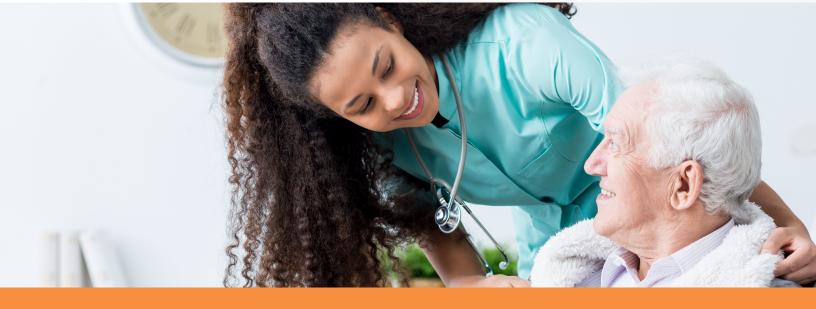


Winter Newsletter 2022

Authors: Kepro DMAS Staff



KEPRO WEBSITE

Please take a moment and visit dmas.kepro.com and experience our website.

KEPRO OFFICE LOCATION

Effective 01/01/2022, the new office location is: 6802 Paragon Place, Suite 440, Richmond, Virginia 23230

PROVIDER INSTRUCTIONS FOR UPDATING EMAIL ADDRESSES IN ATREZZO

- Access Atrezzo Provider portal at atrezzo.kepro.com/Account/Login.aspx
- Hover over the My Account tab and select My Account
 - o Basic demographic information will display

MANAGEMENT

+ My Account MEMBER SEARCH Search for a member using the criteria below

Change Security Question

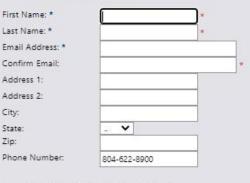
- Review /update email address (Email address should reflect your individual work email address and NOT company/general email address)
 - IF email address needs to be updated, delete current email address displayed and enter new/updated email address, confirm email address then select change profile.

ACCOUNT INFORMATION

ACCOUNT INFORMATION

New Password: Confirm New Password: Change Password

CONTACT INFORMATION



Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

| Fax Number: * | 804-622-8900 | |
|---------------|--|--|
| | denotes required field | |
| | | |
| | and the second | |
| | Change Profile | |



CARDINAL CARE TRANSITION

The Virginia Department of Medical Assistance Services (DMAS) is in the process of planning for a transition to Cardinal Care, a unifying brand encompassing all health coverage programs for Medicaid members. Cardinal Care will combine Virginia's two existing managed care programs – Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) – to create a single identity for all members receiving services through Medicaid health plan partners. The overarching brand and program alignment will also include fee-for-service Medicaid members, ensuring smoother transitions for individuals whose health care needs evolve over time.

If you have questions, please email the Cardinal Care Managed Care contract inbox at <u>ccmccontract@dmas.virginia.gov</u>.

Providers can also contact their managed care health plan for more information. Please find contact information listed for the plans in the right column.

| A Virginia.gov | Cardinal Care MCO Provider Contact Information | | | |
|------------------------------------|---|---|--|--|
| МСО | | Phone/Website | | |
| Aetna Better Health of Virginia | | 1-800-279-1878 www.aetnabetterhealth.com/ virginia/ providers/index.html | | |
| Anthem HealthKeepers Plus | | Medallion - 1-800-901-0020 CCC Plus – 1-855-323-4687 www.anthem.com/ | | |
| Molina Healthcare of Virginia | | 1-800-424-4518 www.molinahealthcare.com/ providers/va/medicaid/home.aspx | | |
| Optima Health | | Medical - 1-800-229-8822 Behavioral Health – 1-800-648-8420 www.optimahealth.com/providers/ provider-support/manuals | | |
| UnitedHealthcare | | Medallion: 1-844-284-0146 CCC Plus: 1-877-843-4366 www.uhcprovider.com/ | | |
| Virginia Premier Health Plan | | 1-800-727-7536 www.virginiapremier.com/providers// medicaid/provider-resources/ | | |

COVID FLEXIBILITIES

The active items in this chart are authorized by the federal public health emergency (PHE) and will remain in place until the end of the federal PHE. The COVID-19 Federal Public Health Emergency has been extended until October 13, 2022.

| Flexibility | Status | Waivers | |
|---|--------|---|--------|
| Suspend all co-payments for Medicaid and FAMIS members. | Active | Reduce quality sampling requirements for waiver services due to limited provider capacity to provide files for desk audit. | Active |
| Telehealth policies – as described in prior Medicaid Memoranda issued on March 19, 2020, May 15, 2020, and September 30, 2020 – including waiver of penalties for HIPAA non-compliance and other privacy requirements. | Active | Allow Therapeutic Consultation activities that do not require direct intervention by the behaviorist to be conducted through telephonic/video- conferencing methods. | Active |
| Electronic signatures will be accepted for visits that are conducted through telehealth. | Active | The timeframes for the submission of the CMS 372 and the evidentiary package(s) will be extended as needed pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports | Active |
| Waivers | | | |
| Members who receive less than one service per month will not be discharged from a HCBS waiver. | Active | due to the circumstances of the pandemic. | |
| Any member with a significant change requesting an increase in | Active | Appeals | |
| support due to changes in medical condition and/or changes in natural supports must have an in-person visit. | | For all appeals filed during the state of emergency, Medicaid members will automatically keep their coverage. | Active |
| Allow legally responsible individuals (parents of children under age 18 and spouses) to provide personal care/personal assistance services for reimbursement. | Active | There will be no financial recovery for continued coverage for appeals filed during the period the emergency. | Active |
| ersonal care, respite, and companion aides hired by an agency hall be permitted to provide services prior to receiving the | Active | Delay scheduling of fair hearings and issuing fair hearing decisions due to an emergency beyond the state's control. | Active |
| standard 40-hour training. Residential providers are permitted to not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals | Active | The state may offer to continue benefits to individuals who are requesting a fair hearing if the request comes later than the date of the action under 42 CFR 431.230. | Active |
| are able to have visitors of their choosing at any time. | | Allows applicants and beneficiaries to have more than 90 days to request a fair hearing for eligibility or fee-for-service appeals. | Active |
| Allow an extension for reassessments and reevaluations for up to one year past the due date. | Active | Modification of the timeframe under 42 C.F.R. §438.408(f)(2) for | |
| Add an electronic method of signing off on required documents such as the person-centered service plan. | Active | enrollees to exercise their appeal rights to allow more than 120 days to request a fair hearing when the initial 120th day deadline for an enrollee occurred during the period of this section 1135 waiver. | Active |
| Allow beneficiaries to receive monthly monitoring when services are furnished on a less than monthly basis. | Active | | |
| The State is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity: Current safeguards authorized in the approved waiver will apply to these entities. | Active | | |



LICENSE EXPIRED NOTIFICATION

Providers, if you recently received a License Expired Termination Notification, you DO NOT NEED TO TAKE ACTION. Due to outdated provider licensing information, some providers did not receive proper notification of license expiration. DMAS is working expeditiously to reinstate all terminated service locations. A future notice will be sent to you requiring your updated licensing information to be submitted for continued enrollment. If you have any questions, please send them to **askmes@dmas.virginia.gov.**

MEMBER ELIGIBILITY AND ENROLLMENT

Continuity of coverage will remain in place for Medicaid members through the end of the federal Public Health Emergency (PHE) and Maintenance of Effort (MOE). No closures or reduction of coverage will be taken on Medicaid enrollments through the end of the federally declared emergency unless a death is reported, an enrollee moves from Virginia permanently, or an enrollee requests closure of coverage. Individuals who become incarcerated must have their coverage reduced to cover inpatient services only.

Federal continuity of coverage requirements do not apply to lawfully residing non-citizen pregnant women or children under age 19. Additionally, the continuity of coverage requirements do not apply for coverage in the Family Access to Medical Insurance Security (FAMIS) or FAMIS MOMS programs Individuals who no longer meet eligibility requirements in the FAMIS or FAMIS MOMS programs will be re-determined and enrolled in other coverage or, if no longer eligible, referred to the Federal Marketplace for coverage options.

Long-term services and supports (LTSS) providers, please note that eligibility workers are unable to process increases in patient pay at this time due to the PHE and MOE.

MES IMPLEMENTATION

As of April 4, 2022, DMAS replaced VAMMIS with Medicaid Enterprise System (MES).

For additional information:

Medicaid Enterprise System Information for Fee-for-Service Providers at <u>www.dmas.virginia.gov/for-</u> providers/medicaid-enterprise-system/fee-forservice-providers/

Medicaid Enterprise System Provider Training at vamedicaid.dmas.virginia.gov/training/providers

Email your Medicaid Enterprise System general questions to <u>AskMES@dmas.virginia.gov</u>.

SUBMITTING REQUEST TIMELY

Please take a moment and review your provider manual for timeliness requirements. All service manuals can be found on the DMAS website. Timely submissions can prevent delays your client receiving the required services.

www.dmas.virginia.gov

PROVIDER ONGOING SUGGESTIONS

Please submit any ongoing suggestions, comments, or recognition to the following email box:

VAproviderissues@kepro.com