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# MEDICAID MEMO

**TO:** All Providers and Managed Care Organizations  
Participating in the Virginia Medical Assistance  
Program

**FROM:** Cynthia B. Jones, Acting Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** May 26, 2010

**SUBJECT:** Transition of Virginia Medicaid Fiscal Agent and Provider Enrollment Services to  
ACS State Healthcare (ACS) - UPDATED

This memo is the second in a series regarding the transition of the Virginia Medicaid Fiscal Agent and Provider Enrollment Services contracts. Please review the memo carefully. Based on how you transact business with Virginia Medicaid, some sections of this memo may be more pertinent than others. Please distribute this memo to other staff within your organization as necessary.

The Department of Medical Assistance Services (DMAS) will transition all Fiscal Agent and Provider Enrollment Services functions from First Health Services Corporation (FHSC) to ACS on June 28, 2010. The transition to ACS does not involve the development and implementation of a new Medicaid Management Information System and is expected to have minimal disruption to providers. This transition is unrelated to the delayed remittance scheduled for June 25, 2010, as explained in the Special Memo dated May 14, 2010.

DMAS set up a page on its website entitled Fiscal Agent Transition (<http://www.dmas.virginia.gov/fa-trans.htm>). On that site, you can access the latest information on the transition to ensure no interruption in the services we provide to you. In addition, you will find training opportunities, FAQs, and the latest information on the progress of the transition and how it affects you. We strongly encourage you to visit the site often so that you are up-to-date on changes and the transition timeline. In the event you cannot locate the answer to your question, you can contact us at [fiscalagenttransition@DMAS.virginia.gov](mailto:fiscalagenttransition@DMAS.virginia.gov). Only questions related to the Fiscal Agent Transition will be replied to from this email address.

**Providers should plan accordingly and prepare for this transition. DMAS will only issue advance payments for this transition in the event of a system issue.**

**Virginia Medicaid Web Portal**

The new Virginia Medicaid Web Portal will become the gateway for providers to transact all Medicaid and FAMIS business via one central location on the Internet. The web portal will provide access to Medicaid Memos, Provider Manuals, provider search capabilities, provider enrollment applications, training and education. Providers must register through the Virginia Medicaid Web Portal in order to access and complete those secured transactions listed below. The new Virginia Medicaid Web Portal can be accessed by going to: [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov).

### **Functionality of the New Virginia Medicaid Web Portal**

The new Virginia Medicaid Web Portal will contain similar functionality and content as the current web portal except that some functionality may not be available as the transition occurs. Exceptions include alternate search criteria for member eligibility inquiries and service authorization requests and claims status inquiries with servicing provider visibility.

You **will** be able to conduct the following transactions as a registered user on June 28, 2010:

1. Check Medicaid and FAMIS Member Eligibility – you will be able to check up to ten members at a time.
2. Check Medicaid and FAMIS Member Service Limits.
3. Check the Status of a Submitted Claim.
4. Check a Weekly Medicaid and FAMIS Payment Amount.
5. Check on a Member Service Authorization.

### **Early Exceptions**

You will need the Member's Medicaid Identification Number to perform the member based transactions listed above including Eligibility, Service Limits and Service Authorizations. Service Authorization will also have an alternate search on Service Authorization ID and Procedure information. At a later date, the capability to find a member by using two of the following identifiers: Social Security Number, Date of Birth and Member Name, will be available. Further, claims status inquiries will not display the servicing provider's NPI.

You will notice the new Virginia Medicaid Web Portal will have a different look and feel although the content is the same. DMAS will be creating a series of WebEx Training sessions introducing the new look that can be viewed 24/7. For further information on these WebEx sessions, please go to the FAQs at [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov).

### **First Time Registrations to the new Virginia Medicaid Web Portal**

Effective June 28, 2010, first time users must navigate to the new Virginia Medicaid Web Portal at [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov) and establish a user ID and password. By registering, you are acknowledging that you are the staff member who will have administrative rights for your organization. If you have any questions regarding the registration process, please refer to the Web registration reference materials available on the Web Portal. If you need further assistance, please contact the ACS Web Registration Support Call Center, toll free at 1-866-352-0496, starting June 28, 2010, from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays.

### **Existing users of the First Health Services UAC/ARS**

A letter will be sent to the Delegated Administrator on file with your NPI giving instructions on how to access the new Virginia Medicaid Web Portal. When you receive the letter, you should access the new Virginia Medicaid Web Portal and change your temporary password no later than June 27, 2010.

Your Delegated Administrator will be able to add new users beginning June 28, 2010. If you have any questions regarding your access letter or temporary password, please contact the ACS Web Registration Support Call Center, toll free, at 1-866-352-0496 after June 8, 2010, from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays.

### **Key Dates and Times**

- May 26, 2010 - New registrations to the current First Health Services User Administration Console (UAC) will be discontinued. No new users or registrants can be added to either site until the transition to ACS on June 28, 2010.
- Through June 27, 2010 - Current users to the First Health Services UAC can continue to request password resets, routine maintenance or access information as normal.
- June 27, 2010 - Access to the Automated Response System (ARS) via the First Health Services UAC will be discontinued.
- June 28, 2010 - New registrations and users can be added via the new Virginia Medicaid Web Portal.
- June 28, 2010 - Access to eligibility and claims information will be available in the new Virginia Medicaid Web Portal, [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov) at 7:01 A.M.

### **Payment Requests**

**Paper** — The process for submitting claims for processing will not change. Paper claims should continue to be sent to the appropriate Post Office (P.O.) Box for the claim you are currently submitting. For a complete list of all P.O. Boxes, go to the Fiscal Agent Transition page on the DMAS website (<http://www.dmas.virginia.gov/fa-trans.htm>).

Claims received by close of business June 21, 2010, will be processed as usual. Clean claims should be available for inquiry on or after June 28, 2010, and should be on your remittance advice of July 2, 2010. Claims received from June 22, 2010, through June 27, 2010, will be held and not submitted for processing until June 28, 2010. Claims held will not be available for inquiry until at least June 28, 2010, and will not be on your remittance advice until July 9, 2010. Processing of claims should return to normal timeframe(s) beginning June 28, 2010.

DMAS requires that any paper claim be submitted on an original red and white claim form because the individual submitting the form is attesting to the statement(s) made on the reverse side of the form; therefore, these statements become part of the original billing invoice. DMAS follows the National Uniform Billing Committee (NUBC) and the National Uniform Claims Committee (NUCC) standards and specifications for format, fonts (10-pitch Pica type, 6 lines per inch vertical and 10 characters per inch horizontal) and margins for claims.

**Electronic Data Interchange (EDI)** — For claims submitted electronically, the process remains largely the same. EDI files received by 5:00 P.M. on Thursday, June 24, 2010, will be processed as usual. These claims should be available for inquiry on June 28, 2010, and should be on your remittance of July 9, 2010. EDI files received after 5:00 P.M. on Thursday, June 24, 2010, will be processed starting June 28, 2010. Please ensure that you or your designee have established and been given a new user ID and password and a new File Transfer Protocol (FTP) address to which files will

need to be sent. Please see the Fiscal Agent Transition page on the DMAS website (<http://www.dmas.virginia.gov/fa-trans.htm>) for more information.

### **Trading Partner Testing**

ACS is conducting communications validation tests with clearinghouses, service centers and other software vendors to ensure that on the first day of the transition you will be able to conduct business with ACS just as you do with the incumbent fiscal agent today. A letter containing information regarding testing of EDI batch processing has been sent from ACS to all trading partners under a separate cover. Please email [Virginia.EDISupport@acs-inc.com](mailto:Virginia.EDISupport@acs-inc.com) if you have not received this letter from ACS. Please be sure and document your four position submitter ID and contact information in the email. A copy of the letter can be found on the Fiscal Agent Transition page on the DMAS website (<http://www.dmas.virginia.gov/fa-trans.htm>).

### **Pre-Admission Screening Assessments (PAS)**

The process for submitting Pre-Admission Screening assessments will not change. Completed PAS assessments should be sent to the appropriate P.O. Box for PAS assessments you are currently submitting. For a complete list of all P.O. Boxes, go to the Fiscal Agent Transition page on the DMAS website (<http://www.dmas.virginia.gov/fa-trans.htm>).

PAS assessments received prior to close of business on June 21, 2010, will be processed as usual. PAS assessments received from June 22, 2010, through June 27, 2010, will be held for processing. Processing of these assessments will not occur until June 28, 2010. Processing of PAS assessments should return to normal timeframe(s) beginning June 28, 2010.

### **Service Authorizations**

The process for requesting service authorizations (SA), formerly prior authorizations (PA), will not change. Providers should continue to submit requests through the existing entity that they currently use based on the type of services requiring authorization.

### **Pharmacy**

Providers will be able to access pharmacy programs, e.g. dose optimization and maximum quantity limits through the Virginia Medicaid Web Portal. Links will be provided that will direct users to Virginia's Preferred Drug List (PDL), service authorizations, WebPA, Maximum Allowable Cost (MAC) and Specialty MAC programs.

**Due to the transition from FHS to ACS, Virginia Medicaid has scheduled downtime for the Medicaid Point of Sale (POS) system from 5 PM Sunday, June 27, 2010 until 7 AM Monday, June 28, 2010.** Please hold all Medicaid POS claims until the system is operational. **If the system is not available by 9:00 AM that morning**, AND eligibility cannot be verified through the Automated Response System (ARS) website [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov) or MediCall at 800-772-9996, providers should follow the Virginia Medicaid Emergency fill provisions as detailed below:

A pharmacist should ascertain if the person is Medicaid eligible through patient information at the store level or obtain a copy of the current Medicaid identification card and dispense a 72-hour supply of the prescribed medication. The pharmacist must call Provider Synergies (formerly First Health Services) at 800-932-6648 if the drug dispensed is a non preferred drug on the Preferred Drug List (PDL). The patient will be charged a co-payment for this 72-hour supply. A co-payment should not

be charged for the completion fill. The prescription must be processed as a “partial” and “completion” fill in order for only one co-payment to be computed for the prescription. If a provider dispenses a “partial” and a “completion” prescription as defined by NCPDP, the provider is entitled to an additional \$3.75 dispensing fee when filling the completion portion of a 72-hour supply prescription. The completion fill claim should be submitted with a “03” in the Level of Service (NCPDP data element 418-DI) field.

If your software application does not have the capability to create a “partial” and a “completion” claim, please submit one claim for the full amount dispensed when the system becomes available. A second dispensing fee will not apply.

Contact the ACS Call Center at 800-774-8481 for other pharmacy services concerns related to claims submissions.

### **Training**

DMAS will provide training and support for this transition as needed. Training may include online tutorials, live WebEx sessions, and recorded training for 24/7 viewing. Upcoming training opportunities can be found on the new Virginia Medicaid Web Portal ([www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov)).

### **“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state 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.