

Frequently Asked Questions

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

Q: What is the Health Insurance Premium Payment program?

A: The Health Insurance Premium Payment program, also known as HIPP, is a cost containment program that helps maintain 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 (FFS) Medicaid, are eligible for HIPP. In addition, 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 a Medicaid managed care organization (MCO) do **NOT** qualify for participation in the HIPP program. If a Medicaid beneficiary is enrolled in an MCO, the beneficiary must wait until the MCO is terminated to become eligible for HIPP. However, in certain situations, a beneficiary may elect out of their MCO, but must gain approval from the HIPP department before doing so. Please contact the HIPP department at 1-888-289-0709, option 5, then option 4, for more information.

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 common qualifying conditions?

A: Common long-term, cost-effective conditions include, but are not limited to:

- Cancer
- Autism
- Chronic heart problems
- HIV/AIDS
- Children with special needs

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 website, 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 eligibility county 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 1-888-289-0709, option 5, then option 4.
- Once completed, all HIPP referral forms and required supplemental documents should be mailed or faxed 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 paycheck stubs
- Recent medical claims history, to include the explanation of benefits (EOBs)
- Health plan or summary of benefits and coverage (the summary page **ONLY** which shows 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 applicants submit additional required supporting 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 the 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 routine requirements by submitting the following:

- Eligibility recertification information every six months
- Notification of any changes to their health insurance policy or premium amount(s) as needed
- Monthly proof of payment including paycheck stubs, bank drafts or letters from their employer's human resources department

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 approved. 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 1-888-289-0709, option 5, then option 4, Monday through Friday from 8:30 a.m. to 5 p.m.

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

A: Forms and documents may 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: How can medical providers, community-based organizations, educational institutions, state agencies and other 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 for their group?

A: To receive additional information on the HIPP program or request an in-person information session, please contact:

HIPP Outreach
TPL.Outreach@bcbssc.com
1-888-289-0709, option 5, then option 4

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 the HIPP page of the SCDHHS website at <https://www.scdhhs.gov/service/health-insurance-premium-payment-hipp>.