

## **HIPP TRAINING**

### **SLIDE 1 (HIPP CONCEPT)**

THE HIPP PROGRAM IS PART OF THE COST RECOVERY UNIT WITHIN THE MO HEALTHNET DIVISION.

THE HIPP FUNCTION IN COST RECOVERY IS TO COST AVOID MO HEALTHNET EXPENDITURES.

THE HIPP CONCEPT IS SIMPLE: WE PAY THE INSURANCE PREMIUMS AND THE INSURANCE COMPANY PAYS FOR THE MEDICAL EXPENSES.

THE HIPP PROGRAM ALLOWS MO HEALTHNET TO AVOID PAYMENT OF COSTLY MEDICAL EXPENSES BY PAYING THE LESS EXPENSIVE HEALTH INSURANCE PREMIUMS, WHETHER IT IS THROUGH GROUP INSURANCE PLANS WITH THEIR EMPLOYER, OR A PRIVATE PLAN THEY HAVE PURCHASED, OR EVEN A MEDICARE SUPPLEMENT PLAN.

AND SOME MAY WONDER -WHAT WOULD BE THE BENEFIT OF RETAINING PRIVATE INSURANCE IF MO HEALTHNET IS AVAILABLE??????

### **SLIDE 2 – BENEFITS OF RETAINING INSURANCE**

- PRIVATE OR GROUP INSURANCE COMPANIES PAY FOR THE MORE COSTLY SERVICES MAKING MO HEALTHNET THE PAYER OF LAST RESORT WHICH IN TURN SAVES THE STATE OF MISSOURI MILLIONS OF DOLLARS.

- IT'S GOOD FOR THE PROVIDERS, BECAUSE INSURANCE COMPANIES OFTEN PAY CONSIDERABLY MORE PER CLAIM THAN MO HEALTHNET AND WILL OFTEN PAY FOR SERVICES THAT MO HEALTHNET DOES NOT.
- FROM THE STATES POINT OF VIEW COST AVOIDING TAX DOLLARS IS A LOT EASIER THAN TRYING TO RECOVER MONEY ALREADY SPENT.
- PARTICIPANTS HAVE A BROADER BASE OF PROVIDERS TO CHOOSE FROM WHICH IS ESPECIALLY IMPORTANT TO THOSE NEEDING SPECIALIZED CARE OR HAVE COSTLY PRE-EXISTING CONDITIONS.
- AND IN MANY CASES KEEPING THEIR INSURANCE ENABLES A PARTICIPANT TO KEEP GOING TO THE DOCTOR THEY ARE CURRENTLY SEEING INSTEAD OF HAVING TO SWITCH TO A MO HEALTHNET ENROLLED PROVIDER. I AM SURE ALL OF YOU KNOW HOW IMPORTANT THAT CAN BE TO SOME PEOPLE. ESPECIALLY PEOPLE WITH CHRONIC OR LIFE THREATENING ILLNESSES.

### **SLIDE 3 – ELIGIBILITY**

WHEN WE RECEIVE AN APPLICATION THERE ARE 2 FACTORS WE LOOK AT TO DETERMINE HIPP ELIGIBILITY. ONE IS THE PARTICIPANT'S MO HEALTHNET ELIGIBILITY, AND THE SECOND IS THE TYPE OF ASSISTANCE THEY HAVE.

AT LEAST ONE PERSON WHO IS COVERED ON THE INSURANCE - MUST ALSO BE ELIGIBLE FOR MO HEALTHNET.

NOT EVERYONE ON THE POLICY HAS TO BE MO HEALTHNET ELIGIBLE.

FOR EXAMPLE: A FAMILY OF FOUR – MOM, DAD, AND THEIR TWO CHILDREN, HAVE GROUP COVERAGE THROUGH DAD'S EMPLOYER. THE CHILDREN ARE MO HEALTHNET ELIGIBLE – THE MOM AND DAD ARE NOT. IT IS POSSIBLE THAT IT MAY BE COST EFFECTIVE FOR US TO PICK UP THAT WHOLE FAMILY COVERAGE PREMIUM JUST TO COST AVOID MO HEALTHNET EXPENDITURES ON THE CHILDREN.

SO THE BOTTOM LINE HERE IS:

AT LEAST ONE INDIVIDUAL COVERED ON THE INSURANCE POLICY MUST ALSO BE MO HEALTHNET ELIGIBLE

#### SPENDDOWN

USUALLY, MO HEALTHNET PARTICIPANTS ON SPENDDOWN CANNOT BE HIPP PARTICIPANTS.

EXCEPTIONS ARE MADE FOR PARTICIPANTS WHO ARE SET UP TO HAVE THEIR SPENDDOWN AMOUNTS AUTO WITHDRAWN FROM A BANK ACCOUNT EVERY MONTH.

A REVIEW IS COMPLETED EVERY SIX MONTHS TO ENSURE THE AUTO WITHDRAWAL IS STILL IN PLACE.

OTHER EXCEPTIONS ARE MADE WHEN CERTAIN AGENCIES ARE PAYING THE SPENDDOWN ON BEHALF OF THE PARTICIPANT. THESE SITUATIONS ARE LOOKED AT ON A CASE BY CASE BASIS.

THE SECOND PARTICIPANT ELIGIBILITY FACTOR WE LOOK AT IS THE TYPE OF ASSISTANCE THAT THE PARTICIPANT HAS QUALIFIED FOR, UNDER MO HEALTHNET.

THE TYPE OF ASSISTANCE MUST BE PARTIALLY FEDERALLY FUNDED.

MEANING: NO STATE FUNDED ONLY TYPES OF ASSISTANCE.LIKE BLIND PENSION OR GENERAL RELIEF.

#### **SLIDE 4 – COST EFFECTIVENESS**

IN ORDER FOR US TO ACCEPT A PARTICIPANT INTO THE HIPP PROGRAM IT MUST BE COST EFFECTIVE FOR US TO PAY THE INSURANCE PREMIUMS.

MEANING: IT MUST COST US LESS TO PAY THE HEALTH INSURANCE PREMIUMS FOR THIS PERSON OR FAMILY VERSUS PAYING THEIR ACTUAL MEDICAL EXPENSES.

THE COST EFFECTIVE DETERMINATION IS BASED ON THE MO HEALTHNET EXPENDITURES AND THE GROUP HEALTH PLAN COSTS.

WHEN WE ENTER AN APPLICATION INTO OUR COMPUTER IT LOOKS AT THE DEMOGRAPHIC FOR THE PARTICIPANT WHICH INCLUDES:

- AGE
- GENDER
- TYPE OF ASSISTANCE
- AND THEIR GEOGRAPHIC LOCATION

THE ON-LINE SYSTEM LOOKS AT THESE AREAS OF INFORMATION FOR THIS PARTICIPANT AND DETERMINES THE ANNUAL MO HEALTHNET EXPENDITURES FOR THIS DEMOGRAPHIC GROUP.

THIS FIGURE IS THEN COMPARED TO THE ANNUAL COST OF THE GROUP INSURANCE PREMIUM AND TYPE OF COVERAGE AVAILABLE THROUGH THE POLICY.

BY COMPARING THESE TWO FIGURES, WE CAN DETERMINE IF IT WOULD BE MORE COST EFFECTIVE TO PAY THE INSURANCE PREMIUMS OR TO PAY THE MEDICAL EXPENDITURES.

### **SLIDE 5 - HIPP CANNOT PAY FOR OTHER GOVERNMENT PROGRAMS**

HIPP CANNOT PAY PREMIUMS FOR "OTHER" GOVERNMENT PROGRAMS

HIPP DOES NOT CONSIDER MEDICARE PART A OR B PREMIUMS OR DEDUCTIBLES AS "PRIVATE INSURANCE" HIPP WILL CONSIDER PAYING PREMIUMS FOR MEDICARE SUPPLEMENT POLICIES BUT NOT MEDICARE REPLACEMENT HMO'S BECAUSE THEY REPLACE STANDARD MEDICARE AND THEY ARE REGULATED BY THE FEDERAL GOVERNMENT.

IF THE PARTICIPANT IS QMB MO HEALTHNET ONLY THEY CANNOT PARTICIPATE IN THE HIPP PROGRAM. IF IN ADDITION TO THE QMB THEY ALSO *HAVE* ANOTHER *ACTIVE* TYPE ELIGIBILITY THAT WILL QUALIFY THEM FOR HIPP WE CAN GO AHEAD AND PROCESS THEIR APPLICATION AND DETERMINE IF THEY ARE COST *EFFECTIVE*.

### **SLIDE 6 – WHO MUST APPLY?**

FSD OFFICES ARE VITAL TO OUR PROGRAM -BECAUSE THAT IS USUALLY THE ONLY SOURCE OF CONTACT BETWEEN THE HIPP PROGRAM AND THE POTENTIAL HIPP CLIENTS.

PER STATE REGULATIONS, IF A MO HEALTHNET PARTICIPANT HAS OR HAS ACCESS TO AN EMPLOYER BASED GROUP HEALTH PLAN (AND THIS DOES INCLUDE COBRA COVERAGE), ENROLLMENT IN THE HIPP PROGRAM IS A CONDITION OF MO HEALTHNET ELIGIBILITY. THEY MUST GIVE HIPP THE OPTION OF DETERMINING COST EFFECTIVENESS AND ENROLLING THEM IN THE HIPP PROGRAM SHOULD WE FIND IT COST EFFECTIVE. IF A PARTICIPANT REFUSES TO ENROLL IN THE GROUP PLAN THROUGH THEIR EMPLOYER, WE COULD REQUEST THEIR MO HEALTHNET ELIGIBILITY BE TERMINATED FOR FAILURE TO COMPLY WITH THE STATE STATUTE.

PLEASE NOTE: HIPP WILL NEVER TERMINATE MO HEALTHNET ELIGIBILITY ON A CHILD BECAUSE A PARENT OR POLICYHOLDER REFUSES TO COOPERATE IN ENROLLING IN THE GROUP PLAN.

\*\*A GOOD RULE OF THUMB IS IF YOU HAVE TO COMPLETE A TPL -1, YOU SHOULD ALSO COMPLETE A HIPP APPLICATION. IF YOU DETERMINE A PARTICIPANT HAS ACCESS TO EMPLOYER BASED GROUP HEALTH INSURANCE YOU ARE REQUIRED TO HAVE THEM FILL OUT A HIPP APPLICATION.

### **SLIDE 7 – COMPLETING THE APPLICATION**

HIPP APPLICATIONS ARE SHORT AND SIMPLE  
HOWEVER -IT IS IMPORTANT THAT EVERY  
QUESTION ON THE APPLICATION BE ANSWERED  
AS ACCURATELY AS POSSIBLE AND SIGNED BY THE POLICYHOLDER.

THE MOST IMPORTANT THING TO REMEMBER WHEN SENDING IN THE APPLICATION IS THE INSURANCE POLICY BOOKLET, SCHEDULE OF BENEFITS, OR SOME KIND OF PLAN DESCRIPTION OUTLINING THE BENEFITS COVERED.

WE NEED TO KNOW EXACTLY WHAT KIND OF COVERAGE THE INSURANCE PROVIDES. THIS INFORMATION IS REQUIRED IN ORDER FOR US TO DETERMINE COST EFFECTIVENESS.

DO NOT HOLD AN APPLICATION FOR A LONG-PERIOD OF TIME WAITING FOR THE PARTICIPANT TO GET THEIR BENEFIT INFORMATION TO YOU. IF THEY DON'T GET BACK WITH YOU WITHIN A FAIR AMOUNT OF TIME, SEND THE APPLICATION IN WITHOUT THE BENEFIT INFORMATION.

YES, IT WILL BE DENIED, ALL APPLICATIONS SENT IN WITHOUT BENEFIT INFORMATION WILL BE DENIED, BUT THE APPLICATION WILL BE DATE STAMPED THE DAY WE RECEIVE IT, AND ONCE THE BENEFIT INFORMATION HAS BEEN SENT TO US WE WILL REPROCESS THE APPLICATION. IF IT IS APPROVED, WE WILL REIMBURSE BACK TO THE DATE WE RECEIVED THE APPLICATION. THAT IS WHY IT IS SO IMPORTANT TO NOT LET IT SIT TOO LONG WAITING FOR INFORMATION.

AN APPLICATION INVOLVING COBRA BENEFITS SHOULD ALWAYS BE MARKED CLEARLY AS COBRA AND FORWARDED TO US AS SOON AS POSSIBLE BECAUSE OF THE TIME CONSTRAINTS ON ENROLLMENT. IF THE PARTICIPANT DURING AN OPEN ENROLLMENT PERIOD WANTS US TO DETERMINE COST EFFECTIVENESS BEFORE THEY ENROLL THEIR FAMILY IN THE GROUP PLAN - WE CAN DO THAT.

### **SLIDE 8 – HIPPI & HIPPA**

TWO DIFFERENT APPLICATIONS ARE USED.

~

IN THE BOTTOM RIGHT HAND CORNER OF THE APPLICATION YOU WILL FIND EITHER A HIP-1 OR A HIP-A

HIP - 1 IS USED FOR THE STANDARD MO HEALTHNET POPULATION

HIP - A IS USED FOR THE AIDS AND HIV + PARTICIPANTS.

THE HIP-1 APPLICATION IS AVAILABLE ONLINE. THE WEBSITE ADDRESS IS IN THE BROCHURE.

THE HIP-A IS NOT AVAILABLE ONLINE YET, BUT IF YOU EMAIL US REQUESTING ONE, WE CAN FORWARD YOU ONE TO PRINT.

OUR MAIN EMAIL ADDRESS IS INCLUDED IN THE BROCHURE.

### **SLIDE 9 – HELPFUL INFORMATION**

COPIES OF PREMIUM NOTICES AND/OR INSURANCE CARDS CAN BE HELPFUL TO US WITH THE APPLICATION PROCESS.

IF THE INSURANCE IS PAYROLL DEDUCTED, IT IS QUITE HELPFUL IF A COPY OF THE MOST RECENT PAY CHECK STUB IS SENT WITH THE APPLICATION.

IF THE APPLICATION IS FOR A COBRA POLICY WE NEED THE COBRA ENROLLMENT PAPERWORK.



## **SLIDE 10 – ONCE A CASE IS ESTABLISHED**

ONCE A CASE HAS BEEN ESTABLISHED AND THE PARTICIPANT BECOMES A HIPPA CLIENT WE NEED TO BE KEPT INFORMED OF CHANGES.

- CHANGE IN PREMIUMS
- PAST DUE NOTICE
- CHANGE IN COVERAGE
- NEW MEMBERS ADDED OR SOMEONE BEING DROPPED FROM THE POLICY
- CHANGE IN THEIR EMPLOYMENT

SINCE WE SOMETIMES PAY INSURANCE COMPANIES AND EMPLOYERS DIRECTLY, IT IS IMPORTANT THAT THEY PASS THIS INFORMATION ON TO US AS SOON AS POSSIBLE TO AVOID ANY COVERAGE TERMINATING FOR NON-PAYMENT.

HIPPA CASES ARE REVIEWED SEMI-ANNUALLY TO ENSURE THAT THEY REMAIN COST-EFFECTIVE AND ANYTIME A CHANGE OCCURS ON A HIPPA CASE SUCH AS A DENIAL - APPROVAL - OR CLOSING OF A CASE - A SYSTEM GENERATED NOTICE OF THE ACTION IS SENT TO THE POLICYHOLDER AND A COPY TO THE ELIGIBILITY SPECIALIST.

## **SLIDE 11 – DEDUCTIBLE & COPAY REIMBURSEMENTS**

IF HIPPA CLIENTS SEND US THE PROPER DOCUMENTATION, WE CAN POSSIBLY REIMBURSE THEM FOR COPAYS OR DEDUCTIBLES THEY HAVE ALREADY PAID FOR.

WE CAN ONLY REIMBURSE CO-PAY AND DEDUCTIBLES ON THE MO HEALTHNET ELIGIBLES IN THE FAMILY.

**SLIDE 12 – IT'S A WIN-WIN!**

THE HIPP PROGRAM CAN SAVE MILLIONS OF STATE TAX DOLLARS EACH YEAR. CURRENTLY HIPP HAS 800 CASES WITH A YEARLY COST SAVINGS OF \$16,714,225.24.

WHILE ASSISTING MANY MISSOURI RESIDENTS BY HELPING THEM RETAIN PRIVATE HEALTH INSURANCE CARE COVERAGE -A MAJOR CONCERN FOR A LOT OF PEOPLE TODAY.

SO - GET THOSE REFERRALS AND APPLICATIONS IN TO US AND THANKS FOR HELPING US IN MAKING THE HIPP PROGRAM A SUCCESS AND BENEFIT TO THE STATE.

IF YOU SHOULD HAVE ANY QUESTIONS ABOUT THE HIPP PROGRAM - FEEL FREE TO CALL US ANYTIME.

OUR ADDRESS AND PHONE NUMBER ARE INCLUDED IN THE BROCHURE.