

Frequently Asked Questions for Medicaid Members

When will normal Medicaid processes begin again?

States will have 12 months to make sure Medicaid members are still eligible for coverage. We do not yet know when this process will start. We will not cancel or reduce coverage for our members without asking them for updated information.

What if members lose their coverage?

We want all eligible Virginians to get and stay covered. If a member no longer qualifies for health coverage from Virginia Medicaid, they will get:

- Notice of when their Medicaid coverage will end,
- Information on how to file an appeal if the member thinks our decision was incorrect, **and**
- A referral to the Federal Marketplace and information about buying other health care coverage.

What Medicaid Members Can Do:

- Visit the Cover Virginia website for updates and access to the information mentioned in the following bullet points.
- Read the Medicaid Members Frequently Asked Questions and updated COVID-19 Medicaid Information Eligibility, Enrollment, and Appeals fact sheets.
- Sign up for email and text updates and follow us on social media.

Visit coverva.org for more information.



How can I get more information?

Virginia Medicaid will keep members up to date through comonhelp.virginia.gov, coverva.org, emails, text messages and social media.

What are the other health care coverage choices?

Virginians who do not qualify for Virginia Medicaid can buy health insurance through Enroll Virginia. Enroll Virginia has offices in communities across the state to helping Virginians get high quality, affordable health coverage. You can sign up for insurance on the Federal Marketplace on HealthCare.gov:

- Within 60 days after losing health coverage or
- Anytime during the annual open enrollment period from November 1 through January 15