

Medicaid Eligibility Review Actions

*Stakeholder Meeting
February 19, 2024*

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



Updates to Pending Renewals

- For each month's renewal cohort, a portion of those due are still pending (have not been closed or successfully renewed yet) at the end of the renewal month
- Those who turned in their renewal paperwork by the due date retain coverage while they are being processed, until a final determination is made
- CMS directed all states to provide updates on their pending renewals and a schedule of when the reports were due.
- Beginning at the end of December 2023, we have been sending a new report to CMS that shows, in the 90 days after the renewal month, what were the results for those who were pending



Updates to Pending Renewals

- These updated reports can be found on our website's CMS reports and dashboards page, under "Additional CMS reports"
- These reports show new totals with the additional actions that were taken in the 90 days after the renewal month

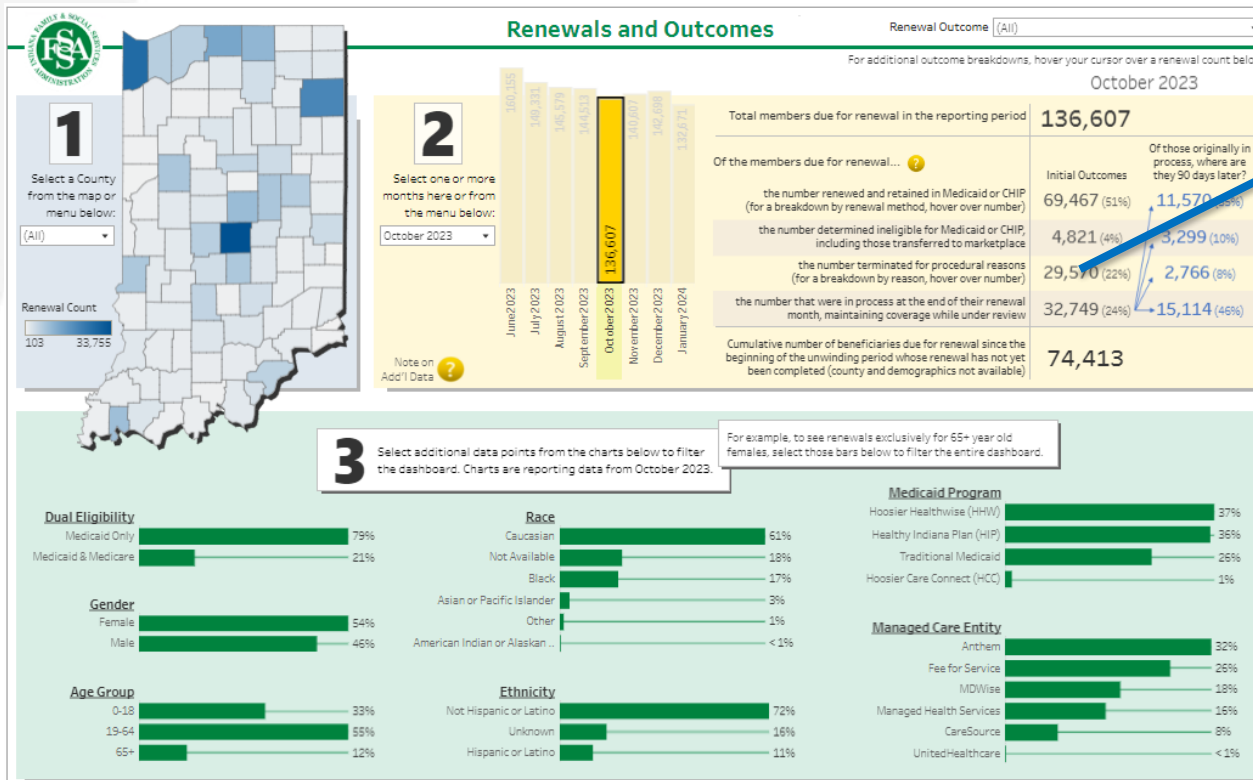
Additional CMS reports

Beginning in December, CMS required states to submit amended reports for already-completed unwind months that include more information about redeterminations that are pending.

- [October 2023](#) - amended 2/15/2024
- [September 2023](#) - amended 1/15/2024
- [August 2023](#) - amended 12/29/2023
- [July 2023](#) - amended 12/29/2023
- [June 2023](#) - amended 12/29/2023
- [May 2023](#) - amended 12/29/2023
- [April 2023](#) - amended 12/29/2023

Updates to Pending Renewals

Renewals and Outcomes Dashboard:



| | | October 2023 | |
|---|---|----------------|--------------|
| Total members due for renewal in the reporting period | | 136,607 | |
| Of the members due for renewal... | Of those originally in process, where are they 90 days later? | | |
| Initial Outcomes | | 69,467 (51%) | 11,570 (35%) |
| the number renewed and retained in Medicaid or CHIP (for a breakdown by renewal method, hover over number) | | 4,821 (4%) | 3,299 (10%) |
| the number determined ineligible for Medicaid or CHIP, including those transferred to marketplace | | 29,570 (22%) | 2,766 (8%) |
| the number terminated for procedural reasons (for a breakdown by reason, hover over number) | | 32,749 (24%) | 15,114 (46%) |
| the number that were in process at the end of their renewal month, maintaining coverage while under review | | | |
| Cumulative number of beneficiaries due for renewal since the beginning of the unwinding period whose renewal has not yet been completed (county and demographics not available) | | 74,413 | |

KFF Article

- Indiana Family & Social Services, as well as some other state stakeholders, participated in interviews for *KFF’s “Unwinding of Medicaid Continuous Enrollment: Key Themes from the Field”
- Executive summary and issue brief can be found here:
<https://www.kff.org/medicaid/issue-brief/unwinding-of-medicaid-continuous-enrollment-key-themes-from-the-field/>

- *Formerly known as the Kaiser Family Foundation



KFF Tracker

- Review of Indiana's progress and results in comparison to other states

https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/?utm_campaign=KFF-The-Latest&utm_medium=email&hsmi=289531799&hsenc=p2ANqtz-CVdPbeOhVAxdNobmW90mjnKyBSYgonJzBrkuBKREjelcQw4PhdFhB3MMFugjHewVPrLhDF-9tVctodJMLf2KxXtriQ&utm_content=289531799&utm_source=hs_emailx



CMS Enrollment Trends Update

- Review of Indiana's progress and results in comparison to other states

<https://www.medicaid.gov/sites/default/files/2023-12/medicaid-unwinding-enroll-trends-snapshot-sep2023.pdf>



Other Updates

Self-attestation on Medicaid applications:

- As we near the end of our “Unwinding” period, and now that applicants have the ability to upload documents in their benefits portal account, we have returned to our pre-PHE verification procedures
- New applicants will be sent a request for documentation of any eligibility factors that require verification or clarification. Medicaid enrollment will pend until the receipt of the documentation and full determination of the applicant’s eligibility.



Other Updates

Retroactive eligibility:

- When a *member returns their renewal paperwork during the 90-day reconsideration period, if they are found eligible, they will receive retroactive coverage back to the date of closure
- The paperwork will need to be processed - this is not automatic and there may be a temporary gap in coverage during the processing timeframe
- This retroactive coverage provision is not related to retroactive coverage for new waiver applicants (listed as part of FSSA budget strategies), and the 90-day reconsideration period and retroactive provision for renewals has not changed and will continue even after “Unwinding”



Outreach Efforts: April 2023 - January 2024

FSSA made 5 to 7 contact attempts to individuals due for redetermination who did not qualify for auto-renewal

| | Outreach Method | Items Sent |
|-------------------|---------------------------------------|---------------------|
| Advanced Outreach | Postcard | 700,000 |
| | 211 Outbound Call | 49,357 |
| Total Outreach | Warning Letter | 478,180 |
| | Renewal Packet (households / members) | 755,501 / 1,005,580 |
| | Text Message | 288,918 |
| | DFR Outbound Call | 142,987 |
| | Email | 123,210 |
| | Postcards Utilizing BMV Data | 80,242 |

Data Notes:

- Postcards were sent to all PHE-protected members, who would have lost coverage during the PHE except for the special PHE flexibilities, and 211 Outbound Calls were made to all PHE-protected Fee-for-Service members
- Warning letters are sent to PHE-protected members two months before their redetermination paperwork is due
- Renewal Packets are sent to households (members) who do not qualify for ex parte (auto) renewal over a month before their redetermination paperwork is due
- Text Messages are sent to all members who must return their renewal packets, a month before their packets are due
- Outbound Calls are made and Emails sent to members who have not returned their renewal packets after the official redetermination due date but prior to the end of the renewal month

- Postcards Utilizing BMV Data were sent to members in July 2023 to confirm the address information obtained from the Indiana Bureau of Motor Vehicles (BMV)
- The tables above do not include managed care entity (MCE) outreach, except for the postcards. In January 2023, MCEs sent postcards to PHE-protected members to prompt them to update their contact information. MCEs are also doing monthly outreach to those who receive renewal packets and those who no longer have coverage
- FSSA is also providing hospitals, nursing facilities, and other health care providers with a list of PHE-protected patients/residents to aid in further targeted outreach efforts

Cost-share Restart: July 1, 2024

As Indiana completes its unwind efforts, cost-share will resume July 1, 2024

- This impacts approximately 1 million Medicaid members, the majority of which are on the Healthy Indiana Plan. CHIP and MEDWorks are also impacted
- HIP or CHIP members may owe copayments for certain services starting July 1. Most copayments are under \$10
- HIP members will receive invoices from their health plan for their POWER Account contributions. CHIP or MEDWorks will receive their invoices from the premium vendor. Benefits may be reduced or terminated if they are not paid



Cost-share Restart: July 1, 2024

Timeline/Key dates

February 2024: Starting this month, an updated insert is being included in eligibility notices

April/May: 60-day notification to members of cost share restart

June: MCEs send notice alerting HIP members to watch for invoice arriving in early July

July: Invoices will be sent in the first half of July for HIP, CHIP and MEDWorks for the month of August.

July: Co-pays active in HIP and CHIP



Cost-share Restart: July 1, 2024

Outreach

- Indiana is duplicating its redetermination outreach strategy
- This includes creating the resources and materials local community stakeholders need to communicate with members
- Additional tactics will include a media campaign, social media toolkits, specific outreach to partners to ask them to help share the message
- FSSA will be soliciting feedback on the draft materials
- An additional stakeholder meeting will be scheduled this spring to share operational details and outreach materials and toolkits





Cost-share Restart: July 1, 2024

MEDICAID MEMBERS:

Monthly contributions are returning.



You may have to share some of the costs of your Medicaid coverage. Go online and update your status to see if you'll need to pay a small percentage of your Medicaid costs.



FSSAbenefits.IN.gov | 1-800-403-0864

Draft materials

- Draft communication materials are in development to help us reach members who are impacted by cost-share restart
- FSSA will be soliciting feedback on the draft materials
- Toolkits will be provided as materials are finalized

