# HIP Employer Link Application Process –For Employers

**STEP 1: CONFIRM HIP EMPLOYER LINK ELIGIBILITY – SESSION I**

The Indiana Family and Social Services Administration (FSSA) has established eligibility guidelines to assist employers and multi-employer plans in determining whether they qualify as a HIP Employer Link organization. At minimum, employers or multi-employer plans should:

- Have employees or covered members who are legal residents of the state of Indiana.
- Have a federal employment identification number (FEIN).
- Contribute at least fifty percent (50%) of the cost of employee or member health insurance premiums. The employer must contribute fifty percent (50%) in at least the employee only or single coverage type offered.

Employers or multi-employer plans will be asked to confirm the three eligibility statements.

Due to federal and state law, the HIP Employer Link program may not include health plans that cover elective abortions.

**STEP 2: COMPLETE EMPLOYER INFORMATION – SESSION I**

Employers or multi-employer plans can apply to become a HIP Employer Link organization using the online portal available at https://secure.in.gov/apps/fssa/hiplink/#/home.

The remaining information to complete for Session I includes the following:

- Business Legal Name or Multi-Employer Plan Name
- Business Type
- FEIN
- Tax Exempt Number for non-for-profit organization, if applicable
- Doing Business As (DBA) or Other Name if the business operates under a different name than the legal business or multi-employer plan name
- Primary Contact Information
    - Name (first, last)
    - Title
    - Email
    - Phone/Fax number

  Legal Business/Mailing Address

**STEP 3: SUBMIT SESSION I**

Applicant is to input their FEIN to confirm the information in Session I is accurate; create a user id and password; and then submit Session I. The applicant will receive an email with information to complete Session II.

**STEP 4: COMPLETE HIP EMPLOYER LINK APPLICATION – SESSION II**

Applicants can complete Session II immediately after completing the first session of the application.

HIP Employer Link Administrators

- Primary contact is also the initial HIP Employer Link Administrator. Additional administrators can be added during or after the application process is complete. The administrator will facilitate the requirements of the portal and respond to state data requests. Employer or multi-employer plan business address (city, state, zip)

*Step 4a: Health Plan Information*
Applicants will be asked to provide the following information about their health plan:
Note: Applicant may provide information for more than one plan.

- Plan Name
- Certificate ID- The number located on the front of the certificate of coverage or summary plan description.
- Group ID- The number displayed on the health insurance card.
- Type of health plan offered by the applicant, such as Fully Insured or Self-Funded as described above in this manual.

Program Standards- Applicants are to attest to complying with the below health plan requirements.

1) Meet one of the following state's essential health benefit options:
    - Anthem Blue Access PPO available at: http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/indiana-ehb-benchmark-plan.pdf;
    - United Healthcare POS; or
    - Advantage HMO; OR

- Meet the federal requirements for minimum value described at: http://www.cms.gov/site-search/search-results.html?q=minimum%20value%20calculator AND offer benefits in all of the following essential health benefit categories:
    - 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.

2) Health plan complies with abortion services in accordance with federal and state. Federal law prohibits funds from being used for abortion services referenced 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 abortion services, except for rape, incest or when the life

of the woman would be endangered, referenced at https://iga.in.gov/legislative/laws/2014/ic/titles/027/articles/008/chapters/13.4/.

3) Health plan complies with the Mental Health Parity and Addiction Equity Act (MHPAEA). The parity protections ensure that limits applied to mental health and substance use disorder services are not more restrictive than limits applied to medical and surgical services available at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html.

   Note: Program standards must be checked for each employer plan after the plan information is entered and saved.

*Step 4b: Insurance Agent (Optional)*
Applicants will be asked to enter the agent's contact information if requested by the employer.

*Step 4c: Additional Employer Health Coverage*
Applicants will be asked to provide the following dental or vision plan information, if offered by the employer:

- Plan Name and Policy ID for Dental or Vision

The policy ID is displayed on the dental/vision card or is the medical group ID.

*Step 4d: Upload Employer Plan Information*
Applicants will be asked to upload the information below about their health plan:
Note: Applicant may provide information for more than one plan.

- Upload the following plan information: Major Medical, Dental and Vision premium rates for each plan, if available. Include HRA employer annual contribution amounts for each plan, if applicable. Employers that offer an Early Retiree Program (ERP) must include premium rates if different from other employees.

  Also for each plan upload Summary of Benefits and Coverage (SBC), Schedule of Benefits, Certificate of Coverage or Summary Plan Description and Prescription Drug Formulary for major medical; Benefits Summary for dental and vision; and Rider Benefits Summary, if applicable. A description of these documents is available below at the HIP Employer Link Application Reference guide.

*Step 4e: Health Coverage*
Applicants will be asked to provide the following information about their health coverage:

- Type or tier of coverage provided by the health plan, such as employee/member, spouse or dependent
- Employer open enrollment period; include start date and end date
- Employer current annual benefit period; include coverage effective date and end date
- Waiting period prior to enrollment into the health plan
- Indicate if employer wellness program offered

- Indicate if applicant offers a health savings account (HSA) or health reimbursement account (HRA)

**STEP 5: CONFIRM PROGRAM REQUIREMENTS AND SUBMIT SESSION II**
Applicants will be asked to agree to the program's terms and submit the second part of the application.

**APPLICATION REVIEW PROCESS**
The Indiana Family and Social Services Administration (FSSA) will conduct a fair and comprehensive evaluation of HIP Link applications based on the requirements and criteria as established by FSSA. The health plan submitted by each applicant will be reviewed to ensure benefit and affordability requirements are met.

FSSA will review applications within 30 days of receiving the complete application including the uploaded documents. Applicants will be contacted after submission of their application for an update on the review process. Once the application has been approved, the employer will receive a HIP Employer Link ID that is specific to their organization. An organization that has been approved and has a HIP Employer Link ID may provide the ID to eligible employees or members to enter on the state enrollment application. After eligibility is determined and the enrollment process is complete, the member/employee will receive premium assistance and help with out-of-pocket medical expenses for the employer-sponsored insurance.

**HIP EMPLOYER LINK PORTAL REQUIREMENTS**
Employers or multi-employer plans must respond to employee or member data requests sent from the state. FSSA will update the portal with employees that have been identified as eligible for HIP Employer Link. The eligible employee must first be verified by the employer. The employer will check such data as employment verification, health plan membership, and coverage effective dates. On a monthly basis, a request will be sent to verify the existing HIP Employer Link employees to ensure eligibility is maintained and confirm the employee premium amount. Additional information is provided in the Verification of Employee Eligibility section of the manual.

**HIP EMPLOYER LINK ANNUAL REQUIREMENT**
On an annual basis, 60 days prior to the employer open enrollment period, the employer will be sent a notice from the state to confirm if the information provided in the application is current and to update any information that has changed. For employers, their health plan may change benefits or premium rates prior to annual renewal for the next benefit period. Employers may also add a new health plan for the subsequent plan year. The employer will need to update their profile and upload new health plan information. The state will review for benefit and affordability requirements for new plans or existing plan amendments at least 30 days prior to the start of the employer's open enrollment period. Additional information is provided in the Annual Confirmation section of the manual.

**QUESTIONS**
Employers can direct questions or comments regarding their application to the HIP Employer Link Team at HIPEmployerLink@fssa.in.gov or by contacting 1-800-457-4584.