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State of Indiana

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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 Program. It does NOT apply to presumptive eligibility. Presumptively eligible members must still complete a full IHCP application.

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 Personal Wellness and Responsibility (POWER) Account contributions were waived starting March 1, 2020, until further notice. This applies to the Children's Health Insurance Program (CHIP), Healthy Indiana Plan (HIP) and Medicaid for Employees with Disabilities (M.E.D. Works). 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. FSSA will give substantial notice to members prior to reinstating premiums and POWER Account contributions. 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, or on [this web page](#). Questions can also be submitted via the web form found [here](#).