



Iowa Department of Human Services

Health Insurance Premium Payment (HIPP) Provider Invoice

Any provider, who is enrolled with Iowa Medicaid as a Health Insurance Premium Payment (HIPP)-only provider, must submit this invoice for reimbursement for the member's in-network cost-sharing. HIPP-only providers are eligible for reimbursement of a HIPP member's in-network cost-sharing responsibility. Reimbursement is limited to the member's in-network co-payment, co-insurance, and deductibles. Payment should be received within 30 days.

Invoice instructions:

- Complete this invoice:
 - List the amount of the member's in-network cost-sharing responsibility as indicated on the Explanation of Benefits (EOB).
 - Provide contact information for questions regarding this invoice.
- Attach the EOB.
- Attach a UB-04 or CMS-1500 claim form.

Member's In-Network Cost-Sharing:	Member's In-Network Cost-Sharing Responsibility
Co-payment or copay: A fixed amount the member pays for covered services. Usually this is paid at the time of service.	\$
Co-insurance: The percentage a member pays for covered services. Usually this is paid after meeting the deductible.	\$
Deductible: A cost-sharing requirement. This is a specific amount a member pays for health care or a prescription, before the other insurance pays.	\$

Who may we contact with billing questions regarding this invoice?

Name (Please Print):	Phone Number:
----------------------	---------------

Mail completed invoice to:

Att: HIPP Supervisor
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

To enroll as a HIPP-only provider, complete form [470-5262](#).

For questions, or to check if a member is HIPP eligible, call 1-888-346-9562

470-5475 (7/17)