

12 Month Extended Postpartum Coverage: *What Stakeholders Need to Know*

Virginia Medicaid and FAMIS MOMS members now receive continuous (ongoing) health care coverage through 12 months postpartum.

What Has Changed?

Previously, members were reevaluated for eligibility at 60 days postpartum. Now members remain enrolled through 12 months postpartum, regardless of changes in income or household circumstances that might otherwise affect eligibility. Even if an applicant wasn't enrolled in Medicaid during their pregnancy, they may still qualify for full benefit coverage while they are within 12 months postpartum.

What Services Are Covered?

Coverage includes:

- Doctor visits (postpartum visits, general and specialty care for other health concerns)
- Prescription medication
- Behavioral health services, such as:
 - Therapy and treatment for depression or anxiety
 - Help to quit smoking or using alcohol or other drugs
 - Treatment for substance use disorders
- Lactation support, breast pumps and supplies
- Coverage of birth control, including LARC (long-acting, reversible contraception)
- Dental benefits
- And more!



Learn more and view the member flyer [here](#)

Who Can Get These Benefits?

The 12-month postpartum continuous coverage applies to all pregnant full benefit Medicaid and FAMIS MOMS members. It is not limited to pregnancy coverage groups. The only exception is members enrolled in the FAMIS Prenatal Coverage program for pregnant women who do not meet immigration criteria for other coverage. FAMIS Prenatal Coverage enrollees will receive coverage through 60 days postpartum.

What Does a Member Need to Do to Access the Extended Postpartum Coverage?

No action is required from the member. Once a member reports the pregnancy to Virginia Medicaid, they will remain enrolled in coverage for the duration of the pregnancy and through 12 months postpartum, regardless of income changes or other household changes that might otherwise affect eligibility. The member does not need to reapply or do anything else to qualify for the extended coverage.

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What Happens When a Member's 12-Month Postpartum Coverage Ends?

A renewal must be completed at the end of the 12-month postpartum period to evaluate Virginia Medicaid eligibility in another program. DMAS will re-evaluate the member's eligibility and send a letter in the mail informing them of our decision. Coverage may continue, or the member may be referred to Virginia's Insurance Marketplace for possible enrollment in a Qualified Health Plan.

How Can Virginians Enroll?

Individuals may apply for Virginia Medicaid online at commonhelp.virginia.gov; by calling the Cover Virginia Call Center at 1-855-242-8282 (TTY: 1-888-221-1590); by applying online at Virginia's Insurance Marketplace at marketplace.virginia.gov; or by mailing, faxing or dropping off a paper application to their local Department of Social Services (LDSS) office.

Current and Potential Member Questions

For questions, additional help, or language assistance services or large-print, Medicaid and FAMIS members are encouraged to call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email: covervirginia@dmas.virginia.gov.



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DMAS Postpartum Stakeholder Flyer 0126