

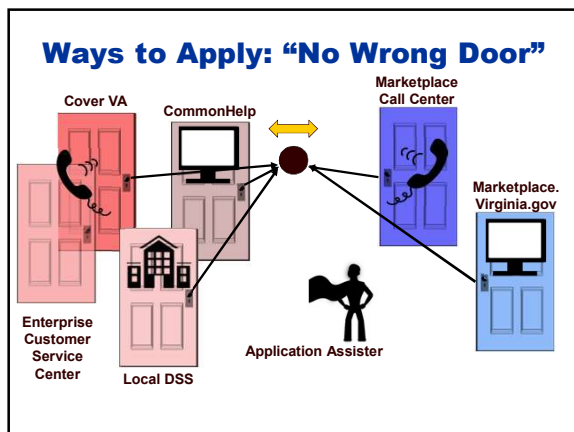
The Application Process

Section 2

Ways to Apply: “No Wrong Door”

- ☛ There is one 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 forwarded to the Virginia Insurance Marketplace to be evaluated for eligibility.

Sections 2 and 5



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

NOTE: Starting April 4, 2026, Cover VA no longer has Saturday hours.

- Open 8am – 7pm weekdays.
- 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**”) upon submission.
 - Application date is date of telephonic signature.
 - Follow-up mail (including requests for additional documentation) comes from Cover Virginia unless the applicant has an open/active benefits case at the local DSS.

Section 2

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

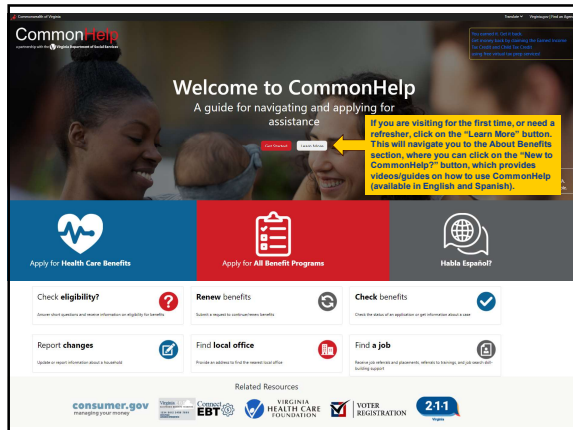
- Open 7am – 6pm weekdays
- Accepts telephonic applications for *multiple benefits*:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - Energy Assistance Program (EAP)
 - Medical Assistance (MA)
- Responds to basic inquiries about case status or benefits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

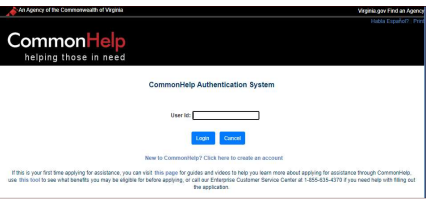
Apply Online with



- <https://commonhelp.virginia.gov/>
- Offers the option to apply for “**Health Care Benefits**” only, or for “**All Benefit Programs**” simultaneously
 - “Health Care only” includes Medicaid and FAMIS (Medicaid Expansion, FAMIS Plus, FAMIS, FAMIS MOMS, FAMIS Prenatal, Medicaid for Pregnant Women, LIFC, & 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/active benefits case** at their local DSS.
- 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: Need to have Client ID and Case ID to link from the Notice of Action received in the mail.)
 - **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

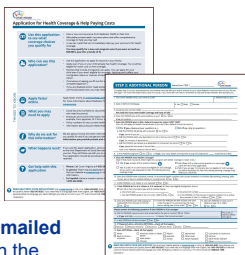


Apply via 

- Telephonic and online options
 - Via telephone at 888-687-1501 (TTY: 711), Monday – Friday 8AM to 7PM
 - Online at marketplace.virginia.gov
- The Marketplace **may be able to 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 benefits case (then application goes to local DSS).

Apply with the Paper Application

- Let's take a look at the **paper application**.
- It has:
 - **6 Steps**,
 - **6 Appendixes**, and a
 - **Supplement** that needs to be completed if there are more than 2 household members.
- The paper application can be **mailed** or **dropped off** at local DSS in the locality where an applicant lives, or mailed to the **Cardinal Care Correspondence Center**. **Section 2; Handout**



How to Order Paper Applications

1. Go to coverva.dmas.virginia.gov/
2. Hover over **Apply** in the top menu, and select **Applications**
3. Under **Virginia Cardinal Care (Medicaid and FAMIS) Application**, 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.

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?							
<input type="checkbox"/> Yes, I want to read the notices online. (If selected, continue to the next question)							
<input type="checkbox"/> 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. How can we contact you?							
(Choose one)							
<input type="checkbox"/> Cell phone number				* English, Spanish			
<input type="checkbox"/> Email address				Amharic, Arabic			
				Urdu, Vietnamese			
You can change your notices and communication preferences at any time.							
17. What is your preferred spoken or written language (if not English)? *							

Step 2, Person 1, Questions 1-6

STEP 2: PERSON 1 (Start with yourself)

Complete Step 2 for yourself, your spouse and children (including step-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? <input type="checkbox"/> Single <input type="checkbox"/> Married		3. Date of birth (mm/dd/yyyy)		4. Sex		2. Relationship to you?	
() / () / () / () / () / ()		<input type="checkbox"/> Male <input type="checkbox"/> Female		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.)							
<input type="checkbox"/> YES. If yes, please answer questions a-c <input type="checkbox"/> NO. If no, skip to question c.							
a. Will you file jointly with a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, name of spouse: _____							
b. Will you claim any dependents on your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, list name(s) of dependents: _____							
c. Will you be claimed as a dependent on someone's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please list the name of the tax filer: _____ How are you related to the tax filer? _____							

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+)
- F – Nursing Facility or Community-Based Care (age 19-64, not eligible for or enrolled in Medicare)

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

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, Roanoke, 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.dmas.virginia.gov/apply/find-help-in-your-area/>

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).

Section 2

Federal Data "Hub"

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



Section 2

How Long Does it Take to Process an Application?



- Maximum 45-calendar-day processing time for most applicants
- Maximum 7-day processing time for pregnant 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 (marketplace.virginia.gov or CommonHelp) if information on an application matches or is reasonably compatible with data sources.

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 open/active benefits case, or applied for "All Benefit Programs," app goes to local DSS.
Online at marketplace.virginia.gov , or by phone with VIM call center	Virginia's Insurance Marketplace	If applicant <i>looks</i> 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	This unit will also maintain the case if the person is found eligible.

How Are Updates Shared?

- Application updates are typically sent via the mail. Be sure to tell your client to **OPEN MAIL from Cover Virginia, their local DSS office, or DMAS.**
- Applicants can also **call Cover Virginia** to check on the status of their application.
- The **two types of correspondence** an applicant is most likely to receive during this process.
 - They are first, a request for verification, often called a **"verification checklist"**
 - Second is the **"Notice of Action"**

Section 2 and Handout

If More Information is Needed

- If the Cover Virginia Central Processing Unit or local DSS needs more information to process the application, they will send a request for verification, often called a **Verification Checklist.**

Sample Request for Verification from Local DSS

Location Name (Print) Location Mailing Address Location Mailing Address Location Mailing Address	Commonwealth of Virginia (Printing Name) Division / 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 final 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 submit 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 Commonwealth Account
CommonHelp.Virginia.gov has all important information about your benefit 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 get your case to your Commonwealth account using the information below, log in and select "Manage My Account."
Case Number: [Case Number]
Client ID: [Client ID]

Worker Name: <small>(Case Worker Name)</small>	Telephone Number: <small>(Worker Phone Number)</small>	For Free Legal Advice Call: 1-800-554-5243
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Additional Information from Your Case Worker

Case #: [Case Number] Page 1 of 4 Correspondence #: [Corr. #]
LDSS Request for Verifications A.33

Section 2

Notice of Action

- Once the application has been processed, a **Notice of Action** will be sent, which will indicate whether the application has been approved or denied.
- It is long, be sure to read the whole thing!

Receipt Notice of Action - Approval

Note: All names, case numbers, correspondence numbers and ID numbers are strictly confidential.

Letcher County 2023 Commonwealth of Virginia
 Department of Social Services
 Letcher County 2023 Coverdell Call: 800-999-9999

Letter Date: January 20, 2023
 Case Number: 22-049544

Unidentified Adult Phosphorus
 783758 Source 544
 Letcher County 2023

News for your household
 Our records show that you applied for health coverage from Virginia Medicaid on January 20, 2023. This letter tells you more about the determination and how we made it. It also explains what to do if you think we made a mistake.

Multi-Child Decision Summary for Your Household

Household Member Name	Decision	Coverage	Effective Date(s)
Unidentified Adult Phosphorus	Eligible	FULL	January 01, 2023 - 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. To help us help you, call us at 1-855-243-8381(TTY: 1-888-231-5380).

Case #: 22-049544 Page 1 of 10 Correspondence #: 73407393 Medicaid Approval Notice v. 2.0

Section 2

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** (form submitted to DMAS – online, telephonic, and paper options) within 35 days of the **Notice of Action**.

Individuals/families can request to **keep coverage** while appeal is pending and can have hearings by phone.

Section 2
