



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3676 • Fax (775) 687-3893

Frequently Asked Questions (FAQs) for the Health Insurance Premium Payment (HIPP) Program

1. WHAT IS THE HIPP PROGRAM?

HIPP is a State of Nevada cost savings program, which identifies Medicaid recipients with group health insurance available through an employer. Nevada Medicaid pays medical premiums, co-insurance and deductibles for eligible individuals and families when it is determined cost-effective to the state.

State of Nevada and taxpayer monies are saved by purchasing health insurance available to eligible Medicaid recipients so that high health care costs are deferred to the private insurance.

2. AM I ELIGIBLE FOR HIPP?

You may be eligible for the HIPP Program, if you:

- Are eligible for full Nevada Medicaid and
- Have access to group health insurance known as Third Party Liability (TPL) or
- Have a catastrophic illness (*AIDS or AIDS-related condition, Bell's Palsey, Cerebral Palsey(Spastic,Athetoid,Ataxic),Cystic Fibrosis, Muscular Dystrophy, Tetra/ Quadriplegia Genetic Disease, etc...*)or medical condition; and
- Are determined to be cost-effective to the state.

You are not eligible for the HIPP Program, if you:

- Are enrolled in Medicare
- Are enrolled in Nevada Check Up
- Are enrolled in a Medicaid Managed Care Organization
- Have COBRA coverage, or
- Are self-employed

3. HOW DO I APPLY FOR HIPP?

Your local Welfare office can help you complete the application, or you can download and complete the form from the HIPP website at <https://dhcfp.nv.gov/hipp.htm>

- Fax it toll free to: 1-877-640-3414, or
- Mail the application to HMS P.O BOX 12610, Reno, NV 89510, or
- E-mail the completed application as an attachment to:
CustomerService@MYNVHIPP.com

Nevada Department of Health and Human Services

Helping People -- It's Who We Are And What We Do

4. WHO IS HMS?

Health Management Systems, Inc. (HMS) is the DHCFP vendor that administers the HIPP program for Nevada Medicaid.

5. AFTER I SEND IN MY APPLICATION, HOW LONG DOES IT TAKE TO RECEIVE A RESPONSE FROM HMS?

A completed application will be processed within 14 business days.

To expedite your application, be sure to provide the following documents:

- Copy of Medicaid Card (Front/Back)
- Copy of Health Insurance Card (Front/Back)
 - Employer information: Employer Name, Address and HR contact information.
- Copies of 4 current paystubs (Showing healthcare premiums payments)
- Copies of any medical bills over the past year (up to 12 mths)

6. HOW DOES HMS DETERMINE COST EFFECTIVENESS?

In determining cost-effectiveness, HMS uses a formula as set forth in the State Plan and/or considers whether the individual has a long term catastrophic illness. Nevada Medicaid may pay medical premiums, co-insurance and deductibles through Employer-Based Group Health Plans for individuals and families when it is determined cost effective.

7. IF DENIED, CAN I REAPPLY?

Yes. If denied for the HIPP program, you can reapply if there has been a significant change in you or your family's medical condition or your access to a qualified group health care insurance plan.

If Medicaid eligibility is denied, you will be terminated from the HIPP program. You may reapply if Medicaid eligibility is reestablished.

8. WHO SHOULD I CALL IF I HAVE QUESTIONS?

If you have questions about the program, you can contact your local Welfare or Medicaid District Office.

If you have questions about your application, status of your payment, or any other questions, you can contact:

HMS
P.O. Box 12610
Reno, NV 89510
Toll Free: 1-888-346-1380 or
Toll Free: 1-877-640-3415
Email: CustomerService@MYNVHIPP.com