

# Frequently Asked Questions about Medicaid Expansion For CCC Plus Stakeholders

## 1. What is Medicaid Expansion?

Medicaid Expansion allows more Virginia adults to be eligible for low cost, quality health coverage run by the government. Medicaid covers doctor, hospital and emergency services, prescription drugs, medical equipment, behavioral health services, and many other services.

## 2. What is managed care?

Managed care is the model used to deliver health care to covered members. DMAS contracts with six health plans that have large, extensive networks throughout the state to provide health care and other services.

## 3. How can I learn more about Medicaid Expansion?

Please visit the Cover Virginia website ([www.coverva.org](http://www.coverva.org)).

## 4. Can I help members apply for Medicaid?

Absolutely! Stakeholders are encouraged to help members apply for Medicaid using one of the avenues below.


1. Call Cover Virginia at 1-855-242-8282 (TDD: 1-888-221-1590) and apply by phone
2. Apply through Common Help at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov)
3. Apply through The Marketplace at [www.healthcare.gov](http://www.healthcare.gov)
4. Call the VDSS Enterprise Call Center at 855-635-4370 and apply by phone (if you also want to apply for other benefits).
5. Mail or drop off a paper application to your Local Department of Social Services (LDSS).

You can also register for a SignUpNow workshop sponsored by The Virginia Health Care Foundation. These workshops train advocates and stakeholders on how to assist potential members apply for Medicaid Expansion. Click on the link below to SignUpNow for a workshop.


<https://www.vhcf.org/workshops/>

## 5. How will members know if they are approved for Medicaid?

Applicants will get a letter from the Commonwealth of Virginia. Applicants that are approved will also get a Medicaid ID card and a start date for Medicaid Fee for Service. The Medicaid ID card will allow members to see any Medicaid health provider during the Medicaid Fee for Service coverage. Most Medicaid members will have Medicaid Fee for Service coverage for a few weeks. Then, most members will get their Medicaid health care through managed care and will be assigned a health plan.



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### 6. Can members change their health plan?

Yes. Members have 90 days from the first day of their health plan coverage to change their health plan. Members can also change their health plan once a year during open enrollment. In addition, members can change their health plan due to extenuating circumstances at any time if approved by the Department of Medical Assistance Services.

### 7. How do members change health plans?

Members may change health plans by visiting [cccplusva.com](http://cccplusva.com) or by calling the Enrollment Helpline at 1-844-374-9159 (TTY: 1-800-817-6608). Members can change in the first 90 days of the program or during open enrollment.