



Medicaid Cost-Share FAQs

1. What is Medicaid cost-sharing, and when does it begin?

Medicaid cost-sharing involves certain Medicaid members contributing a small percentage of the cost to maintain their coverage. This can include copays paid directly at the time of medical services and monthly contributions/premiums paid by invoice. Copays only apply to members in the Healthy Indiana Plan (HIP) and Children's Health Insurance Plan (CHIP). Monthly contributions/premiums apply to HIP, CHIP and MED Works (Medicaid for working individuals who have a disability). Copayments for HIP and CHIP will begin July 1, 2024, and invoices for HIP, CHIP and MED Works monthly payments will be sent in early July for August's benefits.

2. Has cost-sharing always been a part of Medicaid coverage?

Yes, but cost-sharing for Medicaid coverage has been suspended for nearly four years due to federal public health emergency orders. It is now returning on July 1, 2024, requiring some members to share a portion of the coverage cost.

3. How will I know if I need to contribute to Medicaid cost-sharing?

If you are a HIP member, you will receive an invoice from your health plan (Anthem, CareSource, MDwise or MHS). If you are or have a child in CHIP or if you receive MED Works coverage and are required to pay premiums, you will receive a bill from the premium vendor in July.

Medicaid members can check their status online in their benefits portal account (FSSABenefits.IN.gov) to determine if they are required to pay monthly contributions/premiums. Eligibility notices from FSSA and monthly invoices will also be provided by the member's health plan (for HIP members) or the premium vendor (for CHIP and MED Works members) to keep members informed.

4. When will Medicaid members start contributing to the cost-share?

Cost-sharing is set to resume July 1, 2024. HIP and CHIP members should be prepared to pay a small copay at the time of medical services. HIP, CHIP and MED Works members should also watch for an invoice in the mail and pay the amount due by the date given in order to maintain their coverage.

5. Is cost-share similar to a traditional health insurance cost?

Yes, the way Medicaid cost-share operates cost is comparable to a cost in traditional health insurance programs. Members pay copays directly at the time of medical services.

Contributions (in HIP) and premiums (in CHIP and MED Works) are comparable to monthly premiums charged for traditional health insurance to ensure coverage stays active.

6. How much will Medicaid members be expected to contribute?

The specific percentage of the cost that members will need to contribute will vary. Members can check their status online at [FSSABenefits.IN.gov](https://www.fssaBenefits.IN.gov) to find personalized information about monthly contribution/premium amounts. Members can also find more information on copay amounts by calling the “member services” number on the back of their Medicaid card.

- Copayments in CHIP range from \$3 to \$10, and monthly premiums range from \$22 to \$70 based on income and family size.
- MED Works monthly premiums range from \$48 to \$254 based on income and whether married members are both on MED Works.
- Copayments in HIP Basic range from \$4 to \$75, and monthly contributions range from \$1 to \$20 based on income and family size.

7. Can Medicaid members request assistance if they find it challenging to afford the cost-share?

Yes, assistance programs are available for those facing financial difficulties. Members are encouraged to reach out to their health plan (Anthem, CareSource, MDwise or MHS) for support and guidance.

8. Will cost-sharing affect all Medicaid members, including low-income families?

Copays will apply to members in HIP and CHIP. Contributions/premiums apply to all Medicaid members in HIP and CHIP, and to MED Works members with income above 150% of the Federal Poverty Level. These Medicaid categories are for individuals or families with slightly higher income than other Medicaid programs. It's important for everyone to be aware of this change and take necessary steps to maintain coverage.

9. How can healthcare providers support Medicaid members in understanding and managing the cost-share?

Health care providers are encouraged to educate their patients about the return of cost-sharing. They can also assist in explaining the process and checking online statuses.

10. What happens if a Medicaid member does not contribute to the cost-share?

Failure to contribute to the cost-share may impact Medicaid coverage. It is crucial for members to stay informed, pay attention to invoices and call the member services number on the back of their Medicaid card if they have questions or concerns.



[IN.gov/Medicaid](https://www.IN.gov/Medicaid)
Call the number on the back of your card.

