



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Fee-for-Service Behavioral Health Providers in the Virginia Medical Assistance Program

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 10/16/2017

**SUBJECT:** Governors Access Plan (GAP) for Individuals with Serious Mental Illness - Change in Financial Eligibility Requirements and Additional Covered Benefits

The purpose of this memorandum is to notify providers of the Governors Access Plan (GAP) enhancements due to program changes mandated by the 2017 General Assembly. DMAS posted the request to amend the waiver reflecting these changes to the Centers for Medicare and Medicaid Services (CMS) in May 2017 for public comment.

These program changes include the following:

- Addition of Peer Support Services related to mental health condition and/or substance use disorder;
- Increasing the income eligibility limits for household income from 80% (with an additional 5% disregard) of the federal poverty level to 100% (with an additional 5% disregard) of the federal poverty level.;
- Adding partial day hospitalization and residential treatment services for substance use disorders, and;
- Modifying Recovery Navigation, provided by the BHSA, due to adding Peer Support Services as a GAP covered service provided by licensed providers.

Effective July 1, 2017, **GAP enrollees have access to Peer Support Services**, which consists of a qualified peer support provider who assists individuals with the self-management and recovery from a mental health disorder and/or a substance use disorder. CMS recognizes that the experiences of peer support providers, as individuals with lived experience and who have utilized mental health and/or substance use services, can be an important component in a State's delivery of effective services. More information about Peer Support Services can be located at [http://www.dmas.virginia.gov/Content\\_pgs/bh-home.aspx](http://www.dmas.virginia.gov/Content_pgs/bh-home.aspx), where DMAS has posted information about the Peer Services benefit and how providers can add this component to their services provided to members.

Effective October 1, 2017, GAP enrollees have access to **additional Addiction and Recovery Treatment Services (ARTS) benefits**. The following levels of care are now available to GAP enrollees; **Partial Hospitalization (ASAM Level 2.5) and Residential Services (ASAM Level 3.1, 3.3, 3.5, and 3.7)**.

Also, effective October 1, 2017, the eligibility limits for household income are **increasing from 80% (with an additional 5% disregard) of the federal poverty level to 100% (with an additional 5% disregard)** of the federal poverty level. The GAP eligibility application process with Cover Virginia remains the same.

The *GAP* Provider Manual Supplement is in the process of being updated to reflect these changes and to come into alignment with the other behavioral health related Medicaid Provider Manuals.

For more information on how individuals apply, go to [www.gap-va.org](http://www.gap-va.org) (Cover Virginia's website), or call Cover Virginia at 1-855-869-8190. For information about the services and other questions, please call Magellan of Virginia at 1-800-424-GAP9, or e-mail: [BridgetheGAP@dmas.virginia.gov](mailto:BridgetheGAP@dmas.virginia.gov).

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#### **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

#### **MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC, CCC Plus, and PACE). 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/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:  
[http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf)

**COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

**VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. 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.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions 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.

**KEPRO PROVIDER PORTAL**

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

**"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is [http://www.dmas.virginia.gov/Content\\_pgs/appeal-home.aspx](http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx) and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

**PROVIDERS: NEW MEDICARE CARDS ARE COMING**

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

**MEMBERS: NEW MEDICARE CARDS ARE COMING**

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>