

FSSA Document Center  
PO Box 1810  
Marion, IN 46952



\*FSS407AE0019KVZ47R0\*



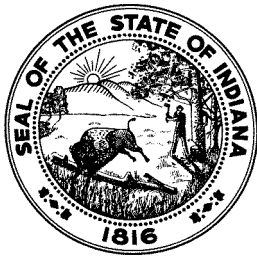
\*FSS407AE0019KVZ47R0\*



061675

Xavier E Dextra  
2501 Soldiers Home Rd Apt 53  
West Lafayette, IN 47906-1768





\*FSS099AE0019KVZ47RC\*



## Eligibility Notice for Health Coverage

Indiana Family and Social Services Administration  
PO Box 1810  
Marion, IN 46952  
Phone: 1-800-403-0864  
Fax: 1-888-436-9199

Payee Name : Xavier E Dextra

Case Number : 6005945902

AG Number : 32622601

Program : Health Coverage

Mailing Date : MARCH 14, 2025

Xavier E Dextra  
2501 Soldiers Home Rd Apt 53  
West Lafayette, IN 47906-1768

### IMPORTANT NOTICE ABOUT YOUR BENEFITS

Dear Xavier E Dextra,

Your health coverage under the Healthy Indiana Plan (HIP) will be discontinued effective APRIL 01, 2025 because:

- FAILURE TO PROVIDE ALL REQUIRED INFORMATION
- FAILURE TO COOPERATE IN VERIFYING ASSISTANCE GROUP COMPOSITION.

Legal Basis: 470 IAC 2.1-1-2

The following verification and/or answers were not provided:

Individual	Unverified Information
Vanesha T Day	PROOF OF HOUSEHOLD STATUS
Ethan A Dextra	PROOF OF HOUSEHOLD STATUS

### CERTIFICATE OF COVERAGE

If you enroll in another health insurance plan that does not give you coverage for a pre-existing medical condition, you may need to furnish proof that you received HIP benefits. This notice is generally referred to as a "certificate of creditable coverage." To obtain a certificate, please contact Family and Social Services Administration at 1-800-403-0864.

### IMPORTANT NOTICE ABOUT THE AFFORDABLE CARE ACT

Individuals who are not eligible for Medicaid may be eligible for health insurance coverage through the Marketplace, including assistance with paying premiums and other cost sharing requirements. If you originally filed your application through the federal Marketplace, or if you have been denied or discontinued from an Indiana Health Coverage Program because you do not meet eligibility criteria, we will send your application and relevant information to the federal Marketplace. The Marketplace will then send you a notice explaining how to submit an application for a private insurance plan.

For more information, you can refer to [www.healthcare.gov](http://www.healthcare.gov).



\*FSS099AE0029KVZ47RB\*

## **If you disagree with our decision**

You have the right to appeal our determination. This notice includes an appeal request form for you to complete and instructions for mailing for your convenience. Please read this information carefully.

## **Timelines and process for appealing**

You must file your appeal in writing by close of business within 33 days of the date of the notice or the adverse action, 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, it will be considered received 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?**

If your HIP benefits were discontinued because you did not make a timely POWER account contribution, then you may not maintain HIP benefits during your appeal. If your HIP benefits were discontinued for some other reason, then you may be able to maintain HIP benefits 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 or on the appeal request form.

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

If 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. Your HIP eligibility may be impacted 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: Xavier E Dextra

Case Number: 6005945902

Date of Notice: MARCH 14, 2025

County: 79

### **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: 1-888-436-9199**

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).



\*FSS099AE0039KVZ47RA\*



Local Office of Family Resources  
TIPPECANOE COUNTY DFR  
823 Park East Blvd  
Suite A  
Lafayette, IN 47905-4872  
PHONE: 1-800-403-0864

