



PM 23-08-01: Health Insurance Premium Payment (HIPP) Program

WAG 23-08-01.

The Health Insurance Premium Payment (HIPP) Program pays health insurance premiums for some clients who have high medical expenses and who have private health insurance available. The health insurance the client is eligible for must be cost-effective. The insurance can be available directly to the client or through someone else, such as a parent. The client may or may not be currently enrolled in the health plan.

Clients must cooperate with HIPP to be eligible for medical. Clients with high cost medical conditions must provide information for any health plan that they:

- are enrolled in; or
- are eligible to enroll in but are not; or
- may enroll in due to loss of employment, layoff, or retirement (COBRA or conversion policy).

HIPP is limited to clients who have high cost medical conditions, such as:

- severe arthritis;
- cancer;
- heart ailment or defect;
- liver disease;
- kidney disease;
- brain disease or disorder;
- neurological disease or disorder;
- diabetes;
- AIDS;
- organ transplant;
- any other medical condition requiring high cost ongoing medical treatment, such as pregnancy.

Explain HIPP to the client at intake, REDE, or when the client reports a new job, loss of a job, or a policy they are allowing to lapse. HIPP is available to all clients receiving cash or medical except for the following:

- clients enrolled in spenddown;
- Qualified Medicare Beneficiaries (QMB) only;
- Specified Low-Income Medicare Beneficiaries (SLIB) only;
- residents of long term care facilities; or
- clients enrolled in a health plan as a requirement of a child support order.

The Third Party Liability Section of the Bureau of Collections (BOC) runs HIPP and decides the cost-effectiveness of each health insurance policy on a case-by-case basis. When the health plan is cost-effective, HFS pays the premium to the:

- health insurance carrier;
- employer;
- union or other organization; or
- client (reimbursement only).

Health Insurance Premium Payment (HIPP) Referral Form DPA3459B
Complete this form

The other information needed:

1. Physician's statement describing child's condition and diagnoses. This should be comprehensive so that the HFS/DHS has a clear picture of your child's medical needs.
2. Explanation of Benefits (EOB) statements from insurance for the last 6 months.
3. Copy of front and back of insurance card.
4. The address where premiums should be sent.

Send completed application and information to:

HIPP Unit
P.O. Box 19149
Springfield, IL 62794

Fax (217) 524-3047

Best to mail as HFS/DHS will need DPA3459B as an original.

The Health Insurance Premium Payment (HIPP) Program

Section 1906 of the Social Security Act mandates each state to have a Health Insurance Premium Payment Program (HIPP) as a condition of eligibility for medical assistance provided by the Department of Healthcare and Family Services (HFS). The HFS Third Party Liability Section of the Bureau of Collections manages HIPP for the State of IL and determines the cost effectiveness of each health insurance policy on a case by case basis. HFS defines HIPP as follows:

"The Health Insurance Premium Payment (HIPP) Program pays health insurance premiums for some HFS clients who have high medical expenses and who have private health insurance available. The health insurance the HFS client is eligible for must be cost-effective. The insurance can be available directly to the HFS client or through someone else, such as a parent. The HFS client may or may not be currently enrolled in the health plan."

DSCC will regard the HIPP Program as a potential resource for families with high cost medical conditions and may provide the family with the HIPP referral form including contact information. Because of the medical eligibility and documentation requirements for HIPP, it is important for the family to contact HIPP directly. HIPP does not have a toll free number; so, the HIPP Coordinator suggests that the family should call (217) 524-8268 and leave a message for her to return the call in order that she can assist the family in the HIPP process.

The HIPP Coordinator will need the following information:

- previous 6 months medical expenses and/or health insurance EOBs,
- health insurance information with premium costs,
- how insurance is obtained (employer, private purchase, union) or
- COBRA enrollment information.

When all necessary information is obtained, an eligibility decision can be made in 30 days. Decisions are sent to the family in writing. If eligible, HIPP pays the client's share of the health insurance premium directly to the insurance company, employer, union or client.

Enclosed: Forms: DPA 3459, 3459S, DPA3459B, 3459BS, HFS Policy Memo 23-08-01