DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

Change requests are usually due to a system auto-fill that is incorrect. Changes include erroneous auto-fills for NAME, SSN, MEDICAID ID, DOB and GENDER.

Please complete this form, as applicable, for all Medicaid record change requests.

LTSS SCREENER:

Name:

Agency, Hospital, or NF name:

Contact information (phone and email):

REQUIRED INFORMATION FOR THE INDIVIDUAL:

Correct Name _____ Correct DOB _____

Correct SSN _____ Correct Medicaid ID _____

Screening Number _____ Date of Screening _____

Please Check One: Auto-Fill is Incorrect _____ Error Made During LTSS Screening _____

○ Incorrect Name	○ Incorrect Date of Birth	○ Incorrect Gender
○ Incorrect Social Security Number	○ Incorrect Date of Death	○ Other:

***How have you verified the correct information** (ex. social security card, driver's license, etc.). This area MUST be completed.
Please note that ALL name changes **MUST** match with the individuals Social Security card. No other source can be used for name changes. If the SS card is wrong the individual MUST contact the SS Administration before any Medicaid record can be corrected.

Information needed to make correction (Please list the correct and wrong information for the issue that is occurring)**:**

Name of Individual	Correct:	Wrong:
Date of Birth	Correct:	Wrong:
Gender	Correct:	Wrong:
Social Security Number	Correct:	Wrong:
Medicaid Number	Correct:	Wrong:

Other Issue or Comments:

Return this Form as an Attachment to DMAS Enrollment Division titled
"Correction Request for LTSS": enrollment@dmas.virginia.gov

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