



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers of Home and Community-Based Services and Nursing and Personal Care/ Respite Services in the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, and Managed Care Organizations

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

MEMO: Special

DATE: 5/4/2015

SUBJECT: Rate Changes for Home and Community Based Services and EPSDT Nursing and Personal Care/Respite Services — Effective July 1, 2015

The purpose of this memo is to notify providers of rate changes to Home and Community-Based Services (HCBS) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program nursing and personal care/ respite services for dates of service on or after July 1, 2015 as prescribed in the 2015 Acts of Assembly, Chapter 665. Also, effective July 1, 2015, Culpeper and Rappahannock Counties will be considered Northern Virginia (NOVA) localities for purposes of reimbursement of HCBS and EPSDT services.

Rate Increases

In accordance with Item 301.MMMM of the 2015 Acts of Assembly, Chapter 665, reimbursement rates shall be increased by 2.0 percent for congregate residential services (except sponsored residential). All sponsored residential services must be billed under procedure code T2033 effective July 1, 2015. Sponsored residential providers that have not yet converted their billing code from procedure code 97535 to T2033, will need to complete this by June 1, 2015 by submitting a service modification, an Individual Service Authorization Request (ISAR), through the Intellectual Disability On-Line System (IDOLS) to accomplish this change. Sponsored residential providers who have an individual approved for the exceptional supports rate should similarly convert their billing code to T2033 with modifier U1.

Also, Item 301.MMMM authorizes increases of 5.5 percent for in-home residential services, 2.0 percent for day support services and prevocational services, and 10.0 percent for therapeutic consultation services. This item also increases the reimbursement rates for skilled nursing services in the Intellectual Disability (ID) and the Individual and Family Developmental Disabilities Support (IFDDS) waivers by 15.7 percent.

Rates for nursing services in the EPSDT program are increased by approximately 6.0 percent effective July 1, 2015 to be identical to private duty nursing rates in the Technology Assisted Waiver.

Item 301.NNNN of the Acts of Assembly increases the rates for agency and consumer-directed personal care, respite care and companion services by 2.0 percent, effective July 1, 2015.

The following table describes rates in effect and the change in rates to be implemented for dates of service on or after July 1, 2015:

National Code	Modifier	Code Description	Region	Rates Effective 7/1/2014 – 6/30/2015	Rates Effective 7/1/2015	Rate Increase
97139		Therapeutic Consultation	NOVA	\$62.77	\$69.05	10.0%
97139		Therapeutic Consultation	ROS	\$54.58	\$60.04	10.0%
97535*		Congregate Residential Support	NOVA	\$17.36	\$17.71	2.0%
97535*		Congregate Residential Support	ROS	\$15.10	\$15.40	2.0%
97535*	U1	Congregate Residential – Exceptional Supports	NOVA	\$21.70	\$23.13	2.0%
97535*	U1	Congregate Residential – Exceptional Supports	ROS	\$18.88	\$19.26	2.0%
97537		Day Support, Regular Intensity	NOVA	\$30.12	\$30.72	2.0%
97537		Day Support, Regular Intensity	ROS	\$26.19	\$26.71	2.0%
97537	U1	Day Support, High Intensity	NOVA	\$42.87	\$43.73	2.0%
97537	U1	Day Support, High Intensity	ROS	\$37.27	\$38.02	2.0%
H2014		In-Home Residential Support	NOVA	\$22.59	\$23.83	5.5%
H2014		In-Home Residential Support	ROS	\$19.65	\$20.73	5.5%
H2025		Pre-vocational Services, Regular Intensity	NOVA	\$30.12	\$30.72	2.0%
H2025		Pre-vocational Services, Regular Intensity	ROS	\$26.19	\$26.71	2.0%
H2025	U1	Pre-vocational Services, High Intensity	NOVA	\$42.87	\$43.73	2.0%
H2025	U1	Pre-vocational Services, High Intensity	ROS	\$37.27	\$38.02	2.0%
T1002**		Skilled Nursing Services/RN	NOVA	\$7.80	\$9.02	15.7%
T1002**		Skilled Nursing Services/RN	ROS	\$6.42	\$7.43	15.7%
T1003**		Skilled Nursing Services/LPN	NOVA	\$6.76	\$7.82	15.7%
T1003**		Skilled Nursing Services/LPN	ROS	\$5.57	\$6.44	15.7%
S9123		EPSDT Nursing Care in Home/RN	NOVA	\$31.19	\$33.08	6.0%
S9123		EPSDT Nursing Care in Home/RN	ROS	\$25.68	\$27.24	6.0%
S9124		EPSDT Nursing Care in Home/LPN	NOVA	\$27.03	\$28.67	6.0%
S9124		EPSDT Nursing Care in Home/LPN	ROS	\$22.29	\$23.65	6.0%
S5126		Consumer Directed Personal Assistance/Attendant Care	NOVA	\$11.47	\$11.70	2.0%
S5126		Consumer Directed Personal Assistance/Attendant Care	ROS	\$8.86	\$9.04	2.0%
S5150		Consumer-Directed Respite Services	NOVA	\$11.47	\$11.70	2.0%
S5150		Consumer-Directed Respite Services	ROS	\$8.86	\$9.04	2.0%
S5136		CD - Companion Services	NOVA	\$11.47	\$11.70	2.0%
S5136		CD - Companion Services	ROS	\$8.86	\$9.04	2.0%
S5135		Companion Services	NOVA	\$15.20	\$15.50	2.0%
S5135		Companion Services	ROS	\$12.91	\$13.17	2.0%
T1005		Respite Care	NOVA	\$15.20	\$15.50	2.0%
T1005		Respite Care	ROS	\$12.91	\$13.17	2.0%
T1019		Personal Care	NOVA	\$15.20	\$15.50	2.0%
T1019		Personal Care	ROS	\$12.91	\$13.17	2.0%

*Rate for congregate residential services only; sponsored residential services must be billed under procedure code T2033 effective July 1, 2015.

**Quarter hour rates

NOVA=Northern Virginia ROS=Rest of State

Changes in NOVA and ROS Rate Regions

For the purposes of billing Medicaid for HCBS and EPSDT nursing and personal care/ respite services, the Commonwealth of Virginia is divided into two localities, Northern Virginia (NOVA) and the Rest of the State (ROS). Effective July 1, 2015, Culpeper (FIPS Code 047) and Rappahannock (FIPS Code 157) Counties will change from the ROS reimbursement rates to the NOVA reimbursement rates for Medicaid Services. The locality used for reimbursement is based on the address of the member receiving services. The services and rates affected by this policy change will be updated accordingly in the DMAS Provider Manuals located on the DMAS website (www.dmas.virginia.gov).

This policy change follows the recent publication of revised Metropolitan Statistical Areas (MSAs) by the Office of Management and Budget (OMB) in the February 2013 OMB Bulletin No. 13-01. The Centers for Medicare and Medicaid Services (CMS) adopted the new MSAs for Home Health reimbursement purposes for federal fiscal year 2015. DMAS regulations require the Department to use the Virginia localities that are included in the Washington D.C./Virginia/Maryland metropolitan core-based statistical area used by CMS for Home Health reimbursement for its NOVA home health rate region. In the most recent CMS Home Health reimbursement regulations, the counties of Culpeper and Rappahannock were moved from a non-metropolitan area to the Washington D.C./Virginia/Maryland metropolitan core-based statistical area. The same localities are also used for HCBS and EPSDT services.

Listed below are the localities and their corresponding FIPS (Federal Information Processing Service) Codes, which will define the DMAS NOVA area for HCBS reimbursement, effective July 1, 2015:

Alexandria City - 510	Loudoun County - 107
Arlington County - 013	Manassas City - 683
Clarke County - 043	Manassas Park City - 685
Culpeper County - 047	Prince William County - 153
Fairfax City - 600	Rappahannock County - 157
Fairfax County - 059	Spotsylvania County - 177
Falls Church City - 610	Stafford County - 179
Fauquier County - 061	Warren County - 187
Fredericksburg City - 630	

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

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

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Xerox State Healthcare Web Portal Support Helpdesk, 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. Providers may also 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.