



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

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

MEDICAID BULLETIN

TO: All Federally Qualified Health Centers and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

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

DATE: 3/4/19

SUBJECT: Federally Qualified Health Centers Coverage of Telemedicine

The purpose of this bulletin is to clarify the Department of Medical Assistance Services' (DMAS) policy regarding telemedicine coverage, specifically as it relates to Federally Qualified Health Centers (FQHCs). The clarification is that FQHCs may bill DMAS for services delivered via telemedicine, both as an originating site or as a remote site.

Please refer to the May 13, 2014 Medicaid memo entitled, "Updates to Telemedicine Coverage," for additional guidance. The memo includes key telemedicine definitions and requirements related to enrollment, billing, allowed services and providers, as well as guidance regarding individual contracts between FQHCs and Managed Care Organizations (MCOs) under contract to DMAS.

If the individual is enrolled in managed care, providers should direct coverage questions to the specific MCO in question.

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>.

PROVIDER CONTACT INFORMATION & RESOURCES

<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>

<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<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>