

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201558 AUGUST 18, 2015

Provider and trading partner billing instructions presented for *HIP Link*

HIP Link is a new program offered by the state of Indiana as part of the Healthy Indiana Plan (HIP) to help low-income Hoosiers afford their employer-sponsored insurance (ESI). The program helps pay a portion of the employee's premium for ESI as well as other out-of-pocket cost-sharing obligations required by the ESI plan, such as deductibles and copayments.

All services rendered to *HIP Link* members must be billed to the ESI plan as the primary payer. After the claim has been adjudicated by the ESI plan, the provider may submit a claim to the Indiana Health Coverage Programs (IHCP) to receive direct reimbursement for the member's out-of-pocket costs.

Electronic *HIP Link* claims may be submitted to the IHCP via the 837I (Institutional), 837P (Professional), or 837D (Dental) batch electronic data interchange (EDI) transactions. *HIP Link* claims cannot be entered, submitted, or viewed using Web interChange claim submission or claim inquiry screens. Paper claims may be submitted to *HIP Link* Claims, P.O. Box 1995, Indianapolis, IN 46207-1995.

To identify the claim as a *HIP Link* claim, providers must enter the member ID on the claim with an "L" prefix. The *HIP Link* member ID card will display the member ID with the "L" prefix.

The "other payer allowed amount" information **must** be entered on the claim in the *Claim Note* segment. [Tables 1 – 3](#) provide instructions for including the "other payer allowed amount" information. All other claim form completion instructions follow the standard IHCP transaction requirements.

Please note: If the member's ESI does not cover or allow a service that is a *HIP Link* benefit (outlined as wrap-around services in *IHCP Bulletin BT201537*), *HIP Link* will reimburse providers for these services at state plan Medicaid reimbursement rates. The provider must adhere to all standard HIP billing requirements. For example, if a sterilization procedure is performed but not covered by the ESI, providers must complete and submit an IHCP *Consent for Sterilization Form*, which is located on the [Forms](#) page at indianamedicaid.com. Watch for future publications regarding *HIP Link* benefit coverage and reimbursement.

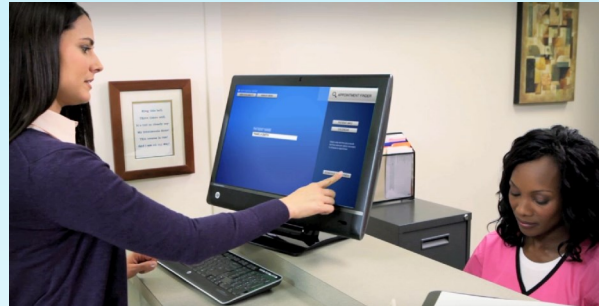


Table 1 – Instructions for HIP Link “Other Payer Allowed Amount” Information – 837P

Loop	Segment	Notes/Comments
2010BA	NM109	The member ID must contain the “L” prefix; for example: L100000000099.
2400	NTE-Third Party Organization Notes	This information is required.
2400	NTE01	The valid code for 837P is: TPO (Third Party Organization).
2400	NTE02	The allowed amount must be entered; for example: 123.45.

Table 2 – Instructions for HIP Link “Other Payer Allowed Amount” Information – 837I

Loop	Segment	Notes/Comments
2010BA	NM109	The member ID must contain the “L” prefix; for example: L100000000099.
2300	NTE-Third Party Organization Notes	This information is required.
2300	NTE01	The valid code for 837I is: UPI (Updated Information).
2300	NTE02	The allowed amount must be entered; for example: 123.45.

Table 3 – Instructions for HIP Link “Other Payer Allowed Amount” Information – 837D

Loop	Segment	Notes/Comments
2010BA	NM109	The member ID must contain the “L” prefix; for example: L100000000099.
2300	NTE-Third Party Organization Notes	This information is required.
2300	NTE01	The valid code for 837D is: ADD (Additional Information).
2300	NTE02	The allowed amount must be entered; for example: 123.45.

HIP Link Claim Payments

HIP Link claims will be paid to the billing provider identified on the claim. Providers will need to track *HIP Link* claim submissions to reconcile the *HIP Link* payments reported on subsequent Remittance Advices (RAs). Neither the RA available on Web interChange nor the electronic RA (835 transaction) will provide any claim-level detail. The RA will contain only the **total** payment for all *HIP Link* claims processed during that week’s financial cycle. Customer Assistance and Provider Relations representatives will not be able to provide claim-level information regarding the payment.

QUESTIONS?

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

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