Module 3
The Application Process

Thank You to Our Sponsor

The SignUpNow online modules are made possible by the:

Virginia Department of Medical Assistance Services (DMAS)

Ways to Apply: “No Wrong Door”

- There is one streamlined application for all of Virginia’s Medicaid/FAMIS programs and Marketplace coverage.
- The application can be completed online, by phone, or on paper.
- If a person applies at one of Virginia’s portals and is not eligible for Medicaid/FAMIS, the application will be automatically forwarded to the Health Insurance Marketplace to be evaluated for eligibility.

Sections 2 and 5
Ways to Apply: “No Wrong Door”

STATE

Cover VA
CommonHelp
Local DSS

FEDERAL

Healthcare.gov
Marketplace Call Center
Application Assister

Apply by Phone at the Cover Virginia Call Center
(855) 242-8282

- Open 8am – 7pm weekdays; 9am – 12pm Saturdays.
- English/Spanish Customer Service Representatives (CSRs) and access to language line.
- Applicant completes the application with a CSR, and “signs” it by agreeing to Rights & Responsibilities and attesting that all information s/he provided is true.
  - The call is recorded.
  - Applicant gets an application Tracking Number (“T-Number”).
  - Application date is date of telephonic signature.
  - Follow-up mail (including requests for additional documentation) comes from Cover Virginia.

Apply by Phone at the Enterprise Customer Service Center
(855) 635-4370

- Open 7am – 6pm weekdays
- Accepts telephonic applications for multiple benefits:
  - Supplemental Nutrition Assistance Program (SNAP)
  - Temporary Assistance for Needy Families (TANF)
  - Energy Assistance Program (EAP)
  - Medical Assistance (MA)
- Responds to basic inquiries about case status, or benefits
- Also handles calls from custodial and non-custodial parents needing information from the Division of Child Support Enforcement at 1-800-468-8894.
Apply Online with

CommonHelp

- https://commonhelp.virginia.gov
- Available 24/7
- Offers families the option to apply for Health Care only, or for All Benefit Programs simultaneously
  - “Health Care only” includes Medicaid (including the New Health Coverage for Adults), FAMIS Plus, FAMIS, FAMIS MOMS, LIFC, and Plan First.
  - “All Benefit Programs” includes SNAP, TANF, energy assistance, and child care subsidies in addition to Medicaid/FAMIS coverage.

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Create user name and password.
Choose and answer security questions.
Application takes ≥ 1 hr to complete.
Applicant can partially complete, save and come back to complete and submit it, for up to 60 days.
Application date is the date on which applicant agrees to Rights & Responsibilities (electronically “signs”), and gets a T-Number.
T-Number = successfully submitted!
“Health Care Only” applications submitted via CommonHelp are processed by the Cover Virginia Central Processing Unit, unless applicant has an open SNAP/TANF case.

If additional information is needed to process the application, Cover Virginia will send a request for verifications.

Once a determination is made, Cover Virginia will send a Notice of Action (approval or denial).

An applicant can also manage his/her case via CommonHelp

- **Associate my Case:** Links CommonHelp account with existing case (Note: Very helpful to have Case ID to link).
- **Report My Changes:** address, income, person moving in or out of the household, etc.
- **Renew My Coverage:** Allows applicant to complete annual renewal online.

### Apply at the Health Insurance Marketplace

**(800) 318-2596**

- Via phone at number above; available 24/7
- Online ([www.healthcare.gov](http://www.healthcare.gov)); available 24/7
- The Marketplace can determine if an applicant is eligible for Medicaid/FAMIS or Marketplace coverage.
- An application that requires additional verifications will be forwarded from the Marketplace to the Cover Virginia CPU for follow-up and processing, unless the applicant has an open SNAP/TANF case (then application goes to local DSS).

### Apply with the Paper Application

- Let’s take a look at the paper application.
- It has:
  - 6 Steps,
  - 6 Appendixes, and a
  - Supplement that needs to be completed if there are more than 2 household members.
- The paper application can be mailed or dropped off at local DSS in the locality where an applicant lives.
How to Order Paper Applications

1. Go to [www.coverva.org](http://www.coverva.org)
2. Hover over Partners in the top menu, and select Materials
3. Scroll down to the Application for Health Coverage & Help Paying Costs and click on ‘Order Online’
4. An online order form will result.

You can order 100 copies of the Application and 200 copies of the Additional Person Application Supplement at a time. Copies of Appendixes D, E, and F are also available to order.

Items are shipped to you free of charge in a couple of weeks.

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**Step 1**
Tell us about yourself.

We need to know that you've applied for health coverage.

1. Full name: __________________________
2. Spouse's name: ______________________
3. Date of birth: ____________
4. Gender: Male/Female
5. Marital status: Married/Single/Other
6. Address: ____________________________
7. City: ____________________ State: ______

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**Step 2, Person 1, Questions 1-6**

**Step 2: PERSON 1** (start with yourself)

How old are you? __________

Do you live in a household with anyone else? Yes/No

Do you want to apply for health coverage? Yes/No

Do you have any children at home? Yes/No

Do you have any parents living with you? Yes/No

Do you have any other adults living with you? Yes/No

Do you have any other children living with you? Yes/No

Do you want to apply for health coverage for your children? Yes/No

Do you have any other relatives living with you? Yes/No

Do you have any other family members living with you? Yes/No

Do you want to apply for health coverage for your family members? Yes/No

Do you have any other friends living with you? Yes/No

Do you want to apply for health coverage for your friends? Yes/No

Do you have any other acquaintances living with you? Yes/No

Do you want to apply for health coverage for your acquaintances? Yes/No

Do you have any other people living with you? Yes/No

Do you want to apply for health coverage for other people? Yes/No

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Step 2, Person 1, Questions 7-8

- If you need help with any of the things in the following list, check Yes: Bathing, dressing, eating or using the bathroom to move safely or over normal...

- This question was adjusted with the onset of Medicaid Expansion. It is a screening question, not for eligibility into the program, but rather to see if someone is considered medically complex.

- If yes, the person will be enrolled into a Commonwealth Coordinated Care (CCC+) managed care organization rather than a Medallion 4.0 managed care plan and receive extra case management as part of his/her benefits package.

Step 2, Person 1, Question 9

- These are the questions regarding if a person is a US Citizen/National or a legal immigrant.

Section 2

- These are the questions regarding if a person is a US Citizen/National or a legal immigrant.
Step 2, Person 1, Questions 12-15

The next questions screen for a series of different programs:
- 12 and 14 for LIFC
- 13 for Medicaid, but if currently incarcerated and approved for coverage, only inpatient hospital services can be accessed.
- 15 for coverage for former foster care youth through age 25

Section 2

Step 2, Person 1, Questions 29-31

All the same questions as Person 1 with 1 additional question – Question 2: Relationship to you?
- Person 2 should indicate the relationship to person one.
- If more than 2 family members, an Additional Person Single Page Supplement Form should be completed for each family member.

Section 2

Step 2, Person 2

All the same questions as Person 1 with 1 additional question – Question 2: Relationship to you?
- Person 2 should indicate the relationship to person one.
- If more than 2 family members, an Additional Person Single Page Supplement Form should be completed for each family member.

Section 2
Step 4
Your Family’s Health Coverage

Step 5: Read & Sign This Application (Rights & Responsibilities)

Step 5: Part 2
Rights & Responsibilities Listing
Step 5: Part 2
Rights & Responsibilities Listing

- I know that I must tell the local Department of Social Services within 10 calendar days if anything changes and is different than what I wrote on this application. I can visit www.commonhelp.virginia.gov to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.

Appendices

- A* – Health Coverage from Jobs
- B* – American Indian or Alaska Native Family Member
- C* – Assistance with Completing this Application
- D – Aged (65+); Blind/Disabled; in need of Long Term Care Services (Children 0-18 and adults 65+)
- E – Medically Needy Spenddown
- F – Nursing Facility or Community-Based Care (age19-64, not eligible for or enrolled in Medicare)

*Appendices A, B, and C are part of the Application booklet. Others can ordered/downloaded from coverva.org.

Appendix C – Assistance with Completing this Application

- The top section is for an applicant to designate someone else to act on his/her behalf with regard to this application and ultimate enrollment into Medicaid or FAMIS.
- The middle section is the section that most “helper agencies” will complete to get permission to follow up on the application with the entity processing it.
- Bottom section is for Certified Application Counselors, Navigators, and insurance brokers who assist with applications
Application Assistance

There are several different groups that offer in-person application assistance:

- **Project Connect Outreach Workers**: Northern Virginia, Richmond, Tidewater, Southside, Far Southwest
- **Navigators & Certified Application Counselors (CACs)**: Statewide; specially-trained to help with Marketplace applications, and can also help with Medicaid/FAMIS applications
  - [https://coverva.org/assistance/](https://coverva.org/assistance/)

Who Can Sign an Application?

**For an Adult**
- Applicant him/herself, or applicant's spouse
- Legal guardian, conservator, or attorney-in-fact
- Any adult authorized by the applicant (documentation required)

**For a Child**
- Parent or legal guardian
- Any related adult with whom the child lives (documentation is not required).
- Court-emancipated minor or 18-year-old can sign own application
- Any adult authorized by the child’s parent or legal guardian (documentation required).

...and...

Acknowledgement of Receipt of Verbal Consent Form

Developed to allow for “no-touch” applications
- Client gives consent, and application assister completes and signs application on client’s behalf.
- Available in English and Spanish at [coverva.org/covid19/](https://coverva.org/covid19/)
- Can be used regardless of application method
  - Paper application
  - By phone through Cover Virginia call center
  - Online via CommonHelp
Federal Data “Hub”

- Information supplied on all applications will be compared to data stored in a Federal Data Hub ("the Hub").
- If Hub data does not match what is on an application, LDSS/CPU will ask an applicant to provide documents to verify what is on the application.

Section 2

How Long Does it Take to Process an Application?

- Maximum 45-calendar-day processing time for most applicants
- Maximum 7-day processing time for pregnant women/teens
  - An incomplete application will "pend" for up to 45 days
  - Can request additional time to secure certain documents, like immigration paperwork, that take time to obtain
- "Real-Time" approval is possible via online application methods (healthcare.gov or CommonHelp) if information on an application matches the Hub.

Section 2

Where Are Applications Reviewed?

<table>
<thead>
<tr>
<th>Application Method</th>
<th>Processed By</th>
<th>Exception(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online via CommonHelp</td>
<td>Cover Virginia CPU</td>
<td>If applicant has an existing SNAP or TANF case, or applied for &quot;All Benefit Programs,&quot; app goes to local DSS.</td>
</tr>
<tr>
<td>or by phone with Cover Virginia Call Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online at healthcare.gov</td>
<td>Marketplace</td>
<td>If applicant looks eligible for Medicaid/FAMIS program, but more information is needed, app goes to Cover Virginia CPU.</td>
</tr>
<tr>
<td>or by phone with Marketplace call center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper</td>
<td>Local DSS</td>
<td>If ineligible, LDSS will send applicant a letter letting him/her know the app has been sent to the Marketplace.</td>
</tr>
<tr>
<td>Cover Virginia Inmate Unit</td>
<td>Cover Virginia Inmate Unit</td>
<td></td>
</tr>
</tbody>
</table>
What if the Case is **DENIED**?

- The applicant will get a *Notice of Action* from the state showing:
  - Reason for the denial, with a **code section citation** from the Medicaid manual.

- If the applicant doesn’t agree/understand and if fewer than 10 business days have passed since the *Notice of Action*, s/he should contact the LDSS/Cover Virginia and ask to speak to the worker who denied the case and/or a supervisor. If an error is discovered, case decision can be revised on the spot.

- Applicant has the right to **Appeal** (written form submitted to DMAS) within 30 days of the *Notice of Action*.

  The appeal process has been modified to increase flexibility. Individuals/families keep coverage while appeal is pending, and can have hearings by phone.

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**Section 2**