

Module 6

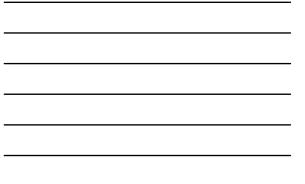
Benefits Delivery & Covered Services

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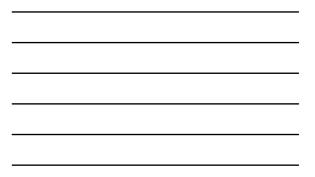
Virginia Department of Medical Assistance Services (DMAS)

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MCO Selection: New Health Coverage for Adults, Medically Complex

- Most children and adults participate in Medallion 4.0 (managed care delivery system)
- BUT, if an applicant for New Adult Coverage indicates on the application that s/he "needs help with everyday things..." or has "been told by a doctor/nurse that s/he has a physical disability or long term disease, mental or emotional illness, or addiction problem," s/he will be enrolled in the CCC Plus program instead. This program offers care coordination.
- The same 6 MCOs deliver Medallion 4.0 and CCC Plus services. The process for choosing MCOs is almost identical for Medallion 4.0 and CCC Plus members.

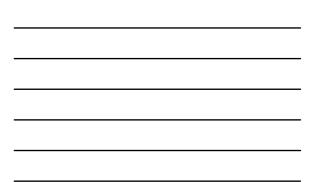
Note: the state is working on combining Medallion 4.0 and CCC Plus.

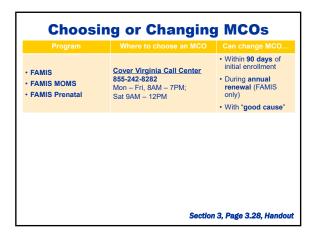
Choosing or Changing MCOs					
Program	Where to choose an MCO	Can change MCO			
New Adult Coverage FAMIS Plus Former Foster Care Medicaid for Pregnant Women LIFC	Managed Care Helpline For Medallion 4.0 enrollees 800-643-2273 Mon – Fri, 8:30AM – 6PM www.virginiamanagedcare.com	Within 90 days of initial enrollment During region's annual MCO Open Enrollment* With 'good cause' *All but New Adult Coverage recipients, their open enrollment is Nev 1 to December 31 annually.			
New Adult Coverage (medically complex)	CCC Plus Helpline For New Adult Coverage enrollees who are Medically Complex 844-374-9159 Mon – Fri, 8:30AM – 6PM www.cccplusva.com	Within 90 days of initial enrollment Either October 1 or November 1 to December 18 annually With "good cause"			
	Section 3, Pa	ges 3.8 and 3.9, Handout			





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- Preventive services (including wellness exams, immunizations, and smoking cessation)
- Doctor, hospital and emergency services
- Behavioral health services, including addiction and recovery treatment services (ARTS)
- Prescription drugs, labs, and X-ray services
- Home health services, medical equipment, and supplies
- Rehabilitative services (PT, OT, speech)
- S Family planning, maternity, and newborn care
- Non-emergency transportation
- Long-term services and supports (LTSS), nursing home and community-based care
- OVID-19 testing and treatment
- Comprehensive dental benefits
- More!

Section 3, Part I LTSS: Section 5

Benefits: FAMIS & FAMIS Plus

- Doctor/Clinic Visits
- Hospitalizations
- Prescription Drugs
- Dental and Vision Care
- S Medically-Necessary Orthodontia
- Mental Health Services
- Substance Abuse Services (ARTS)
- School-Based Services (OT, speech)
- Well-Child Checkups (EPSDT** in FAMIS Plus), and
- other preventive care (including immunizations)
- Non-Emergency Transportation**
- ** Not covered for FAMIS enrollees after they are enrolled in managed care. NOTE: Balance billing allowed in FAMIS only

Section 3, Parts II and II







Benefits: MPW, FAMIS MOMS & FAMIS Prenatal

- Doctor/Clinic Visits
- Hospitalizations
- Prescription Drugs
- Dental Care
- Vision Care
- Mental Health Services
- Substance Abuse Services (ARTS)
- Tobacco Cessation Services
- Seast pumps and lactation
- consultant services
- Non-Emergency Transportation

If under 21, she also gets: EPSDT benefits, eyeglasses/contacts and braces

If over 21, no coverage for: eyeglasses/contacts* or braces *Unless these benefits are offered as a "value add" benefit of the MCO

LIFC and FFC same benefits

Section 3, Part IV





NEW! Adult Dental Benefits

The services focus on prevention and restoration and include the following:

- Diagnostic (x-rays, exams)
- Preventive (cleanings)
- Restorative (fillings)
- Endodontics (root canals)Periodontics (gum related)
- treatment)
- Prosthodontics (dentures)
- Oral surgery (extractions and other oral surgeries)
 Adjunctive general services (all covered services that do not fall into specific dental categories.)

Note: Braces and bridges are not covered and effective July 1, 2021, MCOs will no longer offer enhanced dental benefits to Medicaid members.



- S Family planning education and birth control counseling
- Yearly family planning exam
- Pap tests and sexually-transmitted infection (STI) testing
- Lab services for family planning and STI testing
- Sterilization procedures (tubal ligation or implants for women and vasectomies for men)
- Prescription contraceptives and over-the-counter contraceptives (with doctor's order)
- Non-emergency transportation to covered family planning services visit or to pick up a prescription for birth control

Section 3, Part V





Cost of Services:

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During initial Fee-For-Service Period, adults may have small copays for some services (e.g. \$1 clinic visit, \$1 generic medicine)

Once enrolled in an MCO, there are NO copayments for: New Adult Health Coverage, LIFC, Medicaid for Former

- Foster Care Youth (FFC)
 Medicaid for Pregnant Women, FAMIS MOMS or FAMIS Prenatal Coverage
- FAMIS Plus

American Indians and Alaska Natives pay no copayments.

During the PHE, there are no copays for Medicaid/FAMIS covered services.

Cost of Services: FAMIS

During the PHE, there are no copays for FAMIS covered services.

- **FAMIS** enrollees typically pay:
 - No copayments for preventive services, like twice yearly dental exams or well-child check-ups
 - + \$2 (or \$5) for a sick visit to the doctor, prescription, ER visit, etc.
 - **\$15 (or \$25)** for inpatient hospitalization
- Copay amounts are based on family income and are listed on the child's MCO card for easy reference.

American Indians and Alaska Natives pay no copayments. Section 3, Part III



Section 3



