



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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July 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-December 2025

This report is submitted in compliance with 291.W. of the 2026 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 B. Figueroa, Secretary of Health and Human Resources

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

July 2026

## Report Mandate:

Item 291.W. of the 2026 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 September 2024 – December 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
2024-09		58		103	11		14	186	Aetna	\$2,080,744
2024-10		34		104	12		23	173	Anthem	\$16,634,437
2024-11		46		109	14		22	191	Molina	\$1,576,274
2024-12		45		114	18		14	191	Sentara	\$27,209,967
2025-01	1	45		109	21		20	196	United	\$5,693,125
2025-02		35		81	19		22	157	VA Premier	\$17,022,076
2025-03	2	43		75	23		28	171	FFS	\$8,778,480
2025-04		42		65	16		27	150	Grand Total	\$78,995,104
2025-05		50		89	14		27	180		
2025-06		51		92	24		21	188		
2025-07		52		76	11		23	162		
2025-08		57		81	9		31	178		
2025-09	1	40		76	18		36	201		
2025-10		64		98	16		23	201		
2025-11		46		82	17		33	178		
2025-12		51		68	15		21	155		
Grand Total	204	2,459	192	4,570	831	3,380	1,098	12,734		

**Primary diagnoses associated with readmissions**

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	844	\$435,414
Sepsis, unspecified organism	815	\$8,023,781
Opioid dependence, uncomplicated	752	\$326,101
Hb-S5 disease with crisis, unspecified	624	\$3,346,375
Type 1 diabetes mellitus with ketoacidosis	402	\$1,499,847
Hypertensive heart disease with heart failure and stroke	391	\$2,999,268
Alcohol dependence with withdrawal, unspecified	219	\$620,935
Hypertensive heart disease with heart failure	213	\$1,239,264
Encounter for antineoplastic chemotherapy	199	\$1,873,347
Schizoaffective disorder, bipolar type	191	\$1,147,069
Alcoholic cirrhosis of liver with ascites	174	\$1,342,763
Chronic obstructive pulmonary disease with acute exacerbation	171	\$853,032
Acute and chronic respiratory failure with acute exacerbation	152	\$1,262,236
Alcohol induced acute pancreatitis with acute exacerbation	126	\$457,660
Hypertensive heart disease with heart failure and stroke	115	\$617,916

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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.