



Iowa Department of Human Services

Health Insurance Premium Payment (HIPP) Program

PO Box 34676

Des Moines, IA 50315-9907

Notice of Premium Payment-State Only

Date:

HIPP Worker:

Telephone Number:

You have been approved to participate in the AIDS/HIV Health Insurance Premium Payment (HIPP) Program. Premium payments will be made in the manner indicated below and will continue as long as you remain eligible for the program and the funding for this program is available.

Insured Name	Birth Date	State ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT INFORMATION:

Effective Date of Premium Payment:

Amount of the Premium:

Premiums will be paid in the following manner:

Reference: EM 8-M AIDS/HIV Premium Payment and 441 IAC 75 (249A)

Name and Address of Insurance Carrier

Confidentiality

All information required by the Department in administering the AIDS/HIV HIPP Program is maintained in the strictest confidence. Information will not be disclosed to any other individual or organization without the written consent from you or your representative.

Important Notice

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

Appeals

How to appeal. If you are dissatisfied with the actions or failure to act regarding your application for the AIDS/HIV HIPP Program OR your assistance under the AIDS/HIV HIPP Program, you should discuss the matter with your worker (named on the front of this form). If the matter cannot be resolved satisfactorily, you may also request a discussion with the lead worker of the AIDS/HIV Program. You also have the right to file for an appeal and ask for a hearing. If a hearing is allowed, it will be an informal meeting held by an administrative law judge from the Department of Inspections and Appeals. All facts will be reviewed by that judge to see if the decisions and/or actions taken by the AIDS/HIV HIPP worker were correct or should be changed. Your appeal rights and procedures for hearing are explained under the Iowa Administrative Code 441-Chapter 7. The appeal must be made in writing. You may write a letter explaining the basis of your appeal or request the Department of Human Services' appeal form. There is no charge for the appeal. If you need help in submitting an appeal, the assigned AIDS/HIV HIPP worker will assist you. The written appeal may be filed with the AIDS/HIV HIPP worker at the address listed on the front of this notice OR

Iowa Department of Human Services
Appeals Section 5th Floor
1305 E Walnut
Des Moines IA 50319-0114

You may also file an appeal electronically at <https://hhs.iowa.gov/programs/appeals>.

Time limits. To get a hearing you must file your appeal within 30 calendar days or before the effective date of this notice, whichever is longer. When the appeal is later than this, but less than 90 calendar days after the date of this notice, the Director of the Iowa Department of Human Services must approve whether a hearing will be held, based on good cause for late filing. If the appeal is filed more than 90 calendar days after the date of this notice, there will be no hearing.

Continuation of benefits. If you appeal within ten days or before the effective date of this notice, this action will not affect your assistance at least until the appeal decision or the end of your pre-established period of eligibility, whichever comes first, unless you request otherwise. **If you request continuation of assistance, please be aware that you will have to re-pay premiums issued during this period if the AIDS/HIV HIPP worker's action was found to be correct.**

Granting a hearing. The Department of Human Services will determine whether or not an appeal may be granted a hearing. If a hearing is granted, you will be notified of the procedure for the hearing. If a hearing is not granted, you will be notified in writing of the reason and the procedures for challenging that decision.

Presenting your case. If an appeal hearing is granted, you may explain your disagreement or have someone else like a relative or a friend explain your disagreement for you. You may be represented by an attorney, but the Department will not pay for your attorney. Your county DHS office has information about legal services available to you that are based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 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, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email FDHS@hhs.iowa.gov