



# Department of Public Health and Human Services

Human and Community Services Division ♦ PO Box 202925 ♦ Helena, MT 59620  
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Greg Gianforte, Governor

Charles T. Brereton, Director

**It's time to take action on your Medicaid / Healthy Montana Kids health coverage. Don't lose your benefits!**

Dear [NAME],

It's time to see if you still qualify for Medicaid/Healthy Montana Kids coverage. You must provide us with updated information for us to determine if you are eligible for ongoing health coverage. The form that came with this letter tells you what information we need.

**Your health coverage will end if you do not take action.**

**Here's what you need to do by [DATE]:**

The best ways to give us the information we need are:

- Call the Public Assistance Helpline at 1-888-706-1535 (TTY: 711) *or*
- Renew online at [apply.mt.gov](https://apply.mt.gov).

Doing this by phone or online allows you to apply for or renew SNAP and/or TANF benefits at the same time.

You can also fill out the enclosed form. Make sure to sign and date it, then:

- Mail to:  
DPHHS  
PO Box 202925  
Helena, MT 59620-2925
- Fax: 1-877-418-4533
- Drop off at your local OPA: To find an office near you, visit <https://dphhs.mt.gov/hcsd/OfficeofpublicAssistance>

## **What happens next?**

Your current coverage will continue until [DATE]. After we receive your updated information, we will see if you still qualify for health coverage after [DATE].

We will send you a letter telling you if you qualify to keep your Medicaid/Healthy Montana Kids.

If you no longer qualify, we will send you a letter at least 10 days before your coverage ends. We will also tell you about other affordable health coverage you might qualify for and how you can get help signing up.

## **Questions?**

Call us at 1-888-706-1535.