



Department of Public Health and Human Services

Human and Community Services Division ♦ PO Box 202925 ♦ Helena, MT 59620
(406) 444-1788 ♦ Fax: (406) 444-2547 ♦ <https://dphhs.mt.gov>

Greg Gianforte, Governor

Charles T. Brereton, Director

Dear [NAME],

This letter tells you about changes to your Medicaid coverage.

Why am I getting this letter?

The rules for your Medicaid coverage will be changing on April 1, 2023. These changes may affect your coverage.

What is changing?

The Department of Public Health and Human Services (DPHHS) had a rule that, in most cases, your Medicaid coverage lasted for a year. We didn't need to check if you still qualified when you reported certain changes, like changes in income. Your coverage continued. At the end of 12 months, we would check if you still qualified. If you did, we would renew your coverage for another year.

As of April 1, 2023, the rule will change. Now we must check if you qualify to keep your coverage every time we become aware of a change in your case.

This rule change does not apply to children covered by Medicaid or Healthy Montana Kids, or adults covered by Medicaid for people with Severe Disabling Mental Illness. In most cases, coverage in these programs will continue for 12 months even if there is a change in circumstances.

What does this mean for me?

Changes in your circumstances, like changes in income or who is living in your household, could cause your coverage to end.

Starting on April 1, 2023, DPHHS must check if you still qualify for Medicaid each time we become aware of a change in your case. We must check each time you report a change and each time our electronic databases show a change. We must end your coverage if the change makes you no longer eligible.

What do I need to do?

You need to report any changes that might affect your Medicaid coverage. You need to respond to any notices we send you that ask for information by the due date on the notice.

You do not need to do anything if you don't have any changes to report. If you don't have any changes, your coverage will continue for a year.

What do I need to report? How do I report it?

You must report changes that might affect your eligibility for health coverage. Report these changes for you and other people in your household:

- Change of address
- If someone gets married or divorced



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- If who is living in your household changes, for example, if someone moves out, gets pregnant or adopts a child
- If someone's income changes

You must report these changes within 10 days.

You can report changes by any of the following ways:

- Call the Montana Public Assistance Helpline at 1-888-706-1535
- Go to apply.mt.gov and click the "Report Change & Renew" button
- Fax a letter to 1-877-418-4533
- Mail a letter to:
DPHHS
PO Box 202925
Helena, MT 59620-2925
- Go to your local Office of Public Assistance

What will happen when I report a change?

When you report a change, we will check if you still qualify for Medicaid. We will send you a letter telling you if you qualify to keep your Medicaid health coverage.

If you no longer qualify, we will tell you at least 10 days before your coverage ends. -We will send your information to the Health Insurance Marketplace to see if you qualify for other reduced-cost health coverage. The Marketplace will send you a letter with information about what you qualify for and how to apply.

What happens if the Department discovers a change?

DPHHS checks electronic databases periodically to make sure it has the most current information for Medicaid members. This includes information about income and household size. Based on any new information in the databases, we will check if you still qualify for Medicaid. We will send you a letter telling you if you qualify to keep your Medicaid health coverage.

If you no longer qualify, we will tell you at least 10 days before your coverage ends. You can appeal our decision if you think we made a mistake. -We will send your information to the Health Insurance Marketplace to see if you qualify for other reduced-cost health coverage. The Marketplace will send you a letter with information about what you qualify for and how to apply.

Who can I contact with questions or if I need help?

You can call the Montana Public Assistance Helpline at 1-888-706-1535.

You can also contact Cover Montana if you need help understanding your benefits or signing up for coverage through the Health Insurance Marketplace. They will connect you to free, confidential, and local help. Visit www.covermt.org or call 1-844-682-6837.