

Return address

Header with Logo

## Great News! You may now be eligible for health coverage.

### Enroll today for coverage to start January 1, 2019

On January 1, 2019, Virginia Medicaid will offer new health coverage for adults. Because your child(ren) currently receives health benefits through the Virginia Medicaid/FAMIS, you may be eligible for this new coverage.

**To enroll, simply return the enclosed form or call us.** New rules have opened the Virginia Medicaid to more people starting January 1, 2019.

The Virginia Medicaid provides health coverage, which covers services such as regular check-ups, hospital and emergency services, prescriptions, mental health care, addiction treatment and many more.

#### Here's how to enroll:

- **Fill out and mail us the attached form.** Return it in the enclosed envelope.
- **Or, call Cover Virginia at 1-XXX-XXX-XXXX or 711 (TTY).** When you call, tell customer service you got this letter. We will ask you for your case number. Your case number is printed at the top of this letter.
- Answer the questions online through CommonHelp [web address]

The faster you enroll, the faster we can send you more information. Please contact us by January 15, 2019.

#### This is what will happen next:

1. Once you are enrolled, you will receive an official notice that you have been approved for Medicaid
2. You will receive a blue and white Medicaid ID card in the mail
3. Most members will get their health care from Medicaid health plans. You will receive information about the health plan you have been assigned to and how you can change to a different plan if you choose. You may wish to talk to your doctor or health care providers about which Medicaid health plans they participate in.

If you have any questions at all, please don't hesitate to call us. You can also learn more about the new adult health coverage at [www.coverva.org](http://www.coverva.org).

Sincerely,

Dr. Jennifer Lee

Virginia Medicaid Director

Commented [SM(1)]: Tentative return date; awaiting final decision.

## Health Coverage Enrollment for the Virginia Medicaid

### Complete the form and return this form for Health care coverage

We will call you if we need more information.

1. If you want Medicaid, you must provide your Social Security number \_\_\_\_\_
2. Are you a U.S. citizen or U.S. national? Yes No
3. If you are not a U.S. citizen or U.S. national, do you have eligible immigration status?
  - a. Yes Fill in your document type and ID number below
    - i. Immigration document type \_\_\_\_\_
    - ii. Document ID number \_\_\_\_\_
    - iii. Have you lived in the U.S. since 1996 Yes No
    - iv. Are you, or your spouse or parent a veteran or an active duty member of the U.S. military  
Yes No
4. Do you need help with everyday things like bathing, dressing, eating, walking or using the bathroom to live safely in your home? OR Has a doctor or nurse told you that you have a physical disability or long term disease, mental or emotional illness, or addiction problem? Yes No

I know that by signing this letter I am asking to be enrolled in Medicaid if I am eligible. I have read the enclosed important information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone # Where I Can Be Reached \_\_\_\_\_

***We will call you if we need more information.***

***We will let you know whether we are able to enroll you in medical coverage using this information.***

## Important Information

Commented [SM(2)]: Can we shorten the rights and responsibility language?

- I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this application to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.
- I understand that I am authorizing the local Department of Social Services (LDSS) and the Department of Medical Assistance Services (DMAS) to obtain verification/information necessary to determine my eligibility for Medicaid or FAMIS.
- I understand that Medicaid and DMAS contractors may exchange information relating to my coverage with LDSS to assist with application, enrollment, administration and billing services.
- I understands that for individuals enrolled in managed care, a premium is paid each month to the MCO for the person's coverage. If the child or pregnant woman is not eligible for FAMIS, FAMIS Plus, FAMIS MOMS, or Medicaid because I did not report truthful information or failed to report required changes in my family size or income, I may have to repay the monthly premiums paid to the MCO. I may have to repay these premiums even if no medical services were received during those months.
- I know that I must tell the local Department of Social Services within 10 calendar days if anything changes and if different than what I wrote on this application. I can visit [www.commonhelp.com](http://www.commonhelp.com) to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file).

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Services (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

### If anyone on this application is eligible for Medicaid

- I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- Does any child on this application have a parent living outside of the home?      Yes      No
- If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

### Are you currently getting health insurance from [healthcare.gov](http://healthcare.gov)?

**[insert language about closing your account since you are eligible for Virginia Medicaid]**

### Questions

If you have any questions about the new health coverage for adults, call Cover Virginia at 1-XXX-XXX-XXX or visit [www.coverva.org](http://www.coverva.org)



Return address

Line 2

Line 3

CASE NUMBER: [XXX-XXX]

# [Name], great news!

You are now probably eligible for Medicaid health coverage.

**Enroll today to start receiving benefits on January 1, 2019.**

In order to give more adults quality, low-cost health coverage, Virginia has expanded Medicaid health insurance. Because your child currently receives health benefits through Virginia Medicaid, you are probably now also eligible for Medicaid health insurance!


### Virginia Medicaid provides excellent health coverage, covering services such as:


- Doctor visits
- Hospital and emergency room services
- Prescriptions
- Lab work and X-rays
- Mental health care, including addiction and recovery treatment
- Family planning services
- And much more!


## Here's how to enroll:

**1** Answer the 3 simple questions on the enclosed form.

**2** Share your answers with us by [deadline] by:

 Call 1-[XXX-XXX-XXXX], Mon-Fri, [X] AM – [X] PM. Tell the operator you got this letter and give them your case number printed at the top of the page.

 Mail us the attached form. Fill out the form, sign it, and return it in the enclosed pre-paid envelope.

 Go to the CommonHelp website. Visit [commonhelp.virginia.gov](http://commonhelp.virginia.gov) and log into your account. Click “Check my Benefits,” then look for the link that says “Fast Track Questions.” If you don't have an account, you can sign up for one in minutes!

### What's Next?

Once you're enrolled, you'll receive an official notice that you have been approved for Medicaid health insurance and a blue and white Medicaid ID card. You will also receive information about the Medicaid health plan you have been assigned to and how you can change to a different plan if you would like, so make sure you look out for more mail from us!

### Questions?

If you have any questions about the new health coverage for adults, call Cover Virginia at 1-[XXX-XXX-XXX] or visit [www.coverva.org](http://www.coverva.org).

Sincerely,

[Signature]

Dr. Jennifer Lee  
Virginia Medicaid Director

# To apply for Medicaid health coverage, please share your answers to the following questions by [deadline]:

Answering these questions will help us figure out if you're eligible for Medicaid health insurance.

**1** We need your Social Security number to give you Medicaid health coverage. What is your Social Security number?

 —  — 

**2** Are you a U.S. citizen or U.S. national?

YES  NO

Not a U.S. citizen or U.S. national? No problem, you may still be eligible! Please provide the following information regarding your immigration status:

- What type of immigration document do you have?

- What is your document ID number?

- Did you enter the U.S. on or before August 22, 1996?

YES  NO

- Are you, your spouse, or parent a veteran or an active duty member of the U.S. military?

YES  NO

**3** (Optional) Do you need help with everyday things like bathing, dressing, eating, walking, or using the bathroom to live safely in your home?

OR

Has a doctor or nurse told you that you have a physical disability or long-term disease, mental or emotional illness, or addiction problem?

YES  NO

*I know that, by signing this letter, I am asking to be enrolled in Medicaid if I am eligible. I have read the enclosed important information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # where I can be reached: ( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_

We will call you at this number if we need more information.

# IMPORTANT INFORMATION

- I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this application to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.
- I understand that I am authorizing the local Department of Social Services (LDSS) and the Department of Medical Assistance Services (DMAS) to obtain verification/information necessary to determine my eligibility for Medicaid or FAMIS.
- I understand that Medicaid and DMAS contractors may exchange information relating to my coverage with LDSS to assist with application, enrollment, administration and billing services.
- I understand that for individuals enrolled in managed care, a premium is paid each month to the MCO for the person's coverage.
- I know that I must tell the local Department of Social Services within 10 calendar days if anything changes and if different than what I wrote on this application. I can visit [www.commonhelp.com](http://www.commonhelp.com) to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file).

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Services (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

## If anyone on this application is eligible for Medicaid

- I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

## My right to appeal

If I think Medicaid, FAMIS or Plan First has made a mistake I can contact them at [www.coverva.org](http://www.coverva.org) or call 1-855-242-8282.

Instructions for filling an appeal will be included on my notice and are also available on the coverva.org website.

## Are you currently getting health insurance from healthcare.gov?

If you're enrolled and have health insurance through HealthCare.gov, you will receive a letter telling you how to end your marketplace health plan. **Be sure to follow the instructions so you will not have to pay for that coverage once you have Medicaid.**

## Questions

If you have any questions about the new health coverage for adults, call Cover Virginia at 1-XXX-XXX-XXX or visit [www.coverva.org](http://www.coverva.org).