CardinalCare
Virginia's Medicaid Program

Virginia Medicaid: Eligibility, Application, and Coverage

Sarah Hatton
Deputy for Administration and Coverage

DMAS

This presentation will cover the following topics:

- The Application Process
- Eligibility Determination
- Post Determination Processes

Virginia's Eligibility Structure

The structuring of eligibility processes varies by state to include centralized, regional, and locally administered models. The Commonwealth is one of eight states in the country with a state supervised and locally administered Medicaid program.

- Medicaid eligibility determinations and ongoing case maintenance is the responsibility of the 120 local Department of Social Services (DSS) agencies under the supervision of the state DSS agency. Local departments are also responsible for making referrals to Virginia's state-based exchange, the Virginia Insurance Marketplace.

- DMAS works in partnership with the state DSS agency to implement Medicaid policy changes, trainings for local DSS agencies, reporting, and needed system updates.

- DSS owns and maintains the Medicaid eligibility determination system known as the Virginia Case Management System (VaCMS). Additionally, DSS maintains the online application platform for Medicaid and other public assistance programs, known as CommonHelp.

- DMAS has responsibility for oversight for Cover Virginia, the statewide call center for the Medicaid program as well as the Incarcerated Unit, which handles applications and maintenance of enrollment for incarcerated individuals in Virginia. Additionally, DMAS is responsible for the handling of provider and member appeals.

The Medicaid Application Process: Who and Why

Individuals must meet certain non-financial requirements

In all states, Medicaid provides health coverage to qualifying individuals and families, including children, parents, people who are pregnant, elderly people, and people with disabilities. In 2019, Virginia expanded Medicaid to cover 19 – 64-year-old non-disabled adults.

Individuals must meet certain non-financial eligibility criteria such as state residency requirements and must be either citizens of the United States or certain qualified non-citizens, such as lawful permanent residents.

Individuals must meet certain financial requirements and income levels

Most children, pregnant women and adults are evaluated using taxable income and tax filing relationships to determine eligibility.

Individuals whose eligibility is based on age, blindness, or a disability are generally determined using the income methodologies of the Social Security Income program. Some states, known as 209b states, use more restrictive criteria than SSI. Virginia is one of eight 209b states in the country. Additionally, this population is required to meet a resource test where the individual's assets are evaluated as part of the eligibility determination process.

Applying for Medicaid

Virginia offers many ways to apply for Medicaid:

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Mail or drop off a paper application to your local Department of Social Services (DSS)

COVER VIRGINIA
Connecting Virginians to Affordable Health Insurance

Apply by calling Cover Virginia at 833-5CALLVA
(TDD: 1-888-221-1590)

Virginia's Insurance Marketplace

Apply online at the Virginia's Insurance Marketplace at **www.marketplace.virginia.gov**

CommonHelp

Apply online at **www.commonhelp.virginia.gov**

The Application Process: What

The Application Process

- Certain information is required for an application to be evaluated for eligibility however, an application must be accepted even if all the information isn't provided at the time of application.

- Once an application is received, the local agencies or Cover Virginia have set processing timelines that must be met to maintain compliance with federal and state guidance:
  - Pregnant individuals – seven calendar days
  - Breast and Cervical Cancer Prevention and Treatment Act – ten working days
  - All other individuals – 45 calendar days
  - Individuals who require a disability determination – 90 calendar days

After the application is submitted

- Available electronic sources and information on file is used to process the application. Examples of electronic verifications accessed for the Medicaid program include:
  - Virginia Employment Commission data
  - Social Security Administration data
  - The Work Number (real time income data)
  - Child Support Enforcement data
  - Department of Motor Vehicle data

- If all needed information is not available through state resources, the applicant is sent a request for information with ten days plus mailing time to reply.
  - If an application has difficulty obtaining needed information the agency must assist with verifying the needed information.

The Medicaid Eligibility Determination Process: How

Once an application is received, the DSS operated eligibility determination system, VaCMS, will attempt to process the application through an automated process. which is managed by DSS, there are no touch processes called self direct that will attempt to evaluate and determine eligibility for the applicant(s) on an individual basis.

- This process occurs regardless of application method.
- If the self direct process is successful, the applicant will receive a notice of the determination of their eligibility. More information on the notice is described on a future slide.
- If an application is unsuccessful in the automated process, manual worker processing is required.

The Eligibility Determination Process: How

Decisions, Notices, and Appeals

- Once a decision is made regarding eligibility, the household must receive a notice indicating the reason for decision
  - If approved, the notice must include their enrollee number, the type of coverage they are entitled to (full vs. limited), and their renewal date
  - If denied, the notice must indicate the reason why, with a policy citation for the reason for negative action.
  - All notices include appeal rights, information if the application has been referred to the Virginia Insurance Marketplace, and a supplement for any needed language or disability access services.

- Appeal rights are afforded to all individuals regardless of the outcome of their determination. The appeal rights include how to file and the due date to file their appeal.

Post Medicaid Determination Processes: Enrollment

Enrollment and Managed Care Assignment:

- Most enrollments in the Medicaid programs begin the first day of the month in which the application is filed. Virginia is a full month enrollment state, meaning if the individual is eligible for one day of the month, they are generally eligible for the entire month.
  - Individuals can request a determination of eligibility for the three months prior to the application.
- Once enrolled in the Medicaid fee-for-service program, the process of managed care assignment and sending of a Medicaid card begins. Enrollment in a managed care plan can take up to six weeks.

Member Responsibilities:

- Members are responsible for reporting any changes in circumstances within ten days of the change occurring. Examples of changes includes increases to income, changes to the size of the household, and changes to the individual's place of residence.

- All individuals must be renewed for ongoing Medicaid coverage every 12 months. Prior to contacting the member, DSS will first attempt to renew the individual using electronic resources and information on file through what is known as the ex parte automated process. If unsuccessful, the individual is sent a paper renewal packet to complete and return.