



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

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

MEDICAID MEMO

TO: All Providers, Managed Care Organizations, Commonwealth Coordinated Care Medicare and Medicaid Plans

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

MEMO: Special
DATE: 3/31/2017

SUBJECT: New Addiction and Recovery Treatment Services Provider Manual –
Effective April 1, 2017

The Department of Medical Assistance Services (DMAS) is implementing an enhanced substance use disorder benefit on April 1, 2017. The Addiction and Recovery Treatment Services (ARTS) expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS, FAMIS MOMS and the Governor's Access Plan (GAP). The ARTS benefit is covered through the fee for service, Medallion 3.0, and Commonwealth Coordinated Care (CCC) Programs on April 1, 2017. The following changes will apply to all enrolled members effective April 1, 2017:

- **Expansion of the administration of community-based addiction and recovery treatment services through the Medicaid and FAMIS Medallion Managed Care Organizations (MCOs) and the Commonwealth Coordinated Care (CCC) Medicare and Medicaid Plans (MMPs).** Providers will bill the member's MCO or MMP for all physical health, traditional mental health, and community-based addiction and recovery treatment services for Medicaid, FAMIS and FAMIS MOMS members who are enrolled in a MCO or MMP. The DMAS contracted Behavioral Health Services Administrator (BHSA), Magellan of Virginia, will cover ARTS for those members who are enrolled in the full coverage Fee-For-Service (FFS) and members enrolled in the GAP benefit thus providers will continue to bill Magellan for these FFS enrolled members only.

Community-based addiction and recovery treatment services include:

- Residential Treatment,
 - Partial Hospitalization,
 - Intensive Outpatient Treatment,
 - Medication Assisted Treatment/Opioid Treatment Services (includes individual, group counseling and family therapy and medication administration), and
 - Substance Use Case Management.
- **Allowing for coverage of inpatient detoxification and inpatient substance use disorder treatment** for all full-benefit Medicaid and FAMIS enrolled members. DMAS is expanding

coverage of residential detoxification and residential substance use disorder treatment for all full-benefit Medicaid enrolled members.

Credentialing with MCOs/MMPs/Magellan

Providers who are currently in the process of credentialing with the MCOs and MMPs as of April 1, 2017 will be able to be reimbursed as an out-of-network provider if they are providing services to enrolled members and meet the appropriate licensing requirements as appropriate for the ASAM Level of Care they are providing, as noted in Chapter II of the ARTS Provider Manual. This will continue until the provider's credentialing process is complete. Magellan, as the FFS BHSA, will initiate Single Case Agreements with the ARTS providers if they are providing ARTS services to FFS members until the credentialing process is complete with Magellan.

DMAS Provider Manual Updates

The new ARTS Provider Manual contains policies and procedures for the ARTS benefit. With the development of the new ARTS Provider Manual, all references to substance use disorder services found within Chapters 2, 4, 6, and Appendix C of the Community Mental Health Rehabilitative Services Manual (CMHRS), Psychiatric Services Manual (PSM), and the Mental Health Clinic Manual will be removed.

The ARTS Provider Manual is posted online at: http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx as well as on the Medicaid Web Provider Portal: www.virginiamedicaid.dmas.virginia.gov.

The changes to the CMHRS, Psychiatric Services and Mental Health Clinical Provider Manuals can be found at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

ARTS Service Authorization and Registration

Service authorization is the process to determine medical necessity for specific ARTS services for an enrolled Medicaid/FAMIS member by the MCOs, MMPs or Magellan prior to service delivery and reimbursement. The ARTS Service Authorization Review Form for initial requests as well as the ARTS Service Authorization Extension Review Form for requests for extensions for the same ASAM level are located online at: http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx. Providers should submit these forms to the health plans via the fax number listed for the appropriate health plan on the service authorization form, and upload the service authorization form to Magellan for fee-for-service members. Providers are encouraged to submit the completed service authorization forms prior to or at initiation of services and must work within the requirements of the MCOs, MMPs and Magellan. For dates of services during the first month of ARTS implementation, the timelines for submission for the service authorization for ARTS will not be enforced and the MCOs, MMPs and Magellan will assist providers with the service authorization submission process.

Substance Use Case Management requires registration with the MCOs, MMPs and the BHSA as defined by their contract with the MCO/MMP or BHSA. Magellan utilizes the "Virginia DMAS Registration" form available: <http://www.magellanofvirginia.com/for-providers-va/forms.aspx>. The MCOs and the MMPs utilize the "ARTS Substance Use Case Management Registration"

form available: http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx. For dates of services during the first month of ARTS implementation, the timelines for submission of this registration are not enforced and the MCOs, MMPs and Magellan will work with provider in the service authorization submission process.

Providers need to verify the member’s benefit eligibility prior to initiating services to ensure the service being requested is covered under the particular benefit. This is required as GAP and FAMIS members are not eligible for all ARTS benefits as noted in this Chapter IV of the provider manual under “Eligibility for ARTS Benefits”.

Provider Trainings

DMAS is conducting several provider training sessions on the ARTS implementation effective April 1, 2017. These sessions include a review of the new ARTS Provider Manual ,provider requirements, covered services, documentation and billing requirements and the ARTS reimbursement structure. Click [here](#) for the training dates and the registration links.

DMAS will be scheduling webinars on the ARTS Provider Manual. These webinars will be shared via the DMAS provider blast emails and posted on the DMAS website.

The MCOs, MMPs and Magellan all have resources to help providers in obtaining information and answering questions about ARTS. The ARTS relevant contacts are listed below:

Health Plan	Website / Contacts
Aetna Better Health	https://www.aetnabetterhealth.com/virginia/providers/
Anthem	https://www.aetnabetterhealth.com/virginia/providers/
Humana	Beacon Provider Hotline: 1-855-765-9704 Provider Tool Box: www.beaconhealthoptions.com/providers
InTotal Health	www.provider.intotalhealth.org/content/arts
Kaiser	1-800-810-4766 www.providers.kaiserpermanente.org/mas
Magellan	1-800-424-4046 Magellan of Virginia ARTS website
Optima	Provider Services 800-229-8822 or 757-552-7474 Clinical Care Services Dedicated ARTS Line 844-372-8948 or 757-687-6170
Virginia Premier	https://www.vapremier.com/providers/addiction-and-recovery-treatment-services/

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

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC 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
- 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/PACE%20Sites%20in%20VA.pdf

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.

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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.