

Your client has been APPROVED...

What happens next?

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

- ☛ Coverage 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.
- ☛ Adult enrollees are typically covered **for 12 months, unless their financial or household circumstances change.**
- ☛ **Children enrolled in FAMIS Plus are entitled to 1 full year of continuous coverage***, unless they turn 19, move out of Virginia, 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,
Part I**

*If a FAMIS Plus teen becomes pregnant, this should be reported.

Term of Coverage: FAMIS

- ☛ Coverage goes back to the **1st 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 Virginia, 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.

Section 3, Part I

*If a FAMIS teen becomes pregnant, this should be reported. Coverage will be changed to FAMIS MOMS instead.

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

- ☛ For all, coverage begins on the **1st day of the month** the signed Application was received, if eligible.
 - For MPW only, coverage **may be retroactive up to 3 months** prior to application if all eligibility requirements were met during those 3 months.
- ☛ 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.**

Section 3, Part II

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 E213)

Section 3, Part II

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.

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...



Section 3

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.

Section 3

The Renewal Envelope


