

IHCP *bulletin*



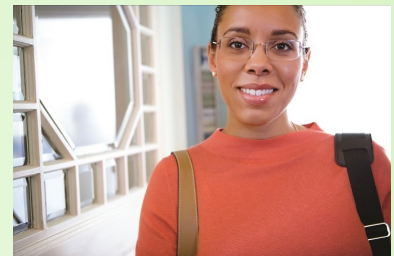
INDIANA HEALTH COVERAGE PROGRAMS BT202033 APRIL 2, 2020

IHCP COVID-19 Response: IHCP revises Medicaid policies

In response to the coronavirus disease 2019 (COVID-19) public health emergency, the Indiana Health Coverage Programs (IHCP) has made some policy and program changes to help ensure members in our managed care programs – Healthy Indiana Plan (HIP), 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 programs under the IHCP. It does **not** apply to presumptive eligibility (PE). PE 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, 2020. Those closures will not take place, and new letters will be sent to those members.



Cost-sharing

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

Premiums and Personal and Wellness Responsibility (POWER) Account contributions will be waived from March 2020 through August 2020. This applies to the Children's Health Insurance Program (CHIP), 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.

Member coverage will start when eligibility is determined and will not require a first payment to begin coverage. Organizations should stop making fast-track payments as they are no longer required.

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 the managed care entity (MCE) with which they are enrolled (Anthem, CareSource, MDwise or Managed Health Services [MHS]) using the information found on the back of their health coverage card or on the [Member website](#) at in.gov/medicaid/members. Questions can also be submitted via the web form on the [Contact Us](#) page at in.gov/fssa.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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