



Department of Medical Assistance Services
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Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID PROVIDER MANUAL UPDATE

TO: All Community Mental Health and Rehabilitation Service Providers and Managed Care Organizations

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services

MEMO: Update

DATE: 8/22/18

SUBJECT: Updates to the Community Mental Health Rehabilitative Services (CMHRS) Provider Manual

The purpose of this memorandum is to notify providers of changes related to the *Community Mental Health Rehabilitative Services (CMHRS) Provider Manual*. The manual contains information on provider qualifications, medical necessity, service requirements, covered services and limitations, documentation requirements, appeals and utilization review for CMHRS, mental health case management and treatment foster care case management.

The CMHRS Provider Manual has been updated to:

- Include information on treatment foster care case management which has previously been included in the *Psychiatric Services Provider Manual*;
- Provide updated information on CMHRS coverage by Medicaid Managed Care Organizations (MCOs) through the Commonwealth Coordinated Care (CCC) Plus (effective January 1, 2018) and Medallion 4.0 (effective August 1, 2018) contracts;
- Clarify that counseling in Intensive In-Home (IIH) and Therapeutic Day Treatment (TDT) services provided by a Licensed Mental Health Professional (LMHP), LMHP-R, LMHP-S or LMHP-RP is a required component of the service. The type of counseling (individual, group and/or family) must be documented in the ISP. Counseling may be provided as an outpatient psychiatric service by a different provider as long as it is documented in the ISP and coordinated by the IIH or TDT provider; and,
- Include the provider responsibility to notify Magellan of Virginia or Medicaid MCO of any member adverse outcomes as clarified in the Magellan of Virginia provider notice dated July 22, 2016 available on the Magellan of Virginia website at <https://www.magellanofvirginia.com/for-providers/communications>.

Please review these changes carefully.

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. 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 or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 4.0 (effective August 1, 2018), 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/#/cccplus>
- 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/#/cccplus>

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. 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 1st.

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>

**CMHRS PROVIDER MANUAL
REVISION CHART
August 22, 2018**

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter 2	Entire Chapter		Entire Chapter	8/22/2018
Chapter 4	Entire Chapter		Entire Chapter	8/22/2018
Chapter 5	Entire Chapter		Entire Chapter	8/22/2018
Chapter 6	Entire Chapter		Entire Chapter	8/22/2018

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter 2	Old Chapter 2	New Chapter 2	
Chapter 4	Old Chapter 4	New Chapter 4	
Chapter 5	Old Chapter 5	New Chapter 5	
Chapter 6	Old Chapter 6	New Chapter 6	