



Communicating Changes to Medicaid

Ways You Can Help Hoosiers Stay Insured:
A Toolkit





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Communicating Changes to Medicaid – Ways You Can Help Hoosiers Stay Insured

Welcome

Whatever the color of our skin or the contents of our wallet, all Hoosiers should be able to prevent, treat, or recover from illness or injury without fearing bankruptcy.

For over two million Hoosiers, Medicaid provides the essential healthcare coverage we all need. But there are changes coming to Medicaid which could result in hundreds of thousands of us losing health insurance coverage in 2023.

This toolkit is a collaborative effort of many organizations who serve Hoosiers with Medicaid. We hope you will join us in our collective effort to ensure Hoosiers either keep their Medicaid or find other health insurance coverage when Medicaid changes in 2023. With one in three Hoosiers covered by Medicaid, we need an “all hands on deck” approach to avoid a dramatic decrease in the number of Hoosiers with health insurance.

We need YOU to help communicate the messages in this toolkit to your community.

Please send your questions and advice on how to improve this toolkit to:

Jenny Walden,
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Changes Coming to Medicaid

How is the Medicaid program going to change?

On December 29, 2022, the Consolidated Appropriations Act, 2023, ended continuous Medicaid enrollment tied to the federal COVID Public Health Emergency (PHE). This means that people enrolled in Medicaid will be required to submit current information about their household and income and meet eligibility requirements to stay enrolled in Medicaid.

Normally, the state Medicaid agency (the *Family and Social Services Administration (FSSA)* in Indiana) requires enrollees to renew their coverage annually. But when the pandemic began in early 2020, Congress enacted laws to help people get through the crisis. One of those laws prohibited states from terminating people's Medicaid coverage, so states have not been requiring enrollees to go through the annual redetermination (renewal) process and update their eligibility information. **This policy will end in April 2023.**

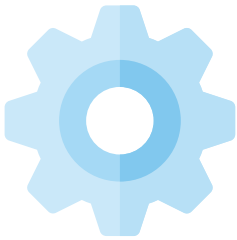
How could this affect the people you serve?

Thousands of people are at risk of losing Medicaid.

Some people will lose Medicaid because they are no longer eligible (their income went up, household size went down, etc.). Other people will lose Medicaid even though they may still be eligible. This could happen if, for example:

- They do not receive redetermination (renewal) letters because they moved during the pandemic or are unhoused, and FSSA does not have their current address.
- They cannot readily access the documents they need to prove their eligibility or have difficulty submitting the documents.
- The redetermination (renewal) letters they receive are confusing or are written in a language they do not speak, and the steps they need to take are unclear.
- They are enrolled in coverage that requires a payment (the Healthy Indiana Plan (HIP) or the Children's Health Insurance Program (CHIP)) and they don't pay. No payments have been required since March of 2020.
- They have questions about the process but can't reach the Medicaid call center because of long wait times or limited access to a phone.

People who lose their Medicaid coverage during this process, whether for eligibility or procedural reasons, could experience a gap in coverage or end up uninsured. This can disrupt access to care.



When is this going to start?

The eligibility review process will start in April 2023 and last for 12 months.

What will the eligibility review process look like?

States will have up to 12 months to complete eligibility reviews of their enrollees. Most states, including Indiana, will spread their work over 12-months. The federal government told states they must conduct full redeterminations (renewals) of all enrollees using current information and should check electronic data sources before asking enrollees for information or documents to verify their eligibility. If they need to contact the enrollee, they must provide at least 30 days to respond. Indiana continued normal Medicaid redeterminations (renewals) the last several years, but they did not disenroll members who "failed eligibility" (over income, did not return requested paperwork, etc.).

This past year, about 75% of Medicaid members did continue to meet eligibility requirements. Starting in April, this group is subject to regular rules and could lose coverage if they do not respond to new requests for information or become over income. This could happen before their redetermination (renewal) date. They may also be moved to a different category that provides less coverage. For example, if a member had pregnancy coverage from HIP but had their baby more than a year ago, they would be moved to regular HIP.

About 25% of members, an estimated 500,000 Hoosiers, currently have Medicaid solely because of the continuous coverage requirements. They no longer meet eligibility requirements or did

not respond to requests for documentation. These Hoosiers cannot be closed or moved to a lesser-coverage category before their full redetermination (renewal) process is complete. Their redetermination (renewal) date is when they will need to prove they are still eligible or find other coverage. For example, if their last redetermination (renewal) was in September 2022, they will have coverage until September 2023.

If a Medicaid member believes they have been found ineligible for Medicaid in error and are disenrolled, they have the right to appeal. See Resource Section for more information.

What should people enrolled in Medicaid do right now to stay covered?

The most important step enrollees should take today is to make sure the state Medicaid agency (the *Family & Social Services Administration (FSSA)*) has their current mailing address and phone number so that they receive important notices and redetermination (renewal) forms. Enrollees can update their contact information at www.FSSAbenefits.IN.gov or by calling 800-403-0864.

Indiana is already mailing important notices and will begin mailing redetermination (renewal) forms in the coming months. Once people receive a redetermination (renewal) form, they should respond by providing the requested information or get in touch with an *Indiana Certified Navigator* who can provide free assistance. Navigators typically work at community nonprofits, health centers and hospitals.



Two Ways Your Organization Can Help People Stay Covered

Outreach and enrollment assistance are key to helping people stay covered.

Outreach

For many Medicaid enrollees, outreach from trusted community-based organizations may be the only way they will find out about the steps they need to take to keep their Medicaid coverage or move from Medicaid to another form of coverage.

Share these key messages with the people you serve:

- **Indiana Medicaid provides health insurance for low-income children, parents, seniors, pregnant people, and people with disabilities.** Medicaid covers 1 in 3 Hoosiers—more than 2 million people in Indiana!
- **Everyone with Medicaid will need to renew** their coverage in the coming year. This did not happen the last three years.
- **Anyone covered by Indiana Medicaid** including the Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect, Children's Health Insurance Program (CHIP), Medicare Savings Programs, and traditional Medicaid, should **make sure the Indiana Family and Social Service Administration (FSSA) has their correct contact information.**

They can update their information on the benefits portal (<https://fssabenefits.in.gov>) or by calling 800-403-0864.

It is also important that they open and respond to all mail from FSSA and their health plan (Anthem, CareSource, MDwise, MHS, or United Healthcare).

- **Insurance can be confusing** but free, unbiased **help is available** from Indiana Certified Navigators. Find a navigator near you at <https://in-fssa.force.com/HNav/>



Enrollment Assistance

Letters from the Medicaid agency (FSSA) can often be confusing, so people may need help understanding the steps they need to take to keep Medicaid or enroll in another form of coverage.

Also, many enrollees who are no longer eligible for Medicaid may be eligible for free or low-cost health insurance on the [Health Insurance Marketplace](#).

But they could still end up uninsured if they have not heard about the Marketplace or have difficulty completing the application.

Find a local partner who has Indiana Certified Navigators so you can refer people for in-depth assistance.

Navigators provide free, unbiased help, often in multiple languages, in person or over the phone.

Find a local navigator at <https://in-fssa.force.com/HNav/> and introduce your organization if you do not already work together. Consider inviting them to speak to your staff or those you serve. Invite them to community events where they can educate on the coming changes.

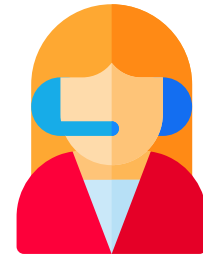
Source: Material above adapted with permission from materials from the [Centers for Budget and Policy Priorities](#).



Notes for Navigators regarding the end of Continuous Medicaid Coverage (also known as Medicaid Unwinding)

Navigators are an important source of information and assistance for consumers applying for, or covered by, Medicaid (HIP, Hoosier Healthwise, Hoosier Care Connect, traditional Medicaid, Medicare Savings Programs) and the Health Insurance Marketplace.

Since March of 2020, consumers experienced continuous coverage and fewer barriers to enrollment. Starting in April 2023, consumers will need the assistance of Indiana certified navigators more than ever as the Family and Social Services Administration (FSSA) returns to normal operations (also known as Medicaid unwinding).



Consumer Scenarios

Navigators should be prepared to assist consumers with the following scenarios:

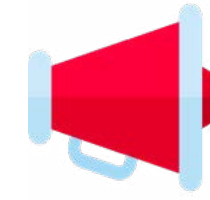
Requests for documentation: For the last three years, fewer documents were required and often consumers were able to self-**attest**. Consumers may receive letters from the Family Social Service Administration (FSSA) requiring documentation in order to maintain coverage.

Over income: For consumers who no longer qualify for Medicaid, HIP, Hoosier Healthwise, etc. due to higher income, navigators should be prepared to assist with Marketplace applications or have a **referral** option to a Marketplace Certified Application Counselor in place. Indiana certified navigators are encouraged to become **Certified Application Counselors** for the federal Marketplace.

Employer coverage: Some consumers may have turned down employer coverage because they had HIP. Navigators should be prepared to educate consumers on contacting their employer's Human Resources department and assist them in exploring their insurance coverage options.

Wrongful termination of coverage: Unfortunately, mistakes happen. Navigators should be prepared to become **Authorized Representatives** in order to advocate for consumers. If navigators encounter barriers to assisting consumers, they should contact their **Division of Family Resources (DFR) regional manager** via email. For complicated appeals, contact **Indiana Legal Services**.

Lost Coverage: Consumers may not realize they have lost coverage until they seek medical services. Navigators will need to assist consumers in determining the best course of action. If consumers meet eligibility requirements, they will have 90 days after their coverage was terminated to complete the redetermination (renewal) process and regain their coverage without having to reapply.



HIP Basic instead of HIP Plus: For the last several years, most HIP members experienced the benefits of having HIP Plus. **Educating consumers** on maintaining this coverage will be critical.

Things to consider:

- How do **POWER accounts** work?
- Are there any local organizations that will help consumers make their POWER account payments?
- For new applications, what are the pros and cons of **Fast Track Payments**?
- Do consumers with incomes over 100% of the federal poverty level understand they need to make the Power account payment, or they will lose their HIP coverage?
- Do consumers at 100% or less of the federal poverty level understand they need to make the POWER account payment or they will be moved to **HIP Basic** (no dental and vision coverage as well as copayments)?

Note: HIP members over 100% federal poverty level can no longer be locked out of HIP coverage for nonpayment.



Medicare: Some consumers may have turned down Medicare when they became eligible because they had HIP coverage. In October 2022, the Centers for Medicare & Medicaid Services issued a **final rule** that will help these consumers. A Medicare special enrollment period (SEP) will coordinate with the termination of Medicaid coverage after January 1, 2023 allowing people who missed a Medicare enrollment period to enroll in Medicare after the termination of their Medicaid eligibility. They should be able to choose Medicare coverage going forward or retroactively to the loss of Medicaid coverage. The **State Health Insurance Assistance Program (SHIP)** has counselors that can assist consumers in reviewing their options.



Navigator Education

It will be critical that navigators stay current on the latest developments. Please check the resources section of this toolkit for more information on how to stay up to date.

Consumer Education

Navigators should take every opportunity to educate consumers about upcoming changes.

This includes the need to update contact information either in the benefits portal (<https://fssabenefits.in.gov>) or by calling **800-403-0864**.

Sample Newsletter Inserts

Use these sample texts to create content for your organization's newsletters and email blasts.

Community Organizations, Businesses, Governmental Agencies and Faith-Based Organizations

Do you or someone you know have Medicaid?

Indiana Medicaid provides health insurance for low-income children, adults, seniors, pregnant people, and people with disabilities. **Medicaid covers 1 in 3 Hoosiers**—more than two million people in Indiana!

Everyone with Medicaid will need to renew their coverage in the coming year. This did not happen the last three years. This includes Hoosiers with the Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect, Children's Health Insurance Program, Medicare Savings Program, and traditional Medicaid.

Anyone covered by Indiana Medicaid should make sure the Indiana Family and Social Service Administration (FSSA) has their correct address. **They can update their information** on the benefits portal (<https://fssabenefits.in.gov>) or by calling 800-403-0864.

It is also important that they **open and respond to all mail from FSSA and their health plan** (Anthem, CareSource, MDwise, MHS, or United Healthcare).

Insurance can be confusing, but free, unbiased help is available from **Indiana Certified Navigators**. Find a navigator near you at <https://in-fssa.force.com/HNav/>.



Sample Newsletter Inserts



Schools

Does your child have Hoosier Healthwise health insurance?

Do you have the Healthy Indiana Plan (HIP) insurance? Everyone with health insurance from the State (also known as Medicaid) will need to renew their coverage in the coming year and should make sure the **Indiana Family and Social Service Administration (FSSA) has their correct address.**

You can update your information on the benefits portal (<https://fssabenefits.in.gov>) or by calling 800-403-0864.

It is also important to **open and respond to all mail from FSSA and your health plan** (Anthem, CareSource, MDwise, MHS, or United Healthcare).

Questions? Free, unbiased help is available from Indiana Certified Navigators. Find a navigator near you at <https://in-fssa.force.com/HNav/>.



Health Centers and Other Medical Providers

Is your health insurance up to date?

Everyone with Medicaid will need to renew their coverage in the coming year. This did not happen the last three years. This includes Hoosiers with the Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect, Children's Health Insurance Program (CHIP), Medicare Savings Program, and traditional Medicaid.

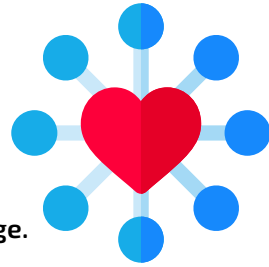
You can **make sure you get important mail** about your coverage by **updating the Indiana Family and Social Service Administration (FSSA) on any address changes.**

You can update your information on the benefits portal (<https://fssabenefits.in.gov>) or by calling 800-403-0864.

It is also important to **open and respond to all mail from FSSA and your health plan** (Anthem, CareSource, MDwise, MHS, or United Healthcare).

Insurance can be confusing, but **free, unbiased help is available** from Indiana Certified Navigators. Find a navigator near you at <https://in-fssa.force.com/HNav/>.

Resources



These resources can be used by anyone with a connection to people with Medicaid coverage.

With more than one in three Hoosiers covered by Medicaid, that means everyone!

For more information contact:

jwalden@indianapca.org

Please note that these materials will be updated as more information and resources become available.

- **Social media posts** – coming soon
- **Customizable Power Point Presentation**
 - [Click here to download presentation](#)
 - [Click here to download agenda & notes](#)
- **Medicaid appeals** – coming soon
- **Flyers** to connect to navigators from:
 - [IPHCA - Click here](#) (also see page 15)
 - [Hoosier Action - Click here](#)
 - [Covering Kids & Families \(English\) - Click here](#)
 - [Covering Kids & Families \(Spanish\) - Click here](#)
- **Indiana Medicaid Helps Hoosiers Flyer**
[Click here to view/download](#)
- **Indiana Family & Social Services Administration (FSSA)/Medicaid** -
This page has official communications from the State regarding health coverage after continuous coverage ends. It includes:
 - *Posters and postcards that you can order to distribute locally*
 - *Social media posts*
 - *Messaging*
 - *Instructions on how to update information on [FSSABenefits.in.gov](https://www.fssa.in.gov)*
 - *Power Point presentation on the State's plans*



Actions and Additional Resources

For community organizations, businesses, governmental agencies, schools, and faith-based organizations

You can use this toolkit to educate staff, volunteers, employees, and members on the importance of the coming changes to Medicaid and to think about how you can be a partner in assisting and educating people with Medicaid. Use the items in the resources section to:

- Share information through fliers, newsletter inserts, social media, etc.
- Establish a referral process to an organization with [Indiana Certified Navigators](#).
- Invite organizations with [Indiana Certified Navigators](#) to events and meetings.



For health centers and other medical providers

You may have patients who do not realize they no longer have Medicaid until they seek medical services. Educate and assist patients by partnering with your in-house Indiana Certified Navigators or create a partnership with a local organization with [Indiana Certified Navigators](#). Staff at community health centers can connect to additional resources at the [Indiana Primary Health Care Association](#). Use the items in the resources section to:

- Share information through fliers, newsletter inserts, etc.
- If you do not have navigators on staff, establish a referral process to an organization with [Indiana Certified Navigators](#).

For Navigators

Indiana Certified Navigators and their agencies should expect to see an increase in Hoosiers seeking assistance. Use the items in the resources section to:

- Share information through fliers, newsletter inserts, social media, etc.
- Educate community organizations, businesses, governmental agencies, schools, and faith-based organizations on who may be impacted. Set up referral processes so they can refer people to your organization
- Attend community events and meetings to educate and assist Hoosiers.

Additional resources for navigators include:

- **Covering Kids & Families of Indiana** - publishes a bi-weekly **newsletter** which includes an Outreach & Enrollment section featuring news for Navigators.
- **Indiana Primary Health Care Association** offers a bi-weekly call for assisters. Visit their **website** for more information.

For those interested in policy, research, and data

A group of stakeholders (the “All Hands on Deck” committee) is meeting monthly to discuss the Medicaid unwinding in order to coordinate efforts and impact outcomes.

For more information contact:

Jenny Walden, IPHCA Outreach and Enrollment Program Specialist:

jwalden@indianapca.org

Additional resources include:

Covering Kids & Families of Indiana - Covering Kids & Families publishes a bi-weekly **newsletter** which includes a policy section examining both state and federal policies. They also host a **Policy and Provider Policy Committee** and a School Health Policy Committee.

Georgetown University Health Policy Institute Center for Children and Families has a **website** dedicated to the Unwinding of Medicaid coverage. It includes a 50 state tracker, recordings of their webinar series, blog posts and more.

For those interested in advocacy

Hoosier Action is a non-partisan, grassroots community organization dedicated to improving the lives of everyday Hoosiers. They advocate at both an administrative and legislative level to protect and improve Medicaid for Hoosiers.

If you're interested in joining their advocacy work, please sign-up for their **mailing list** or contact tracey@hoosieraction.org.



Thank you!

Thank you for taking the time to learn how you can communicate changes to Medicaid and help Hoosiers stay insured. The organizations listed here have helped to shape the contents of this toolkit by working collaboratively to prepare for changes coming to Medicaid in 2023.

If you are interested in becoming more involved in our “all hands on deck” effort, please contact one of the agencies listed or contact :

Jenny Walden, IPHCA Outreach and Enrollment Program Specialist: jwalden@indianapca.org



Download this flyer from the IPHCA site -
Click the image or navigate to
<https://www.indianapca.org/resource/gap-in-benefits-flyers/>



AARP Indiana



Anthem Blue Cross and Blue Shield



Covering Kids and Families



Crossroads AME Church



Hoosier Action Resource Center



Indiana Family to Family



Indiana Justice Project



Indiana Legal Services



Indiana Primary Health Care Association (IPHCA)



Indiana Rural Health Association



MDwise



Managed Health Services (MHS)



National Association of Social Workers-Indiana Chapter



State Health Insurance Assistance Program (SHIP)



Indiana Primary Health Care Association

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