

Hospitalized at Time of MCO Enrollment

MEDICAID

Medicaid recipients who are hospitalized under fee-for-service at the time of initial enrollment in the Medallion II (Medicaid MCO) program are disenrolled from the MCO upon notification to DMAS by the admitting hospital or the MCO. These individuals are covered by DMAS fee-for-service until they are discharged from the hospital; providers are required to follow DMAS coverage criteria and reimbursement guidelines. Generally, these individuals will be enrolled in the MCO on the first day of the next month after discharge. In order for DMAS to handle MCO disenrollments timely, **hospitals must notify the DMAS Managed Care Unit monthly of any Medicaid individuals who are hospitalized overnight on the last day of each month by sending the "Report of Overnight Medicaid or MCO/Medicaid Patients on Last Day of the Month" form by fax to 804-786-5799.** Questions can be sent to managedcarehelp@dmas.virginia.gov. Please do not send protected health information via unencrypted email.

For Medicaid recipients who are enrolled with a DMAS contracted MCO at the time of admission, where the MCO contracts with the hospital on a DRG basis, the MCO is responsible for the full DRG (admission to discharge) – in accordance with the MCO coverage criteria and reimbursement guidelines. Where the MCO and hospital have a per-diem based reimbursement contract, the MCO covers the hospitalization for the dates in which the individual is enrolled with the MCO.

FAMIS

FAMIS/FAMIS MOMS recipients who are hospitalized under FAMIS fee-for-service at the time of initial enrollment into a FAMIS MCO are **NOT** disenrolled from the MCO. For acute care hospital admissions (medical/surgical services), for FAMIS fee-for-service members, DMAS will cover the full DRG from admission to discharge. For inpatient rehabilitation and inpatient psychiatric admissions for individuals who are in FAMIS fee-for-service at the time of admission, DMAS covers the hospitalization from the date of admission until the effective date in the MCO. Where the MCO and hospital have a per-diem based reimbursement contract, the MCO covers the hospitalization for the dates in which the individual is enrolled with the MCO. For fee-for-service coverage, providers are required to follow DMAS coverage criteria and reimbursement guidelines. Similarly, coverage through the MCO follows MCO established criteria/guidelines. Questions can be sent to managedcarehelp@dmas.virginia.gov. Please do not send protected health information via unencrypted email.

For FAMIS recipients who are enrolled with a DMAS contracted MCO at the time of admission, where the MCO contracts with the hospital on a DRG basis, the MCO is responsible for the full DRG (admission to discharge) – in accordance with the MCO coverage criteria and reimbursement guidelines. Where the MCO and hospital have a per-diem based reimbursement contract, the MCO covers the hospitalization for the dates in which the individual is enrolled with the MCO.

