

## Terms of Coverage

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**Term of Coverage:  
Full-Benefit ABD Programs\***

- ☛ Coverage usually 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.
- ☛ 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.

\* ABD ≤ 80% FPL; Protected Cases; SSI; Auxiliary Grant; 300% of SSI

**Section 4 & 5**

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**Terms of Enrollment:  
Medicare Savings Programs**

- ☛ Premium payment begins on the **1<sup>st</sup> 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.



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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.

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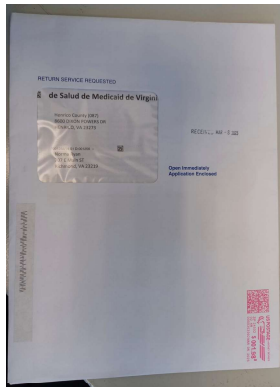
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## The Renewal Envelope




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## First Page of the Renewal Form

\* Documentation Provided by ObjectFax Estimate #D153263, Version 20.4.0.04.0M (DMS) \*

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 504  
213 Street 2  
Amherst, VA 24521-4251

Send Mail  
4513 Postal Plaza  
Lynchburg, VA 24015

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

Letter Date: February 13, 2023  
Response Due: March 15, 2023  
Case Number: 124492049  
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.**

<b>Renew your Medicaid in any one of these ways:</b>	<ul style="list-style-type: none"> <li>• <b>Online*</b> Go to <a href="http://CommonHelp.Virginia.gov">CommonHelp.Virginia.gov</a>. Click on "Renew My Benefits."</li> </ul>	<ul style="list-style-type: none"> <li>• <b>By Phone:</b> 281-800-243-8282 TTY: 1-888-233-9999 (9am-5pm, 7 days a week)</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>By mail or fax:</b> Amherst County (095) 618-804-1991 24-07841-2</li> <li>• <b>At PARSONS:</b> VA 24521-5521 Fax: (800) 243-0040</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Go to <a href="http://CommonHelp.Virginia.gov">CommonHelp.Virginia.gov</a></b></li> <li>• <b>Click "Check My Benefits."</b></li> <li>• <b>To link your case to your account.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>At PARSONS:</b> Using the enclosed form to "Manage My Account."</li> </ul>

CommonHelp accounts using the information below, log in and select "Manage My Account."

**Case Number: 124492049**      **Case ID: 120664669**

\* You can get this letter in another language, in larger print, or in another way that's best for you. Call us at 1-800-243-8282 (TTY: 1-888-233-9999).

Page 1 of 2      Commonwealth # 71370076

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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](http://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 **4<sup>th</sup> 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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**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.

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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.



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## Dual Eligible Special Needs Plans (D-SNPs)

- A D-SNP is a Medicare Advantage coordinated care plan for individuals who are eligible for to both Medicare and Medicaid (aka dual eligible enrollees)
- Dual eligible enrollees are not required to enroll in a D-SNP and can choose to enroll traditional Medicare or Medicare Advantage
- **Effective January 1, 2025, D-SNP enrollees must be enrolled in a D-SNP and Medicaid MCO managed by the same health plan**
  - All 5 Cardinal Care MCOs offer a D-SNP. Members can select which health plan they would like to be enrolled with in alignment with Medicaid and Medicare rules.
- Additional resources about D-SNPs are available at <https://www.dmas.virginia.gov/for-members/cardinal-care-members/cardinal-care-managed-care/medicare-and-medicaid-programs/>

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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!



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## Dental Benefits – Children & Adults

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)
- ☛ Orthodontics (braces, only for people under age 21)
- ☛ Oral surgery (extractions and other oral surgeries)
- ☛ Adjunctive general services (all covered services that do not fall into specific dental categories.)



Note: Bridges are not covered.

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## CardinalCare Smiles

Improving Dental Care in Virginia for Children and Adults

## Dental Benefits

- ☛ Virginians enrolled in Medicaid/FAMIS receive dental services via the **CardinalCare Smiles** program\*, administered by **DentaQuest** [www.dentaquest.com](http://www.dentaquest.com)
  - New App downloadable from website
- ☛ 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

\*formerly known as Smiles For Children

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## Cost of Services: Medicare Savings Programs

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 \$12.65, 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.

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