

# Specialized Care Facilities Enrollment

Nursing Facilities who wish to add specialized care beds must enter into an additional Provider Agreement with DMAS specifically for Specialized Care Services. Nursing Facility providers can enroll directly through PRSS and be eligible for a specialized care reimbursement rate by MSLC.

PRSS specialized care providers must enroll as Enrollment Type-Facility/Organization and Provider Type-Nursing Facility. Provider Specialties PS 186 (Ventilator), PS 189 (Complex), and PS 192 (Rehab) can be added to this enrollment. The criteria for admission to these specialized care services is set forth in 12VAC30-60-320.

Nursing facilities who seek an “add-on” agreement for enrollment with Virginia Medicaid as a Specialized Care approved provider must proceed directly through PRSS at the link below to begin the process to be eligible for a specialized care reimbursement rate by MSLC. Gainwell is the enrollment broker and will work with DMAS Provider Reimbursement Division to establish a specialized care reimbursement rate.

**Link to PRSS to begin enrollment:** <https://virginia.hppcloud.com/ProviderEnrollment/EnrollmentCreate>

Questions about enrollment: [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com)

Or by Phone: *In-State:* 804-270-5105    *Out-Of-State* Toll Free:1-888-829-5373

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## FAQs:

**Q:** Once in the MES portal what are the steps to apply for eligibility?

**A:** If you have any questions about enrollment please send those questions to Gainwell at: <https://virginia.hppcloud.com/ProviderEnrollment/EnrollmentCreate>

**Q:** Once the application is submitted when should we expect to hear back on approval?

**A:** The SLA for processing completed enrollment applications is 10 days.

**Q:** How many beds are typically authorized for the initial startup of this program?

**A:** The Nursing Facility provider manual indicates that a minimum of 4 beds can be added.

**Q:** How is the reimbursement rate established?

**A:** Providers submit a specialized care cost report. Rates are calculated using a variety of data sources such as cost data, inflation, CMS data, etc.

**Q:** Do you know what the claims will look like?

**A:** See Chapter 5 of the NF Provider Manual <https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-10/Chapter-5%20Billing%20Instructions%20%28Nursing%20Facilities%29.pdf>

**Q:** What codes do we need to add in order for them to pay?

**A:** Per diem rates are generated. Each facility may have a rate code of VENT, COMP, and REHB.

**Q:** Admission authorization- turn-around time related to receiving referral to admitting patient:

**A:** Go to Kepro's secure Atrezzo portal to submit information. <https://dmas.kepro.com/>

- Within three business days prior to the date of admission to the SC/LSH facility \*refer to process below
- Within three business days after the date of admission to the SC/LSH facility
- Within three business days of re-certification

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**Timeliness is waived and requests are considered retrospective reviews if the:**

- Member's Medicaid coverage is retro eligible
- Member has exhausted Medicare A Benefits and Medicaid is now primary
- Member has exhausted Private Insurance and Medicaid is now primary
- Member has Private Insurance but it is determined after admission that the policy does not cover these services

**Q:** Can patients transition off skilled benefits (if exhausted) to specialized care?

**A:** Yes, if criteria is met for specialized care/LSH admissions (DMAS 96, UAI and SC/LSH Questionnaire criteria)

**Q:** How does this work with out of state referrals?

**A:** Out of state (OOS) Transfers are exempt from UAI requirements; however if a member is transferring directly to a SC/LSH from out of state, it is the responsibility of the admitting SC/LSH to ensure that the member meets nursing facility criteria **and** SC/LSH criteria.