



COVID-19 Medicaid Information

Eligibility, Enrollment, and Appeals



Updates to the previously released version of this fact sheet are in italic text.

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care. That mission takes on new urgency in our response to the COVID-19 health emergency. This fact sheet outlines the policies the Department of Medical Assistance is implementing to streamline processing of applications and to maintain coverage for our members. Information contained in this fact sheet will be updated as we receive guidance from the Centers for Medicare and Medicaid (CMS).

Eligibility and Enrollment Services

Enrollment Protections to Ensure Coverage:

- For the duration of this health emergency, no Medical Assistance cases should be canceled or closed for any reason, including excess income. This policy change puts Virginia in compliance with federal legislation, H.R. 6201, “Families First Coronavirus Response Act.” Details of this policy change are as follows:
 - No cancellation or closure for pregnant women out of the pregnant women eligibility covered groups
 - No cancellation or closure for anyone who otherwise would age out of an aid category
 - No cancellation or closure for anyone who obtains Medicare coverage and is currently enrolled in a Medicaid group that generally does not allow a member to have both Medicaid and Medicare coverage (expansion adults and individuals covered under the Breast and Cervical Cancer Prevention and Treatment Act, for example)
 - No cancellation or closure for anyone due to a change in circumstances in which information is needed to determine ongoing eligibility; this means that a person who has temporarily relocated outside Virginia for the duration of the health emergency will retain coverage through Virginia Medicaid.
 - No cancellation or closure for anyone enrolled in the covered group for individuals with incomes exceeding 300 percent of the federal poverty level who are receiving nursing facility services or home- and community-based services if they go without their Long-term Services and Supports benefits for 30 or more consecutive days
 - No cancellations or closures for renewals
 - No cancellations or closures for individuals receiving Emergency Services Dialysis: DMAS will not take any action to end coverage for individuals receiving emergency services coverage for dialysis. This coverage will be extended for another 120 days.
 - No cancellations or closures for Medical Assistance eligibility for individuals who have reached the end of their Reasonable Opportunity Period and who have not provided the requested citizenship or immigration status documentation. Eligibility for these individuals will be extended for an additional 90 days.
 - No cancellations or closures for individuals who have met the medically needy spenddown requirement and who reach the end of their budget period.
 - No cancellations or closures at all, unless the person requests to end coverage, dies or permanently moves out of state.



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- All cancellations of eligibility with closure dates of March 31, 2020, or later, will be reinstated through the end of the emergency. Individuals who have had coverage reinstated will receive notification in the form of a letter from DMAS advising of reinstatement through the end of the health emergency. These individuals will be re-enrolled in the health plan they were enrolled in prior to coverage.
- No action that would result in a reduction of coverage (movement from full-coverage to limited-coverage benefits). Individuals who have had coverage reinstated will receive notification in the form of a letter from DMAS advising of reinstatement through the end of the health emergency. These individuals will be re-enrolled in the health plan they were enrolled in prior to coverage, if any.
- All reductions in coverage with effective dates of March 31, 2020, or later will be restored to full-coverage through the end of the emergency.
- Exceptions:
 - Refugee Medical Assistance (RMA): Closures do not apply to individuals enrolled in coverage through RMA at the end of their eight-month period of eligibility. These individuals will be re-evaluated for eligibility in other covered groups and enrolled if eligible.
 - *Lawfully Residing Pregnant Women and Children (CHIPRA 214) Enrollments: closures do not apply to individuals who are enrolled in the CHIPRA 214 covered group who are enrolled as a pregnant woman and have reached two months post-partum coverage or who are enrolled as a child turning age 19. Normal coverage rules will apply for these individuals.*
- In response to COVID-19, DMAS has released guidance regarding adjustments in member services. Please visit <https://coverva.org/covid19/> for these guidance documents and Frequently Asked Questions (FAQs).
- DMAS will share additional information about actions it will take at the end of the emergency related to individuals who had their coverage extended. This information will be shared with local social services agencies and outreach stakeholders as we receive guidance from CMS.

Self-Attestation for Verification of Medical Expenses:

- During the public health emergency, federal officials are permitting self-attestation by Medicaid applicants of medical expenses for the purposes of meeting a medically needy spenddown.

Unemployment Income (UI) Increase

- Per federal law, the stimulus payment which was approved as a part of the CARES Act (additional payment in the amount of \$600.00) will be excluded from countable income for the purposes of determining Medicaid. The base payment for UI benefits will still count as income per normal Medicaid policy.

Stimulus Check/Economic Impact Payment:

- Per federal guidance, the Economic Impact Payment (*up to \$1,200 for individuals/\$2,400 for couples and \$500/qualifying child*) will be issued by the IRS. This payment will be excluded from countable income for the purposes of determining Medicaid for Modified Adjusted Gross Income (MAGI) or non-



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MAGI eligibility. Additionally, this payment will be excluded from countable resources for 12 months from the date the payment is received.

Appeals

- All DMAS State Fair Hearings will be conducted by telephone (both the DSS and the appellant) during the period of the emergency.
- Appeal documents such as case summaries can still be submitted through the normal methods, but electronic means will be the most reliable during the emergency. The Appeals Division fax is 804-452-5454 and e-mail is Appeals@DMAS.Virginia.Gov
- For all appeals filed from March 12, 2020, and throughout the declaration of emergency, DMAS will automatically grant continued coverage if the appeal involves a denial, reduction, or termination of existing eligibility. Appeals Division staff will notify the local Department of Social Services that an appeal has been filed and that coverage must be reinstated during the appeal.
- Appeal decisions may not be issued within the normal timeframe, depending on the length of the emergency.