IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201707 JANUARY 24, 2017

Certain *HIP State Plan – Plus* members must pay copayments

Providers are reminded that a small number of Healthy Indiana Plan (HIP) members may have *HIP State Plan – Plus* benefits and still be required to pay copayments for certain services. A member falls into this category if he or she fails to make Personal and Wellness Responsibility (POWER) Account contributions and the member meets both of the following criteria:

- Member has income over 100% of the federal poverty level (FPL).
- Member is medically frail.

Members meeting these criteria will be assigned *HIP State Plan – Plus* coverage with copayments. In the current Eligibility Verification System (EVS), these members are identified as "HIP PLUS COPAY." When the new Core Medicaid Management Information System (*Core*MMIS) is implemented, these members will be identified in EVS as "HIP 2.0 STATE PLAN PLUS COPAY."

The copayment structure for these members mirrors that of *HIP Basic* members, as outlined in Table 1.

Table 1 – HIP Basic Copayment Structure

Service	Copayment Amount
Outpatient services – including doctor's office visits	$4
Inpatient services – including hospital stays	$75
Preferred drugs	$4
Nonpreferred drugs	$8
Nonemergency emergency room (ER) visit	Up to $25

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