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https://dmas.virginia.gov
MEDICAID MEMO

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Mandatory Use of Electronic Portal for Submission of Long-Term Services and Supports (LTSS)

The purpose of this bulletin is to clarify the previously issued guidance on the Electronic PreAdmission Screening (ePAS) process issued on January 9, 2015 and April 17, 2015. Beginning December 1, 2019, all Medicaid LTSS Screenings must be electronically submitted via the DMAS web portal known as ePAS. The naviHealth Form Connector for screenings (UAIs) will no longer be available for use. This may affect certain hospital screeners.

There is no change in the process used in communities and hospitals to conduct LTSS screenings. LTSS Screeners will continue to evaluate and document on the required forms all information necessary to determine an individual's eligibility for Medicaid LTSS. The electronic portal for LTSS screening submission is accessed via the Virginia Medicaid web portal through the following link: www.virginiamedicaid.dmas.virginia.gov.

1. Individuals entering and submitting the LTSS screening data will have electronic documentation of each submission and ability to view submitted screenings.
2. On-line LTSS screening forms identify all required data elements for successful submission.
3. LTSS screeners must enter their name exactly as typed on their Medicaid LTSS Screening Training Certification and their certification number must be entered at the time of signature attestation.
4. ePAS will notify the individual entering the data on the following day of the "Successfully Processed" or "Denied" status of the screening. A LTSS Screening is not considered complete nor final until it is successfully processed by the electronic system.
5. If additional information or corrections are needed, each item can be viewed on the screen along with a description of the information or correction needed directly below each data element.
6. The LTSS screening can be printed for documentation and given to providers as indicated in the Medicaid LTSS Screening manual. A copy of the DMAS-97 with original signatures will continue to be retained in the individual's record.
7. Data from the LTSS Screening submissions will also be reflected in the DMAS Virginia Medicaid Management Information System (VaMMIS) after processing and edits have occurred.
8. Upon successful completion of the LTSS screening data, VaMMIS will generate a claim for payment to the office associated with the NPI/API entered on the screening.
9. The individual entering the data will be able to track the claim and subsequent payment.

Training for Individual Users of the DMAS Automated LTSS Screening System
The following training opportunities are available for providers to become familiar with the portal entry system.

1. A User Guide, Tutorial, and Frequently Asked Questions (FAQs) are all available on the

Virginia Medicaid Provider Web Portal located at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.

2. Connect by selecting "Preadmission Screening" under the "Provider Resources" tab.
3. Review the Medicaid LTSS Screening Training at: https://medicaidltsstraining.partnership.vcu.edu/.
4. Review the DMAS provider manual for Medicaid LTSS Screening, available by selecting "Provider Manuals" under the "Provider Services" tab in the web portal.
5. All LTSS screeners may submit questions and ask for one-on-one technical assistance via the ScreeningAsssistance@dmas.virginia.gov e-mail box. Additionally, this e-mail address can be used for assistance with voids, trouble-shooting error messages, and navigation specifically within ePAS.
6. Problems with the ePAS portal login or the Medicaid portal itself are handled by the Virginia Medicaid helpdesk at 866-352-0496.

General questions and inquiries regarding the Medicaid LTSS Screening process should be directed to ScreeningAssistance@dmas.virginia.gov.

Medicaid Expansion

New adult coverage began January 1, 2019. Providers will continue to use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.

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.	www.virginiamedicaid.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
KEPRO Service authorization information for fee-forservice members.	https://dmas.kepro.com/

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 For credentialing and behavioral health service information, visit: www.magellanofvirginia.com VAProviderQuestions@MagellanHealth.com 1-800-424-4046
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