

VA INSIDER

Spring Edition

MARCH 2023



Authored by
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A NEW LOOK KEPRO/DMAS WEBSITE

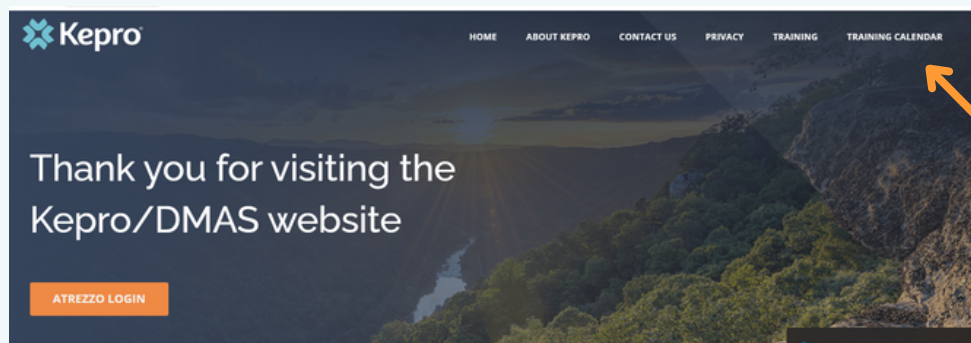
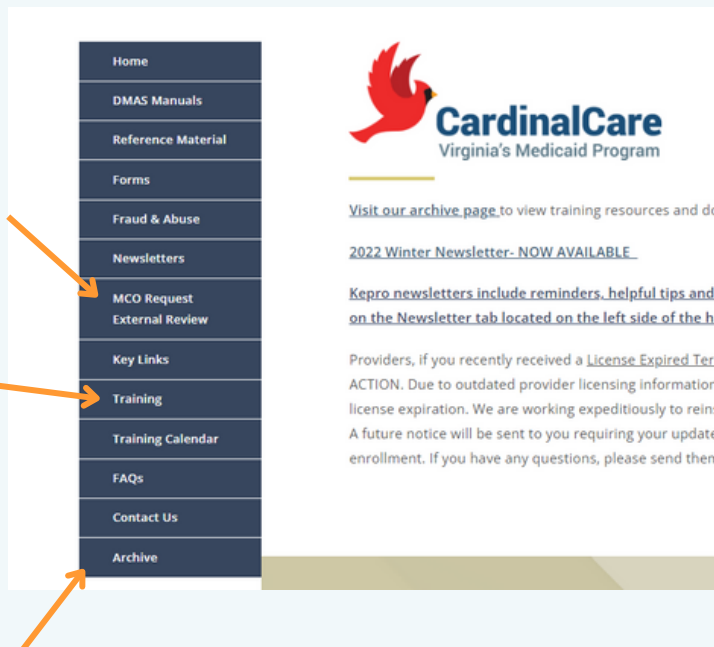
Over the next quarter, we will be updating our website. We encourage you to visit it often to see the ongoing changes.

NEW TABS ADDED

We have added three new tabs to the side navigation making finding the information you are looking for easier — a **Training**, **MCO Request**, and **Archive** tab.

On the top navigation, you will notice there is a **Training Calendar** link now available.

Be sure to check out the new tabs here:
dmas.kepro.com





Virginia Medicaid Prepares for End to Federal Public Health Emergency Virtual Town Hall Meetings and Toolkit and Materials

Unwinding is the member eligibility redetermination - DMAS and DSS have begun the redetermination process for 2 million members (everyone will have a redetermination in the next 12 months). The annual eligibility redeterminations were on hold with the pandemic. We are now performing the annual eligibility redeterminations on all members. This means some members will no longer be eligible for Medicaid and, therefore, no longer eligible for services.

Click on the audience topic for more information and to register.

Town Hall Meetings	Audience
Feb. 28 at 7:30 a.m.	<u>Providers</u>
March 2 at 9 a.m.	<u>Medicaid Programs for Older Adults</u>
March 6 at 12 noon	<u>Housing</u>
March 6 at 6 p.m.	<u>Advocates and Community Leaders</u>
March 7 at 6 p.m.	<u>Home Health Associations</u>
March 13 at 12 noon	<u>Nursing Facilities</u>
March 13 at 6 p.m.	<u>General</u>

It is extremely important for Providers to check eligibility prior to submitting to Kepro. To help you understand the renewal process and educate members, DMAS is hosting seven virtual Town Hall meetings, including our DSS colleagues, that are tailored to specific audience groups. The 1-hour virtual sessions will cover topics such as Medicaid's unwinding background, renewal process plans and partnerships, unwinding communications, outreach and engagement efforts, and more.

See the table on the left for details and links to register for the Town Hall meetings. If you are unable to attend, visit www.coverva.org/en/phe-planning and click on the "Toolkit and Materials" box on the right side of the page to find posters, FAQs, and more about the renewal process in multiple languages. These resources are available to you to educate members about how they can prepare for their Medicaid renewal.

DMAS and Kepro invite all community partners, stakeholders, and members to join DMAS as they share information about how resuming to normal operations will impact members and how Medicaid partners can assist during the transition.



LET'S TALK DENIALS

HOW TO PREVENT SERVICE AUTHORIZATION DENIALS – ALL PROVIDER TYPES

- 1** Always check a Member's eligibility at the time of admission and submit the request to the correct service authorization entity (Kepro or MCO).
To verify eligibility Providers can use:
 - a** DMAS MediCall line at 1-800-772-9996 or 1-800-884-9730 (outside of Richmond), or (804) 965-9732 or (804) 965-9733 for Richmond and the surrounding counties
 - b** Automated Response System (ARS) at www.virginiamedicaid.dmas.virginia.gov
- 2** Submit the request on or before the start of care date. Check the DMAS manual for your service type for additional information.
- 3** Submit any requested additional information by the due date.
Example: Justification for hours requested
Certificate of Medical Necessity
Long-term/Short-term Goals

FOR HOME HEALTH PROVIDERS

- Submit completed Plan of Care
- Submit signed and dated physician order for each service requested
- Submit documentation that a Face to Face was completed.



INPATIENT HOSPITAL PROVIDERS

Submit clinical information with the request.

** Remember that **all** requests must meet timeliness and medical necessity requirements for the service requested.

PROVIDER TRAINING

Pre-recorded service-specific training is located on dmas.kepro.com under the "Training" tab.

[Click the link here](#) to access it directly!

BIRTH INJURY FUND (BIF)

- Please **do not** submit your request to Kepro with procedure codes covered in FULL by BIF or primary insurance. BIF or primary insurance should be billed for these procedure codes.
- Please submit the authorization or denial from BIF or private insurance with your request.

**** Medicaid is the payer of last resort ****