

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202315 FEBRUARY 28, 2023

Medicaid member eligibility review actions to resume

As a result of the recently passed federal spending bill, the continuous enrollment provisions that the Indiana Health Coverage Programs (IHCP) has been following since March 2020 will end as of March 31, 2023. This means that regular determinations of coverage will begin again and actions to adjust, reduce or eliminate coverage will be allowed beginning in April 2023.

These requirements are no longer tied to the federal public health emergency (PHE), which has been set to end on May 11, 2023. The end of the federal PHE itself will not impact the timing of returning to normal operations for Medicaid eligibility. Currently, copayments, premiums and contributions are not being charged or collected. Members who are subject to cost-sharing will receive a notice at least one month prior to the restart of cost-sharing. More information about the phaseout of ongoing provisions not related to member eligibility, the restart of cost-sharing, and the start of the Healthy Indiana Plan (HIP) Bridge program will be provided in later communications.

Approximately 25% of the IHCP population is only receiving their current category of coverage due to federal PHE rules. For this population, they will remain in the same category until their scheduled annual redetermination is due. The IHCP will process roughly 1/12 of the population each month starting with redeterminations due in April 2023 and continuing over the next year:

- These members will receive a reminder notice 60 days before their redetermination due date; for those due April 30, these reminders will be sent out the last week of February.
- The members will receive their redetermination mailer the month before their redetermination month (first batch to be sent in March 2023) and have at least 30 days to return it.
- Anyone who fails to return information by the due date can come back into compliance within 90 days and avoid having to submit a new application; most non-HIP categories can have retroactive coverage to fill in any gaps, but if HIP is reinstated it will only be effective from that point forward.



For individuals who were eligible ***without using any of the special rules related to the federal PHE***, they will be subject to normal requirements starting in April 2023. If the member is requested to verify information (for example, a new job), they must provide documentation by the due date or their coverage may be terminated.

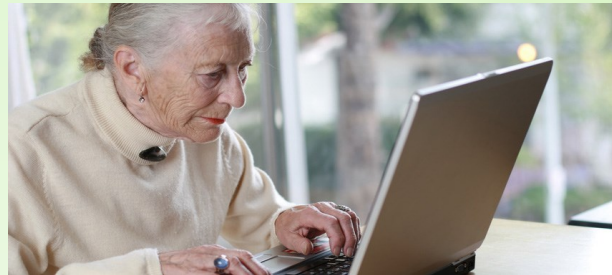
Members should know that the most important step for them to take is to update their contact information in the [FSSA Benefits Portal](https://fssabenefits.in.gov) at fssabenefits.in.gov and then respond to any requests for information by the due date listed.

The IHCP will not terminate coverage for any member without first asking them to confirm their information.

As a reminder, member eligibility for Medicaid needs to be verified prior to providing services. With normal eligibility rules resuming, some members who had remained eligible will lose coverage, and services will not be covered for these members when their coverage ends.

Starting in April 2023, members who do not respond to requests for information needed to determine their continued eligibility will be subject to termination of their coverage. Therefore, it is critical that the IHCP has up-to-date contact information. Please encourage Medicaid members that you work with to confirm that we have their current mailing address, phone number and email address. Members should use the following process to update their contact information:

- Go to the [FSSA Benefits Portal](https://fssabenefits.in.gov) at fssabenefits.in.gov.
- Scroll down to the blue “Manage Your Benefits” section.
- Click either **Sign in to my account** or **Create account**.
- Confirm that your contact information is correct.
- Call 800-403-0864 if you need assistance.
- Then watch your mail! Be sure to respond with any information requested of you.



More information and resources, including handouts, postcards and posters that you can order in bulk for free, are available on the Indiana Medicaid for Members website from the [How a return to normal will impact some Indiana Medicaid members](#) page. There you will find a handout with a QR code that takes members directly to the FSSA Benefits Portal, an updated Medicaid Coverage Protections Frequently Asked Questions, and the most recent stakeholder presentation.

Providers are invited to attend our next stakeholder meeting at 11 a.m. March 7, 2023. We will share with you an update on our work and look forward to your questions.

Stakeholder meeting

11 a.m. March 7

[Click here to join the meeting](#)

Meeting ID: 260 701 100 256 Passcode: RuxR3v

Join with a video conferencing device

indiana@m.webex.com

Video Conference ID: 114 487 466 0

[Alternate VTC instructions](#)

Or call in (audio only)

+1 317-552-1674,157676556#

United States, Indianapolis

Phone Conference ID: 157 676 556#

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