

Administrative Services

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Office of Payment Accuracy and Recovery

Authorized Signature

Number: OPAR-IM-08-005
Issue Date: 12/12/2008

Topic: Medical Benefits

Subject: Health Insurance Premium Payments (HIPP) and Private Health Insurance premium payments (PHI), new referral form and procedure changes

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DMAP, OPAR |

Message:

Effective December 1, 2008 the administration of the PHI (Private Health Insurance) program was transitioned from DMAP (Division of Medical Assistance Programs) to the HIG (Health Insurance Group) which is within OPAR (Office of Payment Accuracy and Recovery). The HIPP program is scheduled to be transitioned to HIG in March 2009. These changes are due to the expanded system requirements of our new MMIS.

We are in the process of updating worker guides with more detailed information on both programs. They should be completed and available later this month. Until those are completed, we want to make you aware of changes that affect the referral process for both programs. This transmittal will explain those changes.

The PHI program – Private Health Insurance

The PHI program assists the department in providing more cost effective health care. When a client is determined eligible for the PHI program the department pays the cost of the premium directly to the insurance carrier, or in some instances will pay the policy holder. An individual's medical and claims history is reviewed to determine if the premium payment will be cost effective.

The new MMIS system requires more detailed information to process and send payments for the PHI and HIPP programs. The DHS 3073 (Request for HIPP/PHI Premium Payment) has been revised to collect that information. Workers will be required to use the new form beginning December 2008 for PHI referrals and in March 2009 for HIPP.

PHI – Referral Process

It is appropriate to make a PHI referral to HIG if:

- The client is ineligible for the HIPP program because the amount of their employer sponsored health insurance premium exceeds the allowable amount on the HIPP standard chart *or*;
- Their private insurance is not employer sponsored *and* they have a medical condition that may make it cost effective for the state to pay the premium. (For example, cancer treatment or end stage renal disease).

To make the referral the eligibility worker will need to complete all four sections on the DHS3073 and:

- **Fax** it to HIG at 503 373-0358; *and*
- Include a copy of the DHS 0415H or SDS 0415H

If the worker already has additional medical information such as letters from doctors, chart notes, or the DHS 2099 (Authorization for Use and Disclosure of Information), it will expedite the process if it is included when the DHS 3073 is sent to HIG. Workers do not need to request medical records to make the referral but if they already have these or other documents that would be helpful they should include them in what they send to HIG.

HIG will review the request and then send an approval or denial letter to the client. The eligibility worker will also be notified of the decision. Once approved, PHI payments will be reviewed annually by HIG to ensure the payment is still cost effective.

HIPP – Health Insurance Premium Payment

The HIPP program is a reimbursement program for individuals who have employer-sponsored group health insurance available that covers a household member who is eligible for a medical assistance program (excluding OHP-CHP and OHP-OPU). Self employed people who have group health insurance may also qualify for a HIPP payment. To qualify, the insurance must be a comprehensive plan which includes basic/major medical services.

Starting in March of 2009 the HIPP program will be transitioned to HIG. Eligibility workers will still determine HIPP eligibility, but HIG will need to enter detailed information into the new MMIS before checks can be sent. When the transition is complete the DHS 3073 will be required for all HIPP payment approvals. I will be sending a follow up IM prior to finalizing the transition to HIG which will explain the new HIPP process.

Existing HIPP cases will need to be updated with the information required by the new MMIS prior to March to ensure a seamless transition. HIG staff will be completing

these updates. Our existing system does not contain all of the information that is required for the new MMIS. In an effort to obtain any data that is missing, HIG staff may be contacting eligibility workers for assistance because some of the information will need to be gathered from the clients. In addition, HIG is requesting that eligibility workers complete and fax to HIG the DHS 3073 for all new HIPP payments that they approve beginning December 12, 2008. Data entry for HIPP payments will not change until the transition to HIG is completed next March. HIG needs the assistance of eligibility workers to begin using the DHS 3073 and send it to HIG for new HIPP approvals. This is necessary so the system can be programmed for continuation of HIPP payments after the transition is finalized.

I am attaching a copy of the revised DHS 3073. It is available on the DHS forms server in Word and PDF versions. The new form has an interactive area for payment calculations that will do the math for you, includes the fax cover sheet, and has detailed information on where to send it. We have designed it to be as user friendly as possible and still meet the needs of HIG. Eligibility worker assistance with completing this form and sending it to HIG is critical to the successful transition of this program for our clients receiving HIPP payments.

Link to DHS 3073: http://dhsresources.hr.state.or.us/WORD_DOCS/DE3073.doc

HIG web page: <http://www.dhs.state.or.us/admin/opar/hig.html>

Questions?

Call the HIG at 503-945-9959. HIG is a resource for DHS staff only. Clients with questions regarding HIPP or PHI payments should be referred to their local DHS branch office or eligibility worker.

If you have any questions about this information, contact:

| | | | |
|--------------------|--|-------------|--------------|
| Contact(s): | Carolyn Thiebes, Operations and Policy Analyst, OPAR | | |
| Phone: | 503 378-3507 | Fax: | 503-373-7656 |
| E-mail: | Carolyn.Thiebes@state.or.us | | |



Request for Health Insurance Premium Payment (HIPP) or Private Health Insurance (PHI) Premium Payment

Fax this form to: Health Insurance Group (HIG) 503-373-0358

You must submit this form if:

- A client is eligible for a HIPP (Health Insurance Premium Payment) or,
- A client was not eligible because their employer sponsored health insurance was not cost effective and they have a medical condition that may qualify for the PHI program.

If a client has Third Party Liability (TPL) but is not eligible for HIPP or PHI you do not need to send this form, however, if a client has TPL that is new or has changed, you still have to send the DHS 0415H to HIG.

All sections must be completed. We use this information to set processing time lines and to verify everything sent was received.

| | | | |
|-----------------------------|---------------|--|-----------------------------|
| FAX Cover Sheet Area | Today's Date: | In addition to this form, I am sending: <i>(*Required document)</i> <input type="checkbox"/> *DHS 0415H or SDS 0415H <input type="checkbox"/> *Copy of check stub <input type="checkbox"/> Copy of Cobra letter <i>(For PHI only – include this if client has Cobra)</i> <input type="checkbox"/> Other, please specify: _____ | Total number of pages sent: |
|-----------------------------|---------------|--|-----------------------------|

| | | |
|--------------------------------------|--------------------------|---------------------|
| Case Number | Case Name – Please print | Branch # |
| Case worker full name – Please print | | Case worker phone # |

Has a HIPP been approved? Yes No

If no, why not? _____

If yes, complete sections 1, 2 and 3 and fax to HIG. You must include a copy of the DHS 0415H or SDS 0415H and a copy of paycheck stub that shows the insurance premium payment.

If a HIPP is not approved because the premium amount is higher than the amount allowed on the HIPP standard chart, the client may still be eligible for a payment under the PHI program. PHI may be approved if the client has a medical condition that justifies an increased premium payment. See OAR 461-135-0090 and 410-120-1960 for additional information about either of these programs.

If requesting PHI you also need to complete section 4.

Section 1: Policy Holder Information

NOTE: The policy holder may not be the payee on the case. Do not list the case name (payee) in this space unless they are also the policy holder.

| | |
|--|---------------------|
| Last name: _____ | First name: _____ |
| Social Security Number (SSN): _____ | Phone number: _____ |
| Mailing address: _____ | |
| **List prime numbers for everyone covered on this policy who are in the benefit group. | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |

****Reminder:** when determining HIPP eligibility, you should only count the number of people in the benefit group that are covered on the insurance policy. This may not always be everyone included on the case. See Worker Guide

Section 2: Employer Information

As listed on the check stub – **Include a copy of the check stub** that was used to approve the HIPP which shows the insurance premium amount.

| |
|--|
| Employer name: _____ |
| Employer address: _____ |
| Employer contact person name: _____ Phone # (____) _____ |
| You may need to obtain this information from the client. HIG needs this information for processing purposes. |

Section 3: Third Party Liability (information about the insurance payment)

How much is currently being deducted or paid (Premium amount)? \$ _____

What is the payment schedule (how often is the premium paid or deducted)?

| How often paid | Conversion | | | | | | Amount Approved per Month |
|-----------------------------|------------|------------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|---------------------------|
| Choose one (If not "Other") | X | <input type="checkbox"/> 4.3 | <input type="checkbox"/> 2.15 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | \$ 0.00 |

Other please specify: _____

What is the HIPP eligibility date? _____ / _____ / _____

Is the check being sent to the policy holder? Yes No

Enter the name, address and phone number for the person or company where the check should be mailed.

Name: _____ Phone number: _____

Address: _____

Section 4: PHI Private Health Insurance

Complete this section **only** if a HIPP payment could not be approved because the premium payments exceeded the HIPP standard. The information provided in this section will be used by HIG to determine if the premium payment amount is cost effective.

| |
|---|
| Medical Condition/Diagnosis (this area <u>must</u> be completed): Please specify any major medical conditions or other medical information that will assist us in determining if a premium payment can be supported. |
|---|

| |
|---|
| Use this section for any additional comments: |
|---|

Once approved HIPP and PHI payments will be reviewed with the insurance carriers on a monthly basis to verify payment and eligibility for these programs. In cases where insurance has terminated, HIG will be contacting the worker.

PHI program:

http://www.oregon.gov/DHS/healthplan/data_pubs/wguide/2008/vii_wg_0508.pdf

| HIP Premium Standard EXT/GAM/MAA/MAF/OHP-OPC, OHP-OP6, OHP-OPP/SAC | |
|---|--|
| # in Benefit Group covered by insurance | Cost-effective premium amount (Employee cost) |
| 1 | \$ 82 |
| 2 | \$164 |
| 3 | \$246 |
| 4 | \$328 |
| 5 | \$410 |
| 6 | \$492 |
| 7 | \$574 |
| 8 | \$656 |
| 9+ | \$738 |

| OSIPM-AB | |
|--|--|
| # in Benefit Group covered by insurance | Cost-effective premium amount (Employee cost) |
| 1 | \$ 145 |
| 2 | \$289 |

| OSIPM-AD | |
|--|--|
| # in Benefit Group covered by insurance | Cost-effective premium amount (Employee cost) |
| 1 | \$167 |
| 2 | \$334 |

| OSIPM-OAA | |
|--|--|
| # in Benefit Group covered by insurance | Cost-effective premium amount (Employee cost) |
| 1 | \$147 |
| 2 | \$294 |