

## **Possible Correspondence Received by a Medicaid/FAMIS Applicant**

| Correspondence  | Sender   | Rationale   |
|---|--|---|
| “Request for Verification”  | Local DSS Office <u>or</u><br>Cover Virginia<br>Central Processing<br>Unit (CPU) | 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”  |  | 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.<br><br><b>A FAMIS/FAMIS MOMS/FAMIS Prenatal enrollee will include information about how to choose an MCO via the Cover Virginia Call Center.</b> |
| “Health Insurance Marketplace Referral Notice”  |  | 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 Medicaid ID Card   | VA Department of<br>Medical<br>Assistance<br>Services (DMAS)                     | An ID card will be sent for each enrollee in the family.  |
| Letter – “It is time to Choose a Managed Care Organization”   |  | Sent to the Medicaid/FAMIS enrollee re: how to choose a Managed Care Organization (MCO). Gives the phone number and website to choose/change MCO. It also includes an MCO Comparison Chart.   |
| Welcome Packet from MCO   | Medicaid<br>Managed Care<br>Organization   | Information for the enrollees regarding how to access services via the family/individual’s selected MCO.<br><br><i>Aetna Better Health; Anthem Healthkeepers Plus; Molina Complete Care; Optima Family Care; UnitedHealthCare Community Plan; Virginia Premier</i><br><br>Will include letter, ID Card(s), provider directories, etc.                     |
| <i>Smiles For Children</i><br>Welcome Letter<br><br><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<br>(18+ pages)   | Local DSS or State<br>DSS Central<br>Printing                                    | ~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 a family/individual fails to renew, or if the renewal is denied, they will receive this document giving date of cancellation and reason for it. Also includes information on the right to appeal.  |