

MEDICAID EXPANSION



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.

New Forms for Personal/Attendant Care and Supervision Requests

Effective May 1, 2019, DMAS has a new Policy change for children in the Commonwealth Coordinated Care Plus waiver.

For children under the age of 21 who are currently enrolled in, or those seeking new enrollment in to the CCCP Waiver, their personal care and attendant care needs are to be reviewed under the CCCP Waiver benefit, rather than EPSDT. Providers are to submit the personal and attendant care requests to KEPRO via the CCCP waiver service types, 0900 (EDCD) or 0960 (Tech Waiver) utilizing CCCP Waiver rules and forms.

For children who do not have a new or existing waiver enrollment, these services must be submitted under the EPSDT service type 0091, utilizing the EPSDT rules and forms. The following chart helps to identify submission rules.

	Service Type	Personal Care	Attendant Care	Forms for Submission
CCCP Waiver	0900 or 0960	T1019	S5126	Waiver Forms
EPSDT PC/AC	0091	T1019	S5126	EPSDT Forms

Additionally, the DMAS 97 A/B (Personal/Attendant Plan of Care), and the DMAS-100 (Request for Supervision Time under CCCP Waiver) have been revised and are available on the DMAS website under Provider Forms Search. KEPRO will process requests with the old forms through May 31, 2019. On and after June 1, 2019, KEPRO will require the updated forms to be submitted with requests for Personal/Attendant Care Services. If old forms are submitted to KEPRO on/after June 1, 2019, KEPRO will reject the request for the new forms.

Inpatient Substance Abuse Requests Reminder

Members that have been admitted to the Emergency Room with substance abuse disorder should be Service Authorized by the Magellan Health Plan.

Providers requesting an Inpatient stay with a primary ICD-10 diagnosis code ranging from F1- F19 will need to submit the request to Magellan.

If a member is authorized by KEPRO for a medical inpatient stay, but then requires a psychiatric hospital stay including substance abuse disorder, during the admission the provider will need to discharge the member from the medical stay and request an authorization from Magellan.



Training

Pre-recorded service specific trainings are located on dmas.kepro.com under the trainings tab.

<https://dmas.kepro.com/content/training.aspx>

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