Iowa Department of Human Services

Notice of Healthy and Well Kids in Iowa (*hawk-i*) Premium Overpayment

Date: Account:

KEEP THIS PART

If you have questions about repayment, call **1-800-572-3945** (toll free). If you live in the Des Moines area call **281-5714**.

Health care premiums were paid through the ***hawk-i*** Program in the amount of $
for the month(s) of
The premiums should not have been paid because your child was not eligible. This is called an overpayment.
Your child was not eligible because

What You Need to Do

Step 1: Decide

- If you ***agree*** that a premium payment should not have been made: 1. Fill out the repayment agreement below. 2. Make sure you sign and date the agreement. 3. Using the enclosed envelope return the agreement within 30 days.
- If you ***do not agree*** that you owe the Department of Human Services (DHS) money or if you do not agree with the amount, you may appeal the action within **30 calendar days** of the date on the first notice that was sent to you. Your appeal rights are explained on the back of this letter.

QUESTIONS?? If you have questions about the amount of the overpayment, call ***hawk-i*** Customer Service at **1-800-257-8563*.***

Step 2: Choose a Payment

Plan 1: Pay the full amount you owe now.

Plan 2: Make monthly payments.

Plan 3: Pay part of the total amount you owe now and pay the rest in monthly payments.

Monthly Payments: If you choose Payment Plan 2 or 3, your monthly payments cannot be less than the balance you owe divided by 60 (one monthly payment for five years). You can pay the balance off at any time.

QUESTIONS?? If you have questions about payment plans, call the Department of Inspections and Appeals at **1-800-572-3945**. If you live in the Des Moines area, call **281-5714**.

Step 3: Fill Out and Mail the Repayment Agreement

- Fill in all the blanks.
- Choose a payment plan.
- Sign and date the form.

Mail the form to:
Iowa Department of Inspections and Appeals
Public Assistance Debt Recovery Unit
321 E 12th St, 3rd Floor
Des Moines, Iowa 50319-0083

After we get your signed repayment agreement DHS will send you a bill called an Overpayment Statement and will give you instructions on how to make payments. Please note that if you do not pay back the money you owe, DHS may take action that is explained on the back of this form.

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hawk-i Program Repayment Agreement

MAIL THIS PART

Case Name: Account #:

I, _____, agree to repay the Department of Human Services by:
(First Name, Middle Initial, and Last Name)

☐ ***Plan 1***: Paying the full amount in one payment.

☐ ***Plan 2***: Making monthly payments of $_____ per month (see note below) Starting date:_____ (mo.) _____ (yr.).

☐ ***Plan 3***: Paying $_____ now and paying the rest in monthly payments of $_____ per month (see note below).

I understand that:

- If I choose Payment Plan 2 or 3, the monthly payments cannot be less than the balance I owe divided by 60 (one monthly payment for five years).
- I can pay the balance off at any time.
- Failing to make a satisfactory agreement or failing to make payments will be considered a breach of the agreement. The Department of Inspections and Appeals may take collection action explained on the back of this form.

Signature | Phone | Social Security Number (optional) | Date

For Office Use Only:

Signed: Date: Title:

Actions That May Be Taken on Overpayment

A health care premium payment was made that should not have been made because your child was not eligible. The overpayment has been referred to the Department of Inspections and Appeal (DIA) for recovery. The DIA takes one or more of the following actions:

- Bills you for the overpayment.
- Takes money owed to you by any state agency (for example, all or part of an income tax refund or state wages) if you are past due on your account.
- Refers your case for prosecution (if the Department has reason to believe you withheld or gave false information on purpose in order to get benefits that you were not entitled to).
- Files a civil suit to collect the overpayment.

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 Human Services (DHS) 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 can appeal in person, by telephone or in writing for Food Assistance or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, **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 DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, 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 the notice is received. A notice is considered to be received 5 calendar days after the date on the notice 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 DHS 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 1-800-532-1275. If you live in Polk County, call 243-1193.

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

It is the policy of the Iowa Department of Human Services (DHS) 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 DHS has discriminated against or harassed you, please send a letter detailing your complaint to:
Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us