



# SAMPLE



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## Notice of Cost Share Restart

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

Payee Name : Firstname M Lastname

CaseNumber : 2000002631

AG Number : 4826

Program : Health Coverage

Mailing Date : DECEMBER 13, 2023

Firstname M Lastname  
Street 150 Indianapolis,  
IN 46203

### IMPORTANT INFORMATION ABOUT YOUR HEALTH COVERAGE AFTER COVID-19 FEDERAL PUBLIC HEALTH EMERGENCY RULES END

Due to the COVID-19 public health emergency, Indiana has not charged premiums, contributions or copays for Medicaid coverage since March of 2020. Normal rules for cost-sharing will resume effective MAY 01, 2024.

Your current Medicaid coverage used to require you to make a payment, called a copayment, for prescriptions and for some transportation services.

However, due to a change in state law, copayments are no longer required for any Medicaid program except for the Children's Health Insurance Plan (CHIP) or the Healthy Indiana Plan (HIP)

**Your current category of coverage does not require copayments.**

#### Copayment information:

If you are enrolled with a health plan, you can contact them if you have questions about what your copayment expectations are. If you are not sure who your health plan is, please call 1-866-963-7383.

If you do not have a health plan, you can call the Member Services number on the back of your Medicaid card for more information.

#### If you have changes to report

If you have a change to report, please call or fax information to the FSSA Document Center at 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 <https://fssabenefits.in.gov>.



## **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 adverse action, whichever is later. 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 received on the date of receipt and not on the postmarked date.

You should expect a short interruption in coverage if we receive your appeal request near the deadline.

An FSSA representative will notify you of the next steps. If FSSA schedules a hearing we 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.

## **How will the appeal impact my benefits?**

If you submit your request for appeal prior to the effective date of the change in your coverage listed in this notice, you will be able to receive the same level of benefits you are currently receiving while your appeal is pending. However, if you are enrolled in HIP Plus or HIP State Plan Plus, you must continue making the required monthly POWER account contribution during your appeal in order to continue receiving HIP Plus or HIP State Plan Plus benefits. Your appeal does not remove this requirement. If you do not make your required POWER account contributions on time during your appeal, you will lose access to HIP Plus or HIP State Plan Plus benefits and you may lose your HIP eligibility.

You should expect a short delay in having your current coverage continue if we receive your appeal request near the deadline, but we will restore the benefits retroactively so that you have no break in coverage.

If you submit your request for appeal after the effective date of the change in your coverage listed in this notice, you will receive your new benefits while your appeal is pending.

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

As indicated in this notice, you will maintain your current HIP benefits while your appeal is pending if you submit your request for appeal prior to the effective date of the discontinuation of benefits listed in this notice. However, if you are enrolled in HIP Plus or HIP State Plan Plus, you must continue making the required monthly POWER account contribution during your appeal in order to continue receiving HIP Plus or HIP State Plan Plus benefits. Your appeal does not remove this requirement. If you do not make your required POWER account contributions on time during your appeal, you will lose access to HIP Plus or HIP State Plan Plus benefits and you may lose your HIP eligibility.

## **Back payments for HIP POWER account**

If you become ineligible for any HIP services during your appeal 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 or access to HIP Plus benefits if you do not repay this entire 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: Firstname M Lastname

Case Number: 2000002631

Date of Notice: DECEMBER 13, 2023

County: 49

### 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.

## 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  
MARION COUNTY DFR  
3826 South Madison  
Indianapolis, IN 46227  
PHONE: 1-800-403-0864