Department of Medical Assistance Services
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https://dmas.virginia.gov
MEDICAID MEMO

Last Updated: 11/05/2026

Updates to Chapter II of All Provider Manuals

This memorandum is being issued to notify providers of recent revisions to Chapter II of All Provider Manuals that clarify certain Medicaid billing requirements and appeal procedures.

Billing Requirement Clarifications and General Updates

Chapter II of the Provider manuals is being updated to:

- Clarify provider enrollment information for out-of-state providers.

- Reaffirm that all medical providers must bill Virginia Medicaid, or the appropriate contracted Managed Care Organization based on a member's enrollment, for any and all covered medical services furnished to an eligible Medicaid member. These revisions further clarify that providers and their vendors, or billing agents may not seek reimbursement from non health insurance plans or carriers; including, but not limited to, vehicular insurance (such as Medical Payments Coverage or Liability Coverage), property insurance, or other funds associated with a Medicaid member's tort claims, for services covered by Medicaid. Consistent with Medicaid's payor of last resort requirements, such non health insurance resources are not appropriate sources of payment for covered medical services.

- Additional minor text changes have been made to streamline the language throughout the chapter and improve readability.

Appeals Procedural Updates

In 2025, the General Assembly directed DMAS to promulgate regulations to require providers to file their appeals online. These regulations went into effect on November 5, 2026. Chapter II of all Provider Manuals has been revised to conform with these regulations.

The Appeals Information Management System ("AIMS") is the Appeals Division's online portal. AIMS allows providers to file new appeals, upload documents, and track the status of appeals. Information about AIMS and the provider appeal process is available on the Appeals Division webpage. Providers must register for AIMS in order to file appeals online as required by the regulations and Manual update.

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 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	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

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
United Healthcare	www.uhcprovider.com/ 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