



Provider FAQs About Medicaid Postpartum Coverage

What is Medicaid and FAMIS MOMS 12-Months Postpartum Continuous Coverage?

For the past several years (2020-2023), many Medicaid members received health coverage for an extended time because of a federal requirement that state programs maintain members' eligibility during the COVID-19 public health emergency (PHE). Pregnant and postpartum members also had access to this coverage during the PHE. Although the PHE requirement is coming to an end and Virginia is now redetermining eligibility for all enrollees, **the 12-months postpartum continuous coverage is a permanent policy** (effective July 1, 2022) that guarantees protected coverage for members during pregnancy and through 12-months postpartum.

Do all pregnant members receive 12-months of postpartum coverage?

The 12-month postpartum continuous coverage applies to all pregnant full benefit Medicaid and Family Access to Medical Insurance Security (FAMIS) MOMS members. It is not limited to pregnancy coverage groups.

The only exception is members enrolled in the new 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 benefits are covered during the 12-months postpartum?

Members receive comprehensive coverage during pregnancy and for a full year postpartum. Benefits include family planning (long-acting reversible contraception and other contraceptive coverage), dental care, community doula services, lactation services (including breast pumps and supplies), behavioral health and substance use disorder screening and treatment services, non-emergency medical transportation and more. Pregnant and postpartum members may also receive various added benefits from their Cardinal Care managed care organization.

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, the member 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.

What happens when a member's 12-month postpartum coverage ends?

At the end of 12-months postpartum, the member's eligibility is redetermined to see if they qualify for coverage in another eligibility group. Many members will qualify for continuing coverage, for example as low-income parents with children or under the new adult coverage (Medicaid expansion group). Members who are above the income cutoff for Medicaid expansion may qualify for limited reproductive health coverage under the Plan First program. During the renewal process, members who do not qualify for medical assistance are referred to Virginia's Insurance Marketplace where they may find affordable low-cost health coverage.

For more information, visit our websites at:

Cover VA – Medicaid for Pregnant Women or FAMIS MOMS

<https://coverva.dmas.virginia.gov/learn/insurance-for-pregnant-individuals/medicaid-for-pregnant-women>

<https://coverva.dmas.virginia.gov/learn/insurance-for-pregnant-individuals/famis-moms/>

DMAS Maternal and Child Health Resources

<https://www.dmas.virginia.gov/for-providers/maternal-and-child-health/>

