The Virginia Department of Medical Assistance Services (DMAS) plays an essential role in the Commonwealth's health care system by offering lifesaving coverage to one in six Virginians, including more than 420,000 newly eligible adults who gained access to care when the program expanded in 2019.

With devastating health and economic impacts, the COVID-19 pandemic presents a multifaceted challenge to the Commonwealth, and one that the Virginia Medicaid agency is uniquely positioned to address. In the early days of the crisis, DMAS acted swiftly to develop and implement policies that strengthened access to care for our 1.6 million members. The agency announced that no Medicaid member would lose coverage during the health emergency due to lapses in paperwork. Outreach initiatives reassured members that they had access to no-cost testing and treatment for COVID-19 to help address the spread of the novel coronavirus. The agency simultaneously ramped up capacity in preparation for increased enrollment volume as tens of thousands of Virginians who had lost their jobs and health insurance sought Medicaid coverage. Recognizing that a sustainable network of providers is crucial to preserving access to care for our members, DMAS launched a series of initiatives to offer targeted funding for key community-based services and greater flexibility in addressing staffing needs. Our agency continues to work closely with the Centers for Medicare and Medicaid Services (CMS) to secure increased federal funding to support our members, our providers and the Commonwealth.

Virginia Medicaid has the expertise, the capacity and the commitment to successfully confront the coronavirus. During the COVID-19 health emergency and throughout the recovery in the months ahead, we want our members, our providers and our Commonwealth to know: We've got you covered.

WE'VE GOT OUR MEMBERS COVERED:

Virginia Medicaid responded to COVID-19 with a comprehensive set of policies that make it easier for eligible individuals to apply for coverage so they can receive prompt access to medical care, and we initiated enrollment protections so that our members do not need to worry about losing coverage due to lapses in paperwork during the health emergency.

Expanded Eligibility
- Because of new rules expanding eligibility, more than 420,000 Virginians have high-quality, no-cost health coverage during the COVID-19 health emergency.
- Tens of thousands of newly eligible adults have coverage for COVID-19 testing and treatment, as well as treatment for chronic conditions that can exacerbate the effects of the virus, including diabetes, cancer, chronic obstructive pulmonary disorder, high blood pressure, and asthma.

Access to Health Care

- No Medicaid members will lose coverage during the health emergency due to lapses in paperwork.
- Co-payments are suspended for all Medicaid and FAMIS covered services.
- COVID-19 testing and treatment is fully covered by Medicaid.
- No pre-approvals are needed and existing approvals are automatically extended for many critical medical services, supplies and devices.
- A 90-day supply and early refills are available for many routine prescriptions.
- Telehealth is covered and encouraged as an option to ensure access to health care.

Health Equity and High Risk Populations

- Over our 50-year history, Virginia Medicaid has proudly served as an agent for health equity, providing coverage and access to quality care for populations who have historically faced barriers when seeking health care.
- In addition to our response to the COVID-19 health emergency, we are pursuing improvements in health equity this year through innovations in maternal and infant health, as well as behavioral health.
- From birth to end-of-life care, Medicaid touches Virginians whenever and wherever they are in need. Medicaid covers nearly 40% of births in the Commonwealth. The program provides a critical safety net for older adults, including 60% of all nursing facility residents in the Commonwealth, as well as individuals who receive supports in their homes.
- Medicaid is the main payer for services to individuals with complex medical and behavioral health needs, including those working to recover from addiction. In fact, Virginians with a behavioral health need or substance use disorder are more likely to receive treatment through Medicaid than any other insurer.

WE'VE GOT OUR HEALTH CARE PROVIDERS COVERED:

Medicaid providers are a critical part of our state's health care safety net for children and families, low-income older adults, and individuals with disabilities. We are working closely with our providers to respond to their needs during this evolving health emergency.

Provider Retainer Payments and Rate Increases

- Virginia is offering retainer payments for qualifying adult day health centers and providers that offer day services, including group day, community engagement, and community coaching.
- Virginia has also increased nursing facility reimbursement rates to support these providers as they work to protect residents who are at a high risk of serious illness from the novel coronavirus.
- Medicaid continues to work with providers to identify needs related to infection control and revenue loss.

New Staffing Flexibilities

- Emergency rules give home and community-based providers greater ability to sustain staffing capacity by giving them more flexibility with training, oversight and other requirements.
- Spouses, parents of minor children, and legal guardians of a Medicaid member can now provide and receive reimbursement for personal care services.

WE'VE GOT THE COMMONWEALTH COVERED:

Like many states, Virginia is facing a sudden, unprecedented budget impact due to COVID-19. DMAS is working closely with CMS to secure increased federal funding through emergency waivers and other opportunities to support our providers and reduce strain on the state budget. Virginia is committed to ensuring that these federal provider funds are used to prepare for, prevent the spread of, and respond to COVID-19 in communities that are most at risk for the spread of infection.