



# COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

## **Web Portal Long Term Care (LTC) Users Guide**

MES Version 1.0  
Updated: 04/01/2022

## HIPAA Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule<sup>1</sup> provides protection for personal health information. The regulations became effective April 14, 2003. Xerox developed HIPAA Privacy Policies and Procedures to ensure operations are in compliance with the legislative mandate.

Protected health information (PHI) includes any health information whether verbal, written, or electronic, that is created, received, or maintained by Xerox. It is health care data, plus identifying information that allows someone using the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

The Privacy Rule permits a covered entity to use and disclose PHI, within certain limits and providing certain protections, for treatment, payment, and health care operations activities. It also permits covered entities to disclose PHI without authorization for certain public health and workers' compensation purposes, and other specifically identified activities.

<sup>1</sup>

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<sup>1</sup> 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

## Revision History

<b>Docume nt Version</b>	<b>Date</b>	<b>Name</b>	<b>Comments</b>
1.0	09/14/2021	Conduent Web Portal Development Team	Initial Document Creation

# Table of Contents

HIPAA Privacy Rules .....	2
Revision History.....	3
Table of Contents.....	4
0.0 Introduction.....	5
0.2 User Roles .....	5
1.0 MES Portal Access & Navigation (Conduent MMIS Secured Provider Functions) .....	6
2.0 Long Term Care.....	9
2.1 Long Term Care Status Tracking – Current Segments .....	9
2.2 Long Term Care Admission/Discharge.....	13
2.3 LTC Add New Member .....	21
2.4 Logout.....	28
Appendix A – Glossary of Terms .....	29
Appendix B – Long Term Care (LTC) FAQ.....	31

## 0.0 Introduction

The MMIS provider portal functions are a subset of functionality of the Medicaid Enterprise System (MES).

This user guide addresses this specific functionality. For information regarding MES access and navigation, please see [MES PSS Documentation](#)

### 0.1 User Roles

To access the MMIS Provider LTC function, users will need to be established and contain the following:

**COND\_SecurePortal\_LTC** – The Conduent Secure Portal - LTC role is established by either the Provider or a Delegated Administrator for the Provider/NPI organization. This role is needed for performing Long Term Care reviews and/or updates on behalf of the provider organization.

The COND\_SecurePortal\_LTC has the following capabilities:

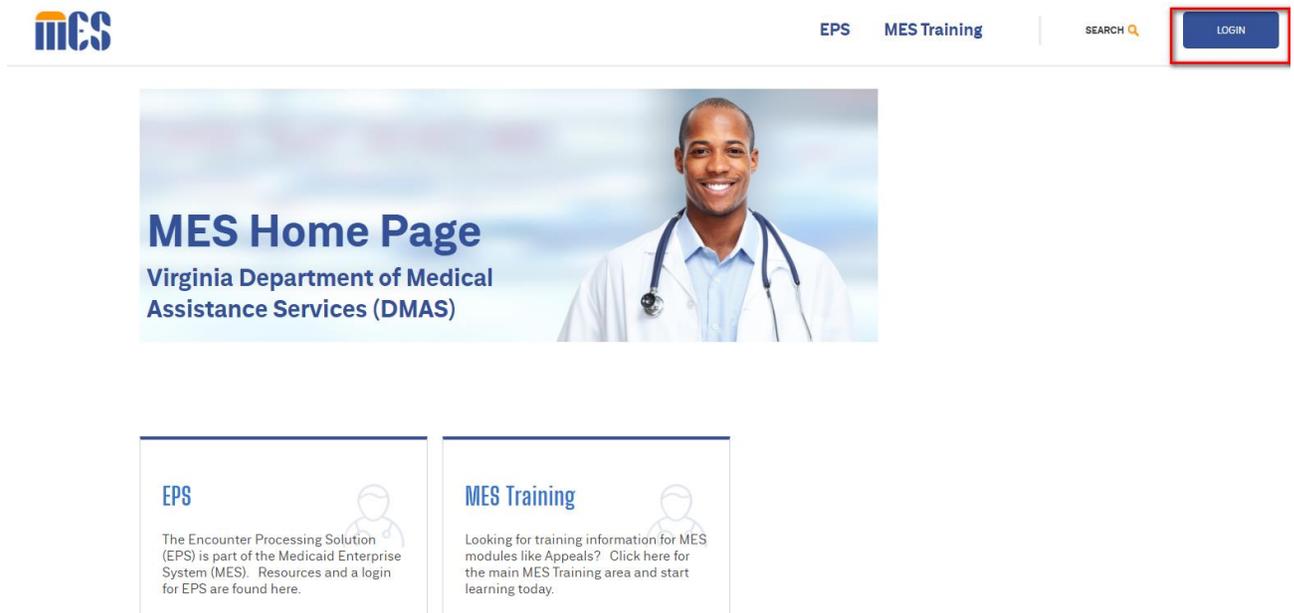
- Can access long term care segments for review
- Can add or modify segments through the Long Term Care function

Users will be able to conduct one of the following business processes (LTC Updates):

- Admission/discharge from a nursing facility.
- Level of Care changes for a nursing facility.
- Enrollment/disenrollment for hospice services.
- Enrollment/disenrollment for CCC Plus hospice services.
- Enrollment/disenrollment for PACE services.
- Enrollment for waiver services (Health Plan Users only).

# 1.0 MES Portal Access & Navigation (Conduent MMIS Secured Provider Functions)

The Virginia MES Web Portal can be accessed through the following link:  
<https://vamedicaid-sit.dmas.virginia.gov>

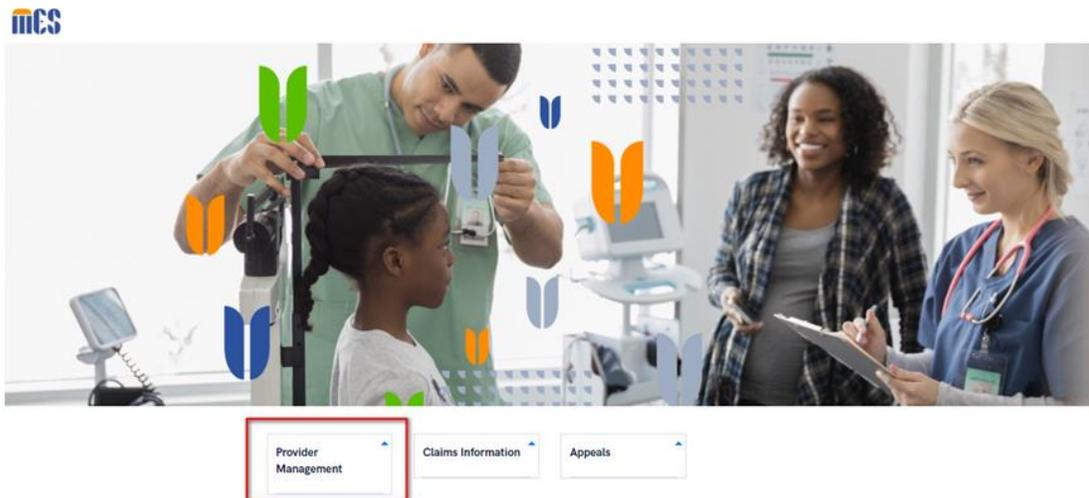


Once a user has received their secured credentials, they access the MES home page and will click on the 'Login' button.



Enter User ID (email) and associated password, click 'Sign-In'.

After logging in, users will see links/options based on their security roles. For secured provider functions, click the 'Provider Management' drop down option





Provider Management   Claims Information   Appeals

**PRSS Portal**  
The PRSS Portal application gives access to the secure Provider Portal or the MCO/ASO Portal depending on the user's role.

Click the PRSS Portal link

Virginia Department of Medical Assistance Services  
Provider Services

powered by Google

Messages | Contact Us | FAQ | Portal Help | Logout

Provider Portal   SERVICE AUTHORIZATION   RESOURCES   MAINTENANCE   CLAIMS   EDCG   ELIGIBILITY   **LONG TERM CARE**   PAYMENT HISTORY   SERVICE AUTHORIZATION

**Message Center**  
NEW 0   READ 0  
**VIEW MESSAGES NOW**  
Send Secure Message

**Search for an Authorization**

**Helpful Links**

- RA Messages
- Provider Manuals
- Provider Forms Search
- Provider Search
- Medicaid Bulletins to Provider
- Procedure Fee Files & CPT Codes
- CMS Website
- DMAS Website
- List of Updates and Revisions to Provider Manuals
- Hospital Presumptive Eligibility
- Newborn/Newborn E-123

Based on a user's security roles, function tabs will display on the PRSS Portal navigation bar.

Select 'Long Term Care'

The Conduent MMIS Secured Portal – LTC function will open in a new window, leaving the PRSS portal window open until any system time outs.

## 2.0 Long Term Care

Based on the NPI(s) that a user is associated with, a single NPI will be defaulted or the user may see a drop down list containing the NPIs the user has been granted access to.

If a drop down list is presented, the user will need to select the specific NPI for which they would like to review and/or make modifications.

The user will be directed to the Long Term Care Status Tracking – Current Segments portal page for review and detail selection.

### 2.1 Long Term Care Status Tracking – Current Segments

Screen sample:

Apr 12, 2017  
| Home | Contact Us | Log out

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care Review Pre-Admission Screening  
eDoc Management Provider Portal Secure Email Long Term Care

VAProviderLTCStatusTrackingPortlet

Long Term Care Status Tracking-Current Segments

NPI/API: [Redacted]

Select member for inquiry detail or to make updates:

Select	SSN	Member's Last Name	Member's First Name	MI	Suffix	Medicaid ID	Admission Date	Discharge Date	Status
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	R		[Redacted]	09/01/2016	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	L		[Redacted]	05/15/2014	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	S		[Redacted]	08/13/2016	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	S		[Redacted]	12/01/2016	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	S		[Redacted]	09/28/2016	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	G		[Redacted]	10/01/2016	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	J		[Redacted]	11/20/2016	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]			[Redacted]	02/01/2015	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]			[Redacted]	02/08/2017	12/31/9999	Approved
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	C		[Redacted]	02/01/2016	12/31/9999	Approved

Showing 1 - 10 of 62 [12345Next](#)

Member Search: Medicaid ID:  OR SSN:

The Long Term Care Status Tracking – Current Segments screen contains both enterable and display only fields.

### **2.1.1 Long Term Care Status Tracking – Current Segments - Upper Section**

Based on the user's provider organization, this screen may display data in the upper section.

#### Fee-for-Service Users

Fee-for-service users will see all open/current segments associated with their organization's NPI/API.

From this screen, the user can review the open segments by checking the box at the beginning of the segment row. Selecting that row will direct the user to the detail associated with that specific member.

The following is a list of fields on the screen and the necessary information for completing the form.

- NPI/API – This field is display only and will reflect the NPI/API with which the user id is associated.
- Select (checkbox) – This field is enterable. Checking this box and clicking 'Submit' will navigate the user to the 'Long Term Care Admission/Discharge' screen where the user will find all open and closed segments associated with the member selected, even those closed segments from a different provider.
- SSN (Social Security Number) – This field is display only and reflects the social security number of the member associated with the open segment.
- Member's Last Name – This field is display only and reflects the last name of the member associated with the open segment.
- Member's First Name – This field is display only and reflects the first name of the member associated with the open segment.
- MI (Middle Initial) – This field is display only and reflects the middle initial of the member associated with the open segment.
- Suffix – This field is display only and reflects the suffix of the member associated with the open segment, if applicable.
- Medicaid ID – This field is display only and reflects the Medicaid identification number of the member associated with the open segment.
- Admission Date – This field is display only and reflects the admission date associated with the open segment.

- Discharge Date – This field is display only and reflects the discharge date associated with the open segment. Note: Since these are open segments the discharge date will always be 12/31/9999 (representing an open ended segment).
- Status – This field is display only and reflects the current status associated with the open segment.

Click 'Submit' to navigate to the Long Term Care Admission/Discharge screen with the information from the selected open segment.

Any errors will be noted on the appropriate fields.

If successfully completed, the user will be navigated to the Long Term Care Admission/Discharge screen.

### Health Plan Users

Health Plan users will not see any segments in the upper section due to the large number of open segments associated with their organizations.

Health Plan users will receive a standard message of: *Not applicable for health plans*

### **2.1.2 Long Term Care Status Tracking – Current Segments - Lower Section**

From this screen the user (either FFS or HP) can enter the member's 12-digit Medicaid ID OR the member's 9-digit social security number in order to search for any segments. This is not limited to segments associated with just the user's NPI/API nor will it limit the returned data to just open segments.

- Medicaid ID – Entering the member's Medicaid ID here will check for any segments associated with this member. If found, the user will be navigated to the Long Term Care Admission/Discharge screen reflecting the detail associated with the member.
- SSN – Entering the member's SSN here will check for any segments associated with this member. If found, the user will be navigated to the Long Term Care Admission/Discharge screen reflecting the detail associated with the member.

Click 'Submit' to navigate to the Long Term Care Admission/Discharge screen with the information entered in either the Medicaid ID or SSN.

The user can request the addition of a new segment for a member that may have no existing segments from a navigation button at the bottom of the screen.

Addition of a new member segment will depend on the member/user relationship.

Only the following relationships will be able to add a new member segment (based on the admission and discharge dates):

- User associated with Fee-for-Service Provider => Member not associated with a health plan between/including the admission through discharge dates.
- User associated with a Health Plan => Member associated with a health plan between/including the admission through discharge dates.

Any other user/member combinations will receive an error message that a new segment cannot be added.

From the buttons on the bottom of the page, the user can choose to:

- Submit – Validates screen entry/entries and navigates the user to the Long Term Care Admission/Discharge screen.
- Add New Member – Navigates the user to the Add New Member Segment page to initiate a new member segment.

## 2.2 Long Term Care Admission/Discharge

If an open segment was checked or a Medicaid ID or SSN entered on the Long Term Care Status Tracking – Current Segment screen, the user is navigated to this screen.

Nov 22, 2016  
[Home](#) | [Contact Us](#) | [Log out](#)

Home Claims Member Service Authorization Payment History EHR Incentive Program Provider Maintenance Provider Enrollment RA Messages Level of Care Review Pre-Admission Screening  
 eDoc Management Provider Portal Secure Email Long Term Care

VAProviderLTCAdmDischgePortlet

Long Term Care Admission/Discharge

NPI/API: [Redacted]  
 SSN: [Redacted] Member's Medicaid ID: [Redacted]  
 Member's Last Name: [Redacted] Member's First Name: [Redacted] MI: [Redacted] Suffix: [Redacted]

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
1	02/01/2016	12/31/9999	[Redacted]	000 - Benefit Open	00	Approved	01/28/2016
1	07/28/2015	01/31/2016	[Redacted]	097	88	Approved	01/28/2016
1	07/28/2015	12/31/9999	[Redacted]	000	00	Voided	07/28/2015
1	06/01/2015	06/01/2015	[Redacted]	488	00	Voided	08/19/2015
2	06/01/2015	07/27/2015	[Redacted]	098	00	Approved	09/16/2015
2	06/01/2015	07/27/2015	[Redacted]	090	00	Voided	07/28/2015
2	05/21/2015	05/21/2015	[Redacted]	488	00	Voided	08/19/2015
2	05/21/2015	05/31/2015	[Redacted]	098	00	Approved	09/16/2015

Showing 1 - 8 of 8

Update Return to Status Tracking Reset Back To NPI Entry Add New Segment Print PDF

As with the Long Term Care Status Tracking – Current Segments, the Long Term Care Admission/Discharge screen has both display only and enterable fields.

The following is a list of fields on the screen and the necessary information for completing the segment update (if applicable based on the user's provider/member relationship)

- NPI/API – This field is display only and will reflect the NPI/API with which the user id is associated.
- SSN (Social Security Number) – This field is display only and reflects the social security number of the member associated with the open segment.
- Medicaid ID – This field is display only and reflects the Medicaid identification number of the member associated with the open segment.

- Member's Last Name – This field is display only and reflects the last name of the member associated with the open segment.
- Member's First Name – This field is display only and reflects the first name of the member associated with the open segment.
- MI (Middle Initial) – This field is display only and reflects the middle initial of the member associated with the open segment.
- Suffix – This field is display only and reflects the suffix of the member associated with the open segment, if applicable.

**Screen Detail:**

- Level of Care (LOC) indicator – This field will reflect one of the following values:
  - 1 = Intermediate Care Facility
  - 2 = Skilled Nursing Facility
  - 9 = CCC+ Waiver (EDCD)
  - A = CCC+ Waiver w/PDN (Tech Asst Waiver)
  - D = Hospice
  - D1 = MCO Hospice in NF
  - L = Long Stay Hospital (CCC+ Only)
  - PP = PACE
- Admission Date – This field is display only and reflects the admission date associated with the open segment.
- Discharge Date –
  - FFS users with non-Health Plan members (as of discharge date): This field is both display and enterable, depending on the value. If the value is open ended (reflected as 12/31/9999) this field is enterable, either directly or via the calendar widget. If the segment is closed but is associated with the user's NPI/API, this field will also be enterable. If the segment is associated to a different NPI/API, the field is display only.
  - Health Plan users with members in their health plan (as of discharge date): This field is both display and enterable, depending on the value. If the value is open ended (reflected as 12/31/9999) this field is enterable, either directly or via the calendar widget. If a non-waiver segment is closed but is associated with a NPI/API, this field will also be enterable.
  - Any other FFS/Health Plan user to member combination will be display only.
- NPI – This field is display only. For FFS providers this reflects the provider who initiated the long term care segment. For Health Plans this reflects the provider within their network associated with the long term

care segment. If the segment is associated to a waiver program this field could be blank.

- End Reason – This field displays the end reason associated with the LTC segment. Even if the segment is still open, there is an End Reason reflecting that it is open. If the segment is associated with the user’s provider organization, the member is not associated with a health plan as of the current date and the segment is open, the field is enterable, otherwise it’s display only. If the user changes the discharge date (based on the Discharge Date rules noted above), this field will open up for update.

The field will reflect one of the following two defaults End Reason values based on whether the segment is a waiver or not.

- 403 - Changed Level of Care (Non-Waiver Default Value)
- 505 - Enrollee transferred from Waiver Services to an Institutional Services (Waiver Default Value)

The user will have the ability to change the default to any of the following End Reason values if more appropriate:

<b>Code</b>	<b>End Reason Description</b>
000	Benefit Open (Open Segment Default Value)
001	Member Deceased
002	Loss of Virginia Residence
003	Changed Level of Care; Enrollee No Longer Eligible for Managed Care
004	Provider No Longer Eligible for Managed Care
008	Managed Care Benefit Added in Error
009	Recipient Foster Care/Adoption Assistance (Managed Care)
011	Recipient Discharged to Adult Home
012	Recipient Discharged to Community Based Care
013	Recipient Discharged Home
014	Recipient No longer Eligible for Medicaid; Hospice Revocation
015	Recipient Transferred to another Nursing Facility
016	Recipient Discharged to Hospital, stayed more than 30 days
017	Recipient Discharged, Destination Unknown
018	Data Entered Incorrectly
022	NPI Not Supplied by Compliance
029	Will Generate Hospice Letter to Nursing Facility

031	NPI Now Supplied
055	Corrected Information
090	Other
097	System Entered due to Loss of Eligibility
098	System Entered Due to End Date in Past
099	System Generated cancel for change of aid category
100	No Longer Medicaid Eligible
101	Uncompensated property transfer--enrollee will be in penalty period
200	Pre-Existing relationship with non-PCP
201	Too Far to Service Area
202	Moved to a non-managed care county
203	Recipient resides in a LTC facility
204	Managed care program closed
205	Not a valid aid category for this type of managed care
206	No PCP currently available
207	Foster child
208	Enrolled in another managed care program
209	MC provider requests approved disenrollment
210	Other - do not re-enroll in same MC program
211	Quality of service is not what was expected
212	Needed service not available
213	Waiting time too long for appointment
214	Not happy with HMO policies and procedures
215	Prefer benefit offered by another HMO
216	Prefer managed care PCP
217	No reason given for recipient
218	Enrolled in Medallion
219	Enrolled in an HMO or competitive plan
220	Engaged in disruptive, uncooperative behavior
221	Missed 3 consecutive appts within 6 months
222	Unreasonably refused treatment/excessive ER use
223	Enrollee has TPL
224	Provider withdrew
225	Hospital prior auth on file
226	Enrollee in NH or some other waiver/benefit pgm
227	Moved out of provider's area
228	Benefit not valid in this Locality
229	Benefit package exempt from managed care

230	Void Future Assignment
231	Assignment ended due to enrollee age/gender
232	Ended due to program expansion
233	Exempt from Managed care by DMAS
300	Provider died
301	Provider moved/sold business
302	Provider requested change/do not reassign
303	Enrollee requested change/do not reassign
304	Provider locked out
305	Enrollee appealed
306	Provider failed to re-enroll
307	No abuse, used services properly
308	Add continued lock-in period
309	Enrollee entered long term care
310	Enrollee entered wavered program
311	DMAS initiates Admin. Change
312	HMO assigned
313	Changed client med. Mgmt level
314	Lock-in diverted; eligibility cancelled
315	No abuse; track enrollee
316	Converted data
317	New DMAS provider number
318	New DMAS enrollee number
319	Inactive Due to Part-D Medicare Eligibility
320	End of EI coverage (System Generated)
403	Changed Level of Care (Non-Waiver Default Value)
410	Denied Active Treatment
411	Discharged to Assisted Living Facility
412	Discharged to Community Based Care
413	Discharged Home
414	Enrollee No Longer Eligible for Medicaid
415	Transferred to Another Nursing Facility
416	Discharged to Hospital, Stayed More Than 30 Days
417	Discharged, Destination Unknown
429	Nursing Facility Cancellation to Receive Hospice
430	Enrollee to Nursing Home
431	Community Based Care Termination
432	Community Based Care Transfer
433	Nursing Home to Community Based Care
434	Change in Hours
435	New Admission

436	Utilization Review - Office
437	Utilization Review - Home
438	6 Month Pre-authorization
439	Service Modification
440	Reopened Case
488	Auto Closure Due to Overlap
489	Auto Closure Due To PA Intensive Rehab Initiation
490	CCC Member Cancelled Enrollment
491	CCC Member Cancelled Disenrollment
492	Member chose to leave CCC Program
493	Member moved out of CCC FIPS
494	CCC Member lost Medicaid Eligibility
495	CCC Member lost Medicare Coverage (A or B)
496	CCC MMP Contract Terminated
497	CCC Member removed for fraudulent reasons
498	Member moved to another CCC Plan
499	State entered CCC line in error
500	Member in CCC excluded waiver
501	No Longer Employed
502	No Longer Cost Effective
503	No Longer Medicaid Eligible
504	Non-Compliant
505	Enrollee transferred from Waiver Services to an Institutional Services (Waiver Default Value)
506	Member in hospice program
507	Member in ESRD Program
508	Provider no longer eligible for CCC program
510	CCC member has L or M TPL coverage
512	Not a valid aid category for CCC MCO
514	CCC member receiving Tricare policy benefits
515	In a CCC excluded facility
516	DMAS entered CCC exclusion
517	CCC excluded, in employer sponsored plan
518	CCC excluded, in PDP
519	CCC on-line default
520	CCC on-line ended
521	Member actively Opted-in to CCC
522	Member eligible for CCC Opt-in only
590	CCC member cancelled enrollment ; system generated
592	System - generated Medicare auto Dis-enroll

599	CCC enrollment rejected, system-generated
600	Not Eligible for PACE
900	Closure of Emergency Medicaid (System Generated)
XXX	Member in CCC excluded waiver
YYY	Member in hospice program

- Change Source – This field is display only and reflects the change source associated to this member’s segment. This field will reflect one of the following values:
  - 00 No Change Source (default)
  - 01 Provider
  - 86 Vent
  - 89 Complex
  - 92 Rehab
  
- Level of Care Segment Status – This field is display only and reflects the current status associated with the segment. One of the following values will display:
  - Approved
  - Void
  - Pended
  
- Update Date – This field is display only and reflects the date of the last update made to the segment.

After updating any segments with the necessary data, click ‘Update’ to validate field edits.

Any errors will be noted on the appropriate fields.

If successfully completed, the user will receive a message reflecting the successful update. The updated information will redisplay on the screen.

From the bottom of the page, the user can choose to:

- Return to Status Tracking – Navigates the user back to the Long Term Care Status Tracking – Current Segments page.
- Reset – Clears all entries made to this screen and resets the page back to the initial display.
- Add New Segment – Navigates the user to the LTC Add New Member page for creating a new member segment.

- Print PDF – Creates a PDF version of the Long Term Care Admission/Discharge data for the selected member. The user can save the pdf to their local machine and/or print it.

## 2.3 LTC Add New Member

If the 'Add New Segment' button is selected from either the Long Term Care Status Tracking – Current Segments screen or the Long Term Care Admission/Discharge screen, the user is navigated to this screen.

Note:

Only the following relationships will be able to add a new member segment:

- User associated with Fee-for-Service Provider => Member not associated with any health plan between/including the admission through discharge dates.
- User associated with a Health Plan => Member associated with the same health plan between/including the admission through discharge dates.

Any other user/member combinations will receive an error message that a new segment cannot be added.

The screenshot shows the 'Long Term Care Add New Member' form. At the top left is the Virginia Medicaid logo. Below it is a navigation bar with links: Home, Claims, Member, Service Authorization, Payment History, EHR Incentive Program, Provider Maintenance, Provider Enrollment, RA Messages, and Level. Below the navigation bar are three tabs: eDoc Management, Provider Portal Secure Email, and Long Term Care. The main form area is titled 'LTCaddNewMember' and 'Long Term Care Add New Member'. It contains the following fields:

- NPI/API: [Text box, disabled]
- SSN: [Text box]
- Member's Medicaid ID: [Text box]
- Member's Last Name: [Text box]
- Member's First Name: [Text box]
- MI: [Text box]
- Suffix: [Text box]
- Level of Care (LOC): [Dropdown menu]
- Servicing Address: [Text box]
- Admission Date: [Text box]
- Discharge Date: [Text box, value: 12/31/9999]
- NPI: [Text box, disabled]
- End Reason: [Dropdown menu]
- Change Source: [Dropdown menu]
- Approved Pre-Admission Screening?: [Radio buttons, Yes/No]

At the bottom right of the form are three buttons: Submit, Return to Status Tracking, and Reset.

The following is a list of fields on the screen and the necessary information for completing the member's segment.

- NPI/API - This field will be populated with the NPI/API associated with the User ID logged in. This field is disabled and cannot be updated.
- SSN - If this field is open (coming from the Long Term Care Status Tracking – Current Segments screen), entry of either the member's SSN

or Medicaid ID is required. Entry should be a valid 9 digit entry for this field.

If the SSN is entered, once the user tabs out of the field, the member's Medicaid ID and name will be populated on the screen, based on the information in the Medicaid system.

Note: If both the SSN and Medicaid ID are entered, the Medicaid ID will be used to retrieve the member's information and the SSN field updated from the Medicaid system, if it differs from the SSN entered.

- Member's Medicaid ID - If this field is open (coming from the Long Term Care Status Tracking – Current Segments screen), entry of either the SSN or Medicaid ID is required. Entry of this field should be a valid 12 digit entry.

If the Medicaid ID is entered, once the user tabs out of the field the member's SSN and name will be populated on the screen from the information within the Medicaid system.

Note: If both the SSN and Medicaid ID are entered, the Medicaid ID will be used to retrieve the member's information and the SSN field updated from the Medicaid system, if it differs from the SSN entered.

- Level of Care (LOC) - The following values will be available in a drop down list.
  - 1 = Intermediate Care Facility
  - 2 = Skilled Nursing Facility
  - 9 = CCC+ Waiver (EDCD)
  - A = CCC+ Waiver w/PDN (Tech Asst Waiver)
  - D = Hospice
  - D1 = MCO Hospice in NF
  - L = Long Stay Hospital (CCC+ Only)
  - PP = PACE
- Servicing Address –
  - Fee-for-Service users - All active servicing addresses for the provider the user is associated with, will display in a drop down that the user will make a selection from.
  - Health Plan users – this field will be blank until the user enters the Provider ID (see Provider ID below). Once entered and validated, if greater than zeros, all active servicing addresses for the entered provider will display in a drop down that the user will make a selection from. If the Provider ID is zeros, this field remains blank and no entry is allowed.
- Admission Date - Entry is required in the format MM/DD/YYYY or via the calendar widget.

- Discharge Date - Entry is required in the format MM/DD/YYYY or via the calendar widget. Default will be 12/31/9999 (indicating open ended) but will allow update.

For PACE segments, if the discharge date is changed, it will be compared to the member's date of death. If the discharge date is greater than the member's date of death, an error message will display.

- Provider ID –
  - Fee-for-Service user - Reflects the NPI/API associated to the user and is display only.
  - Health Plan user – For waiver program, enter zeros; for non-waiver program, enter valid 10-digit numeric NPI for provider who operates within health plan's network. Note: NPI entered cannot be the NPI the health plan's 10-digit NPI.
- End Reason - The following values will be available in a drop down list:

<b>Code</b>	<b>End Reason Description</b>
000	Benefit Open (Open Segment Default Value)
001	Member Deceased
002	Loss of Virginia Residence
003	Changed Level of Care; Enrollee No Longer Eligible for Managed Care
004	Provider No Longer Eligible for Managed Care
008	Managed Care Benefit Added in Error
009	Recipient Foster Care/Adoption Assistance (Managed Care)
011	Recipient Discharged to Adult Home
012	Recipient Discharged to Community Based Care
013	Recipient Discharged Home
014	Recipient No longer Eligible for Medicaid; Hospice Revocation
015	Recipient Transferred to another Nursing Facility
016	Recipient Discharged to Hospital, stayed more than 30 days
017	Recipient Discharged, Destination Unknown
018	Data Entered Incorrectly
022	NPI Not Supplied by Compliance
029	Will Generate Hospice Letter to Nursing Facility
031	NPI Now Supplied
055	Corrected Information
090	Other

097	System Entered due to Loss of Eligibility
098	System Entered Due to End Date in Past
099	System Generated cancel for change of aid category
100	No Longer Medicaid Eligible
101	Uncompensated property transfer--enrollee will be in penalty period
200	Pre-Existing relationship with non-PCP
201	Too Far to Service Area
202	Moved to a non-managed care county
203	Recipient resides in a LTC facility
204	Managed care program closed
205	Not a valid aid category for this type of managed care
206	No PCP currently available
207	Foster child
208	Enrolled in another managed care program
209	MC provider requests approved disenrollment
210	Other - do not re-enroll in same MC program
211	Quality of service is not what was expected
212	Needed service not available
213	Waiting time too long for appointment
214	Not happy with HMO policies and procedures
215	Prefer benefit offered by another HMO
216	Prefer managed care PCP
217	No reason given for recipient
218	Enrolled in Medallion
219	Enrolled in an HMO or competitive plan
220	Engaged in disruptive, uncooperative behavior
221	Missed 3 consecutive appts within 6 months
222	Unreasonably refused treatment/excessive ER use
223	Enrollee has TPL
224	Provider withdrew
225	Hospital prior auth on file
226	Enrollee in NH or some other waiver/benefit pgm
227	Moved out of provider's area
228	Benefit not valid in this Locality
229	Benefit package exempt from managed care
230	Void Future Assignment
231	Assignment ended due to enrollee age/gender
232	Ended due to program expansion

233	Exempt from Managed care by DMAS
300	Provider died
301	Provider moved/sold business
302	Provider requested change/do not reassign
303	Enrollee requested change/do not reassign
304	Provider locked out
305	Enrollee appealed
306	Provider failed to re-enroll
307	No abuse, used services properly
308	Add continued lock-in period
309	Enrollee entered long term care
310	Enrollee entered wavered program
311	DMAS initiates Admin. Change
312	HMO assigned
313	Changed client med. Mgmt level
314	Lock-in diverted; eligibility cancelled
315	No abuse; track enrollee
316	Converted data
317	New DMAS provider number
318	New DMAS enrollee number
319	Inactive Due to Part-D Medicare Eligibility
320	End of EI coverage (System Generated)
403	Changed Level of Care (Non-Waiver Default Value)
410	Denied Active Treatment
411	Discharged to Assisted Living Facility
412	Discharged to Community Based Care
413	Discharged Home
414	Enrollee No Longer Eligible for Medicaid
415	Transferred to Another Nursing Facility
416	Discharged to Hospital, Stayed More Than 30 Days
417	Discharged, Destination Unknown
429	Nursing Facility Cancellation to Receive Hospice
430	Enrollee to Nursing Home
431	Community Based Care Termination
432	Community Based Care Transfer
433	Nursing Home to Community Based Care
434	Change in Hours
435	New Admission
436	Utilization Review - Office
437	Utilization Review - Home
438	6 Month Pre-authorization

439	Service Modification
440	Reopened Case
488	Auto Closure Due to Overlap
489	Auto Closure Due To PA Intensive Rehab Initiation
490	CCC Member Cancelled Enrollment
491	CCC Member Cancelled Disenrollment
492	Member chose to leave CCC Program
493	Member moved out of CCC FIPS
494	CCC Member lost Medicaid Eligibility
495	CCC Member lost Medicare Coverage (A or B)
496	CCC MMP Contract Terminated
497	CCC Member removed for fraudulent reasons
498	Member moved to another CCC Plan
499	State entered CCC line in error
500	Member in CCC excluded waiver
501	No Longer Employed
502	No Longer Cost Effective
503	No Longer Medicaid Eligible
504	Non-Compliant
505	Enrollee transferred from Waiver Services to an Institutional Services
505	Enrollee transferred from Waiver Services to an Institutional Services (Waiver Default Value)
506	Member in hospice program
507	Member in ESRD Program
508	Provider no longer eligible for CCC program
510	CCC member has L or M TPL coverage
512	Not a valid aid category for CCC MCO
514	CCC member receiving Tricare policy benefits
515	In a CCC excluded facility
516	DMAS entered CCC exclusion
517	CCC excluded, in employer sponsored plan
518	CCC excluded, in PDP
519	CCC on-line default
520	CCC on-line ended
521	Member actively Opted-in to CCC
522	Member eligible for CCC Opt-in only
590	CCC member cancelled enrollment ; system generated
592	System - generated Medicare auto Dis-enroll
599	CCC enrollment rejected, system-generated

600	Not Eligible for PACE
900	Closure of Emergency Medicaid (System Generated)
XXX	Member in CCC excluded waiver
YYY	Member in hospice program

- Change Source - The following values will be available in a drop down list:
  - 00 No Change Source (default)
  - 01 Provider
  - 86 Vent
  - 89 Complex
  - 92 Rehab
  
- Approved Pre-Admission Screening? - User will select yes or no radio button. (Note: Question will be disabled when hospice is selected as the level of care.)
  - No – If ‘no’ is selected, a series of responses will display on the screen. One of the responses must be selected. If none apply, then the member cannot be added until a pre-admission screening is completed and approved.
  - Yes – If ‘yes’ is selected, the system will confirm the existence of the approved pre-admission screening for the member, on or prior to the admission date.
    - If an approved assessment is found, the segment addition processing will continue.
    - If no approved assessment is found, an error message is returned and the addition will not be completed.

If a ‘yes’ response is chosen and an approved assessment has been confirmed, or a ‘no’ response is chosen and one of the three follow-up responses chosen, processing will continue.

Once successfully added, the user will be navigated to the Long Term Care Admission/Discharge screen. It will be populated with information associated with the member, including the new segment and a message confirming the segment has been successfully added will display.

From the bottom of the page, the user can choose to:

- Submit – Processes all data entered on the screen. If no error messages are encountered, the user will be navigated to the Long Term Care Admission/Discharge screen. It will be populated with information associated with the member, including the new segment and a message confirming the segment has been successfully added will display.

- Return to Status Tracking – Navigates the user back to the Long Term Care Status Tracking – Current Segments page, without processing any screen data.
- Reset – Clears all entries made and resets the page back to the initial display.

## **2.4 Logout**

From any of the LTC screens, the user can leave the LTC functions by clicking on 'Logout' from the upper right hand corner of the screen. After logging off, the user can go back the PRSS portal window (assuming the system has not timed out).

## Appendix A – Glossary of Terms

Term	Definition
ADC	Adult Day Care
API	Atypical Provider Identifier – assigned by the Commonwealth of Virginia for providers that are not eligible for an NPI (i.e. transportation providers)
CBC	Community-Based Care
CMM	Client Medical Management
DD	Developmental Disabilities
DMAS	Department of Medical Assistance Services
DME	Durable Medical Equipment
DMHMRSAS	Dept of Mental Health, Mental Retardation and Substance Abuse Services
DOB	Date of Birth
DS	Day Support
EDCD	Elderly or Disabled with Consumer Direction
ICF	Intermediate Care Facility
ID#	Identification Number
ID	Intellectual Disabilities
I/O	Input/Output
HCS	Home Care Services
LOC	Level of Care
LOCERI	Level of Care Review Instrument
LTC	Long Term Care
MES	Medicaid Enterprise System
MI	Middle Initial
MM/DD/CCYY MM/DD/YYYY	MM = Month (i.e. 01 – 12) DD = Day (i.e. 01 – 31) CCYY or YYYY = Year including century (i.e. 2013)
MMIS	Medicaid Management Information System
MSS	Medical Social Services
Navigational Tabs	Tabs on a portal page that will take the user to other sections in the portal or bring up documents.
NPI	National Provider Identifier
PACE	Program of All-Inclusive Care for the Elderly
PDF	Portable Document Format
PERS	Personal Emergency Response System
Portlets	Sections or 'boxes' that comprise a web portal page
SSN	Social Security Number

TBI	Traumatic Brain Injury
User	Any person that will access the Web Portal and leverage the functionality within it

## Appendix B – Long Term Care (LTC) FAQ

Long Term Care (LTC)  
Virginia Medicaid Web Portal  
Frequently Asked Questions  
Revised 09/14/2021

### General Questions

#### ***How do I access the new Virginia Medicaid Enterprise System (MES) Web Portal?***

The new Virginia Medicaid Enterprise System (MES) Web Portal can be accessed through the following link: <https://vamedicaid-sit.dmas.virginia.gov>

#### ***How do I get secured access to the MMIS Long Term Care (LTC) functionality?***

Users of the LTC function will need to be assigned the COND\_SecurePortal\_LTC security role by either their provider or delegated admin.

### Long Term Care (LTC) Status Tracking – Current Segments

#### ***When I log in I see a list of LTC segments, how do I get specific information for a member?***

If the member is listed on the Status Tracking screen with an open segment, you can check the box at the front of the member's segment line and click the 'Submit' button. This will take you to the 'Long Term Care Admission/Discharge' screen where you can view all segments, open and closed, associated with the selected member.

#### ***When I log in I don't see a list of LTC segments, just a message. Why is that?***

If you are logging in to the portal as part of a health plan organization, then there are too many segments to display so the upper section of the screen is not available.

***I'm a health plan user with no segments in the upper segment, how do I find information on a member? OR***

***I'm a fee-for-service user with segments in the upper segment but I can't find the one I need. How can I find information on a member?***

At the bottom of the Status Tracking screen you will see an entry for the member's Medicaid ID OR social security number. Entering the member's Medicaid ID OR SSN will initiate a search for any segment associated with the entered member. If any segments are found, you will be taken to the 'Long Term Care Admission/Discharge' screen where you can view all the segments, open and closed, associated with the entered member.

## Long Term Care Admission/Discharge

***I can see the data for the member I requested but don't have the ability to make any updates.***

Depending on the relationship between the member and the user's provider type, the data may be inquiry only.

Only the following relationships will be able to update data:

- User associated with Fee-for-Service Provider => Member not associated with any health plan between/including the admission through discharge dates.
- User associated with a Health Plan => Member associated with the same health plan between/including the admission through discharge dates.

Any other user/member combinations will only be able to inquire on the data

***Can I close out a previous open segment created by my provider organization?***

For FFS users, if the member is not associated with a health plan as of the current date, any segment associated with your provider organization can be updated. Open segments currently display fields that are enterable (discharge date and end reason).

Segments that are closed that might need an update (i.e. discharge date, closure reason, etc.) can also be updated. The discharge date is available for entry. If a change is made to a discharge date, that was previously ended, then the End Reason field will also be available for entry.

For Health Plan users, if the member is associated with your health plan as of the current date, any open segment can be updated. Open segments currently display fields that are enterable (discharge date and end reason).

Non-waiver segments that are closed that might need an update (i.e. discharge date, closure reason, etc.) can also be updated. The discharge date is available for entry. If a change is made to a discharge date, that was previously ended, then the End Reason field will also be available for entry.

***I just closed the last open segment for a member but need to open a new one due to a change associated with the same member. Can I do that from here?***

Yes, close the open segment with the appropriate discharge date and end reason. Once successfully completed, click the 'Add New Member' button. This will take you to the Long Term Care – Add New Member screen. After completing the information for the new segment, you'll be returned to the Long Term Care Admission/Discharge screen where you will see the new open segment, in line with the previously closed segments.