Comprehensive Two-Year Provider Revalidation Strategy

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Executive Summary

The Virginia Department of Medical Assistance Services (DMAS) is committed to maintaining the integrity of the Virginia Medicaid program through robust provider screening, enrollment, monitoring, and revalidation activities. Virginia has consistently worked in partnership with the federal government to deliver a high-performing Medicaid program, supported by strong oversight and ongoing efforts to combat fraud, waste, and abuse. DMAS submits this Comprehensive Two-Year Revalidation (PR) Strategy in response to the April 23, 2026 State Medicaid Director letter from CMS Administrator Dr. Mehmet Oz. DMAS is firmly committed to protecting the integrity of Virginia's Medicaid program, ensuring that only qualified providers participate in serving the Commonwealth's Medicaid members.

DMAS currently conducts provider revalidation in accordance with federal requirements and utilizes the Medicaid Enterprise System (MES), managed care organization (MCO) oversight activities, and federal database screenings to maintain accurate provider enrollment records. Building upon these existing processes, DMAS will implement enhanced oversight activities focused on high-risk provider types and will transition high-risk providers from a five-year revalidation cycle to a three-year revalidation cycle.

High-Risk Provider Population and Identification Methodology

Pursuant to 42 CFR § - 424.518, DMAS designates the following five provider types as high categorical risk. Doulas were included based on an internal DMAS decision because they are a newly certified provider type. DMAS has identified 808 enrolled providers in these categories who are subject to the accelerated revalidation process described in this strategy.

DMAS is evaluating additional HCBS service providers during the planning phase and may consider accelerated revalidation for certain provider types.

Provider Type	Revalidation Cycle
Nursing Facility (NF)	3 years (accelerated from 5 years)
Durable Medical Equipment (DME)	3 years (accelerated from 5 years)
Hospice	3 years (accelerated from 5 years)
Home Health	3 years (accelerated from 5 years)
Prosthetic Devices	3 years (accelerated from 5 years)
Doula Services	3 years (accelerated from 5 years)

Providers Without a National Provider Identifier (NPI)

DMAS recognizes that certain provider types participating in the Virginia Medicaid program may not require a National Provider Identifier (NPI), including some atypical providers and individual practitioners in specific service categories. For these providers, DMAS will:

- Use the Medicaid Enterprise System (MES) provider portal to verify identity through alternative identifiers including Virginia state license numbers, Employer Identification Numbers (EIN), and Social Security Numbers (SSN) as applicable.
- Conduct enhanced manual review for each non-NPI provider file, including cross-referencing with Virginia licensing boards and applicable state databases.
- Document all non-NPI providers within the revalidation tracking system and provide a status report to CMS as part of quarterly updates.

Methodology and Timeline for Off-Cycle Revalidation

DMAS will implement a structured, phased revalidation process for all 808 high-risk providers. DMAS is currently implementing the planning stage (July 2026- January 2027) that will include development of the operational plan, complete system configuration to 3-year cycle, work collaboratively with the provider enrollment vendor, confirm budget and funding through the advance planning document (APD) process.

DMAS will begin comprehensive communication strategies with providers in January 2027. The communication work will include distribution of provider bulletins, focus group with providers, launch targeted outreach campaigns for impacted provider types, engage and collaborate with provider associations, MCO collaboration and begin 90-days advance notices with all the impacted providers. The accelerated revalidation period will run from July 1, 2027, through December 31, 2027, with reporting and project close out in June 2028.

There are an additional 924 providers with current revalidation dates between 2028 and 2031. These are previously identified high-risk provider types that were downgraded to moderate risk due to revalidation. Following the CMS guidance, these providers were initially categorized as high risk but were reduced to moderate risk after successful enrollment and completion of required screening. DMAS will also accelerate the revalidation period for these providers and schedule their revalidations to occur in the first quarter of 2028, after which they will be subject to a 3-year revalidation cycle.

i. Phased Revalidation Schedule

To ensure operational manageability and thoroughness, the 808 high-risk providers will be distributed evenly across five months (August–December 2027):

Month	Total Providers	Site Visits Required	PECOS Screenings	Background Checks	NPI Verifications
August 2027	162	82	61	162	162
September 2027	162	82	61	162	162
October 2027	162	82	61	162	162

November 2027	161	82	60	161	161
December 2027	161	81	61	161	161
TOTAL	**808**	**409**	**303**	**808**	**808**

NOTE: Any high-risk providers scheduled to be revalidated under the existing schedule between now and August 2027 will be revalidated at the scheduled time and placed on a three-year schedule from that point; these providers will not be included in the schedule above.

Provider Revalidation Moderate Risk – Off Cycle

Month	Total Providers	Site Visits Required	PECOS Screenings	Background Checks	NPI Verifications
January 2028	297	297	297	297	297
February 2028	309	309	309	309	309
March 2028	318	318	318	318	318
TOTAL	**924**	**924**	**924**	**924**	**924**

ii. Revalidation Process Steps

Each provider revalidation will follow a standardized workflow:

- Providers have 90 days from their initial revalidation notification to submit the revalidation application. If the revalidation application is not submitted by the revalidation due date, the provider will be terminated.
- Notice Timing: DMAS Providers receive automated portal notifications and written notices 90, 60, and 30 days before their revalidation due date.
- Application Shell Activation: A pre-populated application shell will appear in the provider's MES portal, enabling them to review and update current enrollment information.
- Screening Activities: All revalidations will include application fee collection, site visits for applicable provider types, background checks, and database verification through all five federally required databases.
- Status Transparency: DMAS provides a provider extract spreadsheet where providers can view their revalidation due date and current status. It is available through the DMAS MES portal.

iii. Transition to 3-Year Revalidation Cycle

Effective July 1, 2027, DMAS will implement a 3-year revalidation cycle for all six high-risk provider types, replacing the prior 5-year standard. This accelerated cycle meets the CMS directive under 42 CFR § 455.450 for increased oversight of high-risk providers. DMAS will:

- Enter staggered revalidation trigger dates for all 808 providers by provider type into the MES system prior to July 1, 2027.
- Ensure all newly enrolled high-risk providers are immediately placed on the 3-year

revalidation schedule at time of enrollment.

Comprehensive Implementation Timeline

Phase	Timeframe	Key Activities
Phase 1: Planning	July 2026 – Jan 2027	Finalize operational plan; complete MES system configuration for 3-year cycle; engage Provider Enrollment contractor (Gainwell); launch stakeholder communications; confirm budget and Advance Planning Document (APD) matching.
Phase 2: Communications & Outreach	Jan 2027 – Jun 2027	Distribute provider bulletins; conduct provider focus groups; launch targeted outreach campaigns; issue MCO provider directory oversight directives; begin 90-day advance notices to all 808 providers.
Phase 3: Active Revalidation	Jul 2027 – Dec 2027	Execute phased revalidation (~162/month); conduct site visits (~82/month); complete PECOS screenings; process background checks; track completion rates; report to CMS quarterly.
Phase 4: Active Revalidation for off-cycle providers	Jan 2028 – March 2028	Execute revalidation for off-cycle providers.
Phase 5: Reporting & Closeout	April 2028 – Jun 2028	Complete all outstanding revalidations; submit final results to CMS; implement ongoing 3-year cycle; conduct program evaluation; identify lessons learned and process improvements.

Metrics and Effectiveness Measurement

DMAS will track and report the following metrics to measure the progress and effectiveness of the provider revalidation strategy. Quarterly progress reports will be submitted to CMS at programintegrity@cms.hhs.gov. DMAS will make relevant program integrity metrics publicly available through the DMAS website and the MES provider portal.

Progress Reporting

Performance Metric	Reporting Frequency
% of 808 high-risk providers revalidated	Quarterly
Monthly revalidation completion rate	Quarterly
Site visit completion rate	Quarterly
Provider notification delivery rate (30/60/90-day)	Quarterly
PECOS screening completion rate	Quarterly
Background check completion rate	Quarterly
% providers completing revalidation within 30-day window	Quarterly
# of providers terminated for non-compliance	Quarterly
# of non-NPI providers identified and reviewed	Quarterly
# of fraud referrals to law enforcement	Quarterly

Provider Data Accuracy

DMAS utilizes multiple mechanisms to ensure provider enrollment information remains accurate and current, including:

- Provider self-service updates through the MES provider portal.
- Monthly screening against federal databases.
- Electronic licensure verification with Virginia licensing boards.
- Review of ownership, disclosure, and address changes submitted by providers.
- Monitoring automated enrollment processes.
- Periodic provider outreach and education.

Providers are required to maintain current enrollment information and report changes in accordance with Medicaid enrollment requirements. If a provider does not revalidate by the due date, their Virginia Medicaid participation status is terminated from both fee-for-service and MCO networks until they successfully enroll/revalidate in the provider enrollment system.

DMAS is committed to ensuring that provider enrollment data is accurate and consistent across both the fee-for-service and managed care delivery systems. DMAS will:

- Require all contracted MCOs to submit daily provider file updates to DMAS through the MES system, enabling automated cross-referencing and discrepancy detection.
- Issue formal guidance to all MCOs directing them to align provider directory updates with the revalidation process, including reflecting terminations and status changes within required timeframes.
- Expand MCO contract oversight provisions to require MCO compliance with provider revalidation outcomes, including prompt removal of revalidation non-compliant providers from MCO directories.
- Conduct periodic audits (at minimum quarterly) of MCO provider directories against DMAS's FFS enrollment data to identify discrepancies and require timely correction.
- Coordinate with managed care contract management staff to embed revalidation compliance requirements into MCO quality reporting and performance metrics.
- Maintain a centralized provider data reconciliation process to ensure that any provider termination or sanction resulting from revalidation is reflected in both FFS and MCO systems within 24 hours.

Provider Communications and Outreach Plan

DMAS will implement a robust, multi-channel communications plan to ensure providers understand the revalidation process and take timely action:

- Provider Portal Notifications: Automated in-portal notifications delivered 90, 60, and 30 days before each provider's revalidation due date.
- Provider Bulletins: Bulletins disseminated via the MES portal, informing providers of the new 3-year revalidation cycle and timelines.
- Targeted Communications: Direct outreach to high-risk provider types, including individualized letters and email communications with clear instructions and deadlines.
- Provider Focus Groups: Engagement sessions with representative providers from each high-risk category to gather input, address questions, and refine processes prior to July 2027 launch.
- Stakeholder Coordination: Collaboration with MCOs, provider associations, and advocacy organizations to broadly disseminate revalidation information.

- Provider Education Webinars: Hosted sessions explaining the revalidation process, portal navigation, documentation requirements, and compliance expectations.

Conclusion

DMAS is committed to the integrity of the Virginia Medicaid program and to the protection of public funds from fraud, waste, and abuse. This Comprehensive Two-Year Provider Revalidation Strategy reflects Virginia's dedication to proactive, risk-based provider oversight and transparent collaboration with CMS. DMAS will provide quarterly progress updates and final completion results to CMS and welcomes technical assistance and partnership throughout implementation.