



**Family Access to Medical Insurance Security Plan  
(FAMIS)**

**MEMBER HANDBOOK**

**April 2015**

**[www.coverva.org](http://www.coverva.org) • 1-855-242-8282**

**For more information, contact your local Department of Social Services**

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## **Welcome to FAMIS!**

Welcome to Family Access to Medical Insurance Security (FAMIS). This is a comprehensive health insurance program for Virginia's children. FAMIS is administered by the Virginia Department of Medical Assistance Services (DMAS) and is funded by the state and federal government.

You should read this handbook from the beginning to the end. It contains important information you need to know to make sure your FAMIS child gets all the medical care he or she needs!

## WHAT YOU NEED TO KNOW:

- **If you move, you must contact your local Department of Social Services or Cover Virginia and give us your new address. If we cannot locate you, your child may not be able to get health care, and when it is time to renew FAMIS, your child’s coverage will be canceled (See Section 2 for more details).**
- **YOU MUST RENEW YOUR CHILD’S FAMIS COVERAGE WITHIN 12 MONTHS. We will send you a renewal form at the right time. If you do not complete the paperwork in time, FAMIS coverage will be canceled. (See Section 3 for more details).**
- **You must report certain changes to FAMIS during the year. (See Section 2 for more details).**
- **In most cases, your child will receive health care from a Managed Care Organization (MCO). (See Section 4 for more details).**
- **FAMIS *Select* might help pay your monthly health insurance premium for family coverage. (See Section 7 for more details).**
- **You will receive only one permanent Commonwealth of Virginia health insurance card for each enrolled child. If your child is enrolled in a MCO, you will also receive another card from that MCO. Always show your MCO ID card every time your child receives medical or dental services. Keep both cards safe. (See Section 4 for more details).**
- **FAMIS pays for well-child check-ups and immunizations that will help keep your child healthy. Don’t wait until your child is sick to use FAMIS! (See Section 9 for a list of covered services).**
- **If for any reason, you lose FAMIS coverage, you do not need to wait until open enrollment to apply for a Federal Marketplace or an employer sponsored health plan. Loss of FAMIS coverage is considered a “qualifying event” as long as you apply within 60 days of losing coverage. Just provide a copy of your cancellation notice.**

## 1. HOW LONG WILL FAMIS COVER MY CHILD?

FAMIS provides twelve months of coverage (beginning with the month the child was enrolled), UNLESS:

- Your family’s gross monthly income goes over the income limit for your family size,
- The child moves out of Virginia,
- You apply for FAMIS Plus (children’s Medicaid) and the child is found eligible for FAMIS Plus,
- The child turns age 19 during the 12 month enrollment period, or
- You request, in writing, that the FAMIS coverage be stopped.

If none of the above changes happen, your child will remain covered by FAMIS for 12 months. Near the end of the 12 months, you will be sent a renewal application to complete in order to continue the FAMIS coverage for another year.

## 2. WHAT MUST I REPORT TO FAMIS?

You only have to report the following changes if they happen before your annual renewal:

- A. INCOME** – You must report an **increase** in your family income ONLY IF your gross monthly income (before any deductions) is over 200% of the federal poverty level (FPL) for your family size. If your gross monthly income goes up, but it is still less than or equal to the 200% FPL limit, **you do NOT have to report it.**

**Income Chart Example**

Number of persons in family	Monthly gross income limit * (200% FPL)**
1	\$2,012
2	\$2,722
3	\$3,433
4	\$4,144
For each additional person, add	\$712

\* Effective January 22, 2015. NOTE: The income limits are adjusted annually.

\*\*Includes a 5% FPL disregard

**How to use the chart** – Count all the income of family members except for child support received. Count how many of your children and stepchildren under 19 years old live in your home. Add yourself if you are the parent or stepparent of the children. Add your husband or wife who lives in the home. If your family's gross monthly income goes over the allowable monthly income for your family size, then you must report this to your local Department of Social Services or call Cover Virginia at 1-855-242-8282. When you report, the information will be evaluated by the eligibility worker. **Note: The numbers in the chart above were accurate as of April 1, 2015. This chart is meant to serve as an example only. For more information call us at 1-855-242-8282.**

**For FAMIS, you do not have to report to us when your income goes down.** However, you may want to report this if your children are in a managed care plan, because this may change the amount of the co-payments that you have to pay for medical care, or your children may be eligible for FAMIS Plus (children's Medicaid). FAMIS Plus does not require any co-payments.

- B. CHANGE OF ADDRESS** -You should always report any change in your address and phone number, so that we can contact you. You **must report** to us if your family, or one of the children in your family, moves out of Virginia.
- C. ADDING A FAMILY MEMBER TO YOUR FAMIS COVERAGE** – You must contact us if you want to apply for coverage for a child who has moved into your household. **Please note:** A signed application for a new baby whose mother was not enrolled in FAMIS MOMS or FAMIS must be received within three months following the month the baby is born. You may start the process online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov), or you may call us toll free at 1- 855-242-8282 to begin an application, or visit your local Department of Social Services. If you have questions, call Cover Virginia at 1-855-242-8282.
- D. IF YOUR FAMIS ENROLLED TEENAGER BECOMES PREGNANT** - Her baby is automatically eligible for health insurance for the first year of life. The teen must be enrolled at the time of birth. Please let us know as soon as her baby is born so that we can determine whether the baby will be covered under FAMIS or FAMIS Plus. All we need is the mother's name, date of birth and ID number and baby's name, date of birth, race and gender to get the infant enrolled immediately. Call Cover Virginia at 1-855-242-8282 or contact your local Department of Social Services.

- E. REQUEST TO CANCEL FAMIS** – If your situation changes and you no longer want FAMIS for your children, we must have your request to cancel coverage in writing. Please contact your local Department of Social Services or call 1-855-242-8282 for information about your local Department of Social Services.
- F. OTHER CHANGES** - Some reported changes require that the child’s eligibility for FAMIS be re-determined. You can report changes and manage your account at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) . If you have questions on other changes or need to report a change, call us at 1-855-242-8282.
- G. IDENTITY PROOFING**- As of October 1, 2013, the new Federal Healthcare law requires all affordable health insurance programs (Medicaid, FAMIS or the Federal Marketplace) to obtain a level of confidence that an applicant’s identity is verified to allow access to sensitive personal information. This process is called Identity Proofing and is used throughout the public and private sector to ensure the privacy of personal information. Upon contacting the Cover Virginia Call Center or any other method of electronic inquiries into your case records, a member will be required to provide relevant information to prove their identity in order to obtain information on their case over the phone or online. If your identity cannot be proofed electronically, you may be asked to provide documentation by mail, fax or in-person to your local agency. You may have received a unique PIN number which can be used to assist in this process.

### 3. ANNUAL RENEWAL OF FAMIS

**You must renew your FAMIS coverage every year.** You will be notified when it is time for renewal. If your child’s continuing eligibility cannot be determined electronically, you will be sent a pre-filled application to confirm the information we have on record is still correct. When you receive the application, please review to make sure all information is correct. This may be done online, by phone, or simply by signing and returning the form. **If you do not renew within the requested time, your child’s FAMIS coverage will be canceled.**

### 4. HOW WILL MY CHILD RECEIVE SERVICES?

Once your child is enrolled in FAMIS, you will receive a permanent Commonwealth of Virginia health insurance card, one for each enrolled child in your household unless the child was previously enrolled in FAMIS or FAMIS Plus (children’s Medicaid). If your child was enrolled in FAMIS or FAMIS Plus within the last 12 months, your child should already have a permanent Commonwealth of Virginia card and will not be sent another card. If you have lost the Commonwealth of Virginia card, you must call us at 1-855-242-8282 or contact your local Department of Social Services and request a replacement card.

#### A. Your child’s health insurance card

If your child was not previously enrolled in FAMIS or FAMIS Plus (Children’s Medicaid), you will receive a plastic, permanent health insurance ID card from the Commonwealth of Virginia for each FAMIS enrolled child in your household. **You will only receive one Commonwealth of Virginia health insurance card for your child, so do not lose or throw away the card.** When you receive the child’s Commonwealth of Virginia health insurance card, check the information on it to be sure it is correct. If it is not correct, you must inform us of any needed changes or corrections. If your child is also enrolled in a managed care organization (MCO), he or she will also receive a separate identification (ID) card from the MCO.

**It is your responsibility to show the child’s Commonwealth of Virginia health insurance card and the MCO ID card if you are enrolled into an MCO to providers each time medical or dental services are received.** You will also need to make sure the provider participates in the Family Access to Medical Insurance Security (FAMIS) program. Failure to present the card/s at the time of services may result in the parent or guardian being held responsible for any cost of the service.

Use the Commonwealth of Virginia health insurance card to get health care services for your child and stop using the card immediately when notified that the child is no longer covered. You will be responsible for any bills incurred if the card is used when a child is no longer covered for services.

Never lend either the Commonwealth of Virginia card or the MCO ID card to anyone. If you lose your child's MCO card, please call your child's MCO.

## **B. Fee-for-Service**

When a child is first enrolled in FAMIS, he or she is able to access health care through the FAMIS fee-for-service program. Children can see any provider in the FAMIS fee-for-service network. Before you schedule an appointment or before you get a prescription filled, ask the doctor, clinic, hospital, dentist, pharmacy or mental health provider if they accept FAMIS. Providers who accept Virginia Medicaid also accept FAMIS. **There are no co-payments in FAMIS fee-for-service. Please contact Cover Virginia at 1-855-242-8282 for more information.**

## **C. Managed Care Areas**

If you chose a preferred managed care organization (MCO) during the application process, your child(ren) will be enrolled in that plan. If you have not chosen a MCO for your FAMIS-enrolled child, please call Cover Virginia at 1-855-242-8282. If you do not choose a MCO, one will be chosen for your child. Your child will be enrolled in a MCO 1 or 2 months after FAMIS enrollment. During the 1 to 2 months before MCO enrollment, your child will get services through the FAMIS fee-for-service program. When enrolled in a MCO, your child must receive all care through a primary care provider (PCP). Female members age 13 or older can also pick an OB/GYN doctor to give primary health care and arrange for most other care. If a member selects an OB/GYN doctor, he/she is considered a PCP. You must select a PCP from the network of PCPs available in your child's MCO. That PCP will coordinate all of your child's care within the MCOs network of providers, specialists and hospitals. While you will have a small-co-payment for services your child receives, you will also have additional benefits when you belong to a MCO. These benefits include case management/disease management services, health education, skilled nursing services, chiropractic care and a 24-hour nurse access telephone line.

Once your child is enrolled in the MCO, you will also receive a member ID card, a member handbook, and a provider directory from the MCO. This is in addition to the Commonwealth of Virginia health insurance card that you receive. **You will only receive one MCO ID card and one Commonwealth of Virginia health insurance card for your child, so do not lose or throw away either card.** The MCO ID card will include, at a minimum, the name of the member, a FAMIS identifier, the name and address of the Contractor, the name of the member's primary care provider, the member's co-payment amount, a telephone number to be used to access after-hours non-emergency care, instructions on what to do in an emergency, Medicaid ID number, Contractor identification number, and any other information needed to process claims or provide customer service numbers, if applicable. If you lose your child's MCO ID card, call the MCO to request a new one. Keep your child's MCO ID card with his or her Commonwealth of Virginia health insurance card. Always show both your child's MCO ID card and Commonwealth of Virginia health insurance card when your child receives medical or dental services.

If you are unhappy with your child's PCP, you may call your child's MCO at any time to change PCPs. If you wish to change your child's MCO, you may call Cover Virginia at 1-855-242-8282 to change to another MCO in the area. You must call within the first 90 days of enrollment with that MCO. After 90 days, your child will remain with that MCO until your child's annual renewal. When your child's FAMIS coverage is renewed each year, you will have a chance to choose another MCO (if another is available in your locality) or remain with the current health plan. If you do not want to make a change, your child will remain with your current MCO. If you have questions, call Cover Virginia at 1-855-242-8282.

MCOs administering FAMIS in Virginia serve different parts of the state. If you are enrolled in a MCO and have questions or concerns about receiving services, contact your MCO at\*:

- **Anthem Healthkeepers Plus** **1-800-901-0020**
- **Coventry Cares** **1-800-279-1878**
- **INTotal Health** **1-855-323-5588**
- **Kaiser Permanente** **1-855-249-5025**
- **Optima Family Care** **1-800-881-2166**
- **Virginia Premier** **1-800-727-7536**

\* effective 4/1/15. For an updated list of MCO’s and contact information, visit [coverva.org](http://coverva.org).

## 5. SMILES FOR CHILDREN

Your child’s dental services will be provided through the *Smiles For Children* program. There are no costs for dental care services in the *Smiles For Children* program. You can use your child’s Commonwealth of Virginia blue and white plastic ID card or your child’s MCO member ID card to get dental care for your child. You will receive a *Smiles For Children* member handbook. The handbook will describe dental services that are covered. It will also list the *Smiles For Children* dentists in your area. Call *Smiles For Children* at **1-888-912-3456** for questions about dental services or for help in finding a dentist or making a dental appointment.

## 6. WHAT DO I PAY FOR FAMIS?

FAMIS does not have yearly or monthly premiums. However, children who are enrolled in a MCO must pay co-payments for some covered services. There are no co-payments required for preventative services such as well-child care, immunizations, or dental care. The chart below shows the co-payment amounts for some basic FAMIS services for children who are enrolled in a MCO, based on co-pay status. **Your co-pay status is your approval letter, telling you that your child was approved for FAMIS coverage.** NOTE: Native Americans and Alaskan Natives do NOT have any co-payments.

SERVICE*	Co-pay Status 1	Co-pay Status 2
Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit
Prescription Drugs	\$2 per prescription	\$5 per prescription
Inpatient Hospital	\$15 per admission	\$25 per admission
Non-emergency use of Emergency Room	\$10 per visit	\$25 per visit
Yearly Co-payment Limit per Family	\$180	\$350

\*Other co-payments may apply to other services.

The approval letter that you received also listed the amount of your yearly family co-payment limit. Whenever a child enrolled in FAMIS has a doctor’s appointment, needs a prescription filled or gets another FAMIS covered service, ask for and save the receipt that lists the co-payment amount.

Use the co-payment tracking form at the back of this handbook to record your family’s FAMIS co-payment expenses throughout your children’s twelve-month enrollment period. After you have reached the family co-payment limit, send the completed form with copies of all the co-pay receipts to FAMIS for a co-payment review. Following the co-payment review, your health plan will inform you if your family has reached the yearly co-payment limit. Once it has been verified that your family has reached the yearly co-payment limit, no additional co-payments will be required for the remainder of your child’s twelve-months of coverage.

## 7. FAMIS SELECT – IT MAY HELP ME PAY FOR A PRIVATE HEALTH INSURANCE PLAN

Once you are enrolled in FAMIS, there is a special option available for families who have access to health insurance at work or prefer to purchase a private policy. It is called **FAMIS Select**.

### A. What is FAMIS Select?

FAMIS *Select* is a program that gives parents of FAMIS enrolled children the freedom to choose between covering their children with the FAMIS health insurance plan or with a private or employer's health plan. FAMIS *Select* gives parents who choose to purchase private or employer sponsored health insurance up to **\$100 per child per month** to help pay the child's part of the premium.

### B. Why would a family choose to participate in FAMIS Select?

FAMIS *Select* may allow your child to continue to see a doctor or dentist that may not accept FAMIS. In some cases, a private or employer plan may give a family more choice of providers. For some families, the FAMIS *Select* payment may be enough to make health coverage affordable for the entire family. Remember, children in FAMIS *Select* get the health benefits through the private health plan their parents choose. It is important to compare health plans and choose the best plan for your family.

### C. Who is eligible for FAMIS Select?

Any child who is enrolled in FAMIS and has access to a private or employer sponsored health plan (and whose policy holder is not court-ordered to provide insurance) is eligible to enroll in FAMIS *Select*.

### D. How do I apply for FAMIS Select?

- ❑ Call FAMIS *Select* directly at 1-888-802-5437 or at 804-786-7024. FAMIS *Select* will mail you a packet that includes an application, instructions to complete the application and a program brochure.
- ❑ Applying for FAMIS *Select* is voluntary. Once enrolled in FAMIS *Select*, you have the choice to drop FAMIS *Select* and go back to FAMIS at any time during your child's twelve-month coverage.
- ❑ To be enrolled in FAMIS *Select*, you must first be enrolled in FAMIS and enroll in your employer's health insurance plan or in an eligible private health plan. Children enrolled in FAMIS are eligible for FAMIS *Select* premium assistance. **You do not need to wait for open enrollment to enroll in your employer's health insurance plan.** Along with your application, send FAMIS *Select* a copy of a pay stub showing that you are now paying for health insurance at work or send them a copy of the payment slip indicating you are now paying for private insurance.
- ❑ You will be notified when your child is enrolled in FAMIS *Select*, and how much your premium assistance payment will be.

### E. What should I expect if my children are enrolled in FAMIS Select?

- ❑ We will provide you with postage-paid envelopes to use to mail your pay stubs or proof of insurance to FAMIS *Select* each month.
- ❑ You must submit the pay stubs or proof of health insurance payments each month. If your child is still eligible for FAMIS and enrolled in FAMIS *Select* and you are still paying for health insurance at work or paying for private health insurance, you will be sent a check each month to reimburse you up to \$100 for each FAMIS child's share of the cost of your health insurance premium. In some cases, the payment may be enough to cover the entire cost for family coverage. However, FAMIS *Select* will not pay for more than the total cost of your health care premium.



- ❑ You will use your employer’s plan or private plan to receive health care services. You may use the FAMIS card for childhood immunizations only, if your health plan does not provide this coverage.
- ❑ You are responsible for all co-payments, deductibles and cost sharing as required by your private or employer-sponsored health plan.
- ❑ **To remain eligible for FAMIS *Select*, you must renew your FAMIS coverage every year. If you do not renew your coverage, FAMIS and FAMIS *Select* will be cancelled.**

IF YOU ARE INTERESTED IN APPLYING FOR FAMIS *Select*, CALL TODAY!  
**1-888-802-KIDS** (1-888-802-5437) or 804-786-7024

## 8. WHAT DO I DO IF AN ACCIDENT CLAIM MAY BE PAID BY OTHER INSURANCE?

FAMIS is designed to help children without comprehensive health insurance. Some types of accident, homeowners’, or school insurance plans may provide limited health insurance coverage. If a child receiving health care insurance through FAMIS is injured in any type of accident where another insurance company may pay for the child’s medical or dental treatment, the child’s parent(s) or guardian is required to inform the Department of Medical Assistance Services (DMAS) Third Party Liability Unit so that payment may be recovered from the other insurance company. The information needed includes: your name, your child’s name and ID number, your phone number with area code, the date services were received, the name of the other insurance company, the policy number, and the name of the attorney, if any. Send the information to the following address:

Third Party Liability Unit  
 Department of Medical Assistance Services  
 600 E. Broad Street, Suite 1300  
 Richmond, VA 23219

If the insurance company pays you after FAMIS has paid the same bill, you must also notify the Department of Medical Assistance Services (DMAS) Third Party Liability Unit at the address above.

When FAMIS has paid for services and it is later found another payment source was available, attempts will be made to recover the money from the other source.

## 9. WHAT SERVICES DOES FAMIS COVER?

The services listed below (in alphabetical order) are covered by FAMIS. Certain other services may be covered within limitations. Some services require prior authorization.\* Some exceptions may apply.

**Abortion Services** - FAMIS covers abortions only if necessary to save the life of the mother.

**Ambulance** - FAMIS covers ambulance services for emergencies when used locally to transport to or from a medical facility or provider’s office.

**Clinic Services** - FAMIS covers these services when they are provided by health centers or by other ambulatory health care centers.

**Community Mental Health Rehabilitative Services** - Community Mental Health Services include community rehabilitation mental health services, including intensive in-home services, case

management services, day treatment, and 24-hour emergency response. The Department of Medical Assistance Services (DMAS) pays for these services.

**Dental Care Services** - FAMIS covers diagnostic, preventive and primary services, as well as complex restorative dental services such as dentures, inlays, onlays and crowns. Orthodontic services are also covered. This program is called *Smiles For Children*.

**Durable Medical Supplies and Equipment** - FAMIS covers durable medical equipment and other medically related or remedial devices. Included are prosthetic devices, implants, hearing aids and adaptive devices.

**Early Intervention Services** – FAMIS covers services provided through the Infant & Toddler Connection of Virginia for children from birth up to age three with developmental concerns.

**Home and Community-Based Health Care** - FAMIS covers nursing services, home health aides, physical therapy, occupational therapy, and speech, hearing and inhalation therapy.

**Hospital Care** - FAMIS covers 365 days per confinement in a semi-private room or intensive care unit. Ancillary charges are included.

**Hospital Emergency Services** - FAMIS covers emergency room treatment and services for life-threatening conditions.

**Hospice Services** - FAMIS covers home and inpatient care for terminally ill patients expected to live no more than six months, as certified by a physician. Care related to the treatment of the child's condition with respect to which a diagnosis of terminal illness has been made is covered while hospice services are being provided.

**Inpatient Mental Health Services** - FAMIS covers services furnished in a psychiatric unit of a general acute care hospital.

**Laboratory and X-ray Services** - FAMIS covers outpatient diagnostic tests, X-rays, and laboratory services when performed in a physician's office, hospital, independent or clinical reference lab.

**Nursing Services** - FAMIS covers the services of a nurse practitioner, nurse midwife, advanced practice nurse, pediatric nurse and respiratory care services in a home or other setting.

**Outpatient Care** - FAMIS covers outpatient services including emergency services, surgical services and professional services provided in a physician's office or outpatient hospital department.

**Outpatient Mental Health Services** - FAMIS medically necessary visits with a licensed mental health professional are covered each benefit period.

**Physician's (Doctor's) Services** - FAMIS covers physician's services received while hospitalized, or in a physician's office, or in an outpatient hospital department.

**Prenatal Care, Family Planning Services** - FAMIS covers maternity care services. Coverage also includes drugs, supplies, and devices provided under the supervision of a physician to prevent pregnancy.

**Prescription Drugs Ordered by a Physician** - FAMIS covers outpatient prescription drugs. Prescriptions must be filled using a generic drug. If you choose the brand when a generic is available, you are responsible for the co-payment **plus 100%** of the difference between the allowable charge of the generic drug and the brand drug.

**Rehabilitation Services** - FAMIS covers physical, occupational and speech-language pathology for individuals with speech, hearing and language disorders.

**Substance Abuse Treatment** – FAMIS covers out-patient substance abuse treatment, services provided in a general acute care hospital, and inpatient rehabilitation in a substance abuse treatment facility.

**Surgical Services** - FAMIS covers surgical services provided during a hospital admission, or in a physician's office or in an outpatient hospital department.

**Services for Special Education Students** - FAMIS covers physical therapy, occupational therapy, speech language pathology, psychological services and skilled nursing services for students who have these needs documented in their Individualized Education Program (IEP).

**Transplantation Services** - FAMIS covers major organ transplants; includes heart, liver, pancreas/kidney, lung and heart/lung. Transplants of tissues, certain autologous, allogenic or syngeneic bone marrow transplants (or other forms of stem cell rescue) are also covered when pre-authorized.

**Vision Care** - FAMIS covers routine eye examinations every 24 months, eyeglasses and medically necessary contact lenses.

**Well-Child Care** - FAMIS covers well-child visits for children from birth through 18 years of age including visits, laboratory services, and any immunizations recommended by the Advisory Committee on Immunization Practice (ACIP) or the American Academy of Pediatric Advisory Committees. Also includes lead screening.

*\* See the managed care organization's member handbook for specific information on service authorization. If your child is not enrolled with a managed care organization, call the DMAS Helpline number 1-804-786-6145 for more information about covered services.*

## 10. OUT-OF-STATE MEDICAL COVERAGE

**FAMIS enrollees in fee-for-service:** FAMIS covers emergency medical services while an enrolled child is temporarily outside of Virginia, if the provider of care agrees to participate in Virginia's FAMIS/Medicaid program and to bill DMAS for the services provided. FAMIS does not cover medical care rendered outside of the United States.

**FAMIS enrollees in managed care organizations (MCOs):** MCOs cover emergency medical services while an enrolled child is temporarily outside of Virginia, if the provider of care agrees to bill the MCO and accepts the MCO reimbursement for the services provided. The provider should contact the enrollee's MCO. MCOs do not cover medical care rendered outside of the United States.

## 11. OTHER PROGRAMS AND SERVICES

**Emergency Services Medicaid** – Contact your local Department of Social Services for information about emergency services.

**FAMIS Plus** - Is the Medicaid program for children. The local Department of Social Services in the city/county you reside maintains your case.

**FAMIS Select** - Gives families of FAMIS-enrolled children the opportunity to choose between coverage under FAMIS and coverage through a private or employer-sponsored health plan. Children enrolled in FAMIS *Select* access health insurance through their private or employer-sponsored health plan and will present the

identification card of that plan for payment. Children enrolled in FAMIS *Select* do not have access to direct FAMIS coverage except if needed to cover childhood immunizations.

**Smiles For Children** – Is Virginia’s dental program for children enrolled in Medicaid, FAMIS and FAMIS Plus. See page 8 for covered services.

**Plan First** – Is Virginia’s family planning program for women and men who are not eligible for full benefits with FAMIS or Medicaid. Plan First covers birth control services.

## 12. WHAT DO I DO IF I HAVE A COMPLAINT?

If you have a complaint about FAMIS, you may call Cover Virginia at 1-855-242-8282

If you have a complaint about a managed care organization (MCO) your child is enrolled in, call or write to the MCO. You will find more information about filing complaints and requesting a review of MCO decisions (appeals) in the handbook that you will receive from your selected MCO.

The telephone numbers to register complaints regarding providers (Health Professionals, 1-800-533-1560) and MCOs (Managed Care Helpline, 800-643-2273, Fraud 800-371-0824).

For cases in which a provider indicates, or the Contractor determines, that following the standard 90-day timeframe for reviewing a decision could seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function, the Contractor must make an expedited authorization decision and provide notice as expeditiously as the member’s health condition requires and no later than three (3) working days after receipt of the request or service.

Any final adverse decision by the Contractor in response to a member appeal may be appealed by the member (or responsible party) for an external review. The Contractor shall comply with the external review decision. The External Review Organization’s decision in these matters shall be final and shall not be subject to appeal by the Contractor. FAMIS members must exhaust the MCOs internal appeals process before initiating external review.

## 13. WHAT DO I DO IF I WANT TO APPEAL A DECISION?

You have the right to appeal decisions that affect your child’s eligibility for FAMIS and decisions that deny services.

### A. How do I appeal an eligibility decision?

You have the right to request an appeal of any action related to initial or continued eligibility for FAMIS. This includes delayed processing of your application, actions to deny your request for medical services, or an action to reduce or terminate coverage after your eligibility has been determined.

To request an eligibility appeal, notify DMAS in writing of the action you disagree with within 30 days of receipt of the agency’s notice about the action. You may write a letter or complete an Appeal Request Form. Forms are available on the Cover Virginia website at [www.coverva.org](http://www.coverva.org). Please be specific about what action or decision you wish to appeal. Please include: your name, your child’s name and ID number, your phone number with area code, and a copy of the notice about the action if you have it. Be sure to sign the letter or form.

Please mail appeal requests to:

**Appeals Division  
Department of Medical Assistance Services  
600 E. Broad Street  
Richmond, Virginia 23219**

**Telephone: (804) 371-8488**

**Fax: (804) 371-8491**

For reduction or termination of coverage, if your request is made before the effective date of the action and the action is subject to appeal, your coverage may continue pending the outcome of the appeal. You may, however, have to repay any services you receive during the continued coverage period if the agency's action is upheld.

After you file your appeal, you will be notified of the date, time, and location of the scheduled hearing. Most hearings can be done by telephone. The Hearing Officer's decision is the final administrative decision rendered by the Department of Medical Assistance Services. However, if you disagree with the Hearing Officer's decision, you may appeal it to your local circuit court.

## **B. How do I appeal a denial of service by my child's MCO?**

You or your designee must submit a written request to DMAS for external review within 30 calendar days of receipt of the Appeal Decision Letter.

Please mail external review requests to:

**DMAS FAMIS External Review**

**600 E. Broad Street**

**Richmond VA 23219**

**Fax: (804) 786-5799**

Please include: your name, your child's name and ID number, your phone number with area code, and copies of any relevant notices or information.

## **14. WHAT IS FRAUD?**

Fraud is a deliberate withholding or misrepresentation of information to obtain FAMIS health insurance, or knowingly failing to report a change that requires reporting, such as an increase in the family's gross monthly income to over 200% FPL. It includes any act that constitutes fraud under Federal or State law. FAMIS fraud also occurs when a doctor or pharmacy bills for services that were not provided to a child enrolled in FAMIS. The fraudulent receipt of FAMIS covered services by a person who is not eligible may result in criminal prosecution.

For individuals enrolled in managed care, a premium is paid each month to the MCO for the person's coverage. If the child is not eligible for FAMIS because you did not report truthful information or failed to report required changes in your family size or income, you may have to repay the monthly premiums paid to your MCO. You may have to repay these premiums even if no medical services were received during those months.

Fraud and abuse should be reported by calling the DMAS Recipient Audit Unit at 1-804-786-0156.

## **15. HOW DOES FAMIS PROTECT MY PRIVACY?**

The Department of Medical Assistance Services (DMAS) and its contractors comply with federal requirements that guard patient privacy. For information about how DMAS protects patient privacy, you may visit the DMAS public website at [http://www.dmas.virginia.gov/Content\\_atchs/atchs/privacy-note.pdf](http://www.dmas.virginia.gov/Content_atchs/atchs/privacy-note.pdf), or call the DMAS HIPAA Office of Privacy & Security at 1-804-225-2860.

# GLOSSARY OF TERMS

**Authorized Representative** – A person who is authorized in writing to conduct the personal or financial affairs for an individual.

**Common Help** – Common Help at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) is the online website where individuals and families can apply for Medicaid, FAMIS and other benefits. It is provided through the Virginia Department of Social Services.

**Cover Virginia** – Virginia’s telephonic customer service center and online portal providing statewide information and assistance for FAMIS, Medicaid, Plan First and other insurance options. Cover Virginia at [www.coverva.org](http://www.coverva.org) provides easy access to information about Virginia’s FAMIS and Medicaid programs, including eligibility and how to apply. The Cover Virginia statewide customer service center at 1-855-242-8282 is staffed by knowledgeable and courteous representatives who can provide confidential application assistance and program information. You can apply, report changes or renew your child’s coverage by calling Cover Virginia.

**DMAS** – Department of Medical Assistance Services, the agency that administers the FAMIS and Medicaid programs in Virginia.

**DSS** – Department of Social Services, the agency responsible for determining eligibility for medical assistance and the provision of related social services. This includes the local Department of Social Services.

**Eligibility Worker** – Eligibility worker at the local Department of Social Services who reviews your FAMIS or FAMIS Plus (Medicaid) case to determine if you are eligible. This is the person you would contact regarding changes, such as your address or income, or problems, such as not receiving your FAMIS and Medicaid card.

**FAMIS** – Is a comprehensive health insurance program for uninsured children from birth through age 18. FAMIS is administered by the Virginia Department of Medical Assistance Services (DMAS) and is funded by the state and federal government.

**FAMIS MOMS** – Is a health insurance program for pregnant women with income eligibility the same as FAMIS. Contact Cover Virginia at 1-855-242-8282 for more information.

**FAMIS Plus** – Is the Medicaid program for children.

**FAMIS Select** – Gives families of FAMIS-enrolled children the opportunity to choose between coverage under FAMIS and coverage through a private or employer-sponsored health plan. Children enrolled in FAMIS *Select* access health insurance through their private or employer-sponsored health plan and will present the identification card of that plan for payment. Children enrolled in FAMIS *Select* do not have access to direct FAMIS coverage except if needed to cover childhood immunizations.

**Managed Care Organizations (MCO)** – Is an organization that contracts with DMAS to provide, arrange for, deliver, pay for, or reimburse any of the costs of health care services for Medicaid enrollees.

**Medicaid** – A health insurance program that helps pay for medical care for certain individuals and families with low incomes and resources, if applicable.

**Primary Care Provider (PCP)** – The doctor or clinic that provides most of your health care needs, gives you referrals to other health care providers when needed, and monitors your health. A PCP may be an internist, a pediatrician (children’s doctor), OB/GYN (women’s doctor), or certain clinics and health departments.

**Smiles For Children** – Is Virginia’s dental program for children enrolled in Medicaid, FAMIS and FAMIS Plus.

## FAMIS Co-payment Tracking Form

Some doctor visits and services require a fee called a co-payment. Use this form to track those fees. Your family's co-payments will end when you reach the yearly limit.

**HERE IS WHAT YOU NEED TO DO:**

- Save your receipts showing what you paid from each FAMIS doctor visit and for medicine.
- List each receipt on this form.
- Mail this form and your receipts to us when they total your family's co-pay limit.
- We will review your receipts and tell you if the fees you paid meet the yearly limit.
- If your family has met the limit for co-payments they have paid, we will send you a letter and a new ID card showing \$0 co-payment amounts.

Name: \_\_\_\_\_ FAMIS Family ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Service	Patient's Name	Who did you pay?	How much?

**Total Paid: \$** \_\_\_\_\_

**Mail this completed form and receipts to:  
Cover Virginia, PO Box 1820, Richmond, VA 23218-1820**

Should you have questions, call Cover Virginia at 1-855-242-8282

## **Remember-**

**It's important that we are able to reach you.**

If you move or your phone number changes you should always report the change by:

Calling Cover Virginia toll-free at– **1-855-242-8282**

Or

Visiting CommonHelp at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov)

Or

Contacting your local Department of Social Services

FAMIS is a program of the Commonwealth of Virginia.