

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

| <b>Correspondence</b>                                                                                | <b>Sender</b>                                                           | <b>Rationale</b>                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| “Request for Verification” or “Verification Checklist”                                               | Local DSS Office <u>or</u> Cover Virginia Central Processing Unit (CPU) | If the eligibility worker needs any additional information. Any items needed 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”                                                                       |                                                                         | Indicates 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.                                                                                                                                                          |
| “Virginia Insurance Marketplace Referral Notice”                                                     |                                                                         | If the person is not eligible for full coverage in Medicaid or FAMIS, the application will be referred to the Virginia Insurance Marketplace for evaluation for tax credits and subsidies toward purchasing private insurance. The notice gives the phone number and web address for follow up.                                                                       |
| Commonwealth of Virginia Medicaid (Cardinal Care) ID Card                                            | VA Department of Medical Assistance Services (DMAS)                     | An ID card will be sent to 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.                                                                                                                                                                                                                     |
| Welcome Packet from MCO                                                                              | Medicaid Managed Care Organization (MCO)                                | 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; Humana Healthy Horizons; Sentara Community Plan; UnitedHealthCare Community Plan</i><br><br>Will include letter, ID Card(s), provider directories, etc.                                            |
| <i>Cardinal Care Smiles*</i> Welcome Letter<br><br><i>Note: the return address is Milwaukee, WI.</i> | DentaQuest                                                              | Enrollees will receive a welcome letter from <i>Cardinal Care Smiles*</i> . It provides the toll-free number; instructions on how to download the member handbook; and instructions about establishing a dental home. <i>*Formerly known as Smiles For Children</i>                                                                                                   |
| Renewal Notice (18+ pages)                                                                           | Local DSS or State DSS Central 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 to continue coverage. The envelope is marked with the words “Open Immediately Application Enclosed” and will come from the Local DSS or state DSS central printing. A prepaid return envelope is provided with the application. |
| “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.                                                                                                                                                                  |