



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

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

MEDICAID MEMO

TO: All Substance Use Disorder Providers, Prescribers, Managed Care Organizations (MCOs) and Magellan of Virginia Participating in the Virginia Medical Assistance Program

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

MEMO: Special

DATE: 4/10/18

SUBJECT: Virginia Medicaid Providers Cannot Charge Cash to Medicaid Enrolled Members for Covered Substance Use Disorder Treatment

The purpose of this DMAS Provider Memo is to alert you to a practice that has been brought to DMAS' attention concerning substance use disorder (SUD) providers, and to clarify the definition of a Medicaid provider. DMAS has become aware that some members enrolled in Medicaid, Family Access to Medical Insurance Security (FAMIS), and the Governor's Access Plan (GAP) have been asked by their providers for cash or other items of monetary value in exchange for Medicaid covered SUD treatment services. This practice violates federal and state Medicaid regulations.

Providers are considered Medicaid providers if they are enrolled with DMAS, credentialed with at least one Medicaid Managed Care Organization (MCO) or credentialed with Magellan of Virginia (DMAS's contracted Behavioral Health Services Administrator (BHSA)). Providers who are enrolled with DMAS, credentialed with a Medicaid MCO or Magellan of Virginia are considered Medicaid providers in any setting they practice that involves services to individuals enrolled in the Medicaid, FAMIS, or GAP programs, and for which the provider may receive reimbursement through Medicaid, either directly or indirectly.

The acceptance of payment or anything of value beyond any deductible, coinsurance or copayment required by the member's benefit, by a Medicaid provider outside of the Medicaid reimbursement system for covered SUD treatment services is prohibited and DMAS will take action against any provider who violates this rule. DMAS works with the Medicaid Fraud Control Unit of the Office of the Attorney General to help ensure that all members enrolled in Medicaid, FAMIS and the GAP have safe and appropriate access to evidence-based SUD treatment. To this end, the Agency investigates complaints concerning providers who solicit and receive cash or excess payments from members enrolled in Virginia Medicaid for covered services including office visits, counseling sessions, and drugs used for Medication Assisted Treatment (MAT). A Virginia Medicaid provider's solicitation or acceptance of money, or anything of monetary value, in exchange for Medicaid covered SUD treatment services, which are necessary to break the cycle of addiction, is not permitted. Accepting payment for Medicaid covered-services from an enrolled

member is considered “balance billing,” which is federally prohibited in accordance with 42 CFR § 447.15, and 12 VAC 30-10-580, as well as the Medicaid Provider Agreements. DMAS monitors and reports any suspect activity, irregular prescribing patterns, and limitations to member access or provision of covered Medicaid services that do not support the comprehensive continuum of addiction treatment services available under the Medicaid program.

DMAS requires Medicaid enrolled providers to adhere to the conditions of participation outlined in their Participation Agreements/contracts, provider contracts, Medicaid provider manuals, and related state and federal regulations. Thus, providers approved for participation in the Medicaid program who are providing any SUD treatment services, must follow the requirements in Chapter II - Provider Participation Requirements of the Addiction and Recovery Treatment Services (ARTS) Provider Manual. Participation requirements outlined in this Chapter preclude providers from accepting payment in any form from an individual enrolled in Virginia Medicaid and specifically include the following requirements for providers:

- Use of the methods designated by the MCOs, the BHSA and DMAS for submission of charges;
- Billing only the Medicaid MCOs, BHSA and DMAS for the provision of covered services and supplies to individuals in amounts not to exceed the provider’s usual and customary charges to the general public;
- Not require as precondition for admission, any period of private pay or a deposit from the individual or any party;
- Accept Medicaid payment from the first day of eligibility if the provider was aware that an application for Medicaid eligibility was pending at the time of admission;
- Reimburse the individual or any other appropriate party for any monies contributed toward the individual’s care from the date of eligibility.

DMAS requests that you carefully review your prescribing and billing practices to ensure compliance with federal and state laws and regulations and DMAS policy.

You are an important partner in combating the opioid crisis. The Virginia Department of Health (VDH) estimates that over 1,500 individuals died in 2017 as a result of drug overdoses; nearly 80% of those deaths involved prescription opioids, heroin, or fentanyl. Due to the continuing loss of lives, opioid and heroin abuse remains a Public Health Emergency for the Commonwealth. DMAS recognizes that SUD treatment providers are delivering life-saving treatment on the front lines of this crisis. DMAS is actively working with VDH, the Department of Behavioral Health and Developmental Services (DBHDS), Virginia Department of Health Professions (DHP), the Medicaid MCOs and the BHSA to reduce the impact of this crisis through outreach, intervention, enforcement, and the promotion of safe prescribing and dispensing practices. DMAS remains committed to collaborating with health care professionals to ensure the greatest access to SUD treatments for people struggling with addiction.

If you have any questions concerning the relevant DMAS policy cited in this memorandum, please contact the SUD email address at SUD@dmass.virginia.gov.

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>