Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/28/2025

Requirement of Application Fee for Provider Class Type 60-Pharmacy and/or Provider Class Type 61-Pharmacy-Long Term Care Effective August 1, 2025

The purpose of this bulletin is to address the collection of application fees for pharmacies enrolled with the Department of Medical Assistance Services (DMAS).

Pursuant to the 21st Century Cures Act, all providers are required to enroll and periodically revalidate their enrollment directly with DMAS through its Provider Services Solution (PRSS) portal. These requirements, as outlined in Title 42 CFR § 455.460, include the collection of mandatory application fees for certain institutional provider types.

Application Fees

CMS provided clarification to DMAS that a pharmacy enrolled with Provider Class Type 60-Pharmacy and/or Provider Class Type 61-Pharmacy-Long Term Care is classified as an institutional provider type. As such, they are subject to application fee requirements that must be collected from each service location at initial enrollment, re-enrollment, and revalidation. The application fee **does not** apply to Provider Class Type 268-Pharmacist.

DMAS will not retroactively collect application fees from enrolled pharmacies; however, effective August 1, 2025, these mandatory fees will be collected with all applications for new enrollments, reenrollments, and revalidations.

CMS sets the application fee annually. The fee may vary from year to year based on the consumer price index for all urban consumers (CPI-U). The application fee for calendar year 2025 is $730. Providers may be exempt from paying the application fee to Virginia Medicaid if they have already paid another state Medicaid program or Medicare. The provider may also be granted a waiver if there is a documented hardship approved by Medicare. Virginia Medicaid will require proof of previous payment or financial hardship before the application or renewal can be processed. Both the hardship waiver and the exemption requests are handled as part of the enrollment process.

Where to Get More Information

Information regarding the federal application fee can be found at Federal Register :: Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2025 Additional information and resources related to DMAS provider enrollment and revalidations is available on the DMAS Medicaid Enterprise

System (MES) provider page.

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
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