



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL ROBERTS
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/343-0634 (TDD)
www.dmas.virginia.gov

July 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-December 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-December 2024

July 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 March 2024 – December 2024, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions								Data Last Refreshed: 7/1/2025 11:37:58 AM	
Calendar Year	(All)								
Readmissions by MCO and month								Cost of Readmissions	
Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total	
2024-03		52		120	19		12	203	
2024-04		39		118	13		23	193	
2024-05		42		100	10		24	176	
2024-06		40		89	9		11	149	
2024-07		48		121	11		23	203	
2024-08		48		111	13		15	187	
2024-09		59		98	10		14	181	
2024-10		36		100	12		23	171	
2024-11		47		116	13		21	197	
2024-12		49		113	18		13	193	
Grand Total	200	1,902	192	3,536	627	3,385	770	10,612	
									Health Plan
									Dollars paid
									Aetna
									\$1,954,242
									Anthem
									\$12,506,413
									Molina
									\$1,576,274
									Sentara
									\$18,472,320
									United
									\$4,261,943
									VA Premier
									\$17,015,967
									FFS
									\$5,844,373
									Grand Total
									\$61,631,533
Primary diagnoses associated with readmissions									
Primary Diagnoses								Count of Claims	Dollars paid
Alcohol dependence, uncomplicated								836	\$417,839
Opioid dependence, uncomplicated								750	\$321,039
Sepsis, unspecified organism								598	\$5,357,026
Hb-SS disease with crisis, unspecified								431	\$2,107,623
Type 1 diabetes mellitus with ketoacidosis								381	\$1,390,120
Hypertensive heart disease with heart failure and stroke								360	\$2,595,873
Encounter for antineoplastic chemotherapy								203	\$1,914,960
Alcohol dependence with withdrawal, unspecified								199	\$545,349
Hypertensive heart disease with heart failure								198	\$1,140,938
Schizoaffective disorder, bipolar type								161	\$938,800

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.