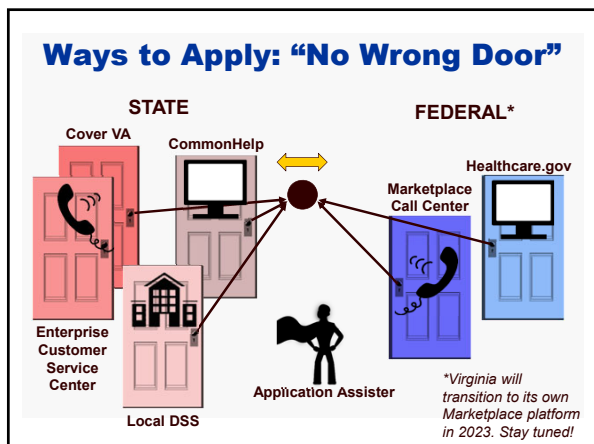## The Application Process

*Section 2*

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## Ways to Apply:
## "No Wrong Door"

- There is one streamlined application for all of Virginia's Medicaid/FAMIS programs and Marketplace coverage.

- The application can be completed **online, by phone, or on paper.**

- If a person applies at one of Virginia's portals and is **not eligible for Medicaid/FAMIS**, the application will be automatically forwarded to the Health Insurance Marketplace to be evaluated for eligibility.

*Sections 2 and 5*

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### Ways to Apply: "No Wrong Door"

**STATE**

**FEDERAL***

Cover VA

CommonHelp

Healthcare.gov

Marketplace Call Center

Enterprise Customer Service Center

Application Assister

*Virginia will transition to its own Marketplace platform in 2023. Stay tuned!*

Local DSS

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

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

COVER VIRGINIA

*Section 2*

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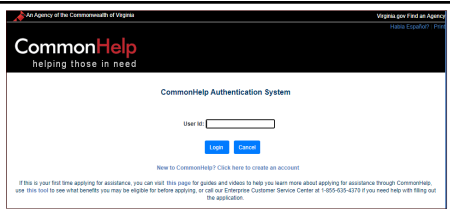## Enterprise Customer Service Center
### (855) 635-4370

- Open 7am – 6pm weekdays

- Accepts telephonic applications for *multiple benefits*:
  - Supplemental Nutrition Assistance Program (SNAP)
  - Temporary Assistance for Needy Families (TANF)
  - Energy Assistance Program (EAP)
  - Medical Assistance (MA)

- Responds to basic inquiries about case status, or benefits

- Also handles calls from custodial and non-custodial parents needing information from the Division of Child Support Enforcement at 1-800-468-8894.

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## Apply Online with
## CommonHelp
a partnership with the Virginia Department of Social Services

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

*Section 2*
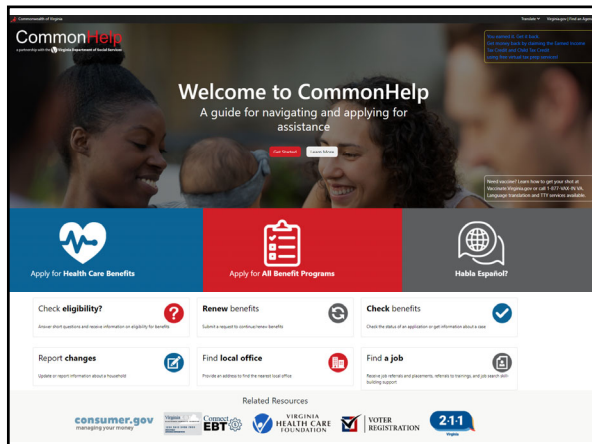
- Create **user name** and **password**.
- Choose and answer **security questions**.
- Application takes ≥**1 hr** to complete.
- Applicant **can partially complete, save and come back** to complete and submit it, for up to 60 days.
- Application date is the date on which applicant agrees to *Rights & Responsibilities* (electronically "signs"), and gets a **T-Number**.

**T-Number = successfully submitted!**

## Apply Online with CommonHelp
HELPING THOSE IN NEED

- **"Health Care Only" applications submitted via CommonHelp are processed by the Cover Virginia Central Processing Unit, unless applicant has an open SNAP/TANF case.**
- If additional information is needed to process the application, Cover Virginia will send a request for verifications.
- Once a determination is made, Cover Virginia will send a *Notice of Action* (approval or denial).
- An applicant can also **manage** his/her case via CommonHelp
  - *Associate my Case:* Links CommonHelp account with existing case *(Note: Very helpful to have Case ID to link).*
  - *Report My Changes:* address, income, person moving in or out of the household, etc.
  - *Renew My Coverage:* Allows applicant to complete annual renewal online.
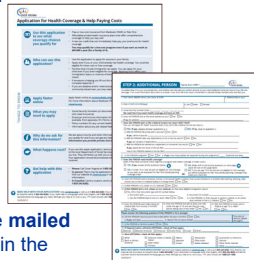
*Section 2 and Section 5*

## Apply at the Health Insurance Marketplace

### (800) 318-2596*

- Via phone at number above; available 24/7

- Online (www.healthcare.gov)*; available 24/7

- The Marketplace **can determine** if an applicant is eligible for **Medicaid/FAMIS or Marketplace coverage**.

- An application that requires additional verifications will be forwarded from the Marketplace to the Cover Virginia CPU for follow-up and processing, unless the applicant has an open SNAP/TANF case (then application goes to local DSS).

*Virginia will transition to its own Marketplace platform and call center in 2023. Stay tuned!*

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## Apply with the Paper Application

- Let's take a look at the **paper application**.

- It has:
  - **6 Steps**,
  - **6 Appendixes**, and a
  - **Supplement** that needs to be completed if there are more than 2 household members.

- The paper application can be **mailed** or **dropped off** at local DSS in the locality where an applicant lives.

*Section 2; Handout*

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## How to Order Paper Applications

1. *Go to* **www.coverva.org**
2. *Hover over* **Partners** **in the top menu, and select** **Materials**
3. Scroll down to the **Application for Health Coverage & Help Paying Costs** and click on "**Order Online**"
4. An online order form will result.

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

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

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## STEP 1 — Tell us about yourself.

(We need one adult in the family to be the contact person for your application.)

1. First name   Middle name   Last name   Suffix

2. Home address (Leave blank if you don't have one.)   3. Apartment or suite number

4. City   5. State   6. ZIP code   7. County

8. Mailing address (if different from home address)   9. Apartment or suite number

10. City   11. State   12. ZIP code   13. County

14. Phone number   15. Other phone number

16a. We need to know the best way to contact you about this application and your health coverage if you're eligible. Do you want to read your notices about your application electronically?

☐ Yes. I want to read the notices online. (If selected, continue to the next question.)

☐ No. I want to get paper notices sent to me in the mail.

b. You'll be contacted when a notice is ready for you on this website. How can we contact you?

(Choose one)   ☐ Cell phone number _____
☐ Email address _____

c. You can change your notices and communication preferences at any time. Cell phone or email address: _____

17. What is your preferred spoken or written language (if not English)?

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

### STEP 2: PERSON 1   (Start with yourself)

Complete Step 2 for yourself, your spouse and children who live with you and/or anyone on your same federal income tax return if you file one. Include both parents living in the home (for a child under 21). See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name   Middle name   Last name   Suffix

1a. Are you?   ☐ Married   ☐ Never married   ☐ Divorced   ☐ Widowed   ☐ Separated

3. Date of birth (mm/dd/yyyy)   4. Sex ☐ Male ☐ Female   2. Relationship to you? SELF

5. Social Security number (SSN)

We need this if you want health coverage and have an SSN. Even if you don't want health coverage for yourself, providing your SSN can be helpful since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. For help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.

6. Do you plan to file a federal income tax return NEXT YEAR?
(You can still apply for health insurance even if you don't file a federal income tax return.)

☐ YES. If yes, please answer questions a-c.   ☐ NO. If no, skip to question c.

a. Will you file jointly with a spouse? ☐ Yes ☐ No
If yes, name of spouse: _____

b. Will you claim any dependents on your tax return? ☐ Yes ☐ No
If yes, list name(s) of dependents: _____

c. Will you be claimed as a dependent on someone's tax return? ☐ Yes ☐ No
If yes, please list the name of the tax filer: _____
How are you related to the tax filer? _____

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## Step 2, Person 1, Questions 7-8

7. Are you pregnant or were you pregnant in the last 60 days? ☐ Yes ☐ No

a. If yes, how many babies are expected during pregnancy ☐ Expected due date : _____

8. Do you need health coverage? (Even if you have Medicare or other insurance, there might be a program with better coverage or lower costs.) If NO, skip to the income questions on page 3 and leave the rest of this page blank.

☐ YES. If yes, answer all the questions below.

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## Step 2, Person 1, Question 9

9. Do you need help with everyday things like bathing, dressing, walking or using the bathroom to live safely in your home? **OR** Has a doctor or nurse told you that you have a physical disability or long term disease, mental or emotional illness, or addiction problem? Yes ☐ No ☐ If you are 65 or older **or** have Medicare, please complete Appendix D.

9a. If you answered yes to question 9 and are between the ages of 19-64, and do not have Medicare, but need long term services and supports, please complete Appendix F.

- ◐ This question was adjusted with the onset of Medicaid Expansion. It is a screening question, not for eligibility into the program, but rather to see if someone is considered medically complex.
  - If yes, the person will be enrolled into a Commonwealth Coordinated Care (CCC+) managed care organization rather than a Medallion 4.0 managed care plan and receive extra case management as part of his/her benefits package.

## Step 2, Person 1, Questions 10-11

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

10. Are you a U.S. citizen or U.S. national? ☐ Yes ☐ No

11. **If you aren't a U.S. citizen or U.S. national,** do you have eligible immigration status?
   ☐ Yes. Fill in your document type and ID number below.
   a. Immigration document type
   b. Document ID number
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No
   d. Are you, or your spouse or parent a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No
   e. Have you, your spouse or a parent ever served in the U.S. military? ☐ Yes ☐ No

*Section 2*

## Step 2, Person 1, Questions 12-15

12. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? ☐ Yes ☐ No
13. Are you incarcerated (detained or jailed)? ☐ Yes ☐ No    **If Yes** ☐ Federal ☐ State (DOC or DJJ) ☐ Local/Regional
   ☐ Check here if pending disposition of charges    Incarceration date ☐☐/☐☐/☐☐☐☐    Expected release date ☐☐/☐☐/☐☐☐☐
14. Are you a full-time student? ☐ Yes ☐ No
15. Were you in foster care at age 18 or older? ☐ Yes ☐ No    **If yes,** in which state

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

*Section 2*

## Step 2, Person 1, Questions 29-31

29. Do you want help paying for medical bills from the last 3 months? ☐ Yes ☐ No   If yes, provide monthly income for previous 3 months.
Month 1: $ ☐☐☐☐☐    Month 2: $ ☐☐☐☐☐    Month 3: $ ☐☐☐☐☐

30. **DEDUCTIONS:** Check all that apply, and give the amount and how often you get it.
If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.
**NOTE:** You shouldn't include a cost that you already considered in your answer to net self-employment (question 27b).
☐ Alimony paid        $ ☐☐☐☐    How often? _____        ☐ Other deductions    $ ☐☐☐☐    How often? _____
☐ Student loan interest $ ☐☐☐☐    How often? _____        Type: _____

31. **YEARLY INCOME:** Complete only if your income changes from month to month.
If you don't expect changes to your monthly income, skip to the next person.
Your total income **this year**                Your total income **next** year (if you think it will be different)
$ ☐☐☐☐☐☐                      $ ☐☐☐☐☐☐

*Section 2*

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## Step 2, Person 2

**STEP 2: PERSON 2**   If you have more than two people to include, complete as many Additional Person single page supplement forms as you need.

Complete Step 2 for your spouse and children who live with you and/or anyone on your same federal income tax return if you file one. Include both parents living in the home (for a child under 21). See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name          Middle name          Last name          Suffix

1a. Is PERSON 2?   ☐ Married   ☐ Never married   ☐ Divorced   ☐ Widowed   ☐ Separated

3. Date of birth (mm/dd/yyyy) ☐☐ ☐☐ ☐☐☐☐    4. Sex ☐ Male ☐ Female    2. Relationship to you?

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

*Section 2*

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## Step 4

**STEP 4**   **Your Family's Health Coverage**

Answer these questions for anyone who needs health coverage.

**1. Is anyone enrolled in health coverage now from the following?**
☐ **YES. If yes,** check the type of coverage and write the person(s)' name(s) next to the coverage they have.   ☐ **NO.**

☐ Medicaid _____
☐ FAMIS _____
☐ Plan First _____
☐ Medicare _____
☐ TRICARE (Don't check if you have direct care or Line of Duty)

☐ Veterans Administration health care programs _____

☐ Peace Corps _____
☐ Federal Health Insurance Marketplace

☐ Employer insurance _____
   Name of health insurance: _____
   Policy number: _____
      Is this COBRA coverage? ☐ Yes ☐ No
      Is this a retiree health plan? ☐ Yes ☐ No
☐ Other
   Name of health insurance: _____
   Policy number: _____
   Is this a limited-benefit plan (like a school accident policy)?
   ☐ Yes ☐ No

**2. Is anyone listed on this application offered health coverage from a job?**
Check yes even if the coverage is from someone else's job, such as a parent or spouse.
☐ **YES. If yes,** you'll need to complete and include Appendix A. Is this a state employee benefit plan? ☐ Yes ☐ No
☐ **NO. If no,** continue to Step 5.

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



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

- 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.

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

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

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

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## Appendices

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

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

## Appendix C – Assistance with Completing this Application

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

## Application Assistance

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

- *Project Connect* **Outreach Workers:** Northern Virginia, Richmond, Tidewater, Southside, Far Southwest

- **Navigators & Certified Application Counselors** (CACs): Statewide; specially-trained to help with Marketplace applications, and can also help with Medicaid/FAMIS applications

  – https://coverva.org/assistance/

## Who Can Sign an Application?

**For an Adult**

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

**For a Child**

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

*…and…*

*Section 2*

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## Acknowledgement of Receipt of Verbal Consent Form

**Developed to allow for "no-touch" applications**

- Client gives consent, and application assister completes **and signs** application on client's behalf.

- Available in English and Spanish at coverva.org/en/phe-planning

- Can be used regardless of application method
  - Paper application
  - By phone through Cover Virginia call center
  - Online via CommonHelp

- While this resource was developed due to the pandemic, Virginia has applied to allow it to continue to be used.

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## Federal Data "Hub"

- Information supplied on all applications will be **compared to data stored in a Federal Data Hub ("the Hub").**

- If Hub data **does not match** what is on an application, **LDSS/CPU will ask an applicant to provide documents to verify** what is on the application

Internal Revenue Service

Department of Justice

Social Security Admin

Department of Homeland Security

*Section 2*

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## How Long Does it Take to Process an Application?

- ❂ Maximum **45-calendar-day processing time** for **most applicants**

- ❂ Maximum **7-day processing time** for **pregnant individuals (*including teens*)**
  - An incomplete application will "pend" for up to 45 days
  - Can request additional time to secure certain documents, like immigration paperwork, that take time to obtain

- ❂ "Real-Time" approval is possible via online application methods (healthcare.gov or CommonHelp) if information on an application matches the Hub.

*Section 2*

## Where Are Applications Reviewed?

| Application Method | Processed By | Exception(s) |
|---|---|---|
| Online via **CommonHelp** **or** by phone with **Cover Virginia** Call Center | Cover Virginia CPU | If applicant has an existing SNAP or TANF case, or applied for "All Benefit Programs," app goes to local DSS. |
| Online at **healthcare.gov** **or** by phone with **Marketplace call center** | Marketplace | If applicant *looks* eligible for Medicaid/FAMIS program, but more information is needed, app goes to Cover Virginia CPU. |
| **Paper** | Local DSS | If ineligible, LDSS will send applicant a letter letting him/her know the app has been sent to the Marketplace. |
| **Cover Virginia Incarcerated Unit** | Cover Virginia Incarcerated Unit | |

## What if the Case is DENIED?

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

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

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

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

*Section 2*