Having health coverage like Medicaid helps people receive the mental health services they need to thrive in their communities. Beginning this spring, many people with Medicaid coverage will receive renewal notices for the first time since before the COVID-19 pandemic. These notices will ask for information to verify someone's Medicaid eligibility. Continued access to mental health benefits can be dependent on filling out the necessary paperwork.

If you or someone you work with has Medicaid, it is important to take action to ensure continued access to health insurance. Remember, Medicaid often goes by different names in different states—BadgerCare, PeachCare, and HUSKY Health—or is managed by a private insurer. [Determine the name of the state’s Medicaid program here or contact your state Medicaid office.]

Everyone who has Medicaid coverage should do the following:

1. **Update contact information.** People should make sure the Medicaid program has current contact information (mailing address, phone number, email, etc.). This way, people with Medicaid will receive timely updates and notices.

2. **Check the mail and fill out the renewal forms.** When people receive something from the Medicaid program (either over email or in the mail), they should respond in a timely manner. If people have issues understanding these documents, or need help translating the documents to another language, they can reach out to the state agency.

3. **Explore other options.** If someone no longer qualifies for Medicaid, they will likely be able to get affordable mental health coverage through Healthcare.gov. Many people qualify for plans with a premium of $10 or less per month.

Taking these steps can help ensure that people who remain eligible for Medicaid are able to keep their coverage and those who are no longer eligible can sign-up for other sources of comprehensive coverage.

For more information about Medicaid renewal or coverage, contact your state Medicaid office or visit Medicaid.gov.