

Dear CHIPRA Member,

With the annual review of your CHIPRA (Children’s Health Insurance Program Reauthorization Act) case soon approaching, we have taken some additional steps to help improve the quality of your experience by expediting your redetermination of CHIPRA Program eligibility .

Effective with this upcoming renewal period, the CHIPRA Unit has implemented the following changes. We will now be evaluating your continued CHIPRA eligibility during your Employer’s Open Enrollment period. These changes should help reduce the amount of time it takes for your premium reimbursements to process.

The renewal packets are expected to be mailed out by October 31, 2024. If your open enrollment period has begun and you have yet to receive your renewal packet, please call the CHIPRA Unit at (678) 564-1162, Option 2.

Please complete and return the attached Authorization Form if you would like to designate an authorized representative to speak about your CHIPRA case on your behalf. This would authorize someone else to receive updates on your CHIPRA case.

For faster receipt of your CHIPRA reimbursements, please be sure to sign up for Direct Deposit. Contact the CHIPRA Unit for more information.

If you have any questions, please contact the CHIPRA Unit at (678) 564-1162, Option 2.

Sincerely,

*Janice Houston*

Janice Houston  
CHIPRA Unit

Attachment: Authorization Form



Health Insurance Premium Payment Program

CHIPRA Consent/Authorization Form

Members Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case number: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Consent to Release Case Information to a Spouse, Family Member, or Significant Other:**

I give permission for Health Management Systems, Inc. (a Gainwell Technologies Company) ("HMS") to VERBALLY share information related to my case with the individuals I have identified below as authorized individuals on my case. HMS has my permission only to disclose the following information with the authorized individuals.

- Case Status
- Payment Status
- Confirmed Receipt of Documentation

The named individuals below **do not** have authority to make decisions on my behalf with regards to my responsibilities as a participating member in the program.

HMS, has my permission to discuss case status updates with the following:

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Responsibility:**

I understand that by signing this form, I am giving authorization to HMS to release information on my case to the identified parties listed above. The named parties above do not have authority to make decisions on my behalf pertaining to my responsibility as a participating member of the CHIPRA program. This exclusion includes submission of documentation required on my behalf. I understand that this consent form is valid for one year from the date signed, and I can revoke my consent at any time in writing by contacting the CHIPRA unit at HMS for further details. Refusal to sign this consent form does not affect my participation in the CHIPRA program.

**I acknowledge that I have read the above and give my consent to HMS to the above. I certify under the penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please return completed form to:**  
Gainwell Technologies/CHIPRA UNIT  
100 Crescent Centre Parkway, Suite 1000  
Tucker GA, 30084

**Email:** [chipra@gainwelltechnologies.com](mailto:chipra@gainwelltechnologies.com)

**Fax:** (800)-817-1769

If you have any questions, please contact Gainwell Technologies/CHIPRA Unit at (678)-564-1162, Option 2