IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201537 JUNE 1, 2015

FSSA announces the *"NEW"* HIP Employer Benefit Link Program (*HIP Link*)!

The Indiana Family and Social Services Administration (FSSA) announced approval of its Healthy Indiana Plan (HIP) 2.0 waiver application by the Centers for Medicare & Medicaid Services (CMS) in *Indiana Health Coverage Programs (IHCP) Bulletin* BT201503. Accordingly, the IHCP implemented the new HIP 2.0 on February 1, 2015.

Effective July 1, 2015, the IHCP will implement the HIP Employer Benefit Link program (*HIP Link*). *HIP Link* is an optional program available to all HIP-eligible individuals with access to employer-sponsored insurance. Employer insurance plans must be registered with and approved by the state of Indiana in order for their employees to participate. For approved plans, *HIP Link* helps pay a portion of the employee's premium costs and other cost-sharing obligations, such as deductibles and copayments, associated with their employer's insurance plan. Enrollment for qualifying Hoosiers will begin June 6, 2015, with coverage effective July 1, 2015.

Qualifying health plans

The eligible individual's employer must register with the *HIP Link* program, and the employer's insurance plan must be approved by the state with respect to benefits and affordability. To be designated as an approved *HIP Link* employer, employers must apply at the *HIP Link* Employer Portal accessible via HIP.in.gov (available on June 6, 2015) and meet the following requirements:

- The employer must contribute at least 50% of the total employer insurance plan premium costs.
- The employer insurance plan must offer the essential health benefits or the equivalent.
- The cost of the employer insurance plan must be deemed affordable.

Small group health plans that meet the 2014 *Affordable Care Act* (ACA) requirements will automatically meet the essential health benefit requirement to participate in *HIP Link*. Other types of plans may be eligible for *HIP Link* if they are determined to meet the state's essential health benefit requirements *or* meet the federal requirements of offering minimum value and benefits in all the essential health benefit categories, including the following:

- Ambulatory patient services
- Emergency services hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services
- Pediatric services

Indiana's essential health benefits are described in the *Indiana Essential Health Benefits Benchmark Plan* at cms.gov. Minimum value requirements are described in the *Minimum Value Calculator Methodology* at cms.gov.

To be considered affordable, an employee's expected out-of-pocket expenses under the employer insurance plan must be within the $4,000 *HIP Link* program account limit.

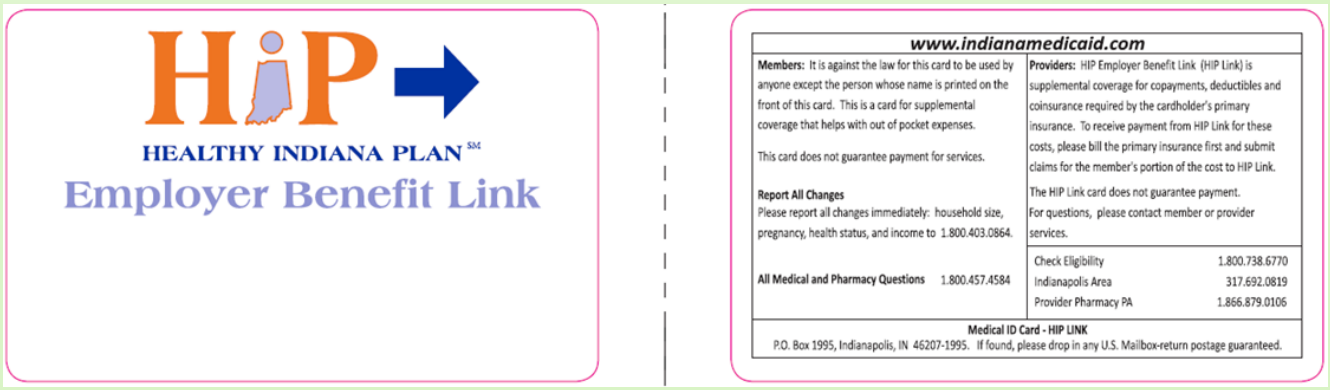
Qualifying individuals

Individuals eligible for *HIP Link* coverage include the following:

- HIP-eligible Hoosiers ages 21-64 with access to a qualifying employer-sponsored insurance plan
- Current HIP members with access to a qualifying employer-sponsored insurance plan
- HIP-eligible spouses and dependents of HIP members that are currently enrolled or eligible for enrollment in a qualifying employer-sponsored insurance plan
  - An eligible dependent must be 21-25 years of age and eligible for HIP.
  - Dependent eligibility ends when the dependent turns 26 years of age.

Interested individuals may apply for the *HIP Link* program by completing the *Indiana Application for Health Coverage* and selecting the *HIP Link* box. Eligibility for HIP must be determined for individuals not currently enrolled. Individuals currently enrolled in HIP, can enroll in *HIP Link* by calling the Division of Family Resources at 1-800-403-0864 and requesting to enroll. To enroll in *HIP Link*, individuals will need to provide their employer's *HIP Link* ID. Employers will be given an ID when they are approved to participate in the *HIP Link* program through the *HIP Link* Employer Portal.

HIP Link member coverage will be effective no sooner than the first day of the month in which the member enrolled in a qualifying employer-sponsored insurance plan. If the eligible member is transitioning from HIP, his or her *HIP Link* enrollment will be effective the first day of the month after verification of enrollment in a qualifying employer-sponsored insurance plan, to prevent an overlap in HIP and *HIP Link* coverage. All members in the *HIP Link* program will receive a *HIP Link* identification card.



HIP Link benefits

The *HIP Link* program provides the following:

- Employer Premium Assistance – Members receive monthly reimbursement for part of the premium costs deducted from their paycheck by their employer.
- A $4,000 Link Personal Wellness and Responsibility (Link POWER) Account – An account similar to a health savings account that will be used to cover out-of-pocket expenses such as premium reimbursements, deductible, and copayments for covered medical services.

The *HIP Link* employer will continue to deduct the member's portion of the employer-sponsored insurance premium from the employee's paycheck. *HIP Link* will reimburse the member on a monthly basis for a portion of the insurance premiums that were withheld from his or her paycheck. Each participant is required to contribute a portion of their annual household income toward their health coverage – approximately 2% but not to exceed the member's employer-sponsored insurance premium cost-sharing amount. The member's required contribution will be deducted from the *HIP Link* monthly premium reimbursement amount. Total member cost sharing is limited to 5% of total household income.

The following services are not *HIP Link* covered benefits:

- Abortions and abortion-related services
- Secondary coverage for services not covered by the employers insurance plan, except for the following wrap-around services:
  - Services provided at a Federally Qualified Health Center (FQHC), rural health clinic (RHC), or community health center
  - Family Planning Services covered by IHCP
  - Seventy-two hour supply of a covered outpatient prescription drug in an emergency situation
  - Non-Emergency Transportation for qualified low-income parents and caretakers enrolled in *HIP Link*, members receiving Transitional Medical Assistance (TMA), and pregnant women who elect to remain in *HIP Link* at their annual determination

HIP Link provider enrollment and reimbursement

Healthcare providers already enrolled with the IHCP are automatically enrolled as providers for the *HIP Link* program. Healthcare providers not already enrolled with the IHCP must enroll to be eligible to receive payment for *HIP Link* member deductibles, copayments, and other out-of-pocket expenses. To enroll, please visit the *Become a Provider* web page at indianamedicaid.com.

All services rendered to *HIP Link* members should be billed to the employer-sponsored insurance as the primary payer. After the claim has been adjudicated by the employer-sponsored insurance the provider may submit a claim to the *HIP Link* program to receive direct reimbursement for the member's out-of-pocket costs. Reimbursement is based on the lesser of the member's out-of-pocket cost-sharing amount for copayments, coinsurance, and deductibles as identified by the employer-sponsored insurance plan or the remaining balance in the member's Link POWER Account. The IHCP fee-for-service (FFS) Fee Schedule will be used to determine reimbursement for wrap-around services. Additional details regarding claim submission guidelines will be published in a future *IHCP Bulletin*.

HIP Link **contact information**

Use the contact information in Table 1 for member and provider inquiries.

Table 1 - HIP Link Contact Information

Member Inquiries	
Member Status Changes	1-800-403-0864
All Medical and Pharmacy Questions	1-800-457-4584
Provider Inquiries	
Check Member Eligibility	1-800-738-6770
Provider Pharmacy PA	1-866-879-0106

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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