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Division of Health Care Financing and Policy

Health Insurance Premium Presentation

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WHAT IS HIPP?

- HIPP is the State of Nevada Health Insurance Premium Program. It is a cost-savings program, which identifies Medicaid recipients with other health care insurance (TPL) available through an employer.
- The program is funded by Medicaid Section 1906 under Title XIX.
- The mission of this program is to enroll as many individual and families as possible. It has been in place since 1992.
- Taxpayer dollars are saved by deferring the cost of medical claims to the other health care insurance. The program assists recipients in paying the policy premiums they otherwise may not be able to afford.

REQUIREMENTS

- Recipient must be eligible for **full Nevada Medicaid, Fee For Service**
- Recipient must have **Major Medical (Employer)** insurance
- The cost of the monthly premiums must be **cost effective** for the State

DISQUALIFIERS

- Managed Care enrollment
- Other health care insurance such as **Medicare** or **COBRA**

BENEFITS

- The program operates statewide
- It subsidizes the premiums for all the individuals on the other health care insurance policy.
- Other medical services may be included if covered through the other health care insurance

BENEFITS CONT.

- Participation in the HIPP program provides Medicaid recipients an opportunity to receive other health care insurance that may not have been affordable.
- Program is open to new enrollees as long as they meet the requirements of the program
- Applicants can apply at anytime.

HOW TO APPLY

Applying for the HIPP program is easy:

- Obtain the one page application from the District Office, Welfare or DHCFP HIPP website: http://dhcfp.nv.gov/Pgms/CPT/HIPP/

- Applications must be completed, signed and submitted along with a HIPAA release Authorization to the Medicaid TPL vendor, Health Management System.*

*Applications not signed and that do not have the HIPAA form will not be processed

WHO IS HEALTH MANAGEMENT SYSTEM (HMS)?

- Health Management System (HMS) is a national company who is contracted to manage the HIPP program through our Fiscal Agent Hewlard-Packard Enterprises(HPES).
- HMS determines eligibility for HIPP.

HIPP ENROLLMENT PROCESS

- HIPP Vendor receives application and HIPAA form
- Cost effectiveness is determined if the cost of the premium is cost effective based on the average of 6 months worth of medical claims
- Once the application passes initial screening, vendor will request the following be submitted within 14 days:
  - Copy of current health care identification card
  - Proof of current premium payments (copy of paystub)

CONTINUATION OF THE PROCESS

- Premiums which can only be paid through a payroll deduction will be reimbursed directly to the recipient
- Payments are made a month in arrears
- Coinsurance and deductibles, up to Medicaid maximum amount for Medicaid covered services, will be reimbursed through the normal Medicaid claims processing system
- Payments will be limited to the period of Medicaid eligibility

PROCESS

Medicaid participant applies for HIPP

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Vendor processes the application and determines eligibility

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If eligible:

- Vendor sends Acceptance letter and enrolls participants in HIPP

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If not eligible:

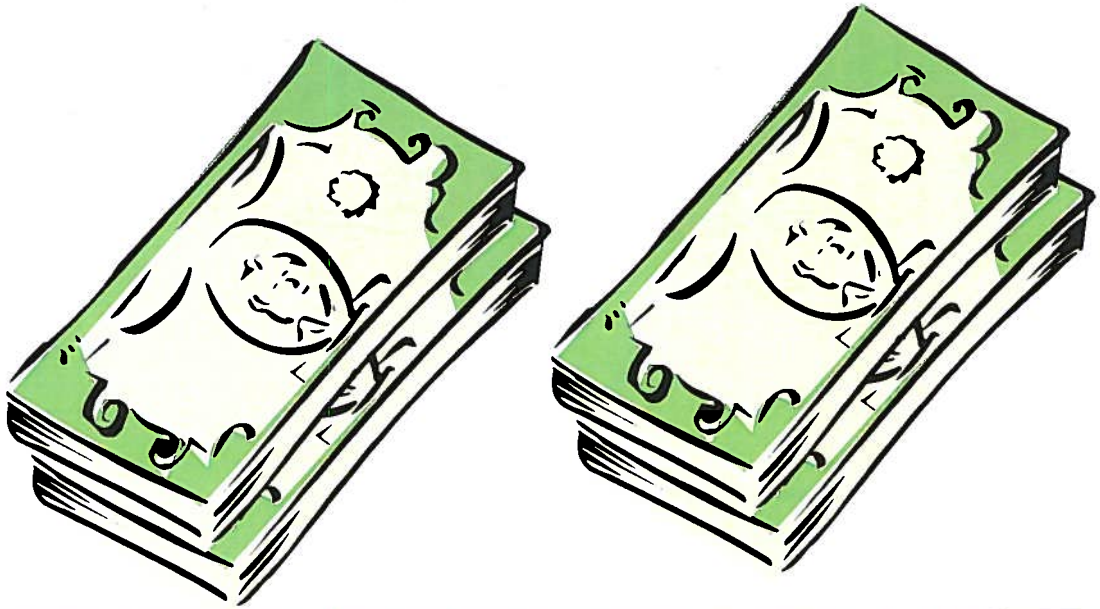
- Vendor Sends Denial letter

COST SAVINGS

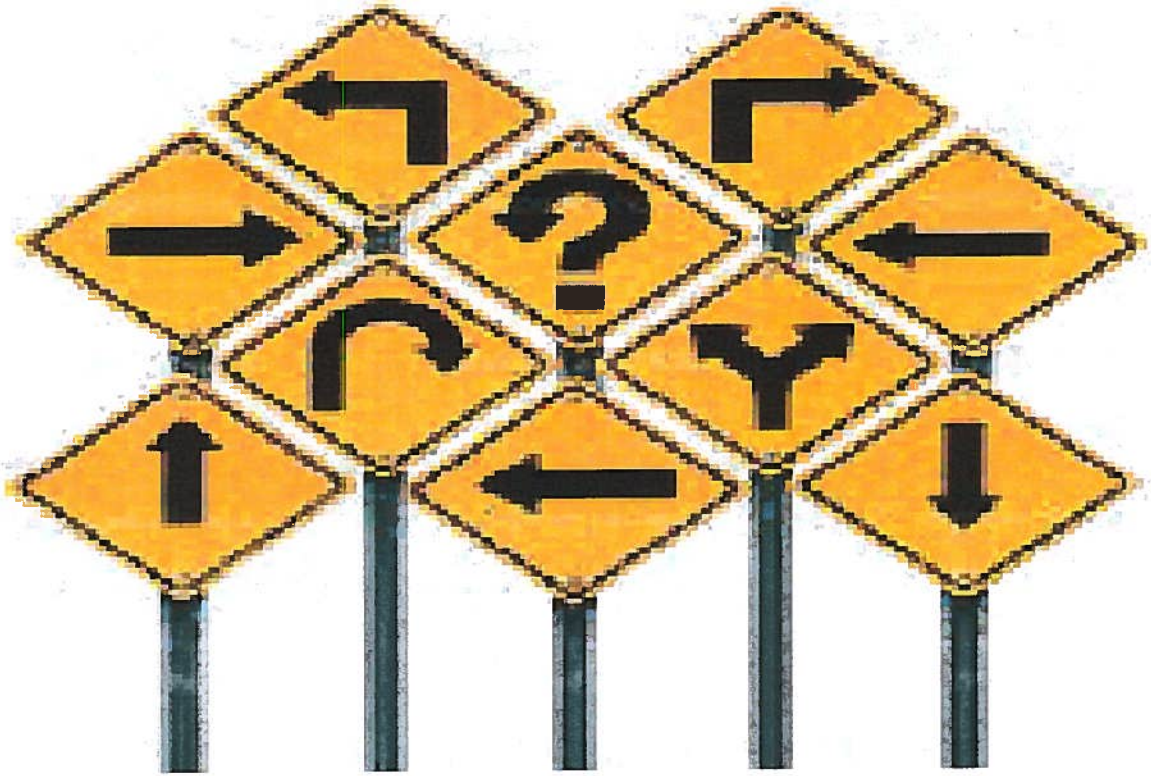
Month	HIPP Enrollees	Total Monthly Premiums	Average Monthly Claims Paid By other Ins	Estimated Monthly Savings	Estimated Yearly Savings
Sep-15	111	$48,922	$286,929	$238,007	$2,856,084
Oct-15	113	$48,952	$287,102	$238,150	$2,857,800
Nov-15	115	$49,898	$285,170	$235,272	$2,823,264
Dec-15	112	$49,600	$275,531	$225,931	$2,711,172
Jan-16	112	$48,959	$253,925	$204,966	$2,459,592
Feb-16	115	$50,994	$263,384	$212,390	$2,548,680

YEAR TO DATE SAVINGS

- **$2,856,084 SAVED**
- **With only 115 Enrolled Recipients**



Questions?



Thank you!

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