

# COVID-19 Federal Public Health Emergency Medicaid Eligibility Phaseout Planning

*Reestablishment of normal Medicaid eligibility processes  
Presentation to the Indiana Medicaid Advisory Committee –  
November 30, 2022*

**Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning**



# \*Current Status of the Federal Public Health Emergency

CMS has stated they will provide states a 60-day notice prior to the end of the federal public health emergency

- The federal public health emergency (PHE) was most recently renewed through Jan. 11, 2023; we did not receive a 60-day notice, so we expect it will be extended again
- The next 60-day notification deadline would be February 11, 2023, for an April PHE end date
- If the PHE ends in April, the first possible disenrollments could begin in May

*\*Subject to change by legislation and/or updated guidance*



# Once the Federal PHE Ends...

Individuals who have continued to meet all eligibility requirements during the federal PHE will be subject to regular rules starting the month after the PHE ends; this includes responding to ongoing verification requests when there is a change in circumstances (for example, an increase in income)

- This is approximately 75% of our total membership
- Starting the month after the PHE ends, individuals in this group who do not respond to requests for information or who are determined to no longer qualify for coverage can be disenrolled or moved to a lesser-coverage category



# Once the Federal PHE Ends...

Individuals who remained open solely due to federal PHE maintenance of eligibility rules will be reassessed when their scheduled annual redetermination is due

- This is approximately 25% of our total membership
- We will process roughly 1/12 of this group each month

**Individuals in this group cannot be closed or moved to a lesser-coverage category before their full redetermination process is completed**



# Once the Federal PHE Ends...

- Following the end of the federal PHE, up to 500,000 individuals who remained open due to maintenance of efforts requirements during the federal PHE will need to take action to keep their Medicaid/HIP eligibility
- We plan on several methods of communication to make sure individuals who remained open solely due to PHE rules are aware that their benefits are at risk and they need to take some action



# Member Communications

- \*Postcards reminding individuals to update their contact information and watch for (and respond to) mail from FSSA
- \*Posters for community/providers to display with the same message
- Additional outreach using other methods such as phone calls/texts
- Individuals can also opt in at any time to receive electronic notifications rather than paper mail, using their benefits portal account ([fssabenefits.in.gov/bp](https://fssabenefits.in.gov/bp))

\*can be ordered in bulk for free at [IndianaMedicaid.com](https://IndianaMedicaid.com) – select “How a return to normal will impact some Indiana Medicaid members” and scroll down to the Toolkit



## Member Communications (cont.)

- Explanation/reminder letter sent 60 days before the redetermination mailer is sent out, including information on finding an Indiana Navigator and how to apply on the Marketplace ([Healthcare.gov](https://www.healthcare.gov)) if they are found ineligible for Medicaid
- Redetermination mailer sent 45 days before the redetermination due date
- If member fails at redetermination, a final advance warning of closure notice will be sent with appeal rights and instructions on how to appeal
- Those who don't return the information can still come back into compliance in the 90 days after their due date, and potentially regain eligibility without submitting a new application



## Member Communications (cont.)

- Members who are subject to cost-sharing (premiums, contributions, or copayments) will receive notice at least one month prior to the restart of cost-sharing
- Contribution/premium restart explanation notice will come from FSSA, and information and due date will also be sent the month before the first payment is due from the member's Managed Care Entity (for HIP) or the Premium Vendor (Children's Health Insurance Program/CHIP, or M.E.D. Works)
- Cost-sharing will not resume any sooner than the first of the calendar quarter after the PHE ends; so for example, if the PHE ends in April, the soonest cost-sharing will resume is July



# Transitions to Other Coverage

- Individuals who are over the income limit for Medicaid will have their information transferred to the federal Marketplace ([Healthcare.gov](https://www.healthcare.gov)) and be given a Special Enrollment Period to apply for coverage there
- Those who are closed for failing to verify their income or other eligibility factors will be eligible to apply on the Marketplace at any time during 2023 as long as their income is under 150% of the federal poverty level
- Hoosiers over 65 could look into health coverage through the federal Medicare program at **Medicare.gov** or by calling **800- MEDICARE**. Indiana's State Health Insurance Program can also help with any questions about Medicare. Find them online at [medicare.in.gov](https://www.medicare.in.gov) or call **800-452-4800**.



# Member Communications - IndianaMedicaid.com

## IndianaMedicaid.com

The screenshot shows the top navigation bar of the Indiana Medicaid website. It features a row of nine icons with corresponding labels: 'INDIANA MEDICAID for Members' (with the FSA logo), 'Children', 'Pregnant Women', 'Adults', 'Aged Blind & Disabled', 'Home & Community', 'Programs', 'Apply for Coverage', and 'Resources'. Below the navigation bar is a hero section with a background image of a stethoscope. On the left, there is a red icon of a person and the text 'Health coverage after the public health emergency'. On the right, there is a search bar with a magnifying glass icon.

[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR MEMBERS](#) / [RESOURCES](#) / HEALTH COVERAGE AFTER THE PUBLIC HEALTH EMERGENCY

### How a return to normal will impact some Indiana Medicaid members

During the COVID-19 federal public health emergency, due to federal requirements, Indiana Medicaid members have been able to keep their coverage without interruption. In 2022, we anticipate that the federal government will decide that our country is no longer in a public health emergency.

When the federal public health emergency ends, Indiana Medicaid will begin to return to normal operations. This means that information about each member is looked at once a year to determine if the member still qualifies for coverage.

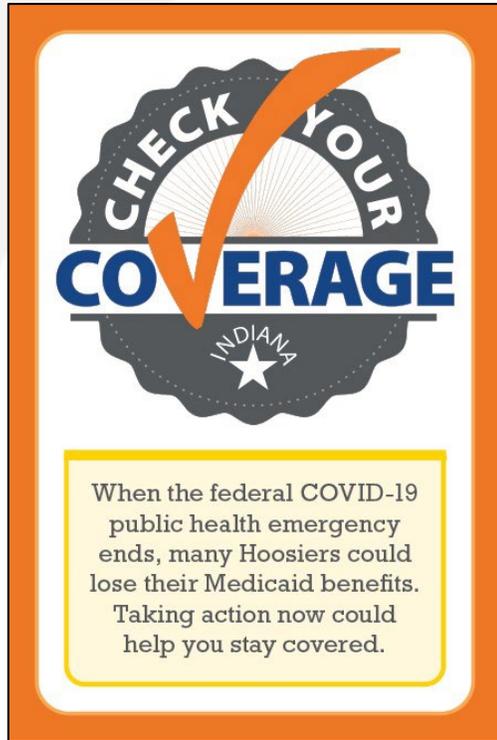
# Member Communications - IndianaMedicaid.com

- Tools available on new web page:
  - FSSA Benefits Portal “How to Navigate” flyer
  - Posters (download and print or order in bulk)
  - Postcards (order in bulk)
  - Social media assets
  - Key message points

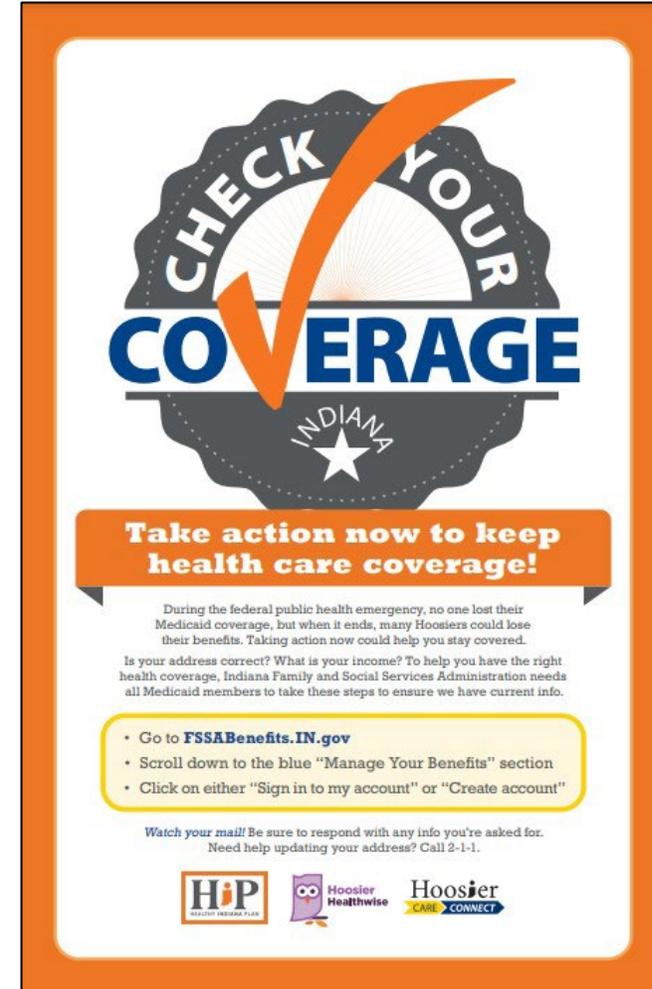
*We will also be adding other helpful tools and information to the website over the next few months*



# Member Communications - IndianaMedicaid.com



Postcard



Poster



# Member Communications - IndianaMedicaid.com

- Go to **FSSABenefits.IN.gov**
- Scroll down to the blue "Manage Your Benefits" section
- Click on either "Sign in to my account" or "Create account"

During the federal public health emergency, no one lost their Medicaid coverage, but when it ends, many Hoosiers could lose their benefits. Taking action now could help you stay covered.

**1** On the FSSA Benefits Portal landing page, scroll down to the blue "Manage Your Benefits" section. Click on either "Sign in to my account" or "Create account." Here you can report changes to your case, review the benefits you are currently receiving or view notices that have been sent to you.

**Need help? Call 800-403-0864**

Setting up a new account:

**2** Log in or sign up for a new account. Note: You will not be able to create a user account if you do not have a Social Security Number. Call 800-403-0864 if you need help.

**4** Use the tabs to choose which personal information to change. Once you have entered your information and clicked on "Update," click on another tab to update the other information.

you report a change and it is processed.

4010C | March 30, 2022 4:25 pm

## Benefits Portal Instructions



# Member Communications - IndianaMedicaid.com



When the federal COVID-19 public health emergency ends, many Hoosiers could lose their Medicaid benefits. Taking action now could help you stay covered.



The federal COVID-19 public health emergency is ending. Taking action now could help you stay covered.



When the federal COVID-19 public health emergency ends, many Hoosiers could lose their Medicaid benefits. Taking action now could help you stay covered.



**Social media images with suggested text**



## What you can do now...

- Watch for updates about the end of the federal public health emergency
- Talk to your clients, patients, and those you serve about the return to normal operations could impact them
- Include content in your newsletters and any direct client/patient communications you do
- Print or request posters and postcards from our website to display and hand out
- Spread the word! Use our social media assets to help educate Hoosiers who may be at risk of losing coverage



# Key Message for Members Now

We encourage anyone who is currently in one of Indiana Medicaid's health coverage programs, including the Healthy Indiana Plan, Hoosier Healthwise, Hoosier Care Connect or traditional Medicaid, to take action now that could help them stay covered. Members can take these steps to ensure we have their current information:

- Go to [FSSABenefits.IN.gov](https://FSSABenefits.IN.gov)
- Scroll down to the blue "Manage Your Benefits" section
- Click on either "Sign in to my account" or "Create account"
- Call 800-403-0864 if you need assistance

