Terms of Coverage

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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

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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**.)
- 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.
- **Social Security Administration** will send a notice that Medicare premium payments are being paid on his/her behalf.

Section 4

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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 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.

Section 4

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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**.

Section 3

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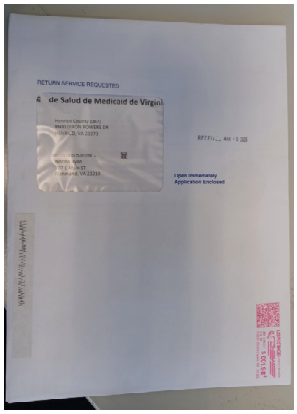
The Renewal Envelope



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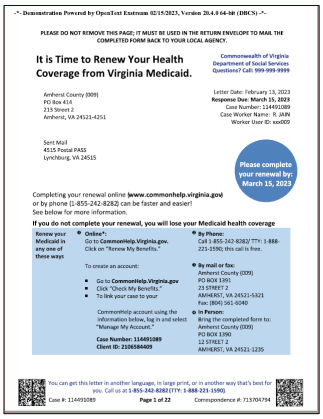
First Page of the Renewal Form



-*- Demonstration Powered by OpenText Exstream 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
215 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."

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

- 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 1991 23 STREET 2 AMHERST, VA 24521-5321 Fax: (804) 561-6040
- In Person: Bring the completed form to: Amherst County (009) PO BOX 1990 12 STREET 2 AMHERST, VA 24521-1235

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: 1-888-223-1590).

Case #: 114491089 Page 1 of 22 Correspondence #: 715704764

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Keeping Contact Information Up to Date

- **DMAS needs help to ensure that Medicaid 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 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

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How to Know When A Renewal Will Be Mailed?

- Paper renewals are **usually mailed the 4th week of the month and are due the following month.**
  - *For example, a June 2025 renewal would be mailed out in late April and would be due back in late May.*
- 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 their MCO

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Benefits Delivery

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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.
- DMAS and MCO ID cards now have the Cardinal Care logo on them.

Section 3

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Benefits Delivery: In the Beginning…

- When someone is enrolled in Medicaid, s/he are initially enrolled in "Fee-For-Service" Medicaid.
- This means s/he can go to any Medicaid provider and use the Cardinal Care Virginia Medicaid ID card for service.

Section 3

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Managed Care Organizations

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

- aetna — Aetna Better Health® of Virginia
- Sentara Health Plans
- Anthem HealthKeepers Plus — Offered by HealthKeepers, Inc.
- UnitedHealthcare Community Plan
- MOLINA HEALTHCARE
- *Starting July 1, 2025:* Humana

Section 4

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MCOs' Value-Added Benefits

CardinalCare — Health plan comparison chart

Read the **added benefits** that each health plan offers. For questions, call us toll free at **1-800-643-2273** (TTY: 1-800-817-6608).

aetna	Anthem HealthKeepers Plus	MOLINA HEALTHCARE	Sentara Health Plans	UnitedHealthcare Community Plan
1-800-279-1878 | TTY: 711 AetnaBetterHealth.com/Virginia	**1-800-901-0020** | TTY: 711 anthem.com/namedicaid	**1-800-424-4518** | TTY: 711 MolinaHealthcare.com	**1-800-881-2166** | TTY: 711 Northern VA Kaiser Permanente members: 1-855-249-5025 SentaraHealthPlans.com/members/medicaid	**1-844-752-9434** | TTY: 711 uhccp.com/virginia
Adult vision and hearing • 1 eye exam, $250 for glasses or contacts per year • 1 hearing exam, $1,500 for hearing aids, 60 batteries per year **Healthy moms and kids** • 300 free diapers, virtual baby showers, portable cribs, $25 monthly for mom and baby • Free swim lessons • Mobile app with 24/7 lactation and doula support • $20 monthly for menstrual products • Free yearly sports physicals **Phone and online tools** • Free smartphone, unlimited minutes, texts, data, 10 GB hotspot **Wellness programs** • MyActiveHealth management • 12-week personalized weight management program • Wellness rewards **Other benefits** • 30 free round-trip rides per year • 14 meals after hospital stay • GED certificate incentive • Therapeutic shoes or inserts • Windows, door alarms, Smart Alert app for Alzheimer's • Free mattress, bedding, $150-$400 per year for carpet cleaning for asthma	**Adult vision and hearing** • 1 eye exam, up to $150 for glasses or contacts per year • Adult hearing exam, $1,000 for hearing aids, 60 batteries per year **Healthy moms and kids** • 3 Baby Essential items (diapers, highchair, car seat, and more) • Boys & Girls Club membership • $35 Barnes & Noble card for books **Phone and online tools** • Free Safelink phone benefit • Free Chromebook for high school seniors with 3.5 GPA **Wellness programs** • $120 for Weight Watchers (WW)® • Up to $50 healthy rewards • 24/7 physician video visits • 1 pair insoles, 3 pairs of socks for those with diabetic neuropathy **Other benefits** • 12 rides per household per year to grocery store/food bank • 14 meals after hospital stay • $120 in GED testing vouchers • $25 gift card for good grades • $1000+ in coupon savings • $20 gift card for doing health screener • 2 items from assistive devices and wheelchair accessories catalog • 2 items Asthma/COPD Catalog	**Adult vision** • 1 eye exam every other year, up to $100 for glasses or contacts per year **Healthy moms and kids** • Pregnancy supplies and mobile tools • Baby showers quarterly per region • Bicycle helmets for children • Free yearly sports physicals **Phone and online tools** • Free smartphone with 350 minutes, unlimited texts, 4.5 GB data monthly **Wellness programs** • Up to $50 healthy rewards gift cards each year after health care activity **Other benefits** • 3 meals per day, up to 5 days delivered to home for member and 1 family member after hospital stay • Online directory of community services and organizations • SaveAround retail coupon book with over $2500 in savings. • MyMolina mobile app access • Backpack with supplies for foster children leaving foster care or adults with frequent or avoidable emergency room visits	**Adult vision** • 1 eye exam, $100 for frames per year **Healthy moms and kids** • Maternal health programs and baby showers with up to $75 raffle gift • 400 free diapers (restrictions apply) • Grocery card for pregnant moms (restrictions apply) • Free yearly sports physicals **Phone and online tools** • Free smartphone with 350 minutes, unlimited texts, 4.5 GB data monthly • Free unlimited wireless, texts, minutes and hotspot (1 per household) **Wellness programs** • Up to $50 wellness rewards • Weight management • Financial wellness program • Pedometer **Other benefits** • 24 free round-trip rides per year to grocery stores and more • Up to 56 meals delivered to home after hospital stay • Up to $275 for GED prep, test • Up to $75 for college application help (restrictions apply) • Free mattress cover, pillowcase for those with asthma • Memory alarms, devices for dementia/memory loss	**Adult vision** • 1 eye exam per year, glasses 2 years **Healthy moms and kids** • Up to $100 Healthy First Steps maternity program rewards • Meals sent home after delivery • Period underwear, those ages 11-49 who qualify • Up to $100 vaccine incentives at Footlocker® up to age 18 • Boys & Girls Club membership • Free yearly sports physicals, ages 5-18 **Phone and online tools** • Free smartphone with unlimited minutes, texts, 10 GB hotspot monthly • Self Care® app for stress, anxiety, depression support **Wellness programs** • Free gym membership to 300+ gyms and local YMCAs • 14,000 free virtual fitness choices • 13 Weight Watchers (WW)® vouchers • Up to $50 healthy rewards **Other benefits** • 12 free round-trip rides to places of worship, grocery, DMV, DSS, library • 14 meals delivered to home after hospital stay • GED certificate assistance • Housing application assistance • Mattress cover for those with asthma

Handout/Section 4

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Choosing a Medicaid MCO

Where to choose MCO	Enrollee can change his/her MCO…
Enrollment Helpline **Toll Free (800) 643-2273** Monday – Friday, 8:30AM – 6PM www.virginiamanagedcare.com	• Within **90 days** of initial enrollment • With "**good cause**" • **New Regional Open Enrollment Dates:** ▪ 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 – 2/28 *For listings of localities in each region go to: https://www.virginiamanagedcare.com/learn/open-enrollment*

Section 4

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Covered Services

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Benefits: Full Coverage Groups

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

Section 4

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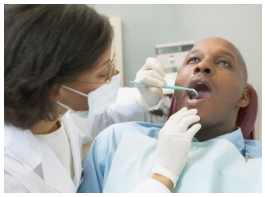
Adult Dental Benefits

The services focus on prevention and restoration and include the following:



- Diagnostic (x-rays, exams)
- Preventive (cleanings)
- Restorative (fillings)
- Endodontics (root canals)
- Periodontics (gum related treatment)
- Prosthodontics (dentures)
- Oral surgery (extractions and other oral surgeries)
- Adjunctive general services (all covered services that do not fall into specific dental categories.)

Note: Braces and bridges are not covered.

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Accessing Dental Benefits: Full Coverage Programs

- Virginians enrolled in **full-benefit** Medicaid receive dental services via the **CardinalCare Smiles** 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

CardinalCare Smiles
Improving Dental Care in Virginia for Children and Adults

**formerly known as the Smiles For Children program*

Section 4

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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

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