



Department of Medical Assistance Services  
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<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** All Medicaid Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Program

**FROM:** Karen Kimsey, Director  
Department of Medical Assistance Services (DMAS)

**DATE:** 6/30/21

**SUBJECT:** COVID Flexibilities Update – Expiration of State PHE on 6/30/2021

The purpose of this memorandum is to provide an overview of COVID-related Medicaid flexibilities that remain active and those that have expired, including those that will newly expire upon expiration of the State public health emergency declaration (State PHE) on June 30, 2021. A brief description of each flexibility is provided in the COVID Flexibilities section of the Providers page located at: <https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>.

Certain flexibilities are permitted to be in effect only during the federal public health emergency (Federal PHE) and expire on the last day of the calendar quarter in which the Federal emergency period occurs. The Federal PHE was last extended to July 20, 2021, and can be renewed every 90 days by the Secretary of Health Human Services. At the state level, Virginia Executive Orders (EO) 51 and 58 provide flexibilities associated with the State PHE declaration that is set to expire on June 30, 2021.

Pursuant to the expiration of Virginia EO 51 and EO 58, DMAS is required to unwind certain flexibilities, effective June 30, 2021. [See: <https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>]. However, many flexibilities will continue to remain active, as the authority is tied to the Federal PHE that is still in effect or the maintenance of effort (MOE) requirements associated with the Families First Coronavirus Response Act [See: <https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>].

While certain flexibilities are ending when the State PHE expires on June 30, 2021, DMAS will not immediately audit or otherwise enforce DMAS regulatory requirements that go back into effect on July 1, 2021. With respect to these requirements, DMAS will allow providers to transition back to pre-COVID operations for a period of 60 days (August 29, 2021) in order to allow providers appropriate time to revert to normal procedures and policy requirements.

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<b><u>PROVIDER CONTACT INFORMATION &amp; RESOURCES</u></b>	
<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a></p>
<p><b>Medicall (Audio Response System)</b> 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><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> DMAS is launching an appeal portal in late May 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p><a href="https://www.dmas.virginia.gov/#/appealsresources">https://www.dmas.virginia.gov/#/appealsresources</a></p>
<p><b>Managed Care Programs</b> 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><b>Medallion 4.0</b></p>	<p><a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a></p>
<p><b>CCC Plus</b></p>	<p><a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a></p>
<p><b>PACE</b></p>	<p><a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a></p>
<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> <u>For credentialing and behavioral health service information, visit:</u> <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a>, email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> Call: 1-800-424-4046</p>

<p><b>Provider HELPLINE</b>  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>
<p>Aetna Better Health of Virginia</p>	<p><a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a>  1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p><a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a>  1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p><a href="http://www.MCCofVA.com">www.MCCofVA.com</a>  1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a></p>
<p>United Healthcare</p>	<p><a href="http://www.Uhcommunityplan.com/VA">www.Uhcommunityplan.com/VA</a>  and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a>  1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a></p>