

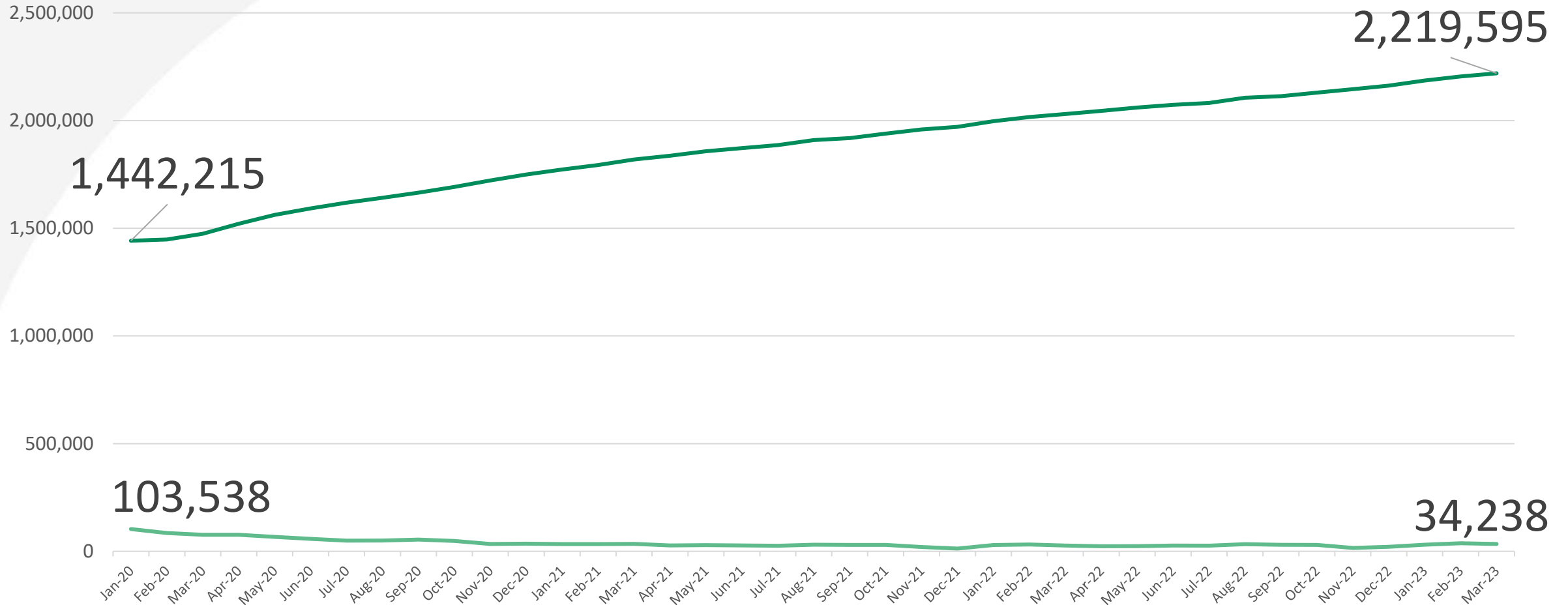
# Medicaid Eligibility Review Actions

*FSSA Stakeholder Meeting  
April 25, 2023*

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



# Indiana Monthly Medicaid Enrollment, 2020 - Current



— Enrollment — Applications

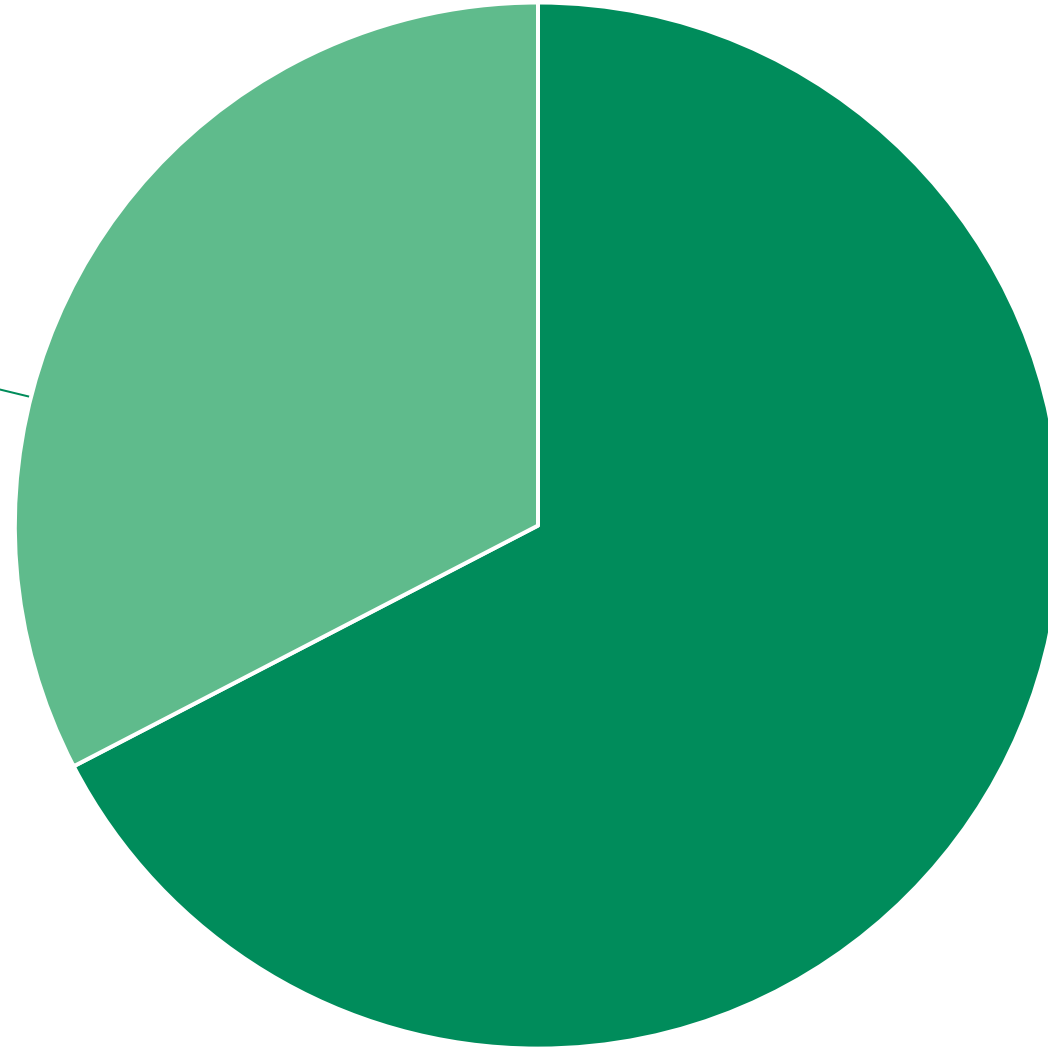


# Hoosiers Receiving Medicaid in 2023

**33% of  
Hoosiers are  
currently on  
Medicaid**

Indiana Population<sup>1</sup>:  
6,805,985

Medicaid Enrollment<sup>2</sup>:  
2,219,595



■ Medicaid Enrollment



1. <https://www.census.gov/quickfacts/IN> 2. <https://www.in.gov/fssa/ompp/forms-documents-and-tools2/medicaid-monthly-enrollment-reports/>

# 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 ended as of March 31, 2023.
- This means that regular determinations of coverage have started again and actions to adjust, reduce or eliminate coverage began in April 2023.

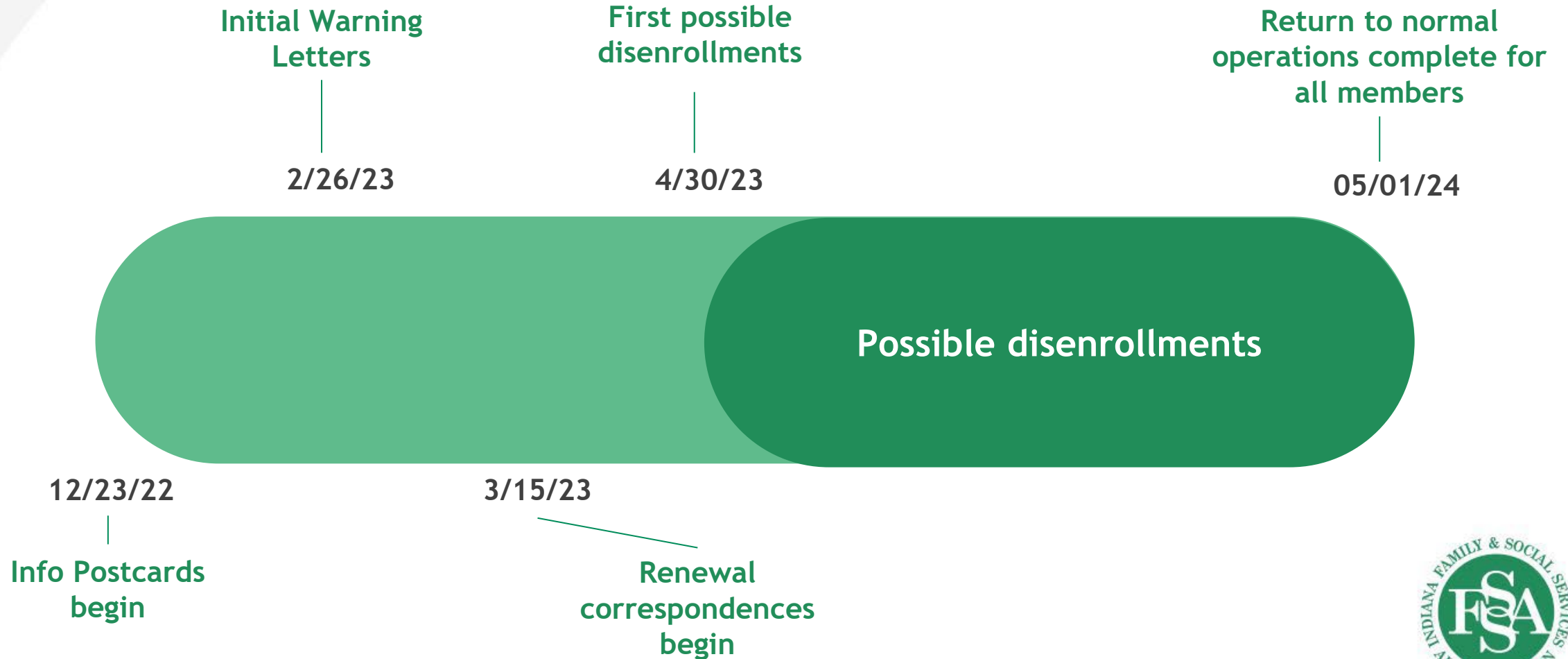


# Medicaid Eligibility Review Actions

- States have 12 months to initiate renewals for their Medicaid population, and an additional two months to finish up renewal processing
- Indiana will utilize members' annual renewal dates; these dates are set 12 months from when the Medicaid application was approved, or 12 months from the most recent annual renewal
- We will process roughly 1/12 of our total renewals each month
- This plan will allow us to manage the workload and ensure we are able to do outreach and follow up as each month's group comes due for their renewals and is processed

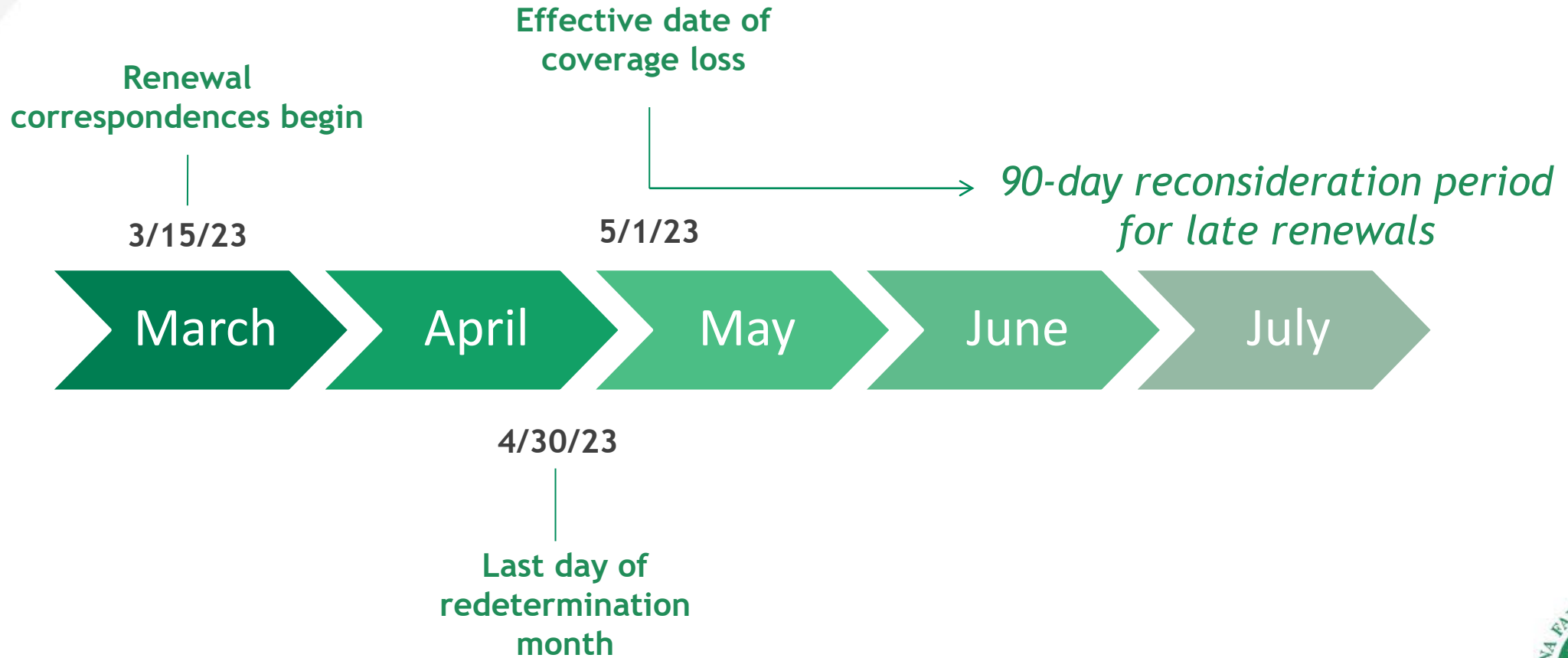


# Redetermination Efforts



# Sample Renewal Notice Timeline

for individuals due for redetermination on April 30<sup>th</sup>



# Most Important Messages for All Medicaid Members

- FSSA will never discontinue coverage for a Medicaid member without giving them the chance to provide new and updated information
- **Every Medicaid member needs to make sure FSSA has their current and correct contact information**
- Every Medicaid member needs to watch for and respond to **any request** for information FSSA sends to them
- Medicaid members can update their contact information or report changes on the Benefits Portal at [www.FSSABenefits.IN.gov](http://www.FSSABenefits.IN.gov), or by calling 800-403-0864 for assistance





# FSSABenefits.IN.gov

- Using the online Benefits Portal is not mandatory, but for those who are able to use it, it will be the most efficient method to get information submitted and acted upon
- The website we will go over in a few minutes has numerous tools to help members navigate the Benefits Portal, both informational flyers and how-to videos

## Benefit Portal tools:

[Click here for a flyer on how to navigate FSSABenefits.IN.gov](#)

[Click here for a flyer on how to report a change](#)

[Click here to view a short walkthrough video](#)

[Click here for videos showing how to:](#)

- Change notification preferences
- Manage your user account
- Redetermination response process
- Upload documents



# 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](http://www.Healthcare.gov)) and be given a Special Enrollment Period to apply for coverage there
- **NEW!** Those who are closed for failing to verify their income or other eligibility factors will be eligible to apply on the Marketplace due to a new “Unwinding Special Enrollment Period” (March 2023 through July 2024)
- Hoosiers over 65 could look into health coverage through the federal Medicare program at [www.Medicare.gov](http://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](http://www.medicare.in.gov) or call **800-452-4800**



# Immediate Coverage through Presumptive Eligibility

An individual who is seeking healthcare but learns at the provider site that he or she no longer has coverage could be considered for Presumptive Eligibility. The applicant works with a qualified provider to complete a Presumptive Eligibility application. The application is available through the IHCP Provider Healthcare Portal, 24 hours a day, seven days a week. The qualified provider receives a real-time response as to whether the individual is eligible based on the data entered on the application, such as the individual's demographic information, family size and household income.

For more information on Presumptive Eligibility, including additional eligibility requirements, see <https://www.in.gov/medicaid/providers/business-transactions/qualified-provider-presumptive-eligibility-pe/>

Active QPs can be found through the IHCP Provider Locator at <https://provider.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>



# Medicaid Member Steps to Resolve Issues

Despite efforts to reach Hoosiers to help them remain eligible or connect to other coverage, we anticipate some Hoosiers will discover, likely when they seek healthcare, that they have lost coverage.

Suggested questions to ask and direction to offer:

1. Did they receive a redetermination packet from the Division of Family Resources?

Yes, → Did they respond?

Yes → Skip to Question 2 (on next slide).

No → They should respond immediately as coverage in some cases can be re-instated, if eligible, if within 90 days.

No or unsure → They should contact DFR at 800-403-0864 to make sure their contact information is up-to-date so they can receive a redetermination packet to determine if they are still eligible, or to re-apply for coverage if too much time has passed.



# Medicaid Member Steps to Resolve Issues

2. Did they receive a closure notice from DFR, advising them they no longer meet the eligibility requirements for a Medicaid program (for example, their income exceeds the limit)?

Yes → They can seek coverage through the Federal Marketplace online at [HealthCare.gov](https://www.healthcare.gov) or by calling 800-318-2596. If they are over 65, they can contact the federal Medicare program at [Medicare.gov](https://www.medicare.gov) or by calling 800-MEDICARE. There are also specially trained and certified professionals throughout Indiana who can help find the right health coverage. Go to <https://in-fssa.my.site.com/HNav/>

No → They can contact DFR to make sure that their contact information is up-to-date or for more information about their specific case.



# Medicaid Member Steps to Resolve Issues

1. Start with the Division of Family Resources (DFR) customer service line at 800-403-0864
2. If the issue is still not resolved, access the Regional Mailbox for the applicant/member's address, found here: [https://www.in.gov/fssa/dfr/files/DFR\\_Map\\_and\\_County\\_List.pdf](https://www.in.gov/fssa/dfr/files/DFR_Map_and_County_List.pdf)  
Inquiries sent to a DFR Region email address will receive a response within three to five business days.
3. If an action was taken that the applicant/member disagrees with, they should also file an appeal as soon as possible. Directions on how to appeal will be at the end of the eligibility notice which tells them about the action. \*Appealing will restart the benefits until the hearing is held.
4. Individuals can also reapply at any time. A new application can be submitted at the same time as an appeal is pending, and if that application is approved and the appeal is also successful, coverage can be backdated if applicable.

*\*The exception for receiving continued benefits during an appeal is when coverage is closed for not paying premiums; but that is not applicable at this time.*



# Member Communications: IN.gov/Medicaid

The image shows a side-by-side comparison of two web browser windows. The left window is the Indiana Medicaid homepage (in.gov/medicaid/), and the right window is a resource page (in.gov/medicaid/members/member-resources/How-a-return-to-normal-will-impact-some-Indiana-Medicaid-members/). A grey callout box with a white border points to a link on the homepage. A yellow callout box with a white border points to a video player on the resource page.

**Click on "How a return to normal will impact some Indiana Medicaid members"**

**How a return to normal will impact some Indiana Medicaid members**

**How a return to normal will impact some Indiana Medicaid members**

**Check Your Coverage**

Keep your health. Keep your coverage.

Watch on YouTube

**Indiana Medicaid for Members**

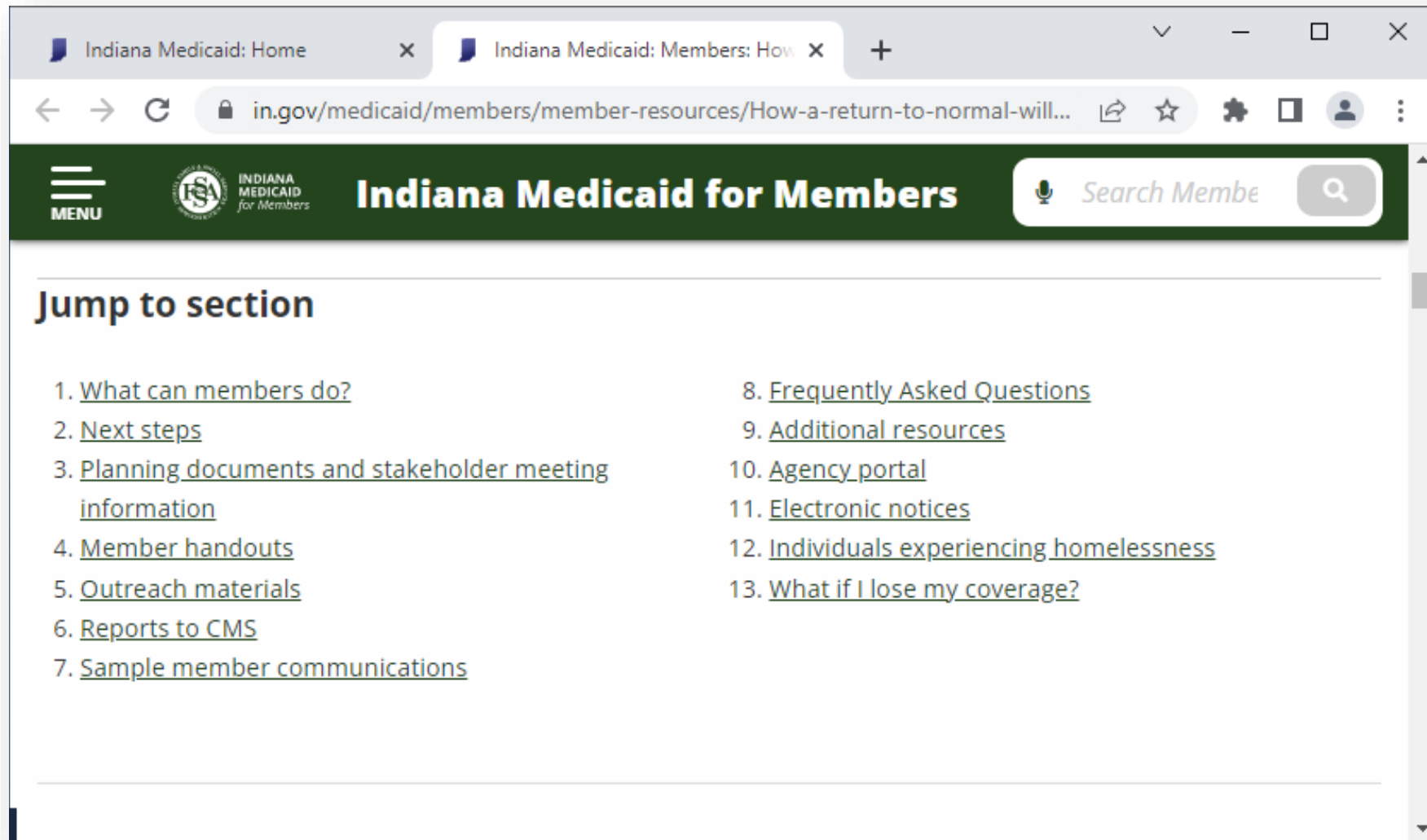
Children | Pregnant Women | Adults | Aged Blind & Disabled | Home & Community | Programs | Apply for Coverage | Resources

INDIANA MEDICAID FOR MEMBERS / RESOURCES / HOW A RETURN TO NORMAL WILL IMPACT SOME INDIANA MEDICAID MEMBERS

Accessibility Tools | Screen Reader - Speak | Text Only Version | Google Translate | Select Language | Select Language

Copyright © 20...

# Member Communications: IN.gov/Medicaid



The screenshot shows a web browser window with two tabs: "Indiana Medicaid: Home" and "Indiana Medicaid: Members: How...". The address bar displays the URL "in.gov/medicaid/members/member-resources/How-a-return-to-normal-will...". The website header features a "MENU" icon, the "INDIANA MEDICAID for Members" logo, the text "Indiana Medicaid for Members", and a search bar labeled "Search Membe". Below the header, the section "Jump to section" contains a list of 13 numbered links:

1. [What can members do?](#)
2. [Next steps](#)
3. [Planning documents and stakeholder meeting information](#)
4. [Member handouts](#)
5. [Outreach materials](#)
6. [Reports to CMS](#)
7. [Sample member communications](#)
8. [Frequently Asked Questions](#)
9. [Additional resources](#)
10. [Agency portal](#)
11. [Electronic notices](#)
12. [Individuals experiencing homelessness](#)
13. [What if I lose my coverage?](#)





# Member Communications: Outreach Materials

**Take action now to keep health care coverage!**

Medicaid continuous coverage protections that were in place since 2020 have ended. This means that redeterminations actions have resumed. Many Hoosiers could lose their benefits and now is the time to take action to help you stay covered.

Is your address correct? What is your income? To help you have the right health coverage, Indiana Family and Social Services Administration needs all Medicaid members to take these steps to ensure we have current info.

- Go to [FSSABenefits.IN.gov](https://FSSABenefits.IN.gov)
- Scroll down to the blue "Manage Your Benefits" section
- Click on either "Sign in to my account" or "Create account"

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

Poster

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Postcard

Many Hoosiers are at risk of losing their Medicaid benefits because coverage protections from the federal public health emergency have ended. Taking action now could help you stay covered.

Large-print flyer

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Flyer

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

Indiana Medicaid: Home | Indiana Medicaid: Members: Home

in.gov/medicaid/members/member-resources/How-a-return-to-normal-will-impact-some-Indiana-Medicaid-members/

**Indiana Medicaid for Members** Search Members

**Member handouts**


- Take Action Now flyer
- Take Action Now flyer - Large print
- Take Action Now flyer - Burmese
- Take Action Now flyer - Spanish
- Benefits portal flyer
- Benefits portal flyer - Burmese
- Benefits portal flyer - Spanish

**Outreach Materials**

You can help by communicating to Hoosiers in your organization's network about how the recent coverage protection changes will affect Indiana Medicaid members in April. Below are some resources to help you.


[Click here to order outreach materials](#)

**Posters**




**PDF - English poster**      **PDF - Burmese poster**      **PDF - Spanish poster**

**Postcards**



**PDF - English postcard**      **PDF - Burmese postcard**      **PDF - Spanish postcard**

**Social media assets**



**JPG - Facebook**      **JPG - Instagram**      **JPG - Twitter**

**Other content**

- Suggested messaging
- Help keep others informed. [Click here to download a button to add to your website](#)
- Protect your health, Protect your coverage - YouTube videos in English and Spanish
  - Protect your health, Protect your coverage (English 60-sec)
  - Protect your health, Protect your coverage (English 30-sec)
  - Protect your health, Protect your coverage (English 15-sec)
  - Protect your health, Protect your coverage (Spanish 60-sec)
  - Protect your health, Protect your coverage (Spanish 30-sec)
  - Protect your health, Protect your coverage (Spanish 15-sec)

Click on "Click here to order Outreach Materials"

# Member Communications

**IN.gov** Search Home Directory Log In

Log in to store your form. X

## Outreach Materials Order Form

Medicaid continuous coverage protections that were in place since 2020 have ended. You can help by communicating to Hoosiers in your organization's network about how this will affect Indiana Medicaid members. Below are some resources to help you.

If you have any questions, please contact [Printing@fssa.in.gov](mailto:Printing@fssa.in.gov).

**Organization Name \***

**Mailing Recipient \***

**Phone \***  **Email \***

**Address (we cannot deliver to P.O. boxes) \***

# What you can do...

- Watch for updates and stakeholder meetings  
*Sign up for our listserv at [PHEStakeholders@fssa.in.gov](mailto:PHEStakeholders@fssa.in.gov)*
- Talk to your constituents about how the return to normal operations could impact them
- Include content in your newsletters and any communications you do
- Print or request posters, postcards, and/or flyers 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



# How our Managed Care Partners are helping...

- At the beginning of the year, MCEs sent postcards to prompt members to update their contact information to make sure they are receiving mail and/or phone calls from FSSA
- Added “Check Your Coverage” button to their webpages
- Starting in April, MCEs are targeting outreach to members with Must-Return mailers to prompt them to complete their redeterminations via mail, text, email, and/or phone
- Starting in May, MCEs will reach out to members who have lost coverage to:
  - Assist them with signing up for marketplace coverage if they are no longer eligible for IHCP coverage
  - Provide information about turning in redetermination documents within 90 days of closure to reopen their coverage if they are still eligible to those closed for procedural reasons



# How our Managed Care Partners are helping... (cont)

Non-required outreach, including:

- Fliers
- T-shirts with QR codes that lead to FSSA benefit portal
- Reminder messages on IVR systems
- Community events

