

DMAS LTSS SCREENING CHANGE TO MEMBER INFORMATION REQUEST FORM

It is essential that all Medicaid records for an individual match. When records match, the LTSS Screening and the individual's Medicaid application/eligibility information can link, and the existence of a LTSS screening can be confirmed. If the demographics do not match, the records may not link correctly, and the individual seeking LTSS could be denied services.

Member enrollment change requests are made when there is an **auto-fill error** in eMLS of one of the following key demographic items: **NAME, SSN, MEDICAID ID, DOB, GENDER or RACE**, OR when the screener makes an error in one of the fields (**NAME, SSN, MEDICAID ID, DOB, GENDER or RACE**) and processed the screening through the system and the screening is now in an "ACCEPTED" status.

To resolve these problems, this form must be completed and submitted as follows:

- For all persons one (1) year old and above, this form **MUST** be submitted by the LTSS Screener to: enrollment@dmass.virginia.gov
- For all persons under one (1) year old, this form **MUST** be submitted by the LTSS Screener to: Newborn@dmass.virginia.gov

Please label the email with the following subject so that the request can be given priority status:
LTSS Screening, Member information change.

Allow at least 14 business days for all corrections.

Changes to the Medicaid record must be researched and confirmed to be appropriate.

PLEASE do NOT send multiple change requests for the same person or repeatedly email the enrollment office or screening assistance. Each time you submit an email for the same correction, the time it takes to resolve the issue "resets" from the beginning.

Once the DMAS Enrollment/Newborn area has researched and made changes to the record, you will be notified. Once notified you must wait an additional 48 hours for these changes to be reflected in the eMLS system. After 48 hours you must return to eMLS, VOID/DELETE the screening and re-enter all the screening information and resubmit. Use the original screening dates including original signature dates.

The Enrollment office can only address changes in the key demographic information. They are not able to respond to questions about MES, MMIS, CRMS, eMLS or screening policies and procedures. Do NOT send any other type of question to DMAS Enrollment.

It is essential you fully and accurately complete this form, as applicable, for all Medicaid record change requests.

Date of Submission of this Form to Enrollment: _____

LTSS SCREENER INFORMATION:

Name:

Contact information (phone and email):

Full Name of Agency, Hospital, or Nursing Facility (please do not use initials):

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 _____

<input type="radio"/> Incorrect Name	<input type="radio"/> Incorrect Date of Birth	<input type="radio"/> Incorrect Gender
<input type="radio"/> Incorrect Social Security Number	<input type="radio"/> Incorrect Date of Death	<input type="radio"/> Race:

***How have you verified the correct information?** Please explain (example: Used social security card, driver's license, etc.)? This area **MUST** be completed:

*Please note that ALL name changes **MUST** match with the individual's 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.*

While it is not required to send a copy of the individual's social security card with this form, it is helpful if you do.

For items needing correction: (Please list the wrong information auto-filled or error and the correction.)

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

Return this form as an email attachment to DMAS:

- One (1) year old and above: enrollment@dmas.virginia.gov
- Under one (1) year old: Newborn@dmas.virginia.gov