

Health Insurance Premium Payment Program (HIPP)

Quick Reference Guide—Overview

What is HIPP?

HIPP is a reimbursement program that helps policy holders pay the premiums for their third party insurance (TPL). Policyholders determined eligible for HIPP receive a check each month as long as:

- TPL is active
- The TPL covers someone on Medicaid
- The insurance is determined to be cost effective.

Redeterminations are usually done annually, but they can be done more often.

Why does the state reimburse premiums? Individuals receiving HIPP are able to keep their commercial insurance and use their existing providers. It also saves the state money because the TPL becomes the primary payer for their medical services.

Program requirements

To qualify for HIPP, the policyholder does not have to live in the same household as the Medicaid recipient. It is possible to reimburse eligible absent parents, grandparents or others who are paying for private health insurance. Some of the criteria to qualify includes:

- The insurance must be a comprehensive major medical policy that includes hospital, physician, lab, x-ray and full pharmacy benefits and,
- The reimbursement must be determined cost-effective and,
- It must meet the HIPP requirements in OAR 410-120-1960

Does everyone qualify if the insurance is cost effective? Some examples of when HIPP is not approved are when:

- The Medicaid eligible client is enrolled in Medicare Part A, B or C.
- The insurance is a non-major medical policy such as dental, vision, cancer or accident only.
- The Medicaid recipient is covered by CHIP or CAWEM
- The insurance has been court ordered.

How does someone apply for HIPP?

To apply for HIPP the policyholder or authorized representative can apply online at www.reportTPL.org.

When HIG receives the form, the TPL will be verified and the HIPP request will be forwarded to a HIG Premium Reimbursement Coordinator for eligibility determination. If HIG needs more information they will send a questionnaire packet to the applicant asking for additional information. HIG does this by email or by USPS mail. These mailings are date sensitive so applicants should be instructed to watch for the packet and to respond timely. If the insurance is employer-sponsored the applicant may be asked to have their employer provide information to HIG.

When HIG has everything they need, they will make their determination and notify the policyholder by mail. If approved, payments begin the month after the determination is made.

Important: Submitters should allow 90 days for processing after HIG receives all documentation.

HIPP Questions can be emailed to reimbursements.hipp@dhsosha.state.or.us

Additional information can be found on pages 30-33 in the [DMAP Worker Guide](#)