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# HITC

Health Insurance Training Center  
New York State Health Insurance Programs

# HIPP/MIPP Program

**2017**

This has been compiled from the following sources:  
New York State published policies and procedures  
Research Foundation of SUNY/BSC/CDHS  
CAI

Rev. 9/1/2016

## **HIPP/MIPP - Learning Objectives**

By the end of this training, participants will be able to:

1. Review Health Insurance Premium Payment (HIPP)/Medicare Insurance Premium Payment (MIPP) policy
2. Distinguish the functions of the new eMedNY system including creating payees, policies and payments
3. Demonstrate how to navigate the eMedNY site
4. Indicate which programs require a cost analysis and how to complete one using the eMedNY system
5. Understand the various MOBIUS reports and identify required follow-up actions



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*eMedNY*

**Health Insurance Premium Payments  
(HIPP)  
and  
Medicare Insurance Premium  
Payments (MIPP)**

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# Agenda

- Review Reimbursement of Health Insurance Premiums Policy
- Review HIPPP/MIPPP Policy
- eMedNY Functions
- User Roles
- The HIPPP Process
- The MIPPP Process
- MOBIUS Reports

# Reporting of Health Insurance

- Access NY Application and Renewal Form both contain important information about availability of other health insurance
  - Currently enrolled in or eligible for Medicare?
  - Currently enrolled in Commercial Health Insurance?
    - Employer Sponsored
    - Absent Spouse/Parent
  - Eligible to enroll in Employer Sponsored Health Insurance?

# Eligible to Enroll in Medicare

- Enrollment is a condition of eligibility for individuals who are fully eligible for Medicaid
  - Must enroll in Part B
  - Must enroll in Part A if free or if LDSS pays premium on A/R's behalf
- Payment/reimbursement made through MSP or MIPP depending on eligibility

# Enrolled in Medicare

- Medicare premium must be verified
- Medicare coverage must be active in eMedNY
- LDSS determines if A/R is eligible for payment/reimbursement through:
  - Medicare Savings Program (QMB, SLIMB, Q-I)
  - MIPP



# Enrolled in Commercial Insurance

- A/R must provide information needed to determine if insurance is qualified and cost effective
  - Who is covered by the insurance
  - Cost of insurance
  - Scope of benefits
- LDSS must enter insurance information into eMedNY
  - To cost avoid claims that would otherwise be covered by Medicaid

# Enrolled in Commercial Insurance, cont'd.

- LDSS determines cost effectiveness using HIPP Program
  - If insurance is qualified and cost effective and A/R is fully eligible for Medicaid, premium payment is made through HIPP
  - If insurance is qualified and cost effective and premium is used as a deduction in MBL budget to reduce net income, partial reimbursement of premium is made through HIPP

# Eligible to Enroll in TPHI

- Individuals having access to Third Party Health Insurance (TPHI) must pursue and enroll in TPHI that is free or cost effective as a condition of Medicaid eligibility
- Policy applies at application or renewal
- A/R must provide information needed to determine if insurance is cost effective

# Eligible to Enroll in TPHI, cont'd.

- If enrollment is cost effective, the A/R may be required to enroll
  - A/R has 30 days to enroll
  - Special enrollment opportunities may apply
  - Failure to cooperate in pursuing and enrolling in cost effective TPHI may result in discontinuance or denial of benefits for the A/R who is also the policy holder

# HIPP/MIPP Policy

- The implementation of the eMedNY HIPP cost analysis:
  - Standardizes the cost effectiveness calculations for Medicaid and COBRA programs
  - Changes the payment process/use of BICS

# HIPP/MIPP Policy, cont'd.

- eMedNY HIPP/MIPP must be used for:
  - Evaluations of health insurance cost analysis calculations for Medicaid and COBRA Coverage Continuation Program
  - Payments related to health insurance for recipients

# HIPP/MIPP Policy, cont'd.

- HIPP may consist of full premium payments, partial premium payments, or partial premium reimbursements
  - Payments for HIPP can be made to the: carrier, employer, recipient, recipient's representative, or policy holder if other than recipient

# HIPP/MIPP Policy, cont'd.

- MIPP may consist of full Medicare premium reimbursements or partial premium reimbursements
  - Payments for MIPP are made to the recipient



# HIPP/MIPP Policy, cont'd.

- Insurance must be qualified and cost effective for:
  - Medicaid eligible premium reimbursements
    - Includes COBRA premiums
  - COBRA Continuation Coverage Program
    - Not Medicaid eligible
    - Only eligible for payment/reimbursement of premium
    - 91 ADM-53

# HIPP/MIPP Policy, cont'd.

- No cost effectiveness requirement for:
  - AIDS Health Insurance Program (AHIP)
    - 93 ADM-28
  - Medicare (MIPP)

# eMedNY Functions

- **HIPP Cost Analysis**
  - Regional Medicaid managed care capitation rate vs. insurance plan costs
- **MIPP Reimbursement**
  - Reimburse cost of Medicare premiums when used as an income deduction and net income is reduced below the MA level
  - Reimburse cost of Medicare premiums for MBI-WPD and MAGI-like A/Rs when not otherwise MSP eligible (QMB/SLIMB)
- **Create a TPHI Policy or Medicare Coverage**
  - Scope of benefits and recipients covered
- **Create a Payee**
  - Policy Holder, employer, carrier or client
- **Create a Payment**
  - One time or recurring
- **Payment Authorized**
  - 3 levels
    - \$3000
    - \$6000
    - \$9000

# Qualified and Cost Effective

- To be eligible for HIPP payment
  - Client must be fully eligible for Medicaid
  - Insurance must cover all required benchmark benefits
  - Insurance must be cost effective

# High Deductible Health Plans

- High Deductible Health Plans (HDHP) are not cost effective
  - \$1300/single and \$2600/family for 2017
  - No cost analysis required
  - Denial sent based on high deductible amount
- Plans with a Health Savings Account (HSA) are HDHPs and are also not cost effective

# Medicare and TPHI Coverage

- Individuals covered by Medicare and TPHI should have the “Exclude HIPP” box checked and should not be included in the cost effective calculation as Medicare is their primary insurance.

# Medicare Supplemental Plans

- Premium payment for Medigap policies or policies to supplement Medicare are not cost effective as these policies do not pay for Medicare non-covered services.

# Medicare Advantage Plans

- Medicare Advantage Plans may be cost effective
  - Known as Medicare Part C
  - Must be cost effective
  - Payment made through MIPP
    - Only Part C premium can be reimbursed
    - Do not pay Part D portion of the premium



# HIPP and MIPP Comparison

## HIPP

- Used for AHIP, COBRA and Medicaid programs
- If a calculation is not cost effective, eMedNY will still allow policy and payment to be created and approved
- All active policies are used in the calculation, however, payments are made on the Medical policy
- At least one eligible adult or child CIN must be added to the calculation in order to create a policy
- Users have the ability to create multiple payments if needed

## MIPP

- Used for Medicaid program
- eMedNY cost analysis is not performed for MIPP payments
- Payments may be created for amounts up to the difference between the A/R net income and the appropriate income eligibility standard, not to exceed the Medicare premium
- Full premium reimbursement may be paid to MAGI-Like and MBI-WPD eligible recipients not otherwise eligible for QMB or SLIMB
- Users have the ability to create multiple payments if needed

# Renewal/Change Information

- A cost analysis for HIPP must be completed at renewal and whenever a change is reported (*for all programs requiring a cost analysis*)
  - Changes to policies, payments and programs must be made as appropriate
- Change in coverages for policies:
  - Services cannot be changed for a current active policy
    - Users must end date the current policy and create a new one with the correct coverages

# Renewal/Change Information, cont'd.

- MIPP Payments

- At renewal

- Verify cost of premium (may use SOLQ)
    - Enter premium amount as an Unearned Income Exemption 21
    - Recalculate MBL budget
    - Complete a new MIPP pay line

- When a change in premium cost is reported

- Re-verify cost of premium (may use SOLQ)
    - Enter premium amount as an Unearned Income Exemption 21
    - Recalculate MBL budget
    - End current pay line
    - Complete a new MIPP pay line

# Additional Information

- A cost analysis is automatically completed on a monthly basis for anyone receiving HIPP payments
  - If the determination is “Not Cost Effective” the MOBIUS report (TMMP0004 – HIPP) will reflect the change.