

IHCP *bulletin*

Note: This bulletin has been updated. See IHCP Banner Page [BR202314](#). This program has been delayed until further notice.

INDIANA HEALTH COVERAGE PROGRAMS BT202319 MARCH 9, 2023

IHCP introduces new program for qualified members losing HIP eligibility

The Indiana Health Coverage Programs (IHCP) is introducing *HIP Workforce Bridge*, a new program available to Healthy Indiana Plan (HIP) members who lose their eligibility solely due to exceeding the HIP program income limits. This new program will be effective the month following the end of continuous enrollment provisions and return to normal eligibility review processes, April 1, 2023. The first opt-in offer letters will be sent to eligible individuals in April 2023, and the first accounts can be awarded effective May 1, 2023.

HIP Workforce Bridge is a \$1,000 account that can be used for up to 12 months. The account funds can serve as a stand-alone when in the waiting period for insurance or, more commonly, as a payment for copays, coinsurance and deductibles for a primary policy. *HIP Workforce Bridge* participants may use their account to pay for premiums for employer or individual insurance policies. Where the member has other insurance, the *HIP Workforce Bridge* account is the payer of last resort and all other coverage should be billed as primary.

HIP members who qualify will become conditionally eligible for *HIP Workforce Bridge* and will receive an opt-in letter. To participate in the *HIP Workforce Bridge* account, the HIP members must respond to the opt-in letter within 30 days. *HIP Workforce Bridge* benefits will be administered via the fee-for-service (FFS) delivery system and will only cover IHCP-covered services.

After opting in, the member receives a *HIP Workforce Bridge* ID card, and their *HIP Workforce Bridge* account is active the 1st day of the month following the end of HIP benefits. A *HIP Workforce Bridge* account in the amount of \$1,000 will be established for the member. This account may be used to pay qualified healthcare expenses, which include cost-share expenses applicable to Medicaid-covered services and premium costs. Expenses not related to healthcare coverage would not be payable by the account. After the \$1,000 account balance is exhausted, the individual will be responsible for the cost of healthcare expenses.

The scope of services covered under this benefit plan include all Medicaid State Plan services with the exception of the following:

- Noncovered services, defined pursuant to *Indiana Administrative Code 405 IAC 5-29-1*
- Medicaid Rehabilitation Option (MRO) services
- Preadmission Screening and Resident Review (PASRR)
- Medical Review Team (MRT)
- Hospice
- Services provided by chiropractors (provider type 15 and specialty 150)
- Nonemergency medical transportation (NEMT)



HIP Workforce Bridge accounts cannot be used to pay for Personal Wellness and Responsibility (POWER) Account contributions, HIP Fast Track payments or Medicaid copayments.

Eligibility Verification System

In addition to the member's eligibility, the member's *HIP Workforce Bridge* account balance will be reported in the following systems:

- IHCP Provider Healthcare Portal
- Interactive Voice Response System
- 271 Health Care Eligibility Benefit Response transaction

A balance in the account when the claim is submitted does not guarantee payment as claims are paid on a first-in, first-out basis.

If both Medicaid or HIP and *HIP Workforce Bridge* coverage are active for the same month, which may only occur due to timing issues, submit claims to Medicaid or HIP, **not** *HIP Workforce Bridge*. *HIP Workforce Bridge* is secondary coverage. All other coverage options must be billed before billing *HIP Workforce Bridge*.

Claims

Claims that are payable but exceed the account balance will be cut back to the \$1,000 maximum or denied if the member has already exhausted their benefit. Participants may be billed for the remaining balance at the Medicaid payment rate of any claim partially paid by the *HIP Workforce Bridge* account.

For example, if there is \$20 remaining in the *HIP Workforce Bridge* account and Medicaid will pay for the services at \$40, the *HIP Workforce Bridge* account will pay \$20 and the member may be billed for the remaining \$20 owed up to the Medicaid rate. The member may not be balance billed up to the list price of the service. This applies only to claims paid in part by the *HIP Workforce Bridge* account; after the account is exhausted, any claims will be denied and Medicaid payment rates no longer apply. Claims paid at full Medicaid rates by the *HIP Workforce Bridge* account may not be balance billed.

The following explanations of benefits (EOBs) will apply when processing *HIP Workforce Bridge* claims where a member has exhausted the account balance:

- EOB 2070 – *HIP Bridge Account Balance is Zero* (Cutback EOB for claims when sufficient funds are not available to pay the full amount – applies to inpatient, inpatient crossover and long-term care claims)
- EOB 2071 – *HIP Bridge Account Balance is Zero* (applies to medical, medical crossover, outpatient, outpatient crossover, home health and dental claims)

The *HIP Workforce Bridge* account will reimburse for covered pharmacy claims. The pharmacy claims will be processed at the point of sale in real time. When the pharmacy claim is submitted, funds will be decremented from the member's account balance. If the member has a partial account balance to cover the pharmacy claim, it will be applied; then the remaining balance for which the member is responsible will be returned. If the member has exhausted their account balance, the full pharmacy claim amount for which the member is responsible will be returned. During each transaction, the member's account balance will be provided to the pharmacy. Due to other provider claim submissions, the member account will be locked if submission of claims overlaps. This will result in a reject 85 – *Claim Not Processed*, and the claim will need to be resubmitted.



QUESTIONS?

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