

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201612 MARCH 15, 2016

Update on Indiana's new *HIP Link* Program

HIP Link, which is part of the State's Healthy Indiana Plan (HIP 2.0), helps lower-income employed individuals afford the cost of their employer-sponsored health insurance. An individual working for an approved *HIP Link* employer can enroll in the program if he or she meets the established criteria. Individuals eligible for *HIP Link* coverage include (updated from previous bulletin):

- HIP-eligible Hoosiers age 19 through 64 years with access to a qualifying employer-sponsored insurance plan
- HIP-eligible spouses age 19 through 64 years eligible for coverage under a *HIP Link* member's qualifying employer-sponsored health insurance plan
- HIP-eligible dependents age 19 through 25 years (up to age 26) eligible for coverage under a *HIP Link* member's qualifying employer-sponsored health insurance plan

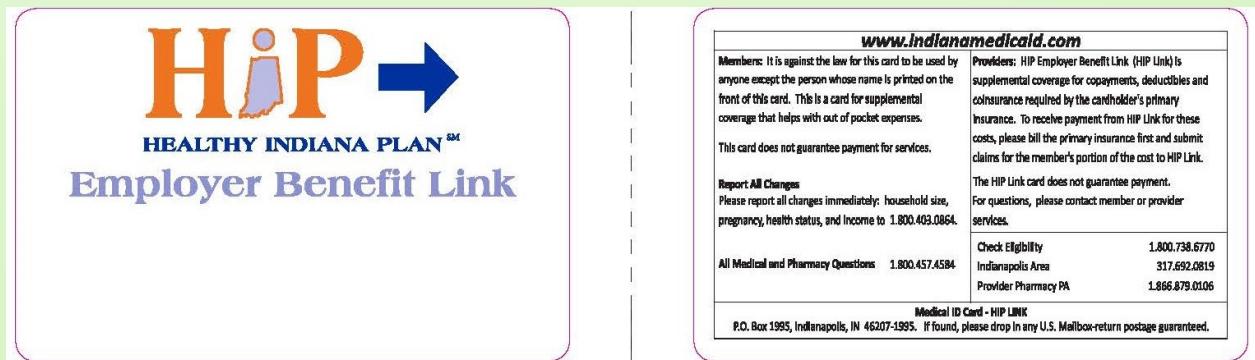


Initial program information was announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201537](#). Additional information is available through the [HIP website](#) at [in.gov/fssa](#) under the [HIP Link](#) tab.

HIP Link coverage and billing

A number of employers and employees have now been enrolled with *HIP Link*; as a result, IHCP providers may be seeing *HIP Link* members presenting for services. All members enrolled in the *HIP Link* program receive a *HIP Link* identification card, as depicted in Figure 1. Providers should expect *HIP Link* members to present their card at the time of service; however, providers should also verify member eligibility through Web interChange or by calling 1-800-738-6770. Doing so will ensure the member's eligibility is current for a particular date of service.

Figure 1 – *HIP Link* identification card



HIP Link members receive the following benefits through the IHCP:

- **Employer-Sponsored Insurance Premium Assistance** – Members receive a monthly reimbursement check for a portion of the premium costs deducted from their paycheck by the employer.
- **A \$4,000 Personal Wellness and Responsibility Account (POWER Account)** – An account similar to a health savings account that is used to cover out-of-pocket medical expenses such as copayments and coinsurance for covered medical services, and plan deductibles.
- **Wraparound IHCP Services** – These *HIP Link* benefits are provided in addition to the benefits covered by the employer-sponsored health insurance plan:
 - IHCP-covered services provided at federally qualified health centers (FQHCs) or rural health clinics (RHCs) regardless if the center is in the commercial plan network or covered by the employer plan
 - 72-hour emergency supply of prescription medications
 - Family planning services not covered by the employer-sponsored plan
 - Nonemergency transportation for limited populations including:
 - ◆ Pregnant women who elect to maintain coverage in *HIP Link* at their annual redetermination
 - ◆ Qualified low-income parents and caretakers
 - ◆ Members receiving Transitional Medical Assistance (TMA)
 - Early and Periodic Screening, Diagnosis and Treatment services not covered by the plan for members that are 19 or 20 years of age



All services rendered to a *HIP Link* member must be billed to the member's employer-sponsored insurance plan as the primary payer. After the claim has been adjudicated by the employer-sponsored insurance plan, the provider may submit a claim to the IHCP to receive direct reimbursement for the member's out-of-pocket costs. Reimbursement rates for out-of-pocket costs are based on network contracts with the insurer of the employer-sponsored insurance plan.

HIP Link wraparound services not covered by the employer-sponsored insurance plan are reimbursed to providers at the Medicaid fee-for-service (FFS) rates. The IHCP [Fee Schedule](#) is used to determine reimbursement for wraparound services. Providers should call 1-866-879-0106 for prior authorization of pharmacy services not covered by the employer-sponsored insurance plan.

For information about *HIP Link* billing procedures and claim requirements, see *IHCP Bulletin* [BT201558](#). To be eligible for IHCP reimbursement for *HIP Link* services, providers must be enrolled with the IHCP. Providers interested in enrolling should visit the [Become a Provider](#) web page at indianamedicaid.com for information about how to become a provider and to access the application. For assistance, click the [Contact Us](#) link at indianamedicaid.com to find the Provider Relations field consultant in your area.

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