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

https://dmas.virginia.gov
MEDICAID MEMO

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/

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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.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/

PACE
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

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

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
DentaQuest
1-888-912-3456

Fee-for-Service (POS)
Prime Therapeutics
https://www.virginiamedicaidpharmacyservices.com/
1-800-424-4046

Acentra Health
Behavioral Health and Medical Service Authorizations
https://vamedicaid.dmas.virginia.gov/sa
1-804-622-8900

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Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020

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