



Update on Medicaid policy changes re: COVID-19

In response to the COVID-19 public health emergency, some policy and program changes have been made to help ensure members in our managed care programs (Healthy Indiana Plan, Hoosier Care Connect, Hoosier Healthwise) as well as our Traditional Medicaid members are able to maintain continuous coverage in this critical time.

Member Eligibility

Member health coverage will not be terminated during the public health emergency. Member coverage will only end if a member voluntarily withdraws or moves out of the state. This applies to all full coverage Indiana Health Coverage Programs. It does NOT apply to presumptive eligibility. Presumptively eligible members must still complete a full IHCP application. This decision was implemented after letters were sent to members whose coverage was set to close on March 31. Those closures will not take place, and new letters will be sent.

Cost Sharing

All cost sharing is suspended for the duration of the public health emergency. Members who typically had co-payments will not have any co-payments applied starting April 1, 2020. This applies to all IHCP programs including HIP. This includes pharmacy co-payments.

Premiums and POWER Account contributions will be waived for the months of March-August 2020. This applies to the CHIP program, HIP and MEDWorks. All members who made payments for the month of March or any future months will have those payments applied as credits on their account when payments are required again.

Member coverage will start when eligibility is determined and will not require a first payment in order to begin. Fast Track payments will not be required and we ask that organizations stop making these payments.

Pharmacy

Pharmacies are now allowed to fill prescriptions with name brand drugs in the event that the generic drug the member takes is out of supply. Pharmacies can also now fill some prescriptions early and can fill maintenance prescriptions for 90-days, if requested.

Additional resources

Members with questions should contact their health plan (Anthem, CareSource, MDwise or MHS) using the information found on the back of their health coverage card. Questions can also be submitted via the webform found at in.gov/fssa/2404.htm.

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