



Department of Medical Assistance Services
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<http://www.dmas.virginia.gov>

MEDICAID MEMO

DATE: 6/30/21

TO: All Medicaid Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Program

FROM: Karen Kimsey, Director, Department of Medical Assistance Services (DMAS)

SUBJECT: COVID Flexibilities Update – Expiration of State PHE on 6/30/2021

The purpose of this memorandum is to provide an overview of COVID-related Medicaid flexibilities that remain active and those that have expired, including those that will newly expire upon expiration of the State public health emergency declaration (State PHE) on June 30, 2021. A brief description of each flexibility is provided in the COVID Flexibilities section of the Providers page located at: <https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>.

Certain flexibilities are permitted to be in effect only during the federal public health emergency (Federal PHE) and expire on the last day of the calendar quarter in which the Federal emergency period occurs. The Federal PHE was last extended to July 20, 2021, and can be renewed every 90 days by the Secretary of Health Human Services. At the state level, Virginia Executive Orders (EO) 51 and 58 provide flexibilities associated with the State PHE declaration that is set to expire on June 30, 2021.

Pursuant to the expiration of Virginia EO 51 and EO 58, DMAS is required to unwind certain flexibilities, effective June 30, 2021. [See: <https://dmas.virginia.gov/for-providers/generalinformation/emergency-waivers/>]. However, many flexibilities will continue to remain active, as the authority is tied to the Federal PHE that is still in effect or the maintenance of effort (MOE) requirements associated with the Families First Coronavirus Response Act [See: <https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>].

While certain flexibilities are ending when the State PHE expires on June 30, 2021, DMAS will not immediately audit or otherwise enforce DMAS regulatory requirements that go back into effect on July 1, 2021. With respect to these requirements, DMAS will allow providers to transition back to pre-COVID operations for a period of 60 days (August 29, 2021) in order to allow providers appropriate time to revert to normal procedures and policy requirements.

The following is a list of provider resources and contact information:

Virginia Medicaid Web Portal Automated Response System (ARS)

The Virginia Medicaid Web Portal Automated Response System provides information about Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. The Virginia Medicaid Web Portal Automated Response System can be accessed at www.virginiamedicaid.dmas.virginia.gov

Medicall (Audio Response System)

Medicall provides information about Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. Providers can contact Medicall at 1-800-884-9730 or 1-800-772-9996

KEPRO

KEPRO provides service authorization information for fee-for-service members. For more information, visit <https://dmas.kepro.com/>

Provider Appeals Portal

Providers can use the portal to file appeals and track the status of appeals. Visit <https://www.dmas.virginia.gov/#/appealsresources> for appeal resources and to register for the portal.

Magellan Behavioral Health

Magellan is Medicaid's Behavioral Health Services Administrator. Providers can check eligibility, claim status, service limits, and service authorizations for fee-for service members. Visit www.MagellanHealth.com/Provider for more information. [For credentialing and behavioral health service information, visit: www.magellanofvirginia.com](#), email VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046

Managed Care Programs

The following is a list of contact information for Medicaid managed care organizations. 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 guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0

- For more information, visit <http://www.dmas.virginia.gov/#/med4>

CCC Plus

- For more information, visit <http://www.dmas.virginia.gov/#/cccplus>

PACE

- For more information, visit <http://www.dmas.virginia.gov/#/longtermprograms>

Medicaid Managed Care Organizations

The following is a list of contact information for Medicaid managed care organizations.

Aetna Better Health of Virginia

- Providers can visit www.aetnabetterhealth.com/Virginia or call 1-800-279-1878

Anthem HealthKeepers Plus

- Providers can visit www.anthem.com/vamedicaid or call 1-800-901-0020

Magellan Complete Care of Virginia

- Providers can visit www.MCCofVA.com or call 1-800-643-2273

Optima Family Care

- Providers can visit www.optimahealth.com/medicaid or call 1-800-881-2166

United Healthcare

- Providers can visit www.Uhcommunityplan.com/VA or www.myuhc.com/communityplan or call 1-844-752-9434, TTY 711

Virginia Premier

- Providers can visit www.virginiapremier.com or call 1-800-727-7536 (TTY: 711)

Provider HELPLINE

Providers can call the Provider Helpline at 1-804-786-6273 or 1-800-552-8627, Monday–Friday 8:00 a.m.-5:00 p.m. The helpline is for provider use only. When calling, providers should have their Medicaid Provider ID Number available.