

State communication

A message from DMAS.

Expired COVID-19 flexibilities

The following flexibilities previously expired and are no longer in place.

Flexibility	State Regulation	Expiration Date
General or Applies to Multiple Services	-	
Temporarily suspend Medicaid fee-for-	12 VAC 30-50-160(B) and (D)	3/05/2021
service prior authorization requirements.	12 VAC 30-50-165(B)(1)(a) and (9)	
	12 VAC 30-60-20(A)(1-3)	
	12 VAC 30-50-120 (B)	
	12 VAC 30-50-130 (C)(2)(a)	
	12 VAC 30-50-226 (B)(6)	
Temporarily suspend Medicaid Fee-for-	12 VAC 30-50-160(B) and (D)	8/31/2020
Service and Managed Care Organization	12 VAC 30-50-165(B)(1)(a) and (9)	
prior authorization requirements.	12 VAC 30-60-20(A)(1-3)	
	12 VAC 30-50-120 (B)	
	12 VAC 30-50-130 (C)(2)(a)	
	12 VAC 30-50-226 (B)(6)	
Pharmacy		
Virginia will suspend refill "too soon" edits	12 VAC 30-50-210(A)(3)	8/20/2020
for all drugs prescribed for 34 days or less.		
Durable Medical Equipment (DME)		
DMAS will allow temporary coverage for		8/31/2020
short-term oxygen use for acute conditions.		
Fair Hearing/Appeals		
A shortened timeframe for MCOs to issue		3/05/2021
an internal appeal decision in non-		
expedited client appeals.		
Providers affected by the COVID-19	12 VAC 30-20-500	3/05/2021
emergency can request a hardship		
exemption to the normal deadline to file an		
appeal.		
Extension of provider appeal deadlines.	12 VAC 30-20-500	3/05/2021
Waivers and Telehealth		
In-person visits will be required for anyone		5/01/2021
newly enrolled in the waiver or in a waiver		
service must have an in-person visit with		
effective dates of May 1, 2021 or after.		

https://providers.anthem.com/va

Flexibility	State Regulation	Expiration Date
For members that have not had an in-		5/01/2021
person visit on or after 3/12/2020, the next		
required agency supervisory or services		
facilitator reassessment/routine visit		
should be done in person.		
Provider Enrollment		
Waive provider screening requirements		8/31/2020
(payment of application fee; criminal		
background check; site-visit; in-		
state/territory licensure requirements) to		
permit provisional enrollment for: (1)		
Medicaid enrollment for a provider not		
already enrolled with Medicare or another		
State Medicaid Agency or Medicare		
(specific conditions apply); and (2)		
Medicare enrollment for a physician or		
non-physician practitioner.		
Postpone all revalidation actions of		8/31/2020
providers.		