



Last Updated: 07/31/2025

## Inpatient and Outpatient Hospital Rates Effective July 1, 2025

The purpose of this bulletin is to notify providers that effective July 1, 2025, the Department of Medical Assistance Services (DMAS) has updated the reimbursement rates for hospitals in accordance with 12VAC30-70-351, 12VAC30-70-271, and 12VAC30-80-36. This includes reimbursement rates for inpatient and outpatient acute care, freestanding psychiatric hospital per diem rates and freestanding rehabilitation hospital per diem rates.

### **SFY 2026 Rate Notification**

This bulletin serves as 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 effective July 1, 2025.

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, 2025. 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 contracted Managed Care Organizations (MCOs) are diligently working to implement the new provider rates set forth in the 2025 Appropriations Act. As these rates are legislatively mandated and will be incorporated into the FY2026 Cardinal Care Managed Care (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 June 16, 2025, to finish updating their systems with the new SFY2026 rates. The MCOs will automatically reprocess any claims that paid using old rates within approximately 30 days after they finish updating their systems with the new rates.

Currently, providers have the option to bill the MCOs immediately under the old rates or delay billing until the MCOs have updated the SFY2026 rates.

### **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](mailto: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-of-All-inclusive-Care-(virginia.gov))

In-State: 804-270-5105  
Out of State Toll Free: 888-829-5373  
Email: [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto: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

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/](http://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