

***The Iowa  
AIDS/HIV  
Health Insurance  
Premium Payment  
Program***



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## ***What is the AIDS/HIV Health Insurance Premium Payment (HIPP) Program?***

The AIDS/HIV HIPP program is administered by the Iowa Department of Human Services (DHS). The purpose of this program is to maintain health insurance coverage, by paying the health insurance premium, for persons living with AIDS or HIV-related illnesses.

### ***How do I qualify for the AIDS/HIV HIPP Program?***

You must meet all of the following criteria in order to be determined eligible for premium payment under this program:

- You are currently the policyholder or the spouse of a policyholder of a group or private health insurance plan.
- You file a completed AIDS/HIV Health Insurance Premium Payment Application, form 470-2953, with the Department of Human Services. (A copy of this form is included with this booklet.)
- You provide a completed Physician's Diagnosis Verification form, on which your physician verifies you have been diagnosed with AIDS or an HIV-related illness. The physician must also certify that, due to this illness, you are either too ill to continue working in your current job (including a reduction from full – time to part – time employment) or are very likely not to be able to work within six (6) months. (A copy of this form is included with this booklet).
- You are a resident of Iowa.
- Your gross earned income and unearned income (as defined by the Supplemental Security Income (SSI) program) does not exceed 300% of the federal poverty level. As of January 1, 1995 these limits are as follows:

<b>Family Size</b>	<b>Monthly Income Limit</b>
1	\$2,013.00
2	\$2,713.00

*For each additional person, add \$700.00.*

- Your “cash” assets (bank accounts, stocks, bonds, etc.) do not exceed \$10,000.00.
- You are not eligible for Medicaid (Title 19). Persons who must meet a spenddown obligation under the Medically Needy program are not considered Medicaid eligible for the purposes of the AIDS/HIV HIPP program. If you are eligible for Medicaid, premiums may be paid under the Health Insurance Premium Payment (HIPP) program for Iowa Medicaid recipients.

***Will DHS find health insurance for me?***

No. DHS will pay premiums for a health insurance plan in which you are already enrolled. The insurance may be a group plan through an employer/previous employer, an organization of which you are a member, or a private health insurance plan.

***If I have family group health insurance, will DHS pay the premium?***

When you are enrolled in a policy that provides health insurance coverage to other members of the family, only that portion of the premium required to maintain your coverage will be paid unless modification of the policy (changing from family to single coverage) would result in a loss of coverage for you.

### ***How do I apply?***

You may apply by completing the AIDS/HIV Health Insurance Premium Payment Application, included with this booklet, and mailing it to the Department of Human Services in the enclosed postage – paid envelope or by taking it to any county DHS office.

### ***How long will it take to determine if I am eligible for the program ?***

Every reasonable effort will be made to make a decision regarding your eligibility within 30 days from the date a completed application form is received by the Department. Additional time for making a decision may be taken when, due to circumstances beyond the control of you or the Department, a decision regarding your eligibility cannot be reached within the 30 days.

### ***What kind of verification and documentation do I have to provide?***

In addition to providing a Physician's Verification of Diagnosis, you are required to verify all of your income and cash assets and those of any family members whose income and resources are considered in the eligibility determination. Documentation may include, but is not limited, to the following:

- ***Earned Income*** – Pay stubs for the past 30 days, income tax returns, self-employment records, employer's statements, etc.
- ***Unearned Income*** – An award letter verifying benefits such as disability or Veteran's benefits, court documents verifying child support payments received, etc.
- ***Cash Assets*** – Bank statements, stock portfolios, copies of certificates of deposit, etc.

- ***Insurance Policy*** – A premium statement, bill, or employer statement to verify the amount of the premium and the frequency it is paid. Additionally, you need to provide a benefit booklet or plan summary describing the services covered under your insurance plan.

***My insurance policy is going to lapse because I can't pay the premium --- what can I do?***

If your insurance policy is going to lapse due to non-payment of premiums, you may be “presumed” eligible to participate in the program for up to two calendar months, pending a formal eligibility determination. In order to be presumed eligible, it must be reasonably anticipated you will be found eligible for the program based on the income and resources listed on the application. Additionally, your application must be accompanied by a completed Physicians’ Verification of Diagnosis form and a current premium statement from the insurance carrier indicating the policy will lapse before a decision regarding your eligibility can be made.

***How long will DHS pay for my insurance?***

Once you are determined to be eligible to participate in the program, DHS will continue to pay your insurance premium as long as all eligibility requirements are met and as long as funding for the program is available. A review of your eligibility will be completed every three months.

***How soon will premium payments begin?***

Premiums payments will begin with the month in which you filed the application or the first month in which you meet all program requirements, whichever is later.

However, no premiums will be paid for any time period if you are not eligible for insurance on the day a decision regarding your application is made (e.g. the policy has lapsed).

***How will the premiums be paid?***

Whenever possible, DHS will make arrangements to pay the health insurance premium directly to the insurance carrier. When the employer makes a payroll deduction, DHS will ask the employer to agree to accept payment from DHS instead of deducting the insurance payment from your earnings. If the employer will not agree, DHS will reimburse the policyholder directly for the payroll deduction made for health insurance.

***What are my responsibilities once I am enrolled in the program?***

You are required to provide information, when requested to do so, in order to establish your continued eligibility for the program. You must apply for Medicaid (Title 19) if requested to do so. Additionally, you are required to report changes in your circumstances within 10 days. These include, but are not limited to:

- A new address
- Changes in the amount of your insurance premium or the services covered under the plan
- Changes in income or assets

***Further Questions***

If you have any questions regarding this program or need assistance to complete the application form, please contact the Department by writing to:

Iowa Department of Human Services  
Division of Medical Services/HIPP  
5<sup>th</sup> Floor – Hoover State Office Building  
Des Moines, Iowa 50319-0114

or by calling **515-281-7313** or **515-281-7151** (collect phone calls are accepted).

### *Confidentiality*

All information required by the Department in administering the AIDS/HIV Health Insurance Premium Payment program will be maintained in the strictest confidence. Information will not be disclosed to any other individual or organization without written consent of you or your representative.

### *Appeals*

If you are dissatisfied with the actions or lack of action by DHS, you should discuss the matter with your worker. If a satisfactory agreement cannot be reached, you have the right to file for an appeal and ask for a hearing. If a hearing is allowed, it will be an informal meeting before an administrative law judge from the Department of Inspections and Appeals. All the facts will be reviewed to see if the decision was correct or should be changed. You may file an appeal to ask for a hearing by writing to your county Department of Human Services Office or by writing to:

Appeals Section  
Division of Policy Coordination  
Iowa Department of Human Services  
Hoover State Office Building  
Des Moines, Iowa 50319-0114

If you feel the “Notice of Decision” is incorrect, you may file an appeal within 30 days of the date on the notice which will protect your right to a hearing. Discussions with your worker or other DHS staff do not extend this time limit.



Filing an appeal before the effective date on the “Notice of Decision” can allow your benefits to continue until your appeal is heard or decided.

***POLICY ON NONDISCRIMINATION***

No person shall be discriminated against because of race, color, national origin, sex, age, mental or physical disability, creed, religion or political belief when applying for or receiving benefits or services from the Iowa Department of Human Services or any of its vendors, purchase-of-service providers or contractors.

If you have reason to believe that you have been discriminated against for any of the above reasons, you may write to the Department of Human Services, the Iowa Civil Rights Commission (if you feel that you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion or disability), and/or the United States Department of Health and Human Services.

Office of Equal Opportunity  
Iowa Department of Human Services  
Hoover State Office Building, 1<sup>st</sup> Floor  
Des Moines, IA 50319-0114

Iowa Civil Rights Commission  
211 E. Maple Street  
Des Moines, IA 50309-1858

U.S. Department of Health and Human Services  
Office for Civil Rights, Region VII  
601 E 12th Street, Room 248  
Kansas City, MO 64106

