



Last Updated: 07/01/2025

Waiver Rate Updates Effective July 1, 2025

In accordance with Item 288.HHHHH of the 2025 Appropriation Act, the Department of Medical Assistance Services will update the unit billed for Adult Day Healthcare effective July 1, 2025. This reimbursement adjustment is budget neutral and does not increase the cost of this service. This item will be implemented upon CMS approval.

In accordance with Item 288.2 of the 2025 Appropriation Act, effective July 1, 2025, the Department of Medical Assistance Services will update the rates for the Developmental Disabilities (DD) waiver services by three percent for Group Home Residential, Sponsored Residential, Supported Living Residential, Independent Living Supports, In-home Support Services, Community Engagement, Community Coaching, Therapeutic Consultation, Private Duty and Skilled Nursing, Group Day Support, Group Supported Employment, Workplace Assistance, Community Guide, and Benefits Planning.

SFY 2026 Rate Notification

This bulletin serves as the official notification that rates for SFY 2026 are posted on the DMAS website at <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/> and will be considered official notification. 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 2025 Appropriation Act. As these rates are legislatively mandated and will be incorporated into the FY2026 CCMC capitation rates, MCOs are required to increase their reimbursement to providers at the same percentage increase as reflected in the revised FFS rates. The MCOs may need 30-60 days from 6/20/2025 to finish updating their systems with the new FY2026 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 FY2026 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.



MEDICAID BULLETIN

- 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.

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/>



MEDICAID BULLETIN

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 PACE

[https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program of All-inclusive Care \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program%20of%20All-inclusive%20Care%20(virginia.gov))

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider Enrollment

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

1-844-881-4482 (TTY: 711)

<https://provider.humana.com/medicaid/virginia-medicaid>

Provider Services Call Center

Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

United Healthcare

www.uhcprovider.com/

1-844-284-0146

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