



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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October 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 – March 2026

This report is submitted in compliance with 291.W. of the 2026 Appropriation 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 – March 2026

October 2026

Report Mandate:

Item 291.W. of the 2026 Appropriation 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

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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 December 2024 – March 2026, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions

Data Last Refreshed: 10/5/2026 1:43:47 PM

Calendar Year

(All)

Readmissions by MCO and month

Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total
2024-12		45		112	18		14	189
2025-01	1	44		109	21		20	195
2025-02		35		81	19		22	157
2025-03	2	42		75	23		28	170
2025-04		43		67	17		27	154
2025-05		50		89	14		27	180
2025-06		51		92	24		21	188
2025-07		51		76	11		23	161
2025-08		57		82	9		31	179
2025-09	1	40		78	18		36	173
2025-10		59		98	16		23	196
2025-11		46		82	15		34	177
2025-12		51		69	16		22	158
2026-01		57		69	18		18	162
2026-02		55		68	14		27	164
2026-03		56		87	20		26	189
Grand Total	204	2,619	192	4,833	883	3,380	1,171	13,282

Cost of Readmissions

Health Plan	Dollars paid
Aetna	\$2,080,744
Anthem	\$17,816,611
Molina	\$1,576,274
Sentara	\$29,416,072
United	\$6,020,605
VA Premier	\$17,022,076
FFS	\$9,429,858
Grand Total	\$83,362,240

Primary diagnoses associated with readmissions

Primary Diagnoses	Count of Claims	Dollars paid
Sepsis, unspecified organism	873	\$8,705,712
Alcohol dependence, uncomplicated	844	\$435,414
Opioid dependence, uncomplicated	752	\$326,101
Hb-SS disease with crisis, unspecified	668	\$3,613,625
Type 1 diabetes mellitus with ketoacidosis	420	\$1,584,439
Hypertensive heart disease with heart failure and stroke	416	\$3,154,925
Alcohol dependence with withdrawal, unspecified	244	\$713,419
Hypertensive heart disease with heart failure	231	\$1,351,869
Encounter for antineoplastic chemotherapy	199	\$1,876,425
Alcoholic cirrhosis of liver with ascites	193	\$1,517,171
Schizoaffective disorder, bipolar type	191	\$1,147,069
Chronic obstructive pulmonary disease with acute exacerbation	179	\$905,002
Acute and chronic respiratory failure with mechanical ventilation	159	\$1,403,828
Alcohol induced acute pancreatitis without necrosis or infection	136	\$506,467
Acute pancreatitis without necrosis or infection	127	\$502,698

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.