



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

<https://dmas.virginia.gov>

MEDICAID BULLETIN

End of Continuous Coverage and Update on Provider Flexibilities

Last Updated: 01/09/2023



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The purpose of this bulletin is to inform providers about important changes that will occur soon due to new federal legislation that was signed into law on December 29, 2022.

End of Continuous Coverage

The continuous coverage requirement, which prevented state Medicaid agencies from reducing or ending Medicaid or FAMIS coverage regardless of changes in an individual's circumstances, will end on March 31, 2023. On April 1, 2023, DMAS will begin conducting eligibility determinations and renewals for all Medicaid and FAMIS members. DMAS will have 12 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMIS coverage.

An individual's failure to respond to communications about their Medicaid or FAMIS eligibility could result in their coverage ending. In order to help prevent this, DMAS asks Medicaid and FAMIS providers to take steps to ensure that their clients do not miss important communications related to their eligibility redeterminations. Individuals can update their contact information by calling Cover Virginia at **1-855-242-8282**, by visiting commonhelp.virginia.gov, by contacting their local [Department of Social Services](#) office, or by contacting their Medicaid/FAMIS Managed Care Organization (MCO).

Providers are also encouraged to use or distribute the member factsheet, FAQs, or flyer that are available in multiple languages at this [link](#).

DMAS will continue its efforts to ensure that the agency has correct contact information for individuals and will continue to work with our partners, stakeholders, providers, and members on this important effort.

Provider Flexibilities

The provider flexibilities that DMAS put in place during the federal public health emergency (PHE) were not affected by the federal legislation. A current list of these flexibilities can be located [here](#).

Once the federal Secretary of Health and Human Services announces the end date for the PHE, DMAS will post information for providers on which flexibilities will end on the last day of the PHE, and which will continue for a limited time after the end of the PHE.



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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>https://vamedicaid.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>Provider Appeals DMAS launched an appeals portal in 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>https://www.dmas.virginia.gov/appeals/</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>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia 1-855-270-2365 1-866-386-7882 (CCC+)</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-833-207-3120 1-833-235-2027 (CCC+)</p>



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Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-643-2273 1-844-374-9159 (CCC+) www.optimahealth.com/medicaid
United Healthcare	www.Uhcommunityplan.com/VA www.myuhc.com/communityplan 1-844-284-0149 1-855-873-3493 (CCC+)
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com