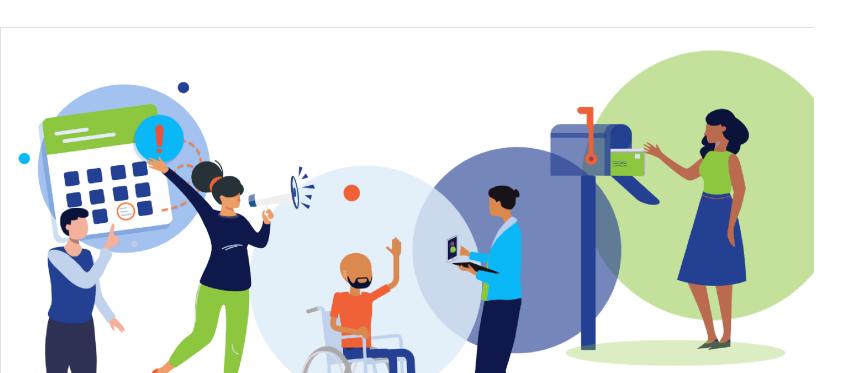
Unwinding Toolkit

Normal Medicaid Enrollment Processes Will Start Soon (Phases II and III)



Renewal Process Flowchart

- Virginia Medicaid Responsibility
 - Member Responsibility

Automated Process (ie. Ex Parte) Begins



Before your renewal is due. As we restart the renewal process this timeframe will shift.





Receive a letter - your coverage continues and you are set for another year with Virginia Medicaid!



Not Automatically Renewed

We will contact you via mail or your secure inbox on CommonHelp asking for more information.



Receives a Renewal Form



Complete your renewal (call Cover Virginia, go online to CommonHelp, or return the paper form in person or by phone/fax) by the due date.



Once all requested information is received, we will review your case and contact you.





Receives a Checklist**



Tells you exactly what we need in order to complete your renewal. Make sure to return all information by the due date on the checklist.

** Not everyone will receive a checklist

* 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!

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.

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 your 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

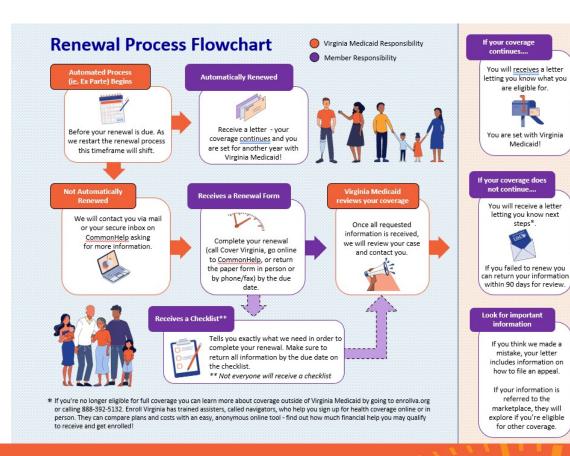
coverage online or in person. They can compare plans and costs with an easy, anonymous online tool - find out how much financial help you may qualify to receive and get enrolled!

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: 1-888221-1590), 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



Renewal Process Flow Sheet Where are you in this process?

you can take if your information was referred to the Marketplace.

steps*.

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.