

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201607    JANUARY 26, 2016

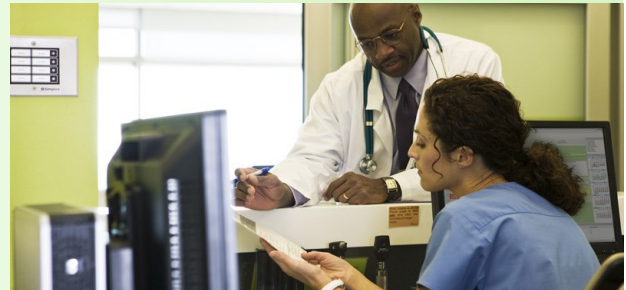
## Expediting HIP coverage: Presumptive eligibility and Fast Track Prepayments

The Indiana Health Coverage Programs (IHCP) does not provide retroactive Healthy Indiana Plan (HIP) coverage. However, there are two pathways for HIP-eligible individuals to receive health coverage benefits quickly – a presumptive eligibility (PE) process and Fast Track Prepayments.

### PE pathway

The PE process allows individuals who appear to meet eligibility criteria to receive IHCP coverage on a temporary basis.

- The PE process is intended as a mechanism for individuals facing acute healthcare issues to get temporary coverage quickly.
- PE is not intended to be the primary method of enrollment in HIP.
- Individuals presumptively eligible for HIP receive coverage equivalent to the limited *HIP Basic* benefit package beginning on the date of PE determination by a qualified provider.



### Fast Track Prepayment pathway

Fast Track Prepayments allow HIP applicants to pay a \$10 prepayment into their Personal Wellness and Responsibility (POWER) Account before the State's eligibility determination to expedite the effective date of their HIP benefits.

- A Fast Track Prepayment is an option for most HIP-eligible individuals to begin coverage sooner.
- Fast Track Prepayments are intended to be the primary mechanism for expediting HIP enrollment.
- If determined eligible for HIP, an individual receives *HIP Plus* or *HIP State Plan – Plus* benefits beginning the first day of the month that the Fast Track Prepayment was received. **This date could be as early as the first day of the month in which the application was filed, if the applicant makes his or her Fast Track Prepayment during the application month.**

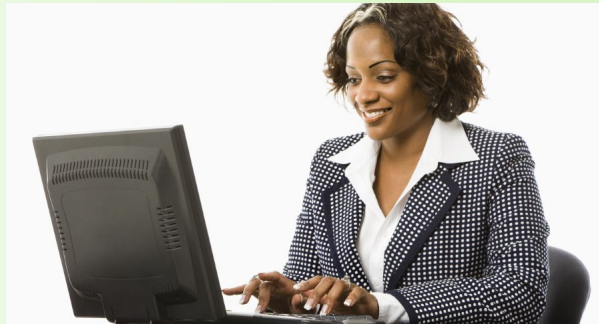
### Explanation of the PE process

The PE process allows qualified acute care and psychiatric hospitals, federally qualified health clinics (FQHCs), rural health clinics (RHCs), community mental health centers (CMHCs), and local health departments to make PE determinations. Qualified providers make a preliminary assessment of eligibility based on a short list of eligibility questions including age, income, pregnancy status, and residency status. Individuals found presumptively eligible have temporary health coverage starting that same day. The member receives a PE acceptance letter that serves as proof of coverage during the temporary PE coverage period.

Individuals determined presumptively eligible for HIP will be identified as Adult PE. Under this category, the member is enrolled with a managed care entity (MCE) and receives benefits equivalent to the *HIP Basic* benefit package. *HIP Basic* coverage offers minimum essential benefits and requires copayments ranging from \$4 to \$75 for services. The PE benefits are temporary. The duration of the PE coverage period depends on whether the individual files an IHCP application and when the State makes a final HIP eligibility determination.

The following scenarios summarize the various coverage and HIP enrollment time frames via the PE pathway:

- **IHCP application *not* filed** – A presumptively eligible member who does not file an IHCP application receives PE benefits until the last day of the month following the month in which the PE determination was made. All PE members receive a Fast Track Prepayment invoice. If this invoice is paid and the member does not file an IHCP application, the amount is refunded.
- **IHCP application filed and denied** – A presumptively eligible member whose IHCP application is filed and denied by the Family and Social Services Administration (FSSA) receives PE benefits until the date of the State’s adverse eligibility decision. All PE members receive a Fast Track Prepayment invoice. If this invoice is paid and the member is determined not eligible, the amount is refunded.
- **IHCP application filed and approved** – A presumptively eligible member who files an IHCP application that is ultimately approved by the FSSA receives PE benefits until one of the following occurs:
  - *Applicant pays required POWER Account contribution:* Like all HIP applicants, presumptively eligible members have the opportunity to pay a \$10 Fast Track Prepayment to expedite coverage with *HIP Plus* or *HIP State Plan – Plus* benefits. A PE member who pays the Fast Track Prepayment at application, or who pays the Fast Track Prepayment or the initial POWER Account contribution within 60 days of the initial invoice, has PE benefits through the last day of the month in which the payment or the eligibility determination is made, whichever is later. The member begins *HIP Plus* or *HIP State Plan – Plus* coverage, as applicable, effective the first day of the month following the month in which the payment is made or the eligibility determination is made, whichever is later, with no gap in coverage.
  - *Applicant does not pay required POWER Account contribution and applicant is over 100% FPL:* A PE member with household income greater than 100% of the federal poverty level (FPL) who does not pay the Fast Track Prepayment or make a POWER Account contribution within 60 days of initial invoice will have PE benefits terminated at the end of the invoice payment period.
  - *Applicant does not pay required contribution and applicant is at or below 100% FPL:* A PE member with household income equal to or less than 100% of the FPL who does not pay the Fast Track Prepayment or make a POWER Account contribution within 60 days of initial invoice will have PE benefits until the first day of the month following the month in which the 60-day payment period ends. The individual begins *HIP Basic* or *HIP State Plan – Basic* benefits, as applicable, effective on termination of the PE period, with no gap in coverage.



### Explanation of Fast Track Prepayments

A Fast Track Prepayment allows a HIP-eligible individual to enroll in *HIP Plus* or *HIP State Plan – Plus* as quickly as the first day of the month in which the individual applies for coverage. HIP applicants are given the opportunity to make prepayments of \$10 to their POWER Accounts without waiting for the State to determine eligibility and calculate the member's monthly required POWER Account contribution amount. Fast Track Prepayments may be paid by credit card when filing an IHCP application or in response to a Fast Track Prepayment invoice received after filing the application or during the PE period. If an individual pays the \$10 Fast Track Prepayment and the individual is later determined ineligible for HIP, the MCE fully refunds the payment to the individual.

Members who make the Fast Track Prepayment have the payment applied to their POWER Account contributions for *HIP Plus* or *HIP State Plan – Plus*. If the member's required monthly POWER Account contribution is less than \$10, the Fast Track Prepayment is applied forward to cover contributions in future months. If the member's required monthly POWER Account contribution is more than \$10, the member is responsible for paying the remaining balance on the next month's POWER Account invoice.

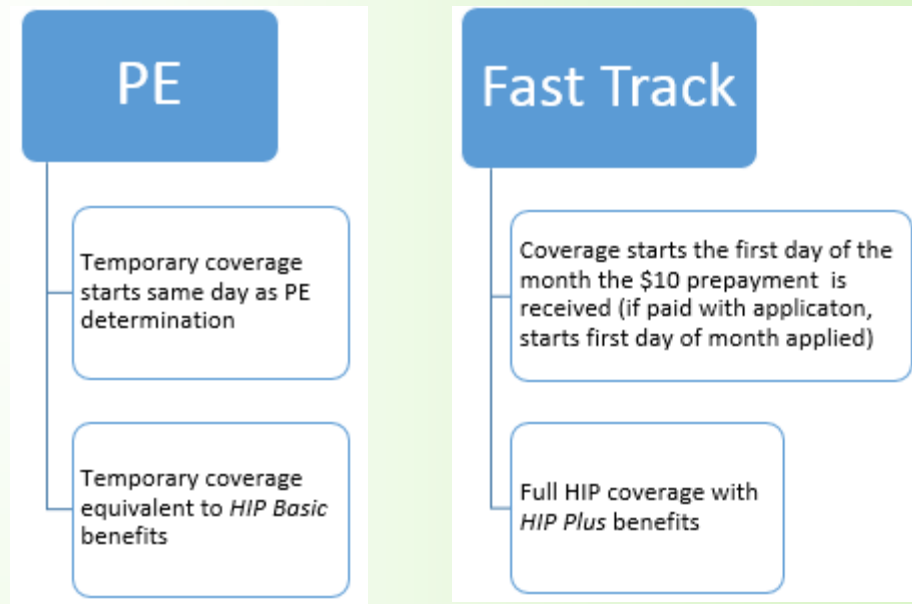


The following scenarios summarize the various coverage and HIP enrollment time frames via the Fast Track Prepayment pathway:

- **New applicant pays Fast Track Prepayment with electronic IHCP application** – If determined eligible by the State, a new applicant (without a PE period before applying) who elects to make an electronic prepayment with his or her application is enrolled with *HIP Plus* or *HIP State Plan – Plus* benefits, as appropriate, effective the first day of the month in which the individual applied.
- **New applicant pays Fast Track Prepayment invoice within 60 days** – If determined eligible by the State, a new applicant (without a PE period before applying) who makes his or her prepayment within the 60-day payment period is enrolled with *HIP Plus* or *HIP State Plan – Plus* benefits, as appropriate, effective the first day of the month in which the prepayment is made.
- **PE member pays Fast Track Prepayment within 60 days** – A PE member who is determined fully eligible for HIP by the State and makes his or her prepayment within the 60-day payment period is enrolled with *HIP Plus* or *HIP State Plan – Plus* benefits, as appropriate, effective the first day of the month following the month in which eligibility was determined or the prepayment made, whichever is later.

If the State makes a positive eligibility determination and calculates the member's POWER Account contribution before the Fast Track Prepayment is made and before expiration of the 60-day initial invoice payment period, the individual is considered to be conditionally eligible for HIP until a timely payment is received. After either payment is received, the member is enrolled with *HIP Plus* or *HIP State Plan – Plus* benefits.

**Comparison of enrollment scenarios**



*Scenario 1: Enrollment following Fast Track Prepayment directly on IHCP application*

Date	Action
August 23	<ul style="list-style-type: none"> <li>Individual submits IHCP application and pays \$10 Fast Track Prepayment directly on electronic application</li> </ul>
September 15	<ul style="list-style-type: none"> <li>Individual determined eligible for HIP with a monthly POWER Account contribution of \$5</li> <li><i>HIP Plus</i> or <i>HIP State Plan – Plus</i> benefits begin <b>effective August 1</b> (first day of month in which the Fast Track Prepayment was received)</li> <li>\$5 overpayment of the individual’s August POWER Account contribution is credited on the September POWER Account invoice</li> </ul>

*Scenario 2: Enrollment through PE process followed by Fast Track Prepayment*

Date	Action
August 23	<ul style="list-style-type: none"> <li>Individual presents to qualified provider with acute condition</li> <li>Individual determined presumptively eligible for HIP</li> <li>Individual enrolled in PE HIP with temporary coverage equivalent to <i>HIP Basic</i> benefits effective August 23 through at least September 30</li> </ul>
September 2	<ul style="list-style-type: none"> <li>Individual submits IHCP application and pays the \$10 Fast Track Prepayment directly on the electronic application</li> </ul>
September 15	<ul style="list-style-type: none"> <li>Individual determined eligible for HIP with a monthly POWER Account contribution of \$10</li> <li>Individual remains on PE HIP through the end of the month in which full HIP eligibility was determined and prepayment made</li> <li><i>HIP Plus</i> or <i>HIP State Plan – Plus</i> benefits begin <b>effective October 1</b> (first day of month <i>following</i> the month in which the prepayment was received)</li> <li>Because the Fast Track Prepayment and the required monthly POWER Account contribution are the same amount, reconciliation on future invoices is not required</li> </ul>
September 30	<ul style="list-style-type: none"> <li>PE period expires</li> </ul>
October 1	<ul style="list-style-type: none"> <li><i>HIP Plus</i> or <i>HIP State Plan – Plus</i> benefits begin</li> </ul>

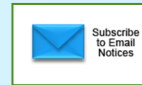
*Scenario 3: Enrollment following payment of a Fast Track Prepayment invoice*

Date	Action
August 23	<ul style="list-style-type: none"> <li>Individual submits IHCP application and does not pay the Fast Track Prepayment on the application</li> </ul>
August 27	<ul style="list-style-type: none"> <li>MCE mails individual a Fast Track Prepayment invoice; payment due within 60 calendar days (by October 26)</li> </ul>
September 15	<ul style="list-style-type: none"> <li>Individual determined eligible for HIP with a monthly POWER Account contribution of \$15; individual conditionally eligible for HIP</li> <li>MCE notifies individual of required \$10 Fast Track Prepayment or \$15 POWER Account contribution</li> </ul>
September 25	<ul style="list-style-type: none"> <li>Individual pays Fast Track Prepayment</li> <li><i>HIP Plus</i> or <i>HIP State Plan – Plus</i> benefits begin <b>effective September 1</b> (first day of month in which the prepayment was received)</li> <li>\$5 balance due from the individual's required September POWER Account contribution will be included on the MCE's October POWER Account invoice</li> </ul>

If you have questions regarding this bulletin, contact the appropriate HIP MCE. For provider services contact information for each HIP MCE, see the [IHCP Quick Reference Guide](#) at indianamedicaid.com.

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