



## P R O V I D E R   B U L L E T I N

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**To:           All Medical, Institutional, and Pharmacy Providers****Subject:   Healthy Indiana Plan (HIP)**

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## Overview

Governor Mitch Daniels and the Indiana General Assembly are pleased to announce a new program, the Healthy Indiana Plan (HIP).

HIP is a program sponsored by the State of Indiana, that will provide more affordable health care choices to thousands of otherwise uninsured individuals throughout Indiana. HIP will provide health insurance for uninsured adult Hoosiers between the ages of 19 and 64 whose income is up to 200 percent of the federal poverty level (FPL), and who are not otherwise eligible for Medicaid. Unlike many other government-sponsored programs, parents and childless adults can participate. Eligible participants must be uninsured for at least six months and cannot have access to employer-sponsored health insurance. Participants will be required to make minimal contributions toward coverage.

## Objective

HIP will encourage uninsured Hoosiers to take responsibility for their health with a focus on prevention. The uninsured often do not obtain preventive health care and as a result, are most likely to be seen in a hospital emergency room or urgent care center.

## The New Plans

### ***Anthem Blue Cross and Blue Shield***

Anthem Blue Cross and Blue Shield is Indiana's leading health benefits company, providing Hoosiers with access to quality medical care since 1944. Anthem serves approximately 2.5 million members from Angola to Evansville, and all points in between, providing health coverage for more Indiana residents than any other company.

### ***MDwise with AmeriChoice***

MDwise, Inc. is a not-for-profit managed care health plan created through a joint venture of Clarian Health Partners and the Health and Hospital Corporation of Marion County (Wishard Memorial Hospital). Since 1994, MDwise has been serving Hoosier Healthwise members as one of the State's managed care organizations (MCOs). To learn more about MDwise, please visit their Web site at <http://www.mdwise.org/>.

## **Enhanced Services Plan**

Enhanced Services Plan (ESP) is a special plan for some HIP enrollees with certain high risk medical conditions. The ESP will be administered by the Indiana Comprehensive Health Insurance Association (ICHIA). Applicants will be screened for complex medical conditions such as cancer, HIV/AIDS, hemophilia transplants, and aplastic anemia. Questionnaires will be sent to medical professionals to validate the high risk conditions and qualify members. HIP enrollees, who qualify, will be assigned to ESP. The ESP will provide all HIP benefits in addition to comprehensive disease management services. Affiliated Computer Services (ACS) will process medical claims for the ESP.

## **Member Eligibility**

Eligibility in HIP is limited to uninsured Hoosiers between the ages of 19 to 64 whose family income is up to 200 percent of the federal poverty level (FPL). Other key eligibility requirements include, but not limited to:

- No access to employer-sponsored insurance
- No insurance coverage for the previous six months including Medicare
- Consolidation of Benefits in Retirement Act (COBRA) coverage is not subject to the six-month provision. If a person has exhausted COBRA benefits, they do not need to wait six months to participate in HIP
- A parent of a child enrolled in or eligible for Hoosier Healthwise will likely qualify

## **Eligibility Verification Systems**

HIP members will be given member ID cards through the health plans. Although HIP eligibility information will be available through the plans, limited information will also be available in the IHCP Eligibility Verification Systems (EVS). EVS will provide the following eligibility information for HIP members:

- The member is eligible for HIP
- The member's insurer and telephone contact information for member's benefits

## **Personal Wellness Responsibility Account**

The Personal Wellness Responsibility (POWER) Account is comprised of a monthly member contribution plus a State contribution. Members pay a modest monthly contribution for the HIP coverage. Contributions range from 2 percent to 5 percent of the family income based on gross income and family size. The maximum combined total amount of the POWER Account is \$1,100 and is used to pay the initial eligible expenses or the deductible to participating providers. If a POWER account is not fully-funded, the plan will still be required to pay all claims.

## **Implementation Schedule**

Applicants may apply for the HIP at local Division of Family Resources (DFR) offices or by calling Enrollment Centers beginning December 17, 2007. Beginning in November 2007, applications will be available from the HIP Web site, [www.HIP.in.gov](http://www.HIP.in.gov). However, DFR offices will not start processing applications until December 17, 2007. Services will be available starting January 1, 2008. Applicants can select an insurer on the application or one will be auto-assigned. Applicants will be able to change plans only before their first POWER Account contribution is made and will not be able to make

changes after payment unless they have an unresolved quality issue. Coverage begins on the first day of the month after the initial monthly contribution has cleared the bank.

## Enrollment Broker

MAXIMUS Administrative Services, Inc. (MAXIMUS) is the State's enrollment broker for the HIP. The enrollment broker provides an unbiased source for member counseling and education about the HIP program.

MAXIMUS will provide general information about the HIP and can provide choice counseling to assist applicants with selecting a plan that best meets their needs. MAXIMUS began accepting telephone calls November 1, 2007, and can be reached at 1-877-GET-HIP9 (1-877-438-4479). Choice counseling will begin December 17, 2007.

## Billing Procedures for Providers

To be reimbursed for rendering services to HIP members, providers must be IHCP enrolled providers and participating providers with the HIP plans. Providers will bill the member's HIP plan for services rendered to HIP members. Reimbursement will be made at Medicare reimbursement levels. Providers are encouraged to join with insurers to take part in this innovative program. Providers should contact the member's plan for billing instructions. Contact information is as follows:

**Anthem Blue Cross and Blue Shield**  
**Telephone: 1-800-553-2019**

**MDwise with AmeriChoice**  
**P.O. Box 44236**  
**Indianapolis, Indiana 46244-0236**  
**Telephone: 1-877-822-7196 or 317-822-7196**  
**Fax: 1-877-822-7192 or 317-822-7192**

## Covered Services

HIP coverage is focused on preventive services and covers essential medical services, similar to commercial plans. The first \$500 of preventative care services does not require member contributions from the POWER account. There is an annual limit of \$300,000 per year for services, and a lifetime maximum of \$1,000,000. Examples of covered services include:

- Physician services
- Mental health, including substance abuse treatment
- Prescriptions
- Diagnostic exams
- Home health services
- Outpatient hospital
- Inpatient hospital
- Preventive services
- Family planning
- Case management

- Disease management

Services not reimbursed under HIP include vision, dental, pregnancy, non-emergency transportation, and chiropractic services. Only hospital emergency room services are subject to a co-payment. All other provider types do not need to collect co-payments when seeing patients with HIP coverage.

### **Pregnancy Services**

Pregnant women do not qualify for the HIP. Pregnancy services are covered by Hoosier Healthwise. If a woman becomes pregnant while enrolled in the HIP, she must submit proof of pregnancy to the State and then be transferred to Hoosier Healthwise. The provider's cooperation in educating HIP members who become pregnant and encouraging them to contact the DFR office to have their coverage changed is greatly appreciated. Doing so will also allow for timely payment of claims. Following her pregnancy, the woman may re-enroll in the HIP. A future bulletin will have more specific information, including billing procedures.

### **Prior Authorization**

Each health plan is responsible for processing medical service prior authorization (PA) requests. Additionally, the health plans are responsible for notifying members about PA decisions.

### **Contact Information**

For more information on HIP, visit [www.HIP.IN.gov](http://www.HIP.IN.gov). You may also e-mail [hipinfo@fssa.in.gov](mailto:hipinfo@fssa.in.gov) or call 1-877-GET-HIP9 (1-877-438-4479).

Please direct questions regarding this bulletin to EDS Customer Assistance at 1-317-655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

If you need additional copies of this bulletin, please download them from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp). To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).