



FAMIS MOMS

**Covering Pregnant Women With
Affordable Health Insurance**

MEMBER HANDBOOK

July 2009

1-866-87FAMIS • www.famis.org

"Si usted desea recibir la guía para miembros de FAMIS MOMS en español,
llame por favor al 1-866-873-2647."

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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 health insurance program will provide you with health care coverage during your pregnancy and for 2 months after the birth of your baby. The program 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 to find out what you need to do to receive the covered services and benefits offered to FAMIS MOMS. This handbook contains important information about what 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 that your infant will receive the medical care he or she needs.

What Should You Expect to Receive from FAMIS MOMS?

- ✓ You will receive a Commonwealth of Virginia health insurance card;
- ✓ In some areas of the state, you will also be enrolled in a managed care organization (MCO) and receive an MCO member ID card; and
- ✓ Before the baby is born, you will receive a FAMIS newborn application packet in the mail.

I. FAMIS MOMS

A. When Should I Contact FAMIS MOMS?

- 1. CHANGE OF ADDRESS** – You should always report any change in your address, so we can send you important information regarding your health insurance coverage. You **must report** to us if you move out of Virginia.
- 2. PREGNANCY END DATE** – You must contact FAMIS if your expected delivery date changes or if your pregnancy ends early.
- 3. APPLYING FOR COVERAGE FOR YOUR BABY** – Once your baby is born, your baby will not be automatically enrolled into the FAMIS, FAMIS Plus or Medicaid program. You must apply for the baby's coverage. A signed application must be received in the birth month or within the three months following the month the child is born to ensure that birth-related expenses will be covered if the baby is found eligible. **Note: FAMIS will send you a newborn application packet 30 days prior to your expected delivery date. Take this**

information with you to the hospital and request assistance in faxing it to FAMIS.

4. CHOOSE OR CHANGE YOUR MCO – Once enrolled in FAMIS MOMS, you will receive your health care from either FAMIS MOMS fee-for-service or a managed care organization (see page 5 for more information). If 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 or you may call FAMIS 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 pregnancy and postpartum care. If you have any questions, contact FAMIS at 1-888-873-2647.

5. REQUEST TO CANCEL FAMIS MOMS – If your situation changes and you no longer want FAMIS MOMS, we must have your request to cancel coverage in writing. Please mail or fax your signed request to us. Our mailing address and fax number are:

Mailing address: FAMIS
P.O. Box 1820
Richmond, VA 23218-1820
FAX number: 1-888-221-9402

B. How long will FAMIS MOMS provide medical coverage?

FAMIS MOMS coverage will last 2 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 2 months following the end of your pregnancy.

Income changes do not affect FAMIS MOMS eligibility. However, if your income goes down, you may be eligible for Medicaid. If you are enrolled in Medicaid when your child is born you would only need to call your social services worker to immediately enroll your newborn in Medicaid. You would also be eligible for family planning services for two years following the birth of your child. **If your income decreases and you would like to apply for Medicaid, please call FAMIS at 1-866-273-2647.**

C. How will I receive services from FAMIS MOMS?

First, you will need to choose a doctor or clinic that provides services to pregnant women. 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 FAMIS at 1-866-873-2647.

If you are 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 7).

1. Health Insurance Card

All FAMIS MOMS enrollees will receive a blue and white Commonwealth of Virginia health insurance card. Do not lose or throw away this card. If you are also enrolled in a managed care organization (MCO), you will also receive a separate identification (ID) card from the MCO.

You should show the Commonwealth of Virginia health insurance card and the MCO ID card, if you received an 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 health insurance card, check the information on it to be sure it is correct. If it is not correct, you must inform FAMIS of any needed changes or corrections.

If you lose the Commonwealth of Virginia health insurance card or it is stolen, call FAMIS 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

Using the Commonwealth of Virginia health insurance card, you will be able to immediately access health care services through the FAMIS MOMS fee-for-service program for pregnant women. As an enrollee, you can see any provider in the FAMIS MOMS fee-for-service network. Before you schedule an appointment or before you 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.)** There are no co-payments in FAMIS MOMS for pregnancy related services.

However, there may be small co-payments for non-pregnancy related services.

The following localities do not have MCO's available to provide services. Women who live in one of these localities will remain in the FAMIS MOMS fee-for-service program and continue to get health care from any FAMIS MOMS provider:

Alleghany, Bath, Bland, Bristol, Buchanan, Carroll, Clifton Forge, Covington, Craig, Dickenson, Galax, Grayson, Highland, Lee, Norton, Russell, Scott, Smyth, Tazewell, Washington, and Wise.

Please contact FAMIS at 1-888-873-2647 for more information.

3. Managed Care Areas

If you live in a Virginia locality that is not listed in the "Fee-for-Service" section, you will be enrolled in a managed care organization (MCO). If you have not chosen an MCO, please call FAMIS at 1-866-873-2647. If you do not choose an MCO, one will be chosen for you. Prior to MCO enrollment, you will get services through the FAMIS MOMS fee-for-service program. 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 also 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, chiropractic care 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 do not lose or throw away either card. 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

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may call FAMIS to change to another MCO in the area. It may take up to 45 days for you to be moved into a new MCO. 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 pregnancy and postpartum care. If you have questions, call FAMIS at **1-866-873-2647**.

There are five MCOs administering FAMIS MOMS in Virginia. Different MCOs serve different parts of Virginia. You may call FAMIS at 1-866-87FAMIS (1-866-873-2647) to find out, which MCOs are offered in your area. If you are enrolled in an MCO and have questions or concerns about receiving services, contact your MCO at:

- . **Amerigroup Community Care** **1-800-600-4441**
- . **Anthem Healthkeepers Plus** **1-800-901-0020**
- . **CareNet** **1-800-279-1878**
- . **Optima Family Care** **1-800-881-2166**
- . **Virginia Premier**
 - Tidewater Area** **1-800-828-7989**
 - Southwest/Western Area** **1-888-338-4579**
 - Richmond** **1-800-727-7536**

4. Out-of-State Coverage

FAMIS MOMS enrolled in fee-for-service. FAMIS MOMS covers emergency medical services while an enrolled woman 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 rendered outside of the United States.

FAMIS MOMS enrolled in managed care organizations (MCOs). MCOs cover emergency medical services while an enrolled woman 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.

D. What do I pay for FAMIS MOMS?

There are no monthly premiums for FAMIS MOMS coverage and there are no co-payments for pregnancy related services. If you have a medical issue not related to your pregnancy, a small co-payment may apply.

II. Covered Services:

The services listed below (in alphabetical order) are covered by FAMIS MOMS. Certain other services may be covered within limitations. Some exceptions may apply.

- **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 women 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 women and infants up to age two, receive services such as transportation, prenatal care, medication, nutritional counseling, substance abuse treatment, smoking cessation classes, child development education, or homemaker services. BabyCare may be provided through the local health district offices and a small number of private or community organizations.
- **Case Management Services** – FAMIS MOMS will cover case management services for high-risk pregnant women. Talk with you doctor regarding these services.
- **Clinic Services**-FAMIS MOMS 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.
- **Dental Services** - FAMIS MOMS under the age of 21 receive dental services through the *Smiles For Children* program. There are no costs 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 from Doral Dental. 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 and 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. Included are prosthetic devices, implants, hearing aids and adaptive devices.
- **EPSDT** – FAMIS MOMS under the age of 21 are eligible to receive EPSDT (Early and Periodic, Screening, Diagnosis and Treatment) services. EPSDT is a preventive children’s health program aimed at assessing children’s health problems through periodic examinations. There are no costs for EPSDT services. If you are fee-for-service use your Commonwealth of Virginia health insurance card or if enrolled in a managed care organization use your MCO ID card.
- **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 admissions must be pre-authorized.
- **Hospital Emergency Services**- FAMIS MOMS covers emergency room treatment and services for life-threatening conditions.
- **Hospice Services**-FAMIS MOMS covers home and inpatient care for terminally ill patients expected to live no more than six months, as certified by a physician.
- ***Inpatient Mental 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 Mental Health Services**-FAMIS MOMS covers services furnished in a community-based setting. Medically necessary visits with a

licensed mental health professional are covered each benefit period. Services must be pre-authorized.

- **Physician's (Doctor's) Services**-FAMIS MOMS covers physician's 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. 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 MOMS covers physical, occupational and speech-language pathology for individuals with speech, hearing and language disorders. Pre-authorization is required.
- **Services for Special Education Students**- FAMIS MOMS covers physical therapy, occupational therapy, speech language pathology, and skilled nursing services.
- **Surgical Services**-FAMIS MOMS covers surgical services provided during a hospital admission, or in a physician's office or in an outpatient hospital department.
- **Transplantation Services**-FAMIS MOMS covers major organ transplants includes heart, liver, pancreas/kidney, lung and heart/lung. Transplants of tissues, certain autologous, allogenic or syngenic bone marrow transplants (or other forms of stem cell rescue) are also covered when pre-authorized.
- **Transportation Services** - FAMIS MOMS will cover emergency and non-emergency transportation for access to and from providers of covered medical services for pregnant women.
 - **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** – is provided to FAMIS MOMS through LogistiCare for routine or non-emergency care when no other transportation is available. LogistiCare 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 LogistiCare customer service at **1-866-386-8331**. If you are enrolled in an MCO, contact your MCO for more information about transportation.

***See the managed care organization's member handbook for specific information on the covered services marked with an asterisk (*). If you have additional questions about covered services, contact your managed care organization directly. For telephone numbers to managed care organizations see page 7.**

III. Other Programs and Services:

A. Women's and Infants Care (WIC)

Now that you are a FAMIS MOMS enrollee, you are already financially qualified to participate in the Virginia WIC Program!

WIC stands for Women, Infants, and Children, and is a nutrition program for women who are breastfeeding, pregnant or have just given birth, infants less than one (1) year-old and for children less than five (5) 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 even help your baby develop better mentally.

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 nutritional risk. **To find out more, contact WIC at 1-888-942-3663.**

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 with obtaining help in the community. Contact your local health department for more information.

IV. What you need to know about prenatal care

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. At each visit the doctor will examine you. This examination includes: monitoring weight gain or loss, blood pressure, circumference of the abdomen, position of the baby and baby heartbeat. All of these things will be closely watched during your pregnancy. Remember to keep all appointments and ask your doctor to explain anything you do not understand.

B. Prenatal Tests

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

V. Accident Claims and Other Insurance Policies

FAMIS MOMS is designed to help pregnant women without comprehensive health insurance. Some types of accident, homeowners', or school insurance plans may provide limited health insurance coverage. If you are receiving health care insurance 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 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 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, Suite 1300
Richmond, VA 23219

If the insurance company pays you after FAMIS MOMS has paid the same bill, you must also notify the Department of Medical Assistance Services (DMAS) Recovery Unit at the following address:

Recovery Unit
Dept. of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, VA 23219

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 the FAMIS Central Processing Unit at 1-866-87FAMIS (1-866-873-2647).

If you have a complaint about a managed care organization (MCO), when you are enrolled in an MCO, 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.

If you have a complaint about a doctor, pharmacy, or hospital when your are NOT enrolled in an MCO, you must write to:

Medical Support Unit
Department of Medical Assistance Services
600 East Broad Street, 12th Floor
Richmond, Virginia, 23219

If your complaint is about a health treatment matter, a decision must be made within 72 hours.

After review by the MCO or the Medical Support Unit, you will have an opportunity for a final independent review. You will be given information about the final independent review when the MCO or Medical Support Unit has completed its review process.

VII. Appeals

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

A. Eligibility Appeals

You have the right to request an appeal of any action related to initial or continued eligibility for FAMIS MOMS. 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 FAMIS website at www.famis.org. Please be specific about what action or decision you wish to appeal. Please include: your 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. 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 or your designee may request in writing an external review of the MCO's decision by an independent review organization.

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

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. 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 woman 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.

Fraud and abuse should be reported to FAMIS at 1-866-873-2647 or by calling the DMAS Recipient Audit Unit at 1-804-786-0156.

IX. Protection of 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 web site at <http://www.dmas.state.va.us/HIPAA/hipaa.htm>, or call the DMAS HIPAA Office of Privacy & Security at 1-804-225-4460.

XI. Glossary of Terms

CPU - FAMIS Central Processing Unit (1-866-87FAMIS) provides eligibility and ongoing servicing for your health insurance coverage in the FAMIS and FAMIS MOMS programs.

DMAS - Department of Medical Assistance Services, the agency that administers the FAMIS, FAMIS Plus, FAMIS MOMS, and Medicaid programs in Virginia.

FAMIS – Is a comprehensive health insurance program for uninsured children between the ages of 0-19. FAMIS is administered by the Virginia Department of Medical Assistance Services (DMAS) and is funded by the state and federal government.

FAMIS MOMS - Provide enrollees the same coverage that pregnant women currently receive from the Virginia Medicaid program. There is no difference in covered services, service limitations, and pre-authorization requirements. FAMIS MOMS will use the same health care services delivery system (fee for service and managed care organizations) as FAMIS.

Managed Care Organization (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, FAMIS, FAMIS Plus, and FAMIS MOMS enrollees.

Medicaid – An assistance 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 under 21 enrolled in Medicaid, FAMIS, FAMIS MOMS and FAMIS Plus.

**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 FAMIS MOMS toll-free at **1-866-873-2647**

Or

Faxing FAMIS MOMS at **1-888-221-9402**

or write us at

FAMIS MOMS
PO Box 1820
Richmond, VA 23218-1820

FAMIS MOMS is a program of the Commonwealth of Virginia