



## Eligibility Notice for Health Coverage

Indiana Family and Social Services Administration  
PO Box 1810  
Marion, IN 46952  
Phone/Fax: 1-800-403-0864

Payee Name :

Case Number :

AG Number :

Program : Health Coverage

Mailing Date : NOVEMBER 05, 2020

United Health Services  
6910 N Main Street  
Mail Unit #10  
Granger, IN 46530

### IMPORTANT NOTICE ABOUT YOUR BENEFITS

Dear \_\_\_\_\_

A change in your circumstances has resulted in a change to your Healthy Indiana Plan (HIP) benefits.

This change occurred because:

- YOU ARE NOW ELIGIBLE FOR STATE PLAN BENEFITS UNDER THE HEALTHY INDIANA PLAN.
- YOU HAVE BEEN DETERMINED TO BE MEDICALLY FRAIL.

Individuals who are determined to be medically frail are eligible to receive coverage for additional benefits. An individual is medically frail if he or she has been determined to have one or more of the following:

- Disabling mental disorder;
- Chronic substance abuse disorder;
- Serious and complex medical condition;
- Physical, intellectual or developmental disability that significantly impairs the individual's ability to perform one or more activities of daily living; or
- Disability determination from the Social Security Administration.

Your health benefits will change from HIP Plus to the HIP State Plan Plus DECEMBER 01, 2020 for the remainder of the eligibility period. With HIP State Plan Plus benefits you may be able to receive some additional services not covered under your current plan.

You must continue to make monthly POWER account contributions to receive HIP State Plan Plus benefits. As long as you continue to make your monthly POWER account contributions, you will remain eligible for and enrolled in HIP State Plan Plus. Enrollment in HIP State Plan Plus means that you will not be required to make copayments when you visit the doctor, fill a prescription or go to the hospital.

Your POWER account may still have a balance in it. If you have not incurred \$2,500 in annual health care expenses, your ongoing healthcare expenses will continue to be deducted from this account. After that, any health care expenses will be covered by your plan at no additional expense to you.

Please contact your health plan if you have questions about your health benefits or to report changes to your health status. For questions about your eligibility or to report general changes, please contact the Family and Social Services Administration at 1-800-403-0864.

### INFORMATION ABOUT ELIGIBILITY AND ENROLLMENT IN THE HEALTHY INDIANA PLAN

You are eligible to receive benefits for a period of twelve (12) months from your initial date of enrollment. We will redetermine your eligibility annually or during the eligibility period when we become aware of a change in your circumstances. Certain changes in circumstances may impact your eligibility for HIP, your level of benefits or your monthly POWER account payment. It is important that you report any change in circumstances during your eligibility period.



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**CHANGES YOU MUST REPORT**

You must report the following changes in your circumstances within 10 days of when the change occurs:

- You move to a new address or change mailing addresses.
- Your family income or family size changes.
- You lose your job, change jobs or get a new job.
- You become pregnant. We also need to know when you deliver your baby or when your pregnancy ends.
- You become insured under other health insurance, either private or Medicare.
- Any other change that you think may affect your eligibility or benefits for HIP.

If you have a change to report, please call or fax information to the Family and Social Services Administration (FSSA) at 1-800-403-0864, mail to FSSA Document Center, PO Box 1810, Marion, IN 46952 or submit a change request through the FSSA Benefits portal at [in.gov/fssa/dfr](http://in.gov/fssa/dfr).

**LIMITATIONS ON COST SHARING**

SSA 1916A(c); 42 CFR 447.56; 405 IAC 10-10-3

Your health plan tracks your cost sharing (copayments and contributions that your family pays for Medicaid-covered services) based on the bills that are submitted by your providers within each calendar quarter (three months).

| Quarter 1   | Quarter 2                                      | Quarter 3  | Quarter 4  |
|---|--|--|--|
| January 1 <sup>st</sup> to March 31 <sup>st</sup> | April 1 <sup>st</sup> to June 30 <sup>th</sup> | July 1 <sup>st</sup> to September 30 <sup>th</sup> | October 1 <sup>st</sup> to December 31 <sup>st</sup> |

Your cost sharing is limited to 5 percent of your quarterly income or \$0.00.

Your health plan will stop your copayments and may adjust your POWER account contribution amount if you hit this limit, and will send you a notice that you do not have cost sharing for the remainder of that calendar quarter. Please contact your health plan if you think you have met your 5 percent cost sharing limit.



**If you disagree with our decision**

You have the right to appeal our determinations such as your monthly income, POWER account contribution amount, or category of benefits. This notice includes instructions for filing an appeal. Please read this information carefully.

**Timelines and process for appealing**

You must file your appeal in writing by close of business within thirty-three (33) days of the date of the notice or the effective date of the action you are appealing, whichever is later. To continue receiving your current benefits, you must file an appeal prior to the effective date of the action you are appealing that is indicated on this notice as described below. Please note that close of business means 4:30 PM local time where the appeal is received. If a deadline falls on a weekend or a holiday, we must receive your appeal by the next business day. If you mail your appeal, your appeal will be considered filed on the date of receipt and not on the postmarked date.

An administrative law judge (ALJ) will notify you in writing of the date, time and place for the hearing. You may speak for yourself at the hearing or bring someone else such as an attorney, friend or relative.

**Can I maintain my benefits during the appeal?**

The change to your benefits will not occur until the effective date indicated in this notice. You may be able to maintain your previous HIP coverage during your appeal. To receive those continued benefits, you must file an appeal prior to the effective date of the action you are appealing that is indicated on this notice. You may request not to maintain your previous benefits by stating so in your appeal request. If you choose not to maintain your previous coverage, you will receive benefits as outlined in this notice during the appeal.

However, if your HIP benefits were discontinued because you did not make a timely POWER account contribution, then you may not maintain your HIP benefits during your appeal.

**Back payments for HIP POWER account**

If you become ineligible for any HIP services and the ALJ rules in your favor, your coverage will be restored back to the date of discontinuance or the appropriate date in which you should have been found eligible. Importantly, you will be responsible for paying back any missed POWER account payments that accrued during your appeal. You will lose HIP eligibility if you do not repay this amount timely.

**How to file an appeal**

You can mail, fax, or hand deliver your written appeal request.

To appeal, please send a signed letter with as much information as possible including your Name, Case Number, and Reason for the appeal, along with a copy of this entire notice to one of the following locations listed below. For your case, this information is provided below for your convenience.

Name:

Case Number:

Date of Notice: NOVEMBER 05, 2020

County: 20

1. Mail your written appeal to:

FSSA Document Center  
PO Box 1810  
Marion, IN 46952

Or,

2. Fax your written appeal to FSSA Document Center: 1-800-403-0864

Or,

3. Take your written appeal to your local Office of the Division of Family Resources during regular business hours.



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**FOR MORE INFORMATION ABOUT THE FAIR HEARING PROCESS**

If you have questions please call us at 1-800-403-0864. You can also read about the fair hearing process on our website at [www.in.gov/fssa](http://www.in.gov/fssa).

Local Office of Family Resources

ELKHART COUNTY DFR

225 East Jackson Blvd

Elkhart, IN 46516-3543

PHONE: 1-800-403-0864