

Frequently Asked Questions

Medicaid Expansion and CCC Plus for Providers

1. What is Medicaid Expansion?

Medicaid Expansion allows more Virginia adults to be eligible for low cost, quality health coverage administered by the Department of Medical Assistance Services. Medicaid covers doctor, hospital and emergency services, prescription drugs, medical equipment, behavioral health services, and many other services.

2. Do I have to contract with all of the health plans?

No. You may contract with as many health plans as you choose.

3. How do I contract with a health plan?

You can contract with any or all of the Medicaid managed care health plans by using the contact information below.

Health Plan	Website	Telephone Number
Aetna Better Health of Virginia	www.aetnabetterhealth.com/virginia	1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com	1-855-323-4687
Magellan Complete Care of Virginia	www.MCCofVA.com	1-800-424-4524
Optima Health Community Care	www.optimahealth.com	1-877-865-9075
UnitedHealthcare Community Plan	www.UHCprovider.com	1-877-843-4366
Virginia Premier Elite Plus	www.virginiapremier.com	1-877-719-7358

4. How long does it take to credential with a health plan?

It can take between 90 and 120 days to process an application for credentialing with a health plan.

5. How do members choose a health plan?

Members are encouraged to examine health plan networks and choose a health plan that includes their health care provider. Providers can inform members which health plans they participate with in an effort to maintain relationships with their current patients.

6. How do members change health plans?

Members may change health plans by visiting cccplusva.com or by calling the Enrollment Helpline at 1-844-374-9159 (TTY: 1-800-817-6608). Members can change in the first 90 days of the program or during open enrollment.

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7. What are the differences between CCC Plus members and Medicaid Expansion members?

There are few differences between these two populations. There are four mandatory covered benefits for Medicaid Expansion members that are not mandatory for other members. Those benefits are:

- Annual wellness exams
- Adult immunizations
- Smoking cessation
- Nutritional counseling

8. Will ID cards for Medicaid Expansion members look different from CCC Plus members?

No. The ID cards Medicaid Expansion members receive will look the same as ID cards for CCC Plus members.

9. How can I help a member choose a provider in our practice as their PCP?

You can assist members with selecting a PCP by referring them their health plan's member services department using the telephone numbers below. Please note, the PCP chosen must be a participating provider with the member's health plan for them to choose the provider.

Health Plan	Website	Telephone Number
Aetna Better Health of Virginia	www.aetnabetterhealth.com/virginia	1-855-652-8249
Anthem HealthKeepers Plus	https://mss.anthem.com/va/virginia-home.html	1-855-323-4687
Magellan Complete Care of Virginia	www.MCCofVA.com	1-800-424-4524
Optima Health Community Care	https://www.optimahealth.com/plans/community-care/	1-888-512-3171
UnitedHealthcare Community Plan	www.uhccommunityplan.com/va	1-866-622-7982
Virginia Premier Elite Plus	www.virginiapremier.com	1-877-719-7358

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10. How do I check a member's eligibility?

Providers are encouraged to verify a member's eligibility before providing services. Providers can verify eligibility several ways. Please check on or after the 21st of the current month for eligibility and health enrollment for the following month.

Eligibility Verification and MCO Enrollment	
Automated Response System (ARS) www.viriniamedicaid.dmas.virginia.gov	<ul style="list-style-type: none"> • Web-based Internet option • Available 24/7 free of charge to registered providers • Allows providers to check up to 10 members at a time • Medicaid Expansion will show as "MEDICAID EXP"
MediCall Telephonic System Toll Free 1-800-772-9996 and 1-800-884-9730 Richmond and Surrounding Counties (804) 965-9732 and (804) 965-9733	<ul style="list-style-type: none"> • Telephone audio response system • Available 24/7; free of charge to providers • Caller may check up to three dates of service for each member and inquire on up to three members per call • Medicaid Expansion will be spoken as "Medicaid Expansion"
Electronic Data Interchange (EDI) Eligibility Transaction (270/271)	<ul style="list-style-type: none"> • For Batch 270 transactions submitted by 9:00 p.m., the 271 batch response transactions will normally be available for pickup by 6 a.m. the following business day. Not available on the weekend. • Batch process is limited to 100,000 eligibility requests per Service Center per day • 271 – responds with "MEDICAID EXP" in the R701-ENRL-BENEFIT-PLAN field*

For more information visit: <https://www.viriniamedicaid.dmas.virginia.gov> ; select the "EDI Support" tab, "EDI Companion Guides". Under heading "5010 Companion Guides", select 270/271 Health Insurance Eligibility Request/ Response Verification for Covered Benefits (5010) and "Virginia Department of Medical Assistance Services Companion Guide For 270/271 Batch Health Care Eligibility Inquiry and Response Transactions Version 1.9 Updated 05/25/18".

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A sample screen shot from the **Automated Response System (ARS)** is below. In this example, the individual is in Medallion 4 “MED4” and is a Medicaid Expansion “MEDICAID EXP” member, as shown on line 2 in the plan description area.

Eligibility Inquiry

Service Date From: _____ Service Date To: _____ Confirmation Number: _____

Member Information

Name: _____ Date of Birth: _____ Member ID: _____ Member SSN: _____

Benefit Plan

Plan Description - CoPay Indicator	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
MED4 TIDEWTR - C MEDICAID EXP	01/01/2019 01/01/2019	01/31/2019 01/31/2019	0562425717	VIRGINIA PREMIER HEALTH PLAN, INC.	800-727-7536

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TPL Spans

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
No TPL spans						

Patient Pay Information

Begin Date	End Date	Patient Pay	Status
No patient pay info			

[CoPay Amounts](#)
[Service Limits](#)
[Choose a Different Member](#)