APTA Template: Consumer / Medicaid Beneficiary Letter to State Medicaid Office

Insert the applicable information in brackets and create a letter to mail or email to the Legislator’s office. You may use this letter to contact your state and/or federal representatives.

**REMINDER**: Delete these submission instructions and any other bracketed language below prior to submitting your letter.

Dear [INSERT: Name of appropriate state official]:

I am a resident of [STATE] and am currently enrolled in [STATE’s] Medicaid program. I am writing to request your help with a problem I am facing in receiving my Medicaid benefits. My Medicaid benefits are administered through a managed care organization called [MCO NAME]. Under [STATE] law, [MCO NAME] is required to provide those Medicaid benefits and services to beneficiaries; however, they have begun to implement practices that prevent me from receiving medically reasonable and necessary care.

[MCO NAME] has recently begun using [UM VENDOR] to manage my outpatient physical therapy benefit. Since [UM VENDOR] began managing these benefits, [(INSERT: tell your story about the difficulties you have had including: significant delays in receiving services due to delayed authorization, improperly denied benefits, approved for an inappropriately low amount of visits etc.]

While I understand that the Medicaid program must make reasonable efforts to ensure appropriate utilization of services, the [UM VENDOR]’s utilization management program is failing to put my needs at the forefront of care. By hindering my ability to receive care, [MCO NAME AND UM VENDOR] are putting my and other Medicaid enrollees’ health at risk while also causing detrimental harm to the integrity of the Medicaid program. I have serious concerns that my inability to receive care in a timely manner will have a compounding negative effect on my health and quality of life.

I respectfully request that your office contact [MCO NAME], and the [UM VENDOR] to determine why the [UM VENDOR] program is improperly denying Medicaid beneficiary access to medically necessary services, and to encourage the timely development of solutions to ensure that future access to care is not inhibited.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions or would like to discuss in further detail.

[NAME

ADDRESS

TELEPHONE

EMAIL]