



*West Virginia Health Insurance Premium Payment*

*...sponsored by the West Virginia Bureau for Medical Services.*

1. The West Virginia Health Insurance Premium Payment (HIPP) program is sponsored by the West Virginia Bureau for Medical Service.
2. This program reimburses Medicaid recipients for the cost of health insurance that is self-funded, provided by a job, or through COBRA, at no cost.
3. Medicaid may pay out-of-pocket expenses when a recipient elects to see a Medicaid provider.
4. Some recipients will qualify to receive reimbursement for the cost of a family plan that covers non-Medicaid recipients.
5. HIPP members receive benefits from both WV HIPP and Medicaid at the same time.
6. Federal law requires employers to allow enrollment outside of usual open enrollment period, as long as enrollment is within 60 days of an employee's HIPP eligibility determination.
7. Interested Medicaid beneficiaries can contact the HIPP program toll-free at 1-855-MyWVHIPP (1-855-699-8447) Monday to Friday 8am-5pm.
8. Documents can be sent toll-free by fax: 855-888-3003 or mail: WV HIPP, 3501 MacCorkle Ave SE, Charleston, WV 25304.
9. Interested beneficiaries may apply online at [www.MyWVHIPP.com](http://www.MyWVHIPP.com), click Apply.
10. Applicants can choose to enroll in a health insurance policy **after** applying to HIPP.
11. In some cases, health insurance is offered to recently terminated employees for up to 18 months. This is known as COBRA. For more information, contact your Benefits Coordinator.
12. Pre-qualifying individuals have access to health insurance and have at least one Medicaid dependent.
13. To be eligible for HIPP, the annual cost of an applicant's health insurance must be less than the annual cost of the applicant's medical expenses, out-of-pocket costs, and administrative expenses.
14. A Medicaid dependent does NOT need to have a catastrophic illness to be eligible for HIPP.
15. Any individual with a medically expensive condition will be considered for the HIPP program. When applying to HIPP, an applicant must provide the Medicaid recipient's name and identification number.
16. Applicants must send in the following documents along with their completed application:
  - a. A copy of the front and back of their insurance card
  - b. Policy rate sheet provided by a Human Resources department or insurance carrier
  - c. Summary of benefits for those that have employer-sponsored insurance
  - d. A paystub or other proof of premium payment
17. A determination letter will be mailed within 30 business days of submitting an application and other required documentation.
18. HIPP members will receive premium reimbursements each month for as long as they qualify for HIPP and are in good standing with the program.
19. If a member becomes ineligible at any time, they will receive a letter in the mail stating why they are no longer eligible for HIPP membership.
20. HIPP eligibility does not affect Medicaid eligibility.