Six-Month Eligibility Renewals FAQs

Beginning in January 2027, a new federal law requires states to review the eligibility of Medicaid Expansion members every 6 months, instead of every 12, through the Medicaid renewal process.

Who does this change apply to?

This change applies only to Medicaid Expansion members. Medicaid Expansion covers adults who are between 19 and 64, have income under 138% of the federal poverty level (FPL), and are not eligible for Medicare. Most Medicaid-covered adults in this age range are in Medicaid Expansion.

Who does this change *not* apply to?

Individuals enrolled in other types of Medicaid, such as coverage for children and adults with a disability or who are 65+, will continue to be renewed every 12 months. American Indians and Alaska Natives, even those in Medicaid Expansion, will also continue to be renewed every 12 months. Pregnant members will continue to be renewed at the end of their postpartum coverage period.

How does the Medicaid renewal process work?

Virginia Medicaid first tries to confirm that a member is still eligible using available information without reaching out to the member. If there is not enough information to confirm their eligibility, or if they appear ineligible, the state will send the member a prepopulated renewal form. They should update incorrect information, add new information, sign, and return the form within 30 days. If the member is no longer eligible or does not complete the renewal form, they may be moved into limited-coverage Medicaid or lose their coverage.

More frequent renewals may result in the state asking Medicaid Expansion members for information more often. To make sure members don't miss important information or requests, it is important that they:

- Check their mail, email, and text messages regularly.
- Keep their contact information (mailing address, email address, phone number) up-to-date so they receive all important communications and requests. Members can make changes by calling Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or online at **commonhelp.virginia.gov**.
- Read all information sent by Cardinal Care as soon as they receive it, and respond quickly to all requests for information. Failure to respond by the specified deadline may result in loss of coverage.

Learn more about the renewal process at **coverva.dmas.virginia.gov/members/renew-my-coverage/**

When will this change happen for new Medicaid Expansion members?

Individuals who submit an application in January 2027 or later, and are found eligible, will receive 6-month eligibility periods.

When will this change happen for current Medicaid Expansion members?

Current Medicaid Expansion members will be renewed, if eligible, for 6-month eligibility periods starting with their first renewal in 2027. A member's renewal date is printed on the notice of eligibility sent when they are enrolled in coverage or when their coverage is renewed.

Members can also confirm (1) if they are enrolled in Medicaid Expansion and (2) when their next renewal is scheduled by calling the Cover Virginia Call Center at 1-855-242-8282 (TTY: 1-888-221-1590) or by contacting their local Department of Social Services.

Please note: all information in this document is based on current understanding. Additional forthcoming federal guidance may result in changes. We will update this document as new information is received.

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If you have questions, need additional assistance, or require language assistance services or large-print documents, please call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or send an email to covervirginia@dmas.virginia.gov. This entity does not discriminate in its programs and services on the basis of race, color, national origin, sex, age, or disability.