



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID BULLETIN

TO: Professional Services Providers and Medicaid Managed Care Organizations (MCOs)

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

DATE: 6/21/2019

SUBJECT: Professional and Telehealth Services Rate Increases, Effective July 1, 2019

The purpose of this bulletin is to inform providers and Medicaid MCOs of rate increases mandated by the 2019 Acts of Assembly. All rate changes are effective July 1, 2019, and are available on the DMAS website at: <http://www.dmas.virginia.gov/>. Select, "For Providers, Information for Providers, Rate Setting Information," to get the Provider Rate Setting webpage.

Psychiatric Services Rate Increase

In accordance with Item 303.DDDD of the 2019 Acts of Assembly, DMAS increased practitioner rates for psychiatric services to reflect 100% of the 2018 Medicare rates. DMAS created a separate service category for psychiatric services, adjusted rates to reflect changes in relative value units (RVUs) in a budget neutral exercise and increased rates 21%. As a result of the adjustment for changes in RVUs, the actual increase by procedure code varies and reflects 100% of the 2018 Medicare rates. Rates for new services were also increased. This increase affects all providers of these services. In accordance with 12VAC 30-80-30(3), physicians are paid 100% of the Medicaid rate, psychologists are paid 90% of the Medicaid rate and other authorized practitioners are paid 75% of the psychologist rate.

Adult Primary Care and Emergency Department Rate Increases

In accordance with Item 303.CCCC of the 2019 Acts of Assembly, DMAS increased practitioner rates for adult primary care and emergency department services to reflect 70% of the 2018 Medicare rates. DMAS first adjusted rates to reflect changes in RVUs in a budget neutral exercise as described in regulations and then increased adult primary care rates by 5% and rates for emergency department services by 1%. The actual increase by procedure code varies because of the adjustment for changes in RVUs.

Telehealth Rate Increase

In accordance with Item 303.XXX of the 2019 Acts of Assembly, DMAS increased the telehealth originating site facility fee to reflect 100% of the Medicare rate. Effective July 1, 2019, the rate for Healthcare Common Procedure Coding System (HCPCS) code Q3014 is the lesser of the actual charge or \$26.15.

For questions regarding practitioner rates, please contact Taryn Gulkewicz at (804) 786-0037 or email: Taryn.Gulkewicz@dmas.virginia.gov.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, 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 managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

| PROVIDER CONTACT INFORMATION & RESOURCES | |
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| <p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p> | <p>www.virginiamedicaid.dmas.virginia.gov</p> |
| <p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p> | <p>1-800-884-9730 or 1-800-772-9996</p> |
| <p>KEPRO Service authorization information for fee-for-service members.</p> | <p>https://dmas.kepro.com/</p> |
| <p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), 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.</p> | |
| <p>Medallion 4.0</p> | <p>http://www.dmas.virginia.gov/#/med4</p> |
| <p>CCC Plus</p> | <p>http://www.dmas.virginia.gov/#/cccplus</p> |
| <p>PACE</p> | <p>http://www.dmas.virginia.gov/#/longtermprograms</p> |
| <p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p> | <p>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</p> |
| <p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p> | <p>1-804-786-6273 1-800-552-8627</p> |

