



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

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

MEDICAID MEMO

TO: All Providers Enrolled as Commonwealth Coordinated Plus Waiver Providers; and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: TBD

SUBJECT: Revisions to CCC Plus Service Authorization Requirements

The purpose of this memorandum is to inform providers of changes being made to the Commonwealth Coordinated Care Plus (CCC Plus) Service Authorization (SA) processing timeframes. Beginning February 1, 2020, the SA processing timeframes for the CCC Plus will be revised to align with national standards established by the National Committee for Quality Assurance (NCQA) as well as the Medallion 4.0 program.

This change does not preclude a provider from requesting an expedited review as described in 6.2.10.2 *Expedited Authorization Decision Timeframe* of the CCC Plus contract and 42 CFR § 438.210(d)(2).

Current NCQA service authorization timeliness standards are as follows:

Physical/Non-behavioral Health			
Classification	Type	Timeliness	Extension
Urgent	Concurrent	72 hours	14 days
	Preservice	72 hours	48 hours
Non-urgent	Preservice	14 days	14 days
Postservice	N/A	30 days	14 days
Behavioral Health			
Classification	Type	Timeliness	Extension
Urgent	Concurrent	72 hours	14 days
	Preservice	72 hours	48 hours
Non-urgent	Preservice	14 days	14 days
Postservice	N/A	30 days	14 days

Urgent requests are requests for medical care or services where application of the timeframe for making non-urgent or non-life threatening care determinations could:

- Seriously jeopardize the life or health of the member or the member’s ability to regain maximum function, based on a prudent layperson’s judgment, or
- Seriously jeopardize the life, health or safety of the member or others, due to the member’s psychological state, or
- In the opinion of a practitioner with knowledge of the member’s medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Examples of urgent concurrent requests include, but are not limited to CCC Plus waiver service increase requests related to a change in the member’s condition, and Behavioral health service increase requested related to a change in the member’s condition.

Examples of urgent preservice requests include, but are not limited to emergent or urgent inpatient hospitalization, surgical procedures where a delay in approval would jeopardize the life or health of the member, and care or services to accommodate transitions between inpatient or institutional setting to home/community.

Non-urgent requests are requests for medical care or services for which application of the time periods for making a decision does not jeopardize the life or health of the member or the member’s ability to regain maximum function and would not subject the member to severe pain. Examples of non-urgent requests include, but are not limited to initial or reauthorization for routine medical care including referral to a specialist and initial or reauthorization for some community based mental health rehabilitative services, such as Behavioral Therapy.

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/

<p>Managed Care Programs Medallion 4.0, 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 may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>

DRAFT