COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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October 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-March 2025

This report is submitted in compliance with 288.AA. of the 2025 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-March 2025

October 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 December 2023 – March 2025, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions

Data Last Refreshed: 10/12/2025 8:35:05 AM

Calendar Year: (All)

Readmissions by MCO and month

Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total
2023-12		38		208	17		19	282
2024-01		38		59	10		17	124
2024-02		40		113	16		16	185
2024-03		52		120	19		12	203
2024-04		41		117	13		23	194
2024-05		41		99	10		24	174
2024-06		40		91	10		11	152
2024-07		48		124	11		23	206
2024-08		49		114	13		16	192
2024-09		57		101	10		14	182
2024-10		33		100	12		23	168
2024-11		46		115	14		22	197
2024-12		45		115	18		14	192
2025-01		44		110	21		20	195
2025-02		34		78	19		22	153
2025-03	2	43		77	25		28	175
Grand Total	202	2,009	192	3,813	694	3,386	843	11,139

Cost of Readmissions

Health Plan	Dollars paid
Aetna	$2,067,401
Anthem	$13,243,889
Molina	$1,576,274
Sentara	$20,750,765
United	$4,649,796
VA Premier	$17,018,362
FFS	$6,490,065
Grand Total	$65,796,552

Primary diagnoses associated with readmissions

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	837	$422,102
Opioid dependence, uncomplicated	751	$321,039
Sepsis, unspecified organism	684	$6,287,706
Hb-SS disease with crisis, unspecified	510	$2,578,704
Type 1 diabetes mellitus with ketoacidos	380	$1,378,065
Hyp hrt & chr kdny dis w hrt fail and st	359	$2,590,222
Encounter for antineoplastic chemotherap	203	$1,914,960
Alcohol dependence with withdrawal, unsp	198	$534,845
Hypertensive heart disease with heart fa	197	$1,135,991
Schizoaffective disorder, bipolar type	180	$1,059,001
Alcoholic cirrhosis of liver with ascite	149	$1,131,930
Acute and chronic respiratory failure wi	140	$1,117,763
Chronic obstructive pulmonary disease w	137	$691,723
Alcohol induced acute pancreatitis witho	117	$415,040
Major depressv disorder, recurrent sever	114	$625,143

Share

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.