Each month, HIPP members receive a reimbursement for the cost of their health insurance premiums.

If cost-effective to the State, HIPP will even cover the monthly cost of a family policy.

Even Medicaid families can benefit from having health insurance coverage! Health insurance may provide you with benefits such as:

- Healthcare for your entire family, even family members who are not eligible for Medicaid.
- Specific services that are not provided to those only covered by Medicaid.
- Access to a wider network of doctors and specialists.

To qualify for HIPP, your application must show:

- You have one or more Medicaid dependents,
- A household member is either currently enrolled in or has access to health insurance,
- This health insurance will cover a dependent that is Medicaid eligible, and
- The state will save money by paying for the cost of your Medicaid dependent's healthcare policy.

WV HIPP
West Virginia Health Insurance Premium Payment
3501 MACCORKLE AVE SE #201
CHARLESTON, WV 25304

Applying for HIPP is easy.

Just complete the application on the inside of this brochure and send it in!

MAIL: WV HIPP
3501 MACCORKLE AVE SE
#201
CHARLESTON, WV 25304

OR

SUBMIT AN ONLINE APPLICATION AT:
WWW.MYWVHIPP.COM

TOLL-FREE FAX:
1-855-888-3003

Do you need help filling out the WV HIPP application?
We're here to help.
Call us toll free at 1.855.My.WVHIPP (855.699.8447).
Monday through Friday between 8am-5pm.

Did you know...
By providing premium reimbursements to HIPP members, WV HIPP helps save state and taxpayer money. You can help these efforts by applying to the WV HIPP program today. Learn more about WV HIPP by visiting our website at www.MyWVHIPP.com.

WV HIPP

HIPP is sponsored by the West Virginia Bureau for Medical Services.

West Virginia Department of Health & Human Resources

HIPP IS A STATE-FUNDED PROGRAM THAT OFFERS MORE HEALTHCARE OPTIONS TO YOU AND YOUR FAMILY!

When you become a HIPP member...
HIPP pays for your health insurance and may also pay for out-of-pocket medical costs, if you qualify.

Why is it important to have insurance?
Insurance can help you gain better access to specialists that treat your specific needs as a patient. Insurance offers healthcare policies for family coverage. If found eligible, HIPP will pay for your family policy. Complete and submit the application located on the inside of this brochure or apply online at www.MyWVHIPP.com to see if you qualify for WV HIPP benefits.

The West Virginia HIPP program is for qualifying Medicaid recipients and their families who have access to health insurance that is self-funded or available through a job.

Already paying for health insurance coverage?
Are you at risk of losing your coverage due to inability to pay? If found eligible, HIPP can take over this financial responsibility.

Have you always wanted healthcare coverage, but could not afford the premium payments?
If found eligible, HIPP offers reimbursements to those unable to cover the cost of their health-care policy.

HIPP does not affect Medicaid eligibility. Once enrolled in HIPP:

- Medicaid recipients will continue to receive Medicaid benefits for as long as they are found eligible for Medicaid by the WV Bureau for Medical Services.
- Policyholders will receive monthly reimbursements for the cost of their health insurance premium.
- Most of your Medicaid dependent's out-of-pocket medical costs will be paid by Medicaid if they receive treatment from a Medicaid provider.

WV HIPP

WEST VIRGINIA HEALTH INSURANCE PREMIUM PAYMENT APPLICATION FORM

Please fill out questions 1-5 with applicant's personal information.

1. Name:	2. Social Security Number:
3. Address:	4. Area Code/ Phone Number:

5. ☐ **EMAIL** (Check box to sign up for email notifications.): Yes, **once available,** I choose to receive emails from HIPP that will include important information about the program and my payments. I understand that my email will not be used for anything other than HIPP correspondence. **Email Address:** _____

6. How did you hear about HIPP (Choose an option below)?

☐ Mail	☐ Medicaid Caseworker	☐ Online search engine	☐ Health related support group	☐ Other: _____

7. Policyholder's Name:	8. Policyholder's Date of Birth:
9. Policyholder's Social Security Number:	10. Policy Number:
11. Insurance Carrier Name:	12. Policy Start Date:

13. Type of policy coverage (Check One): ☐ Individual ☐ Individual + Child(ren) ☐ Individual + Spouse ☐ Family

14. How are premiums paid (Check One)? ☐ Insured pays Insurance Carrier ☐ Insured pays Employer ☐ Payroll deduction

15. What type of health insurance do you have access to (Check One)? ☐ Employer ☐ Cobra ☐ Private ☐ Other ☐ None

Employer or COBRA insurance policyholders, please continue to question 16. Private or Other policyholders, please skip down to 22.

16. Open enrollment dates for health insurance obtained from employer? Start: ___/___/___ End: ___/___/___

17. Name of Employer:	18. Employer Telephone:	19. Employer Mailing Address:
20. Federal Employer Identification Number (FEIN):		21. Group Number:

22. What is the premium for this policy (if known)? $ _____ These premiums are deducted/ paid:

☐ Weekly	☐ Every other week	☐ Twice a month	☐ Monthly	☐ Every three months	☐ Other

23. List everyone in your household covered by your policy, including Medicaid recipients. (Use extra paper if necessary.)

Name	Medicaid ID Number	Social Security Number	DOB	Medical Condition (Diabetes, Asthma, etc)	Is this person pregnant?	Relationship to policyholder

Submitting "Medical Condition" is optional. Although, listing this specific information may benefit the applicant.

24. ☐ **DIRECT DEPOSIT** (Check box to sign up for Direct Deposit)**:** If accepted onto the WV HIPP program, once this option is available, I would like to participate in the Direct Deposit program. By doing so, WV HIPP will deposit my payments into my checking account and I will not receive a paper check. If I am not accepted into the program, WV HIPP will properly discard my banking information. You have the option to sign up for direct deposit after your eligibility is determined. Please provide a copy of your voided check with this application.

Bank Name: _____ **Routing #:** _____ **Checking Account #:** _____

25. ☐ **EMPLOYER CONTACT** (Check box if you agree.)**:** The HIPP program has permission to contact my employer to verify employer information that is necessary to process my HIPP application.

26. APPLICANT'S AGREEMENT: The information you provided will be used to determine your HIPP eligibility. By signing below, you are agreeing that the information provided on this form is true and complete to the best of your knowledge.

Signature: _____ **Date:** _____

Send your completed application to WV HIPP, 3501 MacCorkle Ave SE #201, Charleston, WV 25304, or fax it to 855.888.3003.
If you have any questions, call us toll-free at 1-855-MyAWVHIPP (855.699.8447).