



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

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Community Mental Health and Rehabilitation Service Providers, Behavioral Therapy Providers, Residential Treatment Services Providers, Magellan Healthcare of Virginia, and Managed Care Organizations

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/11/18

SUBJECT: Transitioning Community Mental Health Rehabilitation Services (CMHRS) and Behavioral Therapy into the Medallion 4.0 Program

Virginia Medicaid has successfully transitioned Community Mental Health Rehabilitation Services (CMHRS) and Behavioral Therapy into the CCC Plus managed care organizations (MCOs). The Medallion 4.0 Program will begin regional rollouts of CMHRS on August 1, 2018 through December 1, 2018. Using the Integrated Care Model, this benefit will impact over 750,000 Medicaid members including children enrolled in Medallion 4.0 and Family Access to Medical Insurance Security (FAMIS) Plan.

The purpose of this memo is to provide information about this transition and other updates associated with mental health services as they relate to Medallion 4.0. For more details about the Medallion 4.0 Program, please visit the DMAS website at http://www.dmas.virginia.gov/Content_pgs/medallion_4-home.aspx. Questions regarding Medallion 4.0 can be e-mailed to M4.0Inquiry@dmas.virginia.gov. Questions regarding the CMHRS transition into Medallion 4.0 can be e-mailed to M4.0-CMHRS@dmas.virginia.gov.

The CMHRS and Behavioral Therapy transition to Medallion 4.0 will occur in accordance with the regional implementation of the program, beginning August 1, 2018. On each effective date, Magellan of Virginia, DMAS's Behavioral Health Services Administrator (BHSA) will no longer administer CMHRS and Behavioral Therapy for Medallion 4.0 enrolled members. Instead, CMHRS and Behavioral Therapy will transition into the Medallion 4.0 MCO contract, utilizing DMAS' current CMHRS coverage criteria and program requirements. Once CMHRS goes live in a region, providers should be billing the correct managed care plan for services. Magellan of Virginia will continue to manage the CMHRS and Behavioral Therapy services for individuals who are enrolled in the DMAS fee-for-service program (including, but not limited to, the Governor's Access Plan, individuals who are excluded from managed care, and individuals who are awaiting managed care enrollment).

The list of services that will transition regionally into Medallion 4.0 beginning in Tidewater on August 1, 2018 include:

Medallion 4.0 CMHRS Medicaid/ FAMIS MOMS Member Services	
Community Mental Health Rehabilitation Services	Procedure Code
Mental Health Case Management	H0023
Therapeutic Day Treatment (TDT) for Children / Assessment	H0035 HA / UG/ U7/ H0032 U7
Day Treatment/ Partial Hospitalization for Adults / Assessment	H0035 HB / H0032 U7
Crisis Intervention	H0036
Intensive Community Treatment / Assessment	H0039 / H0032 U9
Mental Health Skill-building Services (MHSS) / Assessment	H0046 / H0032 U8
Intensive In-Home / Assessment	H2012 / H0031
Psychosocial Rehab / Assessment	H2017 / H0032 U6
Crisis Stabilization	H2019
Behavioral Therapy / Assessment	H2033 / H0032 UA
Mental Health Peer Support Services or Family Support Partners – Individual	H0025
Mental Health Peer Support Services or Family Support Partners – Group	H0024

Medallion 4.0 CMHRS FAMIS Member Services	
Community Mental Health Rehabilitation Services	Procedure Code
Mental Health Case Management	H0023
Therapeutic Day Treatment (TDT) for Children / Assessment	H0035 HA / UG/ U7/ H0032 U7
Crisis Intervention	H0036
Intensive In-Home / Assessment	H2012 / H0031
Behavioral Therapy / Assessment	H2033 / H0032 UA
Mental Health Peer Support Services or Family Support Partners – Individual	H0025
Mental Health Peer Support Services or Family Support Partners – Group	H0024

Please note that Psychiatric Residential Treatment Services (formerly known as level C), Treatment Foster Care Case Management and Therapeutic Group Home services (formerly known as Level A and Level B) will remain carved-out of Medallion 4.0 until April 1, 2019. Additional details are provided later in this Memo.

Additionally, all Medallion 4.0 MCOs are required to pay the CMHRS and Behavioral Therapy providers using established DMAS reimbursement rates as the minimum payment level. There will be no changes made to current program regulations, medical necessity criteria, procedure codes, and unit values for these services at this time.

Continuity of Care

The Medallion 4.0 program has processes in place to ensure continuity of care. After becoming enrolled in Medallion 4.0, the member's MCO will complete a comprehensive Health Risk Assessment (HRA). During this assessment, the MCO works closely with the Member to identify medical and behavioral health needs. The MCO also works with the member to develop an understanding of the services that the individual is already receiving and their existing provider relationships. If the Member is receiving targeted case management (TCM) services, the MCO will work collaboratively with, existing TCM providers. TCM includes case management for Addiction and Recovery Treatment Services (ARTS), mental health, developmental disabilities, treatment foster care, Early Intervention, and high risk prenatal and infant services.

Continuity of Care Provisions

To ensure continuity of care and a smooth transition for all Medallion 4.0/FAMIS Members the Medallion 4.0 MCOs will be required to maintain the Member's current CMHRS and Behavioral Therapy providers for up to 30 days. The health plans will be required to honor service authorizations (SAs) issued prior to enrollment, including those with out-of-network providers, for up to 30 days or until the authorization expires, whichever comes first.

This 30-day continuity of care period also serves to provide additional time for providers to finalize credentialing and contracting with the MCOs. To facilitate timely claims payment, non-contracted providers should contact the MCO to ensure that the MCO has all of the necessary information in place for claim payment purposes.

Credentialing Process for CMHRS Providers and Behavioral Therapy Providers:

Providers must be credentialed with the member's MCO in order to bill for CMHRS and Behavioral Therapy rendered to the Medallion 4.0 member beyond the continuity of care period. The Medallion 4.0 MCOs have started developing their networks of behavioral health providers in preparation of the August 1, 2018 regional roll out to cover the full scope of Medicaid CMHRS and Behavioral Therapy services. If a provider is already credentialed with an MCO (i.e. through CCC Plus), they will not have to be re-credentialed, unless, the provider has added new services or programs. CMHRS and Behavioral Therapy providers who are not in contact with the CCC Plus MCOs or Medallion 4.0 MCOs should contact them now to begin the credentialing and contracting process. The credentialing contact information for the Medallion 4.0 MCOs can be found at the end of this memo (Attachment 1).

Psychiatric Residential Treatment Facilities, Therapeutic Group Home Services & Treatment Foster Care-Case Management:

Psychiatric Residential Treatment Facility (PRTF) Services, Therapeutic Group Home (TGH) and Treatment Foster Care-Case Management will remain carved out of the Medallion 4.0 program until April 1, 2019. Until that time, the services will continue to be administered through Magellan of Virginia.

Training Invitation:

The Agency is hosting an informational webinar series and would like to extend an invitation to all Stakeholders and Providers. If you would like to meet us, please join one of our meetings by registering utilizing one of the links below.

CMHRS & BEHAVIORAL THERAPY WEBINAR SERIES (ONLINE ONLY)		
TIDEWATER REGION		REGISTRATION LINKS
Date: 6/27/18	Time: 9 AM - 11 AM	https://dmastraining.adobeconnect.com/tide062718med4am/event/registration.html
Date: 6/27/18	Time: 1 PM - 3 PM	https://dmastraining.adobeconnect.com/tide062718med4pm/event/registration.html
CENTRAL REGION		REGISTRATION LINKS
Date: 7/18/18	Time: 9 AM - 11 AM	https://dmastraining.adobeconnect.com/cen071818med4am/event/registration.html
Date: 7/18/18	Time: 1 PM - 3 PM	https://dmastraining.adobeconnect.com/cen071818med4pm/event/registration.html
NORTHERN/ WINCHESTER REGION		REGISTRATION LINKS
Date: 8/8/18	Time: 9 AM - 11 AM	https://dmastraining.adobeconnect.com/nor_win081818am/event/registration.html
Date: 8/8/18	Time: 1 PM - 3 PM	https://dmastraining.adobeconnect.com/nor_we081818med4pm/event/registration.html
WESTERN/ CHARLOTTESVILLE REGION		REGISTRATION LINKS
Date: 9/12/18	Time: 9 AM - 11 AM	https://dmastraining.adobeconnect.com/wescha091218med4am/event/registration.html
Date: 9/12/18	Time: 1 PM - 3 PM	https://dmastraining.adobeconnect.com/wescha091218med4pm/event/registration.html
ROANOKE/ ALLEGHANY REGION		REGISTRATION LINKS
Date: 10/3/18	Time: 9 AM - 11 AM	https://dmastraining.adobeconnect.com/roaall100318med4am/event/registration.html
Date: 10/3/18	Time: 1 PM - 3 PM	https://dmastraining.adobeconnect.com/roaall100318med4pm/event/registration.html
SOUTHWEST REGION		REGISTRATION LINKS
Date: 10/17/18	Time: 9 AM - 11 AM	https://dmastraining.adobeconnect.com/sw101718med4am/event/registration.html
Date: 10/17/18	Time: 1 PM - 3 PM	https://dmastraining.adobeconnect.com/sw101718med4pm/event/registration.html

Attachment 1 (Page 7): CMHRS Credentialing Contact Information

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. 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 or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (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
- Medallion 4.0:
http://www.dmas.virginia.gov/Content_pgs/medallion_4-home.aspx
- Commonwealth Coordinated Care Plus (CCC Plus):
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

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.

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. 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 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>

Medallion 4.0 Health Plan CMHRS Credentialing Contact Information		
Plan		Credentialing Contact
 Aetna Better Health® of Virginia	Aetna Better Health of Virginia	Donnesha Lewis, Credentialing Analyst Patricia Thomas, Provider Relations Manager Phone: 1-855-652-8249 Email: VAc credentialing-aetna@aetna.com (credential status) & Aetnabetterhealth-VAProviderRelations@aetna.com (applications submissions)
 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.	Anthem HealthKeepers Plus	Annette Powell Phone: 804-393-6763 Email: Annette.Powell@Anthem.com John Bachand Phone: 804-354-4063 Email: john.bachand@anthem.com Deborah Tankersly Phone: 540-853-3195 Email: deborah.tankersley@anthem.com
	Magellan Complete Care of Virginia	Contact: Kenya Onley Email: VAMLTSSProvider@MagellanHealth.com Phone: 1-800-424-4524
	Optima Health Family Care	<u>Contracting Contacts:</u> Kresha Garland (Tidewater) Phone (757)252-3141 Email: KRGARLAN@sentara.com Deborah Abbey-Bada (Central, Northern/Winchester) Phone: (757) 983-9671 Email: MDABBEYB@sentara.com Didi France (Charlottesville/Western, Roanoke/Alleghany & Southwest) Phone: (540) 562-8236 Email: DAFRANCI@sentara.com <u>Credentialing Contact:</u> Linda Winebrenner Phone: 757-687-6333 Email: OrgProviderApp@sentara.com
	United Healthcare	Taylor Fink Phone: 763-361-6233 Email: vaccb@optum.com
	Virginia Premier Elite Plus	<u>Contracting Contact:</u> John Strube Phone: 804-819-5151, ext.56051 Email: John.Strube@vapremier.com <u>Credentialing Contact:</u> Kim Paige Phone: 804-819-5151, ext. 55352 Fax: 804-819-5171 Email: VPCred@vapremier.com