



**Last Updated: 01/05/2026**

## **Telehealth Services Supplement Update**

The purpose of this bulletin is to notify providers that DMAS has updated the Telehealth Services Supplement as a result of legislation passed during the 2025 General Assembly. HB1976 directs DMAS to “amend its regulations, guidance and provider manuals as necessary to clarify that remote patient monitoring services for high-risk pregnant patients include pregnant patients with maternal diabetes and maternal hypertension.”

DMAS has included the following high-risk criteria from the remote patient monitoring service authorization form (DMAS-P268) in the supplement:

- High-risk pregnant persons (6 months); defined as
  - Resides in a primary care or mental health care professional shortage area (HPSA) as identified by HRSA; or
  - Has at least one of the following qualifying diagnosis; OR
    - Pregestational/gestational hypertension
    - Pregestational/gestational diabetes
    - Chronic kidney disease
    - Heart disease
    - Fetal IUGR
    - Fetal anomalies
    - Fetal anemia
    - Maternal lupus



- Maternal substance abuse
  - In-vitro fertilization
  - Maternal sickle cell disease
  - Postpartum depression
  - Peripartum cardiomyopathy (PPCM)
  - Multiple pregnancy
- Has a history of one of the following qualifying diagnoses:
- Preeclampsia
  - Gestational hypertension
  - Gestational diabetes

Managed care organizations are required to cover remote patient monitoring services at the same amount, scope and duration as fee-for-service. For more information regarding remote patient monitoring, please review the entire Telehealth Services Supplement and service authorization form (DMAS-P268).

***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**



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

<https://dmas.virginia.gov>

# MEDICAID MEMO

## **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 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/program-of-all-inclusive-care/)

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

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

**Humana Healthy  
Horizons**  
Provider Services Call Center

1-844-881-4482 (TTY: 711)  
<https://provider.humana.com/medicaid/virginia-medicaid>

### **Sentara Community Plan**

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



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**United Healthcare** [www.uhcprovider.com/](http://www.uhcprovider.com/)  
1-844-284-0146

**Acentra Health** <https://vamedicaid.dmas.virginia.gov/sa>  
Behavioral Health and  
Medical Service

Authorizations

**Dental Provider** 1-888-912-3456

DentaQuest

**Fee-for-Service (POS)** <https://www.virginiamedicaidpharmacyservices.com/>  
Prime Therapeutics 1-800-932-6648