



Provider Notice

This email is being sent to all registered attendees and provider associations to share the FAQs from the CMHRS CCC Plus transition provider webinars held from December 5 - December 7, 2017.

- [Morning Session FAQ](#)
- [Afternoon Session FAQ](#)

These FAQs may also be found on the [Provider Training](#) page on Magellan of Virginia's [website](#).

More information is available on how to do business with the MCO's on the DMAS website:

CMHRS Transition

- [Provider Training Information and Registration](#)
- [CMHRS Transition One Pager](#)
- [Updated MCO Contracting/Credentialing Contacts](#)
- [Provider Reference Guide](#)

CCC Plus eligibility tracking, authorization and claims processes for CMHRS

- [CMHRS Provider Reference-Doing Business with CCC Plus MCO's](#)

Provider Webinar Training Slide Decks

- [AM Session - CCC Plus CMHRS Transition Overview](#)
- [PM Session - CCC Plus CMHRS Service Authorization Form Overview](#)

Provider webinar recorded sessions

- [CMHRS Transition to CCC Plus – Morning Session](#)
- [CMHRS Transition to CCC Plus – Afternoon Session](#)

Checking Medicaid Eligibility

It is important for providers to verify a member's Medicaid eligibility at each point of service. Verification of a member's participation in CCC Plus can be done through the DMAS MediCall audio response system (1-800-884-9730 or 1-800-772-9996) or the DMAS web-based internet option, available on the Virginia Medicaid Web Portal, at:

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

As members are assigned to a CCC Plus health plan, the status of the enrollment is reflected in the member eligibility information data available on the 21st of every month for the first of the following month. For example, Medicaid enrolled providers can see

assignment information beginning on Oct 21st for individuals who have an Nov 1st start date in the Southwest Region.

Both options are available at no cost to the provider. The web-based, automated response system (ARS) limits the provider's verification submission to 10 members at a time.

CCC Plus enrollment can also be verified through the member's health plan.

Virginia Medicaid Web Portal Screen Print
Showing CCC Plus Enrollment and Health Plan Information

Eligibility Inquiry
Service Date From: 08/01/2017 Service Date To: 08/31/2017 Confirmation Number:

Member Information
Name: Date of Birth: Member: Member SSN:

Benefit Plan

Plan Description - CoPay Indicator	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
MEDICAID FFS - C	08/01/2017	08/31/2017			
XEX CCCP TD	08/01/2017	08/31/2017	0247725788	UNITEDHEALTHCARE COMMUNITY PLAN	877-843-4366
MED CO & DED	08/01/2017	08/31/2017			

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TPL Spans

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
00001	MEDICARE	47	0.00	<input type="text"/>	<input type="text"/>	12/31/9999
00001	MEDICARE	96	0.00	<input type="text"/>	<input type="text"/>	12/31/9999
00001	MEDICARE	88	0.00	<input type="text"/>	<input type="text"/>	12/31/9999

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Patient Pay Information

Begin Date	End Date	Patient Pay	Status
08/01/2017	08/31/2017	\$70.00	ACTIVE

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CoPay Amounts Service Limits Choose a Different Member

Annotations:
 - Red box: CCCP = CCC Plus, TD = Tidewater
 - Red circle: XEX CCCP TD
 - Red circle: UNITEDHEALTHCARE COMMUNITY PLAN 877-843-4366
 - Red box: CCC Plus MCO and MCO Provider Services Phone #

CMHRS Transition and Eligibility Verification- IMPORTANT!

Community Mental Health Rehabilitation Services (CMHRS) providers also have access to the [Magellan of Virginia provider web portal](#) where member eligibility can be verified for all members. This provider portal is especially useful during the CCC Plus CMHRS transition as the Virginia Medicaid Web Portal is enhanced to again allow access for all behavioral health providers to verify eligibility. DMAS will provide updates to providers as the portal functionality is again turned on for CMHRS providers in early 2018.

Transition of Community Mental Health Rehabilitation Services (CMHRS) to CCC Plus

The CMHRS transition to CCC Plus will occur January 1, 2018. On this date, Magellan of Virginia, DMAS's Behavioral Health Services Administrator (BHSA), will no longer administer CMHRS for CCC Plus-enrolled members. Instead, CMHRS will transition into the CCC Plus MCO contract, utilizing DMAS' current CMHRS coverage criteria and program requirements. CMHRS coverage for Medallion 3.0 members will continue to be administered through Magellan of Virginia until the implementation of Medallion 4.0 in

2018. Magellan of Virginia will continue to manage the CMHRS services for individuals who are enrolled in the DMAS fee-for-service program (including, but not limited to, the Governor’s Access Plan, individuals who are excluded from managed care, and individuals who are awaiting managed care enrollment). The list of services that will transition into CCC Plus on January 1, 2018 includes:

Community Mental Health Rehabilitation Services	Procedure Code
Mental Health Case Management	H0023
Therapeutic Day Treatment (TDT) for Children / Assessment	H0035 HA / H0032 U7
Day Treatment/ Partial Hospitalization for Adults / Assessment	H0035 HB / H0032 U7
Crisis Intervention	H0036
Intensive Community Treatment / Assessment	H0039 / H0032 U9
Mental Health Skill-building Services (MHSS) / Assessment	H0046 / H0032 U8
Intensive In-Home / Assessment	H2012 / H0031
Psychosocial Rehab / Assessment	H2017 / H0032 U6
Crisis Stabilization	H2019
Behavioral Therapy / Assessment	H2033 / H0032 UA
Mental Health Peer Support Services or Family Support Partners – Individual	H0025
Mental Health Peer Support Services or Family Support Partners – Group	H0024

Please note that Treatment Foster Care Case Management and Therapeutic Group Home services (formerly known as Level A and Level B) will remain carved-out of CCC Plus at this time.

Additionally, all CCC Plus MCOs are required to pay the CMHRS providers using established DMAS reimbursement rates as the minimum payment level. There will be no changes made to current program regulations, medical necessity criteria, procedure codes, and unit values for these services at this time. Some Service Authorization processes were standardized across the CCC Plus MCOs as a result of work groups held with DMAS, the Virginia Association of Community Services Boards (VACSB), Behavioral Health Associations and MCOs. In addition, DMAS hosted workgroup meetings with the CCC Plus MCOs and Behavioral Health provider association representatives about credentialing requirements, CMHRS program requirements, claims processing, and care coordination.

The CMHRS standardized forms, MCO Authorization Process, Provider Reference Guide, CMHRS provider training recorded webinars and more information are available on the CCC Plus website under [CMHRS Transition](#).

Please note that for CMHRS providers who are enrolled with the Behavioral Health Service Administrator (Magellan of Virginia) and who no longer have an enrollment with DMAS, CCC Plus enrollment information is visible in the Magellan portal. Please refer to the section above on eligibility verification processing.