



Affiliated Service Providers of Indiana, Inc.

## Medicaid Resource Guide

### IMPORTANT ASPIN SERVICE NOTICE

Due to reduced funding and limited staffing during Marketplace Open Enrollment, ASPIN Health Navigators are temporarily unable to provide Medicaid or HIP assistance. This Medicaid Reference Guide was developed to help consumers navigate common questions, including what steps to take and who to contact for different needs. We appreciate your understanding during this time.

### FSSA

➤ **800-403-0864**

Report changes such as:

- Residential and/or mailing address
- Phone number
- Household size or members of household
- Changes to income/employment
- Marital status
- Pregnancy or birth of a child
- Check application or case status
- Complete annual redetermination (can be performed through online benefits portal account)
- Find local DFR office: <https://www.in.gov/fssa/dfr/ebt-hoosier-works-card/find-my-local-dfr-office/>

**NOTE:** FSSA processing times can vary. It may take 4 weeks or more to receive a request for additional information and 6 weeks or more to receive a final determination. *These are approximate agency processing estimates only; actual processing times may be shorter or longer and may change at any time.* To check your application or case status, call FSSA at **800-403-0864** or create an online account at **fssabenefits.in.gov**. Please keep in mind that ASPIN Navigators cannot expedite FSSA processing or application determinations.



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## **HIP Broker Line**

*Healthy Indiana Plan (HIP) – generally for adults ages 19–64 who are not receiving Social Security disability benefits. Your assigned Medicaid program can be found on your insurance card or approval notices from FSSA or your health plan.*

- **877-GET-HIP9 / 877-438-4479**
- For HIP members only
- Find out which health plan you are assigned to (Anthem, MHS, or CareSource)
- Change to a different health plan, if eligible

## **Hoosier Healthwise or CHIP**

*Medicaid program for children and pregnant women*

- **800-889-9949**
- Find out which health plan you or your children are assigned to (Anthem, MHS, or CareSource)
- Change to a different health plan, if eligible
- To pay Package C premium by phone: 855-765-8672
- For Package C premium questions: 800-457-4584

## **Managed Care Entities (MCE)**

*Assigned health plans through HIP and CHIP – Anthem, MHS, or CareSource*

### **1) Anthem**

- 866-408-6131
- <https://www.anthem.com/in/medicaid>

### **2) MHS (Managed Health Services)**

- 877-647-4848
- <https://www.mhsindiana.com/>

### **3) CareSource**

- 844-607-2829
- <https://www.caresource.com/in/plans/medicaid/>



Call MCE for the following questions or tasks:

- Insurance card requests
- Select your Primary Care Physician (PCP)
- Find in-network providers
- Billing/claims/coverage questions
- Health Needs Screening (to determine medically frail status for MRO services)
- Can also create an account on health plan's website to manage these tasks

## **FSSA Benefits Portal Account**

<https://fssabenefits.in.gov/bp/>

- View and respond to FSSA notices and requests, even if you don't receive the paper notice in the mail
- Upload requested information and documents
- Check if your coverage is active
- Report changes to income, household, address, phone number, and other information
- Complete your annual redetermination/renewal
- Submit required HIP Work Requirement information (currently scheduled to begin in 01/2027; *the implementation date, requirements, and related agency timeframes are subject to change at any time*)

## **HIP Work Requirements**

*Currently scheduled to begin on January 1, 2027*

- More information/FAQs - <https://www.in.gov/fssa/hip/hip-work-requirements/info-for-hip-members>
- HIP Work Requirements Pre-Screening Tool - <https://hipworkscreen.in.gov/hwr>



## **Missed annual redetermination and coverage was terminated?**

(If your Medicaid/HIP coverage was terminated because you missed your annual redetermination within the last 90 days, you may be eligible to have your coverage restored back to the date it ended.)

- 1. Create or log in to your FSSA Benefits Portal account.**

If you do not already have an account, create one and link it to your existing case.

- 2. Submit a new application.**

Complete a new application for the household members who lost coverage.

- 3. Submit the missing redetermination information.**

Provide the requested verification documents and the **signed signature page** from your redetermination notice. You can:

- View notices and upload documents through your FSSA Benefits Portal account.
- Call FSSA to request copies of your notices.
- Visit your local DFR office to request copies, sign necessary forms, and have documents scanned directly to your case.

- 4. Follow up with FSSA.**

After allowing at least **2-3 business days** for your application and documents to be received, consider calling FSSA to confirm everything has been added to your case and check the status. *This is a suggested follow-up interval only; agency receipt and processing times may vary and may change at any time.*

### **IMPORTANT DISCLAIMER**

This reference guide is provided for informational purposes only. ASPIN does not control and is not responsible for the actions, decisions, policies, eligibility determinations, processing times, system availability, or other timeframes of any state or federal agency. Any dates, processing estimates, waiting periods, reinstatement periods, implementation dates, or other timeframes stated in this guide reflect information available at the time the guide was prepared and are not guaranteed. State and federal agencies may change requirements, procedures, policies, and timeframes at any time, with or without notice. Consumers should confirm current requirements, deadlines, and case status directly with FSSA or the applicable state or federal agency.