

Terms of Coverage


Term of Coverage: Full-Benefit ABD Programs

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

Section 4 & 5

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 and resource 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 4

Pre-Populated Renewal Form

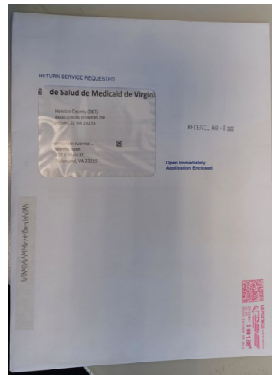
- ☞ Can be lengthy! Upwards of 20+ pages.
- ☞ Enrollee should review the information, and do the following **within 30 days**:
 - Call the **Cover Virginia Call Center** to give requested information and any other updates to complete the renewal, or
 - Go **online** to complete the renewal via CommonHelp, or
 - Provide the requested information **on the paper form**, fix any errors on it, sign it, and return 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 Renewals Have Resumed!

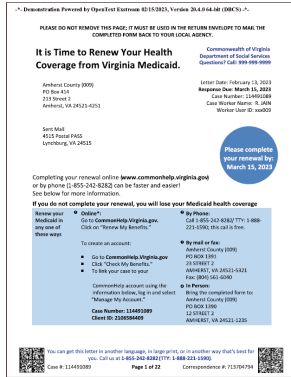
- ☞ **During the pandemic**, most Medicaid members **did not need to renew** their eligibility annually. The state kept them covered.
- ☞ **Renewals resumed in March 2023!**
- ☞ Members may not realize they need to renew. They may need help!
- ☞ **DMAS needs help to ensure that Medicaid/FAMIS members' 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





First Page of the Renewal Form



Renewal Calendar


Paper renewal forms are sent the 4th week of the month

#	Overdue Renewals	Current Renewals	Renewal Mailed Out
1	NA	May 2023	March 2023 ✓
2	March – October 2020	June 2023	April 2023 ✓
3	November 2020 – March 2021	July 2023	May 2023 ✓
4	April – September 2021	August 2023	June 2023 ✓
5	October 2021	September 2023	July 2023 ✓
6	November 2021	October 2023	August 2023 ✓
7	December 2021	November 2023	September 2023 ✓
8	January – February 2022	December 2023	October 2023 ✓
9	March – May 2022	January 2024	November 2023 ✓
10	June – October 2022	February 2024	December 2023 ✓
11	November 2022 – February 2023	March 2024	January 2024 ✓
12	March – April 2023	April 2024	February 2024 ✓

How to Know When A Renewal Will Be Mailed?

- ☞ If you are a Medicaid provider and have access to the Provider Portal, see "Case Review Date" under Member Name and ID Number
- ☞ Medicaid Members can:
 - See it in CommonHelp if they linked their case, click on "About My Benefits" and the renewal date will be listed
 - If no CommonHelp Account
 - Create one and link case to it and follow steps above
 - Call their local DSS office and ask for the date
 - Call Cover Virginia
 - Call your MCO





CardinalCare
Virginia's Medicaid Program


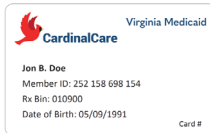
- Virginia Medicaid rebranded its health coverage programs as Cardinal Care on January 1, 2023.
- All managed care and fee-for-service members are part of Cardinal Care. The managed care delivery methods [Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus)] were combined into one program.
- Cardinal Care offers same programs and services and did not reduce or change any existing coverage.
- New members started receiving cards with the Cardinal Care logo in January 2023.

Section 4

Benefits Delivery: In the Beginning...

- When someone is enrolled in Medicaid, s/he is initially enrolled in "Fee-For-Service" Medicaid.

This means s/he can go to any Medicaid/FAMIS provider and use the blue-and-white Virginia Medicaid ID card (or new Cardinal Care card) for service.

<p>Old (Enrolled pre 1/23)</p> 	<p>New</p> 
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Section 4

Managed Care Organizations

These 5 MCOs serve Virginia Medicaid enrollees in all areas of the state:



Aetna Better Health® of Virginia



Sentara Health Plans



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.



UnitedHealthcare
Community Plan



Note: MCO cards have the Cardinal Care logo on them as well.

Section 4

MCOs' Value-Added Benefits



Health plan comparison chart

Read the added benefits that each health plan offers. For questions, call us toll free at 1-800-643-2272 (TTY: 1-800-817-6608).

CardinalCare Aetna	CardinalCare Aetna	CardinalCare MOLINA	CardinalCare Sentara	CardinalCare UnitedHealthcare
<p>Adult vision and hearing</p> <ul style="list-style-type: none"> • 1 free exam, \$250 for glasses or contacts per year • 4 adult hearing exams, \$1,500 for hearing aids, 10 follow-up per year <p>Healthy meals and kits</p> <ul style="list-style-type: none"> • 300 free deli-style, virtual baby showers, \$5000 for labor and delivery • Free swim lessons • Healthy by 100 and Beyond • 5000 free digital, virtual baby showers, \$5000 for labor and delivery support • 100 monthly for menstrual products • Free yearly sports physicals <p>Phone and online tools</p> <ul style="list-style-type: none"> • Free smartphone, unlimited mobile data, 10 GB hotspot • 100 GB data for 5G smartphone <p>Wellness programs</p> <ul style="list-style-type: none"> • 48000 free virtual fitness classes • 12 week personalized weight management program • Wellness rewards <p>Other benefits</p> <ul style="list-style-type: none"> • 10 free movie tickets per year • 10 movie after hospital stay • 1000 certificate incentives • 1000 movie tickets or events • Windows, door alarm, Smart Alert app for Alzheimer's • Free mattress, bedding, \$150 \$400 per year for sept/sewing for asthma 	<p>Adult vision and hearing</p> <ul style="list-style-type: none"> • 1 free exam, \$250 for glasses or contacts per year • 4 adult hearing exams, \$1,500 for hearing aids, 10 follow-up per year <p>Healthy meals and kits</p> <ul style="list-style-type: none"> • 300 free deli-style, virtual baby showers, \$5000 for labor and delivery • Free swim lessons • Healthy by 100 and Beyond • 5000 free digital, virtual baby showers, \$5000 for labor and delivery support • 100 monthly for menstrual products • Free yearly sports physicals <p>Phone and online tools</p> <ul style="list-style-type: none"> • Free smartphone, unlimited mobile data, 10 GB hotspot • 100 GB data for 5G smartphone <p>Wellness programs</p> <ul style="list-style-type: none"> • 48000 free virtual fitness classes • 12 week personalized weight management program • 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Handout/Section 4

Choosing a Medicaid MCO

Where to choose MCO	Enrollee can change his/her MCO...
<p>Enrollment Helpline Toll Free (800) 643-2273</p> <p>Monday – Friday, 8:30AM – 6PM</p> <p>www.virginiamanagedcare.com</p>	<ul style="list-style-type: none"> • Within 90 days of initial enrollment • With “good cause” • New Regional Open Enrollment Dates: <ul style="list-style-type: none"> ▪ Tidewater: 2/19 – 4/30 ▪ Central: 4/19 – 6/30 ▪ Northern VA: 6/19-8/31 ▪ Charlottesville/Western Halifax: 8/19 – 10/31 ▪ Southwest and Roanoke/Alleghany: 12/19/23 – 2/28/24 <p>For listings of localities in each region go to: https://www.virginiamanagedcare.com/learn/o-pen-enrollment</p>

Section 4

Covered Services

Benefits: Full Coverage Groups

- ☞ Doctor, hospital and emergency services
- ☞ Behavioral health services and addiction and recovery treatment services (ARTS)
- ☞ Comprehensive dental benefits (diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic)
- ☞ Prescription drugs, labs, and X-rays
- ☞ Home health services, durable medical equipment, and supplies
- ☞ Rehabilitative services (PT, OT, speech)
- ☞ Family planning, maternity, and newborn care
- ☞ Non-emergency transportation
- ☞ Long-term services and supports (LTSS), nursing home and community-based care
- ☞ COVID-19 testing, treatment, and vaccination
- ☞ And More!



Section 4

Accessing Dental Benefits: Full Coverage Programs

- ☞ Virginians enrolled in **full-benefit** Medicaid receive dental services via the **Smiles For Children** program, administered by **DentaQuest**
- ☞ Central Call Center: **(888) 912-3456**
 - Monday - Friday from 8am – 6pm
 - Clients may call to:
 - Verify eligibility and benefits
 - Access lists of dental providers
 - Get help **finding a dentist and making an appointment**
 - Report problems
- ☞ Note: Even though its name is **Smiles For Children**, this program administers Medicaid dental benefits for adults too.



Section 4

Medicare Savings Plans

Terms of Enrollment: Medicare Savings Plans

- ☛ Premium payment begins on the **1st day of the month of application.**
 - Exception: **QMB** payment begins the month following approval for eligibility.
- ☛ Retroactive coverage is available. Medicare premium can be **backdated**, paid by DMAS each month from a **special fund.**
 - Exception: **QMB** does not allow for retroactive coverage.
- ☛ Member receives notice from **Social Security Administration** that Medicare premium payments are being paid on his/her behalf.
- ☛ Annual renewal is required

Section 4

Cost of Services: Medicare Savings Plans

Program	What's Covered
Qualified Medicare Beneficiary (QMB)	Medicare Part A and B premiums, copays, coinsurance, deductibles
Special Low-Income Medicare Beneficiary (SLMB)	Medicare Part B premiums
Qualified Individual (QI)	Medicare Part B premiums
Qualified Disabled and Working Individual (QDWI)	Medicare Part A premiums

- ☛ **QMB:** Should **not** have to pay copays, except for **outpatient drugs** (*can be up to \$4, so long as drug is covered by Medicare Part D*).
- ☛ **SLMB, QI, and QDWI:** Subject to **Medicare** copays, coinsurance, and deductibles for Medicare-covered services.
- ☛ All MSP enrollees qualify for **"Extra Help"** (*Low-Income Subsidy, LIS*) which helps with prescription drug costs.

Section 4
