



Last Updated: 05/04/2026

## Changes to Member Demographic Updates Requests

The purpose of this bulletin is to notify all LTSS screening teams of the new process to submit Member Demographic Updates to DMAS, resulting in the implementation of a new submission portal.

Effective May 22, 2026, a new portal will be deployed to request Member Demographic Updates. LTSS screeners will no longer submit DMAS LTSS Screening Change to Member Information Request forms to the [patientpay@dmas.virginia.gov](mailto:patientpay@dmas.virginia.gov) mailbox. Previously, when completing a screening in eMLS, demographic information would auto-populate from MMIS if the individual was already known to the DMAS system. If that information was incorrect, such as an inaccurate SSN, first or last name, date of birth, etc.—the screener would stop the screening, complete the demographic change request form, and email it to the Patient Pay mailbox. A change request was also required when an individual was not known to MMIS and the screener entered incorrect information during initial data entry. This process is now discontinued, and screeners should no longer send demographic correction forms to the Patient Pay mailbox.

The new Demographic Correction Portal (DCP) provides a secure and streamlined communication process for LTSS screeners and DMAS. It replaces the previous PDF version and will be accessed through PRSS provider portal for users with the eMLS creator role as one of the menu links. Once logged into the portal, screeners will have access to a LTSS DCP user guide, LTSS DCP FAQ and LTSS DCP video Tutorial to facilitate the process.

Screeners will now have the ability to track the status of submitted demographic correction requests directly within the system. Once a request is reviewed, screeners will automatically receive an email notification indicating whether the update has been completed or if the request has been returned with comments for additional action or a request for additional information.

Processing time for Member Demographic Updates remains unchanged:

- Standard requests: 14 business days
- Urgent requests: 2 business days

This enhancement is intended to improve transparency, reduce follow-up inquiries, and support timely resolution of member demographic updates.



# MEDICAID BULLETIN

Screeners will continue to direct questions related to MES, MMIS, CRMS, eMLS or screening policies and procedures to [screeningassistance@dmas.virginia.gov](mailto:screeningassistance@dmas.virginia.gov)

**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 (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))

#### **Provider Enrollment**

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



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## Provider HELPLINE

Monday-Friday 8:00

a.m.-5:00 p.m. For 1-804-786-6273

provider use only, have 1-800-552-8627

Medicaid Provider ID

Number available.

### **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/](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**

1-888-912-3456

DentaQuest

### **Fee-for-Service (POS)**

<https://www.virginiamedicaidpharmacyservices.com/>

Prime Therapeutics

1-800-932-6648