



Last Updated: 01/02/2025

Plan First Program Changes Chapter IV

The purpose of this memorandum is to notify providers of changes to the Plan First Program. Plan First is changing from an “opt out” program that individuals were automatically enrolled in, to an “opt in” program that individuals must choose to be enrolled in.

Plan First is a limited-benefit program that covers family planning services only (ex. contraceptives, sexually transmitted infection testing, and family planning education). The income limits for Plan First coverage are higher than the income limits for other full-benefit Medicaid categories that cover non-pregnant adults.

Since the implementation of the Plan First program, individuals aged 19-64 who did not meet the eligibility requirements for full-benefit Medicaid were automatically evaluated and, if eligible, enrolled in Plan First coverage. Prior to Medicaid Expansion, most individuals in this age group who were not pregnant, did not have a disability or did not have children were only eligible for Plan First. With the implementation of Expansion in 2019, many of these adults became eligible for full-benefit coverage, resulting in a sharp decline in Plan First enrollment. Therefore, DMAS has elected to move Plan First to an “opt in” model. The Medicaid application and renewal form has been changed to ask the applicant if they would like to be evaluated for eligibility in this covered group if they are not eligible for full-Medicaid coverage.

Individuals who are currently covered under Plan First will continue to be covered through the program and will be allowed to “opt in” to continue their coverage at their next eligibility determination.

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 MEMO

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%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>
1-800-279-1878

Anthem

<http://www.anthem.com/>

HealthKeepers Plus

1-800-901-0020

Molina Complete Care

1-800-424-4518

<https://www.molinahealthcare.com/providers/va/medicaid/home.aspx>

Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

United Healthcare

www.uhcprovider.com/

1-844-284-0149

Dental Provider

1-888-912-3456

DentaQuest

Fee-for-Service (POS)

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

Prime Therapeutics

1-800-424-4046

Acentra Health

<https://vamedicaid.dmas.virginia.gov/sa>

Behavioral Health and Medical Service

1-804-622-8900

Authorizations

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1-800-279-1878

Anthem HealthKeepers Plus

<http://www.anthem.com/>
1-800-901-0020



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

<https://dmas.virginia.gov>

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- Molina Complete Care** 1-800-424-4518
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- Sentara Community Plan** 1-800-881-2166 <https://www.sentarahealthplans.com/providers>
- United Healthcare** www.uhcprovider.com/
1-844-284-0149
- Dental Provider** 1-888-912-3456
DentaQuest
- Fee-for-Service (POS)** <https://www.virginiamedicaidpharmacyservices.com/>
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