Department of Medical Assistance Services
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Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 06/23/2025

Updated Provider Enrollment Requirements- Effective July 1, 2025

The Department of Medical Assistance Services (DMAS) is clarifying its provider enrollment procedures, effective **July 1, 2025**, to ensure alignment with current program policy as outlined in **Chapter 2 of all DMAS program manuals**.

These updates will immediately impact:

- **Start and end dates of program participation**
- **License-based disenrollment processes**

Historically, DMAS allowed a **90-day grace period** following license expiration before terminating a provider's enrollment agreement. Beginning **July 1, 2025**, this grace period will no longer be available as this causes a delay in providers having the appropriate enrollment and consequently, claims are affected by this delay. Beginning **July 1, 2025**, this grace period will no longer apply. All **new or returning providers** will now be enrolled in the DMAS provider system, known as PRSS, based on the month they apply or request reinstatement after any lapse in PRSS enrollment participation.

To be eligible for reimbursement from DMAS and its contracted entities including MCOs, all providers who furnish, order, or prescribe items or services must ensure that the provider's:

- Enrollment is current and active for all service locations and provider types,
- Services provided and billed align with the PRSS enrolled provider type and specialty,
- Licensure and certification is active in PRSS for the provider's type and specialty,
- Services are billed as rendered, under the rendering provider's NPI, and
- Claims satisfy all requirements for billing, rendering, servicing, ordering, referring, and prescribing providers.

Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS in the correct provider type and specialty for the types of services billed. As a reminder, courtesy notices are sent **90, 60, and 30 days** prior to license expiration to help support continuous enrollment.

Additional information on how to verify and update provider enrollment and license information in PRSS is provided below, including helpful contact information for any related questions or concerns.

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
Molina Complete Care	1-800-424-4518 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
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