Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/08/2024

Inpatient and Outpatient Hospital Rates Effective July 1, 2024

The purpose of this bulletin is to notify providers that effective July 1, 2024, the rates for hospitals will be updated in accordance with Chapter 12 of the Virginia Administrative Code sections 30-70-391, 30-70-341, 30-70-321, 30-70-271, and 30-80-36. This includes reimbursement rates for inpatient and outpatient acute care, freestanding psychiatric hospital per diem rates and freestanding rehabilitation hospital per diem rates.

Additionally, effective July 1, 2024, DMAS will implement Version 40 of the 3M All-Patient Refined Diagnosis-Related Group (APR-DRG) grouper and Version 3.18 of the 3M Enhanced Ambulatory Patient Groups (EAPG) grouper.

All hospital rates and rate parameters will be posted on the DMAS website at https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/ and will be considered official notification. Lump sum payment amounts will be posted on the DMAS website at https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/lump-sum-reimbursement/ no later than September 30, 2024. Corrections or revisions will be noted at the bottom of the official rate sheet. If you have any questions regarding rates, please call the provider helpline at 800-552-8627.

DMAS and its Managed Care Organization (MCO) partners are diligently working on the implementation of new provider rates set forth in the 2024 Appropriation Act. The MCOs may need 30-60 days from 7/8/2024 to finish updating their systems with the new FY2025 rates. The MCOs will automatically reprocess any claims that paid using old rates within approximately 30 days after they finish updating their systems to the new rates.

Currently, providers have the option to bill MCOs immediately under old rates or delay billing until FY2025 rates are updated by the MCOs.

Appeals Information

If you believe an error was made for payment rates or totals, you can file an appeal. The appeal must be filed with the DMAS Appeals Division through one of the following methods:

- Through the Appeals Information Management System at https://www.dmas.virginia.gov/appeals/. From there you can fill out an informal appeal request, submit documentation, and follow the process of your appeal.

- Through mail, email, or fax. You can download a Medicaid Provider Appeal Request

form at https://www.dmas.virginia.gov/appeals/. You can use that form or a letter to file the informal appeal. The appeal request must identify the issues being appealed. The request can be submitted by:

- Mail or delivery to: Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219;
- Email to appeals@dmas.virginia.gov; or
- Fax to (804) 452-5454.

The appeal must be received by the DMAS Appeals Division within 30 days of the payment rate or total being published by DMAS. The notice of appeal is considered filed when it is date stamped by the DMAS Appeals Division. The normal business hours of DMAS are from 8:00 a.m. through 5:00 p.m. on dates when DMAS is open for business. Documents received after 5:00 p.m. on the deadline date shall be untimely.

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)
Acentra Health Behavioral Health Services	https://vamedicaid.dmas.virginia.gov/sa
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
Molina Complete Care	1-800-424-4524 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0149
Dental Provider DentaQuest	1-888-912-3456