FAMIS Select Policy and Procedure

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FAMIS Select Program Overview

FAMIS Select is a premium assistance program that gives parents of FAMIS approved children the freedom to choose between covering their children with the FAMIS health plan or with their own private or employer’s health insurance plan. FAMIS Select gives most parents that choose to purchase private or employer-sponsored health insurance and receive up to $100 per child per month to help pay the family premium.

For some families, the FAMIS Select payment may make health coverage affordable for the entire family. In other cases, it may allow a child to continue to see a doctor or dentist that may not accept FAMIS and give a family greater choice of providers.

FAMIS Select replaced Virginia’s former SCHIP premium assistance program, Employer Sponsored Health Insurance (ESHI). The Virginia Department of Medical Assistance Services (DMAS), Division of Maternal and Child Health manages the operations of the FAMIS Select program.

Duration of Coverage –

Children enrolled in FAMIS are guaranteed 12 months of coverage. Children receiving premium assistance may be enrolled in an employer’s health plan or a private insurance plan purchased independently by the family and will likewise be guaranteed 12 months of coverage.

The premium assistance will continue as long as the child remains enrolled in the private/employer plan, the family chooses to participate in FAMIS Select, the child resides in the Commonwealth of Virginia, and the family income remains below 200% FPL.

If the family chooses to drop participation in FAMIS Select for the child and requests coverage through FAMIS, the child will be enrolled in the direct coverage program FAMIS for the remaining months of the 12-month coverage period. Eligibility for FAMIS is re-determined every 12 months.


What is FAMIS Select?

FAMIS Select is a program that gives parents of FAMIS enrolled children the freedom to choose between covering their children with the FAMIS health insurance plan or with a private or employer’s health plan. FAMIS Select gives most parents that choose to purchase private or employer sponsored health insurance a premium assistance payment of $100 per child per month to help pay the child’s part of the family premium.

Who qualifies for FAMIS Select?

A child is eligible for FAMIS Select if they have access to a private or employer sponsored health plan and have been approved for FAMIS. To be eligible for FAMIS, the child must not be covered by any other health plan when they apply.

How long will my child be enrolled in FAMIS Select?

A child will stay in FAMIS Select as long as that child is still eligible for FAMIS and enrolled in a private or employer sponsored health plan. A child’s FAMIS coverage must be renewed each year. If a renewal is not completed the child will lose FAMIS eligibility and can no longer be enrolled in FAMIS Select.

At any time during a child’s twelve-month coverage period in FAMIS, a parent may enroll their child in FAMIS Select or drop FAMIS Select and go back to FAMIS. No additional FAMIS application is needed until it is time for the child’s annual FAMIS renewal.

What are the benefits of FAMIS Select?

FAMIS Select may allow your child to see a special health care provider. In some cases a private or employer plan may offer different local providers in their network so a child can continue to see a doctor or dentist who does not take FAMIS.

For some families, the FAMIS Select premium assistance payment will be enough to make health coverage affordable for the entire family.

Remember, children in FAMIS Select get the health benefits through the private health plan their parents choose. It is important to compare health plans and choose the best plan for your family.

What will my costs be?

The parents of a child enrolled in FAMIS Select must make their monthly payment for their private or employer health plan. The parents are also responsible for paying any deductibles, co-payments, and co-insurance required by the private or employer health plan. In return, FAMIS Select will send the parents a premium assistance payment of $100 per child per month up to the total cost of the family premium.

Example: A family with 3 children on FAMIS Select

- Health plan family premium = $150/month
- FAMIS Select premium assistance payment = $300/month
- Cost to family = $90/month
- Any co-pays, deductibles, and co-insurance

Which program is right for my family, FAMIS or FAMIS Select?

FAMIS

- The child must be eligible for FAMIS and able to enroll in a private or employer health insurance plan.
- The child receives health benefits through FAMIS and the FAMIS network of providers.
- All FAMIS covered services are available. Visit www.famis.org for a list of covered services.
- Parents pay no monthly premiums.
- Parents pay 30-65% co-pays for most services.
- Only eligible children under 19 are covered.

FAMIS Select

- The child must be eligible for FAMIS and also be eligible to enroll in a private or employer health insurance plan.
- The child gets health benefits through a private health plan’s providers.
- Only services covered under the private or employer plan are available. FAMIS Select will cover all services if your private plan does not.
- Parents pay monthly premiums for a private or employer’s plan, but are reimbursed $300 per month per child up to the total cost of the family premium.
- Parents pay any deductibles, co-pay, or co-insurance amounts set by the private or employer health insurance plan.
- In some cases the FAMIS Select premium assistance payment may be enough to help families afford insurance for the entire family.
FAMIS Select brochure

FAMIS Select Checklist

- Find out if your children are eligible for FAMIS.
- Apply for FAMIS by calling 1-886-87FAMIS, or online at www.famis.org, or by visiting your local Department of Social Services.
- Visit a child's doctor for care.
- Review and understand the changes over time that you can make to your health plan.
- Follow up with your local Department of Social Services.

FAMIS Covers:

- Doctor visits
- Hospital and emergency care
- Mental health care
- Vision and dental care
- And more...

How do I apply?

To apply for the FAMIS Select program, call toll-free:
1-888-802-KIDS
(1-888-802-5437)

To apply for FAMIS, go online to www.famis.org
or call toll-free:
1-886-87FAMIS
(1-886-873-2647)

For more information about FAMIS and the services covered by FAMIS, go to www.famis.org.

FAMIS Select is a program of the Commonwealth of Virginia
FAMIS 5853DR 09/4 9/99
FAMIS Select General Policy and Coverage

Covered Services –

The specific benefit package and co-pay requirements will vary dependent on the employer/private plan and may or may not meet regulatory requirements for cost-sharing and benchmark-equivalency. However, it should be noted that Virginia insurance law, through a variety of mandated benefits requirements, provides for a fairly rich benefit package for all insurance plans licensed in the Commonwealth. Moreover, DMAS administrative records indicate that to date each of the employer sponsored health insurance plans submitted by families in conjunction with their application for its ESHI program met or exceeded regulatory requirements for benchmark equivalency.

Wrap-around or supplemental coverage will be offered by the state only as necessary for childhood immunizations.

Once enrolled in FAMIS Select, all benefits except for immunizations are through the other insurance

Immunizations –

Immunizations are the only wrap-around benefit to be included in FAMIS Select. Because of mandated benefits described above, it is anticipated that very few children in FAMIS Select will not have coverage for immunizations through private/employer plans.

However, as a fail-safe measure, children in FAMIS Select will be issued a FAMIS ID card to be used for any immunizations covered by FAMIS but not covered by their employer-sponsored or other health insurance plan. Use of this card will allow the State to use Title XXI funds to reimburse providers directly at the state rate for any immunizations provided to FAMIS Select children.

Like other children covered through SCHIP, children enrolled in FAMIS Select will not qualify for the Vaccines for Children Program.

Service Delivery System –

The service delivery system utilized by the employer’s health plan will provide benefits to children enrolled in FAMIS Select. In this way, some children covered under Title XXI will have access to health care providers outside of the Medicaid provider network. In some cases families will choose FAMIS Select over FAMIS
FAMIS Select Program Policies & Procedures

because it will allow their child access to a particular specialist or health care network.

Other Information

- Continued coverage through the private/employer’s plan will be verified by regular submission of billing statements, pay stubs showing deductions for dependent care coverage or statements from an employer.

- The child will continue to be enrolled in FAMIS Select so long as they remain eligible for FAMIS, remain enrolled in the private/employer plan, and the family provides verification that the cost of the premium they are paying is not less than it was when the premium assistance amount was approved.

- Prior to the twelfth month of coverage, the family will be required to submit information to complete an annual re-determination of FAMIS eligibility and updated information regarding participation in FAMIS Select if needed.

- If a family requests that the a child be cancelled from FAMIS Select and enrolled in FAMIS, no new application will be required so long as they are within the 12 month coverage period.

- Pregnant women enrolled in the FAMIS MOMS program are not eligible to participate in the premium assistance program FAMIS Select.

- If a participant misses a payment they need to contact the FS Specialist.

- The CPU does not handle enrollment into FS. The CSR’s at the CPU have been trained to handle general questions regarding FAMIS Select.
FAMIS Select Program Policies & Procedures

SECTION 2 Application Processing and Enrollment

Eligibility

Each child applying for FAMIS Select will have completed a standard application for FAMIS containing all information necessary to appropriately screen for Medicaid eligibility and determine eligibility for FAMIS.

FAMIS eligibility requirements:

- Applicant must live in Virginia
- Applicant must be under age 19
- Applicant is a United States citizen or qualified alien
- Applicant must be uninsured for four months (some exceptions apply)
- Applicant is not eligible for the Virginia state employee health insurance plan
- Applicant is not eligible for FAMIS Plus (also known as Medicaid)
- Applicant’s family income does not exceed FAMIS income guidelines (200% of the FPL)

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The FPL (Federal Poverty Limit) Income limits are adjusted annually

FAMIS Select Application

An applicant may find out about FS in a variety of ways. The FAMIS CPU may tell the person, they may have reviewed information on the FAMIS website, or possibly had a contact if they requested more information.

The applicant must apply for FAMIS Select. Simultaneous to the FAMIS application or after being approved for FAMIS, a parent will complete the one-page application for FAMIS Select.

Once the applicant completes they need the application to:
Applicant must also include a proof of their insurance payment (such as a pay stub or letter from the insurance company).

If they have other question, they can call and speak directly with the FAMIS Select Specialist. The current specialist is Diane Eason and she can be reached at (804) 786-7024 or toll free at 1-888-802-5437.