



FAMIS

**Covering Children With
Affordable Health Insurance**

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

MEMBER HANDBOOK

Effective June 1, 2025

coverva.dmas.virginia.gov

855-242-8282

(TTY: 888-221-1590)

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Welcome to FAMIS!

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

You should read this handbook from beginning to end. It contains important information you need to know to make sure your FAMIS child gets the medical care they need.

1. WHAT YOU NEED TO KNOW:

- Children in FAMIS get 12 months of continuous coverage starting from the date of their enrollment or last renewal. This means that your child's coverage is protected and cannot be reduced or ended until the end of the 12-month period—even if you have a household change, like an increase in income. You still need to report certain changes during the year, because changes may affect the eligibility of other household members. (See "When and How to Report Changes.")
- If you move, you must contact Cover Virginia at **855-242-8282 (TTY: 888-221-1590)** or your local Department of Social Services 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 could be canceled. Upon contacting the Cover Virginia Call Center, a member will be required to provide information to verify their identity before they can obtain or modify information on their case.
- You must renew your child's FAMIS coverage at the end of the 12-month period. Your eligibility worker will attempt to renew your coverage based on information known to us and will notify you by mail. If they are unable to renew or there have been changes, we will send you a renewal form. If you do not complete and return the paperwork in time, FAMIS coverage will be canceled. However, if your child's coverage is canceled for failure to renew in a timely manner, you still have an additional 90-day grace period to respond. Your child's coverage may be reinstated if they remain eligible.
- In most cases, your child will receive health care from a Managed Care Organization (MCO). (See "How Will My Child Receive Services?")

- You will receive one permanent Commonwealth of Virginia Medical Assistance card for each enrolled child. When your child is enrolled in an MCO, you will also receive a separate card from that MCO. Always show both cards every time your child receives medical or dental services. Keep the cards safe. If your Virginia Medical Assistance card is lost or stolen, you can request a new card by contacting your local DSS office or calling Cover Virginia. The loss or theft of your MCO card should be reported to your MCO.
- 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 "What Services Does FAMIS Cover?" for a list of covered services.)
- If for any reason your child loses FAMIS coverage, you do not need to wait until open enrollment to apply for health coverage through Virginia's Insurance Marketplace (Marketplace) or an employer sponsored health plan. Loss of FAMIS coverage is considered a "qualifying event" as long as you apply and enroll within 90 days of losing coverage for Virginia's Marketplace Insurance and 60 days for most employer coverages. Just provide a copy of your cancellation notice.
- *FAMIS Select* is a premium assistance program that might help toward paying your monthly health insurance premium for employer sponsored family coverage. (See "*FAMIS Select* may help your family pay for a private health insurance plan" for more information.)

2. CHILDREN IN FAMIS HAVE 12 MONTHS OF CONTINUOUS COVERAGE

FAMIS provides 12 months of continuous coverage for all enrolled children. This means your child's coverage is protected and cannot be reduced or ended for the 12 months after enrollment and between renewals, even if your family has a change like an increase in household income.

There are limited exceptions when coverage could end before the full 12-month continuous coverage period is over:

- Your child turns 19 (your child's eligibility will be re-evaluated when they turn 19, even if they enrolled or renewed less than 12 months ago)

- Your child permanently moves out of state
- You or your child asks to end their coverage
- The child was enrolled due to agency error or applicant fraud
- Death of the enrolled child.

Eligibility is reviewed at the end of the continuous coverage period through the annual renewal process. Children who remain eligible are given a new 12-month continuous coverage period. Remember to open all letters from Medicaid and respond to requests for additional information! If your child's continuing eligibility cannot be determined electronically, you will be sent a renewal application to complete in order to continue the FAMIS coverage for another year. You may also call Cover Virginia at 855-242-8282 (TTY: 888-221-1590) and renew over the phone with a representative.

3. WHEN AND HOW TO REPORT CHANGES

You should continue to report all changes within 10 days. Even with 12-months continuous eligibility for children, changes may still affect the eligibility of adults in the household. Also, having the most up-to-date information about your household makes the renewal process easier.

A. Income – You should still report changes in household income. Changes may impact the eligibility of adult members of the household. If your household income goes down, your child may qualify for Medicaid for Children, with **more** benefits and your same managed care health plan and doctors. Your child's coverage will never be reduced during the 12-month continuous coverage period except in the limited cases listed in section 1 above.

B. 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 your family, or one of the children in your family, moves out of Virginia. You may call Cover Virginia toll-free at 855-242-8282 or contact your local Department of Social Services to report changes.

C. Adding a family member to your FAMIS coverage – It's important to contact us right away when a baby is born in your household so they can receive FAMIS or Medicaid coverage. You should also 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 Medicaid, FAMIS MOMS, or FAMIS must be received within three

months following the month the baby is born in order to cover the birth. You may start the process online at www.commonhelp.virginia.gov, or you may call Cover Virginia to apply by phone, or visit your local Department of Social Services to apply in person.

D. If your FAMIS-enrolled teenager becomes pregnant – The newborn is automatically eligible for FAMIS for the first year of life if the teen is enrolled in FAMIS at the time of the baby’s birth. Please let us know as soon as the baby is born. We need the mother’s name, date of birth, and FAMIS ID number. We also need the baby’s full name, date of birth, race, and gender to get the infant enrolled immediately. Call Cover Virginia at 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 coverage for your child, 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.

4. ANNUAL RENEWAL OF FAMIS

You must renew FAMIS coverage every year. Your local Department of Social Services will attempt to renew the child’s FAMIS coverage electronically. 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, or make the necessary changes. This may be done online at CommonHelp.virginia.gov, by phone with Cover Virginia at 855-242-8282, 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.

Grace Period - if your child’s coverage is canceled for failure to renew in a timely manner, you still have an additional 90 days to respond and your child’s coverage may be reinstated if they remain eligible.

5. HOW WILL MY CHILD RECEIVE SERVICES?

Once your child is enrolled in FAMIS, you will receive a Commonwealth of Virginia health insurance ID card, one for each enrolled child in your household unless the child was previously enrolled in FAMIS or children’s Medicaid. If your child was enrolled in

FAMIS or Children's Medicaid within the last 12 months, your child should already have a permanent Commonwealth of Virginia health insurance ID card and will not be sent another card. If you have lost the Commonwealth of Virginia ID card, you must call us at 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 children's Medicaid, you will receive a new Commonwealth of Virginia health insurance ID card for each FAMIS enrolled child in your household. **You will only receive one Commonwealth of Virginia ID card for your child, so do not throw away the card. Keep it in a safe place.** When you receive the child's Commonwealth of Virginia ID 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 enrolled in a managed care organization (MCO), they will also receive a separate member identification (ID) card from that MCO.

It is your responsibility to show the child's Commonwealth of Virginia ID card and the MCO ID card to providers each time medical or dental services are received. You will also need to make sure the provider participates in the FAMIS program. Failure to present the card/s at the time of service may result in the parent or guardian being held responsible for any cost of the service.

Use the Commonwealth of Virginia ID card to get health care services for your child. 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 ID 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. Please contact 855-242-8282 for more information.

C. Managed Care Plans

Most FAMIS recipients are required to receive their medical care through a Managed Care Organization (MCO). An MCO is a health service organization that coordinates health care services through a network of providers including primary care providers (PCPs), specialists, hospitals, clinics, medical supply companies, transportation service providers, drug stores, and other medical service providers. If you meet the criteria to be assigned to an MCO you will receive a letter from DMAS requiring you to choose an MCO for your health care. If you do not choose an MCO, one will be chosen for your child. Your child will be enrolled in an MCO one or two months after FAMIS enrollment. During the one-to two-month period before MCO enrollment, your child will get services through the FAMIS fee-for-service program. Refer to your MCO member handbook, visit the Managed Care Helpline website at www.virginiamanagedcare.com, or call the DMAS Managed Care Helpline at 1-800-643-2273 (TDD: 1-800-817-6608) for more information on the MCO enrollment process.

When enrolled in an MCO, your child must receive all care through a primary care provider (PCP). Members aged 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, they are considered a PCP. You must select a PCP from the network of PCPs available in your child's MCO. That PCP will coordinate all your child's care within the MCO's network of providers, specialists, and hospitals. You will also have additional benefits when you belong to an MCO. These benefits include case management and disease management services, health education, skilled nursing services, chiropractic care, and a 24-hour nurse access telephone line. If you have questions regarding care or specific services covered, please contact the MCO.

Once your child is enrolled in the MCO, you will also receive an MCO 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 throw away either card and keep the cards in a safe place.** The MCO ID card will include, at a minimum, the name of the member, a FAMIS identifier, the name and address of the MCO, the name of the member's primary care provider, a telephone number to be used to access after-hours non-emergency care, instructions on what to do in an emergency, Medicaid ID number, MCO 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 ID card. Always show both your child’s MCO ID card and Commonwealth of Virginia health insurance ID card when your child receives medical or dental services.

If you are unhappy with your child’s PCP, you may call the child’s MCO at any time to change PCPs. If you wish to change your child’s MCO, visit the Managed Care Helpline website at www.virginiamanagedcare.com, or call the DMAS Managed Care Helpline at 1-800-643-2273 (TDD: 1-800-817-6608). 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 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 855-242-8282.

If you are enrolled in a 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
Humana Healthy Horizons	(844) 881-4482 {TTY:711}	www.humana.com/healthyvirginia
Sentara Health	(800) 881-2166	www.sentarahealthplans.com/familycare
UnitedHealthcare Community Plan	(844) 752-9434	www.uhccommunityplan.com/va

6. DENTAL SERVICES

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

7. FAMIS *SELECT* MAY HELP YOUR FAMILY PAY FOR A PRIVATE HEALTH INSURANCE PLAN

Once a child is enrolled in FAMIS, there is a special option available for families who have access to health insurance at work. 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 an employer's health plan. *FAMIS Select* gives parents who choose to purchase employer-sponsored health insurance up to \$100 per enrolled child per month to help pay the child's part of the premium. The total monthly payment cannot exceed the total amount of the family 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 who accepts your employer's health plan but does not accept FAMIS. In some cases, an employer plan may give a family more choices of healthcare 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 employer health plan. It is important to compare health benefits and decide whether FAMIS or the employer health plan is best for your family.

C. Who is eligible for *FAMIS Select*?

Any child who is enrolled in FAMIS and has access to an 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*?

To apply for the *FAMIS Select* program, your child must first be enrolled in FAMIS. Call the *FAMIS Select* unit toll-free at 888-802-KIDS (888-802-5437). *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.

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

You must submit the paystubs or proof of health insurance premium payments each month. If your child is still eligible for FAMIS, enrolled in FAMIS *Select*, and you are still paying for health insurance at work, 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 to receive health care services. You may use the FAMIS ID card for childhood immunizations only if your health insurance does not provide this coverage. You are responsible for all co-payments, deductibles and cost sharing as required by your employer-sponsored health plan.

To remain eligible for FAMIS *Select*, you must renew your child's FAMIS coverage every year. If you do not renew the coverage, FAMIS and FAMIS *Select* will be canceled.

For more information about FAMIS *Select*, visit the Cover Virginia website: www.coverva.dmas.virginia.gov/learn/premium-assistance/FAMIS-select

8. WHAT DO I DO IF A CLAIM CAN 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 coverage 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(s) 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, 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 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 with 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.

Behavioral Therapy - Behavioral Therapy Services, including applied behavior analysis, are covered.

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

Dental Care - FAMIS covers diagnostic, preventive and primary dental services, as well as complex restorative dental services such as dentures, inlays, onlays, and crowns. Orthodontic services are also covered. Dental services are provided through a program called **Cardinal Care Smiles**.

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

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 - Medically necessary visits with a licensed mental health professional are covered.

Physicians (Doctors) Services - FAMIS covers physicians services received while hospitalized, 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 or nurse practitioner to prevent pregnancy.

Prescription Drugs Ordered by a Physician - FAMIS covers prescription drugs. Prescriptions must be filled using a generic drug. If you choose the brand when a generic is available, you are responsible for paying the difference.

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

Substance Use Treatment - FAMIS covers outpatient substance use treatment, services provided in a general acute care hospital, and inpatient rehabilitation in a substance use 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.

Transplantation Services - FAMIS covers major organ transplants; including 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 preauthorized.

Vision Care - FAMIS covers routine eye examinations, 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. Coverage also includes lead screening.

** See your child's MCO member handbook for specific information on service authorization. If your child is not enrolled with a managed care organization, call the DMAS Member Helpline number (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 provided 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. WHAT IF I HAVE A COMPLAINT?

If you have a complaint about FAMIS, you may call Cover Virginia at 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) your child is enrolled in, 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 or service.

Any final adverse decision by the MCO in response to a member appeal may be appealed by the member (or responsible party) for an external review. The MCO 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 MCO. FAMIS members must exhaust the MCO's internal appeals process before initiating external review.

12. WHAT IF I WANT TO APPEAL A DECISION?

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.

13. WHAT IS FRAUD?

FAMIS fraud includes any act that constitutes fraud under federal or state law. Fraud is a deliberate withholding or misrepresentation of information to obtain FAMIS health insurance, or knowingly failing to report a change that requires reporting. 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, DMAS pays a premium each month to the MCO for the person's coverage. If the child is enrolled in FAMIS or if their coverage is renewed because you did not report truthful information, 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: recipientfraud@dmas.virginia.gov.

If you believe any type of fraud, abuse, or neglect has occurred, including by a provider or MCO, 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.

14. HOW DOES FAMIS PROTECT MY PRIVACY?

DMAS and its contractors comply with federal requirements that guard patient privacy. For information about how DMAS protects patient privacy, visit the DMAS website at <https://www.dmas.virginia.gov/privacy-practices/> or call the DMAS HIPAA Office of Privacy & Security at (804) 225-2860.

15. 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 <http://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, Medicaid, Plan First and other insurance 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 Medicaid and FAMIS. 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 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 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 – Virginia’s comprehensive health insurance program for uninsured children from birth through age 18 with income below 200% of the federal poverty level. FAMIS is administered by the Virginia Department of Medical Assistance Services (DMAS) and is funded by the state and federal government.

FAMIS MOMS – A health insurance program for pregnant women with income eligibility the same as FAMIS.

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 employer-sponsored health plan and will present the identification card of that plan for payment. Children enrolled in *FAMIS Select* do not have direct FAMIS coverage except if needed to cover childhood immunizations.

Local Department of Social Services (LDSS) – The city or county DSS office responsible for the management of your FAMIS case. You can use the locator tool on the VDSS website to find your local DSS agency:

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 Medicaid enrollees.

Medicaid – A health coverage 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), family doctor or certain clinics and health departments.

16. YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This following describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights and Our Responsibilities

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request may say “no” if it would affect your care.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- We will not retaliate against you for filing a complaint.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- You can complain if you feel we have violated your rights by contacting the privacy officer at DMAS, 600 East Broad Street, Richmond Virginia 23219 or send an email to: HIPAAprivacy@dmas.virginia.gov.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to allow us to:

- Share information with your family, friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share or sell your information for marketing purposes.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans. *Example: We use health information about you to develop better services for you.*

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our web site or upon request and we will mail a copy to you.

Remember:

It is 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**
(TTY: 1-888-221-1590)

or

Visit CommonHelp at www.commonhelp.virginia.gov

or

Contact your local Department of Social Services