



DMAS BAC Glossary



Acronyms

An acronym is typically used as a short version of a word, phrase, or name. We will try to avoid using acronyms during meetings, but if we end up using one, feel free to ask what it means. We have also developed this quick reference in case you hear or come across any acronyms.

ABD Medicaid

Aged, Blind, or Disabled Medicaid

ACA

Patient Protection and Affordable Care Act

ADLs

Activities of Daily Living

ALF

Assisted Living Facility

AR

Authorized Representative

ARTS

Addiction and Recovery Treatment Services

AT

Asset Transfer

AT

Assistive Technology

CAA

Certified Application Assister

CCC

Commonwealth Coordinated Care





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CCC Plus

Commonwealth Coordinated Care Plus

CMS

Centers for Medicare and Medicaid Services

CSB

Community Service Boards

CW

Caseworker

DBHDS

Department of Behavioral Health and Developmental Services

DD Waivers

Developmental Disability Waiver Services

DMAS

Department of Medical Assistance Services

DME

Durable Medical Equipment

DSS

Department of Social Services (sometimes referred to as VDSS for Virginia Department of Social Services)

EPSDT

Early and Periodic Screening, Diagnosis, and Treatment

FAMIS

Family Access to Medical Insurance Security

FFM

Federally Facilitated Marketplace (See also HIM or Marketplace)





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FQHC

Federally Qualified Health Center

GA

General Assembly

**HIM or
Marketplace**

Health Insurance Marketplace

HHR

Health and Human Resources

LTC

Long-term Care

LTSS

Long-term Supports and Services

M4

Medallion 4.0 Program

MAGI

Modified Adjusted Gross Income

MC

Managed Care

MCO

Managed Care Organization (Health Plan)

MN

Medically Necessary

NF

Nursing Facility





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OAG Office of the Attorney General

PCP Primary Care Provider

PHE Public Health Emergency

PP Patient Pay

SBE State-Based Exchange

SNF Skilled Nursing Facility

SSA Social Security Administration

SSI Supplemental Security Income

UAI Uniform Assessment Instrument

VDH Virginia Department of Health





Terms & Definitions

Activities of Daily Living (ADL): Personal care tasks (e.g., bathing, dressing, toileting, transferring, and eating/feeding). An individual's degree of dependence in performing these activities is part of determining the appropriate level of care and service needs.

Asset Transfer: Medicaid applicants and recipients must be fully compensated for any transfers of money, property or other assets.

Authorized Representative: Person who is authorized in writing to conduct the personal or financial affairs for an individual.

Caseworker/Worker: Eligibility worker at the local Department of Social Services who processes the application to determine Medicaid eligibility and maintains the ongoing case. This is the person to contact regarding changes, such as address or income, or problems, such as not receiving the Medicaid card.

Certified Application Assistor: Volunteer trained by the government and authorized by you to assist with your application.

CHIP: The state Children's Health Insurance Program was created by Congress as part of the Balanced Budget Act of 1997. States were given broad discretion to design CHIP programs to provide health insurance coverage for uninsured children in low to moderate-income families with incomes above the Medicaid/FAMIS Plus limit. Enacted as Title XXI of the Social Security Act, CHIP is also a partnership between the federal and state government, but a higher proportion of the cost is paid by federal tax dollars. CHIP in Virginia pays for FAMIS, FAMIS MOMS, and FAMIS Prenatal Coverage.

Coinsurance: The portion of Medicare, Medicaid, or other insurance-allowed charges for which the patient is responsible.

CommonHelp: CommonHelp at www.commonhelp.virginia.gov is the online website where individuals and families can apply for Medicaid, FAMIS and other benefits. It is provided through the Virginia Department of Social Services.





Terms & Definitions

Commonwealth Coordinated Care Plus (CCC Plus): CCC Plus is a Medicaid program that provides medical, behavioral, substance use disorder, and long-term services and supports all under one program. CCC Plus is for full Medicaid members who are either: 65 and older, children or adults with disabilities, nursing facility residents, or someone receiving services through a home and community-based waiver. The six Managed Care Programs delivering these services are the same as the Medallion 4.0 managed care organizations.

Co-Payment: The portion of Medicaid-allowed charges which a member is required to pay directly to the provider for certain services or procedures rendered.

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 knowledgeable and courteous representatives who can provide confidential application assistance and program information. You can apply, report changes, receive application status updates, or renew your coverage by calling Cover Virginia.

Coverva.dmas.virginia.gov and Coverva.org: The Cover Virginia website providing information about FAMIS, Medicaid, Plan First and other state and federal health insurance options. The website coverva.dmas.virginia.gov 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.

Virginia Department of Medical Assistance Services (DMAS): The agency that administers the Medicaid program in Virginia.

Virginia Department of Social Services (DSS): The agency responsible for determining eligibility for medical assistance and the provision of related social services. This includes the local Departments of Social Services.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): A program of preventive health care and well child examinations with tests and immunizations for children and teens from birth up to age 21. Medically necessary services needed to correct or improve defects and physical or mental illnesses (discovered during a screening examination) may be covered as a part of the EPSDT program even if they are not covered under the State's Medicaid benefit plan.





Terms & Definitions

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

Family Access to Medical Insurance Security (FAMIS): Virginia's Children's Health Insurance Program that helps pay for medical care for children under age 19 and pregnant women, FAMIS MOMS. FAMIS has higher income limits than Medicaid.

FAMIS MOMS: Is a health insurance program for pregnant women with income eligibility the same as FAMIS.

FAMIS Plus: Assistance program that helps pay for medical care for children under age 19 whose family income is within 133% of the Federal Poverty Limit for the family size.

FAMIS Prenatal Coverage: Is a health insurance program for non-citizen pregnant women with income eligibility the same as FAMIS and FAMIS MOMS.

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

Fee-for-Service: A method in which doctors and other health care providers are paid for each service performed. In Medicaid Fee-for-Service, the Medicaid provider charges a fee for each service and receives payment directly from DMAS for each service.

Fraud: Deliberate withholding or hiding of information or giving false information to obtain or attempt to obtain Medicaid benefits.

Generic Drugs: Drugs that are the same as a brand-name drug in dosage, safety, strength, quality, performance, and intended use. The Food and Drug Administration requires generic drugs to have the same quality, strength, purity, and stability as brand name drugs.





Terms & Definitions

Manufacturers of generic drugs do not have the same investment costs as a developer of new drugs; therefore, generic drugs are less expensive.

Health Insurance Marketplace (HIM): Online marketplace of private insurance plans. Individuals can shop for health insurance, compare private plans, and determine whether they qualify for a subsidy to help pay for insurance.

Local Department of Social Services (LDSS): the city or county DSS office is responsible for the management of FAMIS/Medicaid cases.

Low Income Families with Children (LIFC): LIFC is the category of Medicaid for very low-income parents or a caretaker relative. Locality of residence factors into eligibility determination.

Managed Care: Delivery of health care services emphasizing the relationship between a primary care provider (PCP) and the Medicaid member (referred to as a “medical home”). The goal of managed care is to have a central point through which all medical care is coordinated. Managed care has proven to enhance access to care, promote patient compliance and responsibility when seeking medical care and services, provide for continuity of care, encourage preventive care, and produce better medical outcomes. Most Virginia Medicaid members are required to receive their medical care through managed care programs.

MCO Managed Care Organization: A health plan contracted to provide medical services and coordinate health care services through a network of providers.

Medicaid: A health insurance program that helps pay for medical care for certain individuals and families with low incomes and resources, if applicable. Made possible via Title XIX of the Social Security Act and various demonstration waivers. The cost of the program is shared by the state and the federal government.

Medically Necessary: Reasonable and necessary services for the diagnosis or treatment of an illness or injury or to improve physical functioning.





Terms & Definitions

Medically Needy: Individuals who meet Medicaid covered group requirements but have excess income. A medically needy determination requires a resource test and includes pregnant women, children under the age of 18, foster care and adoption assistance, and those in ICF/IIDs up to age 21, ABD up to age 21. Parents and caretaker relatives do not qualify under medically needy. Medically needy individuals are excluded from managed care enrollment.

MMIS (Medicaid Management Information System): This is the medical assistance and payment information system of the Virginia Department of Medical Assistance Services. It interfaces with VaCMS, the MCOs, and other contractors. It validates MCO encounters and processes Fee-for Service claims.

Navigator: An individual or organization that is trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the federal Health Insurance Marketplace, including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers. They may also assist people in applying for the Medicaid and FAMIS programs.

Open Enrollment (Marketplace): The time frame in which people can shop for private health insurance on the federal Health Insurance Marketplace. The dates are typically November 1 through December 15 annually.

Open Enrollment (Medicaid): The time frame in which Medicaid/FAMIS Plus members are allowed to change from one MCO to another, without cause, at least once every 12 months. The dates of open enrollment depend upon where the person lives in Virginia. Within sixty (60) days prior to the open enrollment effective date, DMAS will inform the member of the opportunity to remain with the current health plan or change to another health plan without cause. Those members who do not choose a new MCO within sixty (60) days of the open enrollment period shall remain in his or her current health plan selection until their next open enrollment effective date.

Out-of-Network Coverage: This is coverage provided outside of the established MCO network; medical care rendered to a member by a provider not affiliated with the MCO or contracted with the MCO.





Terms & Definitions

Patient Pay: Individuals with income may have to contribute to the cost of their long-term supports and services.

Plan First: The Medicaid fee-for-service family planning program. The purpose of this program is to reduce unplanned pregnancies, increase spacing between births, reduce infant mortality rates, and reduce the rates of abortions due to unintended pregnancies. Men and women not eligible for full benefit Medicaid or FAMIS/FAMIS MOMS, who have incomes between 139% and 205% of the federal poverty level and meet citizenship and identity requirements may be eligible for Plan First.

Premium: The monthly amount paid for a health insurance policy.

Primary Care Provider (PCP): The doctor or clinic that provides most personal health care needs, gives referrals to other health care providers when needed, and monitors Medicaid member health. May be an internist, a pediatrician (children's doctor), OB/GYN (women's doctor), or certain clinics and health departments.

Resources (Assets): Resources or assets include money on hand, in the bank, and in a safe deposit box; stocks, bonds, certificates of deposit, trusts, pre-paid burial plans, cars, boats, life insurance policies, and real property. Smiles for Children: Virginia's dental program for children enrolled in Medicaid, FAMIS and FAMIS Plus.

Special Enrollment Period (SEP): A time outside the yearly Open Enrollment Period when people can sign up for health insurance on the Marketplace. People qualify for these by having a certain life event, including losing health coverage, moving, getting married, or having or adopting a child. If the person qualifies for a SEP, he/she usually has up to 60 days following the event to enroll in a plan. If the person misses that window, he/ she has to wait until the next Open Enrollment Period to apply.

Social Security Administration: The federal agency that administers the Social Security program, a social insurance program consisting of retirement, disability, and survivors' benefits. Supplemental

Security Income (SSI): A federal program administered by the Social Security Administration that pays monthly benefits to individuals who are disabled, blind, or age 65 or older with limited income and resources. Children and adults who are blind or disabled can receive SSI benefits.





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Terms & Definitions

Third-Party Liability: The legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under the State Plan.

Uniform Assessment Instrument (UAI): Pre-Admission Screening form completed by the team that evaluates applicants' ability to complete activities of daily living.

VaCMS (Virginia Case Management System): This is the integrated eligibility and enrollment computer system housed at the Virginia Department of Social Services and used by the local Departments of Social Services to determine eligibility for Medicaid, FAMIS, and other benefits, and manage the enrolled cases on an ongoing basis.

