VIRGINIA’S MEDICAID EXPANSION

New Health Coverage for Virginia Adults: A Toolkit for Elected Officials
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VIRGINIA MEDICAID EXPANSION OVERVIEW:
The rules for health coverage in Virginia have changed, and we need everyone’s help to spread the word.

Many of your constituents are now eligible for a new coverage option that offers quality, low-cost and no-cost services. This coverage is available for more than 400,000 Virginia adults, including many people who work in retail, construction, childcare, landscaping, food service or other jobs that don’t provide health insurance.

Virginians who may have applied for Medicaid in the past and been denied may now be eligible for the new coverage that began on January 1, 2019.

Under the new guidelines, a single adult making at or below $17,600 annually may be eligible. A parent in a family of three with a household income at or below $29,970 may also qualify. An applicant must be 19 to 64 years old and cannot receive or be eligible for Medicare. Additional criteria apply.

The new coverage includes preventive care, doctor visits, prescriptions, hospital stays, mental health care and more. Coverage also includes care coordination for individuals with complex medical and behavioral health conditions.

You can find more information about the new coverage for adults at www.coverva.org. The website also has a screening tool and Frequently Asked Questions. Cover VA is updated regularly, so check back often for new information.

Help us spread the word!

- Talk to your constituents about new adult coverage
- Visit the Cover VA website for information and updates
- Share brochures and flyers about the new eligibility rules.

HOW TO APPLY
There are several ways for individuals to apply for new adult coverage:

- Call the Cover Virginia Call Center at 1-855-242-8282 (TDD: 1-888-221-1590)
- Complete an online application at Common Help: www.commonhelp.virginia.gov
- Complete an online application at The Health Insurance Marketplace: www.healthcare.gov
- Mail or drop off a paper application (Spanish) to your local department of social services (Mailing may take longer than other methods of applying) Find your nearest local department of social services by visiting: http://www.dss.virginia.gov/localagency/index.cgi
- Call the Virginia Department of Social Services Enterprise Call Center at 1-855-635-4370 (If you also want to apply for other benefits)
New Health Coverage For Adults

Starting January 1, 2019, more adults living in Virginia now have access to quality, low-cost and no-cost health insurance!

Who is Eligible?

- Virginia residents, ages 19 to 64
- Not already in or eligible for Medicare
- Must meet income requirements, which vary by household size

Who qualifies for Virginia Medicaid?

<table>
<thead>
<tr>
<th>Who qualifies for Virginia Medicaid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childless Adults</td>
</tr>
<tr>
<td>Before 2019:</td>
</tr>
<tr>
<td>Beginning 2019:</td>
</tr>
</tbody>
</table>

You may be eligible if you make less than:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Yearly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,237</td>
<td>$1,438</td>
</tr>
<tr>
<td>2</td>
<td>$23,337</td>
<td>$1,946</td>
</tr>
<tr>
<td>3</td>
<td>$29,436</td>
<td>$2,454</td>
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<tr>
<td>4</td>
<td>$35,536</td>
<td>$2,962</td>
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<td>5</td>
<td>$41,636</td>
<td>$3,470</td>
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<td>6</td>
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<td>7</td>
<td>$53,835</td>
<td>$4,487</td>
</tr>
<tr>
<td>8</td>
<td>$59,934</td>
<td>$4,995</td>
</tr>
<tr>
<td>Additional person add</td>
<td>$6,100</td>
<td>$509</td>
</tr>
</tbody>
</table>

What Services are Covered?

- Doctor, hospital, and emergency services
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Long-term care and support services
- Home health services
- Behavioral health services including addiction and recovery treatment services
- Rehabilitative services including physical, occupational, and speech therapies
- Transportation to Medicaid-covered services when no alternatives are available
- Family planning services
- Medical equipment and supplies
- Preventive and wellness services and chronic disease management services
- And more!

For more information about the new coverage, including answers to frequently asked questions, visit www.coverva.org or call 1-855-242-8282 to apply.

Text COVERAGE to 268782 to sign up for updates.
FREQUENTLY ASKED QUESTIONS

Get the answers you need on new adult eligibility for health coverage:

Am I eligible?
- Yes, if you are a Virginia resident, between ages 19 to 64
- You cannot already be in or eligible for Medicare
- You must meet income requirements, which vary by household size

When can I apply?
Virginia began accepting applications using the new eligibility rules on November 1, 2018. You can apply for Medicaid at any time.

How can I apply?
To apply for health coverage:
- Call the Cover Virginia Call Center at 1-855-242-8282 (TDD: 1-888-221-1590)
- Complete an online application at Common Help: www.commonhelp.virginia.gov
- Complete an online application at The Health Insurance Marketplace: www.healthcare.gov
- Mail or drop off a paper application (Spanish) to your local department of social services (Mailing may take longer than other methods of applying) Find your nearest local department of social services by visiting: http://www.dss.virginia.gov/localagency/index.cgi
- Call the Virginia Department of Social Services Enterprise Call Center at 1-855-635-4370 (If you also want to apply for other benefits)

When did the new health coverage start?
Beginning January 1, 2019.

What services are covered?
- Doctor, hospital and emergency services, including primary and specialty care
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
• Behavioral health services, including addiction and recovery treatment services
• Rehabilitative services, including physical, occupational and speech therapies
• Family planning services
• Medical equipment and supplies
• Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling
• And more!

**Will I be able to get health coverage if I have a pre-existing condition?**
Yes, this health coverage is available to you if you have a pre-existing condition as long as you meet other qualifications (see above).

**Are dental services covered?**
Dental services for most adults are limited to medically necessary emergency procedures. Comprehensive dental benefits, including preventive services, are available through age 20. Pregnant women also qualify for comprehensive dental services, except for orthodontics.

**Will I be able to keep my current doctor?**
With some limited exceptions, you will be asked to choose a health insurance company (called a “plan”) that will coordinate your care and reimburse doctors and other providers for services you receive. Check with your doctors and other health care providers to find out whether they participate in one or more of these plans.

**What health plans will be available?**
You will be able to choose from six plans. Information about your six choices will be shared with you once you are enrolled.

**How do I select a plan?**
New enrollees will be randomly assigned to a plan to ensure that their coverage is available as quickly as possible. Once enrolled, you will receive information on how to change plans and a side-by-side comparison of your six choices. You will have 90 days to change your plan if you would like to do so. We encourage you to compare plans and choose the one that is best for you.

**How will my doctor know that I have coverage?**
People enrolled in coverage will be mailed a Medicaid card and a health plan card.

**What are the definitions for “family size” and “household”?**
*Family size* means the number of persons counted as an individual's household. The family size of a pregnant woman includes the pregnant woman plus the number of children she is expected to deliver. When determining the family size of other individuals who have a pregnant woman in their household, the pregnant woman is counted as one person.
A household is determined by tax dependency. Parents, children and siblings are included in the same household. Children claimed on taxes by a noncustodial parent are evaluated for eligibility in the household in which they are living and are also counted in the family size of the parent claiming them as dependents. There can be multiple households living in the home.
SAMPLE POSTER

Have you heard?

New Health Care Coverage for Adults

Starting January 1, 2019, more adults living in Virginia now have access to quality, low-cost and no-cost health insurance. The new coverage includes hospital stays, doctor visits, preventive care, prescription drugs and much more!

The rules have changed! So, if you applied for Medicaid in the past and were denied, you may now be eligible. Applications are accepted year round. There is no open enrollment period.

For more information, visit www.coverva.org or call 1-855-242-8282
SAMPLE BROCHURE

Frequently Asked Questions

When did the new coverage begin?
Coverage began on January 1, 2019. You can apply at any time of the year. There is no open enrollment period for Medicaid.

How do I apply?
Apply by phone at 1-855-242-8282 or online at www.commonhelp.virginia.gov or at www.healthcare.gov. You can also mail or drop off a paper application at your local Department of Social Services office.

Will I be able to get health coverage if I have a pre-existing condition?
Yes, this health coverage is available to you if you have a pre-existing condition as long as you meet eligibility requirements.

Will I be able to keep my current doctor?
With some limited exceptions, you will be asked to choose a health insurance company (called a “plan”) to coordinate your care and reimburse doctors and other providers for services you receive. Check with your doctors and other health care providers to find out whether they participate in one or more of these plans.

What health plans will be available?
There are 6 health plans. Information will be shared with you once your enrollment begins. Please visit coverva.org for regular updates.

How do I select a plan?
New enrollees will be randomly assigned to a plan to ensure that their coverage is available as quickly as possible. Once enrolled, you will receive information on how to change plans and a side-by-side comparison of your six choices. You will have 90 days to change your plan if you would like to do so.

Quality, Low-Cost and No-Cost Health Coverage for Adults

The rules have changed!
So, if you applied for Medicaid in the past and were denied, you may now be eligible. You can apply at any time of the year.

Go to www.coverva.org or call 1-855-242-8282 for more information.

Se habla español.
TTY for deaf or hearing impaired: 1-888-221-1580

(Interpreters are available)

The Department of Medical Assistance Services complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, sex, gender, sexual orientation, gender identity, or disability.

DMAS-VE2 3129 A program of the Commonwealth of Virginia

Who Is Eligible for New Health Coverage for Adults?

More adults in Virginia now have access to quality, low-cost and no-cost health insurance. Thousands of Virginians can now get the health care they need so they don’t have to worry about getting sick or having an accident. You can apply for coverage at any time of the year.

If you work in retail, construction, childcare, landscaping, food service or any job that doesn’t offer health insurance, you may be able to get low-cost or no-cost health insurance. The new coverage will include regular preventive care as well as treatment for chronic health conditions.

Having reliable health insurance gives peace of mind and greater financial security. It helps individuals to be more productive in their jobs and allows families to spend more time together so that they can enjoy a high quality of life.

To qualify for the new health coverage, individuals must:
- Be a Virginia resident, age 19-64
- Not already in or eligible for Medicare
- Meet income requirements, which vary by household size

You may be eligible if you make less than:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Member</td>
<td>$1,469</td>
<td>$17,628</td>
</tr>
<tr>
<td>2 Members</td>
<td>$1,933</td>
<td>$23,276</td>
</tr>
<tr>
<td>3 Members</td>
<td>$2,499</td>
<td>$29,974</td>
</tr>
<tr>
<td>4 Members</td>
<td>$3,014</td>
<td>$36,168</td>
</tr>
<tr>
<td>5 Members</td>
<td>$3,529</td>
<td>$42,339</td>
</tr>
<tr>
<td>6 Members</td>
<td>$4,044</td>
<td>$48,521</td>
</tr>
<tr>
<td>7 Members</td>
<td>$4,560</td>
<td>$54,704</td>
</tr>
<tr>
<td>8 or More</td>
<td>$5,074</td>
<td>$60,886</td>
</tr>
</tbody>
</table>

For more information, visit www.coverva.org to find out:
- Who is eligible
- Household income requirements
- Other eligibility qualifications
- Answers to frequently asked questions

Answer five questions on the screening tool to find out if you may qualify for the new coverage for adults. New information is added regularly, so visit www.coverva.org often.

What Services are Included With the New Coverage?

- Doctor, hospital and emergency services, including primary and specialty care
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
- Behavioral health services, including addiction and recovery treatment services
- Rehabilitative services, including physical, occupational and speech therapies
- Family planning services
- Medical equipment and supplies
- Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling
- And more!

QUALITY LOW-COST HEALTH INSURANCE FOR ADULTS
HOW TO ACCESS MORE MATERIALS
Outreach materials are available on the Cover Virginia website. Continue checking www.coverva.org for the most up-to-date information and outreach materials:

- Download and print brochures and FAQs
- Order professionally printed brochures and informational posters
- Download presentations and presentation scripts

TRAINING MATERIALS

PRESENTATION FOR MEMBERS OR OTHER AUDIENCES

New Health Coverage for Virginia Adults

SLIDE 1
- Thank you for inviting me to speak to you today.
- This is an exciting time in Virginia.
- Thousands of Virginians may now apply for quality, low- and no-cost health care coverage.
- We are getting many questions about the new coverage options.
- We want to make sure that everyone has accurate information and a chance to ask questions.
- You are an important part of our Cover Virginia campaign, and we hope that you will share what you learn today with your family, friends and neighbors.

SLIDE 2
- Until now, few adults in Virginia could qualify for coverage because of the strict rules.
- Perhaps some of you have applied in the past and have been unsuccessful.
- We want you to try again because those rules changed on January 1, 2019.
- This is a major change in our program that opens the door to more than 400,000 Virginia adults.
- Many of the new people who will join our program work in jobs that do not offer health insurance.
• That includes jobs in retail, construction, childcare, landscaping and food service.
• We believe these individuals should have coverage so that they don’t have to worry about getting sick or having an accident.
• Applications for the new adult coverage are now being accepted.

SLIDE 3
• The Number 1 question we get is “Who is eligible?”
• There will be an application process to go through all of the requirements, but I can give you the highlights today.
• First, you must be between the ages of 19 and 64.
• This new coverage is not for people who are in Medicare now or eligible for Medicare.
• Second, you must meet income requirements, which will vary by the number of people in your household.

SLIDE 4
• For example, if you are a single adult living alone, you may be eligible if your annual income is at or below $17,609.
• If you are a parent living with your spouse and a child, you may be eligible if the total annual income for everyone in your family is at or below $29,974.

SLIDE 5
• The second most common question we hear is “What services are covered?”
• As you can see from this list, coverage includes a wide variety of services.
• They include doctor visits, hospital stays, prescription drugs and behavioral health care.
• There are many more services available than we could include on this list, so don’t be discouraged if you don’t see a specific type of medical care that is important to you.

SLIDE 6
• The new people signing up for coverage will be part of the same programs that our existing members are already using.
• The vast majority of our members today are enrolled in managed care programs, and that will also be true for new members.
• Most people will be covered through our Medallion 4.0 program.
• People who have a complex behavioral or medical condition that limits their daily activities will be enrolled in Commonwealth Coordinated Care Plus (also known as CCC Plus), which is our managed long-term services and supports program.
• The CCC Plus program will provide extra support in coordinating their health care needs.
• Whether individuals are enrolled in Medallion 4.0 or CCC Plus, they will be able to choose from the same six health plans.
• The same six health plans are available for both programs.

SLIDE 7
• People interested in applying for Medicaid coverage, including the new adult coverage, may apply:
  o By phone by calling the Cover Virginia Call Center
  o Online by completing an online application at commonhelp.virginia.gov or healthcare.gov
• By mailing or dropping off a paper application to their local Department Of Social Services; or
• If they want to apply for other social services benefits, they can apply by calling the Virginia Department of Social Services Enterprise Call Center
  • Applications for new adult coverage are now being accepted
  • Applications are accepted year-round for Medicaid coverage, including the new adult coverage.

SLIDE 8
• I am sure that you have additional questions, and you will think of even more questions after you get home.
• The most important source of information about this new coverage is our Cover Virginia website -- that’s Cover V-A dot org.

SLIDE 9
• When you visit the website, you will have a chance to sign up for regular updates by email and text.

SLIDE 10
• When you get to the home page, click on the first picture to get to the page with information on new adult coverage.

SLIDE 11
• You’ll find a list of Frequently Asked Questions, brochures, and a new adult coverage flyer translated in 18 different languages. We will be adding new information regularly.
• Be sure to check out the eligibility screening tool.

SLIDE 12
• When you click on the screening tool, you will get a series of questions that will help you figure out if you meet the income rules.

SLIDE 13
• Please check this website often for updates.
• And please take a brochure with you, visit the Cover Virginia website, and please share this information with your family, friends and neighbors.
• Thanks again for your time.

NEXT STEPS
This new health coverage for adults is an exciting change in our program that opens the door to more than 400,000 Virginia adults. Our greatest outreach challenge is persuading those adults who applied for and were denied Medicaid in the past to come back and try again. **We need your help to reach out and let them know that the rules have changed since January 1, 2019.**

There are many ways to partner with us to support the Cover Virginia outreach campaign:

• Talk to your constituents about new adult coverage
• Visit the Cover VA website for information and updates
• Share brochures and display posters in your community
• Post the Cover Virginia widget on your website or in your digital newsletters to constituents
• Follow us on social media via Facebook (Cover Virginia) and Twitter (@Coverva, @VaMedicaidDir)

Please continue checking www.coverva.org for the most up-to-date information. Thank you for helping us spread the word about this new health coverage for Virginia adults!
**Constituent Assistance Guide**

Due to the frequent correspondence to the Governor’s Office, the Office of the Secretary of Health & Human Resources, and the DMAS Director’s Office, the following mailbox has been created to expedite your constituent inquiry:

**DMASinfo@dmas.virginia.gov**

<table>
<thead>
<tr>
<th>VIRGINIA MEDICAID MEMBER</th>
<th>PERSON CONTACTING ON BEHALF OF A MEMBER</th>
<th>NOT YET APPLIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the constituent is a Virginia Medicaid member (recipient), please provide:</td>
<td>If the constituent, acting as a third party is contacting you on behalf of another individual (e.g., parent of adult child, friend, neighbor, other relative), please provide the following Medicaid member’s info:</td>
<td>If the constituent is not a Medicaid member and would like to apply, they can do one of the following:</td>
</tr>
<tr>
<td>• Medicaid member’s full legal name</td>
<td>• Medicaid member’s name</td>
<td>• Apply on-line at <a href="http://www.coverva.org">www.coverva.org</a></td>
</tr>
<tr>
<td>• Medicaid ID# or social security number</td>
<td>• Date of birth and social security number</td>
<td>Call Cover Virginia at 1-855-242-8282 to apply over the phone. Mon - Fri: 8:00 am to 7:00 pm and Sat: 9:00 am to 12:00 pm</td>
</tr>
<tr>
<td>• Date of birth</td>
<td>• Contact information, address, phone number and/or e-mail address</td>
<td>• Apply on-line or in person at the local Department of Social Services (DSS) in the locality they reside. The link for all DSS offices <a href="http://www.dss.virginia.gov/localagency/index.cgi">http://www.dss.virginia.gov/localagency/index.cgi</a></td>
</tr>
<tr>
<td>• Contact information, including address, phone number and/or e-mail address</td>
<td>• Also provide the client’s authorized representative info, guardian or power of attorney information, if they have one.</td>
<td>• Print out a paper application which can be obtained at <a href="http://www.coverva.org">www.coverva.org</a> and mail it to their local DSS. (Spanish version available.)</td>
</tr>
</tbody>
</table>

Note: DMAS cannot contact non-authorized representatives due to provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which includes protected health information (PHI).
Release of Protected Health Information (PHI) to Legislators and Staff

On March 14, 2006, the Centers for Medicare and Medicaid Services (CMS) (the federal agency over Medicaid state agencies) released a Frequently Asked Questions sheet as a part of their Health Insurance Portability and Accountability Act (HIPAA) of 1996 privacy rule guidance, which has significance on how DMAS can release recipient information to state legislators and federal congressional Offices.

DMAS can release information to state and federal congressional members and their staffers under certain circumstances. Below is a copy of the specific CMS language.

- The recipient must contact the legislator in writing to request assistance—this can be U.S. mail, e-mail, or fax. The legislator must then write to DMAS including the client’s written correspondence OR a signed “HIPAA Compliant Release.” DMAS can then respond to the legislator directly and copy the recipient in the response, OR write to the recipient and copy the legislator.

- If DMAS receives a phone call from a legislator, or the legislator writes saying that a recipient “called,” DMAS must treat it as protected health information (PHI). DMAS will send a "HIPAA response" (that information cannot be released) to the legislator and respond directly to the recipient.

- Family members who write on behalf of a relative will also receive a “HIPAA response” unless they have power of attorney or are listed as an authorized representative in the Virginia Medicaid Enterprise System.
HOW DMAS CAN RELEASE PROTECTED HEALTH INFORMATION (PHI) TO LEGISLATORS, LEGISLATIVE STAFF AND ASSISTERS

The Centers for Medicare and Medicaid Services (CMS) (the federal agency over Medicaid state agencies) released a Frequently Asked Questions (FAQ) sheet as a part of their Health Insurance Portability and Accountability Act (HIPAA) of 1996 privacy rule guidance, which has significance on how DMAS can release recipient information to state legislators and federal congressional offices.

DMAS can release information to state and federal congressional members and their staffers under certain circumstances. Below is a copy of the specific CMS language.

1. The recipient must contact the legislator in writing to request assistance—this can be U.S. mail, e-mail, or fax. The legislator must then write to DMAS including the client’s written correspondence OR a signed “HIPAA Compliant Release.” DMAS can then respond to the legislator directly and copy the recipient in the response, OR write to the recipient and copy the legislator.

2. If DMAS receives a phone call from a legislator, or the legislator writes saying that a recipient “called,” DMAS must treat it as protected health information (PHI). DMAS will send a "HIPAA letter" (that information cannot be released) to the legislator and respond directly to the recipient.

3. Family members who write on behalf of a relative will also to receive a “HIPAA letter” unless they have power of attorney or are listed as an authorized representative in the Virginia Medicaid Enterprise System.
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)
GENERAL CONSENT FOR RELEASE OF INFORMATION

Provider or Provider ID or
Enrollee Name: ____________________________ Medicaid ID # or
Date of Birth: ____________________________ (month/day/year) Social Security # __________________
Enrollee Address: __________________________________________________________________________

PERMISSION FOR DMAS TO RELEASE INFORMATION:
I hereby give the Department of Medical Assistance Services permission to release to
____________________________________________________________________________________________
(INDIVIDUAL/ORGANIZATION/PLACE OF BUSINESS AND ADDRESS)
the following information:
_____ Medical  _____ Psychiatric  _____ Financial  _____ Medical claims history*  _____ Other (Explain below)
(INITIAL LINE TO THE LEFT OF EACH ITEM DESIGNATED)
*Specify time period for Medical claims history which contains services billed to and paid by DMAS

PERMISSION FOR DMAS TO OBTAIN INFORMATION:
I hereby give the Department of Medical Assistance Services permission to obtain from
____________________________________________________________________________________________
(INDIVIDUAL/ORGANIZATION/PLACE OF BUSINESS)
_____ Medical  _____ Psychiatric  _____ Financial  _____ Other (Explain below)
(INITIAL LINE TO THE LEFT OF EACH ITEM DESIGNATED)

This consent is good until ____________________________ (Date)
I understand that I can withdraw this consent at any time by contacting DMAS at the address below.

I understand that DMAS will take reasonable steps in accordance with State and Federal law to safeguard the
confidentiality of my medical and personal records. Medicaid is subject to the confidentiality restrictions set forth in 42
CFR 431.300 through 431.307, Virginia Code §32.1-325.4, the Health Insurance Portability and Accountability Act of
1996 (HIPAA), and Virginia Administrative Code 30-20-90. I also understand that under the Virginia Privacy Act of
1974, I have the right to inspect, correct, or complete this information.

Signed: ___________________________________________ Date: ____________________
Enrollee/Provider

If not signing for self (above), state relationship to client, such as: parent of minor, power of attorney, legal guardian or
other legally authorized representative. Must provide a copy of court or legal documents.
Relationship: __________________________________________

Signed: ___________________________________________ Date: ____________________
Witness if signed by mark

This Release form was acknowledged before me this ____________ day ______________________, 20 ______

__________________________________________________ My commission expires __________________________
NOTARY PUBLIC

This form contains patient-identifiable information and is intended for review and use by no one except authorized parties. Misuse or disclosure of
this information is prohibited by State and Federal laws. If you have obtained this form by mistake, please send it to the address below.

INSTRUCTIONS: The enrollee or provider granting the release must initial the line to the left of each box
checked. Return the original to DMAS after making a copy for your files. Mail the original form to:
Department of Medical Assistance Services ● 600 East Broad Street, Suite 1300 ● Richmond, Virginia  23219
SAMPLE CONSTITUENT LETTER

Dear Constituent:

Thank you for contacting my office regarding Virginia’s Medicaid expansion. The rules have changed, so if you applied for Medicaid in the past and were denied, you may be eligible for coverage beginning January 1, 2019. Virginia began accepting applications under the new eligibility rules on November 1, 2018. Individuals may apply for Medicaid at any time during the year. We anticipate that more than 400,000 Virginia adults will be able to enroll in quality, low- and no-cost health coverage under the expansion initiative.

This means hard-working Virginians in retail, construction, childcare, landscaping, food service, and other jobs that do not offer health insurance may now be eligible for this low- and no-cost health insurance. Virginia adults may be eligible if they are between the ages of 19 and 64, meet income qualifications and are not receiving or eligible for Medicare coverage.

You can find more information about the new coverage for adults at www.coverva.org, by calling the Cover Virginia Call Center (1-855-242-8282), TDD: 1.888.221.1590, or by applying in person by visiting your local Department of Social Services. I have enclosed information on enrollment and eligibility criteria.

Sincerely,

(Insert Name)

State Senator/State Delegate