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MEDICAID BULLETIN

Last Updated: 10/08/2025

Updated Risk Screening Requirements for Skilled Nursing Facility and Hospice Providers Effective December 1, 2025

The purpose of this bulletin is to address changes to the risk-based screening and enrollment requirements for Skilled Nursing Facility (SNF) and Hospice providers enrolled with the Department of Medical Assistance Services (DMAS).

In accordance with Section 6401(a) of the Affordable Care Act (ACA), the Centers for Medicare and Medicaid Services (CMS) requires all state Medicaid agencies to screen and enroll and periodically revalidate providers in accordance with standards explained in the Code of Federal Regulations (CFR), at 42 CFR § 455 Subpart E.

Updated Screening Activities by Risk Level

All providers are screened in accordance with **federally mandated requirements** prior to the approval or renewal of their participation in **Virginia Medicaid** by **DMAS**. In addition to initial risk-based screening, DMAS performs **monthly screening** of all participating providers, as well as a **comprehensive screening at the time of revalidation.**

The screening measures required vary by **categorical risk level,** as defined by federal guidelines—**limited, moderate, or high.**

As part of recent federal updates, **CMS has revised risk-based screening and enrollment requirements,** stipulating that **Skilled Nursing Facility (SNF)** and **Hospice** providers must undergo:

- **High-risk screening** for initial enrollment, re-enrollment, and changes in ownership
- **Moderate-risk screening** for revalidations

A summary of these changes is included in the table below. All providers are required to revalidate **at least every five years**.

Effective **December 1, 2025**, **DMAS will implement these mandatory updates** to align with CMS directives.

Screening Activities by Risk Level	Limited Risk	Moderate Risk	High Risk

• Verification that a provider or supplier meets any applicable Federal regulations, or State requirements for the provider or supplier type prior to making an enrollment determination. • Verification that a provider or supplier meets applicable licensure requirements; and • Federal and State database checks on a pre- and post-enrollment basis to ensure that providers and suppliers continue to meet the enrollment criteria for their provider/supplier type and that they are not excluded from providing services in federally funded programs.	ü	ü	ü
• Unannounced pre-and/or post-enrollment site visits to confirm accuracy of information submitted in the provider's application.	Not Applicable	ü	ü
• Criminal background check(s) and submission of fingerprints of the provider, including person with a 5% or more ownership interest.	Not Applicable	Not Applicable	ü

Note: Although Skilled Nursing Facilities (SNFs) will be classified as "High Risk" effective **December 1, 2025,** and subject to associated screening requirements, the Medicare revalidation application deadline for all SNFs has been extended from **August 1, 2025,** to **January 1, 2026**.

DMAS strongly encourages **Skilled Nursing Facility (SNF)**and **Hospice providers** to ensure their **Medicare enrollment records** are current. When a provider's Medicare enrollment information is **accurate and aligned** with the details in their **PRSS Medicaid enrollment application,** DMAS may rely on the **site visits and screening activities previously conducted by Medicare.**

Additional information regarding **screening and enrollment** can be found on the DMAS Medicaid Enterprise System (MES) provider webpage.

For direct assistance, please contact **DMAS's provider enrollment vendor, Gainwell** via email at virginiaproviderenrollment@gainwelltechnologies.com **1-888-829-5373**.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the MCO Provider Network Resources webpage and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

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
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

Cardinal Care Managed Care 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.

Cardinal Care Managed Care	https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/
PACE	Program of All-inclusive Care (virginia.gov)
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	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878
Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Humana Healthy Horizons Provider Services Call Center	1-844-881-4482 (TTY: 711) https://provider.humana.com/medicaid/virginia-medicaid
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0146

Acentra Health Behavioral Health and Medical Service Authorizations	https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900
Dental Provider DentaQuest	1-888-912-3456
Fee-for-Service (POS) Prime Therapeutics	https://www.virginiamedicaidpharmacyservices.com/ 1-800-932-6648