


Your client has been APPROVED...

What happens next?

**Term of Coverage:
MedEx, 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.**
- ☛ The family must **report changes** in income, family size, or address within 10 calendar days to their local DSS.

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

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.

*If a FAMIS teen becomes pregnant, this should be reported. Coverage will be changed to FAMIS MOMS instead.

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 the postpartum period, regardless of changes in income/insurance.**
 - MPW and FAMIS MOMS – 12 Months postpartum coverage;
 - FAMIS Prenatal – 60 days postpartum coverage
- ☛ Moving **out of state** makes a pregnant/postpartum enrollee lose eligibility.
- ☛ If a pregnant person **becomes incarcerated**, benefits become limited to **inpatient hospitalization only**.

*MPW coverage may be retroactive up to 3 months prior to application if all eligibility requirements were met during those 3 months.

Section 3, Part IV

Enrollment of a Newborn

- ☛ A newborn born to a mother enrolled in Medicaid/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

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.

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, paper renewal form...



Section 3

Pre-Populated Renewal Form

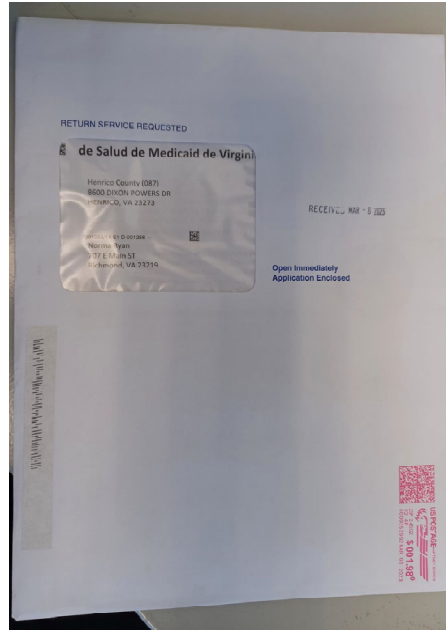
- ☛ Can be lengthy! Upwards of 20+ pages.
- ☛ Enrollee should review the information on the form, and respond by the date in the form (~ 30 days) by:
 - Calling the Cover Virginia Call Center to give requested information and any other updates to complete the renewal, or
 - Going online to complete the renewal via CommonHelp, or
 - Providing the requested information, fixing any errors on the form, signing it, and returning it to the Local DSS.
- ☛ If enrollee fails to return the form and gets a cancellation notice, s/he still has 90 days to act upon it and coverage can be reinstated.
- ☛ State had suspended sending these during the pandemic

Section 3

Medicaid/FAMIS Renewals Resume in 2023!

- ☛ During the pandemic, most Medicaid members did not need to renew their eligibility annually. The state kept them covered.
- ☛ **Renewals will resume, beginning in late March 2023!**
- ☛ Members may not realize they need to renew. They may need help!
- ☛ DMAS needs help to ensure that Medicaid/FAMIS members' contact information is up-to-date, so that they can receive communication about renewals at the appropriate time.
- ☛ If a member has moved or changed phone numbers in the last 3 years, s/he should report this important change:
 - By contacting his/her Medicaid Managed Care Organization (MCO)
 - Online at commonhelp.virginia.gov,
 - By calling Cover Virginia, or
 - By calling the local Department of Social Services

The Renewal Envelope



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First Page of the Renewal Form

--- Demonstration Powered by OpenText Extream 02/15/2023, Version 20.4.0 64-bit (DBCS) ---

PLEASE DO NOT REMOVE THIS PAGE; IT MUST BE USED IN THE RETURN ENVELOPE TO MAIL THE COMPLETED FORM BACK TO YOUR LOCAL AGENCY.

It is Time to Renew Your Health Coverage from Virginia Medicaid.

Commonwealth of Virginia
Department of Social Services
Questions? Call: 999-999-9999

Amherst County (009)
PO Box 414
213 Street 2
Amherst, VA 24521-4251

Letter Date: February 13, 2023
Response Due: **March 15, 2023**
Case Number: 114491089
Case Worker Name: R. JAIN
Worker User ID: xxx009

Sent Mail
4515 Postal PASS
Lynchburg, VA 24515

Please complete your renewal by: March 15, 2023

Completing your renewal online (www.commonhelp.virginia.gov) or by phone (1-855-242-8282) can be faster and easier! See below for more information.

If you do not complete your renewal, you will lose your Medicaid health coverage

Renew your Medicaid in any one of these ways

- **Online***:
 - Go to CommonHelp.Virginia.gov.
 - Click on "Renew My Benefits."
- **By phone**:
 - Call 1-855-242-8282/ TTY: 1-888-223-1590; this call is free.
- **By mail or fax**:
 - Amherst County (009)
 - PO BOX 1391
 - 23 STREET 2
 - AMHERST, VA 24521-1391
 - Fax: (804) 561-6040
- **In Person**:
 - Bring the completed form to:
 - Amherst County (009)
 - PO BOX 1390
 - 12 STREET 2
 - AMHERST, VA 24521-1235

To create an account:

- Go to CommonHelp.Virginia.gov
- Click "Check My Benefits."
- To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: 114491089
Client ID: 2106584409

You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-855-242-8282 (TTY: 1-888-221-1590).

Case #: 114491089 Page 1 of 22 Correspondence #: 713704794

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