



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
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<http://www.dmas.virginia.gov>

# MEDICAID PROVIDER MANUAL UPDATE

**TO:** All Behavioral Health Psychiatric Service Providers

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

**MEMO:** Update

**DATE:** 8/22/18

**SUBJECT:** Update to the Psychiatric Services Provider Manual

The purpose of this memorandum is to notify providers of changes related to the *Psychiatric Services Provider Manual*.

The *Psychiatric Services Provider Manual* has been updated to:

- Include information that was previously contained in the Mental Health Clinic Manual. Effective August 1, 2018, the *Mental Health Clinic Provider Manual* will no longer exist as a separate Medicaid manual, but will instead be included as part of the *Psychiatric Services Provider Manual*;
- Remove information related to Treatment Foster Care Case Management. Effective August 1, 2018, Treatment Foster Care Case Management will now be included in the *Community Mental Health Rehabilitative Services (CMHRS) Provider Manual*;
- Remove remaining language regarding residential treatment services as this information is contained in the *Residential Treatment Services Provider Manual*;
- Include information on Medallion 4.0, a new Medicaid Managed Care Program beginning on August 1, 2018; and,
- Include changes related to Virginia Code §54.1-2957(I) which allows nurse practitioners who provide attestation to the Boards of Medicine and Nursing that they have completed the equivalent of at least five years of full time clinical experience to practice without a practice agreement

Please review these changes carefully.

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**MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll

free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

### **MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's 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 prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans can be found on the DMAS website for each program as follows:

- Medallion 4.0:  
<http://www.dmas.virginia.gov/#/med4>
- Commonwealth Coordinated Care Plus (CCC Plus):  
<http://www.dmas.virginia.gov/#/ccplus>
- Program of All-Inclusive Care for the Elderly (PACE)  
<http://www.dmas.virginia.gov/#/longtermprograms>

### **COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long-term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long-term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: <http://www.dmas.virginia.gov/#/ccplus>

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <https://providerportal.kepro.com/Account/Login.aspx?ReturnUrl=%2f>

### **HELPLINE**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273

Richmond area and out-of-state long distance

1-800-552-8627

All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is <http://www.dmas.virginia.gov/#/appealsresources> and the form can be accessed from there by clicking on, “Provider Appeal Request Form.” The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

**PROVIDERS: NEW MEDICARE CARDS ARE COMING**

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1<sup>st</sup>.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

**MEMBERS: NEW MEDICARE CARDS ARE COMING**

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that is unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>

PSYCHIATRIC SERVICES PROVIDER MANUAL  
 REVISION CHART  
 August 22, 2018

*SUMMARY OF REVISIONS*

<b>MANUAL SECTION</b>	<b>MATERIAL REVISED</b>	<b>NEW PAGE NUMBER(S)</b>	<b>REVISED PAGE(S)</b>	<b>REVISION DATE</b>
Appendix C	Appendix C	Entire Section	Appendix C	8/22/2018
Chapter II	Entire Chapter	Entire Chapter	Entire Chapter	8/22/2018
Chapter IV	Entire Chapter	Entire Chapter	Entire Chapter	8/22/2018
Chapter V	Entire Chapter	Entire Chapter	Entire Chapter	8/22/2018
Chapter VI	Entire Chapter	Entire Chapter	Entire Chapter	8/22/2018

FILING INSTRUCTIONS

<b>MANUAL SECTION</b>	<b>DISCARD</b>	<b>INSERT</b>	<b>OTHER INSTRUCTIONS</b>
Appendix C	Old Appendix C	New Appendix C	
Chapter II	Old Chapter II	New Chapter II	
Chapter IV	Old Chapter IV	New Chapter IV	
Chapter V	Old Chapter V	New Chapter V	
Chapter VI	Old Chapter VI	New Chapter VI	