

Dear Patients and Families,

[NAME OF PRACTICE] is writing to inform you about **important steps you must take** if you or your children are covered by [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR MEDICAID PLANS HERE – LIST ALL THAT YOUR PRACTICE ACCEPTS].

A federal law passed in response to COVID-19 made sure that no one has lost [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] coverage since 2020 – however, changes are coming and **families who are no longer eligible or who cannot be reached could lose their coverage.**

### **What This Means for You**

[MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] is/are going to review everyone's coverage over several months. It is very important that [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] can contact you, and, if you are contacted, that you reply immediately to requests for information. If you do not respond you could lose coverage, even if you are still eligible. If you are told you are no longer eligible for [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE], you might still be eligible for other free or low-cost coverage.

### **Steps You Should Take to Stay Covered**

- 1) **Update your contact information now.** [STATE-SPECIFIC DETAILS OF HOW TO UPDATE CONTACT INFO HERE]. Do this right away and any time you change your mailing address.
- 2) **Reply immediately to any requests.** [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] might contact you via text, email, phone, or mail to check information related to your eligibility or to ask you to fill out a renewal form – please reply to these requests right away. If you need help, visit <https://localhelp.healthcare.gov/> and enter your zip code to find assistance. *(If you have concerns that any messages are legitimate, check them against the state's website or phone number).*
- 3) **Ensure you and your family have coverage.** [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM] will check to see if you're eligible for other programs if you are no longer eligible for [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE]. However, if you lose your coverage, check for other options. Contact [NAME OF CHIP PROGRAM] for children's coverage at [WEBSITE AND/OR PHONE #] and/or the [NAME OF STATE MARKETPLACE OR HEALTHCARE.GOV] at [WEBSITE AND/OR PHONE #] for other affordable coverage options.
- 4) **Check your new provider network.** If you are selecting a new plan through [NAME OF CHIP PROGRAM, NAME OF MARKETPLACE], or your employer, and wish to stay with [NAME OF PRACTICE], make sure that we are in network with your new plan.

We care that you stay covered! It is very important that you take these steps to make sure you don't lose health coverage.

Sincerely,

TO BE PLACED ON PEDIATRIC PRACTICE LETTERHEAD

EDIT AS APPROPRIATE, AND FILL IN STATE SPECIFIC DETAILS FROM STATE FLYERS AT

[www.aap.org/MedicaidUnwinding](http://www.aap.org/MedicaidUnwinding)

PEDIATRICIAN NAMES OR PRACTICE NAME HERE