



MES/DMAS MCO Toolkit for PRSS

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Instructions

On April 4, 2022, the Virginia Department of Medical Assistance Services (DMAS) launched the Medicaid Enterprise System (MES). This new technology platform includes the Provider Services Solution (PRSS), a module to support both fee-for-service and managed care network providers. Fee-for-service (FFS) providers and those dually enrolled in fee-for-service and managed care networks are already using PRSS to manage enrollment and maintenance processes.

PRSS will coordinate and streamline the enrollment and credentialing process by establishing a statewide entry for participation in Medicaid and its managed care health plans. PRSS is an essential part of our work to ensure that all Medicaid provider enrollments comply with federal requirements in the 21st Century Cures Act.

Important: This updated toolkit reflects a new accelerated approach to enrollment to comply with the Cures Act. Rather than following a staggered, regional schedule, we are now asking **all** providers to enroll in PRSS immediately. We ask MCOs to place an emphasis on enrolling all hospitals, nursing facilities, residential treatment facilities and pharmacies as soon as possible, but we strongly encourage you to develop plans for communicating to all of your network providers that they must take prompt action to enroll in PRSS.

One requirement that has not changed is for all new MCO-only providers to first enroll with PRSS prior to requesting credentialing with one or more of the managed care health plans.

This toolkit includes an explanation of updated enrollment strategies and timelines for MCO leadership and staff, as well as shareable messages you can distribute to your network providers to help prepare them for this transition through training opportunities and other learning resources available on the MES website. We hope the information in this toolkit will be of assistance as you and your staff develop your enrollment plans.

To successfully manage provider enrollment efforts, Gainwell, the PRSS vendor for provider enrollment, has shared a list of National Provider Identifiers (NPIs) for providers that are expected to enroll. This file is located at the Medallion FTP site. Health plans will be responsible for identifying network providers by NPI number from the DMAS provider file to begin communication readiness and efforts.



We thank you for your support in this initiative and your partnership in achieving our mission to ensure that all Medicaid members have access to high-quality health care coverage.

Information for You & Your Staff

PRSS will simplify provider enrollment tasks, such as updates to licenses, certifications and submission of documents through the secure portal. Providers will also be able to request participation with MCO health plans during the enrollment/revalidation process through the portal.

How PRSS Affects You

- PRSS enables Virginia Medicaid and its providers to comply with the 21st Century Cures Act. This federal law includes the following:
 - Requirement that all MCO network provider service locations enroll with DMAS via the PRSS provider enrollment portal.
 - Requirements related to MCO provider credentialing and contracting processes.
 - Requirements for claims payment.
- DMAS will perform evaluations of MCO network adequacy based on PRSS data using the MCO affiliation status (Participating or “PAR” status). Nonparticipation Provider Registration (NPPR) records will NOT be used in network adequacy evaluations because NPPR does not support MCO contract affiliations.
- Virginia Medicaid’s Encounter Processing Solution module will implement additional business rules as needed to enforce the requirements of the 21st Century Cures Act.

PRSS Enrollment Strategy

All participating MCO-only providers must submit an enrollment application to PRSS. This enrollment effort is exclusively for MCO providers who are not enrolled as FFS and who have previously provided services to Virginia Medicaid members. To support the needs of Virginia Medicaid members, DMAS and Gainwell have assigned a risk category to each provider based on provider type.

There are three risk categories:

- Limited Risk
- Moderate Risk
- High Risk

Limited risk provider types are: Physician or non-physician and other licensed medical practitioners and medical groups or clinics. Ambulatory surgical centers, renal dialysis, federally qualified health centers, hospitals, skilled nursing facilities, rural health centers and pharmacies

Moderate risk provider types are: Community mental health centers, comprehensive outpatient rehabilitation facilities, labs, hospice, ambulance services, diagnostic testing facilities, physical therapists enrolling as individuals, portable x-ray suppliers, Medicare diabetes prevention programs, opioid treatment programs, and revalidating home health agencies and durable medical equipment suppliers.

High risk provider types are: Newly enrolling home health agencies and durable medical equipment suppliers



Screening requirements by risk category:

All providers must be screened by Virginia Medicaid prior to enrollment with an MCO plan.

Risk Category	Database Checks	Unannounced Site Visits	Fingerprint/Background Checks
Low	X		
Moderate	X	X	
High	X	X	X

Note: The required database checks at the time of initial enrollment, during monthly monitoring, and at revalidation are: Excluded Parties List System; List of Excluded Individuals and Entities; National Plan and Provider Enumeration System; the Death Master File from the Social Security Administration; Provider, Enrollment, Chain, and Ownership System; Medicaid and Children's Health Insurance Program State Information Sharing System (renamed to Data Exchange System); and state license verification.

120 Day Rule (exceptions for emergency enrollment)

Managed care plans may execute a network provider agreement for up to 120 days pending the outcome of the enrollment process. In such cases, the MCO must terminate a network provider immediately in the following circumstances:

- Notification from the state that the network provider cannot be enrolled due to failed screening
- Expiration of the 120-day period without enrollment and screening of the provider in PRSS

Dually Enrolled Providers (MCO and FFS enrolled) only

- **Existing provider was converted and already participates as a network provider with an MCO:** Providers in PRSS were converted with each of the MCO contracts set to NON-PAR. It is the responsibility of the MCO plan to change the provider's contract from NON-PAR to PAR via the PRN Update process. No action is needed from the provider in PRSS; the action is with the MCO to make the update.
- **Existing providers would like to join an MCO network in which they currently do not participate:** Providers can request participation via the Provider Portal (not the Provider Enrollment Portal). The request would go to the MCO's Application List in the MCO Portal for the MCO to take action. Please note that providers should also reach out to the MCO to act on their request.
- **Existing providers would like to end their FFS enrollment but remain MCO network providers:** Providers can submit a maintenance request in order to request termination from FFS and leave their MCO participation active.

MCO Portal Functionality

Currently, there is an option in the MCO portal that allows health plans to go into the MCO portal to get documentation to complete the provider credentialing process. The health plan has two options: To go to the portal to complete the credentialing process or get the information needed via the PRN file. For a better understanding of the MCO portal functionalities, please see training information stored [on the MES website](#).



Application Fees

Institutional providers may be required to pay an application fee at the time of enrollment, re-enrollment, or reactivation. This includes when adding new locations. If a provider is required to pay an application fee, it will be outlined in the provider enrollment application and/or revalidation notice. Please refer to appendix A for more information on provider types that may be charged an application fee.

CMS determines the application fee each year. This fee is not required to be paid to DMAS if the provider has already paid the fee to another state Medicaid program or Medicare, or has been granted hardship approval by Medicare.

Providers may submit a hardship exception request for CMS approval with their enrollment application. If CMS does not approve the hardship request, then providers have 30 calendar days from the date of the CMS notification to pay the application fee or the enrollment application will be rejected. An appeal of a hardship exception determination must be made to CMS pursuant to 42 CFR 424.514.

See appendix A for application fees.

Transportation (NEMT)

Non-Emergency Medical Transportation (NEMT) providers **do not** enroll in the new MES system directly. NEMT providers enroll with the MCO NEMT broker only.

NEMT providers must be submitted in the MCO Non-Participation Provider Registration (NPPR) file. DMAS made the decision that all FFS and MCO NEMT providers, volunteer drivers, and independent drivers will be considered *Non-Participation Providers*. MCOs are required to submit their NEMT broker provider network in their MCO NPPR file.

MCO NEMT brokers are still required to enroll NEMT providers into the “BROKER NETWORK” according to contractual MCO NEMT standards and enrollment controls in place now. The same standards and controls currently in place for NEMT drivers, volunteer drivers, independent driver programs, and Transportation Network Companies (TNCs) enrolling into FFS and MCO NEMT broker networks will stay the same as well. The NPI requirement also remains the same.

Ambulance providers must follow normal FFS/MCO provider enrollment in the MES/PRSS Provider Portal under the Cures Act requirements (if providing emergency services and/or FFS non-emergency Medicare/Third Party Liability transports).

Provider Frequently Asked Questions

For a list of common questions and answers for providers on the PRSS portal, [please visit the MES website](#).



Information to Share with Your Network Providers

Below is a suggested template for the health plans to use when communicating with their providers that are not dually enrolled. Please add your branding and edit as needed to meet your communication needs. Enclosed resources include:

Provider Email Template:

Dear Provider,

In April 2022, the Virginia Department of Medical Assistance Services (DMAS) launched a new portal to manage provider enrollment – the Provider Services Solution (PRSS). Medicaid providers will use the PRSS portal, located on the Medicaid Enterprise System (MES) website, to complete enrollment and maintenance processes. This platform will be more efficient and make it easier for you to access the information you need as a Medicaid provider. All Medicaid managed care network providers must enroll through PRSS to satisfy and comply with federal requirements in the 21st Century Cures Act. Those network providers that are currently enrolled as FFS in Medicaid do not have to re-enroll in PRSS.

As a **[INSERT NAME OF MCO]** participating provider, you will need to initiate enrollment through the new [PRSS enrollment wizard](#). Go to “Enroll as a new provider, or check your enrollment status.” Only one enrollment application is necessary in PRSS, even if you participate with more than one MCO. The application process allows for selection of one or more MCO plans. Once approved, providers will need to create a PRSS portal online account in order to revalidate their enrollment, make changes to personal or business information and check member eligibility. You may be asked to provide evidence of your submission.

You can find helpful training resources [on the MES website](#).

Questions? Contact PRSS Provider Enrollment Helpline at (804) 270-5105 or (888) 829-5373 and Provider Enrollment email address at vamedicaidproviderenrollment@gainwelltechnologies.com. For questions related to non-enrollment, please work with your health plan.



Provider Education and Training Courses

Managed care network providers can use the new Provider Services Solution (PRSS) portal by using training resources on the Medicaid Enterprise System (MES) website. DMAS offers a variety of pre-recorded training opportunities to help providers to receive the maximum benefits from the PRSS portal. Please visit the MES website for a comprehensive listing of current courses: [Provider Training Resources | MES \(virginia.gov\)](#)

We encourage you to take advantage of these recommended recorded training:

- **PRSS-111 Provider Enrollment Application**
This training course explains the provider enrollment process, identifies the different enrollment types and offers guidance on the documentation that providers need to prepare before enrolling. The training also includes an overview of what the provider enrollment application looks like and how to submit a provider enrollment application.
- **PRSS-118 Introduction to Provider and MCO Portal Delegate Management**
The goal of this virtual training is to offer instructions on this important process for providers, authorized administrators of providers, and delegates of providers. In PRSS, a provider's primary account holder and/or delegate administrators must register their delegates and assign them permission to access the provider portal to complete enrollments and other tasks.
- **PRSS-120- Introduction to the Provider Portal**
The goal of this virtual training is to introduce the provider portal registration process and the functions, features, and basic navigation within the provider portal.

If you have questions related to training, please contact DMAS_VA_MESregistrations@briljent.com.



Appendix A: Application fee table by facility type

PT	PT Description	Risk Level	Application Fee	Site Visit	FCBC
001	Hospital	Limited	Y	N	N
003	Private Inpatient Psychiatric Hospital	Limited	Y	N	N
007	State MH Hospital (less than 21)	Limited	Y	N	N
010	Nursing Facility	Limited	Y	N	N
014	Rehabilitation Hospital	Limited	Y	N	N
015	Intermediate Care Facility	Limited	Y	N	N
017	Intermediate Care Facility - Developmental Disability	Limited	Y	N	N
019	Comprehensive Outpatient Rehabilitation Facility	Moderate	Y	Y	N
046	Hospice	Moderate	Y	Y	N
051	Clinics	Limited	Y (Renal, FQHC.RHC)	N	N
057	Outpatient Rehabilitation Facility	Limited	Y	N	N
062	Durable Medical Equipment	High	Y	Y	Y
059	Home Health Agency	High	Y	Y	Y
064	Prosthetic and Orthotics	High	Y	Y	Y
070	Laboratory Services	Moderate	Y	Y	N
071	Diagnostic and Imaging Centers	Moderate	Y	Y	N
077	Residential Treatment Facility	Limited	Y	N	N
080	Emergency Transportation	Moderate	Y	Y	N
356	Behavioral Health Clinic	Moderate	Y	Y	N
456	Behavioral Health Clinic and Services	Moderate	Y	Y	N

Appendix B: Guidance for MCO use of the Provider Network (PRN) File

This document is intended for MCO only use

- I. **How to identify providers that are DMAS-enrolled (“Cures Act compliant”) on the PRN and are eligible to be enrolled by an MCO:**
 - **ProgramEligibilities** segment:
 - **ProgramType** is any one of the following:
 - ‘VA FFS’, ‘VA Approved Screening’, ‘VA TDO’, ‘CMM’, ‘SLH’ or ‘Non – MCO Conversion Only’
 - AND
 - **EndDate** is greater than the current date.
 - **MCOParticipations** segment:
 - **ParticipationInd** is
 - “False” – the service location is not participating in the MCO network
 - “True” – the service locations is participating in the MCO network
- II. **How to identify providers that have been converted and known to PRSS, but not DMAS-enrolled (“NOT Cures Act compliant”) and will need to enroll in PRSS if in an MCO network:**
 - **ProgramEligibilities** segment:
 - **ProgramType** is “Conversion Registered”
 - **MCOParticipations** segment:
 - Null
- III. **What is on the PRN Full File?**
 - Only the provider service locations with at least one active contract and in effect on the day the PRN Full File is created.
 - Provider segments included on the PRN Full file are those where the end date is on or after the system date.
- IV. **What are some special considerations?**
 - Magellan BHSA - ASO providers – the Behavioral Health – ASO providers that don’t also have a VA FFS contract will show on an MCO’s PRN file with a Program Type of “Non – MCO Conversion Only”. These providers are considered enrolled and Cures Act compliant in PRSS. The same is true for Dental ASO providers but PT 040 and 041 should not be considered for MCO participation.
 - Non-Emergency Transportation – NEMT providers do not enroll in PRSS and are assigned a “NPPR Registered” contract.

V. Other PRN and MCO Portal Considerations

How to identify new enrollment requests on the PRN for the same provider entity.

If you have a new provider reported on the PRN daily delta file or in your processing of the PRN full monthly file you identify a new provider service location that wasn't on the prior month full file, then you can evaluate the ProviderLocationId to determine if it's a new provider entity or a new service location for an existing provider entity. The ProviderLocationId is comprised of two parts: the first 10 digits are the base ID and the last 4 are the location number. If the location number equals 0001, then it indicates this is a new provider entity and if the MCOParticipations node is populated and they are of the correct provider type; then this provider data could be used to determine if they have requested participation in your plan by comparing against MCO Portals request.

If the location number is greater than 0001, then it indicates this is a new service location for an existing provider entity. If the MCOParticipations node is populated and they are of the correct provider type; then an MCO could use the base ID to determine if other service locations for this same base ID have already been updated to have ParticipationInd = True. Based on your contract agreements and the provider's network participation at all locations, you might be able to update this new location to ParticipationInd = True without needing to evaluate any requests on the MCO portal.