

DMAS EXPANSION

Beginning January 1, 2019, more adults living in Virginia will have access to quality low cost health coverage. Eligibility is based on income, with a single adult making up to \$16,754, or a family of three making up to \$28,677, qualifying for coverage.



Virginians began applying for expanded health coverage on November 1, 2018.

The services available under Expansion are the same services that require service authorization under Medicaid Fee-For-Service (FFS). The wellness services covered under Expansion do not require service authorization through KEPRO.

Providers who currently submit FFS service authorization requests through KEPRO, will also submit Expansion requests through KEPRO. There are no new services under Expansion that require SA through KEPRO.

More information about the new health coverage and eligibility rules is available at www.coverva.org. The CoverVa website includes an eligibility screening tool to help individuals assess whether they may qualify for coverage. Visitors to the website can sign up to receive regular information through email and text about the new coverage and enrollment process. Information is also available by calling 1-855-242-8282. Individuals who are hearing impaired can call 1-888-221-1590.

Expansion members will receive the identical ID card that is sent to current Medicaid members. There will not be an Expansion distinction on the card. Therefore, provider offices will have to check the member's Medicaid eligibility to determine if they are in Expansion or regular Medicaid when entering their cases into Atrezzo.

If a determination on eligibility has not been made, Atrezzo will not allow you to complete your service authorization submission.

When placing a call to KEPRO, the provider must also indicate if the call is for an Expansion member or a regular Medicaid FFS member.

Governor's Access Plan (GAP)

As part of Medicaid Expansion, on January 1, 2019, Virginia Medicaid will offer new health coverage for adults. Most GAP members will be enrolled automatically in this new program.

KEPRO will continue to accept service authorization requests for the GAP members that remain in fee for service. As a reminder, the GAP program will be ending on March 31, 2019. GAP fee for service members will continue using the GAP card for medical and behavioral health care services until March 31, 2019.

If the member has any questions about the new health coverage for adults, or if they need to provide notification of a change in where they live, mailing address, phone number, change of income or health insurance coverage, please contact Cover Virginia GAP Processing Unit at 855-869-8190.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and CCC Plus Waiver

Effective September 1, 2018, individuals under the age of 21, enrolled in the CCC Plus Waiver, must receive personal care, private duty nursing, and assistive technology through the Early Periodic Screening and Diagnostic Treatment (EPSDT) benefit. This change is being made to comply with the Centers for Medicare and Medicaid Services (CMS) requirement that certain Medicaid funded services for individuals under the age of 21 be accessed through the EPSDT benefit in lieu of a 1915 (c) Home and Community Based Services waiver.

Service authorization requests for these services are to be submitted to either the respective Managed Care Organization (MCO) for individuals enrolled in managed care or to KEPRO through the Atrezzo Connect provider portal for individuals enrolled in FFS.

The managed care plans and KEPRO will utilize EPSDT rules and required documentation in authorizing these services.

Medallion 4.0

Medallion 4.0 is Virginia's new Medicaid managed care program. Medallion 4.0 will cover current services and will also coordinate early intervention and non-traditional behavioral health services.

Medallion 4.0 will continue to provide services to over 740,000 Medicaid, FAMIS and FAMIS MOMS eligible members of the following populations: Infants, Low-Income Families with Children (LIFC), Children, Pregnant Women, Foster Care and Adoption Assistance, Teens, Third Party Liability (TPL), Children and Youth with Special Health Care Needs (CYSHCN), Early Intervention (EI).

The Medallion 4.0 Health Plans DMAS contracted with are:

- Aetna Better Health of Virginia
- Anthem HealthKeepers Plus
- Magellan Complete Care of Virginia
- Optima Family Care
- Virginia Premier
- United Healthcare Community Plan

These are the same Health Plans as CCC Plus and are available statewide. Additional information is available on the website at <http://www.dmas.virginia.gov/#/med4>.

Checking Eligibility

With the new Medicaid Expansion roll out throughout the state, most members will be enrolled in one of six MCO plans. Checking eligibility will assure you bill the correct provider the first time you submit a claim, and your claims are paid promptly.

Please access the recorded session on the DMAS Website for information on verifying eligibility.

<https://dmastraining.adobeconnect.com/pk9bsgulxr50/?launcher=false&fcsContent=true&pbMode=normal>

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advice. 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.viriniamedicaid.dmas.virginia.gov.

If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Web Portal 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.

Providers may also access service authorization information including status via KEPRO's Provider Portal, at <http://dmas.kepro.com>.



Training Schedule

Take advantage of KEPRO's online training!

You can participate in our scheduled live online sessions or you can access recorded sessions at your convenience. Go to <https://dmas.kepro.com/content/training.aspx> to access our training sessions.

Training Title	Training Dates
Inpatient (Inpatient Acute, Inpatient Rehab) submission requirements & Atrezzo Provider Portal Navigation	(Tuesday) November 6th, 2018; (Tuesday) December 4th, 2018; (Thursday) January 3rd, 2019 and (Tuesday) February 5th, 2019
Durable Medical Equipment submission requirements & Atrezzo Provider Portal Navigation	(Tuesday) November 13th, 2018; (Tuesday) December 11th, 2018; (Thursday) January 10th, 2019 and (Tuesday) February 12th, 2019
Home Health and Outpatient Rehab submission requirements & Atrezzo Provider Portal Navigation	(Tuesday) November 20th, 2018; (Tuesday) December 18th, 2018; (Thursday) January 8th, 2019 and (Tuesday) February 19th, 2019
Imaging submission requirements & Atrezzo Provider Portal Navigation	(Monday) November 19th, 2018; (Thursday) December 6th, 2018; (Thursday) January 17th, 2019 and (Thursday) February 7th, 2019
Waiver services submission requirements & Atrezzo Provider Portal Navigation	(Thursday) November 15th, 2018; (Thursday) December 13th, 2018; (Tuesday) January 15th, 2019 and (Thursday) February 14th, 2019
MDSM (Medical Devices Services and Maintenance), Prosthetics, Surgical Procedures, Assisted Technology submission requirements & Atrezzo Provider Portal Navigation	(Thursday) November 8th, 2018; (Thursday) December 20th, 2018; (Tuesday) January 22nd, 2019 and (Thursday) February 26th, 2019

Link for webinar session: <http://kepro.adobeconnect.com/rofjjdiuhhw5/>

Audio: 1.866.754.2932

Conference Code: 6815237722

Time: 10:00 AM Eastern

This information applies to all scheduled trainings.

