

APPROVAL NOTICE FOR HOSPITAL PRESUMPTIVE ELIGIBILITY FOR TEMPORARY MEDICAID COVERAGE IN VIRGINIA

Patient Name: _____

Patient SSN*: _____ Date of Birth: _____

Date of notice: _____

Begin date of coverage: _____ **End date of coverage:** _____

Issued by: _____

*Social Security Number is not required for determination.

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for temporary health coverage through the Virginia Hospital Presumptive Medicaid Eligibility program. This form will be your *proof of coverage* until you receive your Commonwealth of Virginia (blue & white) ID card.

TEMPORARY ELIGIBILITY GROUP (check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Parent/Caretaker-Relative of dependent children under age 18 | <input type="checkbox"/> Pregnant Women (Prenatal services only) | <input type="checkbox"/> Breast and Cervical Cancer Treatment Program (BCCTP) |
| <input type="checkbox"/> Child under age 19 | <input type="checkbox"/> Former Foster Care Child under age 26 | <input type="checkbox"/> Plan First (Coverage of family planning services only) |

WHAT HAPPENS NEXT

The Virginia Department of Medical Assistance Services (DMAS) will mail you a Commonwealth of Virginia Medical Assistance ID card and letter about your health coverage. Please keep this card and coverage letter for the entire time you have coverage.

Your temporary eligibility will cover all services for which you are eligible under the Virginia Hospital Presumptive Medicaid Eligibility program, only while you are eligible. Please review the covered services fact sheet the hospital has provided you to see what services are covered for you.

HOSPITAL PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE FINAL. There is no right to appeal a hospital presumptive eligibility decision.

If you have filed a Medicaid application, your temporary eligibility will end the day on which the decision is made on that application. Your health coverage may be extended if an application for Medicaid is filed prior to the end date of coverage listed above and additional time is needed for the eligibility determination. If you do not file a Medicaid application, your temporary eligibility will end on the last day of the month following the month in which the determination of presumptive eligibility was made.

There are four easy ways to apply for Medicaid.

1. Online at www.coverva.org; or
2. Call the Cover Virginia at **1-855-242-8282** to apply by phone; or
3. Print out and complete a paper application from www.coverva.org and mail it or drop it off at your local Department of Social Services; or
4. Visit your local Department of Social Services in the city or county in which you live for assistance in applying.

Hospital Name: _____

Hospital Authorized Signature _____ Date: _____

Hospital Representative Name and Title: _____
Print

Hospital Representative Telephone Number: _____