



What can I do if my DCF notice says Medicaid benefits are ending, or my Medicaid ended with no advance notice?

1. What if the notice is incorrect—either for myself and/or members of my household?

You can request a hearing as explained in paragraph 2 below. This [video](#) explains who in the family should stay eligible for Medicaid, including different types of Medicaid.

2. What is the best way to request an appeal? Appeals can be requested multiple ways, including calling DCF, mailing a request or going to a DCF office, but it is best to either complete an Online Request [here](#) or by sending an email to appeal.hearings@myflfamilies.com. If you want advice on your appeal, you can contact a legal aid program in your area ([this link](#) has program contact information). Or you can submit this [online form](#) and send a copy of your termination notice to the Florida Health Justice Project at help@floridahealthjustice.org.

3. How can I make sure Medicaid benefits do not stop? If you submit your hearing request before the date the notice says Medicaid benefits will end, the benefits will continue at least until the hearing decision. For example, you received a notice dated July 19, 2023 that says Medicaid is ending on July 31, 2023 for your children because “you are over income.” After watching the video you know that your children are eligible for Medicaid. If you file your appeal by July 30th, their Medicaid coverage will continue.

4. What if I didn’t receive any advance written notice saying that Medicaid benefits would end, and I only learned that it ended when my medical provider or pharmacist told me I no longer have Medicaid coverage? Can I still appeal and ask that my Medicaid be reinstated pending the outcome of my appeal? Yes. You should file an appeal as explained in paragraph 2 above and say that your Medicaid was terminated without any advance notice of the termination.

5. What if the written notice is not dated 10 days before my benefits ended? For example, on August 3, 2023 you receive a notice dated July 24, 2023 stating that Medicaid ends on July 31, 2023. If you request a hearing within 15 days of the date of the notice (in this example by August 8, 2023), your Medicaid benefits must be reinstated and continued until a hearing decision is issued. If you received the notice more than 15 days after the date the notice was issued, you may still be able to have your benefits reinstated pending the appeal if you submit proof of the date you actually received the notice, such as a sworn statement. We recommend contacting [legal aid](#) or Florida Health Justice Project at help@floridahealthjustice.org for assistance.

6. What if the DCF notice is dated 10 days before the end of my Medicaid, but I did not receive the notice until after my Medicaid ended? For example, the notice is dated July 19, 2023 saying that my Medicaid ends on July 31, 2023, but I did not receive it until after July 31, 2023. If you appeal not more than 10 days after the date of termination (in this example by August 10, 2023), DCF may reinstate your Medicaid benefits.

7. If I continue receiving Medicaid pending my appeal and lose the appeal, will I have to repay? Under DCF's written policies, repayment is only sought when there has been a court finding that the beneficiary has engaged in fraud or there has been an intentional program violation.

8. What if I don't appeal before the date that Medicaid coverage ends or within any of the times frames discussed above? You can still submit a hearing request after the benefits end, up to 90 days after the date at the top of the notice (not the date the benefits ended). Your benefits will end on the date stated in the notice, but will be reinstated if you win the appeal. It is important to file an appeal if the termination was incorrect and you then incur medical bills. The best way to ensure reimbursement is if you successfully appealed.

9. Is there any way to expedite my appeal? You have a right to request an expedited appeal if you believe the loss of Medicaid could jeopardize your life, health or ability to function. When you request the appeal by email as set out in paragraph 2, above, you should request an "**expedited appeal**" and explain the way in which your life, health, or ability to function is jeopardized by the loss of Medicaid. If your request for an expedited appeal is granted, the Office of Appeal Hearings must make its final decision on your appeal no later than seven (7) working days after you made the request.

10. What should I do if the DCF notice says Medicaid is ending because "You failed to complete or follow through with your Medicaid renewal"? If you didn't submit information needed to determine eligibility (or you thought you submitted the information but DCF is saying you did not) and you believe you are still eligible, you should submit the requested information as soon as possible. You have 90 days from the date your Medicaid ends to submit the information requested, without having to complete a new application. If you believe you did submit the requested information, you should also appeal the termination within 90 days.

11. What will happen after I file an appeal? A DCF supervisor may contact you after you file the appeal to discuss your case. You should only agree to withdraw your appeal if you fully understand and are satisfied with the explanation and/or change offered by the DCF representative.