

COVID-19 Federal Public Health Emergency Medicaid Eligibility Phaseout Planning

Reestablishment of normal Medicaid eligibility processes

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



Medicaid Maintenance of Eligibility

- Self-attestation on application with post-enrollment verification
- Indiana has continued all normal Medicaid eligibility processes, including annual redeterminations, during the federal PHE – but we did not disenroll the members who failed eligibility

*Current Status and CMS Requirements

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

- The federal PHE was most recently renewed through July 15th
 - We did not receive a 60-day notice, so we expect it will be extended again
- States have 12 months to return to normal operations; we plan to distribute our work over the full 12-month period after the federal public health emergency ends

**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
- Individuals will receive a prepopulated mailer that tells them what we know about them and what updated information they need to provide (income, assets, etc.), and allows them to tell us about any other changes



Once the Federal PHE Ends...

- Members will have at least 30 days to return the mailer with any required information and updates
- 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
- Individuals who are determined ineligible will receive a final closure notice with appeal rights and instructions on how to appeal



Transitions to Other Coverage

- Individuals who are over the income limit for Medicaid will have their information transferred to the federal Marketplace (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 2022 as long as their income is under 150% of the federal poverty level



Preparing for Returning to Normal Operations

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



FSSA Benefits Portal - Best Way to Report Changes



Benefits Portal

Explore Benefits

Get Help

My Healthy Baby

SIGN IN

CREATE ACCOUNT

For important information about your SNAP benefits beginning June 1, 2022, please click here

Welcome to the FSSA Benefits Portal



Apply Online for SNAP/ Cash Assistance

APPLY NOW




Apply Online for Health Coverage

APPLY NOW

You can also [print an application](#) or [have an application mailed to you](#)



FSSA Benefits Portal - Best Way to Report Changes



Manage Your Benefits

- ✓ Continue an incomplete online application
- ✓ Print a summary of a recently completed online application
- ✓ Review benefits you are receiving
- ✓ Print proof of eligibility
- ✓ Print an authorized representative form
- ✓ Report changes
- ✓ View your notices/ correspondence

[SIGN IN TO MY ACCOUNT](#) [CREATE ACCOUNT](#)



Member Communications

Jim Gavin

FSSA Director of Communications and Media



Member Key Messages

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. When the 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.
- The state of Indiana is able to process many of these redeterminations 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, like current address, employment status and income, age and family size.
- 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, taking action now could help you stay covered.



Member Key Messages

How a return to normal will impact some Indiana Medicaid members

- Is your address correct? What is your income? To help you have the right health coverage, the Indiana Family and Social Services Administration needs all Medicaid members to take these steps to ensure we have your current info.
 - Go to FSSABenefits.IN.gov
 - Scroll down to the blue **“Manage Your Benefits”** section
 - Click on either **“Sign into my account”** or **“Create account.”**
 - Call 800-403-0864 if you need assistance.
 - Then watch your mail! Be sure to respond with any information you’re asked for.
- Indiana Medicaid will never discontinue a member’s coverage without them first having the opportunity to give the state new and updated information. The state will send members more info about this in the mail. It is important that members respond to requests from the Division of Family Resources and provide the needed information when you’re contacted.



Member Key Messages

How a return to normal will impact some Indiana Medicaid members

- Members no longer eligible for coverage through the Medicaid program, should check to see if they qualify for coverage through the Federal Marketplace online at HealthCare.gov or by calling **800-318-2596**. 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 or call **800-452-4800**.
- There are also specially trained and certified professionals throughout Indiana who can help Hoosiers find the right health coverage. These are called navigators and application organizations. You can find help in your area by clicking here: <https://www.in.gov/healthcarereform/indiana-navigators/find-a-navigator/>

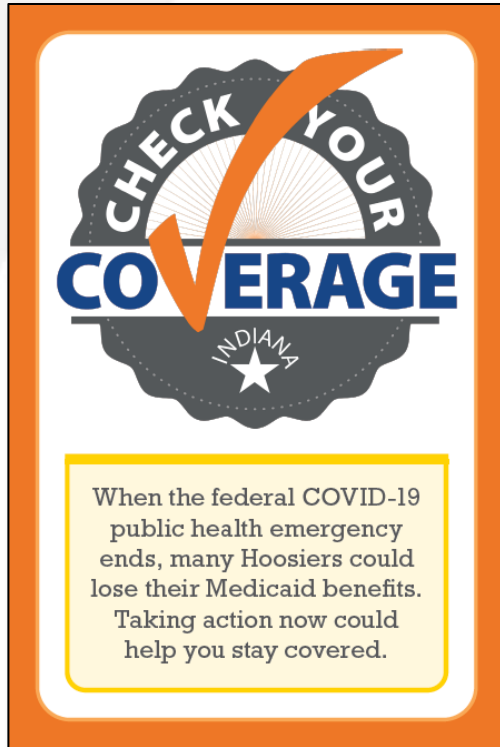
Direct outreach - phone calls

- **Underway – IN 211 making outbound phone calls to fee-for-service members who could be at risk**
- **MCEs to also call their members**
- **Asking directly about any information needing to be updated**
- **Will continue as months of redetermination approach**

- **Will also be using mobile messaging and emails as allowable to reach members**



Member Communications




Postcard



Poster



Member Communications

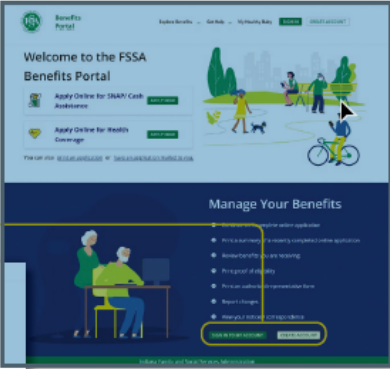


• Go to FSSABenefits.IN.gov

• Scroll down to the blue “Manage Your Benefits” section

• Click on either “Sign in to my account” or “Create account”

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.




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.

Need help? Call 800-403-0864

you report a change and it is processed.



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Benefits Portal Instructions




Member Communications



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



Member Communications

IndianaMedicaid.com



INDIANA
MEDICAID
for Members



Children



Pregnant Women



Adults



Aged Blind & Disabled



Home & Community



Programs



Apply for Coverage



Resources



Health coverage after the public health emergency



[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

- 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



Member Communications

- 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

