

Beginning in April 2023, redetermination will resume for the first time since the Public Health Emergency caused by COVID began. This means your patients who no longer meet the Medicaid eligibility requirements will be disenrolled over a 12-month period, with the first group losing coverage on April 30, 2023.

As their trusted healthcare professional, your patients often look to you for expert advice. Take time to remind them that they are required to verify their eligibility or risk losing Medicaid Coverage.

## Let Your Patients Know ...



They should receive a letter with a **yellow stripe** from the Department of Children and Families (DCF) **45 days before** their redetermination date.

- They can also expect emails and text messages, including a final reminder **10 days before** their coverage ends if they don't recertify.
- They can update their contact information, upload documents and check their redetermination date with DCF at Myflfamilies.com/Medicaid.



If their eligibility is confirmed, they can continue their existing coverage.

- If they are no longer eligible for Medicaid, they can explore our Marketplace options available at **Ambetter.SunshineHealth.com/redetermination**.
- Dual members who no longer qualify for Medicaid but are still eligible for Medicare can view our Wellcare Medicare plan options at **Wellcare.com/Florida**.

Sunshine Health will be communicating information about redetermination to members throughout the next 12 months. Providers will also receive communications and training opportunities for education on this process.

Thanks for all that you do for the health and well-being for your patients. If you have any questions regarding redetermination, visit **SunshineHealth.com** or call Provider Services **1-844-477-8313**.

