



Healthy Indiana Plan (“HIP”) Quick Reference Guide

<p>Division of Family Resources (DFR) 1-800-403-0864</p> <p>HIP Hotline 1-877-GET-HIP-9 (1-877-438-4479)</p>	<p>Health Plans or “Managed Care Entities” (MCEs)</p> <p>Anthem 1-866-408-6131 CareSource 1-844-607-2829 MDwise 1-800-356-1204 MHS 1-877-647-4848</p>
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If you want to...	Make sure you know...	You should call...
Get answers to general questions about HIP	If not already enrolled with a HIP health plan, visit FSSA’s website at www.in.gov/fssa/hip or call the HIP Hotline.	HIP Hotline
	If already enrolled with a HIP health plan, contact your health plan.	Health Plan
Change your health plan (MCE)	You may only change your health plan before you make a Fast Track payment or POWER account contribution or before HIP Basic coverage begins and on an annual basis during the health plan selection period from Nov. 1– Dec. 15. To change your health plan please call the HIP Hotline.	HIP Hotline
Figure out who your health plan (MCE) is	You may find out who your current health plan/MCE is by calling the HIP Hotline.	HIP Hotline
Understand the difference between your Fast Track invoice and POWER account invoice	<ul style="list-style-type: none"> Your Fast Track invoice is an amount of \$10 per person that can be paid after applying but prior to being found eligible for HIP. This amount is a prepayment that will be applied to your POWER account contribution for HIP Plus. Making a Fast Track payment can expedite the start of coverage in HIP Plus. Your POWER account contribution invoice is for your monthly contribution and is for a fixed monthly amount based on your income. For questions about invoices please contact your health plan.	Health Plan
Understand why you got invoices from different health plans/MCEs	If you changed your plan after your initial application you may receive invoices from different MCEs. This could happen if you are a Presumptive Eligibility member and selected a different health plan on your application. You should only pay the invoice for the MCE you want coverage with. For questions about invoices contact the health plan that sent the invoice.	Health Plan
Understand your POWER account contribution amount	Your POWER account invoice will be for one of five tiers, ranging from \$1 to \$20. Each member will pay one of the five amounts: \$1, \$5, \$10, \$15 or \$20. Your amount will be based on how your family income compares to the Federal Poverty Level.	DFR
Understand why your HIP coverage has not started yet	If you think you have made a payment but have not yet received confirmation of the start of your HIP Plus coverage please contact your health plan to make sure they received your payment.	Health Plan
Understand why your HIP coverage was denied or terminated	If your HIP coverage was denied or terminated due to non-payment <u>but you think you paid</u> , please contact your health plan/MCE.	Health Plan
	If your HIP coverage was denied or terminated for any other reason please contact the DFR.	DFR
Your question or concern is not on the list, or you can’t get your concern resolved	If you cannot get your question answered or concern resolved, please submit an inquiry directly to the Indiana Family and Social Services Administration (FSSA) by completing the form here . You may also find this form online at www.in.gov/fssa by clicking on “contact us” on the bottom left of the screen. When submitting an inquiry please provide your member ID number (RID number) if you have one and describe your question or issue in detail. After submitting your inquiry you will hear back from someone at the state about the status of your issue within five business days.	