

Eligibility & Application

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Non-Financial Requirements

In addition to financial requirements that must be met to qualify for Virginia's state-sponsored health insurance programs, several non-financial requirements must also be met.

An asterisk (*) indicates a rule that **differs between the programs** in the following list of non-financial eligibility requirements.

A. Age

FAMIS and FAMIS Plus are for children from birth up to their 19th birthday.

Medicaid for Pregnant Women, FAMIS MOMS, and FAMIS Prenatal Coverage are for pregnant women of any age. *(Note: a pregnant woman under age 19 will be screened for FAMIS/FAMIS Plus eligibility first.)*

Low Income Families With Children (LIFC) is for parents, or a caretaker relative of any age, who have the care of a dependent child under age 18 in their household. If they do have an 18 year old, they may still be eligible if that child is in a secondary school or equivalent level of vocational or technical training or GED program and is reasonably expected to complete the schooling/training before or in the month he/she attains age 19.

Plan First is primarily for men and women of child bearing age (19-64), but any age person is eligible.

A person applying for Medicaid for Former Foster Care (FFC) Youth must be between the ages of 19 and 26. They have to have aged out of state-sponsored foster care and Medicaid in Virginia or another state.

The New Health Coverage for Adults is for people ages 19 to 64.

B. Virginia Residence

Applicants must be residents of Virginia. This means that they must live in, and intend to remain living in, Virginia. Self-declaration of residency is all that is required. *("Regardless of the individual's immigration status, accept declaration of Virginia residency on the application as verification of residency." Medicaid Policy Manual Sections M0230.001-C and M0220.500-A1)*

C. Assignment of Third Party Payment Rights

The state-sponsored health insurance programs require the applicant to assign any rights to third party payments to the state. This means, for example, that a personal injury settlement received for an enrolled individual would be assigned to Virginia to reimburse the state for any medical bills it paid for the injury. This assignment is listed in the Rights & Responsibilities section (Step 5) of the Application and the family/individual agrees to it when they sign the application. [\(A copy of Step 5 is on page 2.30\)](#)

D. Social Security Number*

Social Security Numbers (SSNs) are required for **all applicants (with the exception pregnant women applying for FAMIS Prenatal Coverage and people in certain immigration categories)** seeking enrollment in Virginia's state-sponsored health insurance programs. ([See Section 5: Other Helpful Information for how to get a Social Security number.](#))

The application does ask for SSNs for non-applicants on a voluntary basis. Providing SSNs for **non-applicants is not required** and not listing them will not impact the eligibility of anyone else on the application. Including the SSN of a non-applicant is, however, helpful to the LDSS, Cover Virginia Central Processing Unit (CPU), or Marketplace in verifying income information.

Individuals who are not eligible for a SSN or do not have one and are eligible only for a non-work SSN **do not need to provide or apply for a SSN**. He/she can be given a Medicaid identification number in lieu of a SSN.

E. US Citizenship or Alien Status* Requirements

FAMIS, FAMIS Plus, Medicaid for Pregnant Women, and FAMIS MOMS are for US citizens or lawfully residing non-citizens. Resident Alien children under age 19, who are otherwise eligible (meaning they meet all other financial and non-financial rules) may receive FAMIS and FAMIS Plus. Resident Alien pregnant women, if otherwise eligible, may receive Medicaid for Pregnant Women or FAMIS MOMS.

LIFC, Plan First, Medicaid for Former Foster Care Youth (FFC), and the New Health Coverage for Adults are for US citizens or lawfully residing non-citizens as well. Lawful permanent residents (LPRs) may be eligible for coverage after the first five years of residence in the US. Most LPRs and conditional entrants who entered the US before August 22, 1996 are eligible.

Certain immigrant categories considered **"Mandatory Coverage Categories"** are eligible for coverage. These are **Refugees and Asylees** from certain countries. They may be eligible for coverage for the first 5-7 years they are in the country. Veterans or Active Military (including spouses/dependent children) may be eligible regardless of when they entered the US. The "Alien Code Chart" from the *Medicaid Eligibility Manual* is on [pages 2.49-2.51](#) and shows which categories of immigrants are eligible for full benefits and which are eligible for "emergency services only".

Applicants for all programs will have their citizenship status or alien status and their identity verified electronically (with the Social Security Administration or the US Citizenship & Immigration Services) based on the information they provide on their application. There may be cases where the information can not be verified. In these cases, if the application is eligible for coverage in all other respects, he/she will be enrolled in coverage and will have 90 days to provide documentation verifying his/her citizenship, identity and/or immigration status. (For examples of acceptable forms of documentation for citizenship, identity and immigration status, see the

Medicaid Eligibility Manual on line at: <https://www.dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/> and refer to sections M02, M21, and M22.)

It is important to note that the **citizenship status of a child's parent is not relevant** and does not affect the child's eligibility for FAMIS or FAMIS Plus.

FAMIS Prenatal Coverage is for pregnant women with incomes under 205% of poverty who are ineligible for Medicaid or FAMIS MOMS due to immigration status. This includes undocumented women and women with Deferred Action for Childhood Arrival (DACA) status.

Individuals who have qualifying incomes for Medicaid, but do not qualify due to citizenship or immigration status (including undocumented aliens) may be eligible for **Medicaid payment for emergency services**. Emergency services can be covered when approved by DMAS and the individual meets all other program requirements.

Adults who do not qualify for Medicaid due to the 5 year US residency requirement, may still be eligible to receive tax credits and subsidies toward the purchase of private insurance in the Federal Health Insurance Marketplace, even if their incomes are under 100% of FPL.

Many immigrants have trepidation about receiving public benefits, including Medicaid, for fear that they will be labeled a **"Public Charge"** which may prevent them from becoming a Legal Permanent Resident or prevent other family members from emigrating to the United States. Enrollment in the Medicaid/FAMIS is not counted in the public charge test unless a person receives long-term care services.

F. Other Insurance*

Medicaid (LIFC, FFC, Medicaid for Pregnant Women, and the New Health Coverage for Adults) are available to people who already have other health insurance. These Medicaid programs can supplement their existing insurance - paying for care that is not covered under the private insurance. The state-sponsored coverage is the "payer of last resort".

In some cases, if it is cost effective to do so, FAMIS Plus/Medicaid may provide premium assistance to pay the cost of the existing health insurance policy premiums. This is called the Health Insurance Premium Payment or HIPP Program. More information about this program is in [Section 3](#).

FAMIS, FAMIS MOMS, and FAMIS Prenatal Coverage are not available to children or pregnant women who currently have other "creditable" health insurance. "Creditable" health insurance includes most group and individual insurance plans. It does not include very limited policies such as accident on school grounds or dental-only plans.

G. Residents of Institutions*

Children, pregnant women, parents/caretaker relative, and individuals who are **inmates** in a public institution (i.e. prison, jail, or juvenile detention center) can be eligible for Medicaid provided they meet all the eligibility requirements. **While they are incarcerated**, however, they can **only receive inpatient hospitalization services**.

Children under age 21 who are **inpatients** in an institution for the treatment of mental disease (IMD) **are not eligible for FAMIS**, but may be eligible for FAMIS Plus. **Inpatients of an IMD aged 21-65 are not eligible for Medicaid**, even if they are pregnant.*

**Note: An individual who is age 22 or over, but under age 65 and who is enrolled in Medicaid at the time of admission to an IMD may remain enrolled in Medicaid.*

H. Cooperation with Child Support Enforcement*

If an adult is applying for **Medicaid (including LIFC, FFC and the New Health Coverage for Adults)** for him/herself **AND for FAMIS Plus for a child with an absent parent**, he/she is required to cooperate with the Division of Child Support Enforcement (DCSE) to establish paternity and obtain medical support (health insurance) for the FAMIS Plus eligible child. If the parent/caretaker fails to cooperate (and does not establish “good cause for failure to cooperate”) the parent/caretaker will be ineligible for Medicaid. The **parent/caretaker’s refusal or failure to cooperate with DCSE will not affect the child’s FAMIS Plus eligibility**. Cooperation is considered to be met when the parent signs the medical assistance application. If the parent later sets up a case with DCSE, all other DCSE requirements will need to be met.

There is no cooperation requirement in FAMIS MOMS or FAMIS Prenatal Coverage.

I. Living with a Dependent Child (LIFC Only)

A person applying for LIFC must be a parent or caretaker-relative living in the home with a child under the age of 18. They could also live with a child who is under the age of 19 and is a full-time student in a secondary school or equivalent level of vocational/technical school or in a GED program AND it is expected that the child will graduate from the school/program before or in the month he/she turns 19. The child does not have to have state coverage for the parent/caretaker to be eligible.

A “caretaker-relative” is a person who is not the parent and is any of the following: a blood relation (including half-blood) - first cousin, nephew/niece, and people of preceding generations - grand or great grand relations); a step relation (mother, father, brother, sister); related by formal adoption; and spouses of any of the relatives listed above, even after marriage is ended by death or divorce. The relationship is self-declared on the *Application*.

Financial Requirements

Virginia's health insurance programs for children, pregnant women and adults use Modified Adjusted Gross Income (MAGI) methodology to determine household size and income. Once a person's income has been determined using MAGI, this information is compared to the Federal Poverty Level (FPL). This indicator of poverty in America is established by the federal government each year (usually in late January) and is the same figure for all 48 contiguous states. It is slightly higher in Alaska and Hawaii. If the individual's household size and income fall within a program's FPL limits, he/she is likely financially eligible for the program.

When evaluating eligibility for these programs, it is important to figure out each household member's eligibility separately. Follow these three steps when screening for eligibility.

- Step 1: Figure out the household size for each family member**
- Step 2: Figure the income for each family member based on his/her household size**
- Step 3: Compare the income for the household size to the income limits for the various programs**

Additional information on each step is provided below.

STEP 1: DETERMINING HOUSEHOLD SIZE

When evaluating eligibility for these programs, you must first determine the "household size." Members of a family can each have different household sizes. It is important to figure out each individual's household size when thinking about their eligibility.

First, you must figure out what type of member of the household each person will be. For the purposes of household size, individuals will fit into one of **three categories**:

- Tax filer (person files taxes and is not claimed as a tax dependent on anyone else's taxes);
- Tax dependent; or
- Nonfiler **and** not claimed as a tax dependent.

For the Tax Filer:

Household size = the tax filer + any joint filers (if they exist) + all claimed dependents (*Note: Joint filers can only be spouses. Married couples living together who file separately are considered to be in the same household for the FAMIS and Medicaid programs*)

For Tax Dependents:

Household size = the same as the tax filer who claimed them as a dependent, with three exceptions...

- A. If the individual is a tax dependent who is not a child or spouse of the tax filer, then...
Household size = individual + his/her spouse (if they are living with them) + his/her biological, adoptive, or stepchildren under age 19 (if they are living with them)
- B. If the individual is a child living with both parents who are not married, then...
Household size = the child + any siblings (biological, adoptive, or step) + his/her parents
- C. If the individual is a child claimed as a tax dependent by a non-custodial parent, then...
Household size = the child + any siblings (biological, adoptive, or step) + his/her biological, adoptive, or step-parent(s) (with whom he/she is living)

For People who do not file taxes (nonfilers) and who are not claimed as dependents on anyone else's taxes:

For an Adult:

Household size = individual + his/her spouse (if they are living with them) + his/her biological, adoptive, or stepchildren (if they are living with them)

For a Child:

Household size = child + any siblings (biological, adoptive, or step) + his/her biological, adoptive, or step-parent(s) (with whom they are living)

For the purposes of the three exceptions and the two nonfiler rules, **a child is considered to be anyone under age 19.**

When trying to figure out **household size** in a family **that includes a pregnant woman**, the same rules are used. Keep in mind **for the pregnant woman's household size ONLY - she will count as at least 2 people**, or more if multiple children are expected (twins, triplets, etc.)

Note: A pregnant teen will be evaluated for eligibility in the children's programs (FAMIS/FAMIS Plus) first. She will only count as one person in the household size for everyone, including herself. If she is ineligible for the children's programs, then she will be evaluated as an adult and only then will her unborn child(ren) count in her household size.

Following are some examples to help to illustrate these rules. They are from the Center for Budget and Policy Priorities “Beyond the Basics” webinar series which can be viewed at <http://www.healthreformbeyondthebasics.org/>. *Note: These examples are for household size for Medicaid/FAMIS only, household size for Premium Tax Credits and Subsidies via the Federal Health Insurance Marketplace may differ.*

Example 1: Single Person

John is a single adult with no dependents of his own. He lives on his own and is not claimed as a dependent on anyone else’s taxes.

John’s household size = 1 (just himself).

Example 2: Married Couple with Two Children

Bob and Jane are married and have two children. They file a joint tax return and claim both of their children as dependents.

Bob’s household size = Bob + Jane (joint filer) + 2 children (dependents) = 4.

Jane’s household size = Jane + Bob + 2 children = 4

Each child’s household size = same as tax filer claiming that as a dependent = 4

Example 3: Multiple Generation Household

Rose lives with and supports her 60 year-old mother, Maria. Rose also has a 5 year-old daughter, Natalie. Rose is the tax filer and claims her mother and daughter as dependents.

Rose’s household size = herself + her two dependents (her mother and daughter) = 3

Maria’s household size = herself = 1 (*exception A for tax dependents*)

Natalie’s household size = same as the tax filer claiming her (her mother) = 3

Example 4: Child Claimed by a Non-Custodial Parent

Lisa lives with her son, Alex, and files her taxes as an individual. Alex is claimed as a dependent by his father, her ex-husband, who lives elsewhere.

Lisa’s household size = herself = 1

Alex’s household size = himself + any parents/siblings **living with him** (his mom) = 2 (*exception C for tax dependents*)

We would not calculate the dad’s household as part of doing the determination for Lisa and her son. Since dad does not live in the home, if he needed coverage he would have to file his own application. If he did file one, his household size would be 2 (himself and his claimed tax dependent, Alex.)

Example 5: Non-married Parents

Dan and Jen live together with their two children. They both have income and are not married. They file taxes separately and Dan claims the children as dependents on his taxes.

Dan's household size = himself + claimed dependents = 3

Jen's household size = herself = 1

Each child's household size = child + sibling + parents = 4 (*exception B for tax dependents*)

STEP 2: DETERMINING HOUSEHOLD INCOME

What is Modified Adjusted Gross Income (MAGI)?

MAGI is a methodology for counting income and determining household size, based on federal tax filing rules.

Virginia programs that use MAGI:

- Medicaid Families and Children Groups
- Parent/caretaker relatives (Low Income Families with Children, LIFC)
- Children under age 19 (FAMIS and FAMIS Plus)
- Pregnant women (Medicaid for Pregnant Women, FAMIS MOMS, and FAMIS Prenatal Coverage)
- New Health Coverage for Adults
- Reasonable classifications of children under age 21
- Non IV-E foster care/adoption assistance children
- Children in juvenile detention
- Plan First

Income is based on household size. Different members of the family can have different household sizes and, thus, different household incomes.

Eligibility for state-sponsored health insurance programs is based on **gross monthly income for the month prior to application**. This is the income prior to taking any deductions. When calculating a household income for screening purposes, calculate current monthly income.

It is important to note that a family member's countable income must be converted to a monthly amount to evaluate eligibility. To calculate monthly income, use the following conversion factors:

- From **weekly** income – multiply by **4.3**
- From **biweekly** income (paid every two weeks) – multiply by **2.15**
- From **twice monthly** income - multiply by **2**
- For monthly income - just use the gross figure reported.
- From irregular income – determine average weekly income over a 3-month period and multiply by **4.3**

The following chart lists what should and should not be included when you are calculating an individual's current gross monthly income.

| Included | Do Not Included |
|---|--|
| <i>Taxable income: gross earnings from jobs, including cash, wages, salaries, commissions, and tips</i> | <i>Supplemental Security Income (SSI) and Temporary Assistance For Needy Families (TANF) payments</i> |
| <i>Self-employment income allowing for deductions for depreciation and capital losses to determine profit</i> | <i>Educational grants, loans, scholarship and fellowship income</i> |
| <i>Social Security income (Retirement, Disability, and Survivor's Benefits)*</i> | <i>Social Security income of a child not required to file taxes*</i> |
| <i>Alimony received into the home pursuant to a divorce decree filed prior to December 31, 2018</i> | <i>Child support received. Alimony received into the home pursuant to a divorce decree filed after January 1, 2019</i> |
| <i>Unemployment</i> | <i>Workers Compensation</i> |
| <i>Pensions and annuities</i> | <i>Certain Veterans Administration Benefits</i> |
| <i>Rents and royalties received</i> | <i>Certain Native American and Alaska Native payments</i> |
| <i>Foreign earned income</i> | <i>Gifts and inheritances</i> |
| <i>Non-taxable interest</i> | <i>Income of a dependent (unless they are required to file a tax return, filing threshold \$12,550 earned income or \$1,100 unearned/year)</i> |
| <i>Count lump sum income only in the month it was received</i> | |

*** Here are the Social Security Income Counting Rules for Groups subject to MAGI methodology rules:**

1. Social Security received **by the parent** is income for **both the parent and the child's eligibility**.
2. If **no parent** is in the child's MAGI household when determining the child's eligibility, **all of the child's Social Security is counted**.
3. When determining the child's eligibility, if a **parent is included** in the child's MAGI household, the **child's Social Security is not countable unless the child is required to file taxes based on his other earned or unearned income** (filing threshold \$12,550 earned \$1,100 unearned.)
4. The income of a child who is also the parent (whether or not he/she files taxes), is counted for his/her child's eligibility determination.

The key to counting child's social security income, for the child himself or his parents, is whether or not the **child is required** to file taxes.

Alimony paid out **pursuant to a divorce decree filed prior to December 31, 2018** is **deducted** from gross monthly income. **Alimony** paid out **pursuant to a divorce decree filed on or after January 1, 2019** is **not deducted** from income.

Student loan interest is deducted from income.

To figure out the household income for each individual, count the MAGI of all the people who were included in that individual's household size. Every person is also allowed an additional 5% FPL "standard disregard" deduction from household income, if they are over income. To account for this, the income guidelines written in this Tool Kit all include the extra 5% FPL amount in the figures listed.

STEP 3: COMPARE HOUSEHOLD SIZE AND INCOME TO PROGRAM GUIDELINES

Once you have figured out the household size and income for each family member, compare it to the charts below to see if each person falls within the income ranges of the state-sponsored health insurance programs.

Applicants for **New Health Coverage for Adults** must have MAGI income **less than or equal to 138% FPL**.

Applicants are financially eligible for **FAMIS Plus or Medicaid for Pregnant Women** if the family has a MAGI income **less than or equal to 148% FPL**.

Children and pregnant women are financially eligible for **FAMIS/FAMIS MOMS** if their MAGI income is **above 148% FPL and less than or equal to 205% FPL**.

A Pregnant woman with no legal immigration status is financially eligible for **FAMIS Prenatal Coverage** if her MAGI income **is between 0% and 205% FPL**.

Men and women must make **over 138% and less than or equal to 205% FPL** to be financially eligible for the **Plan First program**.

Note: The FPL changes each year in late January and the income guidelines for the state-sponsored health insurance programs change accordingly. The income figures listed here became **effective on January 18, 2022** and **all include the additional 5% FPL Standard Disregard**.

New Health Coverage for Adults - 138% FPL

| Household Size | Monthly Income | Annual Income |
|-----------------------|----------------|---------------|
| 1 | \$1,563 | \$18,755 |
| 2 | \$2,106 | \$25,269 |
| 3 | \$2,649 | \$31,782 |
| 4 | \$3,192 | \$38,296 |
| 5 | \$3,735 | \$44,810 |
| 6 | \$4,277 | \$51,323 |
| 7 | \$4,820 | \$57,837 |
| 8 | \$5,363 | \$64,350 |
| Additional Person Add | \$543 | \$6,514 |

FAMIS Plus & Medicaid for Pregnant Women - 148% FPL

| Household Size | Monthly Income | Annual Income |
|-----------------------|----------------|---------------|
| 1 | \$1,677 | \$20,114 |
| 2 | \$2,259 | \$27,100 |
| 3 | \$2,841 | \$34,085 |
| 4 | \$3,423 | \$41,071 |
| 5 | \$4,005 | \$48,057 |
| 6 | \$4,587 | \$55,042 |
| 7 | \$5,169 | \$62,028 |
| 8 | \$5,752 | \$69,013 |
| Additional Person Add | \$583 | \$6,986 |

FAMIS, FAMIS MOMS, FAMIS Prenatal Coverage & Plan First - 205 % FPL

| Household Size | Monthly Income | Annual Income |
|-----------------------|----------------|---------------|
| 1 | \$2,322 | \$27,860 |
| 2 | \$3,128 | \$37,536 |
| 3 | \$3,935 | \$47,212 |
| 4 | \$4,741 | \$56,888 |
| 5 | \$5,547 | \$66,564 |
| 6 | \$6,354 | \$76,240 |
| 7 | \$7,160 | \$85,916 |
| 8 | \$7,966 | \$95,592 |
| Additional Person Add | \$807 | \$9,676 |

The **Low Income Families with Children (LIFC) income guidelines** are not based on the Federal Poverty Level. Instead, they are based on the Consumer Price Index and they change every July. Also, income can be higher depending on where the person lives in the Commonwealth. Virginia is broken into three locality groupings with Group III allowing for the highest income and Group I the lowest. Virginia's localities are divided amongst the groups. The income limits listed for LIFC include the 5% FPL standard disregard allowed to all applicants.

A parent/caretaker-relative must make at or below the monthly incomes listed below to be eligible for LIFC. The maximum income depends upon where the person lives in Virginia.

For example, parents in a family of three living in Alexandria (Group III) making \$700 per month would be financially eligible for LIFC, but parents in a family of three living in Washington County (Group I) making that amount per month would be over income for LIFC.

LIFC Monthly Income Guidelines Effective on July 1, 2021

| Household Size | Group I | Group II | Group III |
|------------------------------|----------------|-----------------|------------------|
| 1 | \$320 | \$402 | \$577 |
| 2 | \$478 | \$571 | \$771 |
| 3 | \$605 | \$717 | \$947 |
| 4 | \$733 | \$857 | \$1,114 |
| 5 | \$864 | \$1,008 | \$1,316 |
| 6 | \$975 | \$1,138 | \$1,467 |
| 7 | \$1,100 | \$1,276 | \$1,635 |
| 8 | \$1,231 | \$1,413 | \$1,809 |
| Additional Person Add | \$129 | \$144 | \$170 |

Locality Group I

Accomack, Alleghany, Amelia, Amherst, Appomattox, Bath, Bedford City/County, Bland, Botetourt, Bristol, Brunswick, Buchanan, Buckingham, Buena Vista, Campbell, Caroline, Carroll, Charles City, Charlotte, Clarke, Craig, Culpeper, Cumberland, Danville, Dickenson, Dinwiddie, Emporia, Essex, Fauquier, Floyd, Fluvanna, Franklin, Franklin County, Frederick, Galax, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hanover, Henry, Highland, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Louisa, Lunenburg, Madison, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Northampton, Northumberland, Norton, Nottoway, Orange, Page, Patrick, Pittsylvania, Powhatan, Prince Edward, Prince George, Pulaski, Rappahannock, Richmond County, Rockbridge, Russell, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Suffolk, Surry, Sussex, Tazewell, Washington, Westmoreland, Wise, Wythe, York

Locality Group II

Albemarle, Augusta, Chesapeake, Chesterfield, Covington, Harrisonburg, Henrico, Hopewell, Lexington, Loudoun, Lynchburg, Martinsville, Newport News, Norfolk, Petersburg, Poquoson, Portsmouth, Radford, Richmond City, Roanoke City, Roanoke County, Rockingham, Salem, Staunton, Virginia Beach, Warren, Williamsburg, Winchester

Locality Group III

Alexandria, Arlington, Charlottesville, Colonial Heights, Fairfax City, Fairfax County, Falls Church, Fredericksburg, Hampton, Manassas, Manassas Park, Montgomery, Prince William, Waynesboro

Application Procedures

There are many ways to apply for the state-sponsored coverage programs. The single streamlined "Application for Health Coverage & Help Paying Costs" can be filled out in **hard copy and submitted in-person or mailed** to the applicant's local DSS office. The information may also be submitted **over the phone** via the Cover Virginia Call Center and **online** via the CommonHelp website. Additionally, people may apply via Healthcare.gov and the Federal Health Insurance Marketplace Call Center.

A PDF version of the Application may be downloaded from the Cover Virginia website at **www.coverva.org**. Under "Partners" on the top menu, choose "Materials" in the drop down menu. From the resulting page, you can order multiple printed copies of the Application and other printed outreach materials. Outreach workers should familiarize themselves with the layout of the Application form and its instructions.

WHO CAN APPLY

A parent of any age, even if he/she is under 18, can apply for his/her child(ren).

For a child or pregnant teen (under age 18), the parent, legal guardian, adult relative with whom the child lives*, or any person authorized in writing by the parent, may complete the *Application*. *(During application processing, copies of court papers will be requested in the case of legal custody/guardianship. Signed proof of authorization will be required when someone authorized by a parent is applying on behalf of the child.)*

An **adult relative with whom the child lives is any person related by blood or marriage with whom the child is living. Any degree of relationship is acceptable. Documentation of this relationship is **not** required.*

Children age 18 and over, or children under age 18 emancipated by a court, may apply for themselves. *(Copies of court papers will be required in the case of a legally emancipated minor.)*

An adult married to a minor may apply for his/her spouse.

For a pregnant woman over 18: An adult pregnant woman may apply for herself. The adult husband of a pregnant woman, guardian, conservator, attorney-in-fact, designated authorized representative, or and adult relative may apply on the pregnant woman's behalf if she cannot sign for herself.

HOW TO APPLY

By Telephone - Cover Virginia Call Center (CVCC) at (855) 242- 8282

A family/individual may call the **CVCC** toll-free and complete the Application over the telephone with a Customer Service Representative (CSR). The CVCC is open from 8AM to 7PM, Monday through Friday and 9AM to Noon

on Saturdays, except on state holidays. A TTY line is also available: (888) 221-1590. The CVCC has several Spanish-speaking CSRs on staff and also has access to a **language line**. Anybody that is not comfortable conversing in English may state the language they wish to speak, and the CSR will establish a three-way conversation with the applicant and an interpreter on the line.

The call is recorded and all of the information on the paper *Application for Health Coverage & Help Paying Costs* is asked of the applicant and collected by the CSR. The individual “signs” the Application when he/she agrees with and understands the Rights & Responsibilities (Step 5) which have been read by the CSR. Upon completion of the call, the CVCC will issue a Tracking or “**T Number**” as proof that the Application has been submitted. **The date of application is the date of the phone call.**

The application will be processed by the co-located Cover Virginia Central Processing Unit (CPU), **unless the family/individual has an open/active SNAP, TANF or Child Care case at their Local Department of Social Services (LDSS)**. If there is an open/active case, the case will be **transferred to the LDSS for processing**. If it is a case of a new family member applying where the family/individual only has an existing Medicaid/FAMIS case locally, then the CPU will process the case. If there are any verification documents needed, a follow-up letter will be sent from CPU. The applicant may mail or fax the requested documents to the CPU to complete the process. The CPU will make a final decision on the case and send the family/individual a *Notice of Action on Benefits* with the result.

People can also apply over the phone with **DSS’s Enterprise Customer Service Center (ECSC)** at **(855) 635-4370**. The ECSC is open from 7AM to 6PM, Monday through Friday. If a person wishes to apply for multiple benefits at once, it will take his/her telephonic application. If a person calls to apply for just Medical Assistance, the call will be rerouted to the Cover Virginia Call Center.

On Line Via CommonHelp – www.commonhelp.virginia.gov

Through CommonHelp, Virginia’s online application for social service benefits, people can screen themselves for multiple benefit programs [*child care subsidies, SNAP/Food Stamps, Health Coverage (including Medicaid and FAMIS), TANF and Energy Assistance*] and apply for them online. Using CommonHelp they can check the status of applications; report changes; and complete benefit renewals. CommonHelp is available 24 hours a day, 7 days a week.

If a person wishes to apply for the Medicaid/FAMIS programs only, they would click on the the “**Apply for Health Care Benefits**” button on the left side of the home page to start an application for health coverage. If the individual wishes to apply for other benefits at the same time, he/she would choose “Apply for All Benefit Programs” option.

The first step is to **set up a CommonHelp account by creating a User Name and Password**. It is important for an applicant to keep this information as **it will be his/her ID and password during the application process and if**

approved, for ongoing case maintenance and annual renewal of benefits.

In addition to the ID and password, the person is asked the answers to a series of security questions which are used to verify identity during future log ins.

The online application takes about **60 minutes to complete**. It will take longer if the family has many people in it. If, during the process, a family/individual needs to stop, they can **save** their information and **exit** the application and come back and complete it later. The applicant has up to **60 days to come back** and complete the application process. If more than 60 days pass, he/she must start the application process over.

The family/individual should have the following information at the ready to make the application process go smoothly:

- Household income from jobs and other income sources
- Social Security Numbers (or document numbers for legal immigrants who need coverage), full names, and dates of birth of all applicants
- Current or recent health insurance information (if applicable)

All the information collected on the paper *Application for Health Coverage & Help Paying Costs* will be asked in the online application. It uses dynamic technology, so based on the way some questions are answered, certain other questions can be skipped to help speed the process along. For example if the applicant indicates his gender is male, it will not ask him questions related to pregnancy. Like the paper Application, CommonHelp collects all the information it needs about each household member at one time and then moves on to the next one.

At each step, CommonHelp will ask the applicant to review the information entered for errors and allow for any needed corrections. Once the applicant is satisfied with what has been entered, CommonHelp will indicate which program has been applied for and **where the application will be processed - LDSS or the CPU**.

The verification step explains the applicant's options to submit the application electronically, via mail, fax, or in person drop off. **If the person chooses to continue and submit the application electronically, CommonHelp will take them through the electronic signature process.** Once "signed" and submitted, the applicant **will receive a tracking or "T" number** as confirmation that the application was successfully submitted. **The person should keep the T number as it is needed to check with the local DSS or CPU on the status of the submitted application.** If you are helping the family/individual and have their permission to follow up on the Application, you should keep the T number as well. **The date the application is complete and submitted online is application date.** (*Phone numbers for all the local DSS offices are listed in [Section 5: Other Helpful Information](#)*)

If any of the information on the Application cannot be verified using available electronic data sources, the agency processing the case (LDSS or CPU) will contact the family/individual requesting verification documents and giving

instructions on how to return the information for processing. The notice will include a due date. All efforts will be made by LDSS and the CPU to verify the information electronically prior to contacting the applicant for additional documentation.

Medicaid Management Information System (MMIS) check and Identity (ID) Proofing allow for “real time” eligibility determination. Once all the household members have been entered, MMIS check allows the system to check the Virginia Department of Medical Assistance services’ MMIS system (using name, social security number, and date of birth) to see if any family member is already enrolled in partial or full state health coverage. If a household member is already enrolled, the applicant will see a warning message telling them the person already receives health coverage and there is no need to reapply for that individual. This should prevent duplicate applications. The ID Proofing question is asked in the “Get Started” section of the CommonHelp online application. If the applicant consents to ID Proofing, he/she will be asked a series of personal questions about themselves and his/her answers will be matched against external data sources (Federal Data Hub, Experian, etc.) By consenting to these extra questions, it is possible that by the end of the online application process, “near real time” eligibility results on the application could be given.

If real time results are not possible, approval via a **Notice of Action on Benefits** will be sent from the local DSS or CoverVA CPU. The family/individual will have the opportunity to link their FAMIS/Medicaid case to their CommonHelp online account with the User Name and Password they used when they applied for coverage. They will login to CommonHelp and look for the “Manage My Account” page. After answering a few questions to verify their identity, they will be able to **“Associate”** (link) their case. One of the items needed to link the case is the enrollee’s case number from the *Notice of Action*.

Once the case has been linked, the individual can check benefits (see what programs they have been approved for and their case number); report changes in household size, address, and income; and at annual renewal, renew benefits through CommonHelp. Clicking on the magnifying glass icon next to one of the benefits programs will bring up more detailed page on that benefit.

To report changes, families/individuals will login and choose “Report My Changes” and click the box next to the case they want to update and then report changes to the household information in the resulting form. At the end of the questionnaire, the family/individual will be prompted to submit their changes. These will be reported to their local DSS.

Alternative Online/Telephone/Mail Application Submission Site -

A family/individual may also apply for coverage online with **Healthcare.gov** or via telephone **(800) 318-2596**. This is the Federal Health Insurance Marketplace. If an application is started here, Healthcare.gov will screen it for eligibility for Virginia’s coverage programs first **and if determined eligible, enroll the person in coverage**. If the Healthcare.gov determines

the person looks to be eligible for a Virginia program, but the Marketplace can't verify all the information, they will send the application to Virginia to complete the application process. The Cover Virginia CPU, or the local DSS, will handle disposition of those cases.

If it is during annual Open Enrollment, or if an applicant is eligible for a "Special Enrollment Period," and the applicant is determined to not likely to be eligible for Virginia coverage, Healthcare.gov will process his/her application for eligibility for premium tax credits and cost sharing subsidies to help make purchasing private insurance on the Marketplace more affordable.

By Paper - Application for Health Coverage & Help Paying Costs

The completed paper Application (including a signature) can be submitted **via mail** or delivered **in person** to the local Department of Services (DSS) that serves the locality in which the applicant lives. A listing of the addresses for the 120 local DSS offices in Virginia is located in [Section 5: Other Helpful Information](#).

The date the Application **is received by the DSS, not the date it is signed by the applicant**, is considered to be **the date of application**. *Note: A single stamp may not cover the cost of mailing of an Application, so the applicant should take care to affix the correct amount of postage or it will be delayed in reaching its destination.*

The paper Application is a booklet consisting of a page of instructions, 7 pages of application information, and 4 pages of included Appendices (A-C). It allows a family to provide information on up to two family members. If there are **more than 2** people in the family, an **"Additional Person Single Page Supplement" must be completed** for each additional person.

Front Cover

The front cover of the Application is "Things to Know." It tells the applicant that he/she can use the form to apply for Medicaid, FAMIS or Plan First and for coverage choices and tax credits. It urges people to apply faster by using **commonhelp.virginia.gov** to apply.

It also tells them what information will be needed to complete the Application:

- Social Security Numbers (or document numbers for legal immigrants who need coverage) and dates of birth for applicants
- Employer and income information for all family members
- Policy numbers for current health insurance policies, and
- Information about any job-related health insurance available to the family.

The form indicates that the state is asking for information to determine what coverage the household members qualify for and if they can get help paying for it and assures the family that the information will be kept private and secure.

Once the complete, signed Application is sent to the applicant's local DSS, that agency may follow up with the family for additional needed information.

It states that the Application should be processed within 45 days from the date it was received by the local DSS. It also provides information on where the applicant can get help completing the application, including the phone number and web address of the Cover Virginia Call Center.

Page One

Page one consists of two steps. **Step 1** asks for contact information for the adult in the family that will be the contact person for the Application. It asks for full name (including middle initial and suffix, if applicable), home and mailing addresses, phone numbers, whether the family wants to receive information about the application online at CommonHelp and what their preferred language is (if it is other than English).

The bottom of the page lists the instructions on how to complete **Step 2**, which asks for information about everyone in the household. It goes over who to include and not include on the Application and advises the applicant to complete **Step 2** for each person in the family starting with the person who completed **Step 1**.

Page Two

Page two includes more questions for **Step 2: Person 1**. Questions 1-5 are identifying information - full name, marital status, relationship to person 1 (in this case "self"), date of birth, sex, and Social Security number.

Question 6 asks if the person files federal taxes, yes or no. If "Yes," it asks if he/she files jointly with a spouse, claims any dependents, or is claimed as a dependent on anyone else's tax return. [*This question is key for calculating MAGI household size and income.*]

Question 7 asks if the person is **pregnant**. If "Yes," how many babies are expected and what the expected due date is. [*This question flags the application for 7 calendar day expedited processing.*]

Question 8 asks if the person needs health coverage. If "No," the person can skip to Page 3 "Current Job & Income Information". If "Yes," it advises them to continue answering questions 9-17 below. It also has two questions about being evaluated for the Plan First program. Check "Yes" if under age 19 or over age 64 if they don't want to be evaluated for **Plan First** (Opt In). Check "No" if age 19-64 and **do not** want to be evaluated for Plan First (Opt Out)

Question 9 asks if the person needs help with everyday things to live safely in the home or if he/she has a physical disability or long term disease, a mental or emotional health condition, or addiction problem. [*This question explores whether the person might be eligible under the Aged, Blind, & Disabled (ABD) Medicaid coverage category or if he/she is "Medically Complex" which has an effect on the way a person receives their care in the program via a Medallion 4.0 Managed Care Organization (MCO) or a CCC Plus MCO.*]

If age 65 or older and receiving Medicare, it also asks the person to complete Appendix D, which is not included in the Application booklet. Copies can

be downloaded from the Cover Virginia Website. Appendix D needs to be completed if someone has disabilities; is age 65 or older; or is in need of Long Term Care Services (nursing facility or community based care).

If under age 65 and needing long term services and supports (nursing home care or community based care) it instructs the person to complete Appendix E, which is not included with the Application booklet. Copies of this Appendix can be downloaded from the Cover Virginia Website.

Question 10 asks if the person is a US citizen or US national. If the answer is no, the person will stop answering questions on this page, and proceed to the income questions (18 to 31).

Question 11 asks if the person is not a US citizen/national, if they have a eligible immigration status. If "Yes," it then asks for an immigration document type, document ID number, if the person has **lived in the US since 1996** and if the person, person's spouse, or parent is a Veteran or active-duty US military member. *[The 1996 question is flagging the person for an evaluation of the 5 year requirement for LIFC, FFC, New Health Coverage for Adults, and Plan First.]*

Question 12 asks if the **person lives with at least one child under age 19, and if they are the main person taking care of this child**. *[This question is exploring the possibility LIFC coverage for Person 1.]*

Question 13 asks if the person is incarcerated. If "Yes," it requests more information on where and his/her expected release date.

Question 14 asks if the person is a full-time student.

Question 15 asks if the person was in **foster care at age 18 or older** and if "Yes," in which state. *[This is flagging the person for evaluation for Medicaid coverage as a former foster care youth. If the child was in public foster care at age 18 in any state, he/she is now eligible for Medicaid coverage, **regardless of income**, until age 26.]*

Question 16 asks if the person is of Hispanic/Latino ethnicity to check all the options that apply to them and Question 17 asks his/her race. Both of these questions are optional. Answering them helps the state collect good demographic information on applicants and enrollees.

Page Three

The next set of questions on page three is regarding the person's current job and income information. At the top it asks if the person is **Employed** - if "Yes" they start with Question 18. If **Not Employed** - the person starts with Question 28. If **Self-Employed**, he/she skips to Question 27.

Current Job 1: Questions 18 through 21 asks for information on their current job - the employer name, address, and phone number, the amount of wages/tips **before taxes have been taken out**, how frequently the person is paid, and the average number of hours worked each week.

Current Job 2: Questions 22 through 25 ask the same questions as for current Job 1, but for any second employer the person may have. **It also advises applicants that if they have more than 2 jobs, that he/she should answer these same questions for those jobs on a separate sheet of paper.**

Question 26 asks if the person changed jobs, stopped working, started working fewer hours, or none of the above in the past year.

Question 27 should be answered if Person 1 is Self-Employed. It asks for the type of work and how much net income (amount left over once business expenses are taken out) he/she will get from self-employment this month.

Question 28 explores if the person has other income coming into the home, things like unemployment, pensions, Social Security (Retirement, Survivor Benefits or Disability), retirement accounts, alimony received, etc. It asks for the amount of money coming in and how often it is received.

Question 29 asks if the person needs help paying for medical bills from the last 3 months. **[By answering “Yes” to this question, the person is applying for retroactive coverage to help pay those medical bills. Retroactive coverage is available for FAMIS Plus, Medicaid for Pregnant Women, LIFC, FFC, Plan First, New Health Coverage for Adults, and for a newborn applying for FAMIS.]** If “Yes”, the person must list a total of his/her gross monthly income from all sources for the previous 3 months.

Question 30 asks for any deductions that can be taken from income for things like student loan interest. It asks for the amount paid and the frequency it is paid. These are things claimed on the front page of a 1040 tax return. This also includes any pre-tax deductions for things like a Health Savings Account (HSA), retirement accounts (401K or 403B), or child care.

Question 31 is required only if the person’s income changes from month to month. If it does, it asks for the person’s total gross income this year, and what the person thinks their total income will be next year. If it does not, the person can skip this question.

Pages Four and Five

These pages are for **Step 2: Person 2**. Though reordered slightly, all the same questions as those asked for **Step 2: Person 1** are asked on these pages with the addition of one question - whether or not they live in the home with Person 1. If the family has more than two family members, they must complete both sides of the **“Additional Person Single Page Supplement”** for each one. Again the questions are the same as for **Step 2: Person 2**. At the top of the page, they must also include the name of the person from **Step 1**. *[This is to ensure that these additional pages are associated with the correct Application.]*

Page Six

Step 3 on page six must be completed only for American Indian or Alaska Native family members. If the person is of this decent, he/she should go to and complete **Appendix B**. If he/she is not, continue to **Step 4**.

Step 4 must be answered about anyone applying for health coverage. Question 1 asks if anyone is applying is already enrolled in health coverage. If “yes”, it asks the person to check next to the type of coverage each person in the family has and write that family member’s name next to the type. If anyone has employer coverage, it also asks for the name of the health insurance, the policy number and if it is a COBRA policy or retiree health plan. It also asks if there is any other insurance, the name of that insurer and the policy number and if it is a limited-benefit plan (like a school accident policy).

Question 2 asks if anyone listed on the Application is offered health insurance from a job. He/she is advised to check “Yes” even if this coverage is from someone else’s job (i.e. parent’s or spouse’s). If “Yes”, he/she must complete **Appendix A** and must answer the question if it is a state employee benefit plan. If “No,” continue on to **Step 5**.

Page Seven

Step 5 is the where the family will read about their rights and responsibilities and will sign and date the application. It is important that the applicant read and understand the information in this step. It warns of the penalties for lying on the application and failing to report any changes to the answers to the Application questions. (*A copy of this page of the Application is on [page 2.30](#)*)

Additionally, there is a section about “**renewal of coverage in future years**” that can be completed allowing the local DSS and the Federal Health Insurance Marketplace to use tax return information in future years as income verification to renew coverage. **If checked, the LDSS has permission to attempt to verify income electronically at annual renewal.** If LDSS can verify income this way, it may be able to process an “Ex Parte” renewal without requiring any action on the part of the enrollee.

It also talks about allowing Medicaid to receive Third Party Payments (mentioned on [pages 2.1-2.2](#)) and gives information on the right to appeal if the application is denied. After that, there is a place for the Person who completed Step 1 to sign and date the application. The *Application* is not considered to be complete without a signature from the person who completed Step One.

Step 6 at the bottom of the page tells the person to mail the *Application* to the local DSS in the locality in which they live.

Page Eight

Page 8 gives a statement about DMAS’s compliance with applicable Federal civil rights laws and nondiscrimination and repeats it in 16 languages.

APPENDIX A

The information on this page is collected for eligibility for Premium Tax Credits toward purchasing private health insurance through the Federal Marketplace. The Applicant does not have to complete this page if no one from the household is eligible for health insurance through a job. If health coverage is offered, this form must be completed for each job that offers it. There is no penalty for

not completing this Appendix, if the family members are only eligible for state coverage programs.

To complete **Appendix A**, the applicant will need to get some specific information from his/her employer. To facilitate the collection of this information, the reverse side of the sheet with Appendix A on it, includes an "Employer Coverage Tool." The applicant can fill out his/her name and SSN and give it to the employer to complete the rest of the questions. The form asks if the employee is eligible for job-based coverage, if they can get it for other family members (if "Yes," list who), if the coverage meets the "minimum value standard", what the cost of the premium would be, and if the employer will make any changes in coverage in the next year. The applicant can then use this information to answer Questions 13-16 on **Appendix A**.

Appendix B

This **Appendix** must be completed only if the applicant indicates that there were any American Indian or Alaska Native family members in **Step 3**.

Appendix C

This page allows an applicant to give a trusted person permission to talk about this application with local DSS or the Federal Marketplace. If the applicant wants to designate someone as an "**Authorized Representative**," meaning the person would be signing the application on someone else's behalf, they would fill out the **top part**.

If you work for a "**helper**" agency and are **assisting with the application** do not complete the top of this form, but rather complete **the middle part**. This is a release of information that will allow DSS, the Cover Virginia Call Center, and the Marketplace to talk with you about the application, but does not mean you are acting on the applicant's behalf.

If you are a **Certified Application Counselor, a Navigator, or an Agent or Broker** fill out the **bottom section**. These people are all application assisters registered with the Federal Health Insurance Marketplace.

The last page of the Application booklet gives the applicant the opportunity to register to vote.

There are other Appendices (**D, E, F**) that may be required by the state for the applicant to be evaluated for proper coverage. These can be downloaded from <https://coverva.org/>.

Appendix D is currently required if someone is disabled, over 65 or in need of long term care services. [*This collects the information for someone to be considered for ABD Medicaid - which is coverage for the Aged, Blind, or disabled*].

Appendix E is used to evaluate individuals for Medically Needy Spenddown. This is when an individual is over income for a coverage program, but is

incurring medical bills and would like to be evaluated based on income, resources and medical expenses. If their bills get high enough, they may qualify for coverage. *Note: Applicants cannot spenddown for coverage in FAMIS, LIFC, or the New Health Coverage for Adults.*

Appendix F is used by applicants for the New Health Coverage for Adults who need long term care services and supports (nursing home care and community based care).

HOSPITAL PRESUMPTIVE ELIGIBILITY

There is one more pathway to **begin the application process for coverage** in the **Medicaid** programs. It is called Hospital Presumptive Eligibility (HPE). **Participating hospitals** in Virginia are able to enroll eligible individuals in **short-term Medicaid coverage** through this program. The temporary coverage is based on both financial and non-financial eligibility for the following coverage groups:

- A parent or caretaker relative of a child or children in the home under age 18 (or 19 if the child remains in school) [LIFC]
- A pregnant woman [Medicaid for Pregnant Women]
- A child under age 19 [FAMIS Plus]
- An individual under 26 who was a former foster care child [FFC]
- A person eligible for limited Medicaid benefits for family planning coverage only [Plan First]
- A person who has been diagnosed with breast or cervical cancer
- An adult age 19 to 64 [New Health Coverage for Adults].

Hospital employees will screen the patient for eligibility by asking several questions. The person will answer them and self-declare his/her income. If it is within the guidelines, the hospital will provide a **HPE Approval Notice and enter the person into the HPE Online Enrollment Form.** ([A sample of this notice is on page 2.52](#)) If the person is not within the guidelines, they will be issued a HPE Denial Notice.

The **coverage period** for the presumptive eligibility **begins the day the HPE is determined by the hospital and ends the last day of the following month.** If the HPE recipient files an application for Medicaid before the end of his/her presumptive eligibility coverage, the eligibility continues while the full Medicaid application is being processed.

If the application is filed and the person is found eligible for Medicaid, coverage will continue. If the application is filed and the person is found to be ineligible, the person will receive a denial notice and coverage will end. Any services paid for by Medicaid during the HPE period, do not have to be reimbursed. There are no appeal rights for HPE.

The coverage received during the HPE period is different for pregnant women than for every one else. **Pregnant woman can receive everything but inpatient hospital services.** Other participants receive all services. Pregnant women can only get HPE coverage one period per pregnancy. Non-pregnant individuals can only receive one HPE period per calendar year.

VERIFICATION DOCUMENTS THAT MAY BE REQUESTED DURING THE APPLICATION PROCESS

There are no documents that are required to be “attached” to the Application at the time of submission. If citizenship, immigration status or income cannot be verified through available data sources, the applicant will be contacted to provide more information and documentation. The following is a listing of possible verifications that an applicant may have to send when contacted by the local DSS or the Cover Virginia CPU for more information:

- **Proof of income** for the month prior to application (*for example – if you apply in September, provide proof of income for August*). If income is irregular, three months of income (*or more*) will be requested to determine the applicant’s average monthly earnings. If requesting retroactive coverage (available in all programs, except FAMIS, FAMIS MOMS and FAMIS Prenatal Coverage, with the exception of FAMIS for a baby under 3 months) to pay any medical bills incurred during the prior three months, the applicant will be asked to supply proof of income for those three months.
- **Proof of application for a Social Security Number (SSN)**, only if the person applying does not have one, but requires one. Proof is the receipt from the Social Security Office showing the date of application. Once the number is received, it must be reported to the local DSS. (*It is not necessary to provide a copy of the social security card.*)
- **Proof of citizenship status/identity** if the applicant’s citizenship status and or identity cannot be electronically verified by the state using the information provided on the Application, he/she will be contacted to document proof. Copies of a passport or driver’s license and a birth certificate are the usual documents needed. Copies of these documents are acceptable.
- **Proof of immigration status** if the child/adult is not a US citizen and his/her immigration status cannot be verified using the information provided on the Application. A copy of the front and back of the Resident Alien Card or other USCIS document giving the Alien ID# and legal immigration status for the applicant is required.
- **Proof of legal guardianship or authorization from the parent if a legal guardian or non-relative (godparent, neighbor) is applying for the child.** A copy of the legal document naming the person as guardian or a signed statement from the parent stating the person is authorized to apply for health insurance for this child will be necessary.

APPLICATION PROCESSING TIMEFRAMES

Regardless of where the Application was filed (online via CommonHelp, over the phone at the Cover Virginia Call Center or mailed/delivered to the local DSS), Federal Regulation requires that a decision for **FAMIS Plus/Medicaid eligibility** must be made **within 45 calendar days**, unless an extension is requested by the applicant. The state follows this guideline for **FAMIS** as well. The clock starts ticking the day the signed application is received via **any of the above**. During application processing, the caseworker may contact the applicant (and possibly the person listed on the Application as helping with the application) to answer any remaining questions or secure any missing verification documents. (*Sample of "Requests for Verifications" sent by the Cover Virginia CPU and LDSS are located on [pages 2.31-2.32 and 2.33-2.35](#)*)

Regardless of where the Application was filed, policy requires that an application for **Medicaid for Pregnant Women/FAMIS MOMS/FAMIS Prenatal Coverage** be processed as soon as possible, but **no later than 7 calendar days** from the date the signed Application was filed. If all necessary verifications are not received, the application continues to pend until the 45 day processing time limit is met. During this time, the applicant will receive notification of the missing information with a request to provide it within 10 days.

Follow-Up

At any time during the process, the applicant (or person designated as assisting the family) can call the Cover Virginia Call Center, or local DSS where the application was sent, for information on the status of the application. If the person applied online or via the Call Center, the **T number** is an added piece of information that is crucial in locating the application.

DISPOSITION OF THE CASE

The DSS/CPU will complete a full eligibility determination and, if **found eligible, will enroll the applicant in the appropriate state-sponsored health insurance** program. The applicant will receive a *Notice of Action on Benefits* stating the person's "application for Medical Assistance has been approved." The second page gives information on who is approved, for which program, their ID numbers, benefit periods, and Copay Statuses (0, 1, or 2), if applicable. It also provides information on things the enrollee(s) will receive and things they will still need to do. The bottom explains the copay status (what the 1 or 2 means) and advises families to keep copies of copayment receipts, so that when they reach their yearly out of pocket maximum they can complete the Copayment Tracking form and submit it to the Cover Virginia Call Center for verification and relief from copayments for the rest of the enrollment year. (*See [pages 2.37-2.41](#) for a sample approval notice and [Section 3](#) for a copy of the FAMIS Copayment Tracking Form.*)

If the eligibility worker finds that the applicant is **not eligible**, the applicant will be sent a *Notice of Action on Benefits* stating that coverage has been **denied**, giving the reason it was denied, and information about the right to appeal. (*See [pages 2.43-2.45](#) for a sample denial notice.*)

WHAT HAPPENS IF THE APPLICATION IS DENIED

By the Local DSS or Cover Virginia Central Processing Unit:

If the application is denied for coverage by the local DSS or the Cover Virginia CPU, the Application will be referred to the Health Insurance Marketplace for an evaluation of eligibility for Premium Tax Credits and Cost Sharing Subsidies. The applicant will also receive a *Notice of Action* stating the reason for denial of coverage and advising him/her of their right to appeal “any adverse action” such as a denial or termination of eligibility.

Individuals receiving a denial/termination by a Virginia entity may request **a meeting or “agency conference” with the local DSS or Cover Virginia CPU** (whichever agency processed the case). This must usually be held within 10 working days of the denial/termination. This is an informal opportunity to discuss the reasons for denial/termination. During the “conference”, the family/individual can share additional information with the eligibility worker or supervisor who will then review all the information and either uphold the decision, ask for more information, or revise the decision. Having an agency conference does not affect the applicant’s right to an appeal.

The applicant has the **right to formally appeal the denial/termination** decision to the Virginia Department of Medical Assistance Services (DMAS). An appeal must be requested by the parent, legal caretaker, or adult applicant within **30 days** after receipt of the written *Notice of Action* (denial) or *Advance Notice of Proposed Action* (termination/cancellation of benefits). If appealing an unreasonable delay in processing of an application, an appeal may be filed at any time until the agency has acted upon the application.

If the person misses this 30 day window, there is the possibility to **claim good cause for filing an untimely appeal**. Complete the good cause questionnaire that is part of the Appeal Form.

The preferred method of filing an Appeal is via the new Appeals Information Management System (AIMS). To register go to ***<https://appeals-register.dmas.virginia.gov/client>***. Once registered, the address to log in to the system is ***<https://login.vamedicaid.virginia.gov>***.

While DMAS is encouraging the use of the AIMS portal for appeals, it will continue to accept appeals by telephone (804) 371-8488, email (appeals@dmas.virginia.gov), fax (804) 452-5454, and mail:

Appeals Division
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

If appealing via email, fax, or mail complete the “Client Appeal Request Form” and submit it via one of the above methods. (See pages 2.47-2.48)

Appeals Overview and Frequently Asked Questions documents are available on the DMAS website at <https://www.dmas.virginia.gov/appeals/applicant-member-appeals/>

The individual will be notified of the scheduled hearing, which can be in person or via telephone. Before the hearing, the person will receive an "Appeal Summary" from the agency that took the action being appealed. It provides documentation and explains the reasons the agency took the action it did. During the hearing, the applicant/recipient has the opportunity to tell the Hearing Officer why they believe the agency's action was wrong. The Hearing Officer also receives evidence from the agency or individual who denied the application.

An outreach worker, friend, family member, or legal counsel may represent the applicant. Individuals may seek assistance with their appeals from their local Legal Services office. (See the listing of Virginia Legal Services Programs in [Section 5: Other Helpful Information](#).)

A decision will be made within 90 days of the appeal request, unless the applicant/recipient or their representative requests or causes a delay. Decisions made by Medical Assistance Hearing Officers are the final decisions of DMAS. If the applicant disagrees with the hearing decision, further review may be available through the Circuit Court in the city or county where the family lives.

In termination cases, if the request for an appeal is filed prior to the effective date of the termination, health insurance coverage will continue until a decision is made. However, in the event that the appeal decision is in the agency's favor, the family may have to pay back benefits received while the review was pending.

By the Health Insurance Marketplace/Healthcare.gov:

If a person applies for state-sponsored health insurance through Healthcare.gov and is denied, he/she has the choice of requesting an appeal of eligibility either through the Marketplace or through the Virginia Department of Medical Assistance Services.

If he/she chooses to appeal through the Marketplace, the Eligibility Determination Notice from the Marketplace explains how to appeal. In general, if the person chooses to appeal through the Marketplace, he/she can:

- Print out the Appeal Form available online at <https://www.healthcare.gov/marketplace-appeals/appeal-forms/> and mail (to address above) or fax it in (secure fax line: (877) 369-0130).

Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061

- Fill out the online Appeal Form and submit it electronically.

After an appeal is filed, the applicant will get a letter stating whether the request was received, and whether it has been “accepted” or is “invalid.”

“Invalid” means the Marketplace Appeals Center isn’t able to act on the appeal and the applicant must follow the steps outlined in the letter by the stated deadline. If nothing is done, the appeal will be dismissed.

“Accepted” means the Marketplace Appeals Center will review the appeal. The letter provides a description of the appeals process and includes instructions for submitting additional materials, if necessary. In general, the Marketplace Appeals Center must provide a decision and mail the response within 90 days of when it received the appeal request. The Appeals Center reviews the appeal, including the information the Marketplace used to determine eligibility. The applicant may get a letter asking for more information or documentation, like a copy of a passport. If this information is provided in a timely manner, the Appeals Center may be able to informally resolve the case fairly quickly and they’ll send a “Notice of Informal Resolution.”

The notice gives instructions on how to request a hearing if the applicant isn’t satisfied with the informal resolution. Most hearings are conducted over the phone. It’s a good idea to save copies of all forms and notices related to the appeal. If needed, the applicant can also request a copy of his/her appeal record (PDF).

When the appeal is resolved, the applicant will get a notice with the Marketplace Appeals Center’s final decision about eligibility that explains how they reached their decision and any next steps.

Marketplace eligibility may change, depending on the decision. For example: If eligibility for coverage was appealed, the letter will tell the applicant if he/she qualify to buy a Marketplace plan. If eligibility for financial assistance was appealed, the letter will say if the applicant qualifies to use a different amount of premium tax credit each month, for savings on out-of-pocket costs, or for coverage through Medicaid or CHIP programs.

If he/she chooses to appeal through DMAS, the Marketplace will send the appeal request to the Eligibility and Enrollment Division at DMAS along with information about the case and the actions taken by the Marketplace during processing.

An Eligibility and Enrollment staff person will review the Marketplace decision. If the decision of the Marketplace was correct, he/she will write the appeal summary and represent the Marketplace at the Appeal hearing.

If the Marketplace decision was not correct, the staff person will work with Cover Virginia to enter the person in the VaCMS system, determine the correct state coverage program, and enroll the person effective back to the date of application.

STEP 5 Read & sign this application.

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Medicaid or FAMIS programs or the Marketplace to use income data, including information from tax returns. I understand that I will receive notification of the outcome of my renewal. I understand that I can opt out at any time.

Yes, I consent to the use of electronic income data including information from tax returns to annually renew my eligibility automatically for the next

☐ 5 years (the maximum number of years allowed), or for a shorter number of years:

☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ Don't use information from tax returns to renew my coverage.

- I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this application to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.
- I understand that I am authorizing the local Department of Social Service (LDSS) and the Department of Medical Assistance Services (DMAS) to obtain verification/information necessary to determine my eligibility for Medicaid or FAMIS.
- I understand that Medicaid and DMAS contractors may exchange information relating to my coverage with LDSS to assist with application, enrollment, administration and billing services.
- I understand that for individuals enrolled in managed care, a premium is paid each month to the MCO for the person's coverage. If the child or pregnant woman is not eligible for FAMIS, FAMIS Plus, FAMIS MOMS, or Medicaid because I did not report truthful information or failed to report required changes in my family size or income, I may have to repay the monthly premiums paid to the MCO. I may have to repay these premiums even if no medical services were received during those months.
- 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 to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

If anyone on this application is eligible for Medicaid

- I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No
- If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

My right to appeal

If I think Medicaid, FAMIS or Plan First has made a mistake I can contact them at www.coverva.org or call 1-855-242-8282. Instructions for filing an appeal will be included on my notice and are also available on the coverva.org website.

If I think the Health Insurance Marketplace has made a mistake, I can appeal its decision. To appeal means to tell someone at the Health Insurance Marketplace that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Marketplace at 1-800-318-2596. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application. The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Appendix C.

| | |
|-----------|--|
| Signature | Date (mm/dd/yyyy) |
| | <input type="text"/> / <input type="text"/> / <input type="text"/> |

STEP 6 Mail completed application.

Mail your signed application to:

The local Department of Social Services in the city or county in which you live

? **NEED HELP WITH YOUR APPLICATION?** Visit the Cover Virginia website at coverva.org or call us at 1-855-242-8282. Para obtener una copia de este formulario en Español, llame 1-855-242-8282. If you need help in a language other than English, call 1-855-242-8282 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-888-221-1590.

Sample Request for Verification from Cover VA

Cover Virginia

ENV

Checklist of Needed Verification

Jane Doe

123 Street, Apt. D4
Hereville, VA 45678

Mailing Date: 1/28/2021

Case Number: T1234567

Response Required By: 2/7/2021

Date of Application: 1/25/2021

Please mail or fax the requested information in the form to the following office:

Cover Virginia

P.O. Box 1820

Richmond, VA 23218-1820

Hours: 8:00 am to 7:00 pm Monday - Friday / 9:00 am to 12:00 noon Saturdays

Phone: 1-855-242-8282

Fax: 1-888-221-9402

We are reviewing individuals listed on the application for healthcare coverage under the Medicaid or FAMIS programs. In order for us to complete this process, you must provide the information checked below.

Fax or use the enclosed envelope to mail the requested information to Cover Virginia.

Documents must be received by due date: 2/7/2021

The requested information is for Months:

December 2020

Through

December 2020

Income (Earned and Unearned):

- | | |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Pay Stubs |
| <input type="checkbox"/> | Statement from employer |
| <input type="checkbox"/> | Self-employment records |
| <input type="checkbox"/> | Social Security/SSI benefits |
| <input type="checkbox"/> | VA benefits |
| <input type="checkbox"/> | Retirement income |
| <input type="checkbox"/> | Alimony payments (Received/Paid) |
| <input type="checkbox"/> | Unemployment benefits |
| <input type="checkbox"/> | Other (See Note section below) |

Documents:

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Social Security Number |
| <input type="checkbox"/> | Application for SSN card |
| <input type="checkbox"/> | Declaration of Citizenship/Identity |
| <input type="checkbox"/> | Immigrant/Alien documentation |
| <input type="checkbox"/> | Health insurance policies / cards |
| <input type="checkbox"/> | Authorized Representative |
| <input type="checkbox"/> | Verbal Consent |
| <input type="checkbox"/> | Birth Verification |
| <input type="checkbox"/> | Other (See Note section below) |

Identity:

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Driver's license |
| <input type="checkbox"/> | Clinic, medical card |
| <input type="checkbox"/> | Work ID, school ID, library card |
| <input type="checkbox"/> | Other (See Note section below) |

See reverse for more information on the items checked above.

Notes:

Please provide consecutive pay verification for xxxxx received from xxxxxxxxxxxxxxxx from December 1st, 2020 through December 31st 2020. If you are paid weekly, please provide at least 4 consecutive paystubs. If you are paid bi-weekly or semi-monthly, please provide at least 2 consecutive paystubs. If you are paid monthly, please provide at least 1 paystub. If HH member does not have the required amount of paystubs, please provide a signed and dated employer statement verifying gross wages for the missing paystubs.

Additional Notes on Information Being Requested:

REV1116

Cover Virginia Call Center
Toll Free: 1-855-242-8282 • TDD: 1-888-221-1590
Toll Free Fax: 1-888-221-9402
8:00 am to 7:00 pm Monday – Friday / 9:00 am to 12:00 noon Saturday
www.coverva.org

Sample Request for Verification from Local DSS

[Location Name (FIPS)]
Location Mailing Address
Location Mailing Address
Location Mailing Address]

Commonwealth of Virginia
[Processing Agency]
Questions? Call: [Phone Number]

[Case Name]
Case Mailing Address
Case Mailing Address
Case Mailing Address]

Letter Date: [Letter Date]
Case Number: [Case Number]

Why [Case Name] is getting this letter

We need more information to finish our review for the following program(s): [Program(s)].

Please give us the information requested by the date(s) listed on the following page

A checklist of the documents you can give us for proof is included. **Keep your original documents and give us copies along with the checklist.** If you need help, call [Phone Number].

Ways to give us a copy of your documents:

1. **Online.** Go to **CommonHelp.Virginia.gov** and follow the website directions to upload a copy.
2. **By fax.** Fax a copy to us at [Fax Number].
3. **By mail.** Send a copy to us at [Mailing Address].
4. **In person.** Bring a copy to us at [Physical Address].

Your CommonHelp Account

CommonHelp.Virginia.gov keeps all important information about your family's application. You can choose to get letters like this online. Your CommonHelp Account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check My Benefits." To Link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: [Case Number]
Client ID: [Client ID]

| | | |
|---|---|---|
| Worker Name: [Case Worker Name] | Telephone Number: [Worker Phone Number] | For Free Legal Advice Call: 1-866-534-5243 |
|---|---|---|

Additional Information from Your Case Worker



Case #: [Case Number]

Page 1 of x

Correspondence #: [Corr. #]



Things to remember when submitting proof:

- ✓ Keep your original document(s) and give us a copy.
- ✓ Write first and last name, date of birth, and Case Number [Case Number] on the copy of your documents you give to us.
- ✓ Call us if there has been a change in your situation since you applied, if you don't have the documents requested below, or if you need help obtaining the information.

Remember, if you do not give us proof of your information, we cannot finish reviewing your eligibility and your application may be denied or your case may close.

Give us a copy of one of these documents as proof for each verification type. We have listed common documents people use to provide their verification(s) below.

| | |
|--|-----------------------------------|
| Program: [Program] [While we are requesting that you return your verifications within ten days of the receipt of this letter, you may return your verifications within 45 days from the date of your Medicaid application, or within 30 days from the date of your Medicaid change or renewal.] | |
| Verifications for the period: <From Date> to <to Date> | |
| Due Date: [Due Date] | |
| | |
| What information is needed? | What is accepted as proof? |
| [Verification Type] | [Variable Data] |
| [Verification Type] | [Variable Data] |

If you indicated when applying for benefits (Medicaid, SNAP, TANF, Energy Assistance, or Child Care) that you wanted to receive an email or a text message telling you that you have electronic mail about your benefits, you must first go to CommonHelp, www.CommonHelp.virginia.gov before you can access that mail. In CommonHelp, you will need to set up a secure mailbox. Have your client ID and case number available.

Instructions are provided in CommonHelp.

If you are acting on behalf of an individual as an authorized representative, you will continue to receive all correspondence for that individual through the mail.



For health coverage from Virginia Medicaid:

It is important we treat you fairly. We will keep your information secure and private. This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at **(804) 786-7933 (TTY: 1-800-343-0634)**. This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at **1-855-242-8282 (TTY: 1-888-221-1590)**. If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: **(804) 786-7933 (TTY: 1-800-343-0634)**.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; **1-800-368-1019 (TTY 800-537-7697)**. Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

[Note: In the actual Checklist from the Local DSS there will be additional pages. One is a page that you fold in such a way so that the Local DSS address and Client Address will show through the windows in the return envelope provided. There may be 1-2 blank pages. The last 2 pages are information on getting help in your language by calling 1-855-242-8282 (TTY: 1-888-221-1590). This information is repeated in Spanish, Korean, Vietnamese, Chinese (Traditional), Arabic, Urdu, Hindi, Farsi, Bengali, Tagalog, Amharic, French, Russian, German, Bassa, Ibo and Yoruba. These pages have been omitted from the Tool Kit to save space.]



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Sample Notice of Action - Approval

[Location Name (FIPS)
Location Mailing Address
Location Mailing Address
Location Mailing Address]

Commonwealth of Virginia
[Processing Agency]
Questions? Call: [Phone Number]

[Case Name
Case Mailing Address
Case Mailing Address
Case Mailing Address]

Letter Date: [Letter Date]
_____ Case Number: [Case Number]

News for your household

[You applied for health care coverage through HealthCare.gov or by calling the Health Insurance Marketplace. They sent us your application to see if you qualify for health coverage from Virginia Medicaid.]

[Variable text][Date]. This letter tells you more about the determination and how it was made. It has information about the household's health coverage choices and what to do next. It also explains what to do if you think we made a mistake.

Medicaid Decision Summary for Your Household

| Household Member Name | Decision | Coverage | Effective Date(s) |
|-----------------------|------------|----------|--------------------------------|
| [Client Name] | [Decision] | [Type] | [MA Begin Date] – [Ongoing] |

To learn more about how we made our decision for each person, read the rest of this letter.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282** (TTY: 1-888-221-1590).



Case #: [Variable Data]

Page 1 of 5

Correspondence #: [Variable Data]

You qualify for health coverage from Virginia Medicaid.

Health Coverage Information for [Client Name]:

Medicaid ID Number
[Enrollee ID]

Coverage —
Coverage Type

Effective Date(s) —
[MA Begin Date]

Medicaid Card: Most Medicaid enrollees receive a Medicaid card. If you do not already have a card with the Medicaid ID above, and do not receive a card in the mail in 10 business days, please call 1-855-242-8282. *Some people in limited coverage Medicaid do not receive a card.* Your Medicaid health coverage can be used right away by giving your provider the Medicaid ID number listed above.

Health Coverage must be renewed every year. The next renewal is due [Renewal Date]. We will send more information when it is time to renew.

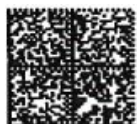
Using your health coverage

Medicaid health coverage can be used right away. Services can be received from any doctor, clinic, or other health care provider who accepts Medicaid. To find a provider, call **1-855-242-8282** or visit **www.virginiamedicaid.dmas.virginia.gov** and select “Search for Providers” under the “Provider Resources” menu. Most people get their health coverage through a health plan. If this individual needs to join a plan, we will send information about choosing a health plan. If you had any medical services since your coverage started, make sure to give the provider(s) your Medicaid ID number.

Health services and costs

[Client Name] qualifies for [Revised Description for Coverage Type]. This covers services like doctor visits, hospital care, prescriptions and more.

There is not a premium (a monthly cost) for Medicaid health coverage. There may be co-payments for some services. To learn more, see the Member Handbook at <https://www.coverva.org/handbooks/>. To get a paper copy of the Handbook, call us at [Phone Number].



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282** (TTY: 1-888-221-1590).



How we made our Medicaid decision

Medicaid has rules and income limits for how people can qualify for health coverage depending on things like age, pregnancy and parenting status, and disability. We counted the household size and income and reviewed the information given to us on the application or available in other data sources. Since the household's monthly income is below the Medicaid income limit, this individual qualifies for Medicaid health coverage. To learn more about Medicaid rules and income limits, go to **www.coverva.org**. We made our decisions based on these rules: Virginia Medical Assistance Manual Reference M0130.300. If your information has changed since you applied or you think we made a mistake call us. You can also file an appeal. For more information on how to file an appeal see the page titled "If you think we made a mistake."

Medicaid may pay past bills, even if you already paid them yourself. If you were not evaluated for health coverage for the three months prior to your application month and you had medical expenses, contact us at [Phone Number].

Your household must report changes

You must report any changes that might affect health coverage for anyone in your household who was approved health coverage from Virginia Medicaid. Please report changes for both you and other people in your household within ten days of the change, such as:

- » If someone moves
- » If someone's income changes
- » If your household changes. For example, if someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes: go to **CommonHelp.Virginia.gov** and click on "Report My Changes," call 1-855-242-8282 (TTY: 1-888-221-1590), or call us at [Phone Number].

Your CommonHelp Account

CommonHelp.Virginia.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online. Your CommonHelp account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check My Benefits."

To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: [Case Number]

Client ID: [Client ID]



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282** (TTY: 1-888-221-1590).



Information about other programs

You and others in your household may qualify for other assistance, like help buying food or paying heating and cooling bills. If you already applied for other assistance, information about those programs may come in a separate letter.

To learn more, go to CommonHelp.Virginia.gov or call 1-855 653-4370 (TTY: 1-800-828-1120).

| | | |
|--|---|---|
| Worker Name: [Case Worker Name] | Telephone Number: [Worker Phone Number] | For Free Legal Advice Call: 1-866-534-5243 |
| Additional Information from Your Case Worker: | | |

It is important we treat you fairly.

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, national origin, age, disability, or sex.

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at **(804) 786-7933 (TTY: 1-800-343-0634)**. This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.

If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS 600 E. Broad St. Richmond, VA 23219, Telephone: **(804) 786-7933 (TTY: 1-800-343-0634)**.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; **1-800-368-1019 (TTY 800-537-7697)**. Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

Note: The real notice also includes information on an "Advance Health Care Directive" and information about the right to get this information in other languages written in Spanish, Korean, Vietnamese, Chinese (Traditional), Arabic, Urdu, Hindi, Farsi, Bengali, Tagalog, Amharic, French, Russian, German, Basa, Ibo, and Yoruba. The member should call 1-855-242-8282 (TTY: 1-888-221-1590) to access this. These pages have not been included in the Tool Kit to save space.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



Case #: [Variable Data]

Page 4 of 5

Correspondence #: [Variable Data]

2.40 Sample Approval Notice

If You Think We Made a Mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, or immigration status. You can appeal what health services you get and how much you pay for them. Appeals are handled by the Department of Medical Assistance Services (DMAS).

If you have an urgent health care need, you can ask DMAS for an expedited (faster) appeal to get a decision on your appeal sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

If your benefits are being stopped or reduced in this notice, you may ask to have your coverage continued during your appeal. In order to continue your coverage, you must file your appeal before the date that your coverage ends or within 10 days of the date on this letter. Not every case qualifies for continued coverage. You may have to pay back Medicaid for the coverage you received if you lose your appeal.

Ways to ask for an appeal:

1. **By email.** Email your appeal request to DMAS at appeals@dmass.virginia.gov
2. **By fax.** Fax your appeal request to DMAS at **(804) 452-5454**
3. **By mail or in person.** Send or bring your appeal request to Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219
4. **By phone.** Call DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**

To help you, an appeal request form is available from DMAS at www.dmass.virginia.gov. You can also write your own letter. Include a full copy of this notice when you file your appeal. **You must ask for an appeal with DMAS by [Letter Date+35 days].**

Once you ask for an appeal, DMAS will schedule a hearing if you qualify for one. A hearing is a meeting between you, someone from the Medicaid program, and a DMAS hearing officer. Before the hearing, we will send you a copy of the information that will be used at the hearing. This is called the appeal summary. You also have the right to ask us for a full copy of your file from your local Department of Social Services. You can ask someone to represent you at any point during the appeal process, as long as you let DMAS know about your decision in writing. At the hearing, you can explain why you think we made a mistake. DMAS decides non-expedited appeals within 90 days or sooner of your request.

To get ready for your hearing, you can:

- Review the appeal summary before the hearing.
- Bring someone with you to the hearing, like a friend, relative, lawyer, or come alone.
- Bring information or witnesses to show where you think we made a mistake.

If you have any questions, call the Appeals Division of DMAS at **(804) 371-8488** (TTY: 1-800-828-1120). Call the free Legal Aid Helpline at 1-866-534-5243 or visit www.valegalaid.org to learn more about getting free legal advice or to ask someone to represent you in your appeal case.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282** (TTY: 1-888-221-1590).



County/City: Fairfax County (059)
STE 232 2ND FLOOR
12011 GOVERNMENT CENTER PARKWAY
FAIRFAX, VA 22035
Phone: (703) 555-0000

Commonwealth of Virginia
Department of Social Services

Date: 12/29/2020
Case Number: 122001002
Client ID: 212000001
Correspondence #: 111222333

Chester Tester
600 East Broad St Apt 1300
Lorton, VA 22000

Federal Health Insurance Marketplace Referral Notice

You applied for Medical Assistance and the following people were determined not eligible for full coverage Medicaid and FAMIS.

Chester Tester:

We have referred your application to the Federal Health Insurance Marketplace to find out if you qualify for a free or low-cost private health insurance plan, or a new kind of tax credit that lowers your monthly premium. The Marketplace is designed to help you find and compare health insurance options based on price, benefits, quality, and other features that may be important to you.

If you have questions about your application or need additional information, you may go online at www.healthcare.gov or contact the Federal Health Insurance Marketplace at the following toll-free number, 1-800-318-2596.



Case #: 120565467

Page 1 of 1

Correspondence #: 744722447



Sample Denial Notice

[Location Name (FIPS)]
Location Mailing Address
Location Mailing Address
Location Mailing Address]

Commonwealth of Virginia
[Processing Agency]
Questions? Call: [Phone Number]

[Case Name]
Case Mailing Address
Case Mailing Address
Case Mailing Address]

Letter Date: [Letter Date]
Case Number: [Case Number]

News for your household

[Our records show that you applied for health coverage from Virginia Medicaid on **[Date]**. This letter tells you more about the decision and how it was made. It has information about the household's health coverage choices and what to do next. It also explains what to do if you think we made a mistake.

Medicaid Decision Summary for Your Household

| Household Member Name | Decision | Coverage | Effective Date(s) |
|-----------------------|--------------|----------|--------------------------|
| [Case Name] | Not Eligible | -- | March 01, 2020 - Ongoing |

To learn more about how we made our decision for each person, read the rest of this letter.

Update for [Case Name]
March 01, 2020 - Ongoing

Client ID: #####

You do not qualify for health coverage from Virginia Medicaid. To learn more, read the "How we made our Medicaid decision" section below.

How we made our Medicaid decision

Medicaid has rules and income limits for how people can qualify for health coverage depending on things like age, pregnancy and parenting status, and disability. We counted the household size and income and reviewed the information given to us on the application or available in other data sources. To learn more about Medicaid rules and income limits, go to www.coverva.org. If your information has changed since you applied or you think we made a mistake call us. You can also file an appeal. For more information on how to file an appeal see the page titled "If you think we made a mistake."



Application #: [Variable Data]



Page 1 of x

Correspondence #: [Variable Data]

Sample Notice of Action - Denial 2.43

This individual does not qualify for Medicaid health coverage because the countable household income is over the income limit; rules for the current coverage are not met. We made our decisions based on these rules: Virginia Medical Assistance Manual Reference M0440.100; M0710.700; M0810.002, M0310.001; M1520.300.

You might still be able to get full health coverage — and help paying for it — through the Health Insurance Marketplace. We sent your information to them. The Marketplace will send you a letter. **To learn more, read the “How to Complete the Marketplace Application” insert with this letter.**

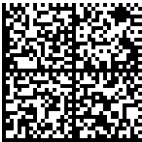
Information about other programs

You and others in your household may qualify for other assistance, like help buying food or paying heating and cooling bills. If you already applied for other assistance, information about those programs may come in a separate letter.

To learn more, go to **CommonHelp.Virginia.gov** or call **1-855 635-4370 (TTY: 1-800-828-1120)**.

| Worker Name: | Telephone Number: | For Free Legal Advice Call: |
|--|-------------------|-----------------------------|
| [CASEWORKER NAME] | (804) 726-7130 | 1-866-534-5243 |
| Additional Information from Your Case Worker: | | |

Note: The above pages would be followed by the "It is important we treat you fairly" language supplied in the Sample Approval Notice in on Page 2.40 and the "If You Think We Made a Mistake" on Page 2.41. Additional pages with information on getting help in other languages (provided in Spanish, Korean, Vietnamese, Chinese (Traditional), Arabic, Urdu, Hindi, Bengali, Tagalog, Amharic, French, Russian, German, Bassa, Ibo, and Yoruba) were omitted from this sample to save space.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



What is the Health Insurance Marketplace?

Use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.

You or someone in your household was found not eligible for Medicaid. You may still be able to get help paying for health coverage through the Health Insurance Marketplace. Your information has been sent to the Marketplace to start an application, but you must take action to see if you qualify!

How to Complete the Marketplace Application:

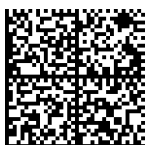
You must complete the Marketplace application within 60 days of your Medicaid denial. The sooner you apply for coverage; the sooner new coverage can begin. You should complete the Marketplace application as soon as you can to see if you can get coverage now. To complete your application, you can:

- 1. Wait for the letter from the Marketplace.** The letter will tell you how to complete your application with them. The Marketplace is starting a health insurance application for the following individual(s): **Valerie Hope**
Or
- 2. Start a new application.** You can go to **HealthCare.gov** or contact the Call Center at **1-800-318-2596 (TTY: 1-855-889-4325)**. You will need to:
 - » Create a Marketplace user account online or by phone with a Call Center Representative.
 - » Have this letter with you to help answer questions.
 - » Provide the information you gave us already.
 - » Answer “yes” when asked if anyone has been found not eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days, if this applies.

If you have questions or need help completing your application, call the Marketplace Call Center at **1-800-318-2596 (TTY: 1-855-889-4325)** or go online to **HealthCare.gov/help/statetransfer**.

After you complete your application, the Marketplace will tell you if you qualify to enroll in Marketplace insurance, if you can enroll right away, or have to wait to enroll. The Marketplace will tell you if you qualify for help paying for your coverage. **If you qualify for coverage right away, select and enroll in a plan!**

If the Marketplace tells you that you have to wait, you can reapply during Open Enrollment (November 1st –December 15th). Some individuals who experience a life event will qualify for a Special Enrollment Period and can enroll outside of Open Enrollment. Examples of life events that may qualify you for a Special Enrollment Period include losing Medicaid or other health insurance, having a baby or getting married. You usually only have 60 days after the date of the life change to apply for Marketplace coverage. However, if you are losing coverage, you can apply up to 60 days before the loss, which can help to prevent a gap in health coverage.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



VIRGINIA MEDICAID / FAMIS CLIENT APPEAL REQUEST FORM

A fillable form is available at www.dmas.virginia.gov

Fill out this form completely including why you are appealing or write a letter with the same information. Include a copy of the written notice you are appealing.

Signing guidelines:

If the appeal request is for **someone who is physically or mentally unable** to sign a document, clearly explain to us why he or she is physically or mentally unable to sign. Also let us know, to the best of your knowledge, if there is any known guardian.

If the appeal request is for **someone who has died**, provide written proof that you can represent them. If you do not have written proof, clearly explain your relationship to the deceased and why you are appealing for him or her. Also let us know, to the best of your knowledge, if there is any known executor or administrator of the estate.

A parent or legal guardian must file appeal requests for a **minor child**. If filing an appeal as a child's legal guardian, include proof of guardianship.

In some cases, we may require a power of attorney, a written statement from the appellant, or other additional information.

Time limit for filing an appeal:

The time limit for filing an appeal is on the written notice from the agency. In most cases it is 30 days.

If you are filing your appeal late, the DMAS Appeals Division may grant an extension of the time limit if the reason is due to a good cause (as defined by regulation). There is a Good Cause Questionnaire on page 4 where you can provide information about why you filed your appeal late. A DMAS Hearing Officer will evaluate your response and make a determination whether filing your appeal late was due to a good cause.

Note: Managed Care Organization (MCO) appeals have two major differences 1) you must first appeal to the MCO and 2) you have 120 days to file an appeal with DMAS once you receive a final decision from the MCO with no exception.

Ways to ask for an appeal:

- **By email.** Email your appeal request to DMAS at appeals@dmas.virginia.gov
- **By fax.** Fax your appeal request to DMAS at **(804) 452-5454**
- **By mail or in person.** Send or bring your appeal request to **Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219**
- **By phone.** Call DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**

IMPORTANT: Please attach all documents that you would like the Appeals Division to consider. Any supporting documents you submit with your appeal request will be considered in rendering a decision.

VIRGINIA MEDICAID / FAMIS CLIENT APPEAL REQUEST FORM

A fillable form is available at www.dmas.virginia.gov

| | | | | | |
|---|----------------------------|---|---|---|----------------------------|
| Last Name of Medicaid/FAMIS Appellant | | First Name | | Middle Initial | Suffix (Sr., Jr., II, III) |
| Mailing Address - Street or PO Box Apt.# | | | City | State and Zip | Date of Birth |
| Medicaid / FAMIS Case # | Client ID # | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Primary Phone # with Area Code | |
| Preferred Spoken Language | Preferred Written Language | Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Alternate Phone # with Area Code | |
| Social Security # | | Email | | Have you already filed an appeal for the same issue (e.g. faxed and mailed)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you a community spouse appealing the income or resource determination for your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Did you receive a written notice from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Include a copy of the written notice you are appealing. | |
| Agency Name | | Telephone | | | |
| Notice Dated | | Case Worker | | | |
| Managed Care Organization (MCO) Are you appealing a decision by an MCO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must first appeal to the MCO. If you disagree with the MCO's final decision, you can appeal that decision to DMAS. | | | | | |
| The agency (check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Denied my application or terminated my coverage for: <input type="checkbox"/> Refused to take my application for: <input type="checkbox"/> Failed to determine my eligibility within the time limit for: <input type="checkbox"/> Requested repayment of benefits paid for medical services previously received. <input type="checkbox"/> Declared me not disabled. <input type="checkbox"/> Took other action which affected my receipt of Medicaid, FAMIS or other medical services. <input type="checkbox"/> Denied medical services or authorization for medical services. Name of service: <input type="checkbox"/> Denied or terminated waiver services. Waiver name and service: <input type="checkbox"/> Transferred or discharged from a nursing facility. Facility name and phone #: </div> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS </div> </div> </div> <div style="margin-top: 10px;"> IMPORTANT: Attach any documents you believe support your position in the appeal. </div> | | | | | |
| Write a brief statement about why you are requesting an appeal. Attach an additional page if you need more space. | | | | | |
| *Important Information if Requesting Continued Coverage* If the final appeal decision supports the agency's action, you may be expected to repay DMAS for all services received during the appeal process. For this reason, you may choose not to receive continued coverage. | | | Continued Coverage If you had Medicaid coverage before your benefits were canceled, do you want continued coverage through the appeal process if you qualify? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Authorized Representative Will the appellant be represented by another individual during the appeal process? If yes, fill out and return the Authorized Representative Form on page 3 of this Appeal Request. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Signature of Appellant* | | | | Date | |

*See signing guidelines on Page 1.

VIRGINIA MEDICAID / FAMIS APPEAL
GOOD CAUSE QUESTIONNAIRE

Fill out this form if you are filing an appeal request more than 30 days after receipt of the agency's written notice.

Appellant Information

Name: _____ Date of Birth: _____ Social Security #: _____

Medicaid / FAMIS Case #: _____ Phone with Area Code: (____) _____

1. Did you receive a written notice from the agency? ☐ Yes ☐ No
2. What date did you receive the written notice? _____
3. If you did not receive a written notice, how did you find out about the denial or termination?

4. What date did you find out about the denial or termination of coverage? _____
5. Have you had problems receiving mail? ☐ Yes ☐ No If yes, explain: _____

6. Has your address changed? ☐ Yes ☐ No Date of change: _____
7. Did you tell the agency about your address change? ☐ Yes ☐ No Date notified: _____
8. Why are you appealing now? _____

9. Did you contact the agency regarding the denial or termination? ☐ Yes ☐ No Date contacted: _____
10. Were you prevented from filing an appeal? ☐ Yes ☐ No How were you prevented: _____

11. Did you file an appeal with another agency or with your managed care organization (MCO) regarding the denial or termination? ☐ Yes ☐ No Date appeal was filed: _____
12. Enter the name of the agency you filed an appeal with: _____

Printed Name

Date

Signature

| DMAS Appeals Division | | | |
|--|----------------|--------------|--|
| Email | Fax | Phone | Mail |
| appeals@dmass.virginia.gov | (804) 452-5454 | 804-371-8488 | DMAS Appeals Division 600 E. Broad Street Richmond, VA 23219 |

| | | |
|---|---------------------------------------|---|
| Manual Title Virginia Medical Assistance Eligibility | Chapter M02 | Page Revision Date March 2011 |
| Subchapter Subject M0220.000 CITIZENSHIP & ALIEN REQUIREMENTS | Page ending with Appendix 5 | Page 1 |

| Line Item | MEDICAID ALIEN CODE CHART QUALIFIED ALIEN GROUPS | Arrived Before August 22, 1996 | Arrived On or After August 22, 1996 | |
|-----------|---|-----------------------------------|--|--------------------------|
| | | | 1 st 5 years | After 5 years |
| A | Qualified aliens who are Veterans or Active Military (includes spouses/dependent children); certain American Indians [Form DD 214-veteran] | Full Benefit A1 | Full Benefit A2 | Full Benefit A3 |
| B | Permanent Resident Aliens (Aliens lawfully admitted for permanent residence) who have worked 40 qtrs., except Amerasians [I-151; AR-3a; I-551; I-327; I-688B-274a.12(a)(1)] | Full Benefit B1 | Emergency Only B2 | Full Benefit B3 |
| C | Permanent Resident Aliens (Aliens lawfully admitted for permanent residence) who have NOT worked 40 qtrs., except Amerasians [I-327; I-151; AR-3a; I-551; I-688B-274a.12(a)(1)] | Full Benefit C1 | Emergency Only C2 | Emergency Only C3 |
| | | | 1 st 7 years | After 7 years |
| D | Conditional entrants-aliens admitted pursuant to 8 U.S.C. 1153(a)(7), section 203(a)(7) of the INA [I-94] | Full Benefit D1 | Emergency Only D2 | Emergency Only D3 |
| E | Aliens, other than Cuban or Haitian Entrants, paroled in the US pursuant to 8 U.S.C. 1182(d)(5) section 212(d)(5) of INA [I-94; I-688B – 274a(12)(c)(11)] | Full Benefit E1 | Emergency Only E2 | Emergency Only E3 |
| F | Aliens granted asylum pursuant to section 208 of the INA [I-94; I-688B – 274a.12(a)(5)] | Full Benefit F1 | Full Benefit F2 | Emergency Only F3 |
| G | Aliens admitted as refugees pursuant to section 207 of the INA, or as Cuban or Haitian Entrants as defined in section 501(e) of Refugee Education Assistance Act of 1980 {including those under section 212(d)(5)}, or Amerasians [I-551; I-94; I-688B] | Full Benefit G1 | Full Benefit G2 | Emergency Only G3 |
| H | Aliens whose deportation has been withheld pursuant to Section 243(h) or 241(b)(3) of the INA [I-688B – 274a.12(a)(10); Immigration Judge's Order] | Full Benefit H1 | Full Benefit H2 | Emergency Only H3 |
| I | Battered aliens, alien parents of battered children, alien children of battered parents [U.S. Attorney General] | Full Benefit I1 | Emergency Only I2 | Emergency Only I3 |
| J | Victims of a Severe Form of Trafficking pursuant to the Trafficking Victims Protection Act of 2000, P.L. 106-386 [ORR Certification/eligibility Letter] | N/A J1 | Full Benefit J2 | Emergency Only J3 |

| | | |
|---|---------------------------------------|---|
| Manual Title Virginia Medical Assistance Eligibility | Chapter M02 | Page Revision Date March 2011 |
| Subchapter Subject M0220.000 CITIZENSHIP & ALIEN REQUIREMENTS | Page ending with Appendix 5 | Page 2 |

| | UNQUALIFIED ALIEN GROUPS | Arrived Before 8-22-96 | Arrived On or After 8-22-96 | |
|---|---|---------------------------|-----------------------------------|----------------------|
| K | Aliens residing in the US pursuant to an indefinite stay of deportation [I-94; Immigration Letter] | Emergency Only K1 | Emergency Only K2 | Emergency Only K3 |
| L | Aliens residing in the US pursuant to an indefinite voluntary departure [I-94; Immigration Letter] | Emergency Only L1 | Emergency Only L2 | Emergency Only L3 |
| M | Aliens on whose behalf an immediate relative petition has been approved and their families covered by the petition who are entitled to voluntary departure under 8 CFR 242.5(a)(2)(vi) and whose departure the INS does not contemplate enforcing [I-94; I-210] | Emergency Only M1 | Emergency Only M2 | Emergency Only M3 |
| N | Aliens who have filed an application for adjustment of status pursuant to §245 INA that the INS has accepted as properly filed and whose departure the INS does not contemplate enforcing [I-181; Endorsed Passport] | Emergency Only N1 | Emergency Only N2 | Emergency Only N3 |
| O | Aliens granted stay of deportation by court order, statute or regulation, or by individual determination of the INS whose departure the agency does not contemplate enforcing [I-94; Court Order; INS Letter] | Emergency Only O1 | Emergency Only O2 | Emergency Only O3 |
| P | Aliens granted voluntary departure pursuant to section 242(b) of the INA whose departure the INS does not contemplate enforcing [I-94; I-210; I-688B – 247a.12(a)(11) or (13)] | Emergency Only P1 | Emergency Only P2 | Emergency Only P3 |
| Q | Aliens granted deferred action status pursuant to INS Operations Instruction 103.1(a)(ii) prior to 6/15/84 or 242.1a22 issued 6/15/84 and later [I-210; INS Letter] | Emergency Only Q1 | Emergency Only Q2 | Emergency Only Q3 |
| R | Aliens residing in the U.S. under orders of supervision [I-220B] | Emergency Only R1 | Emergency Only R2 | Emergency Only R3 |
| S | Aliens who entered before January 1972 and have continuously resided in the U.S. since January 1972 [Case Record] | Emergency Only S1 | Emergency Only S2 | Emergency Only S3 |

2.50 Medicaid Manual Alien Code Chart

| | | |
|---|---------------------------------------|--|
| Manual Title Virginia Medical Assistance Eligibility | Chapter M02 | Page Revision Date July 2021 |
| Subchapter Subject M0220.000 CITIZENSHIP & ALIEN REQUIREMENTS | Page ending with Appendix 5 | Page 3 |

| | UNQUALIFIED ALIEN GROUPS (cont.) | Arrived Before 8-22-96 | Arrived On or After 8-22-96 | |
|---|--|---------------------------|--------------------------------|--------------------------|
| T | Aliens granted suspension of deportation pursuant to Section 244 of the INA and whose deportation the USCIS does not contemplate enforcing [Immigration Judge Court Order] | Emergency Only T1 | Emergency Only T2 | Emergency Only T3 |
| U | Any other aliens living in the US with the knowledge and permission of the USCIS whose departure the agency does not contemplate enforcing [USCIS Contact] | Emergency Only U1 | Emergency Only U2 | Emergency Only U3 |
| V | Aliens not lawfully admitted or whose lawful admission status has expired* <i>*For a pregnant woman who is not lawfully residing in the U.S., go to Chapter M23.</i> | Emergency Only V1 | Emergency Only V2 | Emergency Only V3 |
| W | Visitors (non-immigrants): tourists, diplomats, foreign students, temp. workers, etc. [I-688B – 274a.12(b)(1)-(20); I-94; I-185; I-1186; SW-434; I-95A] | Emergency Only W1 | Emergency Only W2 | Emergency Only W3 |

| | LAWFULLY RESIDING NON-CITIZENS | Effective 1/1/10 | Effective 7/1/12 |
|---|---|---|--|
| Y | Non-citizen (alien) children under the age of 19 and pregnant women lawfully residing in the U.S. who meet the requirements in M0220.314. | Full Benefits for Medicaid children under age 19 (FAMIS Plus) | Full Benefits for Medicaid (FAMIS Plus), Medicaid pregnant women, FAMIS and FAMIS MOMS |

| | AFGHAN AND IRAQI SPECIAL IMMIGRANTS | First 7 Years after Entry into U.S. | After 7 Years |
|---|--|--|--------------------------|
| Z | Afghan and Iraqi Special Immigrants admitted on a Special Immigrant Visa (SIV), including the spouse and children under age 21 living in the home with the principal visa holder. [I-551 or passport/ I-94 indicating categories SI1, SI2, SI3, SQ1, SQ2, or SQ3 and bearing Department of Homeland Security stamp or notation] | Full Benefits Z1 | Emergency Only Z2 |



Interim Approval Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

Name
Address
City, VA Zip Code

Date

Dear [Name]:

The following person has been approved for presumptive Medicaid eligibility and enrolled for a limited time period indicated below:

| Name | Medicaid ID | Begin Date | End Date |
|------|-------------|------------|----------|
| | | | |

1. Coverage may be extended if an Application for Health Coverage & Help Paying Costs is filed prior to the end date of coverage above and additional time is needed for eligibility determination. If you file a Medicaid application and you are determined to be ineligible for Medicaid coverage, your presumptive eligibility will end the date the eligibility determination is made.
2. If you do not file a Medicaid application, you will no longer have presumptive eligibility Medicaid coverage after end date above.

There are four easy ways to apply for Medicaid.

1. Online at www.commonhelp.virginia.gov or
2. Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
3. Print out and complete a paper application from www.coverva.org and mail it to your local Department of Social Services or
4. Visit your local Department of Social Services in the city or county in which you live

You should have the following information ready when you apply, for you and anyone else in your household who needs health insurance:

- Full legal name, date of birth, Social Security number, and Citizenship or Immigration Status; Most recent federal tax filing information (if available);
- Job and income information for members of your household for the prior or the current month such as pay stubs or a letter from your employer
- Information about other taxable income for members of your household such as unemployment benefits, Social Security payments, pensions, retirement income, rental income, alimony received, etc.
- Current health insurance information

Visit www.coverva.org for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

Cover Virginia
PO Box 1820 ~ Richmond, VA 23219