

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201505 JANUARY 30, 2015

IHCP adds new category for Hospital Presumptive Eligibility

Effective February 15, 2015, the Indiana Health Coverage Programs (IHCP) is adding a new aid category for those found eligible under the Hospital Presumptive Eligibility (HPE) process, to include the individuals presumptively eligible for the new Healthy Indiana Plan (HIP) program described in IHCP Provider Bulletin [BT201503](#). The new aid category, HPE Adult, differs from the current HPE aid categories in the following ways:

- HPE Adult members will have *HIP Basic* plan coverage.¹
- HPE Adult members will have cost-sharing obligations.
- HPE Adult members will be served under the managed care delivery system and must be enrolled with an IHCP -contracted managed care entity (MCE).

Qualified HPE providers will be able to enroll qualifying individuals in the HPE Adult eligibility category to receive temporary health coverage until full IHCP eligibility is determined by the Division of Family Resources (DFR).

Qualified providers will be held to the same performance standards for the HPE Adult category as apply to the other eligibility categories.



Determining eligibility for HPE Adult

Individuals are allowed only one presumptive eligibility determination per rolling 12 months. To be eligible for HPE Adult, an individual must:

- Be a U.S. citizen or a qualified noncitizen;
- Be an Indiana resident;
- Not be currently incarcerated;
- Not be a current IHCP member;
- Not have Medicare coverage;
- Be a nondisabled adult age 19 – 64; and
- Have a family income of approximately 138%² of the federal poverty level (FPL) or less for the applicable household size.

¹ *HIP Basic* coverage is outlined in [BT201503](#).

² This percentage includes a 5% income disregard. When completing a full application, the 5% income disregard will be applied only if an individual is otherwise ineligible for IHCP coverage.

HPE qualified providers (QPs) must check IHCP eligibility to determine if an individual is already enrolled before rendering nonemergency services and before completing a presumptive eligibility application. Eligibility can be verified using one of the following Eligibility Verification System (EVS) options:

- Web interChange
- Automated Voice Response (AVR) system
- Electronic Data Interchange (EDI) 270/271 – Eligibility Benefit Transaction

If no IHCP coverage exists, QPs will complete the HPE application using Web interChange, as is done with other HPE eligibility groups. HPE QPs must record a response in all required fields on the application, including the gender field. Once qualified under the HPE Adult category, individuals will need to select their MCE. The application will generate a pop-up box asking for the MCE selection. Individuals who do not select an MCE will be automatically assigned one. QPs must provide presumptively eligible members with a copy of the letter indicating their eligibility status and their assigned MCE.

As with all HPE-eligible individuals, QPs must inform HPE Adult members that they must complete the *Indiana Application for Health Coverage* before the temporary eligibility period ends, as well as provide them with information about how to do so. Presumptively eligible members may change health plans at any time. If they are subsequently determined to be eligible for HIP, members may change health plans before making their first Personal and Wellness Responsibility (POWER) Account contributions. Members may request information about available health plans and making plan changes by calling 1-877-GET-HIP-9 (1-877-438-4479).

HPE Adult benefit package

Individuals qualifying for HPE Adult coverage will receive the *HIP Basic* benefit package. *HIP Basic* covers the following services:

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| <ul style="list-style-type: none">■ Ambulatory patient services<ul style="list-style-type: none">– Primary care physician services– Specialty physician visits– Home health services– Outpatient surgery– Allergy testing– Chemotherapy– IV infusion services– Radiation therapy– Dialysis■ Emergency services<ul style="list-style-type: none">– Hospital emergency department (ED)– Urgent care clinics | <ul style="list-style-type: none">■ Hospitalization<ul style="list-style-type: none">– General inpatient care– Inpatient physician services– Surgical services– Noncosmetic reconstructive surgery– Transplants– Congenital abnormalities– Anesthesia– Hospice care– Skilled nursing facility■ Mental health and substance abuse<ul style="list-style-type: none">– Behavioral inpatient– Behavioral outpatient– Substance abuse inpatient– Substance abuse outpatient |
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- Prescription drugs
- Rehabilitative services
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Durable medical equipment
 - Prosthetics
- Laboratory services
 - Lab tests
 - X-ray
 - Imaging (MRI, CT, PET)
 - Pathology
- Preventive care
 - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for 19- and 20-year-olds
 - Hearing aids

Services not covered in HPE Adult/HIP Basic include:

- Dental services
- Vision services
- Bariatric surgery
- Treatment for temporomandibular joint (TMJ) disorder

Copayments will apply to office and other outpatient services, inpatient services, preferred drugs, nonpreferred drugs, and ED visits deemed nonemergent as presented in Table 1.

Table 1 – Copayments under the HPE Adult aid category

Service	Copayment Amount
Preventive care and wellness services	\$0
Maternity and newborn care	\$0
Family planning services	\$0
Rehabilitative and habilitative services and devices	\$4
Ambulatory services	\$4
Laboratory services	\$4
Office and other outpatient services	\$4
Inpatient services	\$75 per stay
Preferred drugs	\$4
Nonpreferred drugs	\$8
Nonemergency ED visit	\$8 first visit; \$25 all subsequent visits

Reimbursement for services rendered to HPE Adult members

Services rendered to individuals covered under the HPE Adult aid category will be reimbursed through the risk-based managed care (RBMC) delivery system by the MCE with which the member is enrolled. The member's MCE assignment is identified when verifying IHCP eligibility, which should always be done before rendering services.

During the HPE period, providers will be required to submit claims for HPE Adults to the appropriate MCE using the member's HPE identification (ID) number, which will always begin with "600."

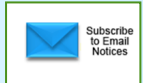
For more information regarding the HPE process and for information about becoming a qualified provider, please visit the [HPE](#) web page at indianamedicaid.com.

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