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PROVIDER MANUAL UPDATE

TO: All Personal Care and Respite Care Providers, Companion Care Providers, Services Facilitation Providers, and Managed Care Organizations Participating in the Commonwealth Coordinated Care Plus Waiver and EPSDT Programs

FROM: Jennifer S. Lee, M.D., Director   **DATE:** 8/21/2019
Department of Medical Assistance Services (DMAS)

SUBJECT: Updates to CCC Plus Waiver and EPSDT Personal Care Services Provider Manuals– Billing Instructions for Electronic Visit Verification (EVV)

The purpose of this update is to notify providers of changes to Chapter V of the *CCC Plus Waiver* and the *EPSDT* Supplement B (Personal Care Services) provider manuals. These revisions are outlined below.

Chapter V – Billing Instructions

These updates instruct providers how to bill for EVV services under fee-for-service.

All providers submitting procedure codes associated with EVV must submit electronic EDI claims in the 837-P X12 standard. Should a provider submit claims for these services on paper, or via DDE, the claim will deny. Additional and specific information is provided in this manual update.

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Medicaid Expansion Eligibility Verification

Medicaid coverage for the new adult group begins January 1, 2019. Providers may use the Virginia Medicaid Web Portal and the Medicall audio response systems to verify Medicaid eligibility and managed care enrollment, including for the new adult group. In the Virginia Medicaid Web Portal, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the "MED4" (Medallion 4.0) or "CCCP" (CCC Plus) managed care enrollment segment. Additional Medicaid expansion resources for providers are available on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.

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.	www.virginiamedicaid.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://providerportal.kepro.com
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and the 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.	
Medallion 4.0 Managed Care Program	http://www.dmas.virginia.gov/#/med4
CCC Plus Managed Care Program	http://www.dmas.virginia.gov/#/cccplus
PACE Program	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or call: 1-800-424-4046
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