

How to start the conversation about Medicaid redetermination

Use these questions and prompts to make the conversation about Medicaid redetermination easier with your friends, family and loved ones.

Have you moved?

Do you know the timeline to complete redetermination?

Do you know if the Division of Family Resources can reach you?

Medicaid members need to complete redetermination within 45 days of receiving a notification.

Do you know if your coverage is still active?

Do you know what redetermination means for your Medicaid plan?

All Indiana Medicaid members have their eligibility renewed annually. This annual information-gathering process is used by the state to determine members' eligibility for another year of coverage. Do you know where to find more information about your Medicaid plan?

Members can find out about Medicaid plans and eligibility by visiting the FSSA Online Benefits Portal at **FSSAbenefits.IN.gov** or by calling the Indiana Division of Family Resources at **1-800-403-0864**.

At the end of your conversation, we hope your friend, family member or loved one understands the following three things:

Redetermination Process The annual redetermination process is simple and can be completed online, or by mailing, faxing or delivering the required documents to a local DFR office.

Timely Completion Completing redetermination within 45 days upon receiving a mail notification is crucial to maintaining uninterrupted health coverage.

Support and Guidance Medicaid members have online access to their coverage and benefits. Help is available by logging into the FSSA Benefits Portal at **FSSAbenefits.IN.gov** or by calling the Indiana Division of Family Resources at 1-800-403-0864 for additional assistance.



