

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES BRAIN INJURY SERVICES CASE MANAGEMENT

5/31/2023

- Please hold off on questions till the end of each speaker's part.
- We have multiple topics to cover.
- Please post your question in chat.
- This training session is being recorded.

Agenda

1. PRSS enrollment process “for newbies” (Michelle Watts-DMAS)
2. PAH functions “for newbies” (Gainwell)
3. Eligibility tracking manual and batch using the 270/271 process (Gainwell)
4. How to identify member MCO’s, benefit plan details (benefit plans for facility, waivers, etc versus FAMIS/FFS and MCO) (HCS Team-Jackie Brown, DMAS)
5. Connect the dots-Member is in FFS or MCO “Where do I send claims and member based correspondence?” (Provider Operations/Gainwell)

New Brain Injury Services Case Management

- Brain Injury Services Case Management is a new case management service designed to support members who have sustained a traumatic brain injury on or after the age of 18 and who meet the medical necessity criteria for the service as defined in a soon to be released provider manual.
- Brain Injury Services Case Management is not part of a Medicaid waiver or specifically affiliated with any set of existing DMAS service systems.
 - DMAS is in the process of designing new services to propose a new waiver benefit for this population.
- Provider enrollment processes through the Medicaid Enterprise System and PRSS module are expected to begin on July 1, 2023
- Please refer to the DMAS Brain Injury Services website [HERE](#) for more details on services including the service specific training dates to be scheduled during May through July of 2023.

Network: Provider Participation Requirements

Build Spec:

- New provider SPECIALTY to be assigned with current PCT 056 (Waiver)
- Enrollment type – Facility/Organization
- Provider Type – Waiver Services (056)
- New specialty = Brain Injury Case Management “841” is pending assignment
- New taxonomy for these services are needed to be assigned to the new specialty
- Acceptable Networks – FFS & MCO

Providers must be “**CARF**” **Accredited** by the Commission on Accreditation of Rehabilitation Facilities (CARF)

Program: Employment and Community Services (ECS)

Service: Service Coordination (SC)

Staff Qualifications

BIS case managers must either hold at least a bachelor's degree in one of the following fields: social work, psychology, sociology, rehabilitation, human services OR be licensed by the Commonwealth as a registered nurse. *(pending public comment)*

- Each staff providing case management services must be certified as a Qualified Brain Injury Services Provider (QBISP) prior to independently delivering billable case management services.
- May also be a Certified Brain Injury Specialist (CBIS) prior to independently delivering billable services

PROVIDER PARTICIPATION REQUIREMENTS

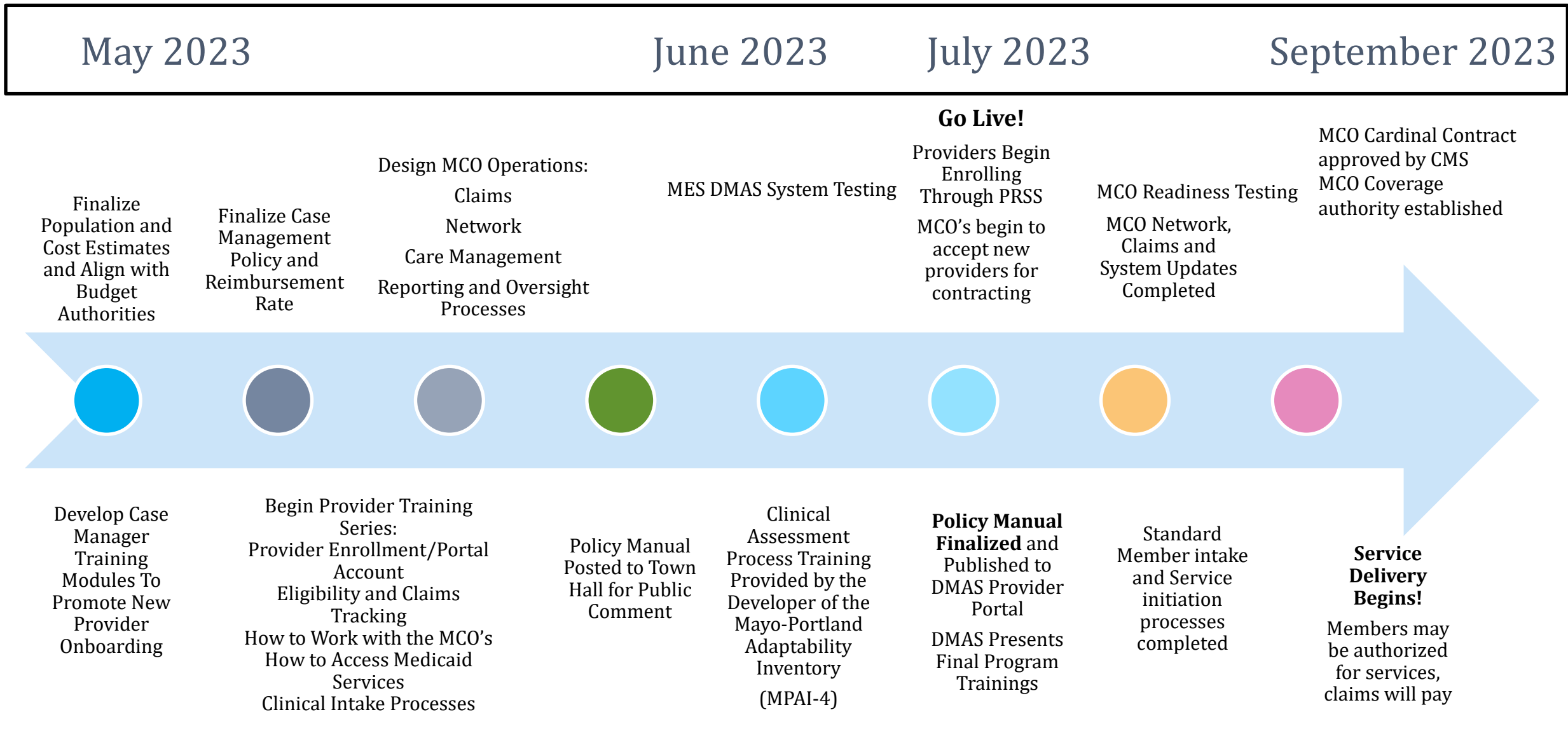
Providers must be “CARF” Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)

Program: Employment and Community Services (ECS)

Service: Service Coordination (SC)

Please send questions about Brain Injury Services to Kay Karmarkar at kshitija.karmarkar@dmas.virginia.gov

Brain Injury Case Management Implementation Timeline





Provider Services Solution (PRSS) Enrollment Process

Access Provider Enrollment Wizard to begin enrollment

<https://virginia.hppcloud.com>



Virginia Department of Medical Assistance Services
Provider Services

Fri May 26, 3:46 PM

English ▾

[Create User Account](#)

[Contact Us](#)

[Login](#)



MENU

Home

Thank you for your interest in becoming a participating provider with one or more programs with the Virginia Department of Medical Assistance Services.

Upon receipt of your complete Provider Enrollment Application and required documentation submission your enrollment application will be processed. You may check the status of your enrollment application once submitted by using the login information that will be supplied to you during the initial enrollment registration process.

If you were trying to access the Provider Portal

[Click Here to Navigate to the Provider Portal](#)

If you need assistance or have any questions please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373 or 804-270-5105 to speak with an Provider Enrollment Specialist.

[Click Here for Additional Instructions for Providers](#)

[DISCLAIMER](#)

[WEBSITE REQUIREMENTS](#)

[PRIVACY POLICY](#)

- Enrollment Type – Facility/Organization
- Provider Type – 056-Waiver Services
- Specialty – 841-Brain Injury Case Management

The screenshot displays the user interface of the Department of Medical Assistance Services Online Provider Enrollment System. At the top, a dark blue navigation bar contains a home icon, a 'MENU' button, and the text 'Provider Enrollment' with a dropdown arrow, followed by 'New Enrollment'. A red arrow points to the 'MENU' button, which has opened a dropdown menu with options: 'New Enrollment', 'Resume/Revalidate Enrollment', 'Enrollment Status', 'Manage Password', 'Manage Email', and 'Cancel Enrollment'. Below the navigation bar, a 'Welcome' message is partially visible. The main heading reads 'Department of Medical Assistance Services Online Provider Enrollment System'. Below this, there is explanatory text about using an enrollment pre-checklist and a 'START' button, which is highlighted with a red arrow. The 'Enrollment Pre-Checklist' section contains a form with the following fields:

- Enrollment Type**: A dropdown menu with 'select a value...'.
- Provider Type**: A dropdown menu with 'select a value...'.
- Specialty**: A dropdown menu with 'select a value...'.
- Tax ID Type**: Radio buttons for 'EIN' and 'SSN'.
- Are you Medicare enrolled?**: Radio buttons for 'Yes' and 'No'.
- I will accept patients in the following programs:**: A dropdown menu with 'select a value...'.

At the bottom right, there are two buttons: 'CLEAR' and 'GENERATE PRE-CHECKLIST'.

REGISTRATION



- ***Required Fields**
 - **Email** – receive communication related to this application and notifications prior to submission
 - **Password** – between 8 and 20 characters, one number, one upper-case, and one lower case letter

Home MENU **Provider Enrollment** ▾ *New Enrollment* ?

Registration Required Fields (*)

Register below to be assigned a unique enrollment Application Tracking Number (ATN). Be sure to write down your password. An email confirmation will be sent with the ATN. If you don't submit your enrollment right away, you can use this ATN and password to resume your enrollment application later.

* Email ?	* Confirm Email ?
<input type="text"/>	<input type="text"/>
* Password ?	* Confirm Password ?
<input type="password"/>	<input type="password"/>
Provider Reference ?	<input type="text"/>



ATN - TRACKING NUMBER

- Emailed during the enrollment process
- Used along with your password to resume application, if necessary, or to check the status after submission

Tracking Number: 0645292627 ?

Print Preview ?

General

Initial Enrollment Information

* Enrollment Type ? ? * P
select a value... se

Provider Information

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

* NPI ?

Are you currently enrolled as a Provider? ?
 Yes No

Were you previously enrolled as a Provider? ?

Registration Complete

Your tracking number is **0645292627**.

An email will be generated and sent to your email address michelle.watts@dmas.virginia.gov with further instructions.

You can now continue with your enrollment application.

OK

Required Fields (*)

New Enrollment Registration Notification



VAMedicaidProviderEnrollment

To

 If there are problems with how this message is displayed, click here to view it in a web browser.
The actual sender of this message is different than the normal sender. Click here to learn more.

Dear Provider,

Congratulations! You have successfully completed your initial registration which will allow you to apply for enrollment with the Virginia Department of Medical Assistance Services within the Virginia Medicaid Web Portal. Below is your Application Tracking Number (ATN) and your user-generated password that has been associated with your enrollment application. Your partially completed enrollment application will remain available to you for completion for 30 days from the date of your last update.

ATN: 1488194915

Password: C*****0

To resume your partially completed enrollment application, access the Virginia Medicaid Provider Portal, using the ATN and Password used at registration, at the website address listed below to make the required updates.

If you have questions regarding this notification, or your enrollment in the Virginia Medicaid Program, please contact the Virginia Medicaid Provider Enrollment Services Helpdesk.

Provider Enrollment Services Helpdesk 8:00 a.m. to 5:00 p.m. ET Monday through Friday	Phone: (804) 270-5105 or (888) 829-5373 Fax: (804) 270-7027 or (888) 335-8476 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
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Sincerely,

Virginia Medicaid Provider Enrollment Services



MENU

Provider Enrollment

General Information

Print Preview



Step 1: General Information - Tracking Number: 0645292627

STEP 1 OF 12

PROGRESS

- 1 General Information
- 2 Specialties
- 3 Service Location
- 4 Addresses
- 5 Organization
- 6 Associations
- 7 Credentials
- 8 Other
- 9 EFT
- 10 Disclosures
- 11 Attachments
- 12 Agreement / Submit

CANCEL

SAVE AND CONTINUE

General

Required Fields (*)

Initial Enrollment Information

* Enrollment Type	* Provider Type	* Effective Date
Facility/ Organization	Waiver Services	05/26/2023

Provider Information



Search

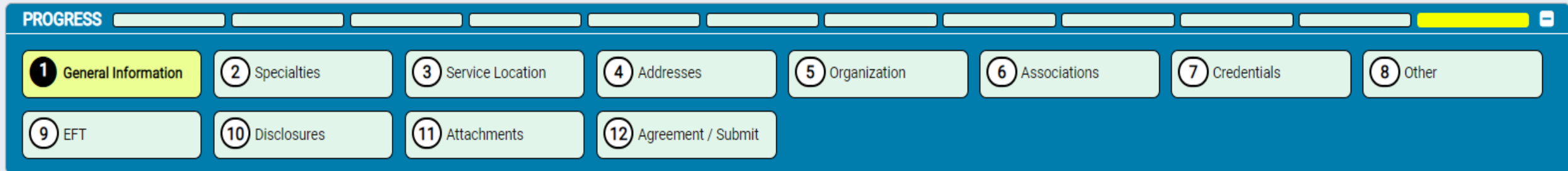


NAVIGATION BAR

- **Progress Bar** – visual of steps completed and how many remaining
- **Module** – tiles display all the enrollment steps relevant to your application

Step 1: General Information - Tracking Number: 0645292627 ?

STEP 1 OF 12



Initial Enrollment Information

* Enrollment Type

select a value...



* Provider Type

select a value...



* Effective Date

05/26/2023



Provider Information

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

* NPI



Are you currently enrolled as a Provider?

 Yes No

Were you previously enrolled as a Provider?

 Yes No

Are you Medicare enrolled?

 Yes No

This provider enrollment application is for the Department of Medical Assistance Services of Virginia program(s). If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations or to provide Dental Services, your enrollment application and supporting documentation will be forwarded to those selected organizations. Please select from program options below:

* I will accept patients in the following programs:



select a value...

FFS only**MCO(s) only****FFS and MCO**

- Selection of “FS and MCO” or “MCO(s) Only” will display additional drop down
- Select the MCO(s) you wish to participate with

below.

* I will accept patients in the following programs: ?

FFS and MCO

* Please select the programs to which you are applying. You must choose at least one. ?

CCC PLUS - OPTIMA HEALTH COMMUNITY CARE × MED 4 - AETNA BETTER HEALTH × | ×

CCC Plus - Aetna Better Health of VA

CCC Plus - HealthKeepers, Inc.

CCC Plus - Molina Complete Care

CCC Plus - Optima Health Community Care

CCC Plus - UnitedHealthcare Community Plan

CCC Plus - Virginia Premier Health Plan Inc

Med 4 - Aetna Better Health

Med 4 - HealthKeepers, Inc.

Contact Information



Title * Last Name * First Name Middle Name Suffix

* Address Line 1 Address Line 2

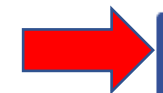
* City * State * Country * ZIP Code/ Postal Code

* Phone Type * Telephone Number Telephone Number Exten... Fax Number

Email Address Confirm Email

* Preferred Communication

CANCEL



SAVE AND CONTINUE



MENU

Provider Enrollment



Specialties

Print Preview



- 1 General Information
- 2 Specialties
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- 8 Provider Type
- 9 Other
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- 12 Attachments
- 13 Agreement / Submit

CANCEL

PREVIOUS

SAVE AND CONTINUE

Specialties

Required Fields (*)

Specialties

The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type

Waiver Services

CREATE NEW



Specialty	Taxonomy	Primary	Effective Date	Edit

- **Must make Specialty primary**
- **Select Specialty and Taxonomy from drop down menu**

Home MENU Provider Enrollment Specialties

Print Preview

1 General Information 2 Specialty 8 Provider Type

9 Other 10 Effective Date

CANCEL

Specialties

Specialties

The provider type selected on this record is: Provider Type

Waiver Services

CREATE NEW

New Specialty

Required Fields (*)

Make Primary ?

* Specialty ? select a value... ▼

* Taxonomy ? select a value... ▼

* Effective Date ?

CANCEL SAVE

Specialty	Taxonomy	Primary	Effective Date	Edit
-----------	----------	---------	----------------	------

Specialties



The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type

Waiver Services

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit
119-Early Intervention Case Management	251B00000X-Case Management	x	05/26/2023	

Additional Taxonomies



Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
----------	------



MENU

Print Preview



1 General Information

2 Specialties

3 Service Location

4 Addresses

5 Organization

6 Credentials

7 Other

8 EFT

9 Disclosures

10 Attachments

11 Agreement / Submit

CANCEL

PREVIOUS

SAVE AND CONTINUE

Attachments

Provider Type

Waiver Services

Specialty

Early Intervention Case Management

Required Attachments

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Early Intervention Attestation	NO
EFT Submission Waiver	NO

Attachment Details



CREATE NEW

- **Transmission Method – Electronic**
- **Attachment Type – Document being uploaded**

Attachment Type	Requirement Met
Early Intervention Attestation	NO
EFT Submission Waiver	NO

New Attachment

* Transmission Method ? * Attachment Type ?

select a value... select a value...

Upload File ?

SELECT FILES...

CANCEL SAVE

Attachment Details

Transmission Method

CREATE NEW



Edit

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Early Intervention Attestation	Yes
EFT Submission Waiver	Yes

Attachment Details

CREATE NEW

Transmission Method	Attachment Type	File Name	Edit
Electronic Only	Early Intervention Attestation	test.docx	
Electronic Only	EFT Submission Waiver	test.docx	

Portal Registration Details



* First Name



* Last Name



* SSN (Last 4 digits)



* Preferred Language



* Email Address



* Confirm Email



* Birth Date



* Mobile Phone Number



Signature



The Provider Agreement is now fully electronic. By selecting the "I Accept" box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.

* I Accept

Title



* Last Name



* First Name



Middle Name



Suffix



Comments



* Verification Email ID



* Confirm Verification Email ID



Provider Portal Registration

From: <[REDACTED]>
Date: Wed, Mar 31, 2021 at 10:44 AM
Subject: MES ICAM Account Creation Confirmed
To: <[REDACTED]>

Hello [REDACTED],

This is to confirm that your request for a VA MES account has been completed successfully.

Please use the below URL and credentials to login to your account:

USERID: [REDACTED]

URL: [REDACTED]

Note: The one time passcode to login to MES ICAM would be sent in a separate email.

Thank You,
DMAS MES Identity, Credential and Access Management Team

This is an auto generated email from DMAS Medicaid Enterprise System, please do not reply to this message. This message is for the designated recipient only and may contain privileged information.

Hello [REDACTED],

This is to confirm that your request for a VA MES account has been completed successfully.

Please use the below one time passcode to login to your account.

Password: [REDACTED]

Thank you,
DMAS MES Identity, Credential and Access Management Team

This is an auto generated email from DMAS Medicaid Enterprise System, please do not reply to this message. This message is for the designated recipient only and may contain privileged information.

Step 3: Service Location - Tracking Number: 1488194915 ?

STEP 3 OF 13

PROGRESS

HELP

Module: ProviderEnrollment

User Guide | How To | Reports | Letters | Search

- References
- Education
- Work History
- Associations
- Credential Information**
- Provider Type Information
- Other
- Disclosures
- Background Check Information
- Fees
- Attachments
- Agreement/Submit
- Enrollment Status

Credential Information

The Credentials page is where you enter all relevant licensure and Medicare participation information. You must be hold a license in good standing in the same state as the location where you will render services. Please confirm all credentials are current before submitting your application as expired credentials will result in denial.

Click on Create New button on each appropriate panel and enter all required information. You may create more than one record in each of the panel following the same process. Edit any entry by clicking on the pencil icon.

HELP

Module: ProviderEnrollment

User Guide | How To | Reports | Letters | Search

- Welcome
- Enrollment Registration
- Enrollment Resume/Revalidate
- General Information
- Specialties
- Addresses**
- Service Location
- Capacity
- Organization
- References
- Education
- Work History
- Associations

Addresses

The wizard supports the entry of different address types. Mail To and Pay To address information is required for enrollment types Individual, Atypical, Group and Facility. Providers enrolling as Individuals within a Group are not prompted for address information because the system will default to the information provided by the group. Ordering, Prescribing and Referring (OPR) enrollments require the Service Location and Mail To addresses only.

The address types give you the option to copy the address and/or contact information from a previous entry. This feature eliminates the need to enter the same information multiple times. If you elect to copy an address and subsequently realize there is an error, un-select the Same As box, return to the original address, make the correction, then select Same As again. You can copy the information from the previous entries only after completing the required fields under the previous address entries.

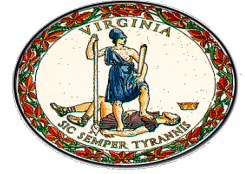
The Informational Mail To information is optional and is used for

Resources

- <https://vamedicaid.dmas.virginia.gov/training/providers>
 - Provider Training Links
 - How to Access MES
 - How to Enroll as a Provider
 - Provider Enrollment Guide
 - PRSS-116 – Facility/Organization Enrollment Overview
 - How to Use the Provider Portal
 - How to Use the MCO Portal

QUESTIONS





IDENTIFYING MEMBER'S ENROLLMENT STATUS IN MMIS

Jacqueline Brown, LPN
Nurse Case Coordinator

Strategic Transition to Managed Care

Two managed care programs

CCC Plus



- Serving older adults and disabled
- Includes Medicaid-Medicare eligible
- 310,224,000 individuals



- Long-term services and supports in the community and facility-based, acute care, pharmacy
- Incorporating community mental health



- Implementation started Aug 2017
- Implemented statewide in January 2018



- Approximately \$30B over 5 years

Medallion 4.0

- Serving infants, children, pregnant women, parents
- 1.2 individuals

- Births, vaccinations, well visits, sick visits, acute care, pharmacy
- Adult dental services, enhanced behavioral health services, inclusive of crisis services, expanded tobacco cessation services and a doula benefit went into effect in 2022.
- Incorporating community mental health
- TPL & Early Intervention is carved into M4.0

- Building on two decades of managed care experience
- Implemented in August 2018

- Estimated \$10B-\$15B over 5 years



How to determine a Member's Enrollment Status:

- **ELIGIBILITY SCREEN:**
 - 1. BENEFIT PLAN**
 - 2. PROVIDER ID**
 - 3. PLAN DESCRIPTION**
 - 4. EXCEPTION INDICATOR**

BENEFIT PLAN



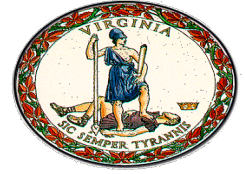
Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0901		01-14-0901 TIDEWT	0247719971	03/01/2021	12 31 9999	00	000	A	03/01/2021
01-01-0100	X	MED COMPLEX	0562427754	02/19/2021	12 31 9999	X	000	A	02/19/2021
01-01-0100		MEDICAID FF	0000000000	01/01/2019	12 31 9999	DF	000	A	11/19/2018
01-43-4901		01-43-4901 TIDEWT	0562427754	01/01/2019	02 28 2021	00	226	A	12/19/2018

14-Indicates members in CCC Plus

43-Indicates members in Medallion 4.0

01-Indicates members in FFS

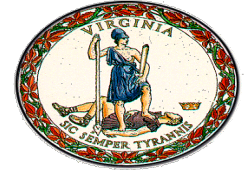
PROVIDER ID



Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-01-0100		MEDICAID FF	0000000000	05/01/2022	12 31 9999	DF	000	A	05/22/2023

0000000000-Fee-for-Service

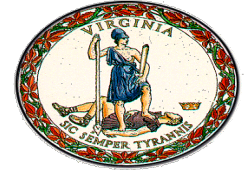
PROVIDER ID



Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-43-4906		MCO NTHWIN	0562425543	07/01/2022	12 31 9999	10	000	A	06/07/2022
01-01-0100		MEDICAID FF	0000000000	05/14/2022	12 31 9999	DF	000	A	05/26/2022
01-43-4906		MCO NTHWIN	0562425972	05/14/2022	06 30 2022	10	215	A	05/26/2022
01-01-0300		MED PREMIUM	0000000000	05/14/2022	05 14 2022	00	097	V	05/26/2022
01-01-0400		MED CO & DE	0000000000	05/14/2022	05 14 2022	00	097	V	05/26/2022

0562425543-Medallion 4.0 Plan: Aetna

PROVIDER ID



Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0901		MCO TIDEW TR	0247726836	03/01/2018	12 31 9999	10	000	A	02/07/2018
01-14-0901		MCO TIDEW TR	0247725432	01/01/2018	02 28 2018	10	613	A	12/19/2017
01-03-0801		XIX TIDEW TR	0047003253	11/01/2014	12 31 2017	00	628	A	04/02/2007
01-03-0801		XIX TIDEW TR	0047000663	04/01/2007	10 31 2014	00	232	A	04/02/2007
01-03-0801		XIX TIDEW TR	004700066	09/01/2005	03 31 2007	00	031	A	04/02/2007
01-01-0100		MEDICAID FF	0000000000	08/01/2005	12 31 9999	DF	000	A	07/12/2005
01-01-0300		MED PREMIUM	0000000000	08/01/2005	08 01 2005	00	097	V	07/12/2005

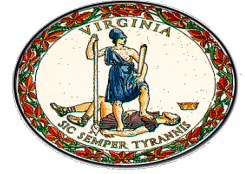
0247726836-CCC Plus Plan: Anthem

PLAN DESCRIPTION



Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
07-43-4901		FAMIS TIDW	0575325995	12/01/2022	12 31 9999	00	000	A	11/19/2022
07-01-0100		FAMIS FFS	0000000000	06/06/2022	12 31 9999	DF	000	A	11/04/2022
07-43-4901		FAMIS TIDW	0575325995	06/06/2022	08 31 2022	00	097	A	11/04/2022

FAMIS TIDW-FAMIS Tidewater Region

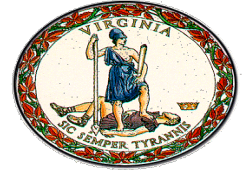


EXCEPTION INDICATOR

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0901		MCO TIDEWTR	0247719971	01/01/2023	02 28 2023	88	097	A	01/31/2023
01-01-0100	9	CCC PLUS	0000000000	12/16/2022	02 28 2023	88	097	A	01/31/2023
01-43-4901		MCO TIDEWTR	0562427754	11/01/2022	12 31 2022	10	488	A	10/18/2022
01-01-0100		MEDICAID FF	0000000000	09/01/2022	02 28 2023	DF	097	A	10/05/2022
01-01-0300		MED PREMIUM	0000000000	09/01/2022	09 01 2022	00	097	V	10/05/2022
01-01-0400		MED CO & DE	0000000000	09/01/2022	09 01 2022	00	097	V	10/05/2022

9-Aged Waiver

EXCEPTION INDICATOR



Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-01-0100	9	CCC PLUS	0000000000	04/28/2023	12 31 9999	03	000	V	05/11/2023
01-43-4906		MCO NTHWIN	0562425972	10/01/2022	05 31 2023	00	488	V	05/11/2023
01-14-0906		MCO NTHWIN	0247726836	09/01/2022	09 30 2022	10	627	V	05/11/2023
01-01-0100		MEDICAID FF	0000000000	08/01/2022	12 31 9999	DF	000	V	05/11/2023
01-01-0100	EI	EI	1184823155	08/01/2022	01 12 2024	00	320	V	05/11/2023
01-01-0100	L	XIX LS HOSP	1689656183	08/01/2022	09 01 2022	86	403	V	05/11/2023
01-14-0906		MCO NTHWIN	0247725432	08/01/2022	08 31 2022	10	613	V	05/11/2023

L-Long Stay Hospital

EXCEPTION INDICATOR



Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-43-4906		MCO NTHWIN	0562425972	02/01/2023	05 31 2023	88	097	A	04/25/2023
01-14-0906		MCO NTHWIN	0247726836	12/01/2022	12 31 2022	10	627	A	10/27/2022
01-14-0906		MCO NTHWIN	0247726836	11/01/2022	11 30 2022	10	613	A	10/19/2022
01-43-4906		MCO NTHWIN	0562425972	11/01/2022	11 01 2022	10	488	V	10/13/2022
01-01-0100	1	XIX ICF	1902347420	08/25/2022	12 31 9999	00	000	V	10/03/2022
01-01-0100	1	XIX ICF	1902347420	08/25/2022	11 01 2022	00	403	A	10/13/2022
01-01-0100	1	XIX ICF	1023526472	08/11/2022	08 15 2022	00	403	A	02/16/2023

1-Intermediate Care Facility

Medallion 4.0 MCOs



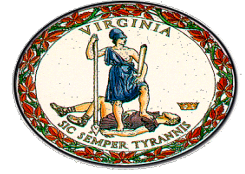
MCO Name	MCO Number
AETNA BETTER HEALTH	0562425543
ANTHEM HEALTHKEEPERS	0562425972
OPTIMA HEALTH PLAN	0562427754
MOLINA COMPLETE CARE	0575325995
UNITED HEALTHCARE	0575326118



CCC Plus MCOs



MCO Name	MCO Number
MOLINA COMPLETE CARE	0247725432
UNITED HEALTH CARE	0247725788
AETNA-COVENTRY HEALTH CARE OF VA	0247726596
ANTHEM HEALTHKEPPERS	0247726836
OPTIMA	0247719971



Any
Questions

A large, stylized graphic consisting of a blue, cloud-like shape with a white question mark inside a black speech bubble. The word "Any" is written in white, and "Questions" is written in a large, bold, green font with a blue outline.