



HIP Employer Link Program FAQs

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Additional information may be found at HIP.IN.gov.

Questions or comments for employers may be sent to HIPEmployerLink@fssa.in.gov or by contacting 1-800-457-4584.

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

General HIP Employer Link FAQs

1) Q: What is HIP Employer Link?

A: HIP Employer Link is a program offered by the state of Indiana as part of the Healthy Indiana Plan to help low income Hoosiers afford their employer-sponsored health insurance. The program is an option for many Hoosiers who are eligible for the Healthy Indiana Plan and helps pay a portion of the employee's premium cost for employer group health insurance.

2) Q: Who is eligible?

A: To be eligible for HIP Employer Link, an employee must be at least 19 years old with an income at or below approximately 138 percent of the federal poverty level (\$16,842 per year for an individual and \$34,354 for a family of four) and meet HIP eligibility requirements. Employers interested in offering HIP Employer Link as an option to their employees must register to become an approved HIP Employer Link organization. Employees who are eligible can elect either HIP Employer Link or HIP coverage and can compare options during enrollment.

3) Q: How does HIP Employer Link work?

A: HIP Employer Link is a premium assistance program for employees who are eligible and have access to group health coverage from their employer. The employer must be HIP Employer Link approved for employees to receive premium assistance. The employer will deduct from the employee's pay the cost or premium charged to the employee for the group health insurance, per their normal procedures. Each month, the state will reimburse the employee directly for the amount of the deduction, (minus their monthly HIP Employer Link POWER Account contribution described below).

4) Q: What is the HIP Employer Link POWER Account?

A: Each individual participating in the program has a HIP Employer Link Personal Wellness and Responsibility (POWER) Account fully funded with \$4,000. This POWER Account is used to pay for premium amounts and other medical expenses charged to the employee up to \$4,000 per year.

5) Q: Will the individual have to contribute anything?

A: A key feature of the Healthy Indiana Plan is that it promotes personal ownership by requiring participants to contribute a portion of their income (approximately 2 percent of household income) to their health coverage. This is true in the HIP Employer Link program, too. The state will subtract the 2 percent contribution amount from the employee's monthly reimbursement. For an individual with an average income of \$16,000 per year, their contribution to participate in the program may be \$26.67 per month or \$320 annually depending on the total cost of the employer health insurance. For a family of four with an annual income of \$30,000, the contribution may be \$50 per month or \$600 annually depending on the cost of the employee health insurance. In addition to their contributions, HIP Employer Link enrollees receive a separate \$4,000 account to cover the costs of premium

reimbursement and out-of-pocket costs for medical expenses. Once the funds are depleted in the account, the employee will cover costs for the employer insurance up to a total of 5 percent of their household income on a quarterly basis.

6) Q: What if other family members are covered under my plan?

A: The funds available to eligible family members who meet the requirements to participate in HIP Employer Link will be pooled together to cover total plan costs with each member receiving \$4,000.

7) Q: What happens when the account is depleted?

A: If the funds available in the Link account are depleted, the employee will cover costs at the Medicaid allowable cost sharing limits based on their family income as provided in the table below. The member will not be responsible for paying more than a total of 5 percent of quarterly household income for the health insurance offered by the employer. The member's portion will be deducted from their next monthly HIP Employer Link premium reimbursement based on the Medicaid allowable cost sharing amount for medical services received.

Medicaid allowable cost sharing

Service	Copay amounts	
	Individuals with family income ≤ 100% of the FPL	Individuals with family income ≤ 138% of the FPL
Outpatient services	\$4	*10% of the cost
Inpatient services	\$75	*10% of the cost
Preferred drugs	\$4	
Non-preferred drugs	\$8	

*Individuals with incomes between 100 percent and 138 percent of Federal Poverty Level will pay the higher copay amount of \$4 or 10 percent of the cost for outpatient services; or the higher copay amount of \$75 or 10 percent of the cost for inpatient services. More information on the federal poverty levels and how it relates to an individual's family income and size is available at <http://www.in.gov/fssa/hip/2458.htm>.

8) Q: What happens when I spend 5 percent of my income on a quarterly basis?

A: The state will review whether the Link coverage remains cost-effective based on of the costs to remain enrolled in Link as compared to enrolling in the Healthy Indiana Plan (HIP) through the state. If costs are less than they would be in HIP, then the employee will remain in their employer plan through HIP Employer Link and would be responsible for copayments up to the 5 percent of quarterly income limit. If the coverage is not cost-effective, then the employee will no longer be eligible for HIP Employer Link and would be enrolled in the standard Healthy Indiana Plan program offered by the state of Indiana. Disenrollment from HIP Employer Link does not require the employee to disenroll from their employer-sponsored insurance, however, HIP Employer Link will no longer be available to help pay for premiums and out-of-pocket costs.

9) Q: How can I access my Link POWER account?

A: Each employee and eligible spouse or dependent will receive a HIP Employer Link card. The card will provide the information needed for health providers or pharmacies to submit medical bills to the state. When visiting a doctor, the member will need to give the doctor's office both their primary insurance card and their HIP Employer Link card. The doctor will send the bill for the medical care to the health insurance provided through the employer first. Whatever amount is not paid by the employer health insurance, the doctor will bill to HIP Employer Link. The member may not withdraw funds from the HIP Employer Link POWER account. This account is used solely for paying providers and reimbursing the member for premium costs.

Individual Enrollment FAQs

10) Q: How do I enroll in HIP Employer Link?

A: If you are not currently enrolled in the Healthy Indiana Plan (HIP), you will first need to find out if you are eligible. You can find out if you are eligible for HIP Employer Link by applying with the Indiana Application for Health Coverage and selecting the HIP Employer Link option. You can learn how to apply for HIP at [HIPEmployerLink.in.gov](https://secure.in.gov/apps/fssa/hiplink/#/home). If you are currently enrolled in HIP, you can enroll in HIP Employer Link by calling the Division of Family Resources (DFR) at 800-403-0864 and requesting to enroll in HIP Employer Link. To enroll in HIP Employer Link you will need to provide your employer's HIP Employer Link ID. If your employer does not have an ID number, they can apply to be an approved employer at <https://secure.in.gov/apps/fssa/hiplink/#/home>. If you are already enrolled in HIP and would like to transfer to HIP Employer Link, you will need to do so before the 15th of the month prior. For example, if you would like for HIP Employer Link coverage to start on December 1, you will need to call the DFR and request that change on or before November 15.

11) Q: Can I enroll in HIP Employer Link if I already have health insurance from my employer?

A: Yes. If you already have health insurance at work and are HIP Employer Link eligible you can still enroll in the program. Enrolling in HIP Employer Link would help you pay for the out-of-pocket costs of employer-sponsored insurance and reimburse you for the some of the employee premium. Your eligibility for HIP will first need to be determined. To find out if you are eligible for HIP Employer Link, you can apply with the Indiana Application for Health Coverage and select the HIP Employer Link option. You can learn how to apply for HIP at [HIPEmployerLink.in.gov](https://secure.in.gov/apps/fssa/hiplink/#/home).

12) Q: Can I enroll in HIP Employer Link if I am in a waiting period for my employer-sponsored insurance?

A: Yes. If you are in a waiting period for your employer-sponsored insurance you can still enroll in this program. You will be given the option to enroll in HIP while you wait for your employer-sponsored coverage to start. Once your employer confirms that you are enrolled in their plan and your employer coverage has started, your HIP Employer Link supplemental coverage will start. You will receive monthly reimbursement for premiums paid to your employer that are in excess of your 2 percent of income HIP Employer Link contribution, and your HIP Employer Link POWER account which will help cover your premiums and out-of-pocket expenses.

13) Q: Can I enroll in HIP Employer Link if I did not enroll in health insurance during the open enrollment period?

A: Yes. Becoming eligible for HIP Employer Link will qualify you for a special enrollment period. Once you are eligible for HIP Employer Link you will have 60 days from when your employer verifies you are eligible for their coverage to enroll in your employer-sponsored plan so that you can start HIP Employer Link coverage.

14) Q: What do I have to do to reenroll in HIP Employer Link for the next benefit year?

A: HIP Employer Link members will need to complete any verifications requested by the state to confirm their continued HIP Employer Link eligibility and will need to complete any enrollment forms required by the employer.

15) Q: What if the employer plan I am enrolled in is not an approved HIP Employer Link plan?

A: Not all employer-sponsored health plans will conform to the requirements necessary to qualify them as HIP Employer Link plans. If your employer offers a plan that is not a HIP Employer Link plan and you are enrolled in that plan, you will have 60 days to transfer to a HIP Employer Link eligible plan. If you do not transfer to a HIP Employer Link eligible plan you will remain in your current plan until the benefit period ends. You may review coverage options during the open enrollment period and make changes at that time. The plan changes made during the open enrollment period will be effective for the next benefit period or calendar year.

16) Q: How will my employer know I am eligible for HIP Employer Link?

A: Employers that participate in HIP Employer Link have access to an electronic portal where they can verify which individuals are eligible for their health insurance and provide information on the health insurance benefits. After you are determined eligible for HIP Employer Link, the state will contact the employer to confirm your employment status and other health coverage information. After confirmation is complete, you will be listed as a HIP Employer Link employee and will be notified when program benefits begin.

17) Q: What is the difference between HIP and HIP Employer Link?

A: The Healthy Indiana Plan (HIP) now has multiple programs, such as HIP Plus, HIP Basic and HIP Employer Link. The entire program has generally the same eligibility criteria (age 19 to 64, income of 138 percent of the federal poverty level or less, etc.) HIP Employer Link is a unique program within the Healthy Indiana Plan that allows HIP-eligible individuals to use their HIP Employer Link POWER Accounts to purchase health coverage through their employer. To be able to enroll in HIP Employer Link an individual must be HIP eligible and have access to eligible employer-sponsored insurance. Individuals eligible for HIP Employer Link may choose to enroll either in the standard HIP program or in their employer plan through HIP Employer Link. If the individuals enroll in HIP Employer Link, they receive the health benefits available on their employer-sponsored insurance which will be different than the health benefits available in HIP. Individuals in HIP Employer Link may receive coverage for benefits not covered in HIP, like chiropractic care or hearing aids.. The benefits covered in HIP Employer Link vary from employer to employer, depending on the health insurance plan provided.

Individuals enrolled in HIP Employer Link receive a HIP Employer Link POWER Account valued at \$4,000 which will be used to cover premiums and other out-of-pocket costs of their employer-sponsored insurance. Once the funds are depleted in the account, the employee will cover costs at the Medicaid allowable cost sharing limits for the employer insurance up to a total of 5 percent of their household income on a quarterly basis.

In HIP, instead of being enrolled in the employer-sponsored insurance, individuals choose a managed care company to oversee their health care. HIP Plus enrollees contribute to a \$2,500 POWER account. The HIP POWER account covers the first \$2,500 of health care expenses. More information on HIP benefits is available at HIPEmployerLink.in.gov.

In both HIP and HIP Employer Link individuals contribute 2 percent of their income towards the costs of their health insurance.

18) Q: Who do I contact if I need help understanding my health coverage options?

A: The state's enrollment broker, MAXIMUS, can help individuals understand their options and walk through the benefits covered on the employer-sponsored insurance and the Healthy Indiana Plan. MAXIMUS can be contacted at 877-GET-HIP-9. Staff available at that number can also help determine if a particular health care provider is contracted (in network) to provide care in HIP. Individuals may need to contact their employer-sponsored health insurance for more information on in network providers with the employer plan.

Employer Enrollment FAQs

19) Q: What are the benefits of becoming a HIP Employer Link employer?

A: HIP Employer Link organizations may be able to enroll more of their employees into their employer-sponsored insurance. This may help some employers meet health plan participation requirements. Small employers using the Health Insurance Marketplace may receive tax benefits. In addition, registering as a HIP Employer Link organization and offering another benefit option for low income employees may help improve employee retention and satisfaction.

20) Q: How does an employer become HIP Employer Link approved?

A: To become a HIP Employer Link organization, you must register your business with the HIP Employer Link program and meet the following requirements: 1) you must employ Indiana residents, 2) contribute at least 50 percent of the premium cost for employee-only or single coverage type offered, 3) provide a Federal Employer Identification Number (FEIN), and 4) offer a health plan that meets the program's minimum benefits and affordability requirements. Employers may register their business with the HIP Employer Link program using the HIP Employer Link online portal available at <https://secure.in.gov/apps/fssa/hiplink/#/home>. After review and approval, the employer will receive a HIP Employer Link Employer ID. Eligible employees may then enroll in the program. [More](#) information describing the enrollment process can be found at HIPEmployerLink.in.gov.

21) Q: What are the technical requirements to complete the online employer application?

A: The minimum requirements for accessing the employer application include Internet Explorer 10 or newer, or the latest versions of Firefox, Safari or Chrome. If your browser is an older version, you will be prompted to upgrade to the latest version to complete the employer application. In addition, when uploading required documents, they need to be in PDF format, file size cannot exceed 20MB and file name cannot exceed 100 characters.

22) Q: What information is needed to complete the HIP Employer Link application?

A: The employer will need to provide general business information, such as federal employer identification number (FEIN), primary contact and business address. Additionally, health insurance plan information is needed, such as benefit summaries and premium rates for the employers and employees. Employers can find more information in the employer manual available at HIPEmployerLink.in.gov.

23) Q: Are there any fees associated with becoming a HIP Employer Link organization?

A: No, there are no costs. Registering as a HIP Employer Link organization does not have any associated fees.

24) Q: Who do I contact for more information?

A: Employers may contact 1-800-457-4584 or HIPEmployerLink@fssa.in.gov for more information.

25) Q: Will employers change how they deduct employees' premium amounts from payroll?

A: No. There will be no changes to how employers deduct premium amounts from payroll.

26) Q: Can employers continue to make contributions to Health Savings Accounts (HSAs) for employees enrolled in HIP Employer Link?

A: No. HIP Employer Link provides supplemental coverage for out-of-pocket expenses. Employees are only eligible for tax exempt contributions to a HSA when their high-deductible plan is their only source of coverage. To prevent employees from facing tax penalties or other consequences, employers and employees cannot continue to make HSA contributions for HIP Employer Link eligible employees. If an employee has funds in an existing HSA before enrolling in HIP Employer Link, the individual may use their funds on HSA allowable expenses.

27) Q: Can employers offer Health Reimbursement Accounts (HRAs) for employees enrolled in HIP Employer Link?

A: Yes. HRAs can be administered the same for all employees as currently operated if offered by the employer. Employers can continue to make contributions to HRAs.

28) Q: Can multi-employer plans, unions or professional employer organizations (PEOs) apply for HIP Employer Link?

A: Yes, unions and PEOs can apply for HIP Employer Link through the employer application.

29) Q: How will employers know if an employee is eligible for HIP Employer Link?

A: HIP Employer Link eligible employees will be communicated to the employer from the online employer portal. The employer will receive an email when one of their employees is eligible for HIP Employer Link. The employer will need to verify the employee data.

30) Q: Once an employer plan is approved for HIP Employer Link, what are the responsibilities for the employer?

A: Once enrolled as a HIP Employer Link employer, employers will need to confirm new HIP Employer Link eligible employees' eligibility for the program and communicate any relevant employer changes, such as a change in business address or group health plan. On a monthly basis, the HIP Employer Link employer will be prompted to confirm through the employer portal that employees enrolled in HIP Employer Link are still employed and eligible for health insurance coverage. If the employer has not completed the monthly verification process for 60 days, the employee will be removed from the program. On an annual basis, employers will confirm if the benefits or premiums for the HIP Employer Link eligible employer plans have changes effective for the new or subsequent benefit period.

31) Q: How long will the employer have to enroll the employee in coverage and for it to become active?

A: Becoming eligible for HIP Employer Link is considered a qualifying event for the purposes of making plan changes or newly enrolling in a plan. Therefore, employees can enroll in HIP Employer Link during a special enrollment period. The special enrollment period will allow the employee to make the new election of coverage within 60 days. The 60 day special enrollment period will begin when the employer verifies the employee is eligible for HIP Employer Link. The coverage is active based on the coverage effective date as provided by the employer.

New employees may be subject to a waiting period. HIP Employer Link coverage would begin for eligible employees after that period. The employer will be asked to provide their waiting period in the employer application, if applicable. The employee may opt to enroll in the Healthy Indiana Plan in the meantime and, if eligible, could transition to HIP Employer Link coverage at the end of the waiting period.

32) Q: Will the employer be required to make HIP Employer Link coverage effective on the first of the month?

A: No. The employer-sponsored insurance coverage start date is determined by the employer. HIP Employer Link coverage or program benefits will always begin on the first of the month regardless of when the employer coverage begins. Once an individual is verified as HIP Employer Link eligible, HIP Employer Link will be available to the individual beginning the first day of the month in which they are also enrolled in employer-sponsored insurance. This could be as soon as the month that the employer completes the verification. Employees subject to waiting periods may enroll in HIP while waiting to be eligible to start HIP Employer Link coverage.

33) Q: How do open enrollment periods impact HIP Employer Link?

A: HIP Employer Link requires an annual eligibility verification to ensure employees continue to meet eligibility requirements. After the initial enrollment, the HIP Employer Link eligibility

verification will align with the employer's open enrollment period and coverage start date. Eligibility for HIP Employer Link is a qualifying event in which employees may enroll in the program during a special enrollment period.

34) Q: What happens if a HIP Employer Link eligible employee selects a plan that does not qualify for HIP Employer Link?

A: The employer will be notified which group health plans are HIP Employer Link eligible plans upon approval of their employer application. To get the HIP Employer Link premium support, eligible employees must enroll in a HIP Employer Link eligible plan. If a HIP Employer Link eligible employee elects a plan other than the eligible plan, the employee will not receive the premium assistance or funds to cover out-of-pocket expenses. Employers will be able to notify employees of what plans are HIP Employer Link eligible. Since becoming eligible for a premium assistance program like HIP Employer Link is a qualifying event, eligible employees not enrolled in an eligible HIP Employer Link plan, may change plans during a special enrollment period to enroll in an eligible HIP Employer Link plan as offered by the employer.

35) Q: How do I tell my employees about the program?

A: HIP Employer Link information and material can be found at HIPEmployerLink.in.gov. Employees may contact 1-877-GET-HIP-9 or HIP2.0@fssa.in.gov.

HIP Employer Link Eligible Employer-sponsored Insurance FAQs

36) Q: What is a HIP Employer Link eligible plan?

A: To be HIP Employer Link eligible, a plan must meet the HIP Employer Link benefit and affordability requirements as provided in the employer manual available at HIPEmployerLink.in.gov. Both small group and large group health plans may be eligible to register with the program.

37) Q: What are the HIP Employer Link benefit requirements?

A: A small employer that offers a plan that is updated to meet the 2016 Affordable Care Act (ACA) requirements already meets the benefit requirements to participate in HIP Employer Link. A list of health insurers that meet the benefit requirements is available at <http://www.in.gov/fssa/hipemployerlink/2333.htm>. The different employer plan types are described in the FAQ sections for multi-employer, fully insured and self-funded businesses. Other types of plans offered by the employer may be HIP Employer Link eligible, but need to meet one of the state's essential health benefit options *or* meet the federal requirements for minimum value and offer benefits in all of the following essential health benefit categories including:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services

- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and Pediatric services

Indiana’s essential health benefits options include Anthem Blue Access PPO- Indiana’s Essential Health Benefits Plan available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/indiana-ehb-benchmark-plan.pdf>; United Healthcare POS; or Advantage HMO. Minimum value requirements are described at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/mv-calculator-methodology.pdf>.

Additionally, a plan must comply with the parity protections for mental health and substance use disorder services. Information concerning the parity protections for mental health and substance use disorder services are displayed at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html. The health plan should not cover abortion services for which federal funding is prohibited. Federal law prohibits federal funds from being used for abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). Federal abortion law displayed at: <http://www.cms.gov/site-search/search-results.html?q=abortion%20for%20which%20federal%20funding%20is%20prohibited>. State law prohibits health plans from providing coverage for abortion (except in cases of rape or incest, or when the life of the woman would be endangered). State abortion law displayed at: <https://iga.in.gov/legislative/laws/2014/ic/titles/027/articles/008/chapters/13.4/>.

38) Q: How are benefit requirements verified?

A: Benefits are verified by the employer attesting that the plan meets the medical benefits and services required by the program. Additionally, the employer will upload a plan’s summary of benefits and coverage (SBC) or benefit summary, schedule of benefits, certificate of coverage or summary plan description and prescription drug formulary for a HIP Employer Link team member to review as part of the employer application.

39) Q: Will HIP Employer Link cover dental and vision benefits?

A: If the employer offers dental and vision benefits to their employees, these benefits will be eligible to be reimbursed by HIP Employer Link.

40) Q: What are the HIP Employer Link affordability requirements?

A: The \$4,000 account must be able to cover the employee portion of premiums in excess of the employee’s 2 percent contribution and the expected out-of-pocket costs for the enrollee. An example of a plan that may meet the program’s cost structure based on the average income of an eligible employee is an employee premium that is less than \$1,120 annually with a deductible of \$2,500 and an out-of-pocket limit of \$4,000 annually.

41) Q: How is plan affordability verified?

A: The state will make an affordability decision. The employer will need to include their premium rates, benefit summaries and Health Reimbursement Account (HRA) contributions, if offered, as part of the employer application submission for review. With these summaries, the state will verify that the \$4,000 HIP Employer Link account and individual and employer contributions will be sufficient to make the health plan affordable under the Medicaid requirements.

42) Q: Are there health plans that have been determined by the state as eligible HIP Employer Link plans?

A: Insurance plans can apply to become an eligible HIP Employer Link plan by submitting benefit only information for review. The plans will receive an eligible HIP Employer Link Plan ID. Insurance plans can apply for HIP Employer Link by completing the online form at <https://secure.in.gov/apps/fssa/insurers-application-form/>. More information is available at HIPEmployerLink.in.gov.

43) Q: How can I know that my plan is HIP Employer Link eligible?

A: Some health plans will apply to the program to become eligible HIP Employer Link plans. These plans have a HIP Employer Link Plan ID and can provide this ID to the employer. Employers with eligible HIP Employer Link plans may not have to complete some of the health insurance information on the application. For more information, the employer may contact HIPEmployerLink@fssa.in.gov when completing the employer application. A list of approved health insurers that offer small employer plans is available at <http://www.in.gov/fssa/hipemployerlink/2333.htm>.

44) Q: How can an employer know if the plan is already screened as a HIP Employer Link eligible plan?

A: Employers would need to contact their health insurance agent or the insurance company that offers the plan to apply for the HIP Employer Link eligible group health insurance coverage.

Employee Eligibility and Enrollment FAQs

45) Q: Who is eligible to participate in HIP Employer Link?

A: To participate in HIP Employer Link, employees must have access to and be eligible to participant in their employer’s HIP Employer Link group health plan. The employee must be an Indiana resident and be a US Citizen. The employee must also be 19 years of age or older with a household income equal to or less than approximately 138 percent of the federal poverty level and meet HIP eligibility requirements. For HIP Employer Link eligible employers, employees with household incomes of up to \$16,590.42 annually for an individual, \$22,371.93 for a couple or \$33,934.95 for a family of four are generally eligible to participate in HIP Employer Link.

Income Guidelines for HIP Eligibility

Household size	Monthly income limit for HIP Employer Link eligibility	Annual income limit for HIP Employer Link eligibility
1	\$1,404	\$16,842

2	\$1,890	\$22,680
3	\$2,377	\$28,517
4	\$2,863	\$34,354
5	\$3,350	\$40,192
6	\$3,836	\$46,029
7	\$4,323	\$51,867
8	\$4,809	\$57,704
For each additional person, add:	\$487	\$5,837

46) Q: How do employees get HIP Employer Link?

A: To be eligible for HIP Employer Link and enroll in the program, employees must apply for and be eligible for HIP. Information on how to enroll is available at HIPEmployerLink.in.gov.

47) Q: Can the employee’s spouse or children participate?

A: Spouses and dependents that are 19 years of age or older that are covered on the HIP Employer Link eligible insurance may be eligible for HIP Employer Link if they meet the HIP eligibility requirements.

48) Q: Can early retirees participate in the program?

A: Early retirees can participate in the program if the retiree meets the HIP Employer Link eligibility requirement and their employer and health plan meets the program benefit and affordability requirements.

49) Q: What health benefits are offered in HIP Employer Link?

A: HIP Employer Link benefits may vary by employer. For employer group health coverage in the commercial market, the employer selects the type of benefits or plan to offer employees. For HIP Employer Link, organizations that choose to participate must offer benefits that meet the program’s benefit requirements.

50) Q: Where can I fill my prescriptions?

A: Prescriptions must be filled at a pharmacy that is enrolled as an Indiana Health Coverage Programs provider to be eligible for immediate payment from HIP Employer Link. The employer plan may also have in network requirements. By going online to <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx> or calling the state’s enrollment broker, MAXIMUS, at 1-877-GET-HIP-9, HIP Employer Link members can receive help finding enrolled providers. HIP Employer Link enrollees that fill a prescription at a non-HIP Employer Link pharmacy, can be reimbursed by HIP Employer Link, but they would have to pay out-of-pocket and then submit the expense to HIP Employer Link as described below.

51) Q: What doctors are in-network for HIP Employer Link?

A: All HIP Employer Link providers must be enrolled with the Indiana Health Coverage Programs (IHCP). The employer plan may also have in network requirements. To find an IHCP provider, HIP

Employer Link members can go online to <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx> or contact MAXIMUS at 1-877-GET-HIP-9.

52) Q: What if I receive services from a provider not enrolled with the Indiana Health Coverage Programs, but who is in-network on the employer plan?

A: HIP Employer Link will only pay providers that are enrolled in the Indiana Health Coverage Programs (IHCP) for the member's portion, such as copayments, of the service received. However, HIP Employer Link may reimburse the member for their amount paid for the service received less the Medicaid allowable cost sharing limits from a provider who is not enrolled with the Indiana Health Coverage Programs, but is an in-network provider on the employer plan. You will receive reimbursement for this service on your next monthly HIP Employer Link premium reimbursement. The member will need to complete the HIP Employer Link Out-Of-Pocket Reimbursement form at <http://www.in.gov/fssa/hip/files/HIPLinkEmployeeReimbursementForm.pdf>. The form includes the following information and may be emailed or mailed to FSSA: 1) Member's name and RID; 2) HIP Employer Link employer ID; 3) Provider's invoice; 4) Receipt of payment; and 5) Explanation of benefits (EOB) from your primary insurance provider. FSSA email: HIP2.0@fssa.in.gov; FSSA mail: P.O. Box 1995, Indianapolis, IN 46206-1995.

The information will be reviewed and may be counted towards the member's 5 percent cost limit. For additional billing questions, contact 1-800-457-4584.

HIP Employer Link will only reimburse the member for services received as described above from providers not enrolled with the IHCP, but is an in-network provider on the employer plan.

53) Q: How will HIP Employer Link help employees cover out-of-pocket costs associated with their employer-sponsored insurance?

A: HIP Employer Link will cover medical expenses that are the employee's financial responsibility with the funds provided in the HIP Employer Link account. Medical expenses include payments required for doctor office visits or prescription costs. The member will present his or her HIP Employer Link card to health providers or pharmacies. The member's portion of the payment will be submitted to HIP Employer Link.

54) Q: How will employees manage the funds in the HIP Employer Link POWER Account?

A: Each employee will receive a monthly statement in the mail outlining their HIP Employer Link POWER account activity. The account activity includes the funds used to pay providers or pharmacies for the medical services received. The employee is encouraged to review account activities and manage their HIP Employer Link POWER account to become more actively involved in their healthcare spending.

55) Q: Will employees be allowed to enroll in HIP Employer Link outside of the employer's open enrollment period?

A: Yes, becoming eligible for a premium assistance program like HIP Employer Link is considered a qualifying event as defined under Internal Revenue Code Section 125. Employees that become

eligible for HIP Employer Link will be eligible for a special enrollment into their employer-sponsored health plan.

56) Q: When will HIP Employer Link employee eligibility be determined and how often?

A: The HIP Employer Link employee and their eligible spouse or dependents will be subject to an annual redetermination to ensure that they continue to meet HIP eligibility requirements. This redetermination period will align with the end of the employer's benefit period. The employee is required to meet HIP eligibility requirements throughout the year. The member's responsibilities include informing the state of any change in household income. If an individual is already enrolled in HIP and requests to be determined for eligibility for HIP Employer Link, then HIP Employer Link employee eligibility will be determined at the member's request.

57) Q: Can employees enroll in HIP Employer Link during the employer's open enrollment period?

A: Yes, the eligible HIP Employer Link employees can enroll in HIP Employer Link during an eligible employer's open enrollment period. Employees may also enroll during a special enrollment period if determined eligible outside the employer's open enrollment period. A special enrollment period is allowed since becoming eligible for a premium assistance program like HIP Employer Link is a qualifying event. This may be applicable to new employees, employees already enrolled in group health coverage or employees who are not enrolled.

58) Q: Can employees add a spouse or dependent to HIP Employer Link during the employer's open enrollment period if the employee is currently enrolled in single coverage?

A: Yes, eligible HIP Employer Link employees may add their spouse or dependent to the employer-sponsored insurance during their employer's open enrollment period if dependent coverage is offered. Each additional member must meet HIP eligibility requirements to be enrolled in the HIP Employer Link program. Adding a spouse, for example, to existing single only coverage may change the coverage type or tier of coverage to, single + spouse coverage. This new coverage type or tier must also meet the program's affordability requirements. If the coverage type is affordable, the new member will also have a \$4,000 HIP Employer Link POWER account to cover the cost of coverage and out-of-pocket medical expenses. If the new tier is unaffordable, the HIP Employer Link employee will need to decide which coverage option to enroll in that best meets their health insurance needs. Some of the possible options may be 1) to change the coverage tier and stay enrolled in employer-sponsored insurance without HIP Employer Link benefits, 2) remain enrolled in single coverage with HIP Employer Link benefits or 3) disenroll from HIP Employer Link and employer-sponsored insurance and receive HIP coverage.

59) Q: If an existing HIP Employer Link employee adds dependent coverage, will the HIP Employer Link coverage begin the same date for all existing and new family members?

A: HIP Employer Link coverage always initially begins on the first of the month for eligible members. The start date can be different for the existing employee and each, new family member depending on when HIP eligibility is determined. Each additional dependent or new family member must be HIP

eligible to begin HIP Employer Link benefits. The monthly premium reimbursement sent to the eligible employee will only include the amount for enrolled, eligible members. By meeting all eligibility requirements, this may ensure the HIP Employer Link benefits start as soon as possible and employees are not responsible to cover the cost of employer-sponsored insurance themselves. HIP Employer Link cannot pay for employer-sponsored insurance prior to members completing all HIP eligibility requirements.

60) Q: Can an employee begin employer-sponsored insurance coverage after HIP Employer Link eligibility is determined?

A: Becoming eligible for HIP Employer Link is a qualifying event in which employees may newly enroll in employer-sponsored insurance or make plan changes during a special enrollment period. The special enrollment period will allow the employee to make the new election of coverage within 60 days. The 60 day special enrollment period will begin when the employer verifies the employee is eligible for HIP Employer Link. During, the special enrollment period, the employee may complete HIP eligibility and then enroll in employer-sponsored insurance or make a change in coverage. This may ensure the employee meets the program requirements prior to enrolling in the employer's health plan. The employer may also contact the HIP Employer Link Team to discuss employee enrollment and for additional information at HIPEmployerLink@fssa.in.gov.

61) Q: What is an affordable HIP Employer Link plan or affordable coverage?

A: One of the requirements for an employer to participate in the HIP Employer Link program is to offer an affordable plan in at least for the single employee coverage. An affordable plan is one that has premium costs and cost sharing amounts (such as deductibles and out-of-pocket amounts) within a reasonable range that can be paid from the \$4,000 HIP Employer Link POWER account. The costs for each employer plan, such as premiums and deductibles, are reviewed using an affordability tool that determines if costs are reasonable and cost effective for the average HIP eligible participant. The tool also reviews and determines if each coverage tier is affordable or unaffordable as offered by the employer.

62) Q: How long is the special enrollment period?

A: The special enrollment period is 60 days. The 60 day special enrollment period will begin when the employer verifies the employee is eligible for employer benefits.

63) Q: What happens to a member's Health Savings Account (HSA) account when an employer stops contributing due to HIP Employer Link enrollment?

A: The remaining funds in the HSA account are available for the employee to use for out-of-pocket expenses for health services or other related health expenses.

64) Q: Can I also use my Health Reimbursement Account (HRA), if medical expenses are paid from the HIP Employer Link account?

A: Yes, HRA contributions or arrangements are managed by the employer. HRA contributions may continue while a member is enrolled in HIP Employer Link.

65) Q: What if I receive services from a provider that is out-of-network on the employer plan?

A: In general, HIP Employer Link will not reimburse members or providers for services received from providers that are not in the employer plan's network. Members should always verify with their employer's plan what providers are in network and what services are covered. In limited instances for services that are available through HIP Employer Link regardless of the coverage on the employer plan (family planning services, early periodic screening diagnoses and testing services, services provided and federally-qualified and rural health centers, etc.) HIP Employer Link will cover services received at providers that are out of network with the employer plan. These providers must be Indiana Health Coverage Programs (IHCP) enrolled for these HIP Employer Link services to be covered. To find an IHCP enrolled provider, contact 877-GET-HIP-9. To find providers in network with your employer plan, please contact the employer plan directly.

Employer Disenrollment FAQs

66) Q: Are employers required to report disenrollment reasons?

A: The employer is only required to report disenrollment reasons that are due to changes in the group health insurance, such as the employer is no longer offering health insurance. Also, employers are required to report changes that may impact the employer's eligibility as a HIP Employer Link employer. On a monthly and annual basis, employers will be asked to confirm employee enrollment status through the portal, but no other reporting on employees is required.

67) Q: Can employers cancel HIP Employer Link in the middle of the benefit period?

A: An employer must meet the program requirements to stay enrolled in the program. An example includes the benefit and affordability requirements. If an employer voluntarily chooses to withdraw from the program, eligible enrolled employees will no longer receive HIP Employer Link benefits which include the funds used to cover a portion of their premium costs and out-of-pocket medical expenses.

Employee Disenrollment FAQs

68) Q: What happens if the employee exhausts all the funds in the POWER Account available to cover plan costs?

A: If the entire amount of funds is depleted in the HIP Employer Link account, the employee will then become responsible for covering medical costs at the Medicaid allowable cost sharing up to 5 percent of their household income on a quarterly basis. This amount will be deducted from the employee's next monthly HIP Employer Link premium reimbursement based on the cost sharing amounts for medical services received. When the account is exhausted the state will examine if the ESI is still cost-effective. The employee will remain in their employer plan through HIP Employer Link but would not be responsible for costs beyond the 5 percent threshold if the plan remains cost-effective. If the coverage is not cost-effective then the employee will no longer be eligible for HIP Employer Link and

would be encouraged to enroll in the standard Healthy Indiana Plan (HIP) program offered by the state of Indiana.

69) Q: Are employees allowed to leave the program?

A: Yes, there are certain events that qualify the individual to disenroll from HIP Employer Link and enroll in HIP or another Medicaid benefit. These events include:

- Individual becomes pregnant
- Individual develops a serious medical, mental or behavioral health condition
- Individual is a low-income parent or caretaker or Transitional Medical Assistance (TMA)
- Individual coverage is not cost effective
- Individual coverage ends due to the HIP Employer Link plan no longer meeting the program requirements
- Individual becomes ineligible for group health coverage from their employer
- Eligible spouse or dependent becomes ineligible for group health coverage from the employer

The employee is allowed to disenroll or terminate from group health coverage since the individual became eligible for a new benefits package (which in this case is HIP).

Employees may also elect to disenroll from HIP Employer Link during the employer's open enrollment period or their annual redetermination.

70) Q: What if my income changes?

A: Individuals who become ineligible for HIP will be disenrolled from HIP Employer Link and will no longer receive premium reimbursement or help paying for out-of-pocket costs. The individual may continue to be enrolled in the employer plan.

71) Q: Is the employee *required* to disenroll from the program if one of the disenrollment events occurs?

A: The employee will have the option to either stay enrolled in HIP Employer Link or transfer to HIP upon becoming pregnant or developing a serious medical condition. If the employee transfers to HIP, the individual must remain in HIP for the remainder of the group plan's benefit period. Additionally, pregnant women cannot enroll in HIP Employer Link on the initial application.

72) Q: Is an employee who is on Family and Medical Leave Act (FMLA) disenrolled from HIP Employer Link?

A: Employees under FMLA who may no longer be receiving monthly payroll will be reviewed on a case by case basis for disenrolling from HIP Employer Link.

73) Q: Can the employee come back to HIP Employer Link after he or she disenrolls?

A: Yes, if the employee and employer meet program eligibility requirements. HIP Employer Link allows for the employee to enroll during open enrollment periods. An employee may have one opportunity to enroll in the employer's special enrollment period every two years.

74) Q: Can the employee come back to HIP Employer Link after pregnancy if she chooses to transfer to HIP?

A: Pregnancy coverage in HIP continues through the postpartum period up to 60 days. The employee may come back to HIP Employer Link after the group plan's benefit period ends.

75) Q: Does the employee or member need to inform the employer if the individual is no longer eligible for HIP Employer Link?

A: Maybe. An employee will only need to notify the employer if the employee wishes to make a change to their employer-sponsored plan (i.e. stop coverage, change covered beneficiaries, etc.). If a member transfers to HIP or is no longer eligible for HIP Employer Link, the member will only have a limited opportunity to make changes to their employer-sponsored coverage, and therefore should notify their employer as soon as possible if they wish to make changes, but no later than 30 days from the date the member or other covered beneficiary transfers to HIP or loses access to HIP Employer Link. Failure to make changes to the employer coverage in accordance with the employer's policies and procedures and within the employer's specific required time frames for special disenrollment could mean that the employee is locked into the employer plan for the rest of the benefit period. Once a member transfers to HIP, they will no longer be eligible to receive HIP Employer Link premium assistance payments, even if they are still enrolled in the employer plan.

FAQs Specific to Businesses with Small Group Plans

76) Q: What are the qualifications for a small business owner to enroll in HIP Employer Link?

A: Small businesses with a Federal Employer Identification Number (FEIN) that employ 50 or fewer fulltime employees and have at least one employee that is an Indiana resident may be able to qualify for HIP Employer Link. For employees to be able to participate in HIP Employer Link, the employer must offer a HIP Employer Link eligible health plan and pay at least 50 percent of the premium cost of the employer-sponsored health insurance.

77) Q: What types of health plans for small business owners qualify for HIP Employer Link?

A: Health plans offered by small business owners are reviewed and regulated by the Indiana Department of Insurance (IDOI).

The following are the names and descriptions of the different types of fully insured small employer plans that are offered to small business owners:

- Small Group Health Plan Non-grandfathered Plan or Qualified Health Plan (QHP) – These plans may have been purchased on the Small Business Health Options Program (SHOP) online marketplace or purchased as a small group health plan or a QHP independent of the SHOP

and meet the Affordable Care Act (ACA) requirements. These plans meet the benefit requirements to be HIP Employer Link eligible, but would need to be verified as affordable. Note: For this type of plan, the insurance company offering the small group plan may have a Health Insurance Oversight System (HIOS) identification number assigned to the plan. The insurance company may be contacted by the state to verify the HIOS number, if this plan type is selected on the employer application. Additionally, this plan type meets the benefit requirements for the HIP Employer Link program. The other plan types will need to meet the HIP Employer Link benefit requirements to participate in the program.

- Small Group Health Plan Grandfathered or Transitional Plans – Employers with grandfathered plans have had their plan since March 23, 2010, or prior. Employers with transitional plans have not changed their plan since 2013. In general, these plans have not had changes to benefits or the employee’s cost since plan inception. These plans are not guaranteed to meet the benefit requirements for HIP Employer Link and may offer benefits on a rider. Due to federal requirements, any small group policy that offers benefits on a rider cannot be HIP Employer Link eligible. These plans will need to be verified by the state as meeting the benefit and affordability requirements.
- Non-Indiana Small Group Plan – This plan is for a business located outside of Indiana in which the plan offered to employers that reside in Indiana is not certified in Indiana. This could include Small Group, Large Group and Self-funded plans. These plans are not guaranteed to meet the benefit requirements for HIP Employer Link. These plans would need to be verified by the state as meeting the benefit and affordability requirements.

Employers will select either fully insured or self-funded for the type of plan offered in the employer application and attest to meeting the program’s benefit requirements.

FAQs Specific to Businesses with Large Group Plans

78) Q: What are the qualifications for a large business owner to enroll in HIP Employer Link?

A: Large businesses with a Federal Employer Identification Number (FEIN) that employ 51 or more employees and have at least one employee that is an Indiana resident may be able to qualify for HIP Employer Link. For employees to be able to participate in HIP Employer Link, the employer must offer a HIP Employer Link eligible health plan and pay at least 50 percent of the premium cost of the employer-sponsored health insurance.

79) Q: What types of health plans for large business owners qualify for HIP Employer Link?

A: Health plans offered by large business owners are reviewed and regulated by the Indiana Department of Insurance (IDOI). The following are the names and descriptions of the different types of fully insured large employer plans that are offered to large business owners:

- Large Group Plan Non-grandfathered – These plans meet most of the requirements to be HIP Employer Link eligible, but would need to be verified by the state as meeting the

benefits and affordability requirements. These plans may also meet the Affordable Care Act (ACA) requirements.

- Large Group Plan Grandfathered or Transitional Plans – Employers with grandfathered plans have had their plan since March 23, 2010, or prior. Employers with transitional plans have not changed their plan since 2013. In general, these plans have not had changes to benefits or the employee’s cost since plan inception. These plans are not guaranteed to meet the benefit requirements for HIP Employer Link and may offer benefits on a rider. Due to federal requirements, any large group policy that offers benefits on a rider cannot be HIP Employer Link eligible. These plans would need to be verified by the state as meeting the benefit and affordability requirements.
- Non-Indiana Large Group Plan – This plan is for a business located outside of Indiana in which the plan offered to employers that reside in Indiana is not certified in Indiana. This could include Small Group, Large Group and Self-funded plans. These plans are not guaranteed to meet the benefit requirements for HIP Employer Link. These plans would need to be verified by the state as meeting the benefit and affordability requirements.

Employers will either select either fully insured or self-funded for the type of plan offered in the employer application and attest to meeting the program’s benefit requirements.

FAQs Specific to Businesses with Self-Funded Plans

80) Q: What are the qualifications for a self-funded employer to enroll in HIP Employer Link?

A: Self-funded businesses with a Federal Employer Identification Number (FEIN) that have at least one employee who is an Indiana resident may be able to qualify for HIP Employer Link. For employees to be able to participate in HIP Employer Link, the employer must offer a HIP Employer Link eligible health plan and pay at least 50 percent of the premium cost of the employer-sponsored health insurance.

81) Q: What types of health plans for self-funded employers qualify for HIP Employer Link?

A: A self-funded plan is solely funded by the employer in which the plan design is unique to the employer. Instead of paying a premium to an insurer, the employer funds the health expenses of the employees. Insurers may act as administrators of the plan. These plans would need to be verified by the state as meeting the benefit and affordability requirements.

The other type of self-funded plan in the program may be the following:

- Non-Indiana Self-Funded Group Plan – This plan is for a business located outside of Indiana in which the plan offered to employers that reside in Indiana is not certified in Indiana. This could include Small Group, Large Group and Self-funded plans. These plans are not guaranteed to meet the benefit requirements for HIP Employer Link. These plans would need to be verified by the state as meeting the benefit and affordability requirements.

Employers will select either fully insured or self-funded for the type of plan offered in the employer application and attest to meeting the program's benefit requirements.

Self-funded plan types may prefer to complete the employer application, since the employer solely funds the plan's benefits and services offered which may be unique to the employer.

Health Plans or Insurers FAQs

82) Q: How does a health insurance plan become an eligible HIP Employer Link plan?

A: To become an eligible HIP Employer Link plan, insurers can complete the application available at <https://secure.in.gov/apps/fssa/insurers-application-form/> for review of benefit requirements. The application consists of providing general plan information, attesting to benefit standards, uploading summary of benefits and coverage (SBC), certificate of coverage and other relevant documents based on plan type. After the state determines benefit standards are met, the insurer will be notified of the approval decision and provided a HIP Employer Link Plan ID for the approved plans.

Small group plans updated to meet the 2016 ACA requirements are displayed at <http://www.in.gov/fssa/hipemployerlink/2333.htm> and comply with the HIP Employer Link benefit requirements and are not required to complete the online application. The Health Insurance Oversight System (HIOS) ID assigned to the small group plans is their HIP Employer Link Plan ID.

83) Q: Are there ongoing program requirements for a HIP Employer Link plan?

A: A HIP Employer Link health plan is required to communicate any changes in their plan throughout the year that may impact benefits initially reviewed. On an annual basis, health plans must notify the state if the plan is renewed and resubmit amended benefit summaries, if applicable. Changes to HIP Employer Link plans during annual renewal must be reviewed to maintain their eligible HIP Employer Link plan status.

84) Q: Where can agents find HIP Employer Link information?

A: Agents can find more program information at <http://www.in.gov/fssa/hipemployerlink/2329.htm>. An employer-outreach kit is also available by completing the form located at <http://www.in.gov/fssa/hipemployerlink/2341.htm>. After the form is complete, the agent may download and save a zip file containing HIP Employer Link materials including presentation slides and a program summary that can be used to explain the program to new or existing employer prospects.

Provider FAQs

85) Q: Can all providers receive reimbursement from HIP Employer Link?

A: Providers must meet the state requirements for Medicaid providers to get reimbursed for services received from HIP Employer Link. The Medicaid provider application is available at

<http://provider.indianamedicaid.com/become-a-provider/ihcp-provider-enrollment-transactions.aspx>.

86) Q: How does the provider receive payment from HIP Employer Link?

A: The provider is to bill the primary insurance first and submit for the HIP Employer Link employee's portion of the cost by completing an 837 form or mail to P.O. Box 1995, Indianapolis, IN 46206-1995. For additional billing questions, contact 1-800-457-4584.

87) Q: What if the employee or member pays the copayment or other cost sharing for the medical services?

A: HIP Employer Link will not allow or accept receipts from employees or members for medical expenses paid for services received from IHCP enrolled providers. The provider is to resubmit the HIP Employer Link claim to the state and reimburse the member.

88) Q: Can pharmacy copays be paid by HIP Employer Link?

A: Yes, HIP Employer Link provides supplemental coverage for the plan costs that are the member's out-of-pocket responsibility, such as deductibles, copayments and coinsurance.

89) Q: Will the HIP Employer Link plan benefits covered by the employer-sponsored insurance be reimbursed at the Medicaid rate?

A: No, the HIP Employer Link plans are employer-sponsored plans in the private or commercial insurance market. Rates will be based on network contracts with the insurer for the commercial coverage.

90) Q: Will Medicaid benefits be covered?

A: The covered benefits in HIP Employer Link are the benefits provided in the employer's group health plan. The following benefits will be wrapped benefits:

1) Services provided at federally qualified health centers (FQHCs) or rural health centers (RHCs) regardless if the center is in the commercial plan network or covered by the employer plan (provided it is covered by Medicaid);

2) 72 hour emergency supply of prescription medications;

3) Family planning services not covered by the plan;

4) Non-emergency transportation for limited populations including a woman who is pregnant and elected to maintain coverage in HIP Employer Link after the annual redetermination period; and members that have very low income (less than \$216 per month for an individual or \$296 per month for a household of 2) or have recently gotten a job after being very low income (low income parent and caretakers and transitional medical assistance).

5) Early and Periodic Screening, Diagnosis and Treatment services not covered by the plan for members that are 19 or 20 years of age.

These Medicaid covered benefits will be reimbursed at Medicaid fee for services rates if not covered by the employer plan.

All other benefits that are covered on Medicaid but not on the commercial insurance will not be covered under HIP Employer Link.

91) Q: Will limited Medicaid benefits be reimbursed at the Medicaid rate?

A: Yes, limited Medicaid benefits for HIP Employer Link members will be reimbursed at the fee-for-service rate. Services received from FQHCs will be reimbursed at the prospective payment system (PPS) rate. In some cases, if the employer-sponsored insurance plan excludes the FQHC services, the PPS reimbursement rate may be lower than the employer plan rate in which HIP Employer Link will pay the provider the employer plan rate. If the FQHC is covered by the employer plan, the employer plan rate will be paid if it is higher than the PPS rate.

92) Q: Is HIP Employer Link only for the employee?

A: The eligible HIP Employer Link employee may also include spouse or dependent coverage if offered by the employer and if each member meets the HIP Employer Link program requirements. To be eligible for HIP Employer Link, an individual must be 19 years of age or older with a household income under 138 percent of the federal poverty level and meet the HIP eligibility requirements. The employee must also meet these requirements and have access to and be eligible to participate in the HIP Employer Link qualifying employer-sponsored insurance.

93) Q: Will coverage be provided by the HIP Managed Care Entities (MCEs)?

A: The HIP Employer Link employee will not select a MCE as in HIP. Since this is commercial coverage, the employee selects the HIP Employer Link plan that is offered by the employer.

94) Q: What funds are used to pay the provider?

A: Each HIP Employer Link employee including spouse or dependents will have a HIP Employer Link POWER account. The state will use the funds in the Link account to pay for the member's portion of the claim when received from the provider.

95) Q: Where can I find more information about HIP Employer Link?

A: Additional information is provided at HIPEmployerLink.in.gov.

Additional questions or comments for employers may be sent to HIPEmployerLink@fssa.in.gov or by contacting 1-800-457-4584.

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