



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

1. WHAT IS THE HIPP PROGRAM?

HIPP is a cost-savings program that identifies Medicaid recipients who have access to group health insurance through an employer. When determined to be cost-effective, HIPP assists in paying for the insurance premiums Medicaid recipients otherwise may not be able to afford.

HIPP benefits Medicaid recipients by allowing them to have a wider provider network and offering additional coverage of medical expenses that Medicaid may not cover. It also saves the State of Nevada and taxpayer dollars by making Medicaid the payer of last resort.

2. AM I ELIGIBLE FOR HIPP?

*** Applicants are NOT automatically approved for the program if they apply.**

You may be eligible for the HIPP Program if you:

- Are eligible for full Nevada Medicaid
- Have access to group health insurance through an employer
- Have a catastrophic illness or medical condition (including pregnancy), or
- Are determined to be cost-effective

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

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

3. HOW DO I APPLY FOR HIPP?

The process is easy.

- Your local Welfare office can help you complete the application, or
- You can download and complete the form from the HIPP website at <http://dhcfp.nv.gov/Pgms/CPT/HIPP/> and then send it to us one of the following ways:
 - Fax: 1-877-640-3413, or
 - Mail: 5615 High Point Dr. Mailstop 702, Irving, TX 75038
 - Email: mynvhppcustomerservice@gainwelltechnologies.com

4. WHO IS HMS?

DHCFP has partnered with HMS to provide Third Party Liability (TPL) services. HMS manages the HIPP program and the eligibility process.

5. AFTER I SEND IN MY APPLICATION, HOW LONG UNTIL I GET A RESPONSE FROM HIPP?

A completed application will be processed within 14 business days of receipt.

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

- Copies of the four (4) most current paystubs showing the amount of your healthcare premiums
- A copy of the front and back of your commercial (employer) health insurance card
- A copy of the front and back of your Medicaid card
- Copies of any medical bills over the past year
- Employer information: Employer Name, Address and HR contact information.

6. HOW DOES HMS DETERMINE COST EFFECTIVENESS?

Cost effectiveness is determined when an average of 6 months of medical expenditures divided by 6 are greater than 6 months of health insurance premium payments divided by 6 plus \$50.00 of administrative costs.

7. IF DENIED, CAN I REAPPLY?

If denied for HIPP, you can reapply if there has been a significant change in your or your family's medical condition.

If Medicaid eligibility is denied, HIPP will terminate, and client will have to 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 District Office.

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

HMS

5615 High Point Dr.

Mailstop 702

Irving, TX 75038

Toll Free: 1-888-346-1380

Email: mynvhppcustomerservice@gainwelltechnologies.com