

HOW DOES HIPP WORK?

1. Reimbursements are made during the month after the premium payment or deductions are made. Reimbursements are typically processed and mailed within 7 – 10 days.
2. Your completed premium payment documentation must be received by HIPP no later than the 15th of each month to allow the HIPP staff to process your reimbursement on or before the last business day of the month.

HOW DO I APPLY?

You may receive an application at any of the following locations:

- Your Local DFCS or RSM Offices,
- AIDS Advocacy Groups, or
- Directly through the HIPP Office

How to contact us:

HIPP Unit
5660 New Northside Drive
Suite 750

Atlanta, GA 30328

Tel: 678-564-1162

Fax: 800-817-1769

georgia.gov™

Online access to Georgia Government

The GA HIPP Unit is administered by HMS, Inc. under contract with the Department of Community Health.



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DIVISION OF MEDICAL ASSISTANCE



*Health Insurance Premium
Payment (HIPP) Program*

Program Overview

WHAT IS THE HIPP PROGRAM?

The HIPP (Health Insurance Premium Payment) Program began in the State of Georgia in 1994. The HIPP Program was created to assist families of Medicaid members with the cost of health insurance that covers the Medicaid member. The goal of the HIPP Program is to help Medicaid members maintain their group sponsored or private insurance which often cover services not paid for by Medicaid. Your health insurance company will pay for medical services first and Medicaid will pay the remainder at a reduced amount. **This savings benefits all Georgians.**

WHO IS ELIGIBLE?

You must meet the following requirements to be eligible for the HIPP Program:

1. There must be a least one Medicaid member in the household who is eligible for health insurance coverage.
2. Medicaid member must be covered under a group health insurance policy. This includes COBRA plans.



3. Premium costs must be cost-effective for participation in the HIPP Program. Cost-effectiveness means that the costs to the Georgia Medicaid Program are expected to be less than the Medicaid total cost of care.

WHAT ARE MY RESPONSIBILITIES?

Once approved for the HIPP Program there are only a few basic requirements:

1. If requested, you must send copies of proof of premium payment each month. The HIPP Program requires copies of pay stubs, front and back copy of cancelled checks, cashier's check, bank statement, money order receipts, or letter from Human Resource or Payroll Manager, when pay stubs can not be reproduced.
2. The policyholder must contact the HIPP Unit within thirty (30) days if there is a change to the Medicaid status, employment, and or health insurance coverage.
3. Give both the Medicaid and health insurance benefit cards to all healthcare providers at time of service.

4. Keep copies of EOB's (Explanation of Benefits) or paid claims to support medical condition, medical expenses, and to document ongoing treatments.

The Department of Community Health will continue to reimburse premium payments as long as the following conditions are met:

1. The policyholder complies with all requests for information timely.
2. There is a Medicaid member covered by the policy, and the policy is considered cost-effective.
3. The health insurance policy limits have not been exhausted.

