

**441—78.59(249A) Health insurance premium payment (HIPP) provider services.**

**78.59(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).

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

This rule is intended to implement Iowa Code section 249A.4.

[ARC 3494C, IAB 12/6/17, effective 1/10/18]