HIP Employer Benefit Link HIP LINK

EMPLOYER OVERVIEW





HIP Link Program Overview

Healthy Indiana Plan (HIP)

- Program for low income Hoosiers.
- Modeled after consumer-driven healthcare.
- Offers members a High Deductible Health Plan (HDHP) with a Personal Wellness and Responsibility (POWER) account to which members contribute.

"HIP 2.0" Waiver – HIP Link

- Indiana replaced traditional Medicaid and expanded HIP to all non-disabled Hoosiers age 19-64 with household incomes at or below approximately 138%* of the federal poverty level. Hoosiers with incomes of up to \$16,436.80 annually for an individual, \$22,246.25 for a couple are generally eligible to participate in HIP.
- HIP 2.0 includes HIP Link a new **premium assistance program** for eligible individuals with access to employer-sponsored insurance.

HIP 2.0 Approved

- HIP 2.0 began February 2015.
- HIP Link began in June 2015.

^{*133%} of FPL with a 5% income disregard



What is HIP Link?



HIP Link Basics

HIP Link Overview

- HIP Link helps employees pay for the costs of their employer coverage.
- HIP Link members get a \$4,000 POWER account.
- Members receive a monthly check to help cover the cost of employer premiums.
 - Like HIP, HIP Link members contribute 2% of their income towards the costs of coverage.
- POWER account also helps cover member cost sharing.
 - Members can use their HIP Link card to pay for copayments, deductibles and coinsurance.



Who is eligible?

HIP Link Premium Assistance Program



Which employees are eligible for HIP Link?

• Individuals must:

- Be HIP eligible,
- Have access to employer-sponsored insurance,
- Be 19 years of age or older (less than 65), and
- Have a household income under 138% FPL.

• Coverage options:

- May extend coverage to spouse or eligible dependent.
- May compare HIP Link and HIP 2.0 coverage through the state during enrollment and elect one.

Which employers and health plans are eligible for HIP Link?

- Employers or Multi-Employer Plans must:
 - Contribute at least 50% to the premium cost,
 - Have a FEIN, and
 - Employ Indiana residents.
- Health plans must:
 - Meet benefit requirements,
 - Essential Health Benefits and/or Federal Minimum Value requirements,
 - Mental Health Parity and Addiction Equity Act, and
 - Abortion requirements, in accordance with state and federal law.



Why should employers participate in HIP Link?

Employer Participation

- More employees may be able to enroll in the employer's group health plan.
 - An increase in employees may help to meet industry and marketplace participation rates or lower group premium rates.
- Employees can better manage healthcare costs with their HIP Link POWER Account and Health Reimbursement Account (HRA), if offered by employer.
- Potential to expand employee base and increase retention by being listed as an approved HIP Link Employer.
- Possible tax benefits for small employers using the Health Insurance Marketplace.
- HIP Link does not disrupt the current group health plan offered or cost sharing structure and can be incorporated at any time.



How does an employer sign up?

Employer Enrollment

To Become a HIP Link Employer:

- Visit the HIP Link Employer portal and apply.
 - Found at www.HIP.IN.gov.
- Attest that program requirements are met.
- Upload plan documentation including premium rates and benefit detail.
 - Documentation is used to verify that plan meets Medicaid affordability and benefit requirements.
- After verification that plans qualify, receive HIP Link ID.
 - Employees use this HIP Link ID to enroll in HIP Link.

Ongoing Employer Requirements

Confirm Employees

- When an eligible individual requests HIP Link, the HIP Link employer will be sent a request to verify that the individual is employed and enrolled in or eligible for enrollment in the employer insurance.
 - Employer will need to confirm the employee's premium rate and dates of coverage.

Monthly and Annual Check

- On a monthly basis, employers will be asked to confirm that the information on their enrolled employees is up to date.
- On an annual basis, employers will be asked to confirm employee information and provide updated plan information, such as benefits or changes in premium rates.
- This will be done electronically through the portal.



How does an employee sign up?

Employee Enrollment

- If already a HIP member, the member calls 1-800-403-0864 and requests to transfer to HIP Link.
 - Provide the HIP Link employer ID.
- If not a HIP member, the member should complete an application for Indiana Health Coverage Programs, check the HIP Link box and provide the employer ID.
- Individual is enrolled in HIP Link, when the employer confirms they have employer-sponsored insurance benefits.

HIP Link Disenrollment Events

Some employees may be able to disenroll from HIP Link, if they have access to enhanced Medicaid benefits

- Change in medical status or pregnancy
- Change in eligibility:
 - Employer is no longer compliant with HIP Link requirements;
 - Employer plan is unaffordable, does not meet benefit requirements, or is not offered; or
 - Employee is no longer eligible for HIP Link coverage due to loss of job, or loss of eligibility for employer-sponsored insurance.



How does HIP Link work?

HIP Link POWER Account

Employee Premium

- State sends a monthly premium assistance check to the employee enrolled in HIP Link.
 - Check covers premiums for the next months coverage, less the individuals 2% contribution.
 - Employer continues payroll deduction as normal.

Link POWER Account

- \$4,000 POWER account is allocated for premiums and cost sharing.
 - Individuals can use their HIP Link card at provider offices or submit receipts to HIP Link for reimbursement of copayments, deductibles and co-insurance.
 - The POWER account allocates amounts for the premium payments that cannot be spent on cost sharing to make sure there is sufficient funding.



How do providers get paid?

 HIP Link is similar to supplemental or secondary insurance coverage



Provider Payments for Out-of-Pocket Expenses

Employee
presents
Health
Insurance
card AND HIP
Link card to
provider/
pharmacy



Provider files
claims with health
insurance
company
providing the
employer group
coverage

Insurance carrier pays its portion of the claim



Provider files remaining claim balance with HIP Link

Remaining expense will be covered by HIP Link POWER account up to \$4,000



Questions?

More information is available at <u>HIP.IN.gov</u>.

Employees may send inquiries to HIP2.0@fssa.in.gov or contact 1-877-GET-HIP-9.