

HIPP Quick Facts: (Health Insurance Premium Payment)

- Supports cost savings to Medicaid program by paying premium costs for private insurance if accessing Medicaid and deemed “cost effective”
- Not a well-known program; small number accessing but more could be eligible!

What is “Cost Effective”?

- Formula ran by Medicaid HIPP program: review premium cost, deductibles, average cost of Medicaid spent, etc. If the state saves \$, then HIPP may support premium payment.

Who Qualifies:

- Must have a cost-effective private insurance health plan in addition to Medicaid access.
- Common reasons for NOT being eligible: Medicare coverage due to increased access to insurance, MKN (Medicaid for Special Needs Kids) since this allows for different income guidelines that wouldn't traditionally qualify for Medicaid, temporary insurance plans, subsidized insurance plans since there is no premium to pay so there is no financial incentive for Medicaid to review, and/or high deductible insurance plans.

What are the benefits?

- Providers are reimbursed at commercial insurance rates which can open availability of specialists or provider types. Private insurance pays 1st and Medicaid 2nd.
- Medicaid saves valuable money which stretches the dollars available for other people and needs
- Personally reimbursed cost of commercial insurance premiums for loved ones also on Medicaid
- Access to case management through the traditional, non-MCO model
- Will not change waiver rules available, although MCO's may have extra benefits available that traditional case management doesn't such as a free cell phone, incentives to attend medical visits, etc.

What are my options for case management?

- Polk and surrounding counties: DHS, **Easterseals**, Link, ChildServe and CSA.
- At Easterseals, we pride ourselves on being collaborative, compassionate, resourceful and relational.
- **Contact: Katie Peck, Director Customer Care & Compliance, 515-309-2618 or kpeck@eastersealsia.org**

Where do I begin?

- Simple application process to start and then will need to submit additional documents timely, such as cost of plan, summary of coverage, pay stub showing deduction, insurance cards, claims paid.
- TIP: they will review 12 months of medical claims but not always pharmacy side so submit those too if needed for cost effectiveness. You can also discuss planned expenses like pending surgery, on a waiting list for specialist, therapy, etc.
- Keep copies of anything you submit!

Additional information can be found: <https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>