

FREQUENTLY ASKED QUESTIONS

See the answer to frequently asked questions below:

Q: What if I want to change plans?

A: If you have been approved for Medicaid, you may change your plan during the first 120 days of your enrollment. After the 120 days you will only be able to change your plan during your open enrollment period or with a state approved good cause reason. If you are in Medicaid Pending you cannot change your plan until you have been approved for Medicaid. At that time you will have 120 days to change plans.

Q: What is open enrollment?

A: Open Enrollment is the 60 day period when you can change plans without state approval. Open Enrollment occurs yearly on the anniversary date of your first enrollment into the plan.

Q: What is the no change period?

A: This is the time period between the end of your initial first 120 days of enrollment and your 60 day open enrollment period. No change period also exists between your 60 day open enrollment periods going forward. Please refer to the below chart for reference. You will receive reminder letters assisting you with these time periods.



Q: What is “good cause”?

A: These are state approved reasons to change plans during the no change period.

Q: How does Medicaid Pending Work?

A: You have applied for Medicaid but it is not yet approved. Medicaid pending allows plan services to start before Medicaid eligibility is determined. If you are eligible, Medicaid will pay for those services. If you are not eligible, you may be billed for those services.

Q: Am I responsible for any costs?

A: Enrollees are responsible for room and board when residing in settings like assisted living facilities or group homes.

Q: What happens to my plan if I move or my address changes?

A: If your address changes you may need to select another plan if your county or region has changed.

