



## **AETNA BETTER HEALTH® OF VIRGINIA**

### *HCBS Rate Increase FAQ*

A temporary 12.5% rate increase for select Home and Community-Based services is being implemented for dates of service on or after **July 1, 2021, through June 30, 2022**. These services include:

- Waiver services.
- Behavior health services.
- Home health.
- EPSDT.
- others identified by the state.

Please note that **not all** services in the mentioned categories are included in the rate increase. School services, customized rates, inpatient services, and individual consideration rates are examples of services which are **excluded** from the temporary rate increase.

### **Frequently Asked Questions**

- 1. How do I find out the status of my claims?** We partnered closely with DMAS to support the implementation to accommodate the rate increases and our system was updated on **October 15, 2021**. Questions can be directed to our CICR team by calling **860-900-5730**.
- 2. Do I need to rebill for the services to receive the retro rate of 12.5%?** No. DMAS announced in January 2022 that they received a special accommodation from CMS to allow MCOs to reprocess claims and pay at the higher rate and to disregard the lesser than logic without provider resubmission. We are working to identify and reprocess impacted claims. The project is slated to be complete, and claims reprocessed by **February 25, 2022**. Providers should be currently billing claims inclusive of the new rate.
- 3. When will I receive the funds from the new rate increase for services already billed?** The adjustment process for claims with dates of service between **July 1, 2021**, and the date of system update is being evaluated and impacted claims will be adjusted by **February 25, 2022**. New day claims submitted after **October 15, 2021**, are currently processing at the new rate.
- 4. Why are some codes eligible for temporary rate increase while others are permanent?** These decisions were determined in accordance with *2021 Appropriations Act* as amended in the Virginia General Assembly Special Session II.

5. **What codes are impacted?** The codes identified in the grid below (select home and community-based services) will be subject to the *temporary* 12.5% increase. Codes identified in the grid with **Bold lettering and shaded gray** (agency-directed and consumer-directed personal care, respite, and companion services) will also receive the retroactive 12.5% rate increase and will additionally have a permanent 12.5% rate increase effective **January 1, 2022**. Those codes noted with an asterisk (\*) are services that were effective on **December 1, 2021**. Additionally, there are two services noted in italics with double asterisks (\*\*) that are carved out and only billable to DMAS.

Billing Codes Identified for 12.5% Rate Increase							
Procedure Codes							Revenue Codes
90839	0373T*	H0024	H2015	<b>S5126</b>	T1003	T2013	421
90840	G0151	H0025	H2016	<b>S5135</b>	<b>T1005</b>	T2021	424
97139	G0152	H0031	H2017	<b>S5136</b>	T1012	T2022	431
97150	G0153	H0032	H2018*	<b>S5150</b>	T1015	T2023	434
97151*	G0493	H0035	H2019*	S9123	T1016	T2024	441
97152*	G0494	H0036*	H2020	S9124	T1017	T2032	444
97153*	G0495	H0038	H2022	<b>S9125</b>	<b>T1019</b>	T2033	550
97154*	G9012	H0039	H2023	S9445	T1020	<i>T2034**</i>	551
97155*	H0004	H0040	H2024	S9480	T1023		559
97156*	H0005	H0043	H2025	S9482*	T1024		571
97157*	H0006	H0046	H2033*	<i>S9484**</i>	T1026		
97158*	H0014	H2000	S0201	S9485*	T1027		
97530	H0015	H2011*	S5102	T1000	T1028		
99509	H0020	H2012	S5109	T1001	<b>T1030</b>		
0362T*	H0023	H2014	S5116	T1002	<b>T1031</b>		