



Cover Virginia **Incarcerated Unit**

Medicaid Application Process Guide for Correctional Facilities

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Cover Virginia Incarcerated Unit

Phone 833.818.8752 • Fax 888.221.9402

Email: cviu.eligibility@coverva.org

Table of Contents

I.	<i>Purpose of this Guide</i>	1
II.	<i>Glossary of Acronyms</i>	1
III.	<i>Application Processing Types Defined</i>	1
IV.	<i>Toll-Free Number Utilization</i>	2
V.	<i>Completing & Submitting a Medicaid Application</i>	3
	Preparations for a Telephonic Medicaid Application	3
VI.	<i>Types of Applications</i>	4
	Standard Applications	4
	Expedited Applications.....	4
	Pre-Release Applications.....	5
	Re-Entry Applications.....	6
	Renewal Applications.....	6
	Emergency Medicaid Services Applications	7
VII.	<i>Reporting Changes to CVIU</i>	7
	Standard Changes	7
	Emergency Changes	8
VIII.	<i>Newborns</i>	8
IX.	<i>Frequently Asked Questions</i>	9
X.	<i>Attachments</i>	9
	CVIU Communication Form	9
	CVIU Identity Proofing Process.....	10

I. Purpose of this Guide

To help correctional facility staff in understanding the Cover Virginia Incarcerated Unit (CVIU) processes and to give guidance as they assist incarcerated individuals in applying, obtaining, and maintaining Medicaid healthcare benefits. This includes the process for individuals incarcerated and for those re-entering the community.

II. Glossary of Acronyms

The Following Acronyms are used throughout this document.

- CSR Call Center Representative
- CVIU Cover Virginia Incarcerated Unit, which is the designated unit at Cover Virginia for assisting incarcerated individuals with applying for Medicaid coverage.
- DOC The Department of Corrections
- LDSS Local Department of Social Services.
- NOA The Notice of Action letter to the Medicaid applicant with the final determination of the application.
- VCL Verification Checklist that will be sent from CVIU to obtain additional needed information about the applicant to process his/her application.



III. Application Processing Types Defined

There are six types of application processes described in this document. Depending on the inmate (also referred to as “the applicant”) and the process, one of these types will apply. The process for each type is found in Section VI of this process guide. Below is a general definition of each application process.

- Standard Application Processing – For incarcerated individuals without special circumstances or immediate release date.

- Expedited Application Processing – For incarcerated individuals without Medicaid coverage who have an unforeseen and imminent hospital stay; OR has an upcoming hospital release or discharge.
- Pre-Release Application Processing – For incarcerated individuals with active coverage under a 108, 109, 112 or 113 Aid Category code in which a partial review of active coverage occurs once the CVIU is notified of a Release Date within 45 days of release. (For DOC offenders, the CVIU will use the Actual Release File as notification of the official release date.)
- Re-Entry Application Processing – For incarcerated individuals who are: (1) not actively enrolled in Medicaid and, (2) scheduled to be released within 45 days of the application date.
- Renewal Application Processing – The annual review of active Medicaid coverage.
- Emergency Medicaid Services Application Processing – For Non-citizen incarcerated individuals who meet all Medicaid eligibility requirements other than alien status.

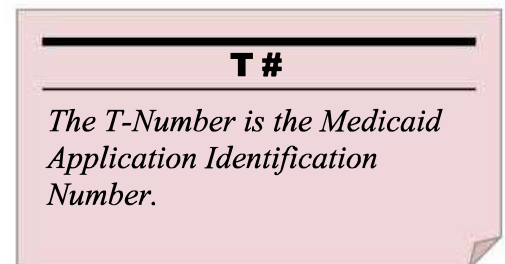
IV. Toll-Free Number Utilization

The CVIU has a toll-free number: **833-818-8752**.

The hours of operation to contact the CVIU Helpline via the toll-free number are Monday through Friday, 8:00 am – 5:00 pm. The CVIU Call Center is closed on the following holidays: New Year’s Day, Martin Luther King, Jr. Day, Presidents Day, Memorial Day, Juneteenth Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day.

Use this number for:

- Completing a Medicaid Application
- Expedited and Emergency Medicaid Services Applications (see Section VI– Application Processing)
- Checking the Status of an Application
To check the status of an application or Medicaid coverage at the CVIU Call Center, either the Offender (Applicant/Enrollee), the Authorized Representative or the Application Assister would need to pass the Identity Proofing Process before any information is shared. This is to ensure the caller is authorized to receive application or case information. (See the Identity Proofing Process, page 10)



V. Completing & Submitting a Medicaid Application

The application process normally takes about 30 minutes. Some questions may seem repetitive at times, but they are required for a proper determination of the application. Patience and cooperation with the call center CSR is greatly appreciated.

Once the application is complete, a “T-Number”, which is an application identification number, will be provided to the applicant. That application number is needed to check the status of the application.

Additional Frequently Asked Questions (FAQs) are listed in Section IX-Part A of this guide.

Preparations for a Telephonic Medicaid Application

Prior to the application call to the CVIU:

- Notify the applicant who his/her designated facility staff member will be. The applicant will need to know this because he/she will need to agree to add this person to the application. The applicant may also add an Authorized Representative to the application.

E I G H T

Eight Pieces of Information for Completing the Application.

- Ensure that the applicant has the following information readily available during the application call:
 - Applicant’s full name (No Aliases)
 - Applicant’s last known address/ County
 - Date of birth
 - Social Security Number or Alien Number
 - Income information, if applicable
 - Includes all income amounts & pay frequency, such as Employment, Supplemental Security Income, Retirement, and Veteran’s Benefits..
 - Incarceration start date
 - Projected release date
 - Authorized Representative name and contact information (Optional)

VI. Types of Applications

There are six types of application processes. Which type of application is being processed depends on the applicant and the type of application that needs to be processed. Below are the steps for each of the six application processes.

Standard Applications

After the Medicaid application is completed over the phone, the CVIU will process the application based on the information given to the CVIU CSR and noted on the application. If additional information is needed, a Verification Checklist (VCL) will be mailed to the mailing address of the inmates at the local and regional jails or via designated secure email as indicated on the application, and to the designated email address at the Department of Corrections.

SIX

There are Six Application Processes. It is important to know which one applies to your situation.

Once the requested information is received, processing the application can continue and a Notice of Action (NOA) will be emailed or mailed to the address on the application.

- Notice of Action: This is a letter from Cover Virginia with the determination outcome, Approved or Denied.
- If the application is approved, the NOA will include the Medicaid benefit start date and the individual’s Medicaid member number.
- If the application is denied, the denial reason will be stated on the NOA.

Expedited Applications

This is an application for an incarcerated individual without Medicaid who has an unforeseen and imminent hospital stay; OR has an upcoming hospital release or discharge.

It is essential that when you call the CVIU call center that you let the call representative know that this is an Expedited Application. If you do not, the application will be processed as a Standard Application, rather than being expedited.

The application will be processed within 48 hours of the day received by CVIU. The application will be processed according to current application processing procedures.

If additional information is needed, a VCL will be mailed to the mailing address on the application. If information can be given verbally (such as a Social Security number, correct spelling of a name, or a date of birth clarification), the applicant, designated facility staff, or an Authorized Representative can contact the CVIU Call Center and give that information.

Once information is received, processing will continue and a Notice of Action (NOA) will be generated and sent to the mailing address on the application.

Pre-Release Applications

Definition: An incarcerated individual with active Medicaid coverage (Aid Category code 108, 109, 112, or 113) in which a partial review of active coverage when the CVIU is notified of a Release Date within 45-days of his/her release.

- **108** - Incarcerated between ages 19 to 64.
- **109** - Incarcerated meeting a Medicaid covered group (i.e., pregnant; aged, blind, or disabled).
- **112** - Incarcerated emergency services individual between ages 19 to 64.
- **113** - Incarcerated emergency services individual meeting a Medicaid covered group (i.e., pregnant; aged, blind or disabled).

The Notification of Release Date occurs when the correctional facility sends a completed “*CVIU Communication Form*” to the CVIU. A sample of this form is located in Appendix A. Once the CVIU receives the notification of the upcoming release date, a partial review of the individual’s coverage will begin. (For DOC offenders, the CVIU will use the Actual Release File as notification of the official release date.)

The CVIU will update the individual’s projected home plan address in the system. If the individual is approved for Medicaid in the community, his/her Medicaid member card will be sent to the updated address.

- The DOC HQ/Jail address will no longer be listed as a mailing address for the individual, nor will DOC/Jail staff be included as Authorized Representatives for any pre-release application.
- If the individual is homeless or the address is unknown, the address of the LDSS of their pre-incarceration will be used. If their pre-incarceration LDSS is unknown, the address of the LDSS where the correctional facility is physically located will be used.

If additional information is needed from the applicant to complete the Pre-Release Application, a Verification Checklist (VCL) will be sent to the DOC HQ/Jail address on record and also to the post-release address from the “*CVIU Communication Form*.”

If the applicant’s Release Date is changed more than 48 hours prior from the original release date, this is considered a Standard Change. This requires the facility to complete a new “*CVIU Communication Form*” and email it to cviu.eligibility@coverva.org. This is necessary to alert the CVIU of the new release date and to continue the applicant’s current Medicaid coverage.

If the Release Date is changed within 48-hours of the original release date, this is considered an emergency change, and the facility should contact the CVIU Call Center. The CVIU CSR will escalate this information to the CVIU EW processing the partial review, and he/she will stop the partial review until the new release date.

If there is no change to the Release Date, the CVIU will continue to process the application for full Medicaid coverage once the individual is no longer incarcerated based on information received. The NOA will be sent to the new post-release address. Each NOA will be manually amended to include the following verbiage: “This case is being transferred to <the local Department Social Services> for future case maintenance.”

Re-Entry Applications

Definition: An incarcerated individual who is: (1) not actively enrolled in Medicaid; and (2) scheduled to be released within 45-days of the Medicaid Application Date.

The applicant will contact the CVIU within 45-days prior to their scheduled release date to complete an application over the phone.

APPLICATION DATE

The date that the individual verbally signed the application over the phone with the CVIU call center.

The CVIU will process the application using the same process for Standard Applications (see page 4). If approved, the applicant will be enrolled in incarcerated coverage, and at release the CVIU will follow the Pre-Release Application process (see page 5).

The NOA regarding the eligibility determination (Approved or Denied) will be mailed to the individual's post release household address.

- If approved for Medicaid coverage, the Medicaid member card will be mailed to the post-release household address.
- If the individual is homeless or the address is unknown, the address of the LDSS of their pre-incarceration will be used. If their pre-incarceration LDSS is unknown, the address of the LDSS where the correctional facility is physically located will be used.

Renewal Applications

An incarcerated individual who has active Medicaid coverage must have his/her Medicaid coverage reviewed annually for continual coverage.

If additional information is required from the individual, a VCL will be sent to the DOC HQ/Jail address or email address to obtain the necessary information. A prompt response to a VCL will assure that the Renewal Application is processed within the review period.

MEDICAID RENEWAL

CVIU will use a report to identify individuals with upcoming Medicaid renewals.

Once the renewal evaluation is complete a NOA will be sent to the DOC HQ/Jail facility address or via designated secure email.

Emergency Medicaid Services Applications

Definition: This is for non-citizen incarcerated individuals who meet all Medicaid eligibility requirements other than alien status.

The facility should follow the same application process as Standard Applications. If the applicant is found eligible for emergency services, they will be enrolled in the appropriate Aid Category (AC) 112 or 113. Emergency Services coverage is effective the first day of the month of application, the first day of the retroactive period, or the date when incarceration begins, whichever is earliest.

Any claims for emergency services will be sent by the provider or treating physician to DMAS for review and reimbursement. Medicaid coverage for emergency services only individuals will be restricted to emergency services (including dialysis).

Once enrolled, any requests for coverage of emergency services will not require a new Medicaid application, and the individual will be subject to an annual renewal.

VII. Reporting Changes to CVIU

Standard Changes

Standard Changes include any update to an individual's existing Medicaid coverage that does not need to be expedited. The CVIU is notified of Standard Changes via the "*CVIU Communication Form.*"

Examples of Standard Changes:

- Notification of pregnancy
- Notification of a newborn delivery date
- A release date change (if not within 48 hours of the original Release Date)
- Notification of facility change
- Notification of active Medicaid coverage

Emergency Changes

Emergency Changes include any update to an individual's existing Medicaid coverage or application details that need to be expedited due to immediate impact of his/her evaluation. The CVIU is notified of Emergency Changes via the CVIU toll-free number.

Examples of Emergency Changes:

- A release date change (if within 48 hours of the original Release Date)
- Notification of death

VIII. Newborns

When an incarcerated pregnant woman gives birth, the mother and her baby need to be enrolled in Medicaid. There are two processes depending on the mother's Medicaid status.

1. The mother is actively enrolled in Medicaid at the time of delivery.

The provider will use the newborn web portal to submit the E-213 newborn deeming form. The newborn is enrolled in Medicaid by DMAS staff at Cover Virginia.

2. The mother is not actively enrolled in Medicaid at the time of delivery.

The facility should follow the "Expedited Application" process as listed in section: VI Application Processing.

The CVIU call center representative will ask for the newborn and delivery information. The following information about the newborn will be requested during the call.

- Child's first and last name, and middle initial
- Date of birth
- Gender
- Race
- The newborn's responsible party name (if known, who will be caring for the child);
- The responsible party's relationship with the newborn (if known); and
- The responsible party's address (if known).

IX. Frequently Asked Questions

1. What is Medicaid going to do for me while I am incarcerated?

Answer: Medicaid will cover payment limited to services received during an inpatient hospitalization of 24 hours or longer.

2. Am I going to be able to have Medicaid once I am released?

Answer: Inmates with active Medicaid while incarcerated will be evaluated for full Medicaid upon release. An inmate may qualify for Medicaid while incarcerated, but not meet the criteria upon release.

3. Will I receive a copy of the application?

Answer: No, copies of the applications are not mailed.

4. Why do you need my income information?

Answer: Part of the determination process includes income levels. This information is a requirement in order to make an accurate determination on the application.

5. Will I receive a Medicaid card?

Answer: Incarcerated individuals do not receive a Medicaid card.

X. Attachments

CVIU Communication Form

This form is in Microsoft Excel. The user completes the Excel form and emails it to:

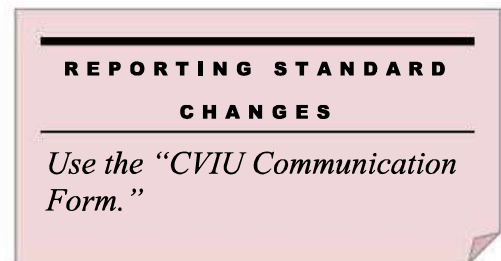
cviu.eligibility@coverva.org

A copy of this form can be downloaded from the CVIU web page at:

<https://coverva.dmas.virginia.gov/cover-virginia-incarcerated-unit-cviu>.

This form is used to communicate one of the following to CVIU:

- Pre-Release Notification
- Change of Information on the applicant
- Pregnant Woman/Newborn Notification
- Facility Change
- Other information that CVIU needs to know related to the applicant or Medicaid member.



COVER VIRGINIA INCARCERATED UNIT (CVIU) IDENTITY PROOFING PROCESS



To check the status of an application or Medicaid coverage at the CVIU Call Center, either the Offender (Applicant/Enrollee), the Authorized Representative or the Application Assister would need to pass the Identity Proofing Process. This is to ensure information is only shared with an authorized caller.

The **Offender** must provide the following information:

- First and Last Name
- Social Security Number (SSN)
- Date of Birth (DOB)
- Facility Name

Facility Staff/Application Assister must provide the following information to obtain the applicant's application status (This includes staff at the DOC, the DJJ and at Local/Regional Jails):

- Your First and Last Name (DOC) – You may provide the Facility Code and your Last Name
- Your Job Title
- Facility Name

Also, You must provide 3 out of 6 pieces of information below about the applicant:

- First and Last Name
- SSN
- DOB
- Offender Identification Number
- Medicaid Member Enrollee Number
- Application Tracking Number (T3)

The **Authorized Representative (AR)** must provide the following information to speak on behalf of the applicant. The AR designation must be in writing, or with the applicant on the call specifying the information to be released to the AR:

- AR First and Last Name
- Applicant's First and Last Name
- Applicant's SSN
- Applicant's DOB