

## **Possible Correspondence Received By An Applicant for State-Sponsored Health Insurance**

<b>Item?</b>	<b>From Whom?</b>	<b>Why?</b>
“Request for Verification”	Local DSS Office <u>or</u> CoverVirginia Central Processing Unit	If the eligibility worker needs any additional information. Any needed items will be listed on the form. A due date for the information will be provided (minimum of 10 calendar days).
“Notice of Action on Benefits”	Local DSS Office <u>or</u> CoverVirginia Central Processing Unit	Tells whether application has been approved or denied for “Medical Assistance.” If denied, the reason for denial is given, and another page in the mailing will provide information on filing an Appeal.  <b>A FAMIS/FAMIS MOMS/FAMIS Prenatal Coverage enrollee approval will include copayment information and information how to choose an MCO via the Cover Virginia Call Center.</b>
“Federal Health Insurance Marketplace Referral Notice”	Local DSS Office <u>or</u> CoverVirginia Central Processing Unit	If the person is not eligible for full coverage in Medicaid or FAMIS, the application will be referred to the Marketplace for evaluation for tax credits and subsidies toward purchasing private insurance. The notice gives the phone number and web address of Healthcare.gov for follow up.
Commonwealth of Virginia Medical Assistance ID Card	VA Department of Medical Assistance Services (DMAS)	If approved, a white plastic ID card with blue lettering will be sent by DMAS for each enrollee. <i>For Plan First, this card has the program logo and green lettering.</i>
Letter – “It is time to Choose a Managed Care Organization (MCO)”  <b>Sent to FAMIS Plus/ Medicaid Recipients only</b>	VA Department of Medical Assistance Services (DMAS)	Sent to the <b>Medicaid/FAMIS Plus</b> enrollee re: how to choose a managed care organization. The letter gives the phone number to call (the Managed Care HelpLine) or website to choose. It also includes an <i>MCO Comparison Chart</i> .  <b>If the New Health Coverage for Adults enrollee is determined to be “medically complex”</b> at initial enrollment, this letter will be regarding how to choose a CCC Plus MCO instead. It will provide a phone number and website for more information and <i>the CCC Plus MCO Comparison Chart</i> .
Welcome Packet from MCO	Medallion 4.0 or CCC Plus Managed Care Organizations (listed at right)	Information for the enrollees regarding how to access services via the family/individual’s selected MCO.  <i>Aetna Better Health; Anthem Healthkeepers Plus; Molina Complete Care; Optima Family Care; UnitedHealthCare Community Plan; Virginia Premier</i>  Will include letter, ID Card(s), provider directories, etc.
<i>Smiles For Children</i> Welcome Letter  <i>Note: the return address is Milwaukee, WI.</i>	DentaQuest	Enrollees will receive a welcome letter from <i>Smiles For Children</i> . It provides the toll-free number; instructions on how to download the member handbook; and instructions about establishing a dental home.
Renewal Notice (18+ pages)	Local DSS or State DSS Central Printing	At approximately 45 days prior to the renewal month, the family/individual may receive a renewal form to complete and return (by the due date provided with an envelope provided) to continue coverage.
“Advanced Notice of Proposed Action”	Local DSS	If the family/individual fails to renew, if the renewal is denied, or if the child is aging out of the program, the family will receive this document giving date of cancellation and reason for it. Also includes information on the right to appeal.