

Phase I Reminder:

Updating Contact Information



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Primary Message:

Update your contact information

Key Information:

We need the most up-to-date **mailing address and phone number** to make sure Medicaid members get important paperwork. Members can make updates:

- Online at commonhelp.virginia.gov,
- By calling Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) , **or**
- By calling your local [Department of Social Services](#).

Member Action Steps:

- Update your contact information. You can make updates:
 - Online at commonhelp.virginia.gov,
 - By calling your local [Department of Social Services](#), **or**
 - By calling Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590)
- Take action when you get official notices from Virginia Medicaid, other state agencies, community groups and health care providers asking you to:
 - Update contact information (mailing addresses and phone numbers)
 - Respond to notices/renewals to confirm that you are eligible
 - Use your coverage to catch up on preventive or delayed care
- Learn more about Virginia's plans
 - Visit the [Cover Virginia](#) website for updates.
 - [Sign up](#) for email and text updates, and follow us on social media.

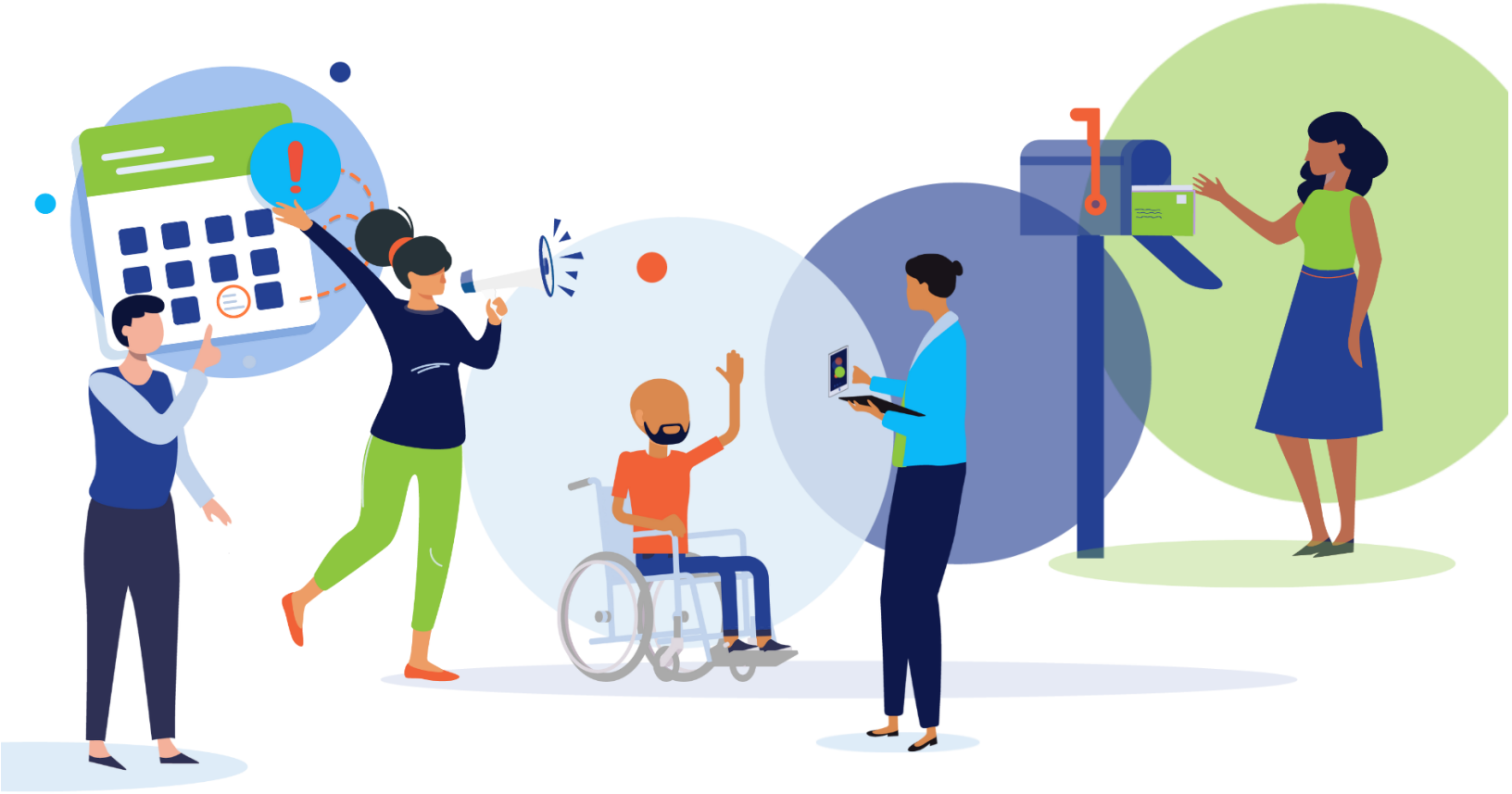
Available Resources and Tools:

- [Toolkit](#)
 - FAQs
 - Factsheets
 - Fliers/Posters
 - Member letters
 - Messaging Samples
 - Outreach Templates
 - Community Outreach and Engagement Presentations
 - Cover Virginia and DMAS websites

Stakeholders, partners and members can send questions or share views/feedback with us at covervirginia@dmas.virginia.gov

Phase II:

Completing the Renewal Process



Phase II: Completing the Renewal Process

Phase II has begun. Virginia DMAS will continue to encourage members to update contact information, report any changes in circumstances, as well as check for upcoming renewal packets that may come through regular mail for cases that cannot be auto-renewed using existing data sources. Virginia Medicaid will work to make sure that all eligible members maintain coverage while meeting all state and federal laws, rules, and regulations.

Primary Message:

Review, Respond, Renew!

Key Information:

Virginia Medicaid is restarting renewals.

- We will not cancel or reduce health coverage for our members without asking for updated information.
- Starting in March 2023, Virginia will begin reviewing members' health coverage to make sure they still qualify, however closures will not occur prior to April 30, 2023.
- Look out for official mail, email or texts to tell you what you need to do to renew your health coverage.
- Respond right away. You will need to share updated information for you and your family members to keep your health coverage.
- Not responding to requests for information may result in loss of health coverage.
- Because we need to look at everyone's health coverage, you may not hear from us for a while. Keeping an eye out for communications from us is key to ensure you meet important deadlines!

Member Action Steps:

Review information regarding Virginia's renewal process.

- Read carefully all official mail, email or texts about what you need to do to renew your coverage.
- Visit the [Cover Virginia](#) website for updates and resources.
- [Sign up](#) for email and text updates, and follow Cover Virginia on social media.

Respond when you get official notices from the Department of Medical Assistance Services (Virginia Medicaid), Social Services, Cover Virginia and your managed care health plan asking you to:

- Update contact information (mailing address, email address, and phone numbers)
- Respond to official notices that include a form or checklist about your renewal to confirm that you are eligible.

Phase II: Completing the Renewal Process

Renew your coverage by sending the information requested by the due date. Answer all questions and make any changes if necessary through one of the following ways:

- **Submit** the completed form/documents **online** at commonhelp.virginia.gov using the case number and client ID on your form to associate your case to your account.
- **Call** Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) to submit your renewal information. Have the requested information gathered and ready to give over the phone.
- **Mail** the completed form/documents to the address listed on the form or checklist by the due date. Medicaid will send you a prepaid return envelope, or you can turn in the form/documents by fax or in person at your local Department of Social Services.

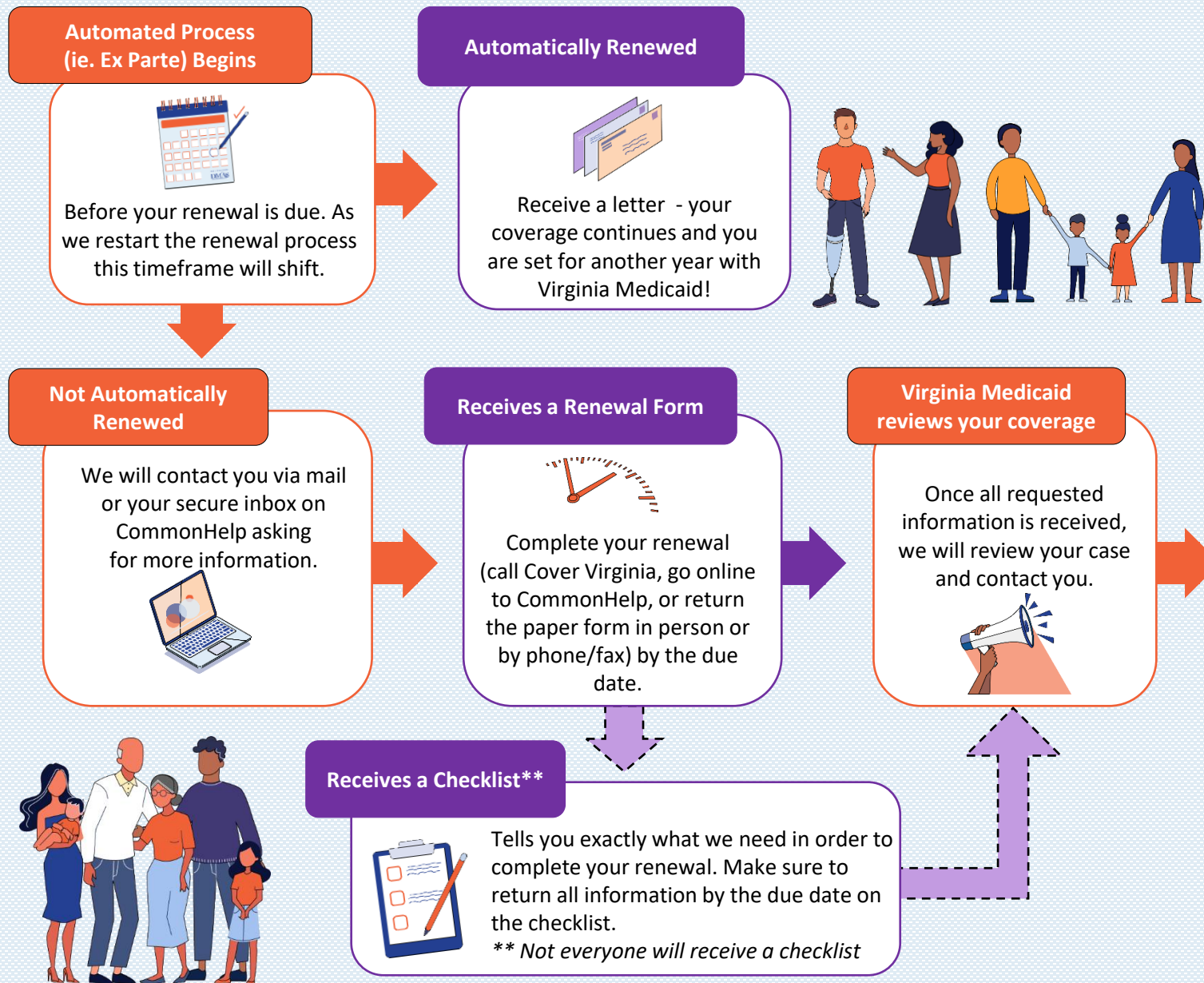
Questions about the form or checklist?

Call your local [Department of Social Services](#) or Cover Virginia. Have the requested information gathered when you call so we can answer your questions. You can request to meet with someone at your local agency if needed.

If you have any questions, need help, or need language assistance services or large-print, call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email us at covervirginia@dmas.virginia.gov.

Renewal Process Flowchart

- Virginia Medicaid Responsibility
- Member Responsibility



If your coverage continues....

You will receive a letter letting you know what you are eligible for.



You are set with Virginia Medicaid!

If your coverage does not continue....

You will receive a letter letting you know next steps*.



If you failed to renew you can return your information within 90 days for review.

Look for important information

If you think we made a mistake, your letter includes information on how to file an appeal.

If your information is referred to the marketplace, they will explore if you're eligible for other coverage.

* If you're no longer eligible for full coverage you can learn more about coverage outside of Virginia Medicaid by going to enrollva.org or calling 888-392-5132. Enroll Virginia has trained assisters, called navigators, who help you sign up for health coverage online or in person. They can compare plans and costs with an easy, anonymous online tool - find out how much financial help you may qualify to receive and get enrolled!

Medicaid Renewal Process Flow Sheet

Understanding the process step-by-step

Before your renewal is due, we start our automated process. Note that as we resume or normal redeterminations, the month in which we start your renewal may be different – keep an eye out for communications from us!

If you are automatically renewed, then you will receive a letter letting you know your coverage continues, and your Medicaid health coverage is all set!

If you are not automatically renewed, you will receive something in the mail letting you know that we need more information.

If you receive a renewal form, you will need to take action as soon as possible. The due date will be printed on the form when you receive it. If you'd like, once you receive the form you have multiple options to renew: 1) call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590), 2) or go online to CommonHelp.virginia.gov, or 3) return the paper form in person or by mail or fax. Your form will have the information you need to submit your renewal by phone, online, or on paper.

If you receive a checklist, it will tell you exactly what we need in order to complete your renewal, like your paystubs. You can also return your verifications in person, or by mail or fax, or through CommonHelp. Pay attention to the due date, however, if you need more time or are having difficulties getting the information we need, please reach out as soon as possible so that we can work with you so that we can review your health care coverage in full.

Once we receive your form and all your verifications (if needed), we will review your case. You will receive a letter after your review is complete, letting you know what happened to your coverage. If you are no longer eligible, or are moved from full to limited coverage and you don't have Medicare, we will also send your information to the Marketplace for a review for other coverage and/or the Advanced Premium Tax Credits. If you think we made a mistake, there are appeal rights listed on your letter. Also, if your situation changes, you can always reapply by phone, online, or on paper.

If we don't receive your form or your verifications, your benefits will be closed for "failure to renew" and you will receive a letter letting you know when your benefits will close. It is very important that you return your paperwork, even if you think you might not be eligible for two reasons: 1) you may be eligible for coverage you may be unaware of or other programs that provide limited coverage and 2) we cannot send your information to the Marketplace if we cannot review your case. However, if you are closed for a "failure to renew" reason, you have three months after your closure to return the form or verifications in order for us to review your benefits – you don't have to reapply! After the three months if we don't hear from you then you will need to reapply if you would like us to see if you might be eligible again.

If you no longer eligible for full coverage you can learn more about coverage outside of Virginia Medicaid by going to enrollva.org or calling 888-392-5132. Enroll Virginia has trained assisters, called navigators, who help you sign up for health coverage online or in person. They can compare plans and costs with an easy, anonymous online tool - find out how much financial help you may qualify to receive and get enrolled!



Renewal Process Flow Sheet

Where are you in this process?

Before your renewal is due, the automated process begins. You will receive something from us whether your benefits continue or if we need more information.

If you receive a letter letting you know you are eligible, you are good to go with Virginia Medicaid!

If you receive a form or checklist, complete it and return it by the due date [the renewal can be submitted by phone at Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590), online at CommonHelp.virginia.gov, or in person at your local agency and by mail/fax – information from a checklist can be sent online or in person and by mail/fax. It's very important to return your information so that we can see what you may be eligible for and help send your information to the Marketplace where you may obtain other health care coverage.

If you return your form and all your information, we will review your benefits. You will receive a letter letting you know our decisions, as well as information if you think we made a mistake and how to prepare, and additional steps you can take if your information was referred to the Marketplace.

If you do not return your form or information, then we will close your case for “failure to renew.” You will not be referred to the Marketplace, however you have three months after your case closes to turn in that information without needing to reapply. If you return your information and are eligible we will review your case back to when it closed.

