

Requirements to pay POWER Account Contributions, premiums or any copayments are currently suspended. Any language in the enclosed notice that talks about POWER Account Contributions (PAC payments), premium payments, or copayments DOES NOT APPLY during this period.

If you have questions, please contact DFR at 800-403-0864, your health plan (use the “Member Services” number on the back of your Medicaid card) or the Premium Vendor Line at 800-457-4584. If you have to start paying contributions, premiums, or copays in the future, we will send you a new notice at that time.

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### **Important Notice: Medicaid Eligibility Review Actions**

During the federal COVID-19 public health emergency, state Medicaid agencies used special rules to keep health coverage open for their members. These rules will be ending as of March 31, 2023 and Indiana will resume regular eligibility review actions for Medicaid (including the Healthy Indiana Plan, or HIP; and the Children’s Health Insurance Program, or CHIP).

You may soon need to take steps to find out if you can continue your Medicaid health coverage. Many people will continue to qualify for Medicaid, but coverage will change for some members. Your health coverage could change to a different category with fewer covered benefits. You may be required to start paying premiums or contributions. Or you may no longer qualify for any coverage.

**Indiana Family and Social Services Administration wants you to keep your benefits if you are still eligible! Here is how you can prepare:**

**1. Make sure your address is up to date.**

Make sure FSSA has your current mailing address, phone number, email, or other contact information. This way, we’ll be able to contact you about your Medicaid coverage.

**2. Check your mail.**

If you need to provide some information so that we can determine if you still qualify for coverage, we will mail you a request with details of what we need from you. We will also tell you if you need to start paying premiums or contributions.

**3. Respond to any requests we send you.**

If you get a request or an annual renewal form, fill it out, include any required documents, and return it to us right away. This may help you avoid a gap in your coverage.

If you are no longer eligible, we will send you a final notice at least 13 days before your coverage is scheduled to change. You can appeal, and your appeal rights can be found at the end of the final notice.

**Please read the attached notice carefully. If your coverage has changed, your appeal rights and instructions on how to appeal can be found at the end of the notice.**

**4. What if I lose my Medicaid?**

**Information about the Federally Facilitated Marketplace**

If you are no longer eligible for Medicaid and you do not have employer-sponsored health insurance or Medicare, you can apply for coverage through the federal Marketplace at [www.HealthCare.gov](http://www.HealthCare.gov).

- Marketplace plans are affordable. Four out of 5 enrollees can find plans that cost less than \$10 a month.
- Marketplace plans are comprehensive. Most plans cover prescription drugs, doctor visits, urgent care, hospital visits, and more.
- You can start your application by going to [www.HealthCare.gov](http://www.HealthCare.gov) and following the instructions..
- You can also apply over the phone by calling 800-318-2596 (TTY: 855-889-4325)
- Find a local person or agency to assist with your application by going to the “Contact Us” page of the HealthCare.gov website.
- You can also find free help in applying by looking for an Indiana certified Navigator at [www.in.gov/healthcarereform](http://www.in.gov/healthcarereform).

If you need assistance applying for **Medicare**, you can find free help by contacting the State Health Insurance Program (SHIP) at (800) 452-4800, or (866) 846-0139 for TTY. Visit <https://www.in.gov/ship/> for more information.