



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

STEVE FORD  
DIRECTOR

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

April 15, 2026

### MEMORANDUM

**TO:** The Honorable Rodney T. Willett  
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:** Steve Ford  
Director, Virginia Department of Medical Assistance Services

**SUBJECT:** Report on the hospital readmissions July 2020-September 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.

SF/wf  
Enclosure

Pc: The Honorable Marvin Figueroa, Secretary of Health and Human Resources

# Report on the hospital readmissions, July 2020-September 2025

April 2026

## 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.

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## 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 2024 – September 2025, the cost, and top primary diagnosis of the readmissions.**

Readmissions by MCO and month									Cost of Readmissions	
Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total	Health Plan	Dollars paid
2024-06		40		91	9		11	151	Aetna	\$2,080,744
2024-07		47		126	11		23	207	Anthem	\$15,380,488
2024-08		49		110	13		16	188	Molina	\$1,576,274
2024-09		57		104	11		14	186	Sentara	\$25,231,739
2024-10		34		105	12		23	174	United	\$5,303,674
2024-11		44		110	14		22	190	VA Premier	\$17,023,560
2024-12		45		114	18		14	191	FFS	\$8,127,643
2025-01	1	45		110	21		20	197	Grand Total	\$74,724,123
2025-02		35		80	19		22	156		
2025-03	2	43		74	23		28	170		
2025-04		42		66	16		27	151		
2025-05		50		90	14		27	181		
2025-06		54		92	23		21	190		
2025-07		53		75	11		22	161		
2025-08		58		81	9		31	179		
2025-09	1	41		76	18		35	171		
Grand Total	204	2,303	192	4,336	782	3,383	1,019	12,219		

**Primary diagnoses associated with readmissions**

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	843	\$432,392
Sepsis, unspecified organism	769	\$7,530,169
Opioid dependence, uncomplicated	752	\$326,101
Hb-S5 disease with crisis, unspecified	587	\$3,083,426
Type 1 diabetes mellitus with ketoacidosis	386	\$1,392,971
Hypertensive heart disease with heart failure and stroke	369	\$2,664,161
Hypertensive heart disease with heart failure	201	\$1,157,127
Encounter for antineoplastic chemotherapy	201	\$1,891,629
Alcohol dependence with withdrawal, unspecified	201	\$551,889
Schizoaffective disorder, bipolar type	193	\$1,147,069
Chronic obstructive pulmonary disease with acute exacerbation	156	\$767,189
Alcoholic cirrhosis of liver with ascites	149	\$1,135,415
Acute and chronic respiratory failure with acute exacerbation	140	\$1,117,763
Alcohol induced acute pancreatitis with acute exacerbation	118	\$425,042
Major depressive disorder, recurrent severe	114	\$625,143

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## 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.