Department of Medical Assistance Services
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Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 10/23/2026

Medicaid Provider Revalidation Requirements and Implementation Dates

The purpose of this bulletin is to notify Medicaid providers with information regarding upcoming changes to Virginia Medicaid provider revalidation requirements. The Virginia Department of Medical Assistance Services (DMAS) will transition certain high-risk provider types from a **five-year** revalidation cycle to a **three-year** revalidation cycle in accordance with federal requirements.

CMS/Federal Revalidation Requirements

Federal regulations at **42 CFR § 455.414** require states to revalidate the enrollment of all providers and suppliers at least every five years. States may establish more frequent revalidation cycles for providers.

High-Risk Provider Revalidation Cycle

DMAS will implement a three-year revalidation cycle for the following high-risk provider types:

1. Nursing Facilities (NF)
2. Durable Medical Equipment (DME)
3. Hospice
4. Home Health
5. Orthopedic and Prosthetic Devices
6. Doula Services

Three-Year Revalidation Cycle

The three-year revalidation cycle will replace the previous five-year revalidation cycle for the provider types above.

Newly enrolled providers within these high-risk provider types will be placed on the three-year revalidation cycle at the time of enrollment.

Beginning no later than **December 2026**, system changes will be implemented to support this requirement for newly enrolling and revalidating providers.

Providers currently enrolled in these high-risk provider types with revalidation due dates after June 2027 will be included in an accelerated revalidation period which will run from July 1, 2027, through December 31, 2027. The accelerated revalidation period is part of DMAS' Comprehensive Two-Year

Revalidation Strategy developed in response to CMS direction. The revalidation strategy can be found at the following link:
https://www.dmas.virginia.gov/media/vx0pduzz/virginia_provider_revalidation_plan.pdf

At revalidation, DMAS will review the provider's current risk level. If the provider is determined to be moderate risk, the provider will follow the revalidation requirements for moderate -risk providers and remain on the three-year revalidation cycle.

Provider Revalidation Notifications

Providers subject to revalidation will receive advance notification from DMAS regarding their revalidation due date.

DMAS will provide notifications approximately **90, 60, and 30 days** before the provider's revalidation due date.

Providers will have **90 days from the initial revalidation notification** to submit their revalidation application through the Medicaid Enterprise System (MES) provider enrollment system.

Revalidation Requirements

When completing the revalidation process, providers will be able to access a pre-populated application through the MES provider enrollment system to review and update their current enrollment information.

Depending on the provider type and applicable federal and state requirements, the revalidation process may include:

1. Revalidation application and applicable application fee
2. Site visit
3. Provider screening, including PECOs screening
4. Background checks appropriate to the provider's screening risk level
5. National Provider Identifier (NPI) verification

Providers are responsible for ensuring that their enrollment information remains accurate and up to date throughout the revalidation process.

What Providers Need to Do

Provider requirements:

- Monitor the MES provider portal for revalidation notifications.
- Review and update enrollment information as needed.
- Complete and submit the revalidation application by the deadline provided in the DMAS notification.
- Complete all applicable screening and revalidation requirements.

- Maintain current provider enrollment and contact information with DMAS.

Providers should routinely review service site details, including both administrative and service addresses, and provider business names. Providers must also ensure that enrollment details, such as provider types and specialties are kept up to date and align with program participation standards.

Providers who do not submit a required revalidation application by the applicable deadline may be subject to termination of their Medicaid enrollment.

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/

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

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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
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