

Questions and Answers from Medicaid Transition Stakeholder webinars on 9.22.25, 9.23.25 and 9.24.25.

Providers and stakeholders were on 9.22.25 and 9.24.25 and consumers on 9.23.25. VACAC has requested another presentation at one of their listening sessions in October 2025

Q: If the client doesn't have Social Security Number, then the individual is not eligible for Medicaid and cannot apply. Yes, or No?

A: Not necessarily. Sometimes client and Case Managers do not populate this field in PROVIDE®. If they are truly undocumented, VA MAP will accept an attestation from the case manager. Please call the VA MAP Call Center for how to do this. The VA MAP Call Center: 1-855-362-0658

Q: Is Benalytics staff aware of this new initiative? My MCM called Benalytics with client on 09/16/25 about client losing her job. Staff told MCM since client was insured with ACA through VA MAP, she would not need to apply for Medicaid since premium was covered until end of month.

A: Yes, Benalytics is aware of this initiative, and we will follow up with Benalytics about this response; thank you for sharing this. Please do not have clients wait until their ACA insurance coverage expires before they apply for Medicaid if they are eligible. The determinations for Medicaid approvals or denials take at least 45 days and we don't want people to wait until the last minute to apply. If a client has income at or below 138% of the Federal Poverty Line (FPL), then they are required to apply for Medicaid since Ryan White (RW) is the payer of last resort. DMAS has shared in the past that clients up to 143% of FPL should apply because they often qualify, but the program is focused on clients with an FPL at 138% or below. The VA MAP program will get updates from Benalytics every two weeks about the enrollment progress for everyone applying for Medicaid.

Q: Some letters don't have a date, so when are you counting from?

A: All letters should have contained the date that they were mailed, so thank you for sharing this information. The letters were mailed on **9/11/25**, so VA MAP is counting 60 days from that date.

Q: My understanding was that if someone is enrolled in an ACA Marketplace plan, that typically means they're not eligible for Medicaid unless they lose coverage or have a qualifying change. So why would someone with ACA coverage need to apply for Medicaid? Is it mainly to have a denial on file to satisfy VA MAP's eligibility requirements?

A: This is not necessarily the case. On the federal Marketplace, the process used to prevent or pause the enrollment in ACA coverage if someone's income showed they were eligible for Medicaid. We have learned that the state-based exchange does not always do this consistently. Clients currently enrolled in ACA plans will remain in those plans for the 60-day period. VA MAP will be reviewing each client's status at the end of this period.

Q: Who is setting up the PAP assistance that will assist while waiting for Medicaid approval or denial?

A: The Patient Assistance Programs (PAPs) are through the pharmaceutical manufacturers. The VA MAP team will assist clients with PAP enrollment for HIV-specific medications, and you as case managers can also help them enroll. Clients cannot have ADAP services and be enrolled in PAPs at

the same time. And clients who are enrolled in Medicaid do not need to also have assistance from manufacturers for their HIV medications. With Medicaid, they will have comprehensive coverage for their health needs. Some of the Managed Care Organizations (MCOs) providing Medicaid coverage offer other services such as memberships to the Boys & Girl club, smart phones, and trauma-informed services, and reduced provider-to-clients ratios to not overload providers so they can provide quality care.

Q: If undocumented and they do not qualify for Medicaid - how is VDH made aware of that so we don't have to waste the client's time trying to apply when we know they will be denied?

A: VA Ryan White B does not want clients who are undocumented to apply for Medicaid. Clients/case managers need to submit an attestation to the VA MAP program. Please call the VA MAP Call Center at 1-855-362-0658 to walk through this process.

Q: How long does it usually take for Medicaid to approve or deny someone's application?

A: DMAS shared with the program that it takes about 30-45 days for Medicaid approvals/denials.

Q: If clients go through Benalytics to apply for Medicaid - does VDH automatically get the approval/denial letters?

A: No. The clients will have to provide a copy of their official denial letter from VA DMAS. VA MAP and RW Case Managers can check the DMAS portal to see whether the client is enrolled in VA Medicaid.

Q: For the VACAC call, will there be language accommodations for non-English speakers?

A: We may not be able to provide real-time translation services. However, the client letters are translated into Spanish. Clients who need language assistance should call the VA MAP Call Center, and our staff will use the state's language line for assistance during calls with clients who need language translation/interpretation.

Q: How long does it typically take to get PAP approval? Our organization does not offer samples.

A: Approval times can vary. It typically takes a few days. It depends on what information the manufacturer requires and how long it takes the client to provide it for a determination.

Q: If VDH is doing the PAP application through the Manufacturer, how is the patient/pharmacy getting the info when approved?

A: The VA MAP team is prepared to complete the online application for clients or be on the phone with them and manufacturer if necessary. If a patient is accessing medications through a PAP, he/she will be informed by manufacturer how to access meds. The manufacturer will provide information about how to provide the scripts to the pharmacy for fills. They will not **necessarily** be dispensing medications for their PAPs through the Walgreen's stores that provide medication for uninsured VA MAP clients and should inform the client which pharmacy/pharmacy chain to use.

Q: Who else will be able to provide VA MAP services other than Gloucester/Three Rivers Health Department(s)?

A: VA MAP services are offered by Benalytics and Ramsell. If you mean who else can conduct VA RW Part B eligibility assessments, any contracted RW Part B agency in Virginia can offer these since they can be done virtually. This interactive map can help you find providers in Virginia [Virginia Ryan White Resources – Disease Prevention](#) and this page also has information about additional resources to help clients.

Q: Will VA MAP continue eligibility for two years?

A: VA RWHAP B eligibility is valid for 24 months, which includes VA MAP services. However, the push for Medicaid enrollment when the client is eligible, is a permanent requirement for this program as RWHAP B is payer of last resort. If a client needs services that Medicaid does not provide, they may still request them from VA RW Part B if the program is funding that service during the grant year.

Q: I have a client that she has received a letter that cannot qualify for Medicaid anymore because her income. However, she qualifies for FAMIS. My understanding is that FAMIS is for Children. I want to understand if FAMIS applies to my client and her child.

A: Please check the DMAS website for information about FAMIS: [FAMIS](#); coverage and services for Adults: [For Adults](#); and services for Pregnant Women: [For Pregnant Individuals](#).

Q: What about clients who are using someone else's SSN# and it's registered in PROVIDE®?

A: This is illegal, and no one should be using someone else's SSN# and should not be happening at all. This is fraud and puts the funding for the entire VA RW Part B program at risk for all clients using services, that organization, employees and clients involved.

Q: What about clients who are using someone else's SS# and it's registered in PROVIDE®, but technically are not eligible for Medicaid.

A: This is still illegal if someone is using someone else's SSN. This is fraud and puts the funding for the entire VA RW Part B program at risk for all clients using services. If they are undocumented, contact the Call Center for instructions on how to submit an attestation.

Q: Which number to call for undocumented Benalytics call center or VDH Call center? Clarifying process for undocumented - please confirm or edit: If patient is undocumented, skip Benalytics and go directly to VDH call center for attestation?

A: Contact the VA MAP Call Center: 1-855-362-0658

Q: What is the best way to handle the NON-HIV meds? For chronic conditions?

A: Check these links for resources that may be able to assist with non-HIV meds. [NeedyMeds](#) or [Virginia Ryan White Resources – Disease Prevention](#).

Q: Are there other ways clients can get this information if they are unstably housed and won't be able to receive letters in the mail?

A: Ramsell is sending messages to the Walgreen's pharmacist for when they are in contact with the client when filling their prescriptions. The message informs the clients to contact the VA MAP Call Center about their program eligibility. In addition, Walgreen's corporate office asked the program to

send them more information to give more details for pharmacists to explain the outreach message to their pharmacists to assure they can assist in all Walgreen's stores filling for VA MAP.

Q: If the patient qualifies for ACA, VDH will still pay for their insurance premiums, correct?

A: During the Medicaid Transition, if a patient is enrolled in an ACA plan and are above 138% of the FPL, VDH will continue to pay their premiums. Clients that are at or below 138% of the FPL must apply for Medicaid and send a denial letter to VDH for VDH to pay for their ACA premium.

Q: Is VDH going to pay for a patient's ACA premiums for those that need to be back paid? Clarifying-
- If a patient was enrolled in ACA prior to being enrolled in VA MAP and has three months' worth of premiums to be paid, does the client have to pay the three months before VDH takes over and pays for their ACA premium?

A: Yes, the client would need to pay the back premiums, but the program would like more information about this specific individual to determine why there are back premiums. Please contact the VA MAP Call Center to provide more information on the specific client situation to better help navigate medication access for the client.

Q: Clients have received the Medicaid Transition letter, and the date on top of the letter is September 11, 2025, and states they have 60 days to enroll in Medicaid, when will their eligibility end? Sixty days from the day they received the letter or 60 days from the date of the letter?

A: Clients' eligibility date for RWHAP B services will remain the same based on their UEA in the PROVIDE® system. However, if a client who received a letter is at or below 138% of the FPL, then that client has 60 days from the date on the letter to apply for Medicaid for medication access. After the 60-day Medicaid transition period, if there has been no response from a client and VDH has not received a denial letter for a client, then VA MAP will assist clients to transition into a PAP for the client to access their HIV medications.

Q: Are we able to get a copy of the presentation?

A: Yes. The program will make the presentation available on the [VA MAP](https://www.vdh.virginia.gov/content/uploads/sites/10/Push-for-Medicaid-Enrollment-RWHAPB-Slide-Set.pdf) webpage at <https://www.vdh.virginia.gov/content/uploads/sites/10/Push-for-Medicaid-Enrollment-RWHAPB-Slide-Set.pdf>.