

Notice of Cancellation/Redetermination

Co. No:

Worker Name:

Case No:

Notice Date:

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If you have questions, phone your worker at:

We will accept collect calls from live from outside the local calling area.

Email:

Your medical assistance will be canceled effective _____, under your current coverage group because

Manual references:

Legal references:

Your medical assistance will continue until the above date while Medicaid eligibility under other coverage groups is being determined.

If you wish to appeal the cancellation of your case, see the reverse side for appeal rights. The Department of Health and Human Services will assist you in filing an appeal if you ask them, or you may contact Iowa Legal Aid at 800-532-1275, or if you live in Polk County at 515-243-1193.

☐ To determine your eligibility under another coverage group, the following proof is needed:

The Department must receive the requested information by _____.

When the Department receives the requested information by this date, a worker will then determine if you are eligible for Medicaid under another coverage group and notify you of the results. If the Department does not receive the requested information by this date, you will have to reapply for Medicaid benefits.

Return this form to:

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Health and Human Services (HHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/appeals>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the Department of Health and Human Services, Appeals Section, 321 East 12th St. Des Moines, IA 50319. If you need help filing an appeal, ask your county HHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 800-532-1275. If you live in Polk County, call 515-243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Health and Human Services, Lucas Building, Bureau of Human Resources, 321 East 12th St., Des Moines, IA 50319 or via e-mail inclusion@hhs.iowa.gov