



FAMIS MOMS

**Covering Pregnant Women With
Affordable Health Insurance**

MEMBER HANDBOOK

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coverva.dmas.virginia.gov

855-242-8282

TTY: 888-221-1590

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Welcome to FAMIS MOMS!

Pregnancy is an exciting time in any parent's life. It's a time of change, growth, discovery, and many questions. To help you during your pregnancy and for the health of your baby, the FAMIS MOMS program will provide health care and dental coverage during your pregnancy and for twelve months after the birth. The program is administered by the Virginia Department of Medical Assistance Services (DMAS) and funded by the state and federal governments.

You should read this handbook from beginning to end to find out what you need to do to receive the covered services and benefits offered to FAMIS MOMS. This handbook contains information you need to know to make sure you get the prenatal and postpartum care that is important for you and your baby. It also provides information about how to get your baby covered by FAMIS after the birth so your infant will receive the medical care they need.

What Should You Expect to Receive from FAMIS MOMS?

- ✓ You will receive a Commonwealth of Virginia health insurance ID card.
- ✓ You will also be enrolled in a managed care organization (MCO) and receive an MCO member ID card.

I. FAMIS MOMS

A. When Should I Contact FAMIS MOMS?

1. **CHANGE OF ADDRESS** – You should always report any change in your address and phone number as soon as possible so that we can contact you. You **must report** to us if you move out of Virginia. Call Cover Virginia toll-free at **855-242-8282 (TTY: 1-888-221-1590)**.
2. **PREGNANCY END DATE** – You must contact us if your expected delivery date changes or if your pregnancy ends early.
3. **COVERAGE FOR YOUR BABY** – Your baby is automatically eligible for health coverage for the first year of life. **Please let us know as soon as your baby is born.** When your child is born, call Cover Virginia at 855-242-8282 or contact your Department of Social Services worker to immediately enroll your newborn. All we need is the baby's name, date of birth, gender, and mother's name and ID number. Though not required, if you have the baby's Social Security number, please provide that too.
4. **CHOOSE OR CHANGE YOUR MCO** – Once enrolled in FAMIS MOMS, you will receive your health care from a managed care organization (MCO). Once you are enrolled in an MCO, you will be asked to select a primary care provider (PCP). If you do not choose a PCP, one will be chosen for you. If you are unhappy with your PCP, you may call your MCO. If you are unhappy with your MCO, you may call Cover Virginia to change to

another MCO in the area. You must call within the first 90 days of enrollment with that MCO. After 90 days, you will remain with that MCO until the end of your annual enrollment period. If you have any questions, call Cover Virginia at 855-242-8282.

- 5. REQUEST TO CANCEL FAMIS MOMS** – If your situation changes and you no longer want FAMIS MOMS coverage, we need your request in writing so that we can cancel the coverage. Please contact your local Department of Social Services. Call Cover Virginia for help locating your local Department of Social Services.

B. How long will FAMIS MOMS provide medical coverage?

FAMIS MOMS coverage will last for twelve months following the end of your pregnancy, unless:

- you move out of Virginia, or
- you request in writing that the FAMIS MOMS coverage be stopped.

If none of the above changes happen, you will remain covered by FAMIS MOMS for twelve months following the end of your pregnancy.

Income changes during the continuous coverage period do not affect FAMIS MOMS enrollment. However, if your income goes down, you may be eligible for Medicaid. **If your income decreases and you would like to apply for Medicaid, please contact your local Department of Social Services or call Cover Virginia at 855-242-8282.**

You may be eligible for family planning services following the birth of your child even after your FAMIS MOMS coverage ends. Call Cover Virginia to ask about Plan First.

When your FAMIS MOMS coverage ends, **you do not need to wait until open enrollment to apply for other health insurance such as an employer-sponsored health plan or Virginia’s Insurance Marketplace coverage.** The end of FAMIS MOMS coverage is considered a “qualifying event” that allows you to enroll in other coverage. You must apply within 60 days of your FAMIS MOMS coverage ending to enroll in most employer coverages and 90 days of your FAMIS MOMS coverage ending to enroll in Marketplace coverage or will have to wait until the next open enrollment period. Just provide a copy of your FAMIS MOMS cancellation notice to your employer or the Marketplace.

C. How will I receive services from FAMIS MOMS?

First, you will need to choose a doctor or clinic that provides services to pregnant individuals. The provider must accept FAMIS MOMS. Any provider who takes Medicaid is also a FAMIS MOMS provider. If you have any questions about which providers you can use, call Cover Virginia.

When enrolled in an MCO, you must use providers in that MCO's network of providers. For a listing of providers in your MCO, contact your MCO's member services helpline. (See the listing of MCOs on page 5.)

1. Health Insurance Card

All FAMIS MOMS enrollees will receive a Commonwealth of Virginia health insurance ID card. Keep this card in a safe place and do not throw it away. You will also receive a separate member identification (ID) card from the MCO.

You should show the Commonwealth of Virginia ID card and the MCO ID card to providers each time medical services are received. Failure to present the card/s when services are received may result in your paying out of pocket for the services. When you receive your Commonwealth of Virginia ID card, check the information on it to be sure it is correct. If it is not correct, you must inform Cover Virginia of any needed changes or corrections immediately.

If you lose the Commonwealth of Virginia health insurance card or it is stolen, call Cover Virginia at 855-242-8282 or contact your local Department of Social Services for a replacement card. Never lend either the Commonwealth of Virginia health insurance card or the MCO ID card to anyone. If you lose your MCO ID card, please call your MCO.

2. Fee-for-Service coverage

When you are first enrolled in FAMIS MOMS, you can access health care through the FAMIS MOMS fee-for-service program. As an enrollee, you can see any provider in the FAMIS MOMS fee-for-service network. You will use the fee-for-service program for one to two months before being enrolled in an MCO. Before you schedule an appointment or get a prescription filled, ask the doctor, clinic, hospital, pharmacy, or mental health provider if they accept FAMIS MOMS. **Any provider who takes Medicaid is also a FAMIS MOMS provider.**

Please contact Cover Virginia at **855-242-8282** for more information.

3. Managed Care Plans

If you chose a managed care organization (MCO) during the application process, you will be enrolled in that plan. If you have not chosen an MCO, please call Cover Virginia. If you do not choose an MCO, one will be chosen for you. Any provider who accepts Medicaid will also accept FAMIS MOMS. Once you are enrolled with an MCO plan, select a primary care provider (PCP) from the network of PCPs available in your MCO. You may access services directly from an OB/GYN provider within the MCO's network of participating providers for both pregnancy and non-pregnancy related services.

Once you are enrolled in the MCO, you will receive an MCO member ID card, a member handbook, and a provider directory from the MCO. You will also have additional benefits when you belong to an MCO. These benefits include case management, health education and disease management services, skilled nursing services, and a 24-hour nurse access telephone line. Please consult your MCO handbook for additional member benefits. You will only receive one MCO ID card and one Commonwealth of Virginia health insurance card for yourself, so keep the cards in a safe place and do not throw them away. The MCO ID card will include the name of your PCP and telephone number, and your MCO identification number. If you lose your MCO ID card, call the MCO to request a new one. Keep the MCO ID card with your Commonwealth of Virginia health insurance card. **Always show both your MCO ID card and Commonwealth of Virginia health insurance card when you receive medical services.**

If you are unhappy with your PCP, you may call your MCO at any time to change your PCP. If you are unhappy with your MCO, you may call Cover Virginia at 855-242-8282 to change to another MCO in the area. It may take up to 45 days for you to be moved into a new MCO. To change MCOs, you must call within the first 90 days of enrollment with that MCO. After 90 days, you will remain with that MCO until the end of your annual enrollment period. If you have questions, call Cover Virginia.

If you are enrolled in an MCO and have questions or concerns about receiving services, contact your MCO.

Managed Care Organization	Phone Number	Website
Aetna Better Health	(800) 279-1878	www.aetnabetterhealth.com/virginia
Anthem HealthKeepers Plus	(800) 901-0020	www.anthem.com/vamedicaid
Molina Complete Care	(800) 424-4518	www.molinahealthcare.com
Sentara Health	(800) 881-2166	www.optimahealth.com/familycare
UnitedHealthcare Community Plan	(844) 752-9434	www.uhccommunityplan.com/va

4. Out-of-State Coverage

FAMIS MOMS enrollees in fee-for-service. FAMIS MOMS covers emergency medical services while an enrollee is temporarily outside of Virginia, if the provider of care agrees to participate in Virginia’s FAMIS MOMS program and to bill DMAS for the services provided. FAMIS MOMS does not cover medical care provided outside of the United States.

FAMIS MOMS enrolled in managed care organizations (MCOs). MCOs cover emergency medical services while an enrolled member 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 provided outside of the United States.

D. What do I pay for FAMIS MOMS?

There are no monthly premiums, co-payments, or other cost sharing for FAMIS MOMS members.

II. Covered Services:

The services listed below are covered by FAMIS MOMS. Certain services may be covered with limitations and/or may require prior authorization.

- **Abortion Services** - FAMIS MOMS covers abortions only if necessary to save the life of the mother.
- **Ambulance** - FAMIS MOMS covers ambulance services for emergencies when used locally to transport to or from a medical facility or provider's office.
- ***BabyCare** - provides pregnant individuals with the support and services they need through intensive case management and coordination of care. The program aims to improve birth outcomes by ensuring pregnant individuals and infants up to age two receive services such as transportation, prenatal care, medication, nutritional counseling, treatment to help parents quit smoking, vaping, or using alcohol or other drugs, child development education, and homemaker services.
- **Case Management Services** - FAMIS MOMS will cover case management services for high-risk pregnant individuals. Talk with your doctor or managed care organization regarding these services.
- **Clinic Services** - FAMIS MOMS covers clinic services when they are provided by health centers or by other ambulatory health care centers.
- **Dental Services** - FAMIS MOMS receive dental services through the Smiles for Children program. There is no cost for dental care services. If you are in fee-for-service, use your Commonwealth of Virginia health insurance card, or if enrolled in a managed care organization, use your MCO ID card. You will receive a Smiles for Children member handbook. The handbook will describe the dental services that are covered and provide a list of dental providers. Contact Smiles for Children at 1-888-912-3456 if you have questions about dental services or need help finding a dentist or making an appointment.
- ***Durable Medical Supplies and Equipment** - FAMIS MOMS covers durable medical equipment and other medically related or remedial devices and supplies.

- ***Home and Community-Based Health Care** - FAMIS MOMS covers nursing services, home health aides, physical therapy, occupational therapy, and speech, hearing, and inhalation therapy.
- ***Hospital Care** - FAMIS MOMS covers confinement in a semi-private room or intensive care unit. Ancillary charges are included.
- **Hospital Emergency Services** - FAMIS MOMS covers emergency room treatment and services for life-threatening conditions.
- ***Inpatient Behavioral Health Services** - FAMIS MOMS covers services furnished in a psychiatric unit of a general acute care hospital.
- **Laboratory and X-ray Services** - FAMIS MOMS 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 MOMS covers the services of a nurse practitioner, nurse midwife, advanced practice nurse, pediatric nurse and respiratory care services in a home, school or other setting.
- **Outpatient Care** - FAMIS MOMS covers outpatient services including emergency services, surgical services, and professional services provided in a physician's office or outpatient hospital department.
- **Outpatient Behavioral Health Services** - FAMIS MOMS covers mental health services furnished in a community-based setting.
- **Physicians (Doctors) Services** - FAMIS MOMS covers physicians services received while hospitalized, or in a physician's office, or in an outpatient hospital department.
- **Prescription Drugs Ordered by a Physician** - FAMIS MOMS covers outpatient prescription drugs. Prescriptions must be filled using a generic drug. Unless your doctor has specifically prescribed the brand drug, if you choose the brand when a generic is available, you are responsible for 100% of the difference between the allowable charge of the generic drug and the brand drug.
- **Surgical Services** - FAMIS MOMS covers surgical services provided during a hospital admission, or in a physician's office or outpatient hospital department.
- **Transportation Services** - FAMIS MOMS will cover emergency and non-emergency transportation for access to and from providers of covered medical services for pregnant individuals.
 - **Emergency Ambulance Transportation** is a covered service for FAMIS MOMS enrollees with emergency conditions such as heart attacks and other life-threatening injuries. Emergency ambulance transportation coverage is not available for FAMIS MOMS with

conditions such as minor abrasions, lacerations, bruises, fever, normal labor pains, headaches, intoxication, and other similar non-life-threatening conditions.

- **Non-Emergency Medical Transportation (NEMT)** is provided to FAMIS MOMS through Modivcare for routine or non-emergency care when no other transportation is available. Modivcare will pre-authorize the trip and assign it to a transportation provider who transports you to and from the FAMIS MOMS covered service provider. To arrange your transportation needs, contact Modivcare customer service at **866-386-8331**. If you are enrolled in an MCO, contact your MCO for more information about transportation.

Learn more about NEMT and how to access the benefit at www.dmas.virginia.gov/providers/transportation/non-emergency-transport/

***See the managed care organization’s member handbook for specific information on the covered services—for example, to find out whether prior authorization is required. If you have additional questions about covered services, contact your managed care organization directly.**

III. Other Programs and Services:

A. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Now that you are a FAMIS MOMS enrollee, you may be financially qualified to participate in the Virginia WIC Program! The income limit for eligibility in the WIC program is 185% of the federal poverty limit (FPL).

WIC is a nutrition program for women who are breastfeeding, pregnant or have just given birth, infants less than one year old, and children less than five years old. WIC provides nutrition education, private and group sessions with a nutrition expert, support and help with breastfeeding, as well as access to healthy foods. WIC can help you have a healthier pregnancy and meet the needs of your baby as they grow.

To qualify for WIC benefits, you must also be at nutritional risk. A doctor, nurse, or WIC nutritionist can tell you if you are at risk. For more details regarding eligibility and benefits, contact WIC at 888-942-3663.

B. Resource Mothers

Resource Mothers provides guidance and assistance to pregnant teens until baby’s first birthday. Supportive services include assisting teens with early entry into prenatal care, keeping medical appointments, encouraging healthy eating, developing parenting skills, improving communication skills between the teens and their families and partners and teaching preventive health behaviors. The program also assists with mentoring, transportation to appointments, and assistance connecting with community resources.

Contact the Virginia Department of Health at 804-864-7673 for more information or check their website: www.vdh.virginia.gov.

C. Plan First

Plan First is Virginia’s family planning program for individuals who are not eligible for full benefits with FAMIS or Medicaid. Plan First covers birth control services for those whose income is at or below 200% of the federal poverty level (FPL) and who meet citizenship and residency requirements. Since you qualified for FAMIS MOMS, you may qualify for Plan First after your FAMIS MOMS coverage ends! Call Cover Virginia for more information at 855-242-8282 or check the website, www.coverva.dmas.virginia.gov.

D. Text4baby

Text4baby sends timely messages and reminders for pregnant women and new mothers to your cell phone. These text messages cover topics like prenatal care, baby health and safety, parenting, and more. It is free as long as your cell phone service is with a participating carrier; most commonly used carriers participate. Text messages are free – even if you don’t have a texting plan. For more information, to see sample messages, or to sign up for Text4baby, go to text4baby.org.

E. Bright Futures

Bright Futures Virginia offers guidance to parents starting before your baby is born, through their late teenage years. It includes information about child development, what to expect during health care visits, and how to talk to your child’s doctor about any concerns you have. This information is easily accessible in short videos and printable handouts on the Bright Futures website, vdh.virginia.gov/bright-futures.

F. Home Visiting

There are programs around the state that help families with young children by visiting them at home. These programs may offer visits from nurses, community outreach workers, parent educators, social workers, or other professionals. Services may include coordinating medical appointments, finding needed resources in the community or at the state level, strengthening parents’ skills, or helping children learn new tasks. Most services are free.

Different programs each offer their own specific services and have different eligibility rules. To learn about programs near you, visit the Early Impact Virginia website: <https://earlyimpactva.org/directory/>

IV. Getting the Care You Need for a Healthy Pregnancy

A. Prenatal Care

The objective of prenatal care is to monitor the health of the pregnant mother and baby. It is important to visit the doctor as soon as you suspect you are pregnant, even if you have already taken a home pregnancy test. At each visit the doctor will perform an exam. This exam may include monitoring weight gain or loss, blood pressure, circumference of the abdomen, position of the baby, and baby's heartbeat. All these things will be closely watched during your pregnancy. Remember to go to all scheduled appointments and ask your doctor to explain anything you don't understand.

B. Prenatal Tests

You will be given tests during your pregnancy to check your overall health and the health of your unborn baby. Certain tests are routine and almost all pregnant people get these tests as part of their prenatal care. These tests are usually done during the first prenatal visit with blood or urine samples and a Pap smear and are checked throughout the pregnancy during routine prenatal visits. Routine prenatal tests may include a rhesus test, hemoglobin check, gonorrhea test, syphilis test, chlamydia test, rubella testing, human immunodeficiency virus (HIV) counseling and testing, glucose tolerance test, and/or hepatitis B virus screening. Other tests may include ultrasound and fetal heart rate monitoring.

V. Accident Claims and Other Insurance Policies

FAMIS MOMS is designed to help pregnant individuals without comprehensive health insurance. Some types of accident, homeowners, or school insurance plans may provide limited health insurance coverage. If you are receiving health coverage through FAMIS MOMS and are injured in any type of accident where another insurance company may pay for your medical or dental treatment, you are required to inform the DMAS Third Party Liability Unit so that payment may be recovered from the other insurance company. We will need your 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
Dept. of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219

If the insurance company pays you after FAMIS MOMS has paid the same bill, you must also notify the Third Party Liability Unit at the address above.

When FAMIS MOMS 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.

VI. Complaints

If you have a complaint about FAMIS MOMS, you may call Cover Virginia 855-242-8282. If you have questions about a billing issue or coverage of a claim, you may call the DMAS Member Helpline at (804) 786-6145.

If you need to register a complaint regarding a provider (such as a doctor, hospital, or pharmacy), you may call 800-533-1560.

If you have a complaint about a managed care organization (MCO), call or write directly 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. You may also register a complaint by calling the Managed Care Helpline at 800-643-2273.

For cases in which a provider indicates, or the MCO determines, that following the standard 90-day timeframe for reviewing a decision could seriously risk the member's life or health or ability to attain, maintain, or regain maximum function, the MCO 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 for service.

VII. Appeals

You have the right to request an appeal of any adverse action related to initial or continued eligibility for Medicaid. This includes delayed processing of your application, actions to deny your request for medical services, or actions to reduce or terminate coverage after your eligibility has been determined. You must ask for an appeal within 30 days of receipt of the agency's notice about the action.

You or someone you want to represent you may ask for an appeal. If you want someone to represent you in an appeal, they must have your written permission. You may designate a relative, a friend, legal counsel (an attorney), or other spokesperson to represent you during your appeal.

The standard decision timeframe is 90 days from the date you filed your appeal request. Delays requested or caused by you or your authorized representative may extend the due date for us to complete your decision. The extended due date will be determined by the number of days and reason for the delay.

You may request a fast (expedited) appeal if you or your doctor think waiting for a decision places your health or life at risk. Not all appeals qualify to be expedited. DMAS will decide and inform you whether your appeal will be expedited or not.

You may ask to have your coverage continue during your appeal. To receive continued coverage, you must file your appeal before the date coverage ends or within ten (10) days of the agency's notice about the action. Not everyone qualifies to have coverage continued. You may have to pay back Medicaid for the additional coverage you received if you lose your appeal.

How Do I Request an Appeal?

You may request an appeal:

1. On the Appeals Information Management System (AIMS) portal. You may access the portal at www.dmas.virginia.gov/appeals.
2. By email. You may email your appeal request to appeals@dmas.virginia.gov.
3. By fax. You may fax your appeal request to DMAS at (804) 452-5454.
4. By mail or in person. Send or bring your appeal request to Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219.
5. By phone. Call the DMAS Appeals Division at (804) 371-8488 (TTY: 1-800-828-1120).

To help you request an appeal if you wish to do so with a paper appeal request form, the form is available from DMAS at www.dmas.virginia.gov/appeals. You can also ask for the form at your local Department of Social Services or request a copy by calling (804) 371-8488. You may also write your own letter to request an appeal.

If you write your own letter to request an appeal, please include identifying information such as your full name, date of birth, Medicaid Member Number, or Social Security Number. You should also include the reason for your appeal and the name of the agency or office that sent the letter or Notice of Action that you are appealing. If possible, please include a full copy of your Notice of Action with your appeal request. You may also include any documents you would like DMAS to review during your appeal.

If your appeal request is eligible for a hearing, your hearing will be scheduled with the agency that took the action you are appealing. You and the agency will be notified in writing of the date, time and location of your hearing with DMAS. Some hearings can be conducted by phone; it is important that we have the correct phone number to reach you.

We may reach out for additional information, so it is important to frequently check your mail or email, depending on how you asked us to contact you. Make sure to pay attention to deadlines in our letters and submit the information by the deadline date. Include the appeal number on documents you send us.

The Hearing Officer's decision is the final administrative decision rendered by DMAS. If you disagree with the Hearing Officer's decision, you may appeal it to your local circuit court.

Denial of service by an MCO Appeal

Appeals for services denied by your MCO should be sent to the MCO. Once all MCO appeals are exhausted, you may appeal the MCO decision to DMAS. You or your designee may also request in writing an external review of the MCO's decision by an independent review organization.

Please mail external review requests to:

FAMIS External Review
c/o KePro
6802 Paragon Place, Suite 440
Richmond, VA 23230

Or online at <https://atrezzo.kepro.com/ExternalReview.aspx>

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

There are specific time frames for the MCO or DMAS to respond to a complaint or appeal. If your healthcare provider feels that these time frames risk your health, a decision will have to be made as soon as possible.

VIII. Fraud

Fraud is a deliberate withholding or misrepresentation of information to obtain FAMIS MOMS health insurance, or knowingly failing to report a change that requires reporting, such as moving out of state. It includes any act that constitutes fraud under federal or state law. FAMIS MOMS fraud also occurs when a doctor or pharmacy bills for services that were not provided to a person enrolled in FAMIS MOMS. The fraudulent receipt of FAMIS MOMS 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 you are not eligible for FAMIS MOMS because you did not report truthful information or failed to report required changes, 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.

If you have questions, please call the DMAS Recipient Audit Unit at (804) 786-0156 or email at recipientfraud@dmass.virginia.gov.

If you believe any type of fraud, abuse, or neglect has occurred including by a provider, MCO, or PCP, you should call the **Recipient Audit Unit Fraud and Abuse Hotline at 866-486-1971** or the Virginia Attorney General Medicaid Fraud Control Unit at 800-371-0824.

IX. Protection of Privacy

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 website at www.dmas.virginia.gov/privacy-practices/ or call the DMAS HIPAA Office of Privacy & Security at 804-225-2860.

X. Glossary of Terms

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

CommonHelp - CommonHelp at www.commonhelp.virginia.gov is the 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 statewide customer service center providing information and assistance for FAMIS MOMS, FAMIS, Medicaid, Plan First and other coverage options. The Cover Virginia statewide customer service center at 855-242-8282 is staffed by representatives who can provide confidential application assistance and program information. You can apply, report changes, receive application status updates, or renew your child's coverage by calling Cover Virginia.

Coverva.dmas.virginia.gov – The Cover Virginia website, which provides information about FAMIS, Medicaid, Plan First and other state and federal health coverage options. The website includes an eligibility screening tool and easy access to all the ways to apply for coverage as well as links to other health resources and assistance.

DMAS - Department of Medical Assistance Services, the agency that administers the FAMIS, FAMIS MOMS, 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 your local Department of Social Services.

Eligibility Worker - Eligibility worker at the local Department of Social Services who reviews your FAMIS MOMS, FAMIS, or Medicaid case to determine if you are eligible. This is the person you contact with updates to your personal information, like a new address or phone number, or with questions or problems, such as not receiving your FAMIS MOMS ID card.

FAMIS - Virginia's 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 - Provides enrollees the same coverage that pregnant members currently receive from the Virginia Medicaid program. There is no difference in covered services, service limitations, and pre-authorization requirements. FAMIS MOMS will have access to the same health plans and medical providers as Medicaid members.

Local Department of Social Services (LDSS) - The city or county DSS office responsible for the management of your FAMIS MOMS case. Your LDSS can be found at www.dss.virginia.gov/localagency/index.cgi.

Managed Care Organization (MCO) - An organization that contracts with DMAS to provide, arrange for, deliver, pay for, or reimburse any of the costs of health care services for FAMIS MOMS, FAMIS, and Medicaid enrollees.

Medicaid - A health coverage program that helps pay for medical care for certain individuals and families with low income 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 OB/Gyn (Obstetrician/Gynecologist), internist, pediatrician (children's doctor), family doctor, or certain clinics and health departments.

Smiles For Children - Virginia's dental program for FAMIS MOMS, FAMIS, and Medicaid members.

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 right away.

Call Cover Virginia toll-free at **855-242-8282**

Or

Visit CommonHelp at www.commonhelp.virginia.gov

Or

Contact your local Department of Social Services

FAMIS MOMS is a program of the Commonwealth of Virginia.