

# Request for Policy Consideration

Please feel free to obtain and submit this form by email at: [Policyconsideration@fssa.in.gov](mailto:Policyconsideration@fssa.in.gov)

1. Requestor Contact Information	
Name / Title	
Company Name	
Street Address	
City, State, Zip	
Telephone Number	
Email Address	

2. Medicaid Policy Issue	
Please provide a detailed description of the policy you would like Medicaid to consider.	

3. Requestor's Understanding of the Current Medicaid Policy	
Please state your understanding of the current Medicaid policy and the justification for change.	

4. Desired Outcome of Request	
<p>Please explain what you would change regarding this policy.</p> <p>Discuss how this request would be an addition or adjustment/ change in current policy relating to:</p> <ul style="list-style-type: none"><li>• member eligibility</li><li>• provider eligibility</li><li>• coverage, including an authorization change</li><li>• rate change and/or rate methodology</li></ul>	