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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/28/2026

New OBAT Attestation Process

The purpose of this bulletin is to notify behavioral health services providers of changes to the process that a provider must complete in order to be recognized as a Preferred Office-Based Addiction Treatment (OBAT) provider.

As of July 28, 2026, providers newly enrolling as an OBAT must submit an Addictions and Recovery Treatment Services (ARTS) Attestation Letter when seeking to enroll as an OBAT in the Provider Registration System. DMAS has posted more information concerning this new process at the following location:

https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/addiction-and-recovery-treatment-services/.

Providers seeking new enrollment as an OBAT must submit a signed OBAT Attestation letter as part of the enrollment process. By submitting this letter on agency letterhead with the signature of an authorized representative, the provider attests that they will comply with all requirements for OBATs, including, but not limited to:

- All providers acknowledge that, per DMAS policy as defined in Chapter 8 of the ARTS provider manual, OBAT services must be predominantly provided in person.
- All members will be rapidly initiated on MOUD within 24-48 hours, with contingencies to address member presentation for treatment outside of normal business hours.
- All providers will abide by current Board of Medicine regulations concerning the prescribing of buprenorphine for opioid use disorder as codified in 18VAC85-21-130 and following.
- All service plans and plans of care will be created and updated in compliance with the time frames outlined on page 8 of Chapter 8 of the ARTS provider manual. All providers will ensure that members are actively involved in treatment planning, including attending and providing input at treatment planning meetings.
- All staff – prescribers, licensed behavioral health practitioners, care coordinators, peer recovery support specialists, and others – will only perform duties that are within their prescribed scopes of work as defined by the relevant licensing agency.

- All providers will ensure that, in instances of providers operating multiple locations, that providers will ensure adequate coverage for all locations at all times and not rely primarily on telehealth services to ensure coverage.

- All providers will ensure that referral options are within reasonable access geographically, that referral options are Medicaid providers currently accepting new patients, and that member's choice of providers is respected.

- A separate attestation must be provided for each new service location a provider opens, regardless of the approval of other service locations in the past.

This change does not impact providers who were approved as OBAT providers prior to July 28, 2026. However, please note that while existing OBAT providers will not need to submit a new ARTS Attestation Letter to Virginia Medicaid Provider Enrollment Services (PRSS) to maintain their OBAT status, this does not relieve providers of the standard requirements providers must meet in order to maintain their enrollment. Providers are reminded that all OBATs must submit an ARTS Attestation Letter, on agency letterhead and signed by an authorized agency representative, to PRSS during any recertification, re-enrollment, or license update submissions.

Providers who have questions can email sud@dmas.virginia.gov. Providers who encounter issues with enrollment or revalidation are encouraged to visit the DMAS Provider Enrollment & Validation website here: Provider Enrollment & Revalidation

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.virginiamanagedcare.com/en
PACE	Program of All-inclusive Care
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 Prior Auth requests can be faxed or called to the following numbers: Phone: 1-800-279-1878 Med4/ FAMIS Fax: 1-866-669-2454 CCC Plus Fax: 1-855-661-1828
Anthem HealthKeepers Plus	http://www.anthem.com/ Prior Authorization information can be found here: https://providers.anthem.com/virginia-provider/resources/prior-authorization-requirements Call Provider Services: 1-800-901-0020 TTY: 711 Fax medical prior authorization request forms to: Inpatient fax: 1-866-920-4095 Outpatient fax: 1-800-964-3627 LTSS fax: 1-844-864-7853
Humana Healthy Horizons Provider Services Call Center	https://provider.humana.com/medicaid/virginia-medicaid Prior Authorization information can be found here: https://provider.humana.com/medicaid/virginia-medicaid/prior-authorization Submit request via Availaty porta, phone or fax: Phone requests: 1-855-223-9868 or 1-844-881-4482 (TTY: 711) Fax complete form to: 1-877-486-2621.
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers Submit authorizations via portal or phone Portal information can be found here: https://www.sentarahealthplans.com/en/providers/claims-authorizations/authorizations Phone request: 1-757-552-7474 or 1-800-229-8822

United Healthcare	www.uhcprovider.com/ 1-844-284-0146 To notify UHC or request a medical prior authorization: Portal information can be found here: UHCprovider.com/priorauth or call provider services 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