
OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES**Public Notice
Indiana Medicaid Program
State Plan Amendment
Regarding Alternative Benefit Plans**

In accordance with the requirements set forth in 42 CFR §440.386, the Indiana Family and Social Services Administration (FSSA) proposes to update the approved HIP Link Alternative Benefit Plan (ABP) for the new Medicaid adult eligibility group described at 42 CFR §435.119. This update adds additional benefit standards for employer sponsored insurance to qualify as HIP Link eligible. This State Plan Amendment (SPA) will be implemented as part of the state's Healthy Indiana Plan (HIP) 2.0 §1115 Demonstration Waiver. FSSA is seeking public comment on this update.

The HIP Link ABP SPA provides an optional defined contribution insurance assistance program, "HIP Link", for all HIP eligible individuals who have access to HIP Link qualifying employer sponsored insurance (ESI). HIP Link allows qualifying HIP eligible individuals to choose to enroll into their qualifying ESI instead of into HIP 2.0. Eligible HIP Link members include individuals within the adult group, low-income parent and caretakers, low-income 19 and 20 year old dependents, and individuals within the transitional medical assistance group. HIP Link also offers the opportunity for continued coverage under ESI for women enrolled in HIP Link who are pregnant at their redetermination.

Individuals enrolled in HIP Link will receive the benefits offered by the HIP Link qualified ESI plan instead of the HIP Plus, HIP Basic, or HIP State Plan benefits as applicable in HIP 2.0. HIP Link members will access benefits provided through their ESI. FSSA reviews the benefits offered on the employer plan for compliance with one of the three ABP options as detailed in this submission, to ensure that it provides coverage in all EHB categories and the coverage level is substantially equal to an ABP coverage option.

HIP Link will also cover required services that may not be covered by the primary insurer, including family planning services provided at nonnetwork providers, 72 hour emergency supply of covered pharmaceuticals, and federally qualified health center and rural health center services. In addition, nonemergency transportation will be covered for low-income parents and caretakers, 19 and 20 year old dependents, individuals eligible for transitional medical assistance, and pregnant women who elect to remain in HIP Link after their regularly scheduled redetermination. All HIP Link members age 19 and 20 are assured access to early periodic screening, diagnostic, and treatment services through HIP Link when they visit Indiana Health Coverage Programs providers and present their HIP LINK member card.

Documents detailing these proposed actions will be available for public review during normal business hours, 8:00 a.m. to 4:30 p.m., at the FSSA, Office of General Counsel, 402 West Washington Street, Room W451, Indianapolis, Indiana 46204. The documents may also be viewed online at <http://www.in.gov/fssa/hip/2489.htm>.

There will be no public hearing. Anyone who wishes to comment on the proposed submissions may submit written comments to the Indiana FSSA, Office of Medicaid Policy and Planning, beginning November 25, 2015, and ending thirty calendar days later on December 28, 2015. Comments may be submitted electronically to HIP2.0@fssa.in.gov under the subject of COMMENT RE HIP LINK ABP or by mail to Sara Hall, Indiana Family and Social Services Administration Office of Medicaid Policy and Planning, RE: COMMENT RE HIP LINK, 402 West Washington Street, Indiana Government Center South, Room W374, Indianapolis, IN 46204.

Posted: 11/25/2015 by Legislative Services Agency
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