

Frequently Asked Questions

South Carolina Department of Health and Human Services Health Information Premium Payment (HIPP) Program

Q: What is the Health Insurance Premium Payment program?

A: Also known as HIPP, this cost containment program maintains premium payments for eligible Medicaid beneficiaries who retain their private health insurance.

Q: Who is eligible for participation in the HIPP program?

A: Only those South Carolina Medicaid beneficiaries who maintain their private health insurance, and who are enrolled in Fee-For-Service Medicaid, are eligible for HIPP. Only those beneficiaries who meet cost effectiveness guidelines may be approved for the HIPP program.

Q: Who is NOT eligible for participation in the HIPP program?

A: Currently, Medicaid beneficiaries who are enrolled in Medicaid Managed Care Organizations (MCOs) or Medical Homes Networks (MHNs) do **NOT** qualify for participation in the HIPP program. If a Medicaid beneficiary is enrolled in a MCO or MHN, the beneficiary must wait until either is terminated to become eligible for HIPP. However, in certain situations, a beneficiary may elect out of their MCO or MHN, but must gain approval from the HIPP department before doing so. Please contact the HIPP department for more information.

NOTE: This HIPP eligibility guideline may soon change, if SCDHHS implements new Medicaid policies that pertain to MCOs and MHNs. In the event of an impending change to Medicaid policies related to MCOs and MHNs, SCDHHS will communicate pertinent information to its Medicaid providers and Medicaid beneficiary communities.

Q: What is cost effectiveness; and why is it a requirement of the HIPP program?

A: HIPP participants must be cost effective, which means Medicaid savings must exceed premium and deductible amounts, as well as South Carolina Department of Health and Human Services' (SCDHHS) administrative costs. The following are requirements of cost effectiveness.

- Must be a South Carolina Medicaid beneficiary
- Must have active private health insurance
- Must have recent medical claims history on record

Q: What are the common characteristics of a cost effective Medicaid beneficiary?

A: Some cost effective Medicaid beneficiaries are diagnosed with chronic medical conditions, or may require long-term treatment— both of which, may result in extensive medical costs.

Q: What are the common characteristics of a cost effective Medicaid beneficiary? (Cont'd.)

- Common long-term cost effective conditions include, but are not limited to:
 - Cancer
 - End stage renal disease
 - Chronic heart problems
 - HIV/AIDS
 - Children with disabilities

- Common short-term cost effective conditions include, but are not limited to:
 - High-risk pregnancies
 - Seasonal conditions, like: asthma and allergies
 - Upcoming surgeries or diagnostic testing

Q: How can interested Medicaid beneficiaries enroll in the HIPP program?

A: The first step towards HIPP enrollment is completing the HIPP Referral Form. This form is available on the SCDHHS Web site, and can be accessed and downloaded by visiting:

<https://www.scdhhs.gov/service/health-insurance-premium-payment-hipp>

- HIPP referral forms will also be available at SCDHHS County Eligibility offices, as well as various provider offices and community-based organizations throughout South Carolina.

- To request a HIPP referral form, or to request assistance with completing the form, please contact the HIPP department at 803-264-6838 or 803-264-6847.

- Once completed, all HIPP referral forms, and required supplemental documents should be mailed to:

South Carolina Department of Health and Human Services
Attn: HIPP
P.O. Box 100127
Columbia, SC 29202
803-462-2580 (fax)

Q: What type of supplemental documents should interested Medicaid beneficiaries submit along with their completed HIPP referral form?

A: HIPP applicants should submit copies of the following documents along with their referral form. However, they **DO NOT** have to wait to submit all supplemental documents at one time.

- Health Insurance Premium Invoices or Pay Check Stubs
- Recent medical claims history, to include—Explanation of Benefits (EOBs)
- Health Plan or Summary of Benefits (the summary page, **ONLY**—the information that breaks down the premium coverage levels paid, per person)
- Private Health Insurance Card

Q: What happens after a Medicaid beneficiary submits their HIPP referral form and required supplemental documents?

A: The HIPP program will send a letter to the applicant, confirming receipt of their referral form and supplemental documents. This letter may request that applicants submit any additional required support documents, within 30 days, if they were not included in the initial referral submission. The HIPP program **CANNOT** fully process referral applications until all required documentation has been received.

Q: How will a Medicaid beneficiary know if they have been approved for participation in the HIPP program?

A: Eligible Medicaid beneficiaries who meet the program's requirements will be notified, by mail, of their approval or denial status. Letters of acceptance indicate the HIPP program's "intent to pay premiums." Approval/denial letters will be mailed to the beneficiary, only—upon receipt of an individual's completed referral form and **ALL** required supplemental documents.

Q: What happens after a Medicaid beneficiary is approved for participation in the HIPP program?

A: Once approved, the HIPP program makes arrangements with the newly accepted HIPP participant, his/her health insurance provider and his/her employer(s) to do the following:

- Identify the proper payee
- Establish premium amounts
- Determine frequency of payments

Q: Does a Medicaid beneficiary have to meet any special requirements after receiving acceptance into the HIPP program?

A: Yes! Beneficiaries must meet the following routine requirements, by submitting:

- Eligibility recertification information— every six months
- Notification of any changes to their health insurance policy or premium amount(s)— ongoing
- Proof of payment— pay check stubs, bank drafts or letters from their employer's Human Resources department— each month

Q: How does the HIPP payment process work; and how long does it take to receive payments?

A: Payments are mailed in the form of a check to the HIPP participant, their COBRA administrator or their health insurance company. Payees can expect to receive their checks in a timely manner, once initial application submissions are received. Health insurance payments are **NOT** paid retroactively.

Q: Who should a Medicaid beneficiary call if they need assistance completing the HIPP referral form, or if they have questions about the HIPP referral, determination, approval or payment processes?

A: All HIPP-related questions should be directed to the program’s HIPP Specialists, who can be reached at the following phone numbers—Monday – Friday, from 8:30 a.m. to 5:00 p.m.

803-264-6847 (o)

803-264-6838 (o)

Q: Where should Medicaid beneficiaries submit their referral forms, required supplemental documents, requalification documents, etc.?

A: Mailings or faxes can be sent to the following:

South Carolina Department of Health and Human Services

Attn: HIPP

P.O. Box 100127

Columbia, SC 29202

803-462-2580 (fax)

Q: How can medical providers, community-based and faith-based organizations, educational institutions, state agencies and other groups and organizations that have health and wellness-focused initiatives request informational materials about the HIPP program? How can they request to have a HIPP representative facilitate an information session, or participate in a health fair or other appropriate events hosted by their group or organization?

A: Interested groups and/or organizations should contact:

Garrett Creasman

Community Outreach Specialist

Garrett.Creasman@bcbssc.com

803-264-3098 (o)

HIPP informational materials are also available on the SCDHHS Web site. To download the HIPP program’s Frequently Asked Questions, brochure and/or referral form, please visit:

<https://www.scdhhs.gov/service/health-insurance-premium-payment-hipp>