



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.

State of Nevada and taxpayer monies are saved by purchasing health insurance available to eligible Medicaid recipients and high health care costs are deferred to the private insurance, thus 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 known as Third Party Liability (TPL); and
- 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://dhcftp.nv.gov/Pgms/CPT/HIPP/> and then,
 - Fax it toll-free to HMS at 1-877-6403413, or
 - Mail the application to HMS, 5615 High Point Dr. Mailstop 702, Irving, TX 75038, or
 - Email it as an attachment to CustomerService@MYNVHIPP.com

4. WHO IS HMS?

DXC technology is the State of Nevada's fiscal agent. DXC 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 group 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: CustomerService@MYNVHIPP.com