VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

# Return to Normal Enrollment Town Halls Frequently Asked Questions (FAQs)

VIRGINIA'S MEDICAID PROGRAM DMAS

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

COVER VIRGINIA
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# How Will the Return to Normal Enrollment Process Work?

### When will redeterminations start and how long will it take to complete all redeterminations?

States have 12 months to initiate redeterminations and two months for clean-up actions. Virginia's 12-month period is March 2023-February 2024, with March and April 2024 as clean-up months.

### How can Medicaid members update their address?

Members or their authorized representatives can do this by calling Cover Virginia 855-242-8282 or by going to coverva.org and clicking on the "Ask Us Anything" button Mon-Fri 8am-7pm. They can also submit changes online to CommonHelp at commonhelp.virginia.gov, or by contacting their local Department of Social Services.

### If someone does not have an address to use for re-enrollment, what can they do?

They should contact a friend, family member, or local organization that can receive the mailed paperwork for them, and update their address by contacting Cover Virginia, their local Department of Social Services agency, or going online to CommonHelp at commonhelp.virginia.gov to report the change.

### How will the state handle the volume of redeterminations? What about new applications submitted by pregnant women with a processing time of 7 days?

The Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) have collaborated to prepare workers for resuming manual redeterminations, including increasing automation to reduce the amount of manual work. Workers are expected to continue to process applications along with redeterminations. To supplement the work force at local DSS agencies, DMAS has expanded the Cover Virginia operations adding a new redetermination call center and processing unit.

### What is the method being used for re-determining eligibility? Will this occur a year after the last eligibility determination, by last name, by region of the state?

Virginia is taking a time-based approach to redeterminations. In addition to timely, or currently due, redeterminations, the state will also redetermine overdue cases. For more information on when redeterminations will occur, see the resource Understanding the Renewal Calendar on the Cover Virginia website.

### Will a renewal notification letter be sent to each member of a family under the same household? Or will a family receive a renewal letter for all members of the family?

Letters and forms generated from the eligibility system are sent on a household basis. If all members in the family are on the same case, then they will receive one set of information.

# How Will the Return to Normal Enrollment Process Work?

### Will every Medicaid member go through the full re-determination process?

Yes, however, if we are able to verify all information needed to renew eligibility using existing data and other data sources, the member will be renewed automatically and will receive a notice of re-enrollment letter rather than a renewal form.

### Will the renewal application be different than what it was before the public health emergency?

There are a few minor modifications to the documentation, such as changes to reflect annual increases in the federal poverty level.However, the renewal documentation is essentially the same. In 2019 there was a redesign of the form to include information on the first page on how to renew in each modality (paper, online, and telephonically).

### When will renewal notifications be sent and how long will members have to complete and return the paperwork?

During the transition to return to normal operations, the renewal notifications will be sent based on the renewal calendar over the a 12-month period, from March 2023 – February 2024. Individuals are given 30 days to complete their renewal form however, all members are allotted a 90-day reconsideration period if coverage is closed due to not completing the paperwork timely. This means that individuals may complete the renewal process up to 90 days after closure.

### Who can be contacted if a member has difficulties with the renewal application?

A member can call Cover Virginia at 1-855-242-8282 to complete their renewal telephonically or go to commonhelp.virginia.gov to complete their renewal online. They can also reach out to their local Department of Social Services or visit the Find help in your area page on Cover Virginia's website for information on assisters and outreach workers that can assist with completing and returning information.

### If a member indicates that they have not received the renewal application, who should they contact?

First, a member should use the renewal calendar to determine when it is time for them to renew. If it is time for their renewal and they have not received a form, they can contact their local Department of Social Services or Cover Virginia for more information.

### Who will lose coverage?

There are multiple rules surrounding eligibility for coverage. If someone no longer meets those rules and there is no other coverage available through Virginia Medicaid, they will receive a letter letting them know why they are no longer eligible and their closure date.

# How Will the Return to Normal Enrollment Process Work?

**If a client is determined no longer eligible for Medicaid how much of a notice will they have before termination of benefits?**

The member will receive a letter notifying them of the termination of benefits – if the closure occurs on or before the 16th, their effective closure date is the last day of the same month. If they are closed from the 17th through the end of the month, their effective closure date is the end of the next month (exception is for death as the effective closure date is the date of death).

**If a member receives a notice that they have not provided sufficient information to support their eligibility but submits the required documentation within the 90-day grace period, will the coverage continue throughout the 90-day period?**

Once the member/household submits their information during the grace period, they will be re-evaluated back to the date of closure. If eligible, they will be reinstated back to the date of closure with no gap in enrollment.

**How will individuals losing coverage be transitioned to other funded medical/support services?**

Members determined ineligible for ongoing coverage will be referred to the Marketplace for an evaluation. Information regarding referrals is included with the letter they will receive in the mail, or they can go to healthcare.gov to start their application. Loss of Medicaid coverage is a qualifying event that will allow the individual to apply outside of the open enrollment period.

**Will individuals who are losing coverage be automatically be reported to the Patient Protection and Affordable Care Act (ACA) Marketplace? If so, will that constitute a completed ACA application, or will individuals have to go to the Marketplace website of call center to create an application?**

Only individuals who are determined ineligible and are not receiving Medicare are referred to the Marketplace. They will receive a supplement in their letter that describes their next steps, which can include going to healthcare.gov to complete their application. Individuals who lose coverage due to not completing the renewal process are not referred to the Marketplace. Individuals are encouraged to complete their renewal form even if they believe they are no longer eligible.

**If a member is up for revalidation on 9/1/23 and doesn't complete paperwork or is found not eligible, will the coverage terminate as of 8/31/23 or will it retroactively end on 3/31/23?**

The termination of coverage will not apply retroactively.

## How Will the Return to Normal Enrollment Process Work?

**If a person with Medicaid turned 65 and now has Medicare- Their Medicaid was treated as a secondary for them during this time. So now they do not qualify for Medicaid under the Medicare Savings Program. Is Medicare going to give them their initial enrollment period so that they can get a supplement plan with guaranteed acceptance or the chance to change to a Medicare Advantage plan?**

Individuals should visit Medicare.gov for more information on Medicare's options for applicants.

**I work in a residential treatment facility and many residents are far from their hometown where they may have first signed up for Medicaid and may not get notifications if additional information is needed. What is suggested for those members?**

All members should ensure their contact information (mailing address and phone number) are up to date, regardless of where they currently reside. Contact information can be updated by going online to comonhelp.virginia.gov, calling Cover Virginia at 1-855-242-8282, or contacting their local Department of Social Services.

**Can the member start the renewal process themselves or do they have to wait to get a letter?**

It is advised that members wait until receiving information in the mail as some may not be able to renew until a certain date.

## General Provider Questions

**What is the role of providers?**

Providers are a vital link to Medicaid members.Providers can communicate with members about upcoming eligibility re-determinations, refer them to resources to answer questions, and provide other information.

**Will providers be notified when their clients/patients are scheduled for redetermination?**

No, however providers can access the renewal date through the MES portal.

**What will the biggest obstacle be for providers during the unwinding period?**

Providers will not be able to bill Medicaid for health care services that are rendered for individuals who lose Medicaid coverage.

# General Provider Questions

**How will we know at the time that patients present to our facilities what is their status re: redeterminations?**

Providers should check the eligibility of all Medicaid members who present for health care services. Providers should be checking the member's eligibility every time they receive services.

**As a provider, should we check eligibility of all our Medicaid patients? Where do we check it?**

Yes. Provider should always verify eligibility prior to providing services to a patient. Eligibility may be checked through the MES portal, by calling Medicall, or through our health plan partners.

**If a member must submit additional documentation during a 90-day waiting period, will providers be able to obtain retroactive service authorizations during/after that 90-day period?**

No. Service authorizations may not be obtained retroactively. Providers may request service authorizations in advance to cover this 90-day period. However, please note that if the member's coverage may not be reinstated, and in that case, the provider will not be reimbursed for those claims.

**What will happen to pre-authorizations or services in progress if a member loses Medicaid coverage?**

If coverage is not in place on the day the service was performed, reimbursement cannot occur. Service authorizations are only in effect if the individual is covered by Medicaid.

**If a provider sees a child for a visit knowing Medicaid is not active and gave the parent the resources to get it active, will we be reimbursed?**

No. If the coverage is not in place on the day the service was performed, reimbursement cannot occur.

**Concerns about loss of audio-only for individuals that do not have internet or transportation.**

DMAS is working on creating a permanent audio-only allowance for some behavioral health services based on specific procedure codes. More information will be forthcoming in a DMAS memo/manual update. See Table 2 of the Telehealth Supplement for behavioral health services that already have a telemedicine (audio/visual) allowance.

# How to Assist Clients/Patients

**Will DMAS provide any videos, posters, flyers, or brochures for community organizations to make available to the public at their locations?**

Visit Cover Virginia to access the stakeholder toolkits to include posters, flyers, brochures, and other resources.

**May providers assist members with redetermination efforts including the redetermination paperwork?**

Visit the Find help in your area page on Cover Virginia for resources in their area.

**Are there opportunities for provider teams to become certified in Medicaid eligibility determination?**

There are federal guidelines determine who is able to determine Medicaid eligibility, which is limited to state or local agency workers.

**May providers link client cases in Commonhelp to the provider's Commonhelp account?**

CommonHelp requires a secure login (username and password) that should not be shared with anyone.

# Flexibilities Related to the Public Health Emergency (PHE)

**When will Medicaid stop covering telehealth for behavioral health in Virginia?**

Medicaid has made many telehealth flexibilities permanent.These flexibilities are detailed in the Medicaid Provider Manuals (especially the Telehealth Supplements) that are available on the MES portal.

**Will COVID laboratory tests continue to be covered post PHE?**

COVID lab tests will continue to be covered after the PHE as a preventive service.

**Are there any changes that will impact service delivery?**

When the provider flexibilities end, some of those changes may affect service delivery. The most current list of provider flexibilities may be accessed at this link: https://www.dmas.virginia.gov/covid-19-response/

# Nursing Facilities

**Nursing home residents who moved into a nursing home for long-term/custodial care during the pandemic have not been charged a patient pay since they moved in. Will the residents be able to keep those funds or will they be asked to pay back the nursing home/Medicaid?**

Patient pay adjustments cannot be made retroactively per federal guidelines. All increases to patient pay are made prospectively.

**If a resident loses Medicaid coverage due to having excess resources but then spend those resources down, how quickly can they regain coverage? Will it still take 45 days, or will they be fast tracked?**

If an individual loses coverage they can apply at any time and normal application processing rules will apply.

**If a resident has a Home Maintenance allowance have to pay it back? Will you require residents to pay back any increase in their SSA checks for the past 3 years?**

Patient pay adjustments cannot be made retroactively per federal guidelines. All increases to patient pay are made prospectively.

# Developmental Disabilities (DD) and Commonwealth Coordinated Care Plus (CCC+) Waivers

**Can the nurse still do virtual visits for personal care?**

No, that flexibility ended on December 31, 2022.

**Will Developmental Disabilities (DD) Waiver members and Commonwealth Coordinated Care Plus (CCC+) Waiver members be affected by the redetermination process?**

Yes. Medicaid members who have a DD waiver or who are in the CCC+ Waiver must go through eligibility redetermination.

**Will you be allowing spouses and parents to continue to be paid attendants?**

The Appendix K flexibility that allows spouses and parents to be paid personal care attendants will end on November 11, 2023.DMAS is requesting CMS permission to continue this flexibility after November 11 with additional guardrails

# Dual Eligibles

**For dual eligible individuals, Medicaid pays for their Part B premium … if they lose Medicaid coverage, will they be required to pay the Medicare premium?**

The Social Security Administration is responsible for alerting individuals of their responsibility for Medicare premiums.

NOTE: The words renewal/redetermination/re-enrollment are used interchangeably within this document, and refer to the annual renewal process.

## Thank you to all partners across the Commonwealth of Virginia working to support these efforts to ensure a smooth transition back to normal processing.

For questions, additional help, or language assistance services or large-print, Medicaid and FAMIS members are encouraged to call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or send an email to: covervirginia@dmas.virginia.gov.


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