



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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April 15, 2025

MEMORANDUM

TO: The Honorable Mark D. Sickles
Chair, Joint Subcommittee on Health and Human Resources Oversight

The Honorable R. Creigh Deeds
Vice Chair, Joint Subcommittee on Health and Human Resources Oversight

FROM: Cheryl Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Report on the hospital readmissions July 2020-September 2024

This report is submitted in compliance with 288.AA. of the 2024 Appropriations Act, which states:

The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance Services under Title XIX to modify the definition of readmissions to include cases when patients are readmitted to a hospital for the same or a similar diagnosis within 30 days of discharge, excluding planned readmissions, obstetrical readmissions, admissions to critical access hospitals, or in any case where the patient was originally discharged against medical advice. If the patient is readmitted to the same hospital for a potentially preventable readmission then the payment for such cases shall be paid at 50 percent of the normal rate, except that a readmission within five days of discharge shall be considered a continuation of the same stay and shall not be treated as a new case. Similar diagnoses shall be defined as ICD diagnosis codes possessing the same first three digits. The department shall have the authority to implement this reimbursement change effective July 1, 2020, and prior to the completion of any regulatory process undertaken in order to effect such change. The department shall report quarterly on the number of hospital readmissions, the cost, and the primary diagnosis of such readmissions to the Joint Subcommittee for Health and Human Resources Oversight.

Should you have any questions or need additional information, please feel free to contact me at 804-664-2660.

CR/wf
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Report on the hospital readmissions, July 2020-September 2024

April 2025

Report Mandate:

Item 288.AA. of the 2024 Appropriations Act states: The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance Services under Title XIX to modify the definition of readmissions to include cases when patients are readmitted to a hospital for the same or a similar diagnosis within 30 days of discharge, excluding planned readmissions, obstetrical readmissions, admissions to critical access hospitals, or in any case where the patient was originally discharged against medical advice. If the patient is readmitted to the same hospital for a potentially preventable readmission then the payment for such cases shall be paid at 50 percent of the normal rate, except that a readmission within five days of discharge shall be considered a continuation of the same stay and shall not be treated as a new case. Similar diagnoses shall be defined as ICD diagnosis codes possessing the same first three digits. The department shall have the authority to implement this reimbursement change effective July 1, 2020, and prior to the completion of any regulatory process undertaken in order to effect such change. The department shall report quarterly on the number of hospital readmissions, the cost, and the primary diagnosis of such readmissions to the Joint Subcommittee for Health and Human Resources Oversight.

Background

The Hospital Readmissions Dashboard presents a quarterly report of the number of hospital readmissions, the cost, and the primary diagnosis of such readmissions when patients are readmitted to a hospital for the

same or a similar diagnosis within 30 days of discharge, excluding planned readmissions, obstetrical readmissions, admissions to critical access hospitals, or in any case where the patient was originally discharged against medical advice

Users can access the dashboard on the DMAS website ([Workbook: GA Hospital Readmissions](#)) and filter results by Calendar Year and view all the Primary diagnoses on hospital readmissions.

Table 1, Hospital Readmissions from June 2023 – September 2024, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions

Data Last Refreshed: 4/7/2025 1:03:04 PM

Calendar Year

Readmissions by MCO and month									Cost of Readmissions	
Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total	Health Plan	Dollars paid
2023-06		42		13	11	160	5	231	Aetna	\$1,954,242
2023-07		33		181	16		16	246	Anthem	\$11,510,237
2023-08		32		186	18		12	248	Molina	\$1,576,274
2023-09		43		153	16		11	223	Sentara	\$15,882,807
2023-10		35		231	17		12	295	United	\$4,013,101
2023-11		45		354	12		16	427	VA Premier	\$17,015,967
2023-12		37		207	17		19	280	FFS	\$5,371,295
2024-01		37		58	10		17	122	Grand Total	\$57,323,922
2024-02		40		116	16		16	188		
2024-03			52	116	19		12	199		
2024-04			38	117	13		23	191		
2024-05			42	99	10		24	175		
2024-06			41	84	10		10	145		
2024-07			48	116	11		23	198		
2024-08			49	104	12		15	180		
2024-09			60	94	10		15	179		
Grand Total	200	1,768	192	3,182	584	3,385	713	10,024		

Primary diagnoses associated with readmissions

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	835	\$413,588
Opioid dependence, uncomplicated	750	\$321,039
Sepsis, unspecified organism	595	\$5,349,890
Hb-S5 disease with crisis, unspecified	432	\$2,107,623
Type 1 diabetes mellitus with ketoacidosis	377	\$1,358,920
Hypertensive heart disease with heart failure and stroke	357	\$2,584,546
Encounter for antineoplastic chemotherapy	203	\$1,914,960
Hypertensive heart disease with heart failure	198	\$1,137,278
Alcohol dependence with withdrawal, unspecified	198	\$537,111
Schizoaffective disorder, bipolar type	161	\$938,800
Alcoholic cirrhosis of liver with ascites	149	\$1,132,365
Acute and chronic respiratory failure with acute exacerbation	140	\$1,111,061
Alcohol induced acute pancreatitis with acute exacerbation	116	\$412,545
Major depressive disorder, recurrent severe	112	\$625,143
Chronic obstructive pulmonary disease with acute exacerbation	108	\$548,255

About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.