

# **Medicaid Redetermination FAQs**

Use these frequently asked questions to quickly understand key aspects of the redetermination process.

## 1) What is the redetermination process, and why do I need to go through it?

By Federal law, Indiana Medicaid members must have their eligibility renewed every 12 months. This annual information-gathering process is used by the state to determine if you remain eligible for another year of coverage.

## 2 How can I find out the last time I renewed my Medicaid plan?

You can find out about your plan 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.

## (3) I'm worried about a loved one's eligibility for Medicaid. How can I look into this?

Medicaid's goal is to keep members healthy. If the Medicaid member is unclear on how to complete the process, the member can find resources and accommodations on the FSSA Online Benefits Portal at FSSAbenefits.IN.gov. Keep in mind that you cannot confirm a person's eligibility unless you are an authorized representative, or you are calling alongside the Medicaid member who can give one-time permission to talk about their case.

# 4 How do I access the Medicaid online portal?

You have 24/7 access to your account information by visiting the FSSA Benefits Portal at **FSSAbenefits.IN.gov**. If you need help remembering your login information, you can click "Need Help?" in the upper right corner.

## 5 How can I find a local office for myself or a loved one?

You can find your local Division of Family Resources office by visiting IN.gov/fssa/dfr/ebt-hoosier-works-card/find-my-local-dfr-office/.

# 6 How do I know if I need to complete the redetermination?

Some members (including pregnant/postpartum members, SSI recipients and those with foster care status) do not have to complete the redetermination process. Other Indiana Medicaid members who have not recently confirmed their information with the state and/or who cannot have their eligibility confirmed through electronic sources will receive a form that will indicate it must be returned. These members will receive this form approximately 45 days prior to the end of their current coverage.

## What information do I need to provide for the redetermination process?

If you have not yet received a document outlining the information needed for your redetermination process, and you believe you are overdue, call the Indiana Division of Family Resources at **1-800-403-0864**. They will guide you through all the information you need to provide. A list of needed documents will be provided as part of the application process.

## 8 When is the deadline to submit my redetermination?

The deadline for this process depends on when you receive a notice for redetermination. After receiving a notice, you will have approximately 45 days to complete this process prior to the end of your current coverage. If you do not complete the redetermination request within 45 days, your coverage ends until your eligibility has been determined. If more than 90 days have passed since your coverage ended, you will need to reapply.

## Are there any changes in eligibility criteria?

To find the latest information about eligibility criteria, you can visit the official Indiana Medicaid website at IN.gov/Medicaid.

## 10 How often do I need to go through the redetermination process?

You will need to go through the redetermination process every 12 months to maintain constant Medicaid coverage.

## (11) Can I complete the redetermination process on behalf of an independent loved one?

To complete the redetermination process on behalf of an independent loved one, you will need to become the authorized representative for that person. Visit the Indiana Division of Family Resources (DFR) website at IN.gov/fssa/dfr/ebt-hoosier-works-card/find-my-local-dfr-office/ to find a local DFR office or call the DFR at 1-800-403-0864 alongside the Medicaid member to agree to an authorized representative relationship.

