

Iowa Medicaid Enterprise-HIPP Unit  
PO Box 36476  
Des Moines, IA 50315-9907

Date: << >>

HIPP Worker: << >>  
Local Calls: << >>  
Toll Free: 1-888-346-9562  
Fax: (515) 725-0725  
Email: HIPP@dhs.state.ia.us

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Notice of Health Insurance Premium Payment

You are approved to receive Health Insurance Premium Payment (HIPP) benefits because the Iowa Department of Human Services has determined that this is a cost-effective way to pay for your medical care. **REIMBURSEMENTS WILL CONTINUE AS LONG AS YOUR CASE IS DETERMINED TO BE COST-EFFECTIVE.** Your case will be re-evaluated for cost-effectiveness annually and when changes occur. The decision to reimburse health insurance premiums is based upon the cost of the health insurance coverage versus the amount the department would pay through Medicaid, including managed care capitation fees, for the Medicaid-eligible persons covered under the health insurance plan. [IAC 441-75.21(249A)].

For any months that you received a HIPP reimbursement, the Medicaid coverage will be retroactively transferred from the Managed Care Organization (MCO) back to Medicaid Fee-for-Service (FFS). Your providers will need to re-file claims with the Iowa Medicaid Enterprise for any months affected by HIPP reimbursement.

Premium payments will be issued for receipt on or before the payroll deduction or insurance carrier due date. When premium payments are made directly to your employer instead of a payroll deduction, you are responsible to let your employer know of any changes that may affect your payroll deduction.

If there are any changes to the “Policyholder Payment Information,” “HIPP Enrolled Members,” and other changes, notify this office within 10 days of the change. See the back side of this notice for details.

<b>Policyholder Payment Information for:</b> << Policyholder Name>>	
HIPP Payment Start Date: << >>	
Employer: << >>	
Insurance Carrier: << >>	Policy Number:
Frequency of Insurance Deduction:	
Insurance Premium Amount: << >>	Deductibles: \$ << >> / \$ << >>
Health insurance premiums will be paid in the following manner: << >>	
Comments: << >>	

HIPP Enrolled Members

HIPP enrollees, listed below, should see an in-network provider with the primary health insurance who is **also** an Iowa Medicaid provider. Remember to show BOTH your primary health insurance card and your Medicaid card. If you see a provider who is an in-network provider with your primary health insurance, but is NOT an Iowa Medicaid provider, see attachment, Comm. 516, for special instructions.

If you need assistance in finding a Medicaid provider, please call Iowa Medicaid Member services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606.

If at any time you no longer want to be HIPP enrolled, please contact your worker listed on this notice.

Name	Date of Birth	Name	Date of Birth
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PLEASE READ IMPORTANT NOTICE ON OTHER SIDE

## IMPORTANT NOTICE

Please read the following information regarding your participation in the HIPP program. Questions should be referred to the HIPP worker listed on the front of this form.

### Medicaid (Title 19) Eligibility

In order to be eligible for premium reimbursement through the HIPP program, some or all of the persons covered under the insurance policy must be eligible for Medicaid. If all of the persons covered under the health insurance policy lose Medicaid eligibility, HIPP premium reimbursement will stop as of the date eligibility ends. If some of the persons covered under the health insurance policy lose Medicaid eligibility, we will reevaluate the health insurance policy to see if it is still cost-effective for the Department to reimburse the premium.

### Reporting Changes

You are required to report all changes to this office within 10 days of the change. Changes may impact the benefit amount and who is considered HIPP eligible. The quickest way to report changes is to:

- Call us toll-free **1-888-346-9562**
- Call the number on the front of this notice
- Email: **HIPP@dhs.state.ia.us**
- Fax: **1-515-725-0725**

You are required to report all changes that occur in your employment, health insurance, in your family, and household. Here are examples of some changes that need to be reported.

- Mailing address changes (state checks do not get forwarded).
- The health insurance ends, or the insurance carrier, premium or deductible, or coverage changes.
- The policyholder is not living with the Medicaid-eligible members.
- Medicaid-eligible member moves in or out of your home, or you are no longer responsible for their Medicaid case.
- The health insurance policy, paid by HIPP, is no longer primary for the HIPP eligible and enrolled members.
- Employment changes.

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (often referred to as COBRA), some employers must continue to make health insurance available for a limited time to persons after employment ends or hours of work are reduced (such as going from full-time to part-time). If you are eligible for insurance coverage under the COBRA provisions, your employer must give you a written notice informing you of your right to continue the coverage. **DO NOT SIGN THE FORM SAYING YOU DON'T WANT COBRA COVERAGE UNTIL WE CAN DETERMINE WHETHER THE POLICY IS COST-EFFECTIVE.**

### You Have the Right to Appeal

#### What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

#### How do I appeal?

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Supplemental Nutrition Assistance Program (SNAP) or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at [https://secureapp.dhs.state.ia.us/dhs\\_titan\\_public/appeals/appealrequest](https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest); or
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

#### How long do I have to appeal?

For SNAP or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

#### Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

#### How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

#### Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

### Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Hoover Building, 5<sup>th</sup> Floor – Bureau of Policy Coordination, 1305 E. Walnut, Des Moines IA 50319-0114 or via email [inclusion@hhs.iowa.gov](mailto:inclusion@hhs.iowa.gov)