

**Your client has been APPROVED...**

**What happens next?**

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**Term of Coverage:  
MedEx, FAMIS Plus, LIFC,  
FFC & Plan First**

- ☛ Coverage begins on the **1<sup>st</sup> 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.
- ☛ Adult enrollees are typically covered for **12 months, unless their financial or household circumstances change.**
- ☛ **Children enrolled in FAMIS Plus are entitled to one full year of continuous coverage,** unless they turn 19, move out of state, or request their coverage be terminated.
- ☛ The family must **report changes** in income, family size, or address within 10 calendar days to their local DSS.

**Section 3**

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**Term of Coverage: FAMIS**

- ☛ Coverage goes back to the **1<sup>st</sup> 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 family requests that coverage be terminated.
- ☛ 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**

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**Term of Coverage:  
MPW\*, FAMIS MOMS &  
FAMIS Prenatal**

- ☛ Coverage begins on the **1<sup>st</sup> 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**

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**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**

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**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 adult is no longer eligible for Medicaid** 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.

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## 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...



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## 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

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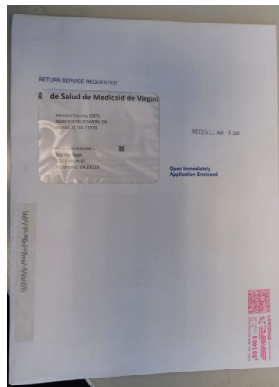
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## The Renewal Envelope




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## First Page of the Renewal Form

\* Documentation Provided by ObjectFax Estimate #D152023, Virginia 20.4.0.04.0M (DMS) v.1

PLEASE DO NOT REMOVE THIS PAGE. IT MUST BE LEFT 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.**

**Amherst County (095)**  
PO Box 614  
213 Street 2  
Amherst, VA 24521-4211

**Send Mail**  
4513 Postal Plaza  
Lynchburg, VA 24505

Commonwealth of Virginia  
Department of Social Services  
Question? Call: 800-999-0999

Letter Date: February 13, 2023  
Response Due: March 16, 2023  
Case Number: 124492048  
Case Worker Name: R. JENK  
Worker User ID: am009



Completing your renewal online [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or by phone (1-800-243-8282) can be faster and easier! See below for more information.

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

<p><b>Repayment:</b> <b>By Online:</b> Go to <a href="http://Commonhelp.virginia.gov">Commonhelp.virginia.gov</a>. Click on "Renew My Benefits".</p> <p><b>By Mail or Fax:</b> Send to <a href="mailto:AMHRS1@va.gov">AMHRS1@va.gov</a> or fax to Amherst County (959) 618-8043 (959) 243-0787 (T) 243-0787 (F) AMHRS1, VA 24521-5522 Fax: (959) 243-0500</p>	<p><b>By Phone:</b> Call 1-800-243-8282 (TTY: 1-888-233-9999) (959) 243-0787.</p> <p><b>By Person:</b> Bring the completed form to: Amherst County (959) 618-8043 (959) 243-0787 (T) 243-0787 (F) AMHRS1, VA 24521-5522</p>
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CommonHelp account using the information below, log in and select "Manage My Account".  
Case Number: 124492048  
Case ID: 120004609

This can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-243-8282 (TTY: 1-888-233-9999).  
Case # 124492048 Page 1 of 2 Commonwealth # 71370076

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## 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
- 👉 Paper renewals are usually mailed the 4<sup>th</sup> week of the month and are due the following month.
  - For example, a June 2024 renewal would be mailed out in late April and would be due back in late May.

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