
Reestablishment of normal Medicaid eligibility and cost-sharing

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
Medicaid Maintenance of Eligibility

• Medicaid eligibility maintained in current or better category
• Disenrollment limited to
  1. Moving out of state
  2. Member request
  3. Death
  4. CHIP age-out
• All copays and premiums suspended
• Redeterminations active, all disenrollment held to end of federal PHE
• Self-attestation on application with post-enrollment verification
*Current Status and CMS Requirements

- Post-federal PHE end, states have 12 months to return to normal operations
  - Updated guidance expected on how long enhanced FMAP continues, may only be through end of quarter in which federal PHE ends

- CMS has stated they will provide states a 60-day notice prior to the end of the federal PHE
  - States’ request for 90 to 100 days notice pending with CMS
  - Federal PHE was most recently renewed through January effective October 18\textsuperscript{th}, 2021

*Subject to change by legislation and/or updated CMS guidance*
Once the Federal PHE Ends...

CMS allows for actions to be targeted to those individuals most likely to be ineligible. We plan to target three separate groups for disenrollment (closure of benefits) or downgrade (change to less comprehensive benefits).

**Group 1: HIP, CHIP, MEDWorks** *(current estimate 129K)*
- Avoids invoicing individuals who may end up not maintaining eligibility; disenrollments and downgrades effective five months post-federal PHE end

**Group 2: Other Modified Adjusted Gross Income Groups** *(current estimate 98K)*
- No disenrollment for pregnant women with pregnancy ending in the prior 12 months; disenrollments and downgrades effective six months post-federal PHE end

**Group 3: Groups with Resource/Assets Requirements** *(current estimate 50K)*
- Disenrollments and downgrades effective seven months post-PHE end

*Note: All individuals who fail eligibility only due to excess income but may be eligible for coverage on the Federally-Facilitated Marketplace (healthcare.gov) will have their information transferred to the FFM and be eligible for a Special Enrollment Period on the Marketplace*
Returning to Normal Cost Sharing

Considerations for return to normal cost-share policies
• Process disenrollment prior to sending invoices

Estimated timeline:
• Five months post-federal PHE end - start sending invoices for premiums and POWER Account payments
• Six months post-federal PHE end – initial payments required to start benefits, copays restart
• COVID-19 testing, vaccines, and treatment are expected to remain without cost-sharing going forward
High-Level Communication Plan

We want every person who is eligible to retain their coverage.
Every member who has remained eligible only due to the federal PHE requirements will receive at least five advance notices before any negative action will be taken.

<table>
<thead>
<tr>
<th>Postcard 1</th>
<th>Alert Hoosiers that they could lose coverage and remind them to update incorrect or outdated information with DFR, and to watch their mail for further notices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-PHE End Informational Notice</td>
<td>Gives the official federal PHE end date and informs member of what information is needed for them to potentially remain eligible</td>
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<tr>
<td>Postcard 2</td>
<td>Second reminder to update incorrect or outdated information with DFR, and to watch their mail for further notices</td>
</tr>
<tr>
<td>Post-PHE End ‘Redetermination’ Mailer</td>
<td>Informs member of what information is missing or currently makes them ineligible, gives at least 30 days to respond with new information to potentially keep their coverage</td>
</tr>
<tr>
<td>Final Notice of Negative Action</td>
<td>If no response to Mailer, or person remains ineligible, they will receive a standard notice of negative action with all appeal rights included</td>
</tr>
</tbody>
</table>
FSSA Benefits Portal - Best Way to Report Changes

WELCOME TO THE FSSA BENEFITS PORTAL
Apply for SNAP, Cash Assistance, Health Coverage, or check the status of your case

APPLY FOR SNAP AND/OR CASH ASSISTANCE ONLINE
APPLY FOR HEALTH COVERAGE ONLINE
REPORT A CHANGE
CHECK MY CASE INFORMATION
MY HEALTHY BABY