VIRGINIA
RURAL HEALTH CLINIC SUMMIT

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http://www.dmas.virginia.gov
Changes to Emergency Medical Certification Process for Non-Resident Aliens

- Reference 06/24/2022 Medicaid Bulletin
- Effective for dates of service on or after July 1, 2022, medical records and Emergency Medical Certification forms will no longer be required
- Providers will submit claims for individuals enrolled with Aid Categories 112 and 113 directly to Conduent, DMAS fiscal agent
- Only services meeting emergency medical criteria will be considered for payment
Expanded Coverage of Preventative Services Available to Medicaid Adults

- Reference 09/21/2022 Medicaid Bulletin
- Effective July 1, 2022 Medicaid will provide coverage for evidence-based, preventive services to full-benefit, Medicaid adult populations
- The preventative services include adult wellness exams, preventative screenings and immunizations
Expanded Coverage of Preventative Services Available to Medicaid Adults, cont’d.

- Coverage will be provided for the following types of preventative services:
  - Adult wellness exams
  - Individual and group smoking cessation and alcohol counseling’
  - Vaccines including tetanus and diphtheria, shingles, hepatitis A and B, influenza and human papilloma virus
  - Mammography, prostate and other cancer screenings
  - Sexually transmitted diseases screenings
  - Depression screenings
  - Type 2 diabetes screenings; and
  - Blood pressure and cholesterol screenings
Notice of Award RFP: Service Authorization and Specialty Services Contract

- Reference 04/10/2023 Medicaid Bulletin
- DMAS awarded the new Service Authorization and Specialty Services Contract for Medicaid fee-for-service (FFS) behavioral health and medical service authorization (SA) processing to Keystone Peer Review Organization, Inc. (Kepro).
- The contract included processing for behavioral health and medical service authorizations and registrations, currently conducted through Magellan Behavioral Health Services Administrator (BHSA) and Kepro contracts.
BHSA Changes Due to Magellan Contract Ending

- Reference 05/18/2023 Medicaid Bulletin
- The Magellan of Virginia BHSA contract will cease DMAS operations on October 31, 2023 upon close of business
- Magellan of Virginia BHSA will no longer process claims or service authorizations after that date
- All FFS behavioral health claims submitted on or after November 1, 2023 will be processed through the Medicaid Enterprise System
Public Health Emergency Ends on May 11, 2023

- Reference Medicaid Bulletin 02/16/2023
- Centers for Medicare and Medicaid Services (CMS) has announced that the COVID-19 public health emergency (PHE) will end on May 11, 2023
- A number of flexibilities that started during the PHE will remain in effect permanently in Virginia
Provider Flexibilities

- Reference 04/10/2023 Medicaid Bulletin
- The provider flexibilities that DMAS put in place during the public health emergency (PHE) were not affected by the federal legislation
- Secretary of Health and Human Services announced the end date of the PHE
- Bulletin includes a link on the full list of flexibilities and their end dates
Provider Flexibilities Remaining in Virginia

- Telehealth is permitted for many practice areas and telehealth supplements that provide guidance are attached to the following manuals:
  - ARTS
  - Mental Health
  - Psychiatric Services
  - Physician/Practitioner
  - Home Health
  - Early Intervention
  - Rehabilitation
Provider Flexibilities, cont’d.

- Electronic signatures are now permitted as described in Chapter II of the Medicaid manuals
- Pharmacy: 90-day supply for many drugs
- No co-payments for Medicaid and FAMIS members
End of Continuous Services and Provider Flexibilities

- Reference: 01/09/2023 Medicaid Bulletin
- Federal legislation signed into law mandates the continuous coverage requirement which prevented state Medicaid agencies from reducing or ending Medicaid or FAMIS coverage regardless of changes in an individual’s circumstances will end on March 31, 2023
- On April 1, 2023, DMAS will begin conducting eligibility determinations and renewals for all Medicaid and FAMIS members
- DMAS will have 9 – 14 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMIS coverage
Unwinding: Return to Normal Enrollment

- Starting March 2023, Virginia will begin reviewing members health coverage to make sure they still qualify
- There will be no closures prior to April 2023
- Virginia Medicaid is working with community partners, advocates and members to ensure that eligible Virginians keep getting high quality health care coverage
Member Updates

- To make sure our members receive important paperwork, we will need their up-to-date mailing addresses and phone numbers.

- Members can make updates –
  - Online at commonhelp.virginia.gov, or
  - By calling Cover Virginia at 1-855-242-8282,
  - By calling their Local Department of Social Services
  - By contacting your Managed Care Organization (MCO, or “health plan”)
End of Continuous Coverage

- An individual’s failure to respond to communications about their Medicaid or FAMIS eligibility could result in their coverage ending
- Providers are encouraged to ensure their clients to complete important communications regarding eligibility redeterminations
- Providers should always verify the client’s Medicaid eligibility for each visit
Medicaid Eligibility – Renewal Process

- Reference – 03/28/2023 Medicaid Bulletin
- Renewal dates are grouped according to the date of the member’s last renewal
  - Chart with date spans included
- If a member does not know their renewal date –
  - They can call their local Department of Social Services (link to identify that office: https://www.dss.virginia.gov/localagency/index.cgi
Additional Health Care Options

- If members do not meet qualifications for full benefits through Medicaid or FAMIS, or cannot afford Marketplace coverage, please know that people who are uninsured can get health care services at Virginia’s Free and Charitable Health Clinics and Virginia Community Health Centers.
Member Loss of Coverage

If a member no longer qualifies for health coverage from Virginia Medicaid, they will get:

- Notice of when the Medicaid coverage will end,
- Information on how to file an appeal if the member thinks our decision was incorrect, and
- A referral to the Health Insurance Marketplace and information about buying other health care coverage.
Return to Normal Enrollment - Link

Provider Services Solution (PRSS)

- Provider Services Solution (PRSS) module responsible for all information on all enrolled providers functions.
  - Gainwell is the DMAS Contractor for Enrollment Services
  - PRSS Provider Portal Helpline 888-829-5373
  - Utilizing the PRSS Portal, providers can -
    • Create PRSS Portal on-line account
    • Enroll and revalidate enrollment
    • Make changes to personal or business information
    • Check Medicaid Member eligibility and claim status
MES Information

- Providers will log into MES Portal and follow the links to MMIS to search and submit claims
- Providers will log into MES to view and confirm taxonomy codes
- Taxonomy lists are now available on the MES Public Portal –
Paper remittance advice is available as a pdf that may be downloaded from the PRSS Provider Portal - registration is required

Provider Manuals, Memos and Bulletins are available on the MES Public Portal

Click on “Providers” at the top of the MES Public page
MES Billing Requirements

- All claims submitted to DMAS on or after March 25, 2022 will require taxonomy codes regardless of the date of service
- The taxonomy code is a required field on paper, Direct Data Entry (DDE), and electronic claims
- Servicing Provider Taxonomy code billed must match provider DMAS enrollment data
  - DMAS will only accept the following Group Practice NPI taxonomy codes
    - 193200000X - Multi-Specialty
    - 193400000X - Single Specialty
- Correct taxonomy code must be submitted or the claim will deny
Medicaid Enterprise System (MES) Questions

- Please direct all questions regarding MES and the transition to –

askmes@dmas.virginia.gov
DMAS Procedure Fee File & CPT Codes

- Available on the DMAS website
  - [https://www.dmas.virginia.gov/](https://www.dmas.virginia.gov/)
  - Providers can –
    - Access DMAS rates for procedures
    - Identify procedures requiring mandatory service authorization
    - Identify procedures not covered by DMAS
DMAS Medallion 4 and CCC-Plus

- Questions for Medicaid Members enrolled in the MCO Plans should be submitted to the assigned plan and the program email address:
  - Medallion 4
    - managedcarehelp@dmas.virginia.gov
  - CCC-Plus
    - cccplus@dmas.Virginia.gov
Cardinal Care Transition

- The Virginia Department of Medical Assistance Services (DMAS) is transitioning to Cardinal Care, a unifying brand encompassing all health coverage programs for Medicaid members.

- Cardinal Care will combine Virginia’s two existing manage care programs – Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC-Plus) to create a single identity for all members receiving services through Medicaid health plan partners.
Cardinal Care Transition

- The overarching brand and program alignment also includes fee-for-service Medicaid members, ensuring smoother transitions for individuals whose health care needs evolve over time.
- The Virginia Medicaid agency launched Cardinal Care on January 1, 2023.
- The single contract that will govern Virginia’s unified managed care program is pending approval by Centers for Medicare and Medicaid Services (CMS), and is expected to replace the separate contracts for Medallion 4.0 and CCC Plus later in 2023.
Cardinal Care Transition – What to Expect

- New brand was utilized on Medicaid ID cards and MCO ID cards issued since January 2023

- Fee-for-Service
  - The blue-and-white Medicaid ID cards will still be valid
  - Both the old and new cards will enable claims processing
  - New Cardinal Care Plan First ID cards will clearly reflect the program’s limited benefits coverage
Cardinal Care Transition – What to Expect

- Managed Care
  - Managed Care health plans will revise ID cards to replace Medallion and CCC Plus program names with the Cardinal logo
    - The new cards were active beginning January 1, 2023
  - Medicaid Enterprise System (MES) Automated Response System (ARS) – Managed Care Assignment
    - Medallion 4 (MED4) and CCC Plus (CCCP) references have been updated to reflect new MCO Medicaid indicator (XIX MCO)
Cardinal Care Transition – Additional Info

- Cardinal Care Fact Sheet

- Cardinal Care Presentation – an overview for providers and stakeholders
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