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ABOUT COVER VIRGINIA

Cover Virginia plays an essential role in the Commonwealth's health care system by helping to inform and enroll eligible individuals in Virginia's Medicaid and CHIP/FAMIS programs. Cover Virginia has three main touch points:

WEBSITE: Information about programs, benefits and services, including eligibility requirements is available on the Cover Virginia website at www.coverva.org. The website provides program descriptions and materials, income eligibility guidelines charts for each program, a screening tool to help determine what programs a person may qualify for, and detailed instructions on how to apply. The website also offers electronic and print-ready materials and resources for community partners, advocacy groups, outreach workers and providers.

CALL CENTER: Cover Virginia also operates a statewide customer service call center for Medicaid and the FAMIS Programs at 1-855-242-8282 (TDD: 1-888-221-1590). The call center provides general program information, application status, explanation of coverage and benefits, and assistance in resolving application issues.

OUTREACH & COMMUNITY ENGAGEMENT: The Department of Medical Assistance Services has a team focused on community outreach and member engagement across the Commonwealth of Virginia. The team consists of: six Community Regional Outreach Workers (ROCs) and one statewide outreach and member engagement specialist (bilingual) who work to develop and implement effective outreach and community engagement strategies; two graphic designers who help develop materials and resources for use by internal and external stakeholders; one strategic initiatives specialist who coordinates Cover Virginia website content; and one manager who is responsible for developing statewide strategies and implementation plans that allow current and potential members to gain access to quality and affordable healthcare. Team members raise awareness about Medicaid and FAMIS/CHIP services, attend local, regional, and statewide events, and engage with stakeholders on campaigns and through various workgroups. Contact information for the Community Outreach and Member Engagement Team (COMET) can be found at www.coverva.org/en/outreach-and-communications-team.

LOGO



Full Color (7-colors)
Two Line Tag



1-Color Black Two Line Tag



Connecting Virginians to Affordable Health Insurance

Full Color (7-colors)
One Line Tag



Connecting Virginians to Affordable Health Insurance

1-Color Black One Line Tag

The Cover Virginia logos are available in .eps, .jpg, and .png formats. Please send all logo requests to covervirginia@dmas.virginia.gov

LOGO USAGE

Full Color

1-Color Black



White Background



White Background



Light/Mid-tone Background



Light/Mid-tone Background



Dark Background

Reverse



Dark Background

Reverse

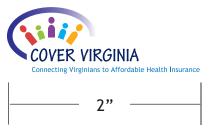
SIZING

When resizing, make sure the proportions remain constant. Please do not recolor, stretch or alter the logo in any way.



1 ½" —

Two line tag logo should never be smaller than 1 ½" wide.



One line tag logo should never be smaller than 2" wide.

CLEARSPACE

To preserve the logo's integrity, always maintain clear space around the logo. The minimum clear space for the logo is defined as the height of the "C" in the word "Cover." This minimum space should be maintained as the logo is proportionally enlarged or reduced in size.





LOGO GUIDELINES FOR PARTNER USE

Vendors and partners are encouraged to use the Cover Virginia logo in accordance with the guidelines presented below.

- On items with adequate space for a funding citation (posters, flyers, brochures), the Cover Virginia logo should be used so long as the following text is included, as part of the funding citation: "in partnership with the Virginia Department of Medical Assistance Services. To learn more, please visit www.coverva.org."
- On large items, the Cover Virginia logo may be used alongside funder logos and partner logos of the same size.
- On small items (to include magnets, business cards, small promotional items), the Cover Virginia logo may be used so long as the following text is able to be included on the item: "To learn more, please visit www.coverva.org."
- All vendors and partners agree to provide DMAS with any materials that include the Cover Virginia logo (print and
 electronic materials, websites, videos, etc.) prior to publishing so that DMAS may review materials for conformance
 to logo usage guidelines. Unless otherwise instructed by the COMET Manager, please send all submissions to
 covervirginia@dmas.virginia.gov
- The Cover Virginia logo may not be used in any manner that implies endorsement of any product or service.

COLOR PALETTE

BLUE (arch and tagline) PANTONE P 106-7 C 4-COLOR - C: 86, M: 45, Y: 0, K: 0 RGB - 22 - 112 - 117 HEX/HTML 1670B1

DARK BLUE (COVER VA)

PANTONE P 103-16 C 4-COLOR - C: 97, M: 81, Y: 0, K: 51 RGB - 46 - 43 - 87 HEX/HTML 2E2C57

RED (figure) PANTONE P 52-15 C 4-COLOR - C: 0, M: 88, Y: 73, K: 9 RGB - 198 - 66 - 72 HEX/HTML C64248

GREEN (figure) PANTONE P 157-8 C 4-COLOR - C: 48, M: 0, Y: 100, K: 0 RGB - 154 - 190 - 38 HEX/HTML 9ABE26 PURPLE (figure)

PANTONE P 91-7 C 4-COLOR - C: 56, M: 88, Y: 0, K: 0 RGB - 132 - 58 - 133 HEX/HTML 843885

BLUE (figure) PANTONE P 16-4529 TPG 4-COLOR - C: 100, M: 0, Y: 0, K: 0 RGB - 36 - 162 - 199 HEX/HTML 23A3C7

ORANGE (figure)

PANTONE P 14-8 C 4-COLOR - C: 0, M: 36, Y: 100, K: 0 RGB - 235 - 166 - 7 HEX/HTML EBA607

FONTS & TYPEFACE



Tekton Pro is the typeface for "Cover Virginia" in the logo. This font shouln't be used outside of paragraph headings and in the logo.

TREBUCHET MS

Is the typeface for "Connecting Virginians to Affordable Health Insurance" you can use this font in body copy while talking about Cover Virginia. If Trebuchet MS is unavailable you can default to Arial font.

* the .eps version of the logo is available with type "outlined"

DEFINITIONS

Authorized Representative: Person given written permission to manage someone's personal or financial affairs.

<u>Caseworker/Worker:</u> Eligibility worker at the local department of social services (DSS) who processes the Medicaid application and manages the case. This is the person to contact about changes to address or income, or about problems such as not receiving a Medicaid card.

<u>Certified Application Assister:</u> Volunteer trained by the government that you authorize to help you apply.

Co-insurance: The part of Medicare, Medicaid or other insurance charges that the patient pays.

<u>Co-payment or co-pay:</u> The part of Medicaid charges that a member must pay directly to the provider for certain services or procedures.

<u>Cover Virginia Call Center:</u> Call 833-5CALLVA to get program information, to apply by phone for Medicaid and FAMIS, and to get translation services and referrals to CommonHelp or your local social services agency for other benefit programs.

<u>Department of Medical Assistance Services (DMAS)</u>: The agency that runs the Virginia Medicaid program.

<u>Department of Social Services (DSS):</u> The agency that determines eligibility for medical assistance and social services. This includes local departments of social services.

<u>Eligibility worker:</u> Worker at the local department of social services who reviews your application for Medicaid, FAMIS or Plan First to find out if you qualify. This is the person to contact about changes to address or income, or problems such as not receiving your Medicaid card.

<u>Family Access to Medical Insurance Security (FAMIS):</u> Health coverage for uninsured children from birth through age 18. The Virginia Department of Medical Assistance Services (DMAS) runs FAMIS. The state and federal government funds FAMIS.

DEFINITIONS

<u>Health Insurance Marketplace (HIM):</u> Online marketplace of private insurance plans. You can shop for health insurance, compare private plans and find out if you qualify for help paying for coverage.

<u>Managed care:</u> Most Virginia Medicaid members get medical care through managed care programs in which they are assigned to a health plan. They work with their primary care provider (PCP) to coordinate their medical care, ensure access to the right providers and promote preventive care to achieve positive health outcomes.

<u>Managed care organization (MCO):</u> A health plan contracted with Medicaid to provide medical services and coordinate health care services through a network (group) of providers.

<u>Primary care provider (PCP):</u> The doctor or clinic that provides most personal health care needs, gives referrals to other health care providers when needed, and monitors Medicaid member health. The PCP may be an internist, a pediatrician (children's doctor), OB/GYN (women's doctor), or certain clinics and health departments.

<u>State plan:</u> A Medicaid and CHIP state plan is an agreement between a state and the federal government that describes how that state runs its Medicaid and CHIP programs. It assures that a state will obey federal rules. It may claim federal matching funds for its program activities. The state plan shows who is covered, services provided, ways providers will be paid and administrative activities in the state.

<u>Supplemental Security Income (SSI):</u> A federal program that the Social Security Administration runs. SSI pays monthly benefits to persons who are disabled, blind or age 65 or older with limited income and resources. Children and adults who are blind or disabled can get SSI benefits.

<u>Uniform Assessment Instrument (UAI):</u> Pre-admission screening form to evaluate an applicants' ability to complete activities of daily living.

<u>Waiver (or Medicaid Waiver):</u> A Medicaid Waiver lets a state waive certain Medicaid program rules. The Waiver must be approved by the federal government.

A more expansive list of definition of terms is available at https://coverva.org/en/definitions-and-abbreviations

ACRONYMS

Acronyms should be spelled out on their first use in any copy.

ABD Medicaid - Aged, Blind, or Disabled Medicaid

ACA - Patient Protection and Affordable Care Act

AR - Authorized Representative

CW - Caseworker

CAA - Certified Application Assister

CMS - Centers for Medicare and Medicaid Services

DMAS - Department of Medical Assistance Services

CCC - Commonwealth Coordinated Care

HHR - Health and Human Resources

HIM - Health Insurance Marketplace

LTSS - Long-Term Supports & Services

MAC - Member Advisory Committee

MC - Managed care

MCO - Managed care organization

MN - Medically necessary

M4 - Medallion 4.0 program

OAG - Office of the Attorney General

PCP - Primary care provider

SSA - Social Security Administration

SSI - Supplemental Security Income

VDH - Virginia Department of Health

ADA REQUIREMENTS

DMAS ACCESSIBILITY STATEMENT

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at (804) 786-7933 (TTY:1-800-343-0634). This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at 1-855-242-8282 (TTY: 1-888-221-1590).

NON-DISCRIMINATION STATEMENT

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex

SECTION 508: WEB ACCESSIBILITY REQUIREMENTS

The Rehabilitation Act, enacted in 1973, is a federal anti-discrimination law that implicates federal and federally funded programs in their treatment of individuals with disabilities. The Act originally placed the most emphasis on equal employment practices, reasonable accommodations, and federally subsidized programming for individuals with disabilities. However, amendments to the act have led to a more far-reaching interpretation of the law. With the advent of the Internet, an amendment (Section 508) was signed into law in 1998, expanding the Rehabilitation Act to include equal access to electronic and information technology. More information about creating digitally accessible documents is located at www.section508.gov/develop/.

ABOUT THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

The Department of Medical Assistance Services is responsible for administration and management of the Commonwealth's Medicaid and CHIP/FAMIS programs. Children are the largest eligibility group served by Virginia Medicaid, with other eligible populations including people with disabilities, older and low-income adults, and pregnant individuals. Coverage includes access to primary and specialty health services, inpatient care, dental care, behavioral health services, long-term services and supports, and more. Visit www.dmas.virginia.gov to learn more.



CONTACT:

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E: covervirginia@dmas.virginia.gov

www.covervirginia.gov

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