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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 08/22/2023

Post-Admission Long-Term Services and Supports (LTSS) Screenings by Skilled Nursing Facilities Effective July 1, 2023

The purpose of this bulletin is to notify providers of DMAS's implementation of House Bill (HB) 1681 and Senate Bill (SB) 1457 passed during the 2023 General Assembly session.

In accordance with HB1681 and SB 1457, individuals admitted to a nursing facility (NF) for skilled nursing services that were required to have an LTSS screening prior to admission may have an LTSS screening performed by qualified staff of the skilled nursing facility after admission. In this situation, Medicaid reimbursement for institutional LTSS will not begin until six months after the initial admission of the individual unless sufficient evidence is provided to indicate that the admission without screening was of no fault of the skilled nursing facility. Admissions that have occurred prior to July 1, 2023, are not excluded and count in the calculation of the six months, but in no instance will payment cover dates of service prior to July 1, 2023.

In cases where an individual was enrolled in Medicaid, admitted to the skilled nursing facility for skilled nursing services, and no LTSS screening was performed prior to admission, the nursing facility may take the following steps to initiate enrollment for LTSS NF services:

1. The nursing facility must wait six months following the individual's admission to skilled care to initiate the individual's enrollment for LTSS NF services unless there is evidence that the skilled nursing facility admitted the individual without an LTSS screening due to no fault of their own.

2. The skilled nursing facility staff qualified to perform the LTSS screening may conduct the LTSS screening and enter it into eMLS. Once the screening is showing "Accepted Authorized" the skilled nursing facility shall complete the DMAS-80 and send it to the appropriate entity. If the individual is enrolled in a Commonwealth Coordinated Care Plus (CCC Plus) managed care organization, the DMAS-80 must be sent to the appropriate MCO. If the individual is fee-for-service, the DMAS-80 must be faxed to DMAS at 804-452-5456.

3. The DMAS-80 must include the individual's date of admission to the skilled nursing facility for skilled nursing care. The date of LTSS NF admission must be six (6) months after the admission date to the skilled nursing facility unless there is justification to show that the LTSS screening was not completed prior to the admission due to no fault of their own. For example, the facility may state at the time of admission the individual was Medicaid Pending and the skilled nursing facility was not aware of the pending application. The justification must be documented in the comment section of the DMAS 80. If there are no comments with information to justify waiving the six-month period, the LTSS admission date will be entered with a date of 6 months after the initial admission date.

4. The nursing facility must keep all documentation, including the LTSS screening, DMAS-80,

admission documents, and any supporting documentation justifying waiving the six-month period in the individual's record.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	https://vamedicaid.dmas.virginia.gov/
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
Acentra Health Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/

Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046
Provider Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-855-270-2365 1-866-386-7882 (CCC+)
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-833-207-3120 1-833-235-2027 (CCC+)
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-643-2273 1-844-374-9159 (CCC+) www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA www.myuhc.com/communityplan 1-844-284-0149 1-855-873-3493 (CCC+)
Dental Provider DentaQuest	1-888-912-3456