

Changes to Virginia's Medicaid/FAMIS Programs to Ensure Coverage and Care During COVID-19

The Virginia Department of Medical Assistance Services (DMAS) has moved quickly to identify and remove potential policy and program barriers to maximize availability of Medicaid coverage.

Highlights follow:

- **COVID-19 stimulus checks and Economic Income Payments from the IRS, and additional federal unemployment do not count** as income for Medicaid/ FAMIS eligibility.
- **No Medicaid/FAMIS cases will be closed during this health emergency, unless the client requests the case to be closed, the client dies or the client permanently moves out of state.** *Exception – Children can still age out of FAMIS when they turn 19*
- **Medicaid for Pregnant Women and FAMIS MOMS members will remain covered after the 60-day post-partum period ends.** *Exception – enrollees with certain immigration status (e.g. Visa holders) will still have their coverage end at 60 days postpartum.*
 - ***Note regarding the two exceptions above:*** *Prior to the 19 year-old or immigrant new mother's cases being closed, these enrollees will be evaluated for other Virginia health coverage programs. If they are not eligible for any other Virginia program, the case will then be closed, and their information will be forwarded on to the Health Insurance Marketplace for consideration for tax credits and subsidies towards the purchase of a marketplace health insurance plan there.*
- If a member's coverage was cancelled on or after March 31, 2020, Virginia Medicaid is taking steps to reinstate coverage retroactively back to the cancellation date. Coverage will continue through the remainder of the COVID-19 emergency. If coverage was reduced from full coverage to limited coverage, like Plan First, after March 1, 2020, it will be restored to full coverage for the rest of the COVID-19 emergency. Members will receive a letter in the mail documenting that coverage was reinstated.
- If a Virginia Medicaid member is temporarily living in another state during this health emergency, the member stays enrolled in Virginia Medicaid during this time.
- The appeal process has been modified to increase flexibility (*keep coverage while appeal is pending, phone hearings, can reschedule hearings*)
- Out-of-network authorization requirements have been relaxed.
- Use of telehealth (*phone and video visits*) is billable and encouraged. Telehealth and technical requirements are relaxed.
- Co-pays have been eliminated for Medicaid/FAMIS-covered services.
- Members can fill a 90-day supply of many routine prescriptions.
- No pre-approvals are needed and approval extensions are automatic for many critical medical services.
- Outreach will occur to higher risk populations and older members to review critical needs.

DMAS is posting information on COVID-19 on both [Cover Virginia](#) and on the [DMAS](#) website. The information on Cover Virginia's page is more focused on Medicaid/FAMIS benefits and client-focused information. Go to [CoverVA.org](#) and look for the red COVID-19 button at the top of the page.