

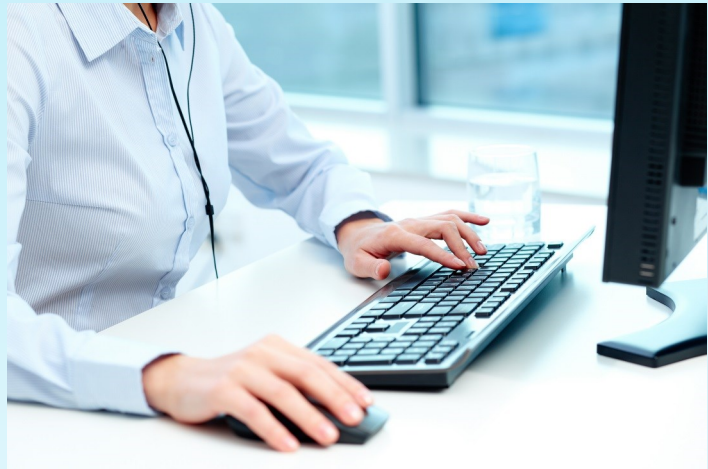
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2021107 DECEMBER 7, 2021

Quarterly cost sharing cap to include M.E.D. Works premiums in January 2022

The Indiana Health Coverage Programs (IHCP) requires that eligible Medicaid members be responsible for some of their healthcare costs. This is referred to as “cost sharing” and includes copayments for services rendered. Cost sharing includes only items that are charged directly by Medicaid, and it does not include Medicare costs or other non-Medicaid healthcare costs.

The cost-sharing maximum cannot exceed 5% of the family’s countable quarterly income, which has been reported to and verified by the Division of Family Resources (DFR). The member’s cost sharing is tracked and applied on a quarterly basis. If a member reaches 5% of their countable income for a calendar quarter, then copayments and Medicaid premiums are not required for the remainder of that quarter.



Please note: During the coronavirus disease 2019 (COVID-19) public health emergency, all cost-sharing obligations have been suspended. See IHCP Bulletin [BT202033](#).

Currently, the cost-sharing calculations do not include monthly premiums paid under the Medicaid for Employees with Disabilities (M.E.D. Works) program. Per *Code of Federal Regulations 42 CFR 447.56*, member premiums are to be included and applied toward the 5% cost-sharing limit.

On Jan. 26, 2022, processes for calculating cost sharing will change to include monthly premium amounts paid by M.E.D. Works members, in addition to copayments, whether the member is part of the fee-for-service delivery system or assigned to a Hoosier Care Connect managed care entity (MCE).

If COVID-19 measures are still in effect on Jan. 26, 2022, the changes will not take effect until the public health emergency is lifted. At that time, the cost-sharing obligations will be reinstated. The IHCP will track Medicaid copayments and premiums, which may result in M.E.D. Works members meeting their cost-sharing obligation sooner than in the past. If a member reaches 5% of their countable income for a calendar quarter, copayments and premiums will be stopped for the remainder of that quarter.

QUESTIONS?

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