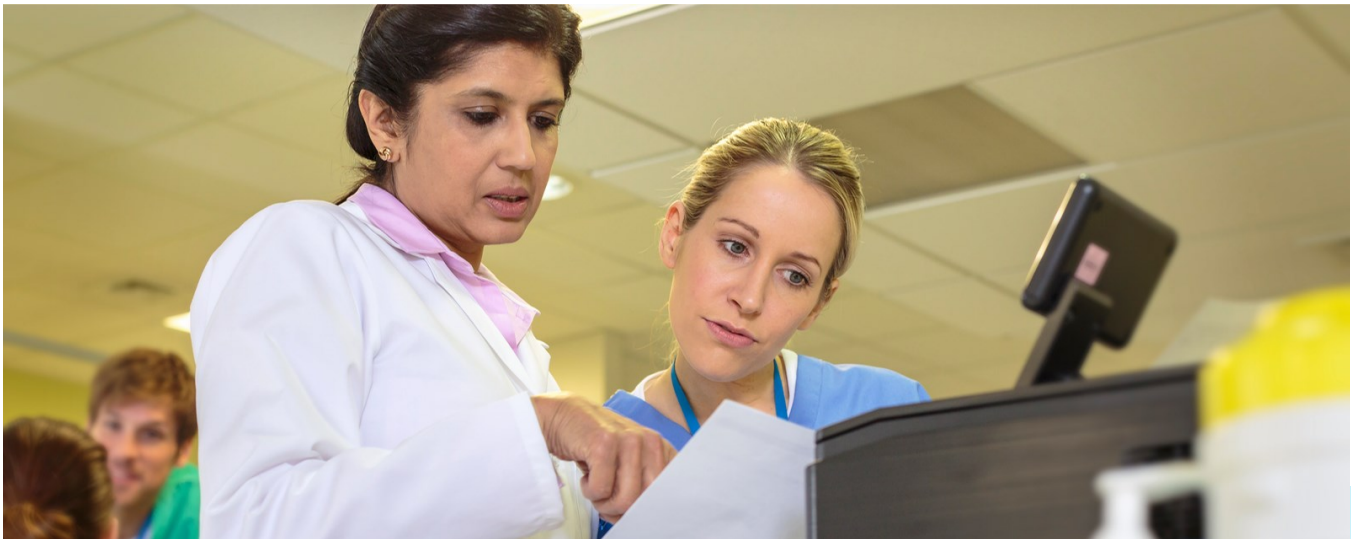


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201433 JULY 15, 2014



Patient liability established for qualifying individuals with end-stage renal disease

Effective June 1, 2014, Indiana Health Coverage Programs (IHCP) instituted a temporary program that granted eligibility to members with end-stage renal disease (ESRD) who were at risk of losing access to transplant services as a result of ending the spend-down program. This temporary program extended eligibility for approximately 400 individuals with ESRD who were enrolled in the IHCP under the spend-down program as of May 31, 2014, and met the following program criteria:

- Were eligible for Medicare
- Were not institutionalized
- Had incomes over 150% of the federal poverty level (FPL)

New members who meet the program criteria may also be enrolled under this temporary program.

Effective August 1, 2014, enrolled individuals will be subject to a monthly ESRD patient liability. As authorized and approved by the Centers for Medicare & Medicaid Services (CMS), for the temporary program, the liability amount will be calculated based on the spend-down methodology in effect on May 31, 2014. Letters are being issued to affected members indicating their monthly ESRD patient liability amount. The Eligibility Verification System (EVS) will indicate liability requirements for these individuals.

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Provider claims for these ESRD members with dates of service on or after August 1, 2014, will be reimbursed based on the member's patient liability balance. Providers will be required to collect payment from members for patient liability amounts (currently referenced as "spend-down" in the claims processing system). All collections of member liability amounts must comply with IHCP member billing policies and the provider's established policies and standards. See [Chapter 4: Provider Enrollment, Eligibility, and Responsibilities](#) of the *IHCP Provider Manual* for information regarding IHCP member billing policies.

More information on a long-term solution to serving these individuals will be forthcoming in future IHCP provider publications.

QUESTIONS?

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