	https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900
Humana Healthy Horizons Provider Services Call Center	1-844-881-4482 (TTY: 711) https://provider.humana.com/medicaid/virginia-medicaid