CHAPTER 5: MEMBER ELIGIBILITY

ELIGIBILITY VERIFICATION

The Indiana Family and Social Services Administration (FSSA) or its enrollment broker determines the eligibility and enrollment for Anthem Healthy Indiana Plan members.

The Plan electronically updates member eligibility following notification of changes from the Indiana FSSA or its eligibility agents.

Because eligibility can change frequently, providers must verify the member's eligibility at each visit — before providing services to members.

Confirm Member Identity

To prevent fraud and abuse, providers should confirm the identity of the person presenting the health care card. Claims submitted for services rendered to non-eligible members will not be eligible for payment.

Ask to See Membership ID Cards

At each member visit, before rendering services, providers must ask to see Plan member ID card to verify state and health plan eligibility. The Plan’s member ID card contains member information such as member name, member ID, group
number, coverage code, effective date and telephone numbers. It also includes instructions for emergency situations. Members receive replacement cards if they lose their cards.

Indiana Anthem Healthy Indiana Plan members must show the following form of identification:

- **Plan Member ID Card**: This paper card, provided by the Plan, contains member and Plan information on the front and back.

**Verify Member Eligibility**

Providers can verify member eligibility in one of the following ways:

- Log in to the Indiana’s MyAnthem secure website at [www.anthem.com](http://www.anthem.com).
- Call Customer Service at **800-553-2019**  **TDD: 800-758-1769**.
- Eligibility Verification Systems (EVS) will provide the following eligibility information for HIP members:
  - The member is eligible for HIP
  - The member’s insurer and telephone contact information for member’s benefits.
- Log in to Indiana’s secure website Web interChange at [https://interchange.indianamedicaid.com/Administrative/logon.aspx](https://interchange.indianamedicaid.com/Administrative/logon.aspx)
- Use the Indiana Health Coverage Program (IHCP) Automated Voice Response (AVR) System: **800-738-6770** or **317-692-0819** (Indianapolis area)

**Cross-References**

- [Provider Roles and Responsibilities](#)
- [Claims and Billing Guidelines](#)
- [Important Contact Information](#)
MEMBER IDENTIFICATION CARD

Following enrollment in the Anthem Healthy Indiana Plan, the member receives an Anthem ID card that he or she must present at each provider or facility visit.

- Anthem Member ID Card (Plan-Issued)

Sample ID Card

A sample ID card is not available at this time. We will update this section of the manual when it is available. Please refer to the online HIP Provider Manual at a future date.