



MEDICAL ASSISTANCE PAPER APPLICATION REVISION

Kelly Pauley

Eligibility & Enrollment Services Division -
Manager

Eligibility & Enrollment Services - Mission and Goals

DMAS Mission:

To improve the health and well-being of Virginians through access to high-quality health care coverage.

Eligibility and Enrollment Services Division Mission:

To ensure timely, accurate, and consumer friendly eligibility determinations one member at a time.

Eligibility and Enrollment Services Division Goals:

- **Service/ Problem Solving:** Provide accurate, comprehensive, and timely delivery of guidance and resolution of issues
- **Trust:** Provide excellent customer service and ensure accurate and timely eligibility determinations so qualified individuals can receive the services they need
- **Collaboration/Adaptability:** Support other Divisions within the Agency

Current Initiatives/Goals

CoverVa/Zero Backlog Work*-ongoing

One State Number for Benefits*--implemented

- To include CoverVA and the DSS Enterprise Call Center

Improving client/member notices and communications*-implemented in VaCMS

- Including providing communications in multiple languages

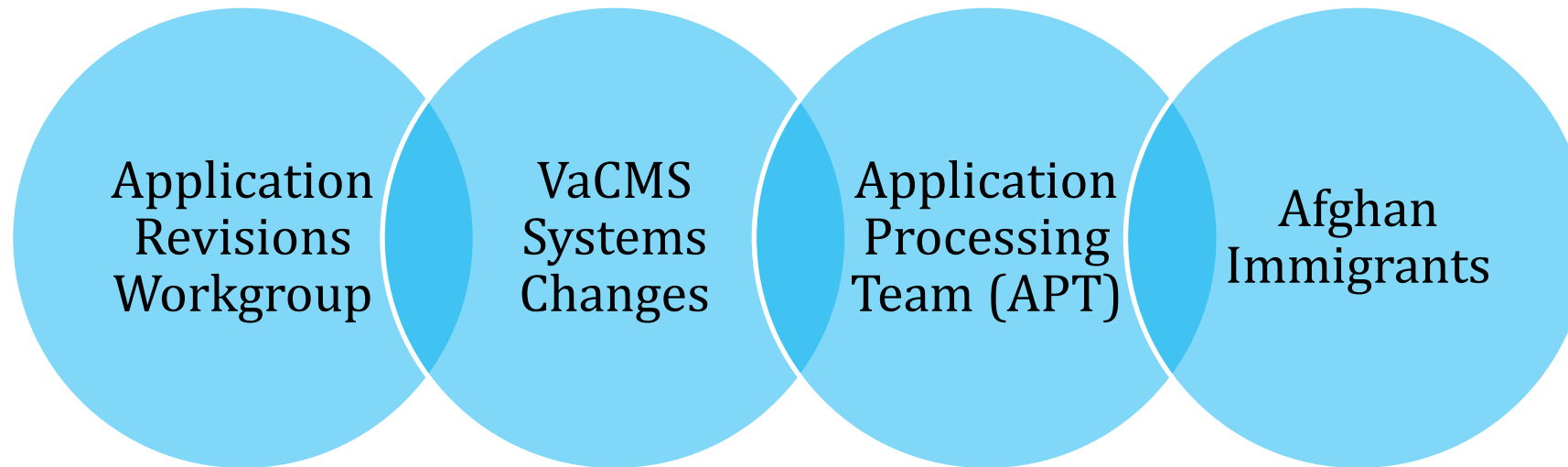
Reducing Member Churn

MMIS and VaCMS Eligibility Reconciliation-work in progress

FAMIS Prenatal Coverage*-implemented

*Agency priority

Current Division Projects



Paper Application Revision

- Where did our application come from?
 - CMS provided a template
 - Virginia adapted and created online versions (CommonHelp, VaCMS, Rapid Data Entry for the call center at CoverVA) to determine eligibility electronically
 - Each version must be updated to match as much as possible
 - All applications for the MAGI population must be approved by CMS and meet readability standards

Other Considerations

- ❑ Language options
- ❑ Font size and readability
- ❑ Voter Registration & Non-Discrimination requirements
- ❑ Citizenship status
- ❑ Taxpayer status
- ❑ Authorized Representative and Application Assistor information

Other Considerations (2)

- ❑ Rights & Responsibilities
- ❑ Who can sign

Soliciting Feedback

- ❑ DMAS staff (appeals, program integrity, services)
- ❑ State DSS staff
- ❑ Local DSS staff
- ❑ Virginia Healthcare Foundation
- ❑ Virginia Poverty Law Center
- ❑ YOU
- ❑ CMS

Changes (1)

- ❑ First up – add information about text-messaging and reorder application steps
- ❑ Step 1 – Move authorized representative and Application Assistor information to the beginning so it is not overlooked
- ❑ Step 2 – Clarify how to indicate “homelessness”
- ❑ Step 3 – Changed Demographic Information to columns so a family of three can apply without the extra person supplement (first person is included in this section instead of separate)

Changes (2)

- Included questions that might lead to needing supplement or more information before moving on to income
 - Tax payer information
 - Recent medical expense information (retroactive coverage request)
 - Plan First opt in/out
 - Health plan selection
 - Long Term Care Services and Supports question
 - Pregnancy
 - Foster care history
 - Race and ethnicity

Changes (3)

- ❑ Income section continues the three column format
- ❑ Expanded the section about current health insurance to more accurately gather third party liability information
- ❑ Clarified information about
 - rights and responsibilities (including estate recovery)
 - reporting changes
 - renewal requirements
 - use of IRS information

Wrap up

- ❑ Clarified who should sign the application
- ❑ Added “STOP” sign to make the signature block stand out
- ❑ New information about how to access help with non-medical needs
- ❑ Non-Discrimination information now included **REQUIRED**
- ❑ Voter Registration **REQUIRED**
- ❑ Updated language information

Your Turn

- As you were looking through the application which terms or instructions could be clearer?
- Any questions or information you thought was not needed?
- Favorite change and why?
- Other suggestions?
- Other questions?

Thank you!

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