Virginia’s Health Insurance Programs for Children and Pregnant Women – An Overview

FAMIS Plus and Medicaid for Pregnant Women

What are Medicaid and FAMIS Plus?
Established in 1965 as Title XIX of the Social Security Act, Medicaid is a joint federal and state program to provide essential medical and medically-related services to the most vulnerable populations in society. The program is the third largest source of health insurance in the United States after employer-based coverage and Medicare. The Medicaid program covers millions of low-income women, children, elderly people, and individuals with disabilities and provides medical coverage for about 26% of the total US population. For every dollar Virginia spends on Medicaid, the Commonwealth receives a dollar in federal funding. With the provisions of Welfare Reform in 1996, the link between Medicaid and welfare was severed. Many individuals, who are no longer eligible for Temporary Assistance for Needy Families (TANF) or other cash assistance benefits, remain eligible for Medicaid coverage.

“Medically Indigent” or “MI Medicaid” is the largest category of Medicaid providing coverage to children and pregnant women in Virginia. MI Medicaid for Children is now called “FAMIS Plus”. The income eligibility levels for children and pregnant women are higher than for most other types of Medicaid.

What Medical Services Are Covered?
FAMIS Plus and Medicaid for Pregnant Women provide a comprehensive package of benefits uniquely designed to meet the needs of lower income children and expectant mothers. In addition to covering traditional health care services such as hospitalizations, doctor visits and prescriptions, these programs also cover services such as: transportation to medical appointments, case management and health education for new mothers and babies with potential health risks, eye exams and glasses*, dental care*, and other services not often covered by private health insurance plans.

*Pregnant women over the age of 21 are not eligible for eyeglasses or braces.

Of special note, children covered by FAMIS Plus are entitled to the EPSDT (Early Periodic Screening, Diagnosis and Treatment) program. This valuable component of Virginia’s FAMIS Plus program provides comprehensive health screenings for children up to age 21. A medical condition diagnosed through an EPSDT screening must be treated at no cost to the family.

A Medicaid for Pregnant Women recipient may also be eligible for family planning services through Virginia’s “Plan First” Program after the end of her pregnancy. Services include: family planning office visits; education and counseling; annual gynecological exam; cervical cancer screening, laboratory...
services and STD testing; FDA approved methods of birth control, over-the-counter contraceptives, and sterilization (excluding hysterectomies). She can enroll in Plan First at the end of her pregnancy by submitting an application to her local DSS office.

FAMIS Plus and Medicaid for Pregnant Women health services are delivered via Managed Care Organizations (MCOs), called the Medallion 3.0 program by the Virginia Department of Medical Assistance Services. There are six MCOs that deliver services in Virginia, but not all MCOs serve all localities. Recipients are given a choice between the MCOs serving the locality in which they live.

**Can FAMIS Plus or Medicaid for Pregnant Women Pay for Recent Medical Bills?**

When a child/pregnant woman is determined to be eligible, these programs may retroactively pay any outstanding medical bills for the three months prior to application. For example, if a signed application is received in March and ultimately results in enrollment, outstanding medical bills may be covered for December, January, and February, if the enrollee would have been eligible for FAMIS Plus/Medicaid for Pregnant Women during that time. This retroactive coverage can be requested by answering the appropriate question on the application for coverage.

**Which Children Are Eligible For FAMIS Plus and Which Women are Eligible for Medicaid for Pregnant Women?**

US Citizen or legal immigrant children under the age of 19 living in families with qualifying incomes are generally eligible for FAMIS Plus. In Virginia, income eligibility for FAMIS Plus is 143% of the Federal Poverty Level (FPL).

If the family is slightly over income for FAMIS PLUS, an additional “standard disregard” of 5% FPL may be deducted from their gross income prior to comparing it to the program income guidelines.

(Example – A family of 2 could earn $23,577 a year or a family of 4 could earn $35,891 a year and the child under age 19 would qualify financially for FAMIS Plus)

Medicaid for Pregnant Women is for pregnant women of any age who are US Citizens, or in certain legal immigrant categories, living in families with qualifying incomes. In Virginia, income eligibility for Medicaid for Pregnant Women is up to 143% of the FPL. It is important to note that a pregnant woman counts as a family of two (or more if a multiple children are expected) when determining household size. Like FAMIS Plus, the 5% FPL “standard disregard” may be subtracted from the pregnant woman’s income if it is slightly over the income guidelines.

(Example – A single mom applying is a family of 2 and she could earn up to $23,577 a year and qualify financially for Medicaid for Pregnant Women)*

*The figures given as examples are based on the current Federal Poverty Guidelines, which are updated each year in late January/early February, and include the 5% FPL disregard.*
Does It Matter If An Applicant Already Has Insurance?
Eligibility for FAMIS Plus and Medicaid for Pregnant Women is not affected by whether or not the applicant currently has any other insurance or had it any time in the past. In the case of other current insurance, the Medicaid/FAMIS Plus benefits “wrap around” the other services providing supplemental benefits to a child’s/expectant woman’s private insurance plan (i.e. if the child’s plan doesn’t cover dental or vision services, or if the pregnant woman’s plan does not cover the pregnancy). The private/work-based health plan is the first payer and Medicaid/FAMIS Plus will pay last.

What Are The Costs For A Family?
There are no costs for covered services for children in FAMIS Plus and there are no costs for pregnancy-related services received by an expectant mother enrolled in Medicaid for Pregnant Women. There may be small copayments collected for non-pregnancy related services.

How Does a Family Apply for Medicaid for Pregnant Women or FAMIS Plus?
Via Telephone: The family can apply over the phone with the Cover Virginia Call Center (855-242-8282) or the Federal Marketplace (800-318-2596). This is a good option if the family’s primary language is something other than English as both numbers have access to language translation services.

Via the Web: The family can apply online via Virginia’s CommonHelp website (commonhelp.virginia.gov) or via the Federal Marketplace (healthcare.gov).

Via Paper Application: The family can mail or take the “Application for Health Coverage & Help Paying Costs” paper application to their local Department of Social Services (LDSS). This paper application could also be mailed to the Federal Health Insurance Marketplace (“Marketplace.”)

How Long Does A Child/Pregnant Woman Remain Eligible?
The family is responsible for reporting any change in circumstance that may affect the child’s eligibility for FAMIS Plus within 10 days of the change. This is generally a change in income or household size. Even if no changes occur, the child’s eligibility must be renewed every 12 months. DSS may contact the family prior to their renewal date and request current income information, if they cannot verify it electronically. Many children are terminated from FAMIS Plus at this time because of the family’s failure to complete the annual renewal process.

Once a pregnant woman is enrolled in Medicaid for Pregnant Women, she is enrolled for the duration of her pregnancy and the 60 days postpartum regardless of any changes in income.

It is especially important to inform the local Department of Social Services (LDSS) or Cover Virginia Call Center of a change in address for a covered child.
or pregnant woman; mail from DSS and DMAS is not forwarded, even if the family has a change of address card on file with the Post Office. If either place gets returned mail coverage will be cancelled.

**Enrollment of the Medicaid for Pregnant Woman’s Newborn**

Once a Medicaid recipient’s baby is born, her child will be deemed eligible and enrolled in FAMIS Plus for one year once she reports the birth to the Commonwealth (via phone or fax with the Local DSS, online via CommonHelp, or phone via the Cover Virginia Call Center). If birth-related expenses need to be paid, the family needs to call and report the birth within 3 months of the child’s birth to ensure that these bills are covered.

**FAMIS**

**What Is FAMIS?**

The State Children’s Health Insurance Program (SCHIP) was created by Congress as part of the Balanced Budget Act of 1997. States were given broad discretion to design SCHIP programs to provide health insurance coverage for uninsured children in low to moderate-income families who are not eligible for Medicaid. Enacted as Title XXI of the Social Security Act, over $20 billion dollars was allocated for support of the SCHIP program for the first 5 years. Like Medicaid/FAMIS Plus, SCHIP is also a partnership between the federal and state government, but a higher proportion of the cost is paid by federal tax dollars (for every dollar Virginia spends, they receive two dollars from the federal government).

All 50 states, the District of Columbia, and some US territories now have approved SCHIP programs. The program was renewed by the federal government in February of 2009 and it is now referred to as “CHIP”. Recently, the program’s funding was renewed again through 2017.

In October 1998, Virginia introduced its first CHIP program entitled the Children’s Medical Security Insurance Plan (CMSIP). This program provided Medicaid-like benefits to uninsured children up to 185% of the Federal Poverty Level (FPL). In 2000, the Virginia General Assembly authorized a new program, the Family Access to Medical Insurance Security plan or “FAMIS” (pronounced like “famous”), to replace CMSIP. FAMIS covers children up to 200% FPL and is designed to function like a private health insurance plan.

As a result of legislation from the 2002 General Assembly Session and policy modifications by the Department of Medical Assistance Services (DMAS) many positive changes were implemented in September 2002 to improve the FAMIS program and to increase coordination between Medicaid and FAMIS. Since then, DMAS and the General Assembly continually strive to simplify and improve the FAMIS programs. On August 1, 2005, DMAS’s newly created programs FAMIS MOMS and FAMIS Select went into effect. In July 2012, as a result of action during the 2012 General Assembly session, the bar preventing
otherwise eligible Legal Permanent Resident children from getting coverage under the FAMIS programs for the first five years they are in the US was lifted. In 2015, the program opened to the children and dependents of state employees.

**What Medical Services Are Covered?**

In Virginia, a FAMIS enrolled child receives benefits through Managed Care Organizations (MCOs). MCOs provide the FAMIS benefits package that is similar to the type of coverage generally available in comprehensive private health insurance plans. In fact, the benefit package is modeled after the health insurance plan provided to Virginia’s state employees. While many medical services are covered, some have annual or lifetime “caps” or limits on the amount of service. Unlike FAMIS Plus, non-emergency transportation is not covered and although “well-child” examinations are covered up to age 19, the services provided are less extensive than the FAMIS Plus EPSDT program.

There are six MCOs that deliver FAMIS covered services in Virginia, but none of them cover every locality. Families will choose their FAMIS MCO from among a list of MCOs serving the locality in which they live by calling the Cover Virginia Call Center.

**Can FAMIS Pay For Recent Medical Bills?**

FAMIS coverage is effective the first day of the month of application. Any unpaid medical bill during that month can be retroactively paid by FAMIS.

In the case of a newborn, FAMIS may be retroactive to the baby’s date of birth if the date of application is within 3 months of that date and the baby would have been otherwise eligible for FAMIS during that time. An evaluation of eligibility for this period of coverage is required and is requested by answering a question on the application.

**Which Children Are Eligible For FAMIS?**

Uninsured children under the age of 19 living in families with qualifying incomes may be eligible for FAMIS. They must be US citizens or in certain legal immigrant categories. A child’s application must first be screened for FAMIS Plus eligibility and the child must be enrolled in FAMIS Plus if eligible for that program. The income limit for FAMIS is 200% FPL.

If the family is slightly over the income limits for the program, a “standard disregard” of 5% FPL may be deducted from their income to bring them back into the income level for coverage.

*(Example – A family of 2 earning $32,657 a year or below or a family of 4 earning $49,713 a year or below may have children eligible for FAMIS)*

*The figures given as examples are based on the current Federal Poverty Guidelines, which are updated each year in late January/early February and include the 5% FPL disregard.*
Does It Matter If The Child Already Has Insurance?
FAMIS is designed for uninsured children. Therefore, children currently covered by “creditable” health insurance policies are not eligible for FAMIS.

What Are The Costs For A Family?
Unlike FAMIS Plus, there are costs for some families associated with the FAMIS program. Preventive health care services (well-child checkups, dental services, etc.) do not require copayments. Also, children of Alaska Native or American Indian descent do not pay copayments.

Families with children enrolled in FAMIS are required to pay copayments for sick-care services (doctor visits, prescriptions, etc.) Depending on family income, these copayments are generally $2 or $5. There is, however, a limit set on the amount of cost-sharing a family will have in an enrollment year. For families with incomes at or below 150% FPL it is a family maximum of $180. For families above 151% FPL, the maximum is $350.

How Long Does A Child Remain Eligible?
A child in FAMIS is guaranteed 12 months of continuous coverage in the program unless the child moves out of state or their family income rises above 200% of poverty. The family is responsible for reporting the two changes listed above to the local DSS or the Cover Virginia Call Center. If no changes occur, the child’s eligibility must be renewed every 12 months. The state may contact the family prior to their renewal date and request updated information to determine if the child is still eligible for FAMIS. A child’s coverage will automatically end when he/she turns 19.

Can A Family Use Their Employer’s Health Insurance Instead?
There is a component of the FAMIS program, entitled “FAMIS Select,” that allows the family to enroll in their employer-sponsored health insurance plan (or a private plan) and have FAMIS pay for a portion of the family coverage.

Once a child has been enrolled in FAMIS, the family can select this option by filling out an additional one-page form. Once approved, they sign up for family coverage through the employer/private plan. After providing proof of payment (paycheck stub showing family coverage deduction or cancelled check/statement for premium payment if it is a private plan), the family will be reimbursed up to $100 per FAMIS child per month. For example: a FAMIS Select family of six (mother, father and four FAMIS children) would receive $400 per month toward the cost of family coverage.

Note: FAMIS Select will not reimburse an amount greater than the actual cost of the coverage, so if the total cost paid for insurance was only $300, then this family would only receive $300.

The FAMIS Select option may help a family to afford family coverage that truly does cover the entire family, including family members not otherwise eligible for FAMIS (i.e. an uninsured spouse, a child over age 19, and some non-citizen children).
It is important to note that under FAMIS Select all the deductibles, coinsurance, and copayments required by the employer/private plan are the responsibility of the family. Over time these can add up to a significant financial outlay. FAMIS has only small copayments for most services and no copayments at all for preventive care. While it may seem like a “deal” to cover the family through FAMIS Select, it may be cheaper in the long run to have children on “regular” FAMIS and just add coverage for the spouse through a work or private health plan. Families will need to consider this carefully when deciding whether to participate in the FAMIS Select option.

If at any time a family in FAMIS Select drops the private/employer coverage, the eligible children will revert to “regular” FAMIS coverage. Like regular FAMIS, a child must renew their coverage every 12 months.

**FAMIS MOMS**

**What Is FAMIS MOMS?**

Started on August 1, 2005, FAMIS MOMS is the newest addition to Virginia’s CHIP program. It provides health insurance coverage for uninsured pregnant women in low to moderate-income families who are not eligible for Medicaid due to excess income. This program was closed to new enrollees at the end of 2013, but it opened to new enrollments again December 1, 2014.

Eligibility for FAMIS MOMS is determined either at the LDSS or the Cover Virginia Central Processing Unit. Once enrolled, case management and ongoing case maintenance will be handled by the LDSS.

**What Medical Services Are Covered?**

Pregnant women found eligible for FAMIS MOMS receive the same benefits as women enrolled in Medicaid for Pregnant Women, including routine transportation to doctor visits, if needed. Women enrolled in FAMIS MOMS who are over age 21 are not eligible for eyeglasses or braces. In Virginia, FAMIS MOMS services are received through one of six Managed Care Organizations (MCOs). A FAMIS MOMS recipient must choose her MCO from among those serving the locality in which she lives by contacting the Cover Virginia Call Center.

**Can FAMIS MOMS Pay For Recent Medical Bills?**

FAMIS MOMS coverage is effective the first day of the month of application. Any unpaid medical bill during that month can be retroactively paid by FAMIS MOMS.

**What Are The Costs For A Pregnant Woman on FAMIS MOMS?**

There are no costs for covered services for pregnant women in FAMIS MOMS.
Which Pregnant Women Are Eligible For FAMIS MOMS?

Any uninsured pregnant women living in families with eligible incomes that meet the nonfinancial eligibility criteria (including being a US citizen or in an eligible legal immigrant category) are eligible for FAMIS MOMS. A pregnant women’s application will be screened for Medicaid for Pregnant Women eligibility first and the pregnant woman must be enrolled in Medicaid for Pregnant Women if found eligible for that program. An applicant under age 19 will be screened for FAMIS Plus/FAMIS first and enrolled in the appropriate program if eligible.

The income guideline for FAMIS MOMS is greater than 143% FPL and less than or equal to 200% FPL. If a pregnant woman is ineligible for Medicaid for Pregnant Women due to being over income, she will be eligible for FAMIS MOMS as long as her income is under 200% FPL. It is important to note that a pregnant women counts as a family of two (or more if a multiple children are expected) when determining household size. Like FAMIS, the additional 5% FPL “standard disregard” may be subtracted from the pregnant woman’s income if it is slightly over the income guidelines.

(Example – A single pregnant woman, a family of 2, earning $32,657 a year or below may be eligible for FAMIS MOMS)*

*The figure given as an example is based on the current Federal Poverty Guidelines, which are updated each year in late January/early February and includes the 5% FPL disregard.

Does It Matter If The Pregnant Woman Already Has Insurance?

FAMIS MOMS is designed for uninsured expectant mothers. Therefore, pregnant women currently covered by “creditable” health insurance policies are NOT eligible for FAMIS MOMS.

How Long Does A Pregnant Woman Remain Eligible?

Once a pregnant woman is enrolled in FAMIS MOMS, she is enrolled for the duration of her pregnancy and 60 days postpartum regardless of any changes in income.

A FAMIS MOMS recipient may also be eligible for family planning services through Virginia’s “Plan First” Program after the end of her pregnancy. She can apply for Plan First at the end of her pregnancy by submitting an application to her LDSS or the Cover Virginia Call Center.

Enrollment of the FAMIS MOMS Newborn

Once a FAMIS MOMS recipient’s baby is born, her child will be deemed eligible and enrolled in coverage for one year once she contacts her local DSS or the Cover Virginia Call Center to report the birth (via phone or online at www.coverva.org). The child will be enrolled in the appropriate program (either FAMIS or FAMIS Plus) and the child’s case will be managed at the LDSS. If birth-related expenses need to be covered, the family needs to call and report the birth to the state within 3 months of the child’s birth to ensure that these bills are covered.