



NEPA Community

— HEALTH CARE —

Important Medicaid Coverage Changes Beginning January 1, 2027

Dear Patient,

We want to make you aware of important changes to Pennsylvania Medicaid that may affect your health coverage beginning **January 1, 2027**.

Please read this information carefully and watch for mail from the Pennsylvania Department of Human Services (DHS) in the coming months.

What You Need to Know

Medicaid coverage will not automatically transfer on January 1, 2027. To continue receiving Medicaid benefits, you may need to **reapply and/or demonstrate that you meet the new eligibility requirements.**

Additionally:

- Some Medicaid recipients will be required to **renew their Medicaid coverage every six months.**
- For current Medicaid recipients, these six-month renewals will begin **six months after your next scheduled Medicaid renewal.**
- Adult Medicaid recipients **ages 19-64 who do not have a dependent child under the age of 14 and do not qualify for an exemption** will be required to meet new **work and community engagement requirements.**
- Individuals who must meet the work and community engagement requirements will begin receiving information from the Pennsylvania Department of Human Services (DHS) **starting in September 2026.**

You May Be Exempt

Some individuals may be exempt from work and/or community engagement requirements. Examples include, but are not limited to:

- Pregnant individuals
- Individuals who are postpartum (up to one year after giving birth)
- Individuals who are currently or were formerly in foster care
- Individuals who have been incarcerated within the past 90 days
- Individuals receiving treatment for alcohol or substance use disorders
- Other exemptions may apply based on your individual circumstances.

**Andrew C. Mazza Memorial
Health Center**
Paradise Valley Plaza | (570) 282-5189
127 State Route 106
Greenfield Township, PA 18407

Hallstead Health Center
Mountain View Plaza
(570) 879-5249
25066 State Route 11
Hallstead, PA 18822

**Matthew W. Stahl Memorial
Health Center**
Tannery Place | (570) 278-7500
498 South Main Street, Ste D
Montrose, PA 18801



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Watch Your Mail

It is very important that you **open and read all mail you receive from Medicaid or the Pennsylvania Department of Human Services (DHS)**. These notices will explain how the changes affect you and what steps, if any, you need to take to maintain your coverage.

Need Assistance?

If you have questions or need help understanding these changes, renewing your coverage, or completing an application, please contact our Outreach & Enrollment Coordinator:

Madison Severcool

Outreach & Enrollment Coordinator

Email: msevercool@nepachc.org

Phone: 570-278-5153

You may also contact your local **County Assistance Office (CAO)** for additional assistance with your Medicaid benefits.

We are here to help make this transition as smooth as possible. Please don't wait until your coverage is affected—reach out if you have any questions or concerns.

Sincerely,

The Outreach & Enrollment Team

NEPA Community Health Care

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Montrose, PA 18801

If you have one of these cards, you have Medicaid

AmeriHealth Caritas
Pennsylvania

Coverage by AmeriHealth First.

Member Name Last name, First name AmeriHealth Caritas Pennsylvania ID 123456789	Primary Care Physician (PCP) Last name, First name Group name PCP Phone Number 555-555-1234 Lab Rx BIN: XXXXXX Rx PCN: XXXXXXXX
Sex: Male/Female DOB: MM/DD/YYYY State ID: XYZ123456789	
Co-Pay ER PCP SPEC	

Copays may apply to some services. See booklet.

BlueCross. Keystone First

Member Name Last name, First name Keystone First ID Y3M123456789	Sex: Male/Female DOB: MM/DD/YY State ID: XYZ123456789
Primary Care Physician (PCP) Last name, First name Group name PCP Phone Number (555) 555-1234 Lab: XXXXXXXX Dental: XXXXXXXX	Rx BIN: XXXXXX Rx PCN: XXXXXXXX Copay ER: XX Dental: XX PCP: XX SPEC: XX <small>Copays do not apply to some services. See booklet.</small>

Geisinger First Name Last Name
ID 12345678901

Copay	Primary care	Office
PCP \$0	Office	123-456-7890
Spec \$0	Medical record	12345678
ER \$0	BN: 000000 PCN: MCDG	

NAVITUS

GHP Family
Geisinger Health Plan, part of Geisinger

HIGHMARK WHOLECARE

Member Name Mary L Sample	Effective: 01/01/2022 DOB: 01/01/1975 SEX: F RXBIN: 004336 RXPCN: ADV RXGRP: RX2336
Member ID G5Y12345678	
Primary Care Doctor No PCP Selected	State ID 1234567891
Phone (555) 555-5555	

Health Partners

<FIRSTNAME Q MEMBERLASTNAME>
ID: <999999999>
DOB: <99/99/9999>
PCP: <DR> <FNAME LNAME>
<999-999-9999>
PROV #: <9999999999999999>
RXBIN: 004336 RXPCN: MCAIDADV RXGroup: RX3892

Health Partners

UnitedHealthcare Community Plan

Health Plan (555-45) 911-87726-04

Member ID: 999999999 Group: PAPPCP

Member:
Subscriber Brown
Medicaid ID: 999999999
PCP Name:
Provider Brown
PCP Phone (999) 999-9999

Power ID: 87726

OPTUMRx
Rx Bin: 010404
Rx Grp: A01FA
Rx PCN: 9999

Copays and Limits May Apply to Some Services
UnitedHealthcare Community Plan for Families
Administered by UnitedHealthcare of Pennsylvania, Inc.

UPMC for You
A Division of UPMC Health Plan

SAMPLE MEMBER
ID#: 11111111111
PCP: SAMPLE PROVIDER
Phone: (555) 555-5555
Copays and Limits May Apply to Some Services

Member Services: 1-800-251-4242 TTY: 711
Dental member services: 1-800-251-6474
Vision member services: 1-800-251-6128
Pharmacy: 1-800-251-6128

www.upmchealthplan.com