



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

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

# MEDICAID BULLETIN

**TO:** All Providers of Personal Care, Attendant/Aide Care, Respite Care, and Companion Care Services for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Developmental Disability Waivers, Commonwealth Coordinated Care Plus Waiver programs, and Managed Care Organizations

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

**DATE:** 3/8/2022

**SUBJECT:** One-time COVID-19 Support Payment for Attendant/Aides

This bulletin is a follow-up to the Medicaid Memo, “One-time COVID-19 Support Payment for Attendants/Aides” that posted on December 17, 2021. The purpose of this bulletin is to give providers an update on the status of the one-time COVID-19 support payment and provide the next steps necessary to move forward with the implementation.

The Department of Medical Assistance Services (DMAS) recently received federal approval to provide the one-time support payment for aides/attendants who furnished agency-directed or consumer-directed personal care (T1019, S5126), respite care (T1005, S5150), or companion care services (S51350, S5136) for Medicaid members during the first quarter of the State Fiscal Year (SFY) 2022 (July 1, 2021 – September 30, 2021).

DMAS contracted with Myers and Stauffer, LC (MSLC) to conduct claims data analysis to identify eligible aides who qualify to receive the one-time COVID-19 support payment. MSLC will create a roster of the qualifying provider aide staff to the respective provider. Within **ten (10) business days** of receiving the roster from MSLC, each provider must supply the social security number for their aide staff appearing on their roster. This information uniquely identifies each aide to ensure that only one support payment is provided. As a result, each provider will receive a final roster of aides from MSLC who should receive the payment from the agency.

Providers will receive a communication from MSLC further describing the process and outlining the steps necessary to provide the information. MSLC will provide an email address and phone number for providers to direct their inquiries. Providers should expect to receive the initial email from MSLC in mid-March.

Provider agencies will receive instructions on receiving the funds for the delivery of the \$1,000 payment to each of the aides included in the final roster. The agency shall be responsible for providing the payment directly to the aides and withholding any applicable payroll taxes. Funds to

support the provider agency in the payment of employer taxes and administrative costs will be added to each payment.

Consumer Direction

CD payments will be made through the member’s respective Fiscal/Employer Agent. This process will occur automatically and there are no additional steps need to be taken by the member, employer of record, attendant, or services facilitator in order for the attendant to receive the one-time payment.

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<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>Through March 29: <a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a></p> <p>As of April 4, 2022: <a href="https://login.vamedicaid.dmas.virginia.gov/">https://login.vamedicaid.dmas.virginia.gov/</a></p>
<p><b>Medicall (Audio Response System)</b> 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><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p><a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a></p>
<p><b>Provider Audits</b> Please continue to adhere to all instructions provided via DMAS or its contractors as it relates to complying with audit processes and procedures. Conversion to MES will not affect audit protocol.</p>	
<p><b>Managed Care Programs</b> 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><b>Medallion 4.0</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/">https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/</a></p>
<p><b>CCC Plus</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/">https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/</a></p>

<p><b>PACE</b></p>	<p><a href="https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/">https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/</a></p>
<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a>, email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a>, or Call: 1-800-424-4046</p>
<p><b>Provider HELPLINE for claims assistance only as of March 26, 2022</b> 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>
<p><b>Provider Enrollment and Management Help Desk</b> Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-270-5105 1-888-829-5373</p>
<p>Aetna Better Health of Virginia</p>	<p><a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p><a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020</p>
<p>Molina Complete Care</p>	<p>1-800-424-4524 (CCC+) 1-800-424-4518 (M4)</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a></p>
<p>United Healthcare</p>	<p><a href="http://www.Uhccommunityplan.com/VA">www.Uhccommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a></p>