

Case Number

Healthcare coverage for the adults on your Transitional Medical Assistance case will suspend effective _____ because you did not return your completed Transitional Medical Assistance quarterly report form. This is required under Section 1925(B) of the Social Security Act. Your coverage will remain in suspended status until you file the completed form. If you have misplaced the form or need help in completing the form, contact your MC+ Service Representative at the local Division of Family Services Office. Your healthcare coverage may start again once the completed form is received if it is determined that you are otherwise eligible.

Your Transitional Medical Assistance coverage is limited to twelve (12) months. If you file a complete report form and remain eligible, your Transitional Medical Assistance (TMA) healthcare coverage will extend only through _____. Uninsured adults with income below 100% of the Federal Poverty Level who successfully complete the 12 months of Transitional Medical Assistance may receive one (1) year of extended healthcare coverage.

You have the right to appeal decisions made involving your coverage. You can request a hearing within 90 days from the date of this notice by contacting your MC+ Service Representative. If you request a hearing, we will schedule it for you and notify you of the time of the hearing. At the hearing, you may present your information yourself, or be represented by your attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

Sincerely,

MC+ Service Representative
Load Number:
Telephone #:

Supervisor
Telephone

IM-58 (12/02)