



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219  
[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# ALTC Phase 1 Fact Sheet

<b>Purpose</b>	Under Phase 1, Virginia Medicaid recipients already enrolled with a managed care organization (MCO) and who subsequently become enrolled into one of six home-and-community based waivers will continue to receive their acute and primary medical care via their assigned MCO. This change will become effective September 1, 2007.
<b>Services Offered</b>	<p>Under the new program, recipients will remain in the MCO for their primary medical care services. Their home-and-community based care waiver services will be carved out and will be paid through the Medicaid fee-for-service program.</p> <p>Transportation to medical appointments shall be arranged and paid for by the assigned MCO.</p> <p>Transportation to waiver services shall be arranged by LogistiCare and paid for by DMAS.</p> <p>Dental services and community rehabilitative services shall remain as carved out services.</p>
<b>Who is Eligible?</b>	<p>This change will affect only Virginia Medicaid recipients already enrolled with a MCO who subsequently become enrolled into any of the following six home and community based waivers (HCBW):</p> <ul style="list-style-type: none"><li>• HIV/Aids Waiver;</li><li>• Mental Retardation (MR) Waiver;</li><li>• Day Support Waiver;</li><li>• Elderly or Disabled with Consumer-Direction Waiver;</li><li>• Alzheimer's Assisted Living Waiver;</li><li>• Individuals and Families with Developmental Disabilities (DD) Waiver</li></ul> <p>This change does not apply to:</p> <ul style="list-style-type: none"><li>• Recipients in the Technology Assisted Waiver</li><li>• Recipients placed in a waiver before becoming enrolled into managed care</li><li>• Dual Eligibles (receiving Medicare and Medicaid)</li><li>• HIPP Enrollees</li><li>• PACE Recipients</li><li>• Nursing Facility Residents</li><li>• FAMIS Enrollees</li></ul>

<b>Service Requirements and Limitations</b>	<p>All current service requirements and limitations remain in place, including prior authorization requirements. Prior authorization (PA) will continue as follows:</p> <ul style="list-style-type: none"> <li>• MCOs shall PA acute and primary medical care services, pharmacy related services, and transportation to medical appointments.</li> <li>• KePRO shall process waiver enrollments and prior authorize services for the AIDS and EDCD waivers.</li> <li>• DMAS shall process waiver enrollments for the DD waiver and KePRO shall prior authorize services for this waiver.</li> <li>• DMAS shall process waiver enrollments and prior authorize services for the Alzheimers waiver.</li> <li>• DMHMRSAS shall process waiver enrollments and prior authorize services for the MR and Day Support waivers.</li> <li>• Doral Dental shall PA all dental related services.</li> <li>• LogistiCare shall PA all waiver related transportation services.</li> <li>• PPL shall process consumer directed timesheets and payroll.</li> </ul>										
<b>Enrollment Process</b>	<ul style="list-style-type: none"> <li>• Recipients enrolled in a MCO and who are subsequently enrolled into a HCBW (other than the Technology Assisted Waiver) with a start of care on or after September 1, 2007, will remain enrolled in the MCO.</li> <li>• Recipients enrolled in a MCO as of September 1, who enroll in the Technology Assisted Waiver on or after September 1 will continue to be exempt from MCO enrollment.</li> <li>• Recipients enrolled in a MCO as of September 1 but whose waiver enrollment is entered prior to September 1, will be exempted from managed care enrollment.</li> <li>• Recipients who are not enrolled in a MCO (on or after September 1) at the time they enter HCBW services will remain exempt from managed care enrollment.</li> </ul> <p>{Rule of thumb to remember – Recipient must be in a MCO prior to enrollment into a waiver before they can <i>maintain</i> their MCO enrollment.}</p>										
<b>Claims Information</b>	<p>All current claims processing systems remain in place.</p> <p>The MCO will continue to cover the same contracted medical services and transportation to contracted medical appointments. The current managed care carved out services (dental, school health, etc.), including the HCBW services will continue to be handled through fee-for-service.</p> <p>DMAS fee-for-service will continue to pay for the waiver services and transportation to waiver services.</p>										
<b>DMAS Contacts</b>	<p><b>Email:</b> <a href="mailto:ALTC@dmass.virginia.gov">ALTC@dmass.virginia.gov</a></p> <p><b>Medicaid Eligibility/Claims Inquiries:</b></p> <p>Eligibility or claims status may be checked via <a href="http://virginia.fhsc.com">http://virginia.fhsc.com</a> or MediCall voice response system at 1-800-884-9730 or 1-800-772-9996.</p> <p>Both options are available at no cost to the provider.</p>										
<b>MCO Contacts</b>	<table border="0"> <tr> <td>AMERIGROUP</td> <td>1-800-600-4441</td> </tr> <tr> <td>Anthem</td> <td>1-800-901-0020 or 1-757-326-5090</td> </tr> <tr> <td>CareNet</td> <td>1-800-279-1878</td> </tr> <tr> <td>Optima Family Care</td> <td>1-800-881-2199 or 1-757-552-8975</td> </tr> <tr> <td>Virginia Premier</td> <td>1-800-828-7953 (Tidewater); 1-800-289-4970 (Richmond/Central/Western); 1-888-338-4579 (Southwest)</td> </tr> </table>	AMERIGROUP	1-800-600-4441	Anthem	1-800-901-0020 or 1-757-326-5090	CareNet	1-800-279-1878	Optima Family Care	1-800-881-2199 or 1-757-552-8975	Virginia Premier	1-800-828-7953 (Tidewater); 1-800-289-4970 (Richmond/Central/Western); 1-888-338-4579 (Southwest)
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