



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

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

MEDICAID MEMO

TO: Acute Care Hospitals and Certified Professional
Midwives

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

MEMO: Special

DATE: 8/18/2017

SUBJECT: Improving Newborn Enrollment into the Virginia Medicaid Program
Through The DMAS Provider Portal – **Effective September 5, 2017**

The purpose of this memorandum is to (1) inform Virginia Medicaid enrolled hospitals that provide services to Medicaid /FAMIS pregnant women and newborns of the existing process for identifying and enrolling newborns quickly and efficiently and (2) provide notification of a portal and enrollment webinar. It is essential that newborns of mothers enrolled in Medicaid and FAMIS MOMS are enrolled in Medicaid and receive a unique Medicaid /FAMIS identification number, in order to facilitate newborns receiving their Medicaid services and benefits.

Following the process below will facilitate newborn enrollment quickly and will allow for appropriate reimbursement for covered services.

Submit newborn eligibility notification information directly to the DMAS Provider Web Portal (<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Home/>) under the Newborn E213 option.

Provide the following information:

- Mother's Full Name (First Name/Last Name/Middle Initial), Social Security Number and Date of Birth
- Mother's Address, including street, city, state and zip code
- Mother's full 12 digit Program identification number
- Mother's telephone number if known and her preferred language if other than English
- Mother's email address, if available
- Newborn's Full Name (First Name/Last Name/Middle Initial), Birth Date, Sex and Race

Once a Medicaid /FAMIS identification number has been created for the newborn, DMAS will send out a notice of action in the form of a secure email to the email address given on the DMAS Provider Portal.

The notice of action will include the 12-digit Medicaid /FAMIS Program identification number created for the newborn and the name of the infant's preassigned MCO if applicable. Hospitals and providers can use the new Medicaid id number on current and future claims.

Provider Portal Information

Providers who have not previously used the web portal will need to register as a new user using their National Provider Identification number (NPI) and completing all of the required fields.

Web Site: www.virginiamedicaid.dmas.virginia.gov

DMAS Electronic Form 213 Portal Address:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Home/>.

An FAQ for new users to the web portal can be accessed under the "Quick Links" section on the home page.

The newborn notification process with the information identified above must be submitted prior to the mother's discharge from the hospital to ensure reimbursement for Medicaid /FAMIS services.

Paper Option:

If you cannot access the DMAS Provider Portal, the paper version of DMAS 213 Form can be submitted by facsimile to Cover Virginia. A copy of the paper form is attached to this memorandum. The paper form can be faxed using the following phone number: (866) 292-6422. Questions about this process can be sent via email to newborn@dmas.virginia.gov

Attachment 1: DMAS 213 Paper Form

Portal Training:

Training will be offered in the form of a webinar to assist you with completing the web portal enrollment process:

DMAS Webinar Information for Portal and Enrollment Process Training

Webinar Date and Time: Wednesday August 30, 2017 9:30 – 10:00 AM

Providers Must Register Online at:

<https://dmasraining.adobeconnect.com/newbo083017/event/registration.html>

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 (CCC), 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
- Commonwealth Coordinated Care (CCC):
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
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%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.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NEWBORN ELIGIBILITY REPORT

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO BE PROCESSED (Please Print Clearly)

Mother's Name _____
Last First M.I.

Mother's SSN _____ Date of Birth _____
— — — — M M D D Y Y

Mother's Address
 (Street, City/State/Zip Code)

Mother's Medicaid/FAMIS/FAMIS MOMS Identification Number (12 Digits) _____

Mother's Assigned Managed Care Organization (MCO) Name, if applicable _____

Mother's Telephone Number, if known _____

Preferred Language _____

Newborn Information

	Full Name of Newborn(s)	Birth Date	Sex	Race
	Last First M.I.	MM/DD/YY		

- **Note: Medicaid/FAMIS Plus eligibility for newborns begins on the date of birth, if the child is born to a Medicaid/FAMIS Plus eligible mother. Medicaid/FAMIS Plus newborns must be linked to their mother's case when enrolled in VAMMIS.**

Submitted by _____ Name/Title	Signature _____
Provider Name _____	Telephone # _____
Provider NPI _____	Email Address _____