

Medicaid Eligibility Review Actions

Stakeholder Meeting – Jan. 19, 2023

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



Current Status

- As a result of the recently passed federal spending bill, the continuous enrollment provisions that Indiana Medicaid has been following since March 2020 will end as of March 31, 2023.
- These requirements are no longer tied to the federal public health emergency, so any further extension of the PHE itself will not impact the timing of returning to normal operations for Medicaid eligibility.
- This means that regular determinations of coverage will begin again and actions to adjust, reduce or eliminate coverage will be allowed beginning in April 2023.



Medicaid Eligibility Review Actions

Individuals who have continued to meet all eligibility requirements during the federal PHE will be subject to regular rules starting in April; 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 in April, 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



Medicaid Eligibility Review Actions

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.

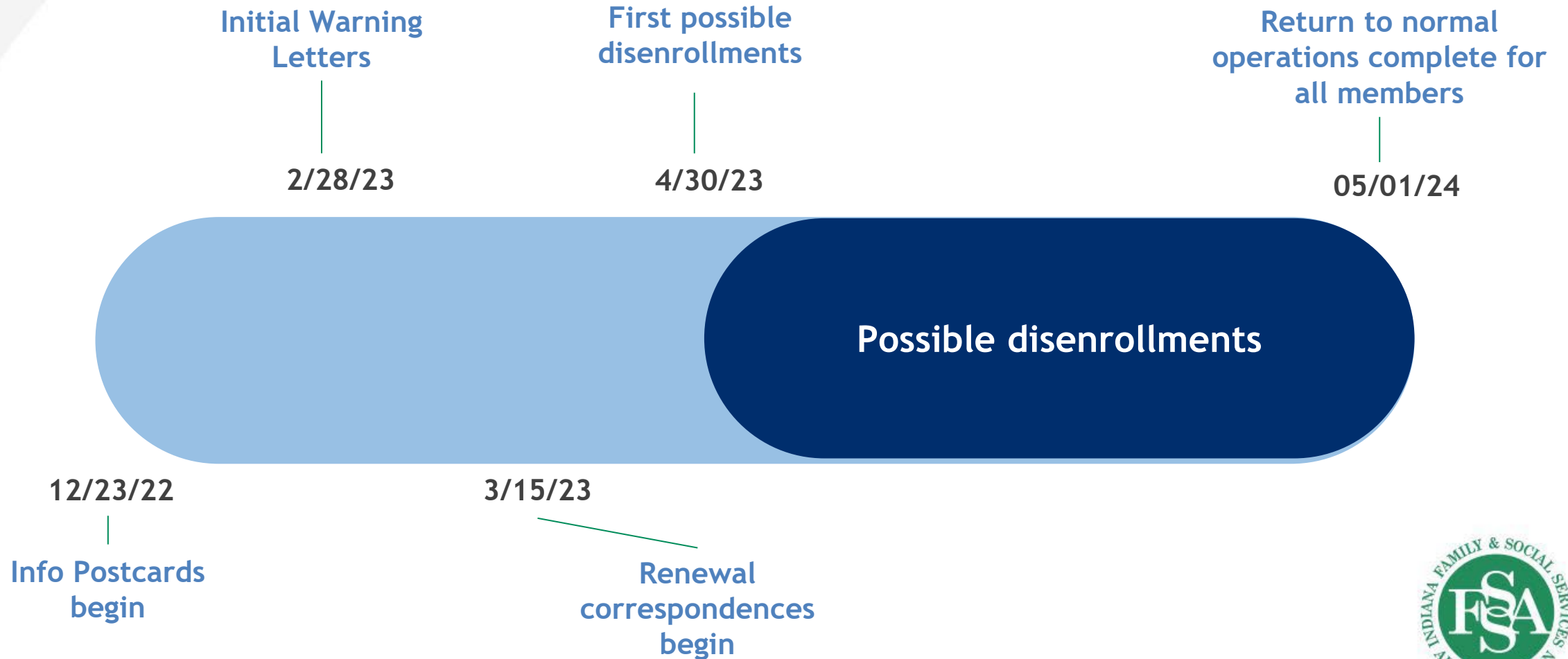


Medicaid Eligibility Review Actions

- Up to 500,000 individuals who remained open in their current Medicaid category 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.



Redetermination Efforts



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
 - *Can be ordered in bulk for free at www.IndianaMedicaid.com. We are updating these materials now and will then have them printed and available for order. The digital toolkits are also being updated.*
- 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 (www.fssabenefits.in.gov)



Member Communications

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



Member Communications

- 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 end of the continuous coverage requirement, so the earliest cost-sharing will resume is July 2023



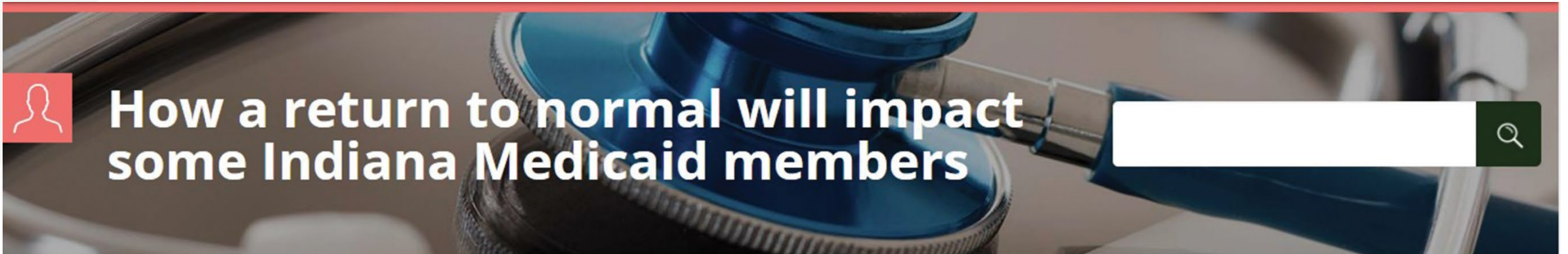
Transitions to Other Coverage

- Individuals who are over the income limit for Medicaid will have their information transferred to the federal Marketplace (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 www.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 www.medicare.in.gov or call **800-452-4800**



Member Communications: IndianaMedicaid.com

IndianaMedicaid.com



[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR MEMBERS](#) / [RESOURCES](#) / 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.

The most recent federal spending bill removed Medicaid coverage protections from federal public health emergency, which means Indiana Medicaid will begin to return to normal operations.

Eligibility redetermination actions will begin in April 2023, with a 12-month plan to return to normal operations. Any extension of the federal public health emergency will not impact the returning to normal operations timeline for Medicaid eligibility.

Many of these redeterminations are done automatically based on information the state has available. In some situations, the state of Indiana will need to ask the member for information about themselves and their family, such as current address, employment status and income, age and family size.

Communication Tools: IndianaMedicaid.com

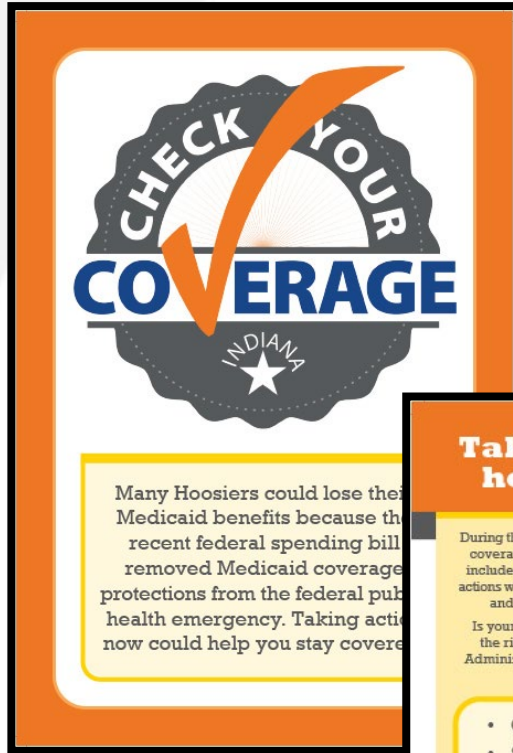
Tools available or soon available on web page:

- FSSA Benefits Portal “How to Navigate” flyer
- Posters (download and print or order in bulk – update available soon)
- Postcards (order in bulk – update available soon)
- Social media assets (update available soon)
- Key message points

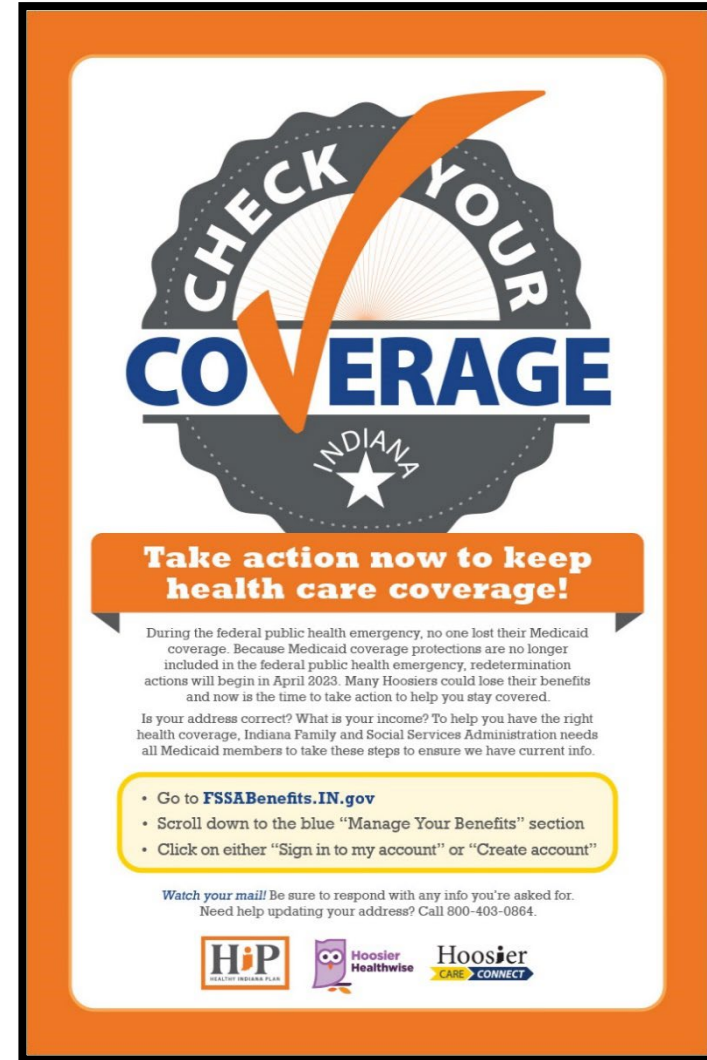
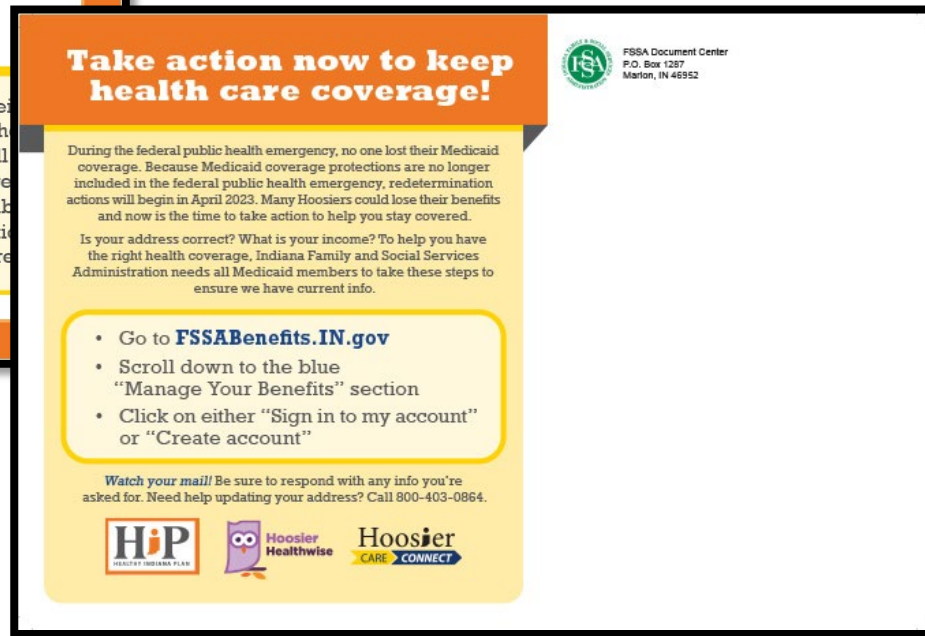
We will continue adding communication tools and information to the website.



Member Communications: IndianaMedicaid.com



Postcard



Poster



What you can do...

- Watch for updates
- Talk to your clients, patients, and those you serve about how 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
- 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



Stay connected

To receive updates about future stakeholder meetings or updated communications that are available, or to ask questions, please send an email to:

PHEstakeholders@fssa.in.gov

Please note: This is not a contact for member issues.

