



HIP Redetermination FAQ's

What is redetermination?

This is the annual process that the state is required to complete, with your cooperation, to re-enroll you in HIP for another 12-month benefit period. Every twelve months, you will receive re-enrollment forms. You must return your completed re-enrollment form and include all supporting documentation to ensure you still qualify for coverage. If your information is not received *before* the deadline, your coverage in the HIP program will not be renewed and you will not be eligible again for at least 12 months.

How am I notified about my redetermination?

First, you will receive a letter approximately 90 days before the end of your current benefit year. This initial letter will state the expiration date of your current benefit year and explain the upcoming redetermination process.

A few weeks later, you will receive the re-enrollment forms. This packet will include a cover letter with instructions on how to complete the forms.

What items will I have to provide?

Members are required to complete the re-enrollment form with health screening questionnaire. You will also need to provide current proof of income (wages, child support, worker's compensation, unemployment, etc).

It's important to follow the instructions on the re-enrollment form carefully. If additional documents are needed based on your specific situation, you will be notified by mail of those specific items.

What should I do if I have not received my packet or if I lost it?

Your re-enrollment date is 12 months after your coverage in HIP began. If you have not received a letter and/or packet within the timeframe noted, please call the FSSA Service Center, toll-free at (800) 403-0864 and ask for another HIP Re-enrollment Packet.

It is important that you keep the State up-to-date on your address. If your address changes at any time during enrollment, contact the FSSA Service Center, toll-free at (800) 403-0864 to request a change report form.

When do my redetermination items have to be turned in?

The due date will be on your re-enrollment form. If you have any questions about completing the form or need help in getting documentation, call the Service Center at **(800) 403-0864**.

Where do I send my completed re-enrollment forms?

You can return your completed application and other documents by:

- Mailing them to the Document Center at:
FSSA Document Center / PO Box 1630 / Marion, IN 46952
- Faxing them to the Document Center at (800) 403-0864
- Dropping them off at a local FSSA DFR office.
To find a local office, please go to our website at:
www.in.gov/fssa/dfc or call toll free (800) 403-0864.

Can I change my health plan during redetermination?

Yes, redetermination is the only time you may change your health plan for any reason. If you wish to change plans, or need help picking a plan, call the HIP Line at 1-877-GET HIP9 ((877) 438-4479), and press option two.

How will I know if I am still eligible for HIP?

After your redetermination is complete, you will receive a Notice in the mail stating if you are still eligible for HIP. The Notice will provide your new benefit year and your POWER account obligation if you are still eligible. If the determination is that you are no longer eligible, the Notice will state the reason.

Will my POWER account payment amount change?

If your income, household make-up, or other factors have changed since you were last approved for HIP, your contribution may change. However, the approval letter will include your annual contribution even if it stays the same.

I missed my redetermination deadline. What should I do?

If you did not submit your re-enrollment form and other documents by the deadline, your coverage will be terminated. If you want to be on HIP again, you must reapply and wait to see if you are determined eligible for the program. If you missed your redetermination deadline, you will have to wait twelve months to become eligible for HIP again.

I believe my redetermination decision is wrong. What can I do?

You have the right to file an appeal and have a fair hearing. An appeal must be filed no later than thirty (30) days after the effective date of your HIP termination. If you appeal *before* the termination date, your HIP coverage will continue while your appeal is pending.

The determination notice you receive will explain your appeal rights and will contain a page for you to complete and send in if you wish to appeal. If you lose that page, you may send a letter stating that you wish to appeal your HIP termination. Be sure to include your full name and address as well as your case number or HIP ID number, if you know it.

You may send your appeal by mail or fax to either of the following locations:

FSSA Document Center

Mail:

FSSA Document Center

PO Box 1630

Marion, IN 46952

Fax: (800) 403-0864

FSSA Hearings and Appeal Section:

Mail:

Family and Social Services Administration/ Hearings and Appeals Section

E-034 IGC-S – MS 04

402 W. Washington St.

Indianapolis, IN 46202

Fax: (317) 232-4412

You may also take your appeal request to your local Office of Family Resources.

You will be notified in writing of the date, time and place for your appeal hearing. You may represent yourself or have someone else represent you such as an attorney, friend or relative. If you wish to have legal representation and cannot afford it, you may call the Indiana Legal Services office serving your area at (888) 442-8600.

What if I am no longer eligible for HIP, but I am still uninsured?

You can explore your healthcare options offered by the Federally Facilitated Healthcare Marketplace online at <http://www.Healthcare.gov> or call (800) 318-2596 where you may qualify for the Advanced Premium Tax Credits or Cost-sharing Reductions.

You can also visit [FSSA's Medicaid policy website](#) to explore other Medicaid programs that you may qualify for.

I have more questions on redetermination. What can I do?

Call the toll-free HIP line at 1-877-GET-HIP9 ((877) 438-4479).