



Last Updated: 10/01/2026

Hospital Presumptive Eligibility (HPE) Processing and Portal Updates for H.R.1

The purpose of this bulletin is to provide Medicaid providers with information regarding upcoming changes to the Hospital Presumptive Eligibility (HPE) process as part of the Federal H.R.1 Medicaid eligibility changes. Beginning **October 1, 2026**, the HPE portal will be updated to ensure compliance with changes to eligibility for non-citizen adults. Additional updates, effective beginning **January 1, 2027**, will require individuals in the Medicaid Expansion Aid Category to comply with Federal Work Requirements (FWR).

Federal HR 1 Changes to Medicaid Eligibility

Implementation of H.R. 1, **Public Law No: 119-21**, includes changes to eligibility requirements for non-citizen adults and for individuals in Medicaid Expansion Aid Categories. As a result, these changes also impact this group of individuals when applying for HPE at participating hospitals.

Non-Citizen Adult Eligibility

Beginning October 1, 2026, some non-citizen adults will no longer be eligible for Medicaid coverage. The new law **does not** change Virginia Medicaid or FAMIS eligibility for non-citizen children, or pregnant individuals. Effective October 1, 2026, non-pregnant adults **eligible** for Medicaid will **only include the following groups**:

- US Citizens, including Naturalized Citizens
- US Nationals
- Lawful Permanent Residents
- Compact of Free Association (COFA) migrants
- Cuban and Haitian entrants

Beginning October 1, 2026, non-pregnant adults who are not part of one of those groups will no longer be eligible for Medicaid or FAMIS benefits. Non-pregnant adults ineligible for full-benefit Medicaid due to their immigration status will continue to be eligible for coverage of



emergency services only through Emergency Medicaid.

The HPE Portal will be updated as of October 1, 2026, with the updated citizen and non-citizen eligibility rules. The HPE Provider manual and training slides have been updated on the DMAS website here:

<https://www.dmas.virginia.gov/for-providers/information-resources/hospital-presumptive-eligibility-information/>.

Federal Work Requirements

Beginning **January 1, 2027**, individuals determined eligible for Medicaid Expansion will be required to meet work requirements and renewal submission as prescribed by H.R.1. Individuals applying for Medicaid or renewing Medicaid benefits in a Medicaid Expansion category will be required to work, engage in community services, or participate in a work training or education program for at least 80 hours a month to qualify for Medicaid Expansion, unless they meet an exception or exemption reason. Members will be required to provide verification of their compliance with this requirement at application and during renewal periods beginning January 1, 2027.

To meet the requirements, individuals must complete at least one of the following to be compliant:

- Work at least 80 hours per month, or
- Complete at least 80 hours of community service per month, or
- Participate in a work/training program for at least 80 hours per month, or
- Be enrolled in an educational program at least half-time, or
- Complete any combination of the four items above for a total of 80 hours per month, or
- Have monthly income that is at least 80 times the federal minimum wage (\$580 per month), or for a seasonal worker, have an average income of \$580 per month or work an average of 80 hours per month over the previous 6 months.

The following individuals are excluded or exempt, meaning they do not need to comply with work requirements:

- Former Foster Care Youth



MEDICAID BULLETIN

- Certain American Indians and Alaskan Natives
- Parent, guardian, caretaker relative or family caregiver of a dependent child age 13 or under
- Parent, guardian, caretaker relative or family caregiver of an individual with a disability
- Veteran with a 100% disability rating
- Medically frail individuals (as specified by H.R. 1 and defined by the state)
- Compliant with state TANF work requirements
- Incarcerated individuals (either currently or in the last three months)
- A member of a household that receives SNAP benefits and is not exempt from SNAP work requirements
- Participating in a substance use treatment and rehabilitation program
- Pregnant or within 12 months of the end of a pregnancy
- Mandatory Excepted individuals (those under 19 or over 65, entitled to or enrolled in Medicare, or eligible in a mandatory group such as SSI Medicaid or Foster Care Medicaid)

Additional individuals may qualify for an optional temporary hardship exception if they are:

- Receiving care in a hospital/psychiatric hospital, SNF, or ICF-IID, or care of similar acuity
- Residing in a locality with an unemployment rate greater than 8% or 150% of the national average
- Residing in a locality in which a federal emergency or disaster has been declared



- Must travel outside of their community for an extended period to get necessary medical care for themselves or a dependent.

The HPE Portal will be updated on January 1, 2027, with the Federal Work Requirement eligibility rules, exemptions, and exceptions. The HPE Provider manual and training slides have been updated on the DMAS website

here: <https://www.dmas.virginia.gov/for-providers/information-resources/hospital-presumptive-eligibility-information/>.

About HPE

The Affordable Care Act (ACA) gave states the opportunity to set up and monitor a presumptive eligibility process for certain Medicaid groups beginning January 1, 2014. In Virginia qualified hospitals were identified as an entity that could immediately approve certain individuals for Medicaid without waiting for a determination from the Local Department of Social Services (LDSS) or Cover Virginia. To learn more about the HPE program or to become a qualified hospital, please email HPE@dmas.virginia.gov.

Additional Information

DMAS will provide additional information and outreach to affected providers as implementation of the updated revalidation process approaches.

Providers should monitor the DMAS website, MES provider portal, and communications from DMAS for additional information regarding provider revalidation requirements and due dates.

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

Effective November 5, 2026, providers must use the online appeal portal to file appeals and track the status of 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>

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

<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



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

MEDICAID BULLETIN

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