



COMMONWEALTH of VIRGINIA

CHERYL J. ROBERTS
DIRECTOR

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

DECISION BRIEF FOR:
The Honorable Janet V. Kelly
Secretary of Health and Human Resources

SUBJECT: AMENDMENT 25-026 to the PLAN for MEDICAL
ASSISTANCE entitled "Repeal of Increased Primary
Care Service Payments"

ACTION NEEDED BY
December 29, 2025
RETURN TO DMAS

SUMMARY

1. REQUEST: The Department of Medical Assistance Services requests the approval of this Plan amendment TN No. 25-026 – "Repeal of Increased Primary Care Service Payments".
2. RECOMMENDATION: Recommend approval of this State Plan amendment (SPA). The funds for this amendment are already provided in the agency's appropriations. The Agency intends to forward this SPA to the Centers for Medicare and Medicaid Services Regional Office no later than December 31, 2025.

 11/26/2025
Cheryl J. Roberts, Director Date

3. SECRETARY'S ACTION: Secretary of Health and Human Resources

Approve X Approve w/ Modifications _____ Deny _____

 12/23/2025
Janet V. Kelly, Date

Transmittal Summary

SPA 25-026

I. IDENTIFICATION INFORMATION

Title of Amendment: Repeal of Increased Primary Care Service Payments

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: This SPA will delete obsolete language from the state plan that pertains to increased primary care service payments. The increased payments were temporary, pursuant to Section 1202 of the Affordable Care Act, which required Medicaid to reimburse certain primary care services at Medicare rates during calendar years 2013 and 2014. Virginia did not submit a subsequent SPA to CMS to extend or make the increased payments permanent. Therefore, the language in the state plan is outdated and no longer in effect, so it needs to be removed.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Methods and Standards for Establishing Payment Rates — Other Types of Care”.

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: See Attached.

Public Comments and Agency Analysis: [To be determined.]

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND**

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13))*)

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on November 17, 2025

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Jimeequa Williams, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Jimeequa.Williams@dmass.virginia.gov.

This notice is available for public review on the Regulatory Town Hall (<https://townhall.virginia.gov>) on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)

DMAS is revising the state plan to remove obsolete language that pertains to increased primary care service payments. The increased payments were temporary, pursuant to Section 1202 of the Affordable Care Act, which required Medicaid to reimburse certain primary care services at Medicare rates during calendar years 2013 and 2014. Virginia did not submit a subsequent SPA to CMS to extend or make the increased payments permanent. Therefore, the language in the state plan is outdated and no longer in effect, so it needs to be removed.

There are no expected increases or decreases in annual fee-for-service aggregate expenditures in federal fiscal year 2026 or federal fiscal year 2027.



Outlook

Tribal Notification

From Williams, Jimreequa (DMAS) <Jimreequa.Williams@dmass.virginia.gov>

Date Sat 11/29/2025 5:46 PM

To TribalOffice@MonacanNation.com <tribaloffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pam Thompson <pamelathompson4@yahoo.com>; Rappahannock Tribe <rappahannocktrib@aol.com>; Reginald Stewart <regstew007@gmail.com>; richard.matens@pamunkey.org <richard.matens@pamunkey.org>; Chief <chief@monacannation.gov>; Stephen Adkins <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov <tabitha.garrett@ihs.gov>; kara.kearns@ihs.gov <kara.kearns@ihs.gov>; Nansemond Administrator <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; Nansemond Indian Nation <contact@nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; Reels-Pearson, Lorraine (IHS/NAS/AO) <lorraine.reels-pearson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; Lindsey.Taylor@ihs.gov <lindsey.taylor@ihs.gov>

 1 attachment (233 KB)

Tribal Notice letter (11.26.25) - signed.pdf;

Good afternoon.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Director, Cheryl J. Roberts, indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services regarding the Repeal of Increased Primary Care Service Payments.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you.

-J. Williams

Jimreequa Williams

Regulatory Coordinator

Policy Division

Department of Medical Assistance Services

Hours: 7:30 a.m. - 5:00 p.m. (Monday-Thursday); 7:30 a.m. - 11:30 a.m. (Friday)

jimreequa.williams@dmass.virginia.gov

(804) 225-3508

www.dmass.virginia.gov





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
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RICHMOND, VA 23219
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800/343-0634 (TDD)
www.dmas.virginia.gov

November 26, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to the Repeal of Increased Primary Care Service Payments.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS to delete obsolete language from the state plan that pertains to increased primary care service payments. The increased payments were temporary, pursuant to Section 1202 of the Affordable Care Act, which required Medicaid to reimburse certain primary care services at Medicare rates during calendar years 2013 and 2014. Virginia did not submit a subsequent SPA to CMS to extend or make the increased payments permanent. Therefore, the language in the state plan is outdated and no longer in effect, so it needs to be removed.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through December 29, 2025. You may submit your comments directly to Jimiequa Williams, DMAS Policy Division, by phone (804) 225-3508, or via email: Jimiequa.Williams@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Jimiequa Williams
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts".

Cheryl J. Roberts
Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

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TN No. 25-0026

Approval Date _____

Effective Date 11-18-25

Supersedes

TN No. 13-01

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

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TN No. 25-0026

Approval Date _____

Effective Date 11-18-25

Supersedes

TN No. 14-09

HCFA ID:

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State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

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TN No. 25-0026

Approval Date _____

Effective Date 11-18-25

Supersedes

TN No. 14-09

HCFA ID:

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 6

2. STATE

V A3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

11/18/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Supp 7, revised pages 1, 2, 3, 4, & 4.18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Same as box #7.

9. SUBJECT OF AMENDMENT

Repeal of Increased Primary Care Service Payments

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Cheryl Roberts

13. TITLE

Agency Director

14. DATE SUBMITTED

11/26/2025

15. RETURN TO

Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

INCREASED PRIMARY CARE SERVICE PAYMENT (42 CFR §§447.405, 447.410, 447.415)**Physician Services (42 CFR §447.405) Amount of Minimum Payment**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

☐ The rates reflect all Medicare site of service and locality adjustments.

☒ The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.

☒ The rates reflect all Medicare geographic/locality adjustments.

☐ The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: _____

The rates reflect the March 2013 Deloitte fee schedule. The State will not adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Method of Payment

☐ The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

☒ The state reimburses a supplemental amount equal to the difference between Medicaid rate in effect on the date of service as published in the agency's fee schedule, described in Supplement 4 of Attachment 4.19-B of the State Plan plus additional rates established for 99485 and 99486, and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: ☐ monthly ☒ quarterly

Primary Care Services Affected by This Payment Methodology

☐ This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.

☒ The state did not make payment as of July 1, 2009, for the following codes and will not make payment for those codes under this SPA (specify codes): _____

TN No. 13-01-25-0026Approval Date 05/23/13Effective Date 1-01-13 11-18-25

Supersedes

TN No. NEW

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PAGE 13-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

90461, 90471, 90472, 90473, 90474, 99224, 99225, 99226, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99339, 99340, 99358, 99359, 99386, 99387, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99487, 99488, 99489, 99495, 99496.

(Primary Care Services Affected by This Payment Methodology-continued)

☒ The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009, (specify code and date added):

Procedure codes 99406, 99407 added effective October 1, 2010.

Procedure codes 99485, 99486 added effective January 1, 2013.

Physician Services—Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

☐ Medicare Physician Fee Schedule rate

☒ State regional maximum administration fee set by the Vaccines for Children program

☐ Rate using the CY 2009 conversion factor

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

☐ The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12-month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: _____.

☒ A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \$11.00.

☐ Alternative methodology to calculate the vaccine administration rate in effect 7/1/09: _____.

Note: This section contains a description of the state's methodology and specifies the affected billing codes.

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~~The state reimburses vaccine administration through vaccine product codes. Attached is a crosswalk of the vaccine administration procedure code to the applicable vaccine product codes.~~

Effective Date of Payment

E&M Services

~~This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014. All rates are published at www.virginiamedicaid.dmas.virginia.gov.~~

Vaccine Administration

~~This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014. All rates are published at www.virginiamedicaid.dmas.virginia.gov.~~

Additional Information

Provider Attestation

~~All physicians who attest on or before March 31, 2013 will be eligible for higher payments for dates of service on or after January 1, 2013. After that date, physicians will be eligible for higher payments for dates of service on or after the beginning of the month of self attestation.~~

Claims History and Audit Criteria

~~Medicaid and Medicaid expansion program claims in the fee for service and managed care program~~

~~Eligible E&M procedure codes in the range 99201 to 99499~~

~~Eligible vaccine product codes defined as the vaccine product codes in effect for the VFC Program for members under 19 years old~~

~~Paid claims in latest calendar year from the practitioner and Medicare Part B crossover claims files~~

~~Claim count determined by individual claim line processed and paid~~

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~~INCREASED PRIMARY CARE SERVICE PAYMENT~~~~VACCINE ADMINISTRATION FEE CROSSWALK~~~~CALENDAR YEARS 2013 – 2014~~

VACCINE DESCRIPTION	VACCINE- PRODUCT CODE	VACCINE- ADMINISTRATION- CODE
DT-Pediatric	90702	90460
DTAP	90700	90460
DTAP Hib	90721	90460
DTAP-Hep B-IPV	90723	90460
DTaP-IPV Hib	90698	90460
DTaP-IPV	90696	90460
Hep A	90633	90460
Hep B-2 (2 Dose Series)	90743	90460
Hep B Hib	90748	90460
Hep B-Ped	90744	90460
HIB	90645, 90646, 90647, 90648	90460
HPV	90649, 90650	90460
Influenza-PF Pediatric	90655	90460
Influenza-PF	90656	90460
Influenza 5mL vial [.25mL dose]	90657	90460
Influenza 5mL vial [.5mL dose]	90658	90460
Influenza (INTRANASAL)	90660 ¹	90460
Influenza Intranasal (Quadrivalent)	90672 ²	90460
Influenza .5mL syringe (Quadrivalent)	90686 ²	90460
Influenza-PF Pediatric (Quadrivalent)	90685 ³	90460
IPV	90713	90460
HIBMENECY	90644 ⁴	90460
Meningococcal (Conjugate)	90734	90460
MMR	90707	90460
MMRV	90710	90460

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Supersedes

TN No. 44-04 14-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

VACCINE DESCRIPTION	VACCINE- PRODUCT CODE	VACCINE ADMINISTRATION- CODE
Pneumococcal (Conjugate)	90670	90460
Pneumococcal (Polysaccharide)	90732	90460
Rotavirus	90680, 90681	90460
TD	90714, 90718 ⁵	90460
TDAP	90715	90460
Varicella	90716	90460

¹~~Vaccine Product Code 90660 deleted effective June 30, 2013.~~²~~Vaccine Product Codes 90672 and 90686 effective July 1, 2013.~~³~~Vaccine Product Code 90685 effective October 1, 2013.~~⁴~~Vaccine Product Code 90644 effective December 1, 2013.~~⁵~~Vaccine Product Code 90718 deleted effective December 31, 2012.~~TN No. 14-09 25-0026Approval Date 05/27/2014Effective Date 04-01-14 11-18-25

Supersedes

TN No. 14-04 14-09

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