



# Indiana FSSA Health & Wellness Referral & Change Packet

Thank you for your interest in the Indiana FSSA Health & Wellness Program!

The attached form can be used to make a referral or to report established consumer updates or changes. This includes:

- Address/name change
- New employer
- New authorized representative
- Service/rate change
- Service hold
- Disenrollment

The instructions below will assist with completing the required information based on the action you are reporting.

<b>Form Section</b>	<b>New Referral</b>	<b>Update to Existing Information</b>
<b>Referral Type</b>	Check New Consumer Referral	Check the corresponding box for the change/update you are reporting.
<b>Consumer Section</b>	Complete all fields	Complete all fields
<b>Program Details</b>	Complete all fields*	Complete all fields*
<b>Employer Details</b>	If the consumer is also the employer, check the box indicating that the consumer is also the employer. If the consumer is designating another person as the employer, complete all fields with employer demographics.	Complete all fields if there is a change in employer or update to existing employer information.
<b>Authorized Representative Details</b>	Optional- complete if the consumer is designating an authorized representative to assist them but they will not serve as the employer.	Complete if there is a change in authorized representative or to update existing authorized representative information.
<b>Contact Preferences</b>	Complete all fields	Complete all fields
<b>Service Hold</b>	Do not complete	Complete if applicable
<b>Consumer Disenrollment</b>	Do not complete	Complete if applicable
<b>Case Manager Details</b>	Complete all fields	Complete all fields
<b>Agree and Sign</b>	Referring party signs and dates	Reporting party signs and dates

\*Program ID number is the consumer's Medicaid ID number and is a required field.

Return this referral form to PPL at the information below. For new referrals, Public Partnerships (PPL) will use this information to assign an Enrollment Specialist and generate the Employer Enrollment Packet.

**Please email, fax, or mail this form to:**

**MAIL**  
 Public Partnerships, LLC  
 ATTN: **IN FSSA H&W**  
 8000 Avalon Blvd, Suite 300,  
 Alpharetta, GA 30009

**EMAIL**  
[inppplfax@pplfirst.com](mailto:inppplfax@pplfirst.com)

**FAX**  
 1-866-799-9381