



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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January 15, 2026

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-June 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-June 2025

January 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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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.

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

Table 1, Hospital Readmissions from March 2024 – June 2025, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions

Data Last Refreshed: 1/5/2026 4:27:15 PM

Calendar Year

(All)

Readmissions by MCO and month									Cost of Readmissions	
Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total	Health Plan	Dollars paid
2024-03		51		124	19		12	206	Aetna	\$2,067,401
2024-04		41		117	13		23	194		
2024-05		41		98	10		24	173	Anthem	\$14,161,939
2024-06		40		92	9		11	152		
2024-07		48		123	11		23	205	Molina	\$1,576,274
2024-08		48		111	13		16	188		
2024-09		56		104	11		14	185	Sentara	\$23,002,805
2024-10		33		104	12		23	172		
2024-11		45		110	14		22	191	United	\$5,056,839
2024-12		44		114	18		14	190		
2025-01	1	45		108	21		20	195	VA Premier	\$17,023,560
2025-02		35		78	19		22	154		
2025-03	2	42		76	24		28	172	FFS	\$7,194,670
2025-04		43		66	16		27	152		
2025-05		49		90	15		27	181		
2025-06		53		92	22		19	186		
Grand Total	203	2,149	192	4,053	746	3,383	929	11,655	Grand Total	\$70,083,488

Primary diagnoses associated with readmissions

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	842	\$432,392
Opioid dependence, uncomplicated	752	\$326,101
Sepsis, unspecified organism	712	\$6,648,187
Hb-SS disease with crisis, unspecified	546	\$2,809,083
Type 1 diabetes mellitus with ketoacidosis	381	\$1,373,435
Hypertensive heart disease with heart failure and stroke	366	\$2,647,402
Encounter for antineoplastic chemotherapy	201	\$1,891,629
Hypertensive heart disease with heart failure	199	\$1,149,423
Alcohol dependence with withdrawal, unspecified	199	\$540,824
Schizoaffective disorder, bipolar type	193	\$1,147,069
Alcoholic cirrhosis of liver with ascites	149	\$1,131,930
Chronic obstructive pulmonary disease with acute exacerbation	148	\$728,682
Acute and chronic respiratory failure with mechanical ventilation	140	\$1,117,763
Alcohol induced acute pancreatitis with chronic pancreatitis	117	\$417,054
Major depressive disorder, recurrent severe	114	\$625,143

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.