

COVID-19 Federal Public Health Emergency Medicaid Eligibility Phaseout Planning

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 18th, 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.

Postcard 1	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
Pre-PHE End Informational Notice	Gives the official federal PHE end date and informs member of what information is needed for them to potentially remain eligible
Postcard 2	Second reminder to update incorrect or outdated information with DFR, and to watch their mail for further notices
Post-PHE End 'Redetermination' Mailer	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
Final Notice of Negative Action	If no response to Mailer, or person remains ineligible, they will receive a standard notice of negative action with all appeal rights included

ARE YOU COVERED?



When the COVID-19 public health emergency ends, many Hoosiers could lose their Medicaid benefits. Are you one?

Don't get caught without health care!

Have you moved or are you moving soon? To help keep you covered, Indiana DFR needs to know your current info. Make sure Indiana DFR has your most current income.

Go to FSSABenefits.IN.gov. Create an account or click "Report a Change."

Watch your mail! Be sure to respond with any info you're asked for. Need help? Call 800-403-0864.



Draft poster

Draft postcard, front and back

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Indiana Family & Social Services Administration

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FSSA Benefits Portal - Best Way to Report Changes



LOGIN/REGISTER

CONTACT US

NAVIGATOR

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

