




Module 5
Terms of Coverage




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Virginia Department of Medical Assistance Services (DMAS)

Term of Coverage: New Adult Health Coverage, FAMIS Plus, LIFC, FFC & Plan First



- Coverage begins on the 1st day of the month the signed application was received, if eligible.
- In some cases, coverage **may be retroactive up to 3 months** prior to month of application.
- Enrollees are typically covered for **12 months, unless their financial or household circumstances change.**

During the PHE, most enrollees in these categories will not lose coverage, unless they move permanently out of Virginia, or request that their case be closed.

- The family must **report changes** in income, family size, or address within 10 calendar days to their local DSS.

Section 3

Term of Coverage: FAMIS

- ☛ Coverage goes back to the **1st day of the month** that the **application was received** for most children
 - A **newborn** applying for FAMIS can have coverage back to his/her date of birth, so long as the application is submitted within 3 months of the birth
- ☛ **Covered for 12 months, unless** child turns 19, moves out of state, or income increases above program limit
- ☛ If the family has an increase in income or decrease in family members, eligibility may be impacted. The family must report changes in **income, family size, or address** within 10 calendar days to their LDSS or Cover Virginia.

Section 3, Part III

Term of Coverage: MPW*, FAMIS MOMS & FAMIS Prenatal

- ☛ Coverage begins on the **1st day of the month*** the signed Application was received, if eligible.
- ☛ Covered for the **duration of pregnancy and 60 days postpartum, regardless of changes in income/insurance.**
(Will change to 12 months postpartum some time in 2022 for MPW and FAMIS MOMS)
- Most MPW enrollees will not end their coverage at 60 days postpartum during the PHE. Exception: lawfully-residing pregnant women who are not "qualified aliens."**
- ☛ A woman is no longer eligible if she **moves out of state.**
- ☛ If she **becomes incarcerated**, she is only eligible to use the **inpatient hospitalization benefit.**

**MPW coverage may be retroactive up to 3 months prior to application if requested on the application, and all eligibility requirements are met.*

Section 3, Part IV

Enrollment of a Newborn

- ☛ A newborn born to an adult mother enrolled in Medicaid for Pregnant Women (MPW) or FAMIS MOMS, or a teen enrolled in FAMIS Plus or FAMIS, is "deemed" eligible for FAMIS Plus/FAMIS for **1 year.**
 - DSS or Cover Virginia needs: **child's name, date of birth, sex** to enroll the child.
- ☛ **For moms enrolled in FAMIS Prenatal:** newborn is enrolled via a "Report a Change" rather than "deemed," but follow same process (below)
- ☛ It is very important to **report** the baby's birth:
 - **Call** the Cover Virginia Call Center, or Local DSS
 - **Update** CommonHelp account
 - The hospital or MCO electronically reports the birth via online Medicaid portal (DMAS Form 213)

Section 3, Part IV

Annual Renewal of Coverage

- ☛ Annual renewal of coverage is required
- ☛ DSS will attempt a renewal without contacting the enrollee (called an *ex parte* or "administrative" renewal).
- ☛ DSS will check electronic sources to see if current income information is available. If it is, the eligibility worker will determine whether the enrollee still qualifies.
- ☛ If the enrollee is able to be renewed *ex parte*, the state will send a *Notice of Action* with new coverage dates.
- ☛ If the state cannot verify information electronically to complete the *ex parte* renewal, the enrollee will receive a pre-populated renewal form to review, update, and return via mail to the LDSS.



Section 3

Pre-Populated Renewal Form

- ☛ New format, but still lengthy!
- ☛ Enrollee should review the information, and:
 - Call the Cover Virginia Call Center to give requested information and any other updates to complete the renewal, or
 - Go online to complete the renewal via CommonHelp, or
 - Provide the requested information, fix any errors on the form, sign it, and return it to the Local DSS.

Section 3

Renewals During the PHE



- ☛ Most Medicaid/FAMIS cases will not be closed for failure to renew during the Public Health Emergency, unless:
 - Client requests the case to be closed,
 - Client dies, or
 - Client permanently moves out of Virginia
- ☛ If the enrollee is able to be renewed *ex parte*, the state will send a *Notice of Action* with new coverage dates.

Handout

If Circumstances Change

- ⦿ Virginians who are enrolled in either Medicaid/FAMIS or Marketplace coverage **must report changes** in income or household size in a timely fashion (10 calendar days).
- ⦿ Changes in income or household size may result in eligibility shifting between programs
 - **Marketplace to Medicaid/FAMIS**
 - **Medicaid/FAMIS to Marketplace**
- ⦿ **If an enrollee is no longer eligible for Medicaid/FAMIS** because their household exceeds the income limit when they report changes, **their case should be automatically forwarded to the Marketplace** to see if they are eligible for coverage.
