



Medicaid Renewals are Resuming

Here's *what you need to know*.

During the COVID-19 pandemic, Virginians enrolled in Medicaid **were not required to renew** their eligibility each year, the way they normally would. All states kept most people covered by Medicaid enrolled throughout the pandemic, even if their circumstances changed.

This approach ended in March 2023, when Virginia and the other states resumed conducting eligibility renewals again for those enrolled in Medicaid. Some Medicaid members' renewal will be able to be completed automatically, but others will need to provide more up-to-date information to retain their coverage. No members' coverage will be canceled without the state asking them for updated information first.

How will I know if I am automatically renewed or if I must complete a renewal form?

Members whose coverage is renewed automatically will get a notice from their local Department of Social Services (DSS) letting them know their coverage will continue for another year (see the blue box on the first page of the notice, under **Effective Dates**). Members who are under 65 years old, and whose income and household information is already known to the state, are more likely to have their coverage renewed automatically.

How will I know when my Medicaid renewal is due?

Renewals will not happen all at once. There are 2.2 million Virginians currently enrolled in Medicaid. Renewing all at one time would crash the system. Instead, the state will handle the renewals in a staggered fashion over 12 months. Some Medicaid members may have already received a renewal packet in the mail from their local Department of Social Services (DSS). The majority of members will receive a packet sometime during 2023 through mid-2024.

Since it will take a year to review and renew all Virginians currently covered by Medicaid, members should not be concerned if they do not receive correspondence right away. **But, they should take steps to ensure that they receive correspondence from the state when it is their turn to renew.**

What can I do to prepare for my Medicaid renewal?

Medicaid members' contact information must be up-to-date, so that they can receive mailed correspondence from the state about their Medicaid renewal at the appropriate time. Those who are in contact with those covered by Medicaid can help **now** by encouraging those who have moved since 2019 to **update their contact information (especially mailing address and phone number)**. They can report this important change:

- To their Medicaid **health plan**, Managed Care Organization (MCO)
- Online at [Commonhelp.virginia.gov](https://www.commonhelp.virginia.gov),
- By calling **Virginia's One Benefits line at 1-833-5CALLVA**, or
- By contacting their **local DSS**.

Medicaid members should **be on the lookout** for official notices from their local DSS, Cover Virginia, or their MCO. They should review these notices and respond, if instructed, to help ensure their Medicaid coverage can continue if they are still eligible.

Members should read all official mail, email or texts asking them for updated information, and respond within the timeframe specified to avoid losing their Medicaid coverage.

What should I do when I receive a renewal packet?

Members who receive a renewal packet in the mail from their local DSS should open it immediately, and complete their renewal by the due date in the blue bubble on the first page. The renewal form is 20+ pages long, and will include **prepopulated** information about the member and his/her household (e.g., names, addresses, and employment/income). The member should review and correct information as needed and before the due date. The packet will include a prepaid return envelope.

Members can submit their renewal:

- Online at [commonhelp.virginia.gov](https://www.commonhelp.virginia.gov) by using the **Case Number** and **Client ID** found on the renewal form to "Associate My Case" to a CommonHelp account;
- Via the Cover Virginia Call Center at 1-855-242-8282 (TTY: 1-888-221-1590). (Note: it helps to have the requested information gathered and ready to give over the phone);
- By completing the paper form and sending it in the prepaid return envelope; or
- By completing the form and submitting it by fax or in person at the member's local DSS.

What should I do if my Medicaid coverage is terminated?

If someone is terminated from Medicaid, s/he will receive a Notice of Action via mail that indicates the date that coverage will end, and the reason for the termination. If the member's coverage is being terminated because s/he **failed to complete the renewal or turn in paperwork**, s/he has a 90-day "grace period" to complete the renewal and/or submit required documents. If the member provides the requested information within the grace period, coverage will be reinstated back to the date of the termination.

If a member is terminated due to **no longer being eligible for Medicaid** (e.g., *having income or resources above the limit*) **and is eligible for Medicare**, s/he will have a Special Enrollment Period to enroll in Medicare or make changes to Medicare plans. Assistance is available through the Virginia Insurance Counseling and Assistance Program (VICAP) at VPAS.

If a member is terminated from Medicaid and is not eligible for Medicare, s/he will be eligible to obtain health insurance through the **Health Insurance Marketplace**. Financial help is available to most Virginians who buy their insurance through the Marketplace. **ENROLL Virginia! Navigators** can provide free, local, 1:1 help to evaluate options on the Marketplace.

Where can I find more information about what will happen when Medicaid renewals resume?

For up-to-date information on Virginia's plans for resuming Medicaid renewals, and key resources for partners: **Cover Virginia**.

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