

MEDICAID in 2025:

At School, at Home & Beyond



ISHN Conference
June 2025

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Covering Kids & Families of Indiana

Note: Presentation based on information
available as of June 4, 2025



Learning Objectives

- You will be able to share why Medicaid matters.
- You will be familiar with new Medicaid policies.
- You will develop at least one strategy for connecting families with coverage.

Covering Kids & Families of Indiana

Vision: All Hoosiers have accessible healthcare coverage and care.

Mission: Facilitate and support accessible health for all Hoosiers with a primary focus on healthcare coverage and children's development.



Get Covered, Stay Covered

Since 1999

Statewide Nonprofit

Free Unbiased Local In person or Virtual



To schedule an appointment, call 1-888-975-4CKF or visit ckfindiana.org. These organizations are ready to serve your health care coverage needs. Choose the most convenient option to meet with a Navigator – your expert resource for getting covered and staying covered.





2026 ISHN Conference

SAVE THE DATE

6.15.26-6.17.26

**DON'T
MISS**

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**Click on
conference tab**



Why does healthcare coverage (insurance) matter?

☐ At school

☐ At home

☐ & beyond



School-based Medicaid Administrative Claiming (MAC)



\$21.52

LEAs recover about **\$21.52** annually for every student. ¹



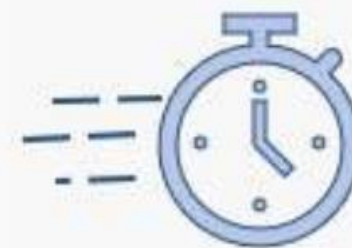
220

Currently, **220** LEAs participate in IndianaMAC



\$69.5M

Participating LEAs have received **\$69.5** million in unrestricted federal funds over the last **13 years**.



3-4 hrs

LEAs spent an average of 3-4 hours per quarter on MAC program coordination. ²

Medicaid Has Long-Term Benefits for Kids

Children who are eligible for Medicaid health coverage:



do better in school,



miss fewer school days due to illness or injury,



are more likely to finish high school, attend college, and graduate from college,



have fewer emergency-room visits and hospitalizations as adults, and

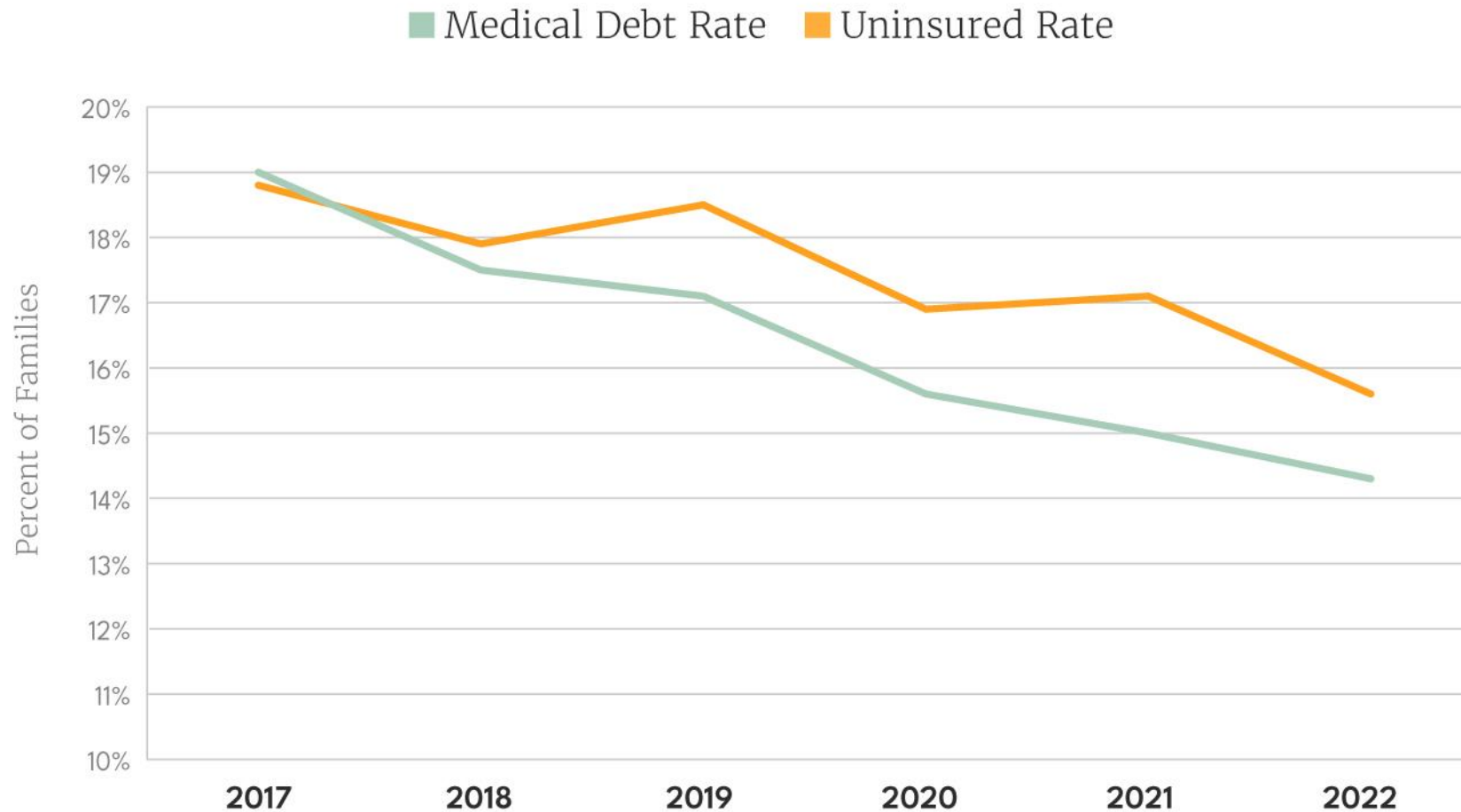


earn more as adults.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Source: [Center on Budget and Policy Priorities](https://www.cbpp.org/)

Medical Debt has Fallen as Fewer Families are Uninsured



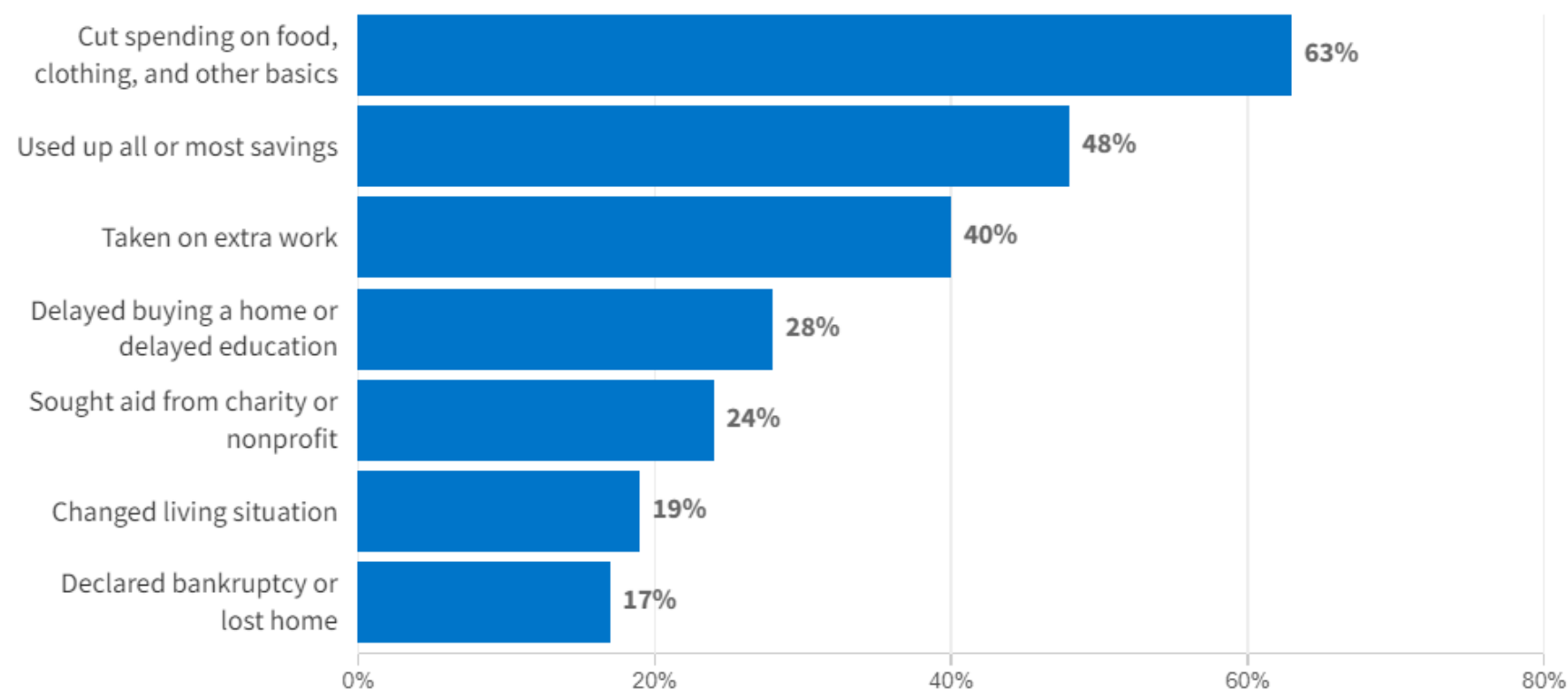
Note: The uninsured rate is for households where any family member does not have coverage for some or part of the year.

Source: United States, Department of Commerce, Census Bureau, "Wealth, Asset Ownership, & Debt of Households Detailed Tables: 2022," www.census.gov/topics/income-poverty/wealth/data/tables.html.

100 Million People in America Are Saddled With Health Care Debt

What People Sacrificed

Share of indebted adults who have done the following because of health care debt:

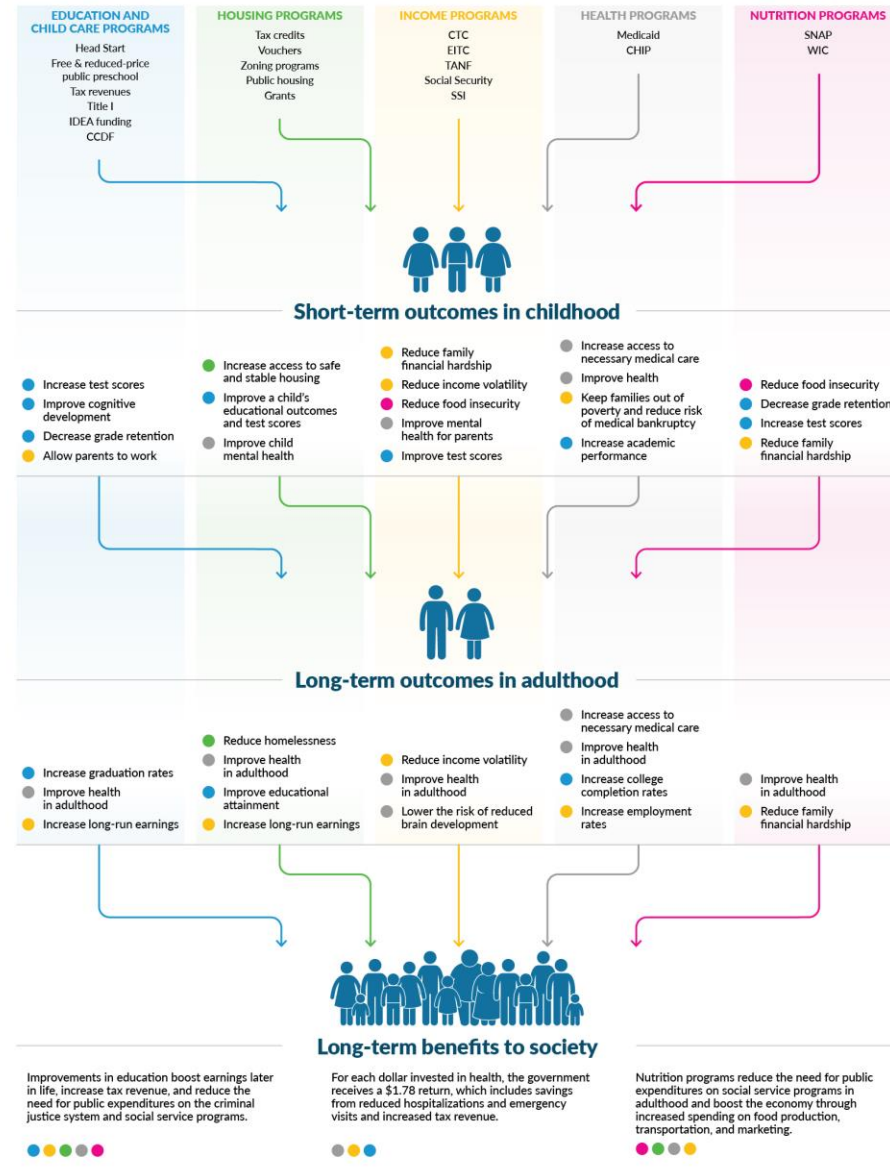


Source: KFF Health Care Debt Survey of 2,375 U.S. adults, including 1,674 with current or past debt from medical or dental bills, conducted Feb. 25 through March 20. The margin of sampling error for the overall sample is 3 percentage points.

Credit: Daniel Wood/NPR and Noam N. Levey/KHN

The Short- and Long-Term Benefits of Investing in Children

Public investments in children benefit children and the government. Participating in a public program improves children's short- and long-term outcomes and can have benefits for other areas of their lives, too. As a result, they grow up to contribute to a stronger workforce and economy that can more than repay the government's original investment.





Why does healthcare coverage (insurance) matter?

- ✓ Better health outcomes
 - Short term
 - Long term
- ✓ Improves family financial stability



**What are your
community's
coverage stories?**



Coverage Events



1965

Medicare and Medicaid

1997

Children's Health Insurance Program

2013

Affordable Care Act

2020-2023

Pandemic Medicaid Protections

4/2023-3/2024

Unwinding/ Return to Normal Operations

2025

State & Federal Bills impact Medicaid



Federal Health Coverage Programs

- Medicare
- Health Insurance Marketplace



Most Common Indiana Health Coverage Programs (Medicaid) – State and Federal Partnership

Hoosier Healthwise

- Under 19
- Some pregnant people
- Includes Medicaid and the Children's Health Insurance Program (CHIP)



Indiana Health Coverage Programs (Medicaid) - continued

Healthy Indiana Plan (HIP)

- Medicaid Expansion for low-income adults since 2015
- Ages 19-64



Indiana Health Coverage Programs (Medicaid)

**Most programs provided by a Managed Care Entity
(Organization)**

For HIP and Hoosier Healthwise

- Anthem
- Caresource
- MDwise
- MHS (Managed Health Services)



Connecting to Healthcare Coverage



CHILDREN

Hoosier Healthwise

- Up to 255%* of federal poverty level (FPL)
- Family of 4 = \$81,983

PARENTS**

Healthy Indiana Plan (HIP)

- Up to 138%* of federal poverty level (FPL)
- Family of 4 = \$44,367

Marketplace

Up to 400% FPL for tax credits***

100 - 250% for cost sharing help

Family of 4 at 400% FPL = \$124,800

*includes a 5% disregard

**Income Guidelines for pregnant people are higher

***Waived until 12/2025 under current legislation

[Indiana Eligibility
Guidelines
Marketplace Information](#)

Who is Covered by Medicaid in Indiana?

41% of births

37% of children

Nearly half of children with special health care needs

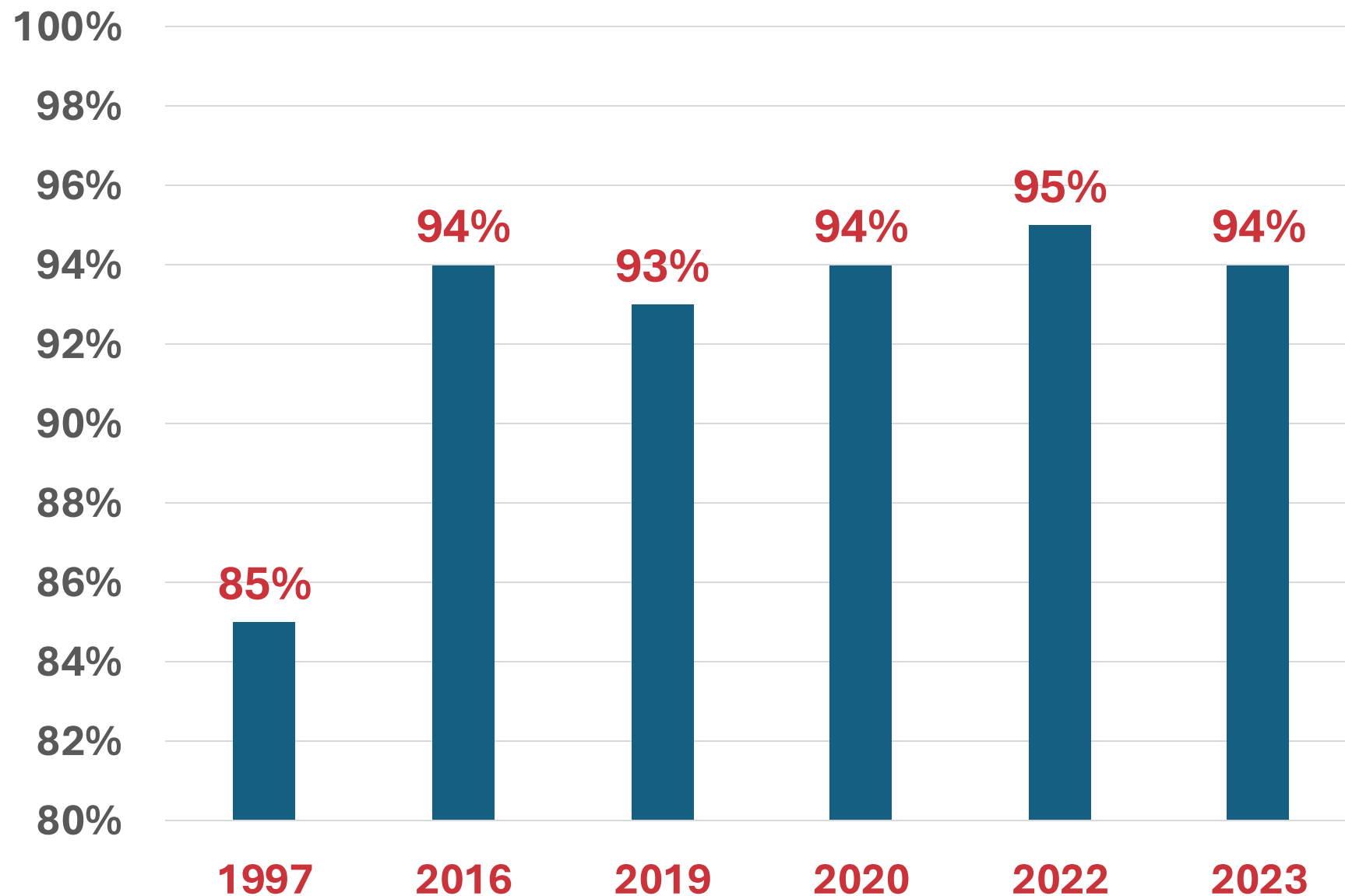
17% of adults (ages 19 - 64)

44% of working age adults with disabilities

100% of children in foster care



Percent of Hoosiers <19 with Health Insurance



Good News!

You do **not** have
to be an expert
on Medicaid and
other insurance
programs to help!



Find a partner

Covering Kids & Families

Federally qualified health
centers/community health
centers

Other Indiana Certified
Navigators

Indiana 2-1-1



Indiana Navigators

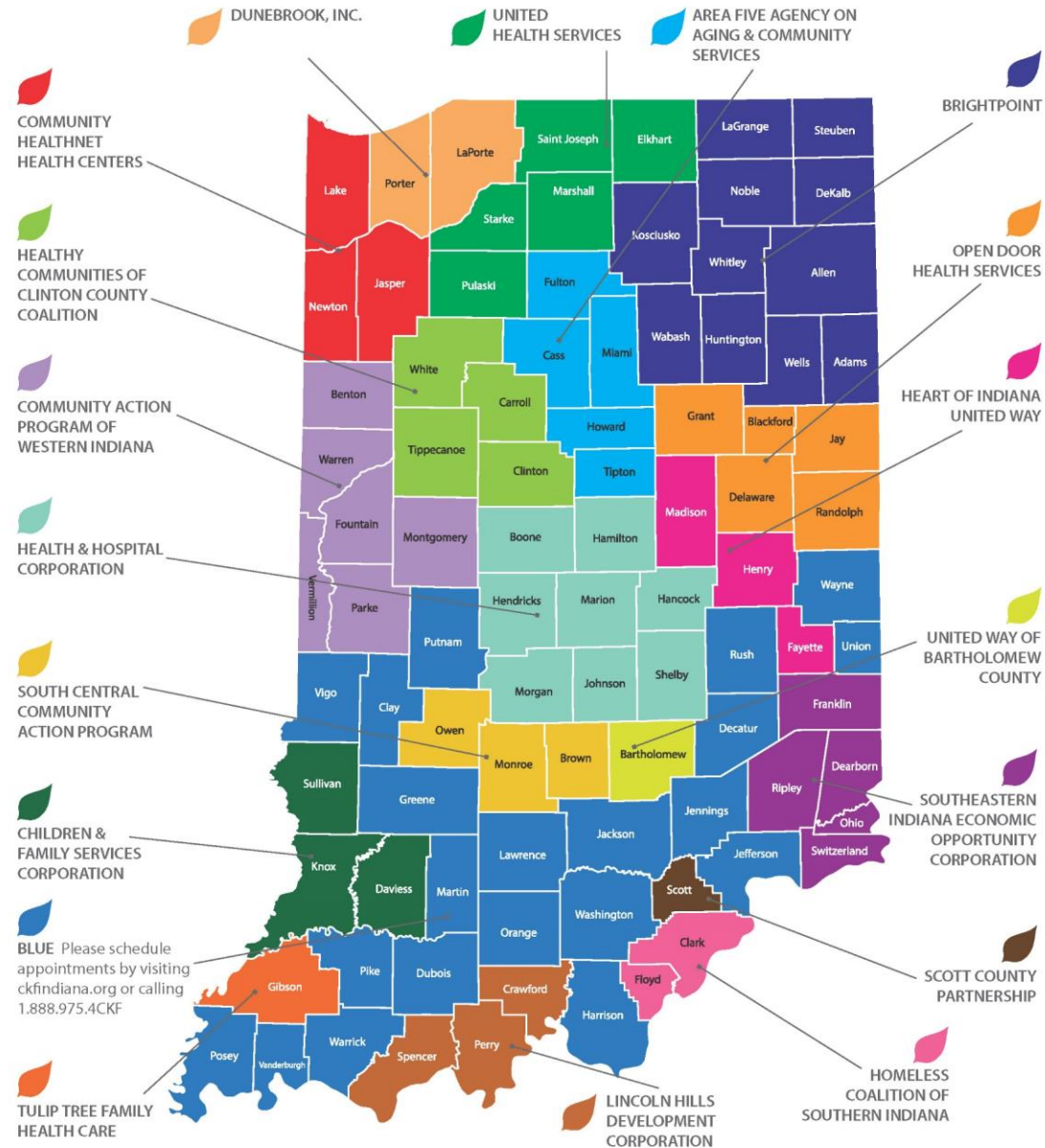
Covering Kids & Families' Navigators assist with:

- Application
- Barriers
- Enrollment
- Access to healthcare
- Retention
- Education
- Referrals





To schedule an appointment, call 1-888-975-4CKF or visit ckfindiana.org. These organizations are ready to serve your health care coverage needs. Choose the most convenient option to meet with a Navigator – your expert resource for getting covered and staying covered.



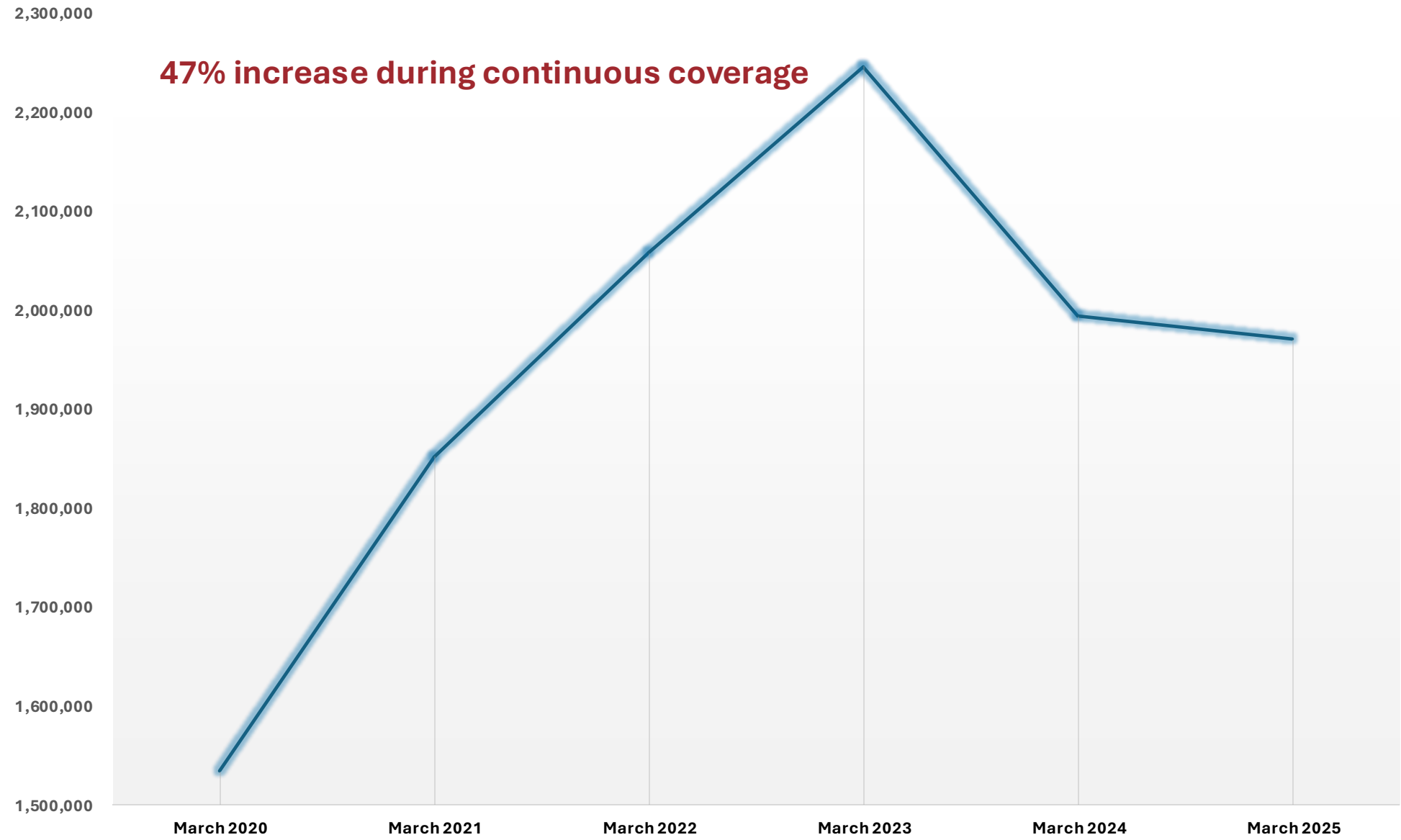


Medicaid in 2025

- Fewer Hoosiers have Medicaid
- Keeping Coverage is a Challenge
- The Fear of Losing Coverage is Real

Enrollment in Indiana Health Coverage Programs

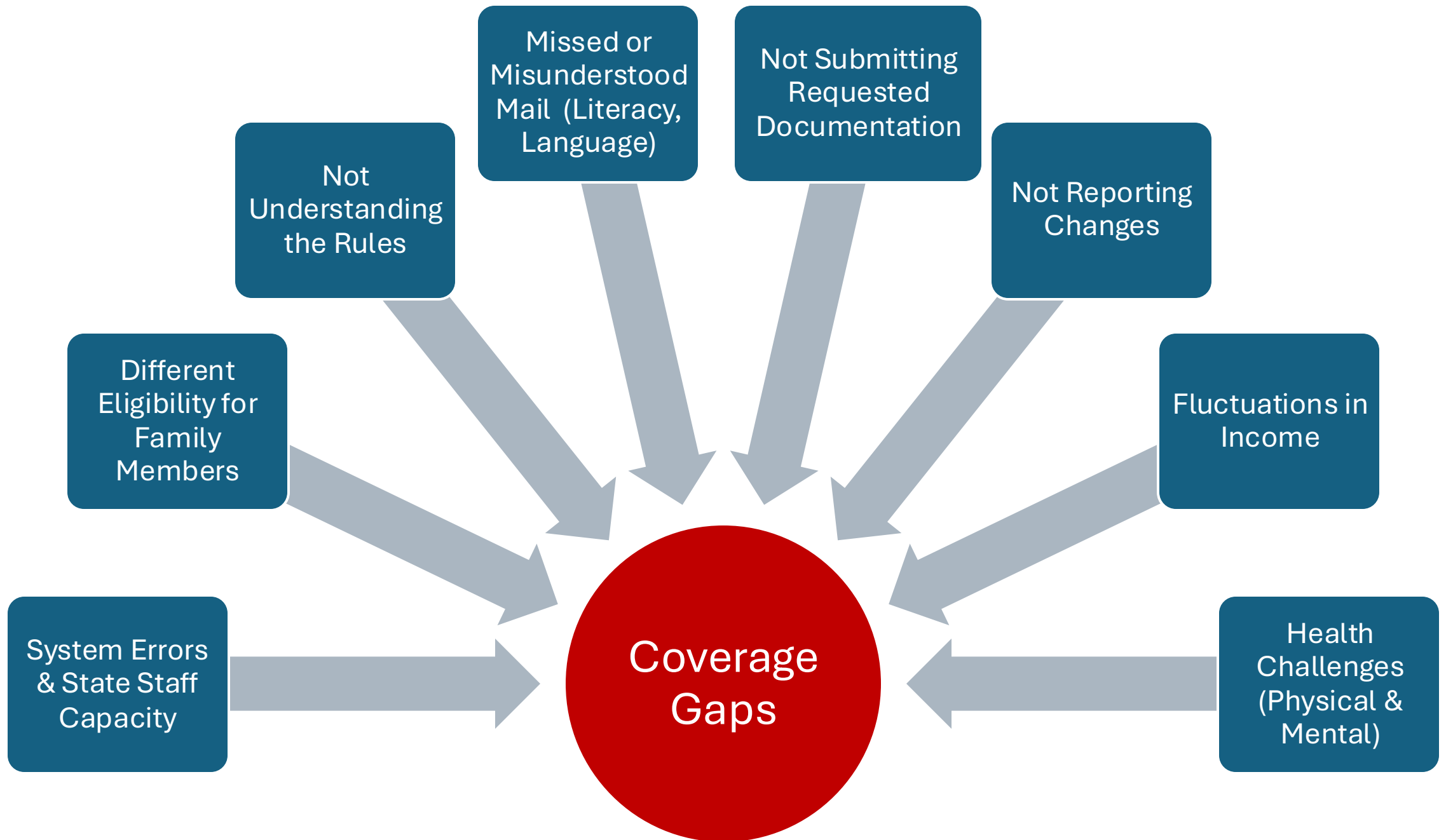
(including Medicaid)



Coverage Gaps (Churn)

- Low- and moderate-income (under 250% of the federal poverty level) families are more likely to experience.
- More likely to impact children in communities of color.
- 26% of children with a coverage gap lack a usual source of care and more than half of them did not see a physician during the year.
- The important issue of coverage gaps is often overlooked.







**In your
experience, what
barriers do
families face?**



Key Messages

What can we all do to help families get covered and stay covered?

- Encourage them to update their contact information with the State (Family & Social Services Administration – FSSA).
- Encourage them to open and read all mail from FSSA and their health plan (Anthem, CareSource, MDwise, MHS).
- Encourage them to get help from an [Indiana Certified Navigator](#).



Keeping Coverage in Indiana?

Executive Order & SB2 Legislation

Monthly & quarterly checks on eligibility allowed AND if there is a change that may affect eligibility, a redetermination shall promptly be conducted.

- Change in income
- Change in household





Keeping Coverage in Indiana?

Executive Order & SB2 Legislation

Self-attestation from applicants
no longer permitted for eligibility
factors

- Income
- Residency
- Age
- Household composition
- Caretaker or relative status
- Receipt of other coverage

Keeping Coverage in Indiana?

SB2 Legislation

Work Requirements

20 hours a week monthly average (work, work program, volunteering)

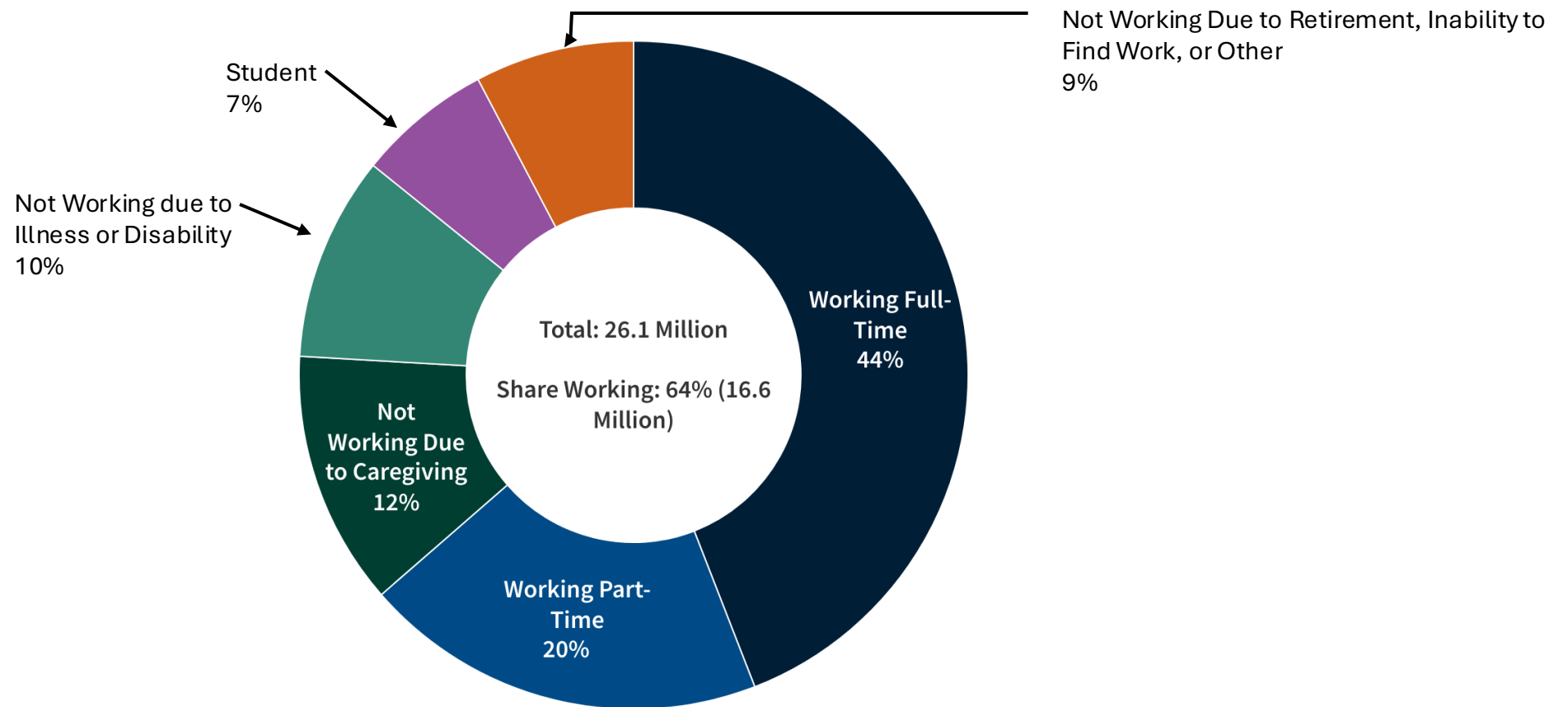
Exemptions (but need to prove):

- Substance use treatment & rehab program participation
- Medically certified as physically or mental unfit for employment
- Pregnant or parent or caretaker responsible for care of dependent child <6
- Parent, spouse, or caretaker personally responsible for providing care for individual with serious medical condition or disability
- <90 days since released from incarceration
- Attending accredited education program full time

Work Status & Barriers to Work Among Medicaid Adults, 2023

Includes Medicaid covered adults (age 19-64) who do not receive benefits from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and are not also covered by Medicare.

■ Working Full-Time ■ Working Part-Time ■ Not Working Due to Caregiving
■ Not Working Due to Illness or Disability ■ Not Working Due to School Attendance
■ Not Working Due to Retirement, Inability to Find Work, or Other Reason



Note: Total may not sum to 100% due to rounding. Working Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one job.

Source: KFF analysis of the March 2024 Current Population Survey ASEC Supplement

IN Medicaid 2025 – HIP (Medicaid Expansion)

	Impact	Status
HIP POWER Accounts, discontinued during the pandemic, have not returned	No POWER Account payments - reduces a barrier to coverage.	Current court case
30 days retro HIP coverage “if certain conditions are met”	Reduce medical debt	SB2 Legislation passed Implementation timeline unknown
Limit enrollment in HIP to current budget appropriations	Limit the number of Hoosiers covered. It could reduce Indiana’s ability to respond to an economic downturn.	SB2 legislation passed Specific details unknown
Remove HIP from state plan and apply for a waiver	Implement work requirements	SB2 legislation passed Specific details unknown

IN Medicaid 2025 - Kids

	Impact	Status
If child loses coverage while in juvenile detention, DFR to help make sure child is eligible upon release.	Reduce coverage gaps.	SB486 Legislation passed Implementation timeline unknown
Since January 2024, children have 12 months of continuous eligibility even if there are changes to a family's income or other eligibility factors.	Reduce coverage gaps and churn.	In effect
2024 legislation to give full Medicaid for lawfully present immigrants who are pregnant or children without the 5 - year waiting period.	Would provide full coverage to pregnant immigrants and children.	Implementation was expected summer of 2025. Current status unknown.
Children may not lose coverage for CHIP nonpayment. (by June 2025)	Don't lose coverage but are not renewed. Must submit new application but don't have to pay owed premiums	In May 2025, released guidance
CHIP lock out periods eliminated (by June 2025)	Reduce coverage gaps	In April 2025, updated policy manual which states effective date of change was 6/1/24 per CMS guidance

IN Medicaid 2025 – The Rest

	Impact	Status
New Presumptive Eligibility (PE) standards for Hospitals	More charity care. Increase in medical debt.	Executive Order & SB2 Legislation passed Implementation timeline unknown
State prohibiting advertising and marketing for Medicaid contractors (primarily MCEs).	Less presence in communities = less education and service to their members	Executive Order & SB2 Legislation passed Already being implemented
Sheriffs need to make sure inmates incarcerated 30 days apply for coverage before release.	Upon release, it is a quicker process to have active coverage for medical and mental health needs.	SB486 Legislation passed There were already some requirements
DACA recipients eligible for Marketplace tax credits and cost sharing (November 2024) was not implemented in Indiana	DACA recipients continue to be uninsured if they don't have coverage through an employer	Court case Possible federal legislation
FSSA must report annually on fraud, waste, and abuse (FWA), as well as improper payments.	Potentially identify level of FWA. Potential federal repercussions for improper payments.	SB2 Legislation passed Report due annually on October 1 st

Medicaid in 2025 – Federal (in discussions)

Medicaid

- No matching \$ if state gives undocumented persons services under Medicaid program
- Limit retroactive coverage,
- Prohibit gender affirming care for minors
- **Verify eligibility at least twice a year for adults**
- Restrict participation in Medicaid program for abortion providers who get more than \$1 M in Medicaid payments.
- Sunset enhanced FMAP (IN law says if FMAP decreases need to evaluate HIP funding)
- No new or increased provider taxes (states use for their match)
- **Work requirements**
- Stop the Streamlining Medicaid Eligibility & Enrollment Rules of 2024 - Fewer eligible seniors and people with disabilities will be enrolled in Medicaid and Medicare Savings Programs

Marketplace

- Shorten open enrollment period for Marketplace coverage
- Eliminate Marketplace continuous open enrollment for people with incomes below 150% FPL
- Increase paperwork requirements for Marketplace coverage
- No talk of renewing pandemic era enhanced subsidies
- Remove automatic reenrollment for Marketplace plans



Impact of GOP Medicaid Cuts on Medical Debt by State

	Medicaid enrollment	Increase in Uninsured	Increase in People with Household Medical Debt	Increase in Amount of Medical Debt
United States	79,034,066	10,028,836	2,798,972	\$26,897,200,000
Alabama	953,706	121,018	33,775	\$324,569,168
Alaska	249,774	31,694	8,846	\$85,004,120
Arizona	1,934,256	245,443	68,501	\$658,273,996
Arkansas	817,144	103,690	28,939	\$278,093,823
California	13,407,935	1,701,367	474,839	\$4,563,043,856
Colorado	1,194,765	151,607	42,312	\$406,607,363
Connecticut	928,454	117,814	32,881	\$315,975,303
Delaware	249,009	31,597	8,819	\$84,743,772
DC	256,206	32,511	9,073	\$87,193,085
Florida	3,788,467	480,728	134,168	\$1,289,306,748
Georgia	1,934,895	245,524	68,524	\$658,491,464
Hawaii	403,126	51,154	14,277	\$137,193,506
Idaho	315,309	40,010	11,167	\$107,307,262
Illinois	3,223,840	409,081	114,172	\$1,097,150,553
Indiana	1,768,456	224,404	62,629	\$601,848,255
Iowa	674,941	85,645	23,903	\$229,698,711

What Can Your School/Program Do?



What Can Your School/Program Do?

- Establish a referral process
- Invite local Navigators to events
- Distribute information
 - Fliers and brochures
 - Website
 - Social media
 - Email or text blasts
- Track insurance status of students
- Champion getting all students covered
- Champion getting the whole family covered
- Consistently bring to parents' attention





What can YOU do?



YOU can:

- Help identify students and families needing coverage.
- Know who at your school or organization is managing referrals to a local navigator OR you can become an advocate for setting up a referral system.
- Use your trusted voice to educate parents and individuals about why Medicaid matters at school, at home & beyond.

Key Messages

What can we all do to help families get covered and stay covered?

- Encourage them to update their contact information with the State (Family & Social Services Administration – FSSA).
- Encourage them to open and read all mail from FSSA and their health plan (Anthem, CareSource, MDwise, MHS).
- Encourage them to get help from an [Indiana Certified Navigator](#).



I will...

1.

2.





Learning Objectives

- You will be able to share why Medicaid matters.
- You will be familiar with new Medicaid policies.
- You will develop at least one strategy for connecting families with coverage.

www.CKFindiana.org

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[Some photos used in this presentation by www.freepik.com](http://www.freepik.com)



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QR code for
newsletter

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