Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 14-0007

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

Region III/Division of Medicaid and Children's Health Operations

SWIFT #032520144067

JUL 2 8 2015

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Virginia's State Plan Amendment (SPA) 14-0007, Presumptive Eligibility by Hospitals (S21). SPA14-0007 proposes that one or more qualified hospitals determine presumptive eligibility under 42 Code of Federal Regulations §435.1100 and Virginia provides Medicaid coverage for individuals determined presumptively eligible.

This SPA is acceptable. Therefore, we are approving SPA 14-0007 with an effective date of January 1, 2014. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages for S21.

Please note that accompanying this approval of SPA 14-0007, there is an enclosed companion letter regarding the need for Virginia to establish procedures to ensure that qualified entities notify the applicant at the time a determination regarding presumptive eligibility (PE) is made, in writing and orally if appropriate, of such determination. The State's current process for hospital PE as of this SPA's approval does not provide for immediate, written notification to the applicant.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
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Region III/Division of Medicaid and Children's Health Operations

SWIFT #032520144067

JUL 2 8 2015

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Ms. Jones:

This letter is being sent as a companion to our approval of Virginia State Plan Amendment (SPA) VA-14-0007, which proposes to implement presumptive eligibility (PE) conducted by hospitals in the Medicaid State Plan in accordance with the Affordable Care Act. This amendment was submitted on March 25, 2014, with an effective date of January 1, 2014.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 Code of Federal Regulations (CFR) §430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program. While the SPA is approvable, CMS' analysis determined that additional changes related to the State's implementation of the hospital presumptive eligibility provision are needed.

Per 42 CFR §435.1102, agencies must establish procedures to ensure that qualified entities notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of such determination. The State's current process for hospital presumptive eligibility as of this SPA's approval does not provide for immediate, written notification to the applicant.

We understand that the State is taking the following actions in response to the above:

- The State has developed a process for the hospital to generate an immediate notice by creating two templates for approvals and denials.
- Hospitals will complete the notice and give the notice immediately upon making the determination. Applicants who are approved may use the Approval Notice as proof of Medicaid eligibility.

- For individuals who are approved, hospitals will then enter the individual's data on the State's Hospital Presumptive Eligibility (HPE) Online Enrollment Form which will generate a confirmation document of enrollment in the Virginia Medicaid Management Information System as well as card issuance within 2 business days. This document will include the member's Medicaid identification number and will be emailed to the hospital as well as hard copy mailed to the member. The member may use this document as a temporary Medicaid identification card until the physical Medicaid identification card is received in the mail.

The State informed CMS that it is poised to begin implementing these new policies and train hospitals pending the approval of VA-14-0007. The State plans to begin this process immediately after the SPA's approval, and will have implemented all changes on or before 60 days from the SPA's approval. The State is working with the Virginia Hospital and Healthcare Association on this effort and to disseminate the new information to hospitals. Currently, there are 57 hospitals performing hospital presumptive eligibility determinations.

Within 30 days of this letter, please reply to CMS with an update on the State's implementation of changes to allow for the immediate notification of hospital presumptive eligibility determination results. If the changes have not yet been implemented, please include in your reply a corrective action plan to comply with requirements of 42 CFR §435.1102. This corrective action plan should outline a timeline and the steps the State will take to finalize the implementation of this change.

We continue to be available to provide technical assistance. If you have any questions about this letter or need any additional information, please contact Margaret Kosherzenko of my staff at either 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Virginia**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

VA-14-0007

Proposed Effective Date

01/01/2014 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$ 0.00
Second Year	2015	$ 0.00

Subject of Amendment

S21 - Presumptive Eligibility for Hospitals

Governor's Office Review

- **Governor's office reported no comment**
- **Comments of Governor's office received**

Describe:

- **No reply received within 45 days of submittal**
- **Other, as specified**

Describe:

Signature of State Agency Official

Submitted By:	**Brian McCormick**
Last Revision Date:	**Jul 13, 2015**
Submit Date:	**Mar 25, 2014**

/S/ Brian McCormick

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals **S21**

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

(•) Yes ( ) No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

■ A qualified hospital is a hospital that:

■ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

■ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

(•) Yes ( ) No

■ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

■ Pregnant Women

■ Infants and Children under Age 19

■ Parents and Other Caretaker Relatives

■ Adult Group, if covered by the state

■ Individuals above 133% FPL under Age 65, if covered by the state

■ Individuals Eligible for Family Planning Services, if covered by the state

■ Former Foster Care Children

■ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Medicaid Eligibility

◉ Yes ○ No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: At least 85% of presumptive eligibility determinations must result in a full Medicaid application being filed

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: at least 70% of presumptively eligible individuals are determined eligible for Medicaid based on a full application

■ The presumptive period begins on the date the determination is made.

■ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

■ Periods of presumptive eligibility are limited as follows:

◉ No more than one period within a calendar year.

○ No more than one period within two calendar years.

○ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

○ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

○ Yes ◉ No

■ The presumptive eligibility determination is based on the following factors:

■ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

■ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

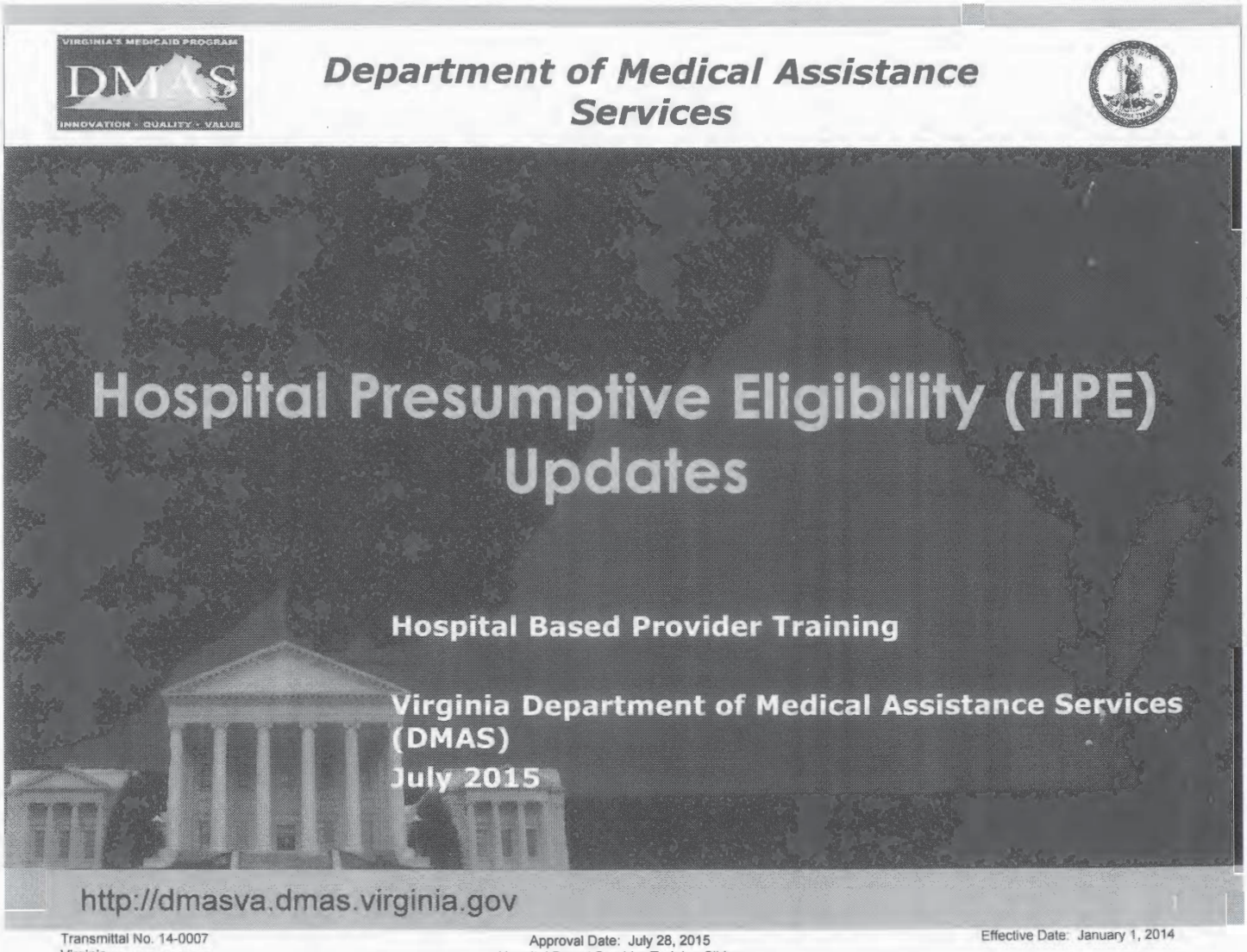
☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

	An attachment is submitted.	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.


VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE
Department of Medical Assistance Services
Hospital Presumptive Eligibility (HPE) Updates
Hospital Based Provider Training
Virginia Department of Medical Assistance Services (DMAS)
July 2015
http://dmasva.dmas.virginia.gov

Agenda

- What is Hospital Presumptive Eligibility (HPE)?
- Hospitals Role in HPE
- The new HPE Eligibility Manual and Updates to Virginia's HPE Agreement
- Accountability and Performance Standards
- HPE Eligibility and Covered Services
- Updated HPE Screening Tool
- New Quick Guide to Citizenship and Immigration
- New Notices of Action
- Updated HPE Online Enrollment Form
- New Hospital Notices of Action
- Cover Virginia

Hospital Presumptive Eligibility (HPE)

- Section 2202 of the Patient Protection and Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility for certain individuals under a state's Medicaid program.
- States are required to set up and monitor a presumptive eligibility process. States must allow any qualified and interested hospital to participate; however, hospital participation is optional.
- States are responsible for ensuring HPE determinations are done in accordance with established guidelines and that performance standards are met.

What is Hospital Presumptive Eligibility (HPE)?

- As of January 1, 2014, qualified hospitals can immediately approve presumptively eligible individuals.

- Qualified hospitals must be approved Virginia Medicaid providers.

Why Hospital Presumptive Eligibility (HPE)?

- Provides timely access to necessary health care services.
- Provides immediate temporary medical coverage while full eligibility is being determined.
- Is a pathway to longer-term Medicaid coverage.
- Requires minimal eligibility information.

Why Hospital Presumptive Eligibility (HPE)?

- HPE allows hospitals to be reimbursed for covered services provided during the temporary coverage period even if individual is ultimately determined ineligible for Medicaid or FAMIS (CHIP).

The Hospital's Role in HPE

- Hospitals may not contract HPE functions to other entities or use contracted personnel to make HPE determinations.
- Contracted entities and staff may assist in gathering information and helping promote HPE as well as help individuals complete a full Medicaid application

The Hospital's Role in HPE

- Identify individuals who may be eligible for Medicaid
- Make immediate temporary eligibility determinations for these individuals
- Provide the immediate Notice of Action of the determination
- Provide appropriate Covered Services Fact Sheet for approvals
- Provide approved members with Cover Virginia Notice of Action with Medicaid ID

The Hospital's Role in HPE

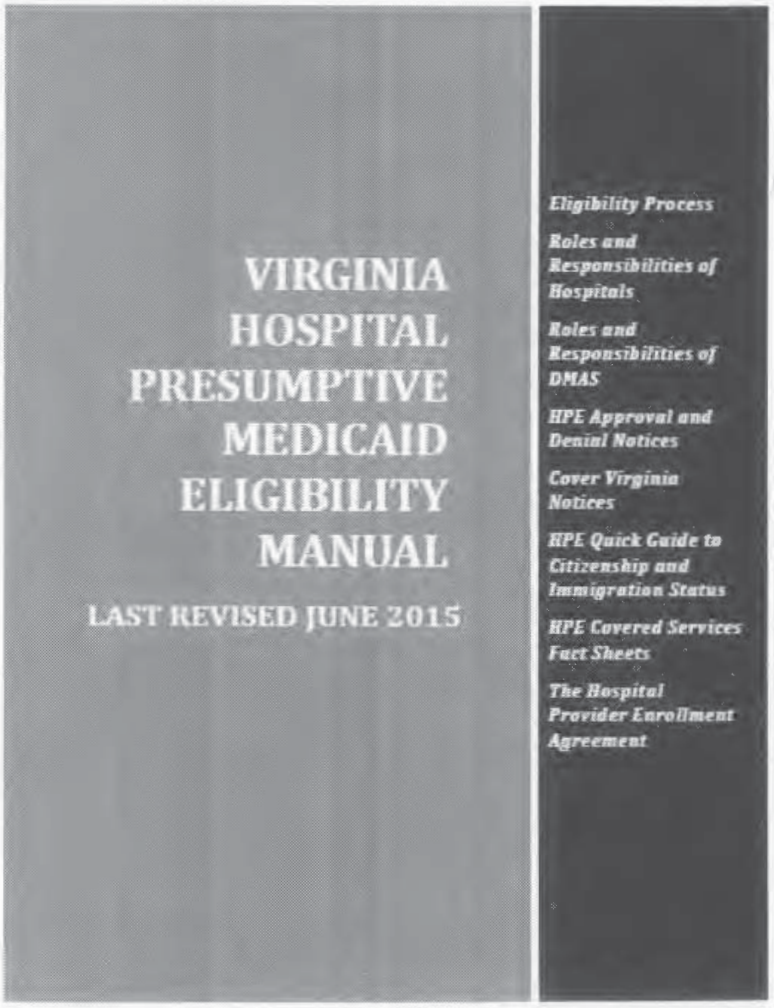
- Educate individuals about their responsibility to complete the full Medicaid application
- Assist individuals in completion of the full Medicaid application

New HPE Manual and Agreement

- Qualified hospitals must complete, sign and submit the *newly revised* Virginia Qualified Entity Agreement for Hospital Presumptive Eligibility.
- Employees should review the new HPE Eligibility Manual for reference of policies, procedures and forms.
- Only employees who have participated in this training can make HPE determinations.

New! Virginia Hospital Presumptive Eligibility Manual

Online at
www.dmas.virginia.gov
under Provider Services



Revised HPE Qualified Entity Agreement

- Provides the identifying information and point of contact for the hospital
- Specifies the requirements and responsibilities for a qualified hospital, including record retention
- Provides potential for corrective action measures, if needed

Revised HPE Qualified Entity Agreement

- Requires the hospital's authorized agent's signature for agreement with the terms
- All hospitals must complete and sign the new agreement.
- Currently qualified hospitals must sign the new agreement and submit to DMAS on or before 60 days from the state plan amendment approval to maintain status.
- The revised agreement is located in the new HPE Eligibility Manual

Accountability

- Hospital Recordkeeping Requirements
  - Hospitals must maintain HPE records minimum three years (includes approvals and denials)
  - Record of applicants given information on completing the full Medicaid application
  - Record of applicants who received assistance from the hospital completing the full Medicaid application

Accountability

- DMAS Recordkeeping Requirements
  - Number of members enrolled due to HPE determination by covered group
  - Number of HPE applicants who were:
    - Determined eligible for Medicaid or FAMIS (CHIP)
    - Determined ineligible for Medicaid or FAMIS (CHIP)
    - % of HPE members resulting in full Medicaid enrollment
  - All claims payments related to HPE
  - Performance standards which will be refined as needed

HPE Performance Standards

- Hospital performance standards:
  - At least 85% of the HPE determinations result in the submission of a full Medicaid application for continued coverage
  - At least 70% of HPE determinations result in individuals being determined eligible for Medicaid based on full application

HPE Performance Standards

- If performance standards are not met:
  - A 60 day action plan during which DMAS will work with the provider to meet standards will be implemented
  - Additional trainings may be provided to improve performance
- DMAS may terminate the hospital's authority to perform HPE determinations if performance is not improved

HPE Performance Standards

- Hospital termination of HPE cannot be appealed
- A hospital's participation with DMAS or the DMAS Managed Care Organizations (MCOs) will not be impacted based on participation with HPE or HPE performance standards

Hospital Presumptive Eligibility (HPE)

- HPE enrollment period:
  - begins on the day that the determination is made and
  - ends with the earlier of:
    - The day on which a decision is made on that application in the case of an applicant who has filed a full Medicaid application; or
    - The last day of the month following the month in which the determination of presumptive eligibility was made in the case of an applicant who has not filed a full Medicaid application.
- HPE enrollment is limited to one HPE period per pregnancy and one per calendar year for all other covered groups.
- If the applicant files a full Medicaid application and is found eligible, they will be enrolled in full Medicaid benefits.

Hospital Presumptive Eligibility (HPE)

- HPE is not available to individuals who are already enrolled in any Medicaid or FAMIS (CHIP) benefit
- HPE does not require individual to be uninsured
- There is no requirement that the applicant be admitted or be seeking hospital services at the time of an HPE determination.

Covered Services Under (HPE)

- Full Benefit Eligibility Groups
  - Children Under Age 19
  - Parent/caretaker-relatives of dependent children (LIFC)
  - Former Foster Care Children Under Age 26
  - Breast and Cervical Cancer Treatment and Prevention Act
- HPE covers all services covered under the Virginia Medicaid State Plan, including dental, vision, and mental health for individuals qualifying for these eligibility groups.

Covered Services Under (HPE)

- Limited Benefit Eligibility Groups
  - Pregnant Women - outpatient prenatal care services only
  - Plan First - family planning services only
- All HPE Eligibility Groups can access transportation to obtain covered services, if needed

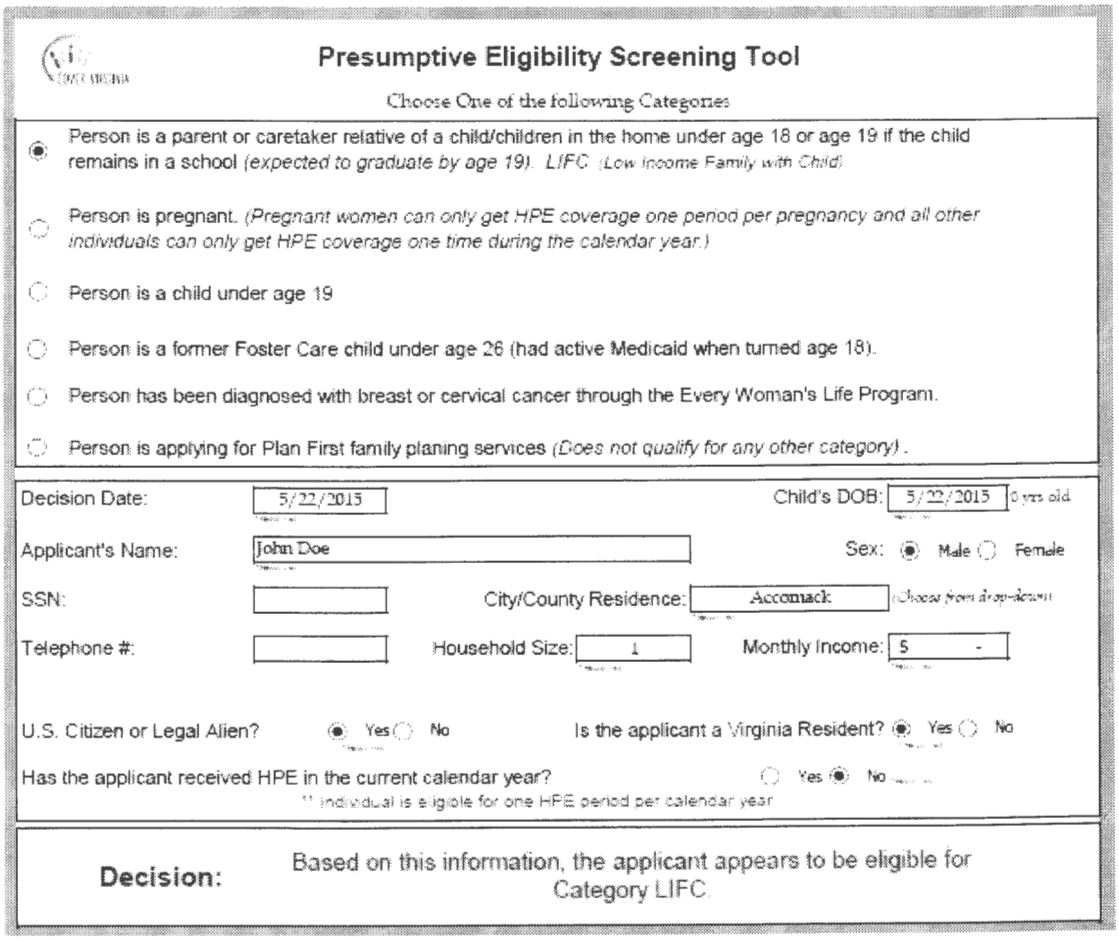
HPE Patient Eligibility

- To be eligible for HPE, individuals must be in a certain covered group and have income within established limits for their household size
- The Presumptive Eligibility Screening Tool addresses all non-financial and financial criteria in order to assist hospitals in completing the determination
- Hospitals should keep a copy of the completed screening tool or other documentation in the individual's medical record.

Updated Presumptive Eligibility Screening Tool

Social Security Number (SSN) is optional.

Applicant self-attests to previous HPE coverage



Presumptive Eligibility Screening Tool

Choose One of the following Categories

- (●) Person is a parent or caretaker relative of a child/children in the home under age 18 or age 19 if the child remains in a school *(expected to graduate by age 19). LIFC (Low Income Family with Child)*
- ( ) Person is pregnant. *(Pregnant women can only get HPE coverage one period per pregnancy and all other individuals can only get HPE coverage one time during the calendar year.)*
- ( ) Person is a child under age 19
- ( ) Person is a former Foster Care child under age 26 (had active Medicaid when turned age 18).
- ( ) Person has been diagnosed with breast or cervical cancer through the Every Woman's Life Program.
- ( ) Person is applying for Plan First family planing services *(Does not qualify for any other category)*.

Decision Date: 5/22/2015 Child's DOB: 5/22/2015 0 yrs old

Applicant's Name: John Doe Sex: (●) Male ( ) Female

SSN: City/County Residence: Accomack (Choose from drop-down)

Telephone #: Household Size: 1 Monthly Income: $ -

U.S. Citizen or Legal Alien? (●) Yes ( ) No Is the applicant a Virginia Resident? (●) Yes ( ) No

Has the applicant received HPE in the current calendar year? ( ) Yes (●) No

** Individual is eligible for one HPE period per calendar year

Decision: Based on this information, the applicant appears to be eligible for Category LIFC

Quick Guide to Citizenship and Immigration Status

Eligible Individuals	All US Citizens and Nationals
	Non-citizens lawfully admitted prior to 8/22/96
	All Lawfully Residing Children under Age 19 and Pregnant Women
	Aliens lawfully admitted for permanent residence (LPRs) who are Active Duty Military or Veterans and their spouses or dependent children
	Lawfully admitted for permanent residence (LPRs) admitted on or after 8/22/96 with 5 years of residence and 40 quarters of work history under Social Security
Eligible for First Seven Years in US—not eligible after Seven Years	Asylees
	Refugees
	Cuban/Haitian Entrants
	Aliens whose deportation has been withheld
	Victims of a Severe Form of Trafficking
	Afghan and Iraqi Special Immigrants
Not Eligible	Deferred Action Childhood Arrivals (DACA)
	Undocumented
	Lawfully admitted for permanent residence (LPRs) without 40 quarters of work history under Social Security

HPE Individual Eligibility

Presumptive Eligibility groups include:

- **Children Under Age** 19 with income within 143% FPL
- **Pregnant Women** with income within 143% FPL
- **Parent/caretaker-relative of children** under age 18 or if 18 expected to graduate high school by 19th birthday
  - Income limits for parent/caretaker-relatives vary depending on the locality where the individual lives.
  - There are 3 locality groupings in Virginia
  - The HPE screening tool cues the income limit to the locality.
  - These income levels are subject to change July of each year.
  - Slides 31-33 specify the current income limits per grouping.

HPE Individual Eligibility

- **Former Foster Care youth** under age 26 who were receiving Medicaid and foster care services in any state at the time of their 18th birthday. No Medicaid income test
- **Breast and Cervical Cancer Prevention and Treatment Act** participant- limited to hospitals that have the Every Woman's Life program. No Medicaid income test
- **Plan First** with income within 200% FPL
- All groups have an additional 5% income disregard to the income levels listed above.

HPE Individual Eligibility

Determine Household Size & Whose Income Counts

- Income is based on the individual's report of total monthly income.
- Include all individuals living in the home among whom legal responsibility for financial support exists.
  - Married couples
  - Parent(s) and their children under age 21, including stepparent, step-siblings and half-siblings
  - Pregnant woman-count unborn(s) for her determination, but not for other applicants

HPE Individual Eligibility

- Do not include:
  - boy/girl friends, roommates, grandparents, uncles, aunts, cousins, friends etc.
  - parents of individuals age 21 and older
  - legal guardian, power of attorney (POA)
- Unmarried parents living together - do not count for each other, but do count both for their child under age 21

Children Under Age 19 and Pregnant Women Income Limits *	
Family Size	Monthly Amount
1	$1,453
2	$1,966
3	$2,479
4	$2,992
5	$3,505
6	$4,018
7	$4,531
8	$5,044
Each additional family member	$514

* Income limits subject to change; current income limits are posted on DMAS website.
Limits include the MAGI 5 % federal poverty level (FPL) disregard

Parent/Caretaker-relative of a Child Under Age 18 Income Limits *

Locality Group 1

Family Size	Monthly Amount
1	$244
2	$371
3	$472
4	$573
5	$675
6	$761
7	$859
8	$962
Each additional family member	$100

* Income limits subject to change; current income limits are posted on DMAS website.
Limits include the MAGI 5 % federal poverty level (FPL) disregard

Parent/Caretaker-relative of a Child Under Age 18 Income Limits *

Locality Group 2

Family Size	Monthly Amount
1	$359
2	$457
3	$575
4	$687
5	$808
6	$911
7	$1,020
8	$1,139
Each additional family member	$113

* Income limits subject to change; current income limits are posted on DMAS website.
Limits include the MAGI 5 % federal poverty level (FPL) disregard

Parent/Caretaker-relative of a Child Under Age 18 Income Limits *

Locality Group 3

Family Size	Monthly Amount
1	$481
2	$644
3	$788
4	$925
5	$1,093
6	$1,216
7	$1,353
8	$1,496
Each additional family member	$138

* Income limits subject to change; current income limits are posted on DMAS website.
Limits include the MAGI 5 % federal poverty level (FPL) disregard

Plan First Income Limits *	
Family Size	Monthly Amount
1	$2,012
2	$2,722
3	$3,433
4	$4,144
5	$4,854
6	$5,565
7	$6,276
8	$6,986
Each additional family member	$712

* Income limits subject to change; current income limits are posted on DMAS website.
Limits are 200% of the federal poverty level (FPL) and include the MAGI 5% FPL disregard

HPE Income Limits Reference Chart

Updated as of 7/1/15

Located at coverva.org

Hospital Presumptive Eligibility (HPE) Income Limits

Children Under Age 19 and Pregnant Women Statewide Income Limits *

Family Size	Monthly
1	$1,453
2	$1,968
3	$2,479
4	$2,992
5	$3,505
6	$4,018
7	$4,531
8	$5,044
Additional family member add	$514

Plan First - Family Planning Statewide Income Limits *

Family Size	Monthly
1	$2,012
2	$2,722
3	$3,433
4	$4,144
5	$4,854
6	$5,565
7	$6,276
8	$6,986
Additional family member add	$712

*Effective 1/22/2015 Income limits subject to change annually in January

Parent/Caretaker-relative of a Child Under Age 18 Income Limits by locality

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 City 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, Poquoson, 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

Family Size	Monthly
1	$294.00
2	$438.00
3	$556.00
4	$675.00
5	$794.00
6	$897.00
7	$1,013.00
8	$1,133.00
Additional family member add	$118

Locality Group II

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

Family Size	Monthly
1	$369.00
2	$524.00
3	$659.00
4	$789.00
5	$927.00
6	$1,047.00
7	$1,174.00
8	$1,310.00
Additional family member add	$131

Locality Group III

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

Family Size	Monthly
1	$531.00
2	$711.00
3	$872.00
4	$1,027.00
5	$1,212.00
6	$1,352.00
7	$1,507.00
8	$1,667.00
Additional family member add	$156

Parent/Caretaker Relative income limits subject to change annually on July 1

Income limits include the MAGI 5% federal poverty level (FPL) disregard

DMAS 070915

The HPE Determination Process

- Collect the information necessary to complete the HPE Online Enrollment Form
- Determine if individual meets nonfinancial criteria for a covered group
  - residency, citizenship or qualified immigration status, HPE covered group

The HPE Determination Process

- Determine if individual meets financial criteria for covered group
  - Determine who must be included in the household
  - Add together gross current monthly income of household members
  - Compare total income to the income limit for the household size, for the covered group

The HPE Approval Process

- If the individual meets all criteria for a HPE covered group
  - Provide copy of the Hospital HPE Approval Notice
  - Enter individual data into the HPE Online Enrollment Form
  - Encourage/assist with full Medicaid application, as needed
  - Provide the approved individual with appropriate Covered Services fact sheet

The HPE Denial Process

- If the individual does not meet all criteria for a HPE covered group
  - Provide copy of the Hospital HPE Denial Notice
  - Encourage/assist with full Medicaid application, as needed

New Approval and Denial Notices

- Hospitals must provide notification of approvals and denials to the individuals immediately after the HPE determination is made
  - Approval notices include
    - the length of the HPE period and the need to file a full application
  - Denial notices include
    - the reason for the denial and the option to submit a regular Medicaid application

New! Notice for Hospital staff use immediately upon determining applicant approved for HPE

APPROVAL NOTICE FOR HOSPITAL PRESUMPTIVE ELIGIBLITY FOR TEMPORARY MEDICAID COVERAGE IN VIRGINIA

Patient Name: _____

Patient SSN*: _____ Date of Birth: _____

Date of notice: _____

Begin date of coverage: _____ **End date of coverage:** _____

Issued by: _____

*Social Security Number is not required for determination.

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for temporary health coverage through the Virginia Hospital Presumptive Medicaid Eligibility program. This form will be your *proof of coverage* until you receive your Commonwealth of Virginia (blue & white) ID card.

TEMPORARY ELIGIBLITY GROUP (check one)

- ☐ Parent/Caretaker-Relative of dependent children under age 18
- ☐ Pregnant Women (Prenatal services only)
- ☐ Breast and Cervical Cancer Treatment Program (BCCTP)
- ☐ Child under age 19
- ☐ Former Foster Care Child under age 26
- ☐ Plan First (Coverage of family planning services only)

WHAT HAPPENS NEXT

The Virginia Department of Medical Assistance Services (DMAS) will mail you a Commonwealth of Virginia Medical Assistance ID card and letter about your health coverage. Please keep this card and coverage letter for the entire time you have coverage.

Your temporary eligibility will cover all services for which you are eligible under the Virginia Hospital Presumptive Medicaid Eligibility program, only while you are eligible. Please review the covered services fact sheet the hospital has provided you to see what services are covered for you.

HOSPITAL PRESUMPTIVE ELIGIBLITY DETERMINATIONS ARE FINAL. There is no right to appeal a hospital presumptive eligibility decision.

If you have filed a Medicaid application, your temporary eligibility will end the day on which the decision is made on that application. Your health coverage may be extended if an application for Medicaid is filed prior to the end date of coverage listed above and additional time is needed for the eligibility determination. If you do not file a Medicaid application, your temporary eligibility will end on the last day of the month following the month in which the determination of presumptive eligibility was made.

There are four easy ways to apply for Medicaid.

1. Online at www.coverva.org; or
2. Call the Cover Virginia 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 or drop it off at your local Department of Social Services, or
4. Visit your local Department of Social Services in the city or county in which you live for assistance in applying.

Hospital Name: _____

Hospital Authorized Signature _____ Date: _____

Hospital Representative Name and Title: _____
Print

Hospital Representative Telephone Number: _____

nvd03202015

New! Notice for Hospital staff use immediately upon determining applicant denied for HPE

DENIAL NOTICE FOR HOSPITAL PRESUMPTIVE ELIGIBLITY FOR TEMPORARY MEDICAID COVERAGE IN VIRGINIA

Patient Name: _____

Patient SSN*: _____ Date of Birth: _____

Date of notice _____

Issued by: _____

*Social Security Number not required for determination

WHY YOU ARE RECEIVING THIS NOTICE
You do **not** qualify for temporary health coverage through the Virginia Hospital Presumptive Medicaid Eligibility Program.

REASON FOR DETERMINATION (check appropriate box)

- ☐ Does not meet covered group
- ☐ Does not meet financial requirements
- ☐ Previous presumptive eligibility period in past calendar year
- ☐ Does not meet non-financial requirements
- ☐ Currently enrolled in full benefit Medicaid/FAMIS program
- ☐ Previous presumptive eligibility period during current pregnancy
- ☐ Other _____

HOSPITAL PRESUMPTIVE ELIGIBLITY DETERMINATIONS ARE FINAL
There is no right to appeal a hospital presumptive eligibility decision

You may still apply for a complete evaluation for health coverage by completing an application for Medicaid.

There are four easy ways to apply for Medicaid.

1. Online at www.coverva.org **or**
2. Call the Cover Virginia 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 or drop it off at your local Department of Social Services, **or**
4. Visit your local Department of Social Services in the city or county in which you live for assistance in applying.

Hospital Name: _____

Hospital Authorized Signature _____ Date: _____

Hospital Representative Name and Title _____
Print

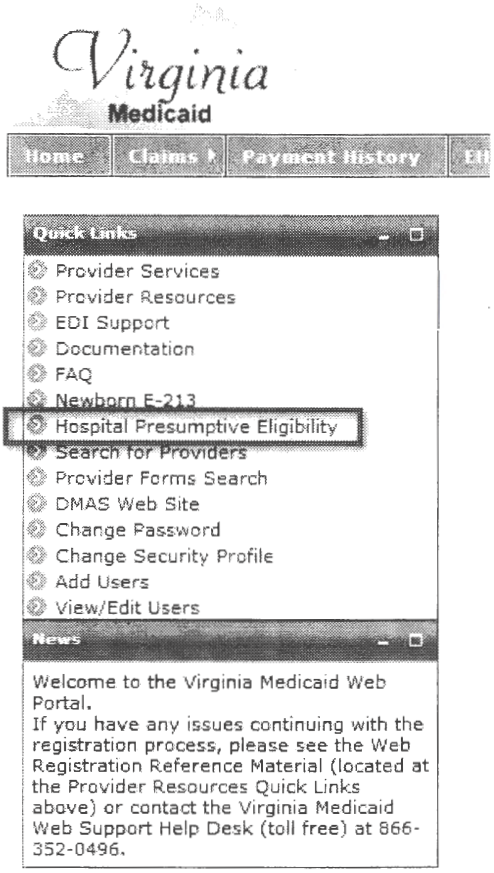
Hospital Representative Telephone Number: _____

rvsd03202015

SUBMITTING THE HPE ONLINE ENROLLMENT FORM

www.virginiamedicaid.dmas.virginia.gov

Select portal link: *Hospital Presumptive Eligibility*



The HPE Welcome Screen

Department of Medical Assistance Services

Presumptive Eligibility Form

AUTHORIZED USE ONLY

Welcome Test Hospital

Please make a selection

- Person is a parent or caretaker relative of a child or children in the home under age 18 or 19 if the child remains in school
- Person is pregnant
- Person is a child under age 19
- Person is a former Foster Care child under age 26
- Plan First
- Person has been diagnosed with breast or cervical cancer

Next

Download **HPE Screening Tool**

The revised HPE Online Enrollment Form

Department of Medical Assistance Services
Presumptive Eligibility Form for Child Under Age 19 (AC 064)
Test Hospital

AUTHORIZED USE ONLY

Applicant Details

Decision Date				Date of Birth	
	*Required: mm/dd/yyyy				*Required: mm/dd/yyyy
Applicant Name				Sex	○ Male ○ Female
	*Last		*First		*Required
SSN		Race		Preferred Language	
	*Format: 999-99-9999		*Required		
Physical Address					
	*Street				
		VA		Locality	
	*City	*State	*Zip		*Required
U.S. Citizen?	○ Yes ○ No				
	*Required				
Telephone #		Household Size		Monthly Income	
			*Required		*Required

Attestation Details

Attestation: The parent/caretaker relative of the individual above has attested that the child is under age 19 and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf. I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program, and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive presumptive eligibility enrollment information on behalf of this applicant. I also attest that the email address listed above is a valid hospital provider email address.

○ Agree ○ Disagree

Submission Details

Hospital Name	Test Hospital	Hospital NPI #	0015209906
Patient Acct #			
Submitted By			
	*Name	*Title	*Telephone
Email Address		Email Address (re-enter)	
	*Required: address@domain.ext		*Required: address@domain.ext

Submit

Applicant Attestation

The applicant attests to meeting the following requirements:

- Virginia residency,
- U.S. citizenship or qualified immigration status,
- household size and income, and
- no previous HPE enrollment within the specified time limits.

Note: *Social Security number is requested but not required as part of the HPE determination*

Hospital Attestation

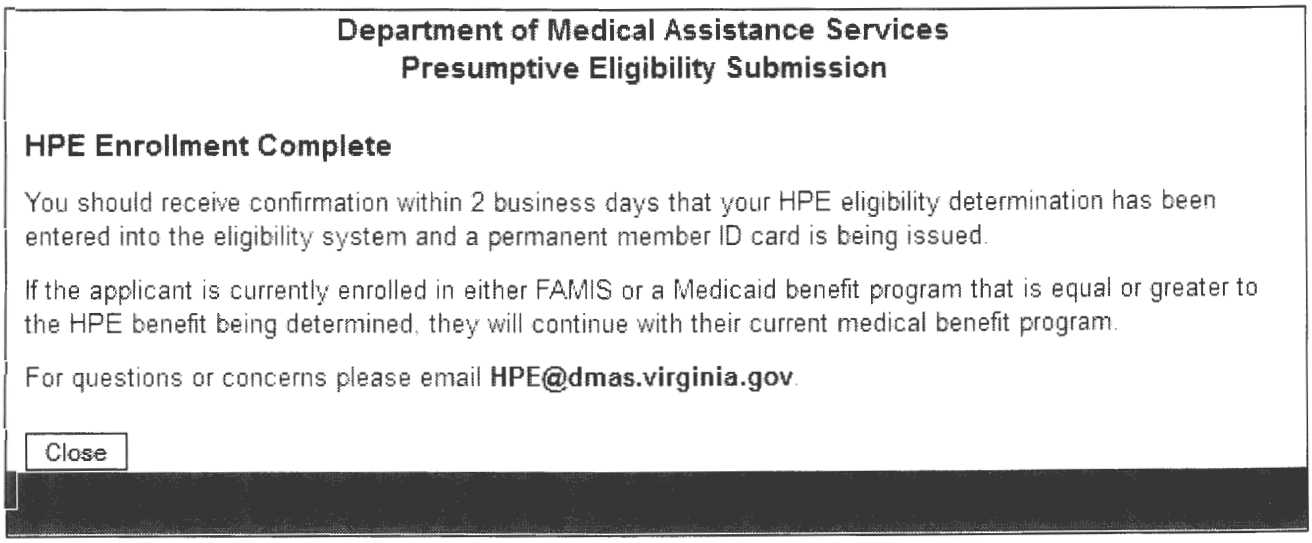
The hospital staff attests:

- They are an employee of the hospital listed in the determination for the individual and are authorized by the hospital to submit and receive presumptive eligibility enrollment information on behalf of the applicant.
- The email address listed in the determination is a valid hospital provider email address
- They have verified eligibility to ensure applicant is not currently covered by a full Medicaid or FAMIS (CHIP) benefit.

The revised HPE Online Enrollment Form has new C&I menu

Eligible Individuals	All US Citizens and Nationals
	Non-citizens lawfully admitted prior to 8/22/96
	All Lawfully Residing Children under Age 19 and Pregnant Women
	Aliens lawfully admitted for permanent residence (LPRs) who are Active Duty Military or Veterans and their spouses or dependent children
	Lawfully admitted for permanent residence (LPRs) admitted on or after 8/22/96 with 5 years of residence and 40 quarters of work history under Social Security
Eligible for First Seven Years in US—not eligible after Seven Years	Asylees
	Refugees
	Cuban/Haitian Entrants
	Aliens whose deportation has been withheld
	Victims of a Severe Form of Trafficking
	Afghan and Iraqi Special Immigrants

"Submission Complete" message



Remember to provider individual with Hospital Immediate Notice of HPE Approval

The HPE Approval Process

- Print Confirmation of Enrollment in Virginia Medicaid emailed from Cover Virginia and provide to individual
  - Cover Virginia will email hospital staff within 2 business days
  - DMAS will mail Medicaid card to individual at address entered on HPE Online Enrollment Form
  - Providers are encouraged to accept this form as proof of coverage for HPE.

Cover Virginia email confirmation of enrollment

From: Cover Virginia <CoverVA@Xerox.com

Sent: Day, Month, DD, YYYY time:

To: Hospital Email Address

Subject: Notice of Presumptive Eligibility Enrollment

Attachments: Presumptive Eligibility Notice

The attached notice of presumptive eligibility confirms temporary enrollment into the Medicaid program for the following patient:

Name: FN, MI, LN

Medicaid member number: XXX-XXXXXX-XXX

Patient Account # xxxxxxx

Please provide a copy of the attached notice to the patient or legal guardian for proof of eligibility. Please also ensure the member above follows up with an application for continued Medicaid eligibility as soon as possible.

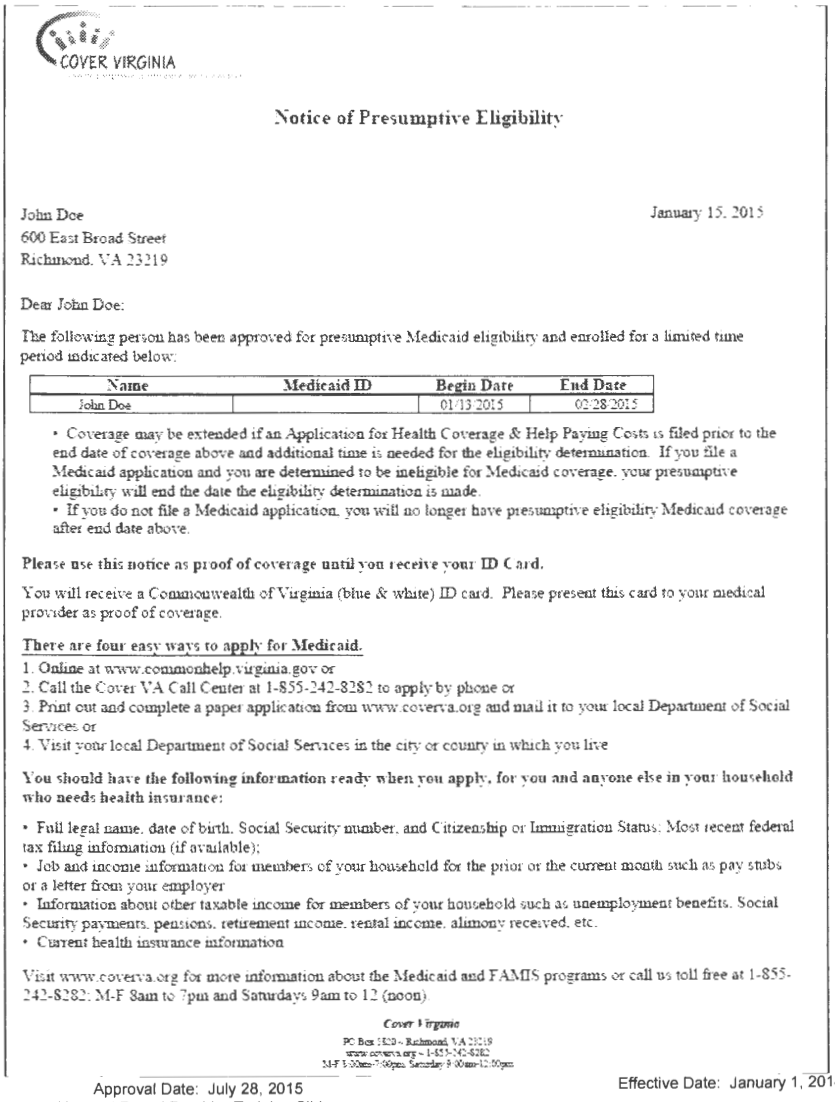
CoverVA@xerox.com

Confirmation document of enrollment in Virginia Medicaid system and card issuance.

The State will mail copy of this notice to the individual.

Includes copy of Covered Services Fact Sheet.

Hospital should provide copies of both to individual.



COVER VIRGINIA

Notice of Presumptive Eligibility

John Doe
600 East Broad Street
Richmond, VA 23219

January 15, 2015

Dear John Doe:

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
John Doe		01/13/2015	02/28/2015

- 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 the 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.
- If you do not file a Medicaid application, you will no longer have presumptive eligibility Medicaid coverage after end date above.

Please use this notice as proof of coverage until you receive your ID Card.

You will receive a Commonwealth of Virginia (blue & white) ID card. Please present this card to your medical provider as proof of coverage.

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
www.coverva.org - 1-855-242-8282
M-F 8:00am-7:00pm, Saturday 9:00am-12:00pm

Limited Covered Services for Pregnant Women

Hospital Presumptive Eligibility (HPE)
Limited Coverage for Pregnant Women

The following describes the medical services available to pregnant women who have been determined to be presumptively eligible for Medicaid. The coverage period for presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

Presumptive eligibility medical services for pregnant women include:

- **Hospital Care – outpatient hospital services related to prenatal care**
- **Pharmacy – prescription drugs (ordered by a physician or other licensed health professional) related to prenatal care**
- **Emergency Services – for serious, immediate health problems that require emergency care related to prenatal care**
- **Physician Services – services related to prenatal care provided by doctors or other health professionals licensed to practice medicine, osteopathy, and psychiatry**
- **Laboratory Services for prenatal care**
- **X-ray Services - for prenatal care**
- **Transportation for prenatal care services – emergency transportation and non- emergency transportation through LogistiCare (1-866-386-8331)**

Pregnant women who apply for regular, full-benefit Medicaid and are found eligible, may receive additional benefits including inpatient hospital care, labor and delivery and services for conditions/illness other than pregnancy.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local department of social services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.

Limited Covered Services for Plan First

Hospital Presumptive Eligibility (HPE)
Limited Coverage for Plan First

The following describes the medical services available to patients who have been determined to be presumptively eligible for Plan First, a limited Medicaid benefit for family planning coverage only. The coverage period for Plan First presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

Presumptive eligibility medical services for Plan First include:

- **Annual family planning exams**
- **Pap smears for women to screen for cervical cancer**
- **Sexually transmitted infection (STI) testing**
- **Laboratory services for family planning and STI testing**
- **Family planning education, counseling, and preconception health**
- **Sterilization procedures (Tubal Ligation or Essure implant for women and vasectomies for men)****
- **Non-Emergency transportation (866-386-8331) to a family planning service**
- **Most Food and Drug Administration (FDA) approved prescription and over-the-counter contraceptives*****

*Services must be for preventing a pregnancy. Specific service and supply billing codes are posted online at www.planfirst.org.

**Sterilization Consent Form (DMAS-3004-English and DMAS-3004S-Spanish) for sterilization procedures must be signed at least 30 days prior to the surgery being performed.

***Over-the-counter contraceptives require a prescription in order to be covered.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.

Full Covered Services for All Others Groups

Hospital Presumptive Eligibility (HPE)
Full Benefit Coverage

The following describes the medical services available to patients (other than pregnant women) who have been determined to be presumptively eligible for Medicaid. The coverage period for presumptive eligibility begins with the day your HPE is determined by the hospital and ends the last day of the following month.

Covered services include:

- **Hospital Care – both inpatient and outpatient hospital services**
- **Pharmacy – prescription drugs ordered by a physician or other licensed medical professional**
- **Emergency Services – for serious, immediate health problems that require emergency care**
- **Physician Services – services provided by physicians or other health professionals licensed to practice medicine, osteopathy, and psychiatry**
- **Dental Care Services – routine dental services for individuals under age 21. Medically necessary oral surgery and the services used to determine the medical problem such as X-rays and surgical extractions for individuals 21 and older.**
- **Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) limited to individuals under age 21 to detect and diagnose health problems early so needed treatment can be provided**
- **Eyeglasses for individuals under age 21**
- **Laboratory Services**
- **X-ray Services**
- **Family planning services/Birth control – services that delay or prevent pregnancy**
- **Transportation for medical treatment – emergency transportation and non-emergency transportation through LogistiCare (1-866-386-8331)**

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

Confirmation of current active coverage

The State will mail copy of this notice to the individual.

Hospital should provide a copy to individual.

COVER VIRGINIA

Notice of Presumptive Eligibility

John Doe
600 East Broad Street
Richmond, VA 23219

April 15, 2015

Dear John Doe:

An application for Presumptive Medicaid Eligibility was recently submitted by a hospital for you.

Upon further review we show that you have active coverage.

If you have any questions, please contact Cover Virginia at 1-855-242-8282.

Visit www.cover.va.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
www.coverva.org ~ 1-855-242-8282 TDD 1-888-221-1590
M-F 8:00am-7:00pm, Saturday 9:00am-12:00pm

The HPE Approval Process

- Contact Cover Virginia at 1-855-242-8282 to request corrections to the HPE enrollment, if needed.
- The LDSS staff cannot make corrections to HPE determinations and enrollments.

Retroactive Medicaid Coverage Period

- Retroactive eligibility for full Medicaid is determined when an applicant received a *covered* medical service within the retroactive period - the three months prior to application.
- The retroactive period is based on the month in which the full Medicaid application is filed.
- The retroactive period is the three months prior to the application month.
  - For example, if the Medicaid application is filed in June, the retroactive period includes the months of March, April and May.

Retroactive Medicaid Coverage Period

For full coverage HPE groups

- If the individual submitted the regular Medicaid application in the same month HPE coverage began and was found eligible for regular Medicaid, the state's policy for retroactive Medicaid coverage will apply.
- If HPE began on any day other than the first day of the month, the LDSS eligibility worker will enroll them in a closed period of coverage with the first day of the month and ending the day before the HPE begin date.

Retroactive Medicaid Coverage Period

- If an individual who was enrolled in HPE with partial coverage as a pregnant woman or in Plan First, and is determined eligible for full Medicaid coverage in the period covered by HPE, the LDSS eligibility worker will cancel HPE coverage retroactively and reinstate in full coverage for the retroactive months and ongoing, if eligible.

HPE Coverage

- The end date for HPE coverage could become outdated if the applicant files a full Medicaid application and is found not eligible for coverage.
- Providers should encourage members to call Cover Virginia 1-855-242-8282 to check status of their coverage.

Connecting to Full Medicaid Coverage

Individuals can apply for full Medicaid coverage:

- Online at www.coverva.org
- Cover Virginia Call Center
  - 1-855-242-8282 (TDD 1-888-221-1590)
- In-person at the individual's LDSS
- Mail/fax paper application to individual's LDSS

CoverVA.org

http://www.coverva.org/index.cfm

Welcome to Cover Virginia

te Edit View Favorites Tools Help

http... Bill... Virg... http... Earl... Code... Infa... VITA rates Samp... Soci... edir... 416 Forms Publ... Virg... GA LIS ... Virg...

COVER VIRGINIA

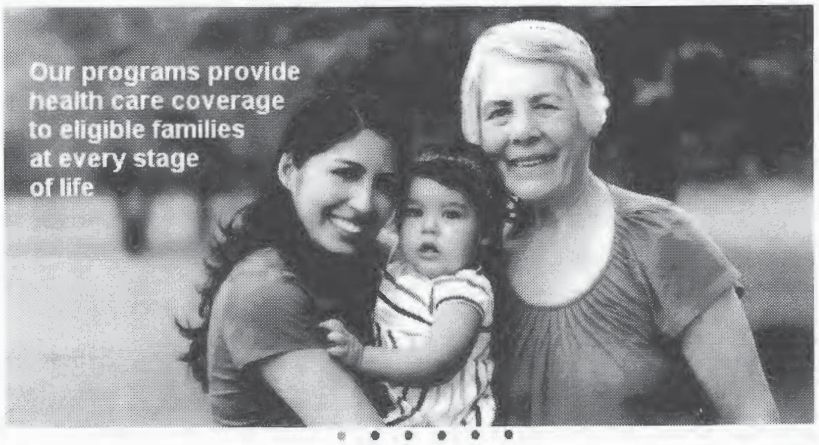
Partners | Resourc

Programs Apply Already Enrolled Marketplace Need Help? Health Plans News

Welcome to Cover Virginia!

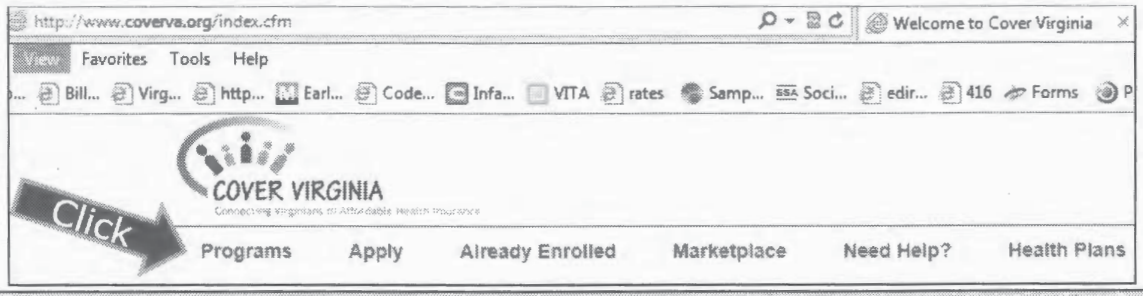
On this website you can learn about Virginia's Medicaid and FAMIS programs for children, pregnant women and adults. You can also get information about health insurance options available through the Federal Marketplace. You can apply online or search for someone who can assist you with your application.

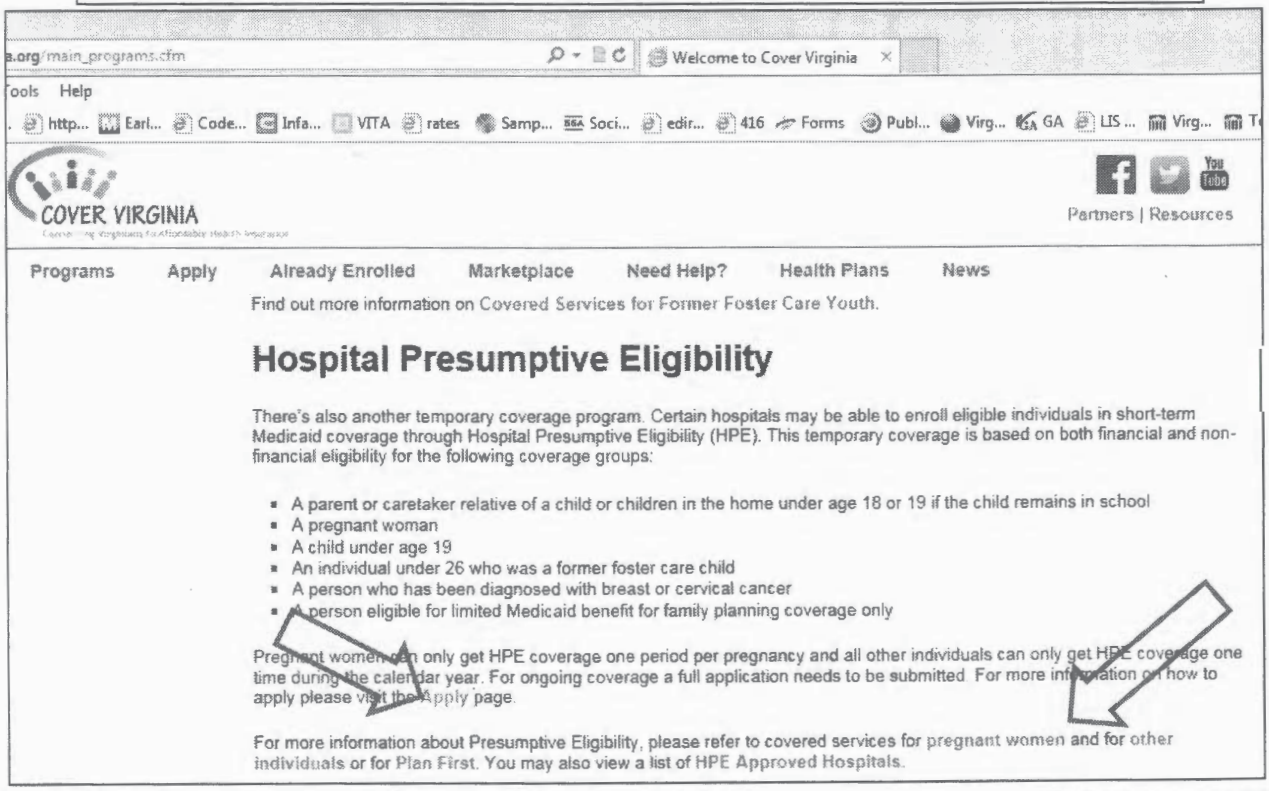
To begin, use the screening tool on the Eligibility page to get connected to the right health care coverage for you and your family.



Health Insurance Marketplace

Eligibility Apply Renew


http://www.coverva.org/index.cfm
Welcome to Cover Virginia
View
Favorites
Tools
Help
COVER VIRGINIA
Click
Programs
Apply
Already Enrolled
Marketplace
Need Help?
Health Plans


Welcome to Cover Virginia
COVER VIRGINIA
Partners | Resources
Programs
Apply
Already Enrolled
Marketplace
Need Help?
Health Plans
News
Find out more information on Covered Services for Former Foster Care Youth.
Hospital Presumptive Eligibility
There's also another temporary coverage program. Certain hospitals may be able to enroll eligible individuals in short-term Medicaid coverage through Hospital Presumptive Eligibility (HPE). This 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
A pregnant woman
A child under age 19
An individual under 26 who was a former foster care child
A person who has been diagnosed with breast or cervical cancer
A person eligible for limited Medicaid benefit for family planning coverage only
Pregnant women can only get HPE coverage one period per pregnancy and all other individuals can only get HPE coverage one time during the calendar year. For ongoing coverage a full application needs to be submitted. For more information on how to apply please visit the Apply page.
For more information about Presumptive Eligibility, please refer to covered services for pregnant women and for other individuals or for Plan First. You may also view a list of HPE Approved Hospitals.

COVER VIRGINIA

Partners | Resources

Programs Apply Already Enrolled Marketplace Need Help? Health Plans News

How to Apply

Eligibility

Apply

Renew

Healthcare.gov

If, after using the Screening Tool, you think you may qualify for health care coverage under Medicaid, FAMIS, or Plan First, there are four easy ways to apply.

1. Apply online at www.commonhelp.virginia.gov or
2. Call Cover Virginia at 1-855-242-8282 to apply on the phone or
3. Print out and complete a paper application (Spanish version available here) and mail it to your local Department of Social Services (* Additional forms or applications may be required) or
4. Visit your local Department of Social Services in the city or county in which you live

*You may need to print out additional single page supplement forms if applying for Medicaid, FAMIS or Plan First for more than two people in your household. When applying for Medicaid for adults over age 19 with disabilities, adults aged 65 or over, and for all people who need long term care services, you will need to fill out an ABD-LTC - Appendix D application as well as the Application for Health Coverage and Help Paying Costs. See below

Additional Person Single Page Supplement
ABD-LTC Application - Appendix D

You should have the following information ready when you apply:

- Full legal name, Date of Birth, Social Security Number, Citizenship or Immigration Status for you and anyone in your household who is applying for health care coverage.
- Most recent federal tax filing information (if available)
- Job and income information for members of your household for the month prior or the current month. Having recent pay stubs or W-2s to reference may be helpful.
- Information about other taxable income for members of your household such as unemployment benefits, Social Security benefits, pensions, retirement income, rental income, alimony received, etc.
- Policy numbers for any current health insurance

When you apply, you will be asked if you wish to give your permission (Consent to Share) allowing us to use the information you gave us on the application to create a User Profile for you. Your answer does not affect your eligibility for health care coverage. You can read and download the Consent to Share document here.

For information about how to appeal a decision, visit the Appeals page.

Contacts

- For questions about HPE or more information on Virginia's HPE program:

  Email: HPE@dmas.virginia.gov

- For questions about accessing the Medicaid Web Portal:

  Virginia Medicaid Web Support Helpdesk

  (8am-5pm, Mon-Fri) Phone - 866-352-0496

Questions?