Suggested Application Pathways for Medicaid/FAMIS for Different Populations

Cover Virginia Call Center

1-855-242-8282



applicants needing assistance in a language A great option for everyone, especially for other than English.

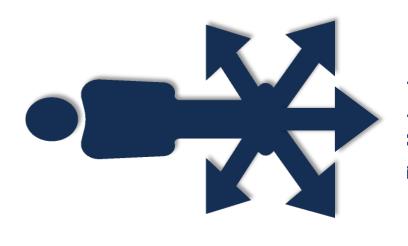
Local Department of Social Services (LDSS)



comfortable completing a paper application. A great option for applicants who are more An application can either be dropped off at LDSS, or mailed there.

No matter how someone chooses to apply, they will need the following information at the ready:

- Full Name
- Date of Birth
- individuals applying for coverage Social Security Numbers for all
 - Income information



www.healthcare.gov) (1-800-318-2596, or The Marketplace



A great option, if:

- Applicant is a tax filer with a stable income
- Applicant receives income only from the Social Security Administration
- income limit for Medicaid/FAMIS, in which case s/he Applicant's household income is close to the upper may be referred to the Marketplace anyway

VDSS Enterprise Call Center

1-855-635-4370



A great option for applicants wanting to apply for multiple public benefit programs (e.g. SNAP, energy assistance).

Note: If an applicant calls the Enterprise

Customer Service Center and wants to apply only for Medicaid/FAMIS, s/he will be routed to the Cover Virginia Call Center.

CommonHelp

(commonhelp.virginia.gov)



A great option for applicants who have computer and internet access and are comfortable using a computer. Or, for applicants completing an application with the help of an assister..





Tips and Tricks for Helping Someone Apply for Medicaid/FAMIS

When Completing the Application

- When applying online or by phone:
 - Write down the client's T-number. If the client gave you permission to follow up on their behalf, you can use the T-number to get case status information, including the name of the worker processing the case from the Cover Virginia Call Center about 2 weeks after the application was submitted.
 - Write down and give to the client his/her username, password, and answers to security questions.
 - o Write client's name and case number on each page of the verifications you submit.
- Make sure you have the client's permission to follow up on the application. Complete the appropriate part of Appendix C (*if applying by paper*), have the client tell the Customer Service Representative (*if applying by phone*), or type in the appropriate place (*if applying online*). Tip: Write your contact information and that the person has given permission for you to follow up on the application in the notes field on CommonHelp.
- Advise the client to **check the box** giving DSS consent to verify information electronically for up to 5 years. This makes it possible for the DSS to attempt to renew *ex parte* (*without enrollee action*). *NOTE: Just checking the box does not mean the LDSS can always find information electronically. The person may still have to complete a renewal form.*

After Submitting the Application

- Tell your client to OPEN MAIL from any of the following: Cover Virginia, the Virginia Department of Medical Assistance Services (DMAS), Local Department of Social Services (LDSS), his/her Managed Care Organization (MCO). Tip: give them a copy of the MCO comparison chart so they can see the extra "added benefits" the MCOs offer. Many offer some routine dental care and coverage for eyeglasses and contacts, among other things.
- Invite the client to start thinking about any providers s/he wishes to see. Help him/her figure out if those providers participate with a Virginia Medicaid MCO. *Tip: If a client knows which MCO they want before they apply, they can select it during the online or phone application.*
- Help the client "link" their case in CommonHelp, using his/her Case ID Number from the *Notice of Action*. This will make it easier for him/her to report changes, or to complete his/her renewal online. Remind the client to report changes within 10 days, especially a change of address.

Special Concerns for Pregnant Women and Newborns

- Remind a pregnant woman to report the birth of her baby so the baby can be "deemed" eligible coverage for its first year.
- For a baby deemed eligible for coverage, make certain the family has applied for a Social Security Number, since that will be needed to complete the renewal by the baby's first birthday.