

441—78.58(249A) Health insurance premium payment (HIPP) provider services.

78.58(1) Reimbursement. A HIPP provider may bill the department for the HIPP-eligible member's out-of-pocket cost-sharing obligations. Reimbursement of claims is limited to in-network coinsurance, copayments, and deductibles of the HIPP-eligible member's health insurance, paid for through the HIPP program. The HIPP-eligible member may be responsible for a copayment pursuant to 441—subrule 79.1(13).

78.58(2) Definitions.

“Coinsurance” means a percentage of costs of a covered health care service that has to be paid.

“Copayment” means a fixed amount a member pays for a covered health care service.

“Cost sharing” means the member's health insurance in-network responsibility for a covered service. *“Cost sharing”* includes coinsurance, copayments, and deductibles.

“Deductible” means the amount paid for covered health care services before the insurance plan will effect payment.

“Eligible member” means an individual eligible for Medicaid pursuant to rule 441—75.1(249A) et seq. and who qualifies for and is participating in the department's HIPP program prescribed under rule 441—75.21(249A).

“Health insurance premium payment program” or *“HIPP program”* has the same meaning as provided in rule 441—75.21(249A).

[ARC 0315D, IAB 5/27/26, effective 7/1/26]