

FREQUENTLY ASKED QUESTIONS CONCERNING THE 2025 HEALTH INSURANCE PREMIUM PAYMENT (HIPP) EVALUATION

- 1. Why is this information needed by the Gainwell Technologies/HIPP Unit?**

The Gainwell Technologies/HIPP Unit needs to ensure that we are reimbursing you the correct health insurance premium amount. Also, when there is a change with your health insurance premium and/or coverage, the HIPP Unit has to make sure you are still eligible for the program based on those changes.
- 2. Who should complete the Employer Health Insurance Data Form?**

The Benefits Manager, Human Resources Manager, or Payroll Manager is required to complete the Employer Health Insurance Data Form. You may submit your 2025 Benefits Confirmation Statement instead of the Employer Health Insurance Data Form if you are unable to get your Benefits Manager, Human Resources Manager, or Payroll Manager to complete the form. This document must provide the premium amount you will pay for health coverage. Forms completed by the parents, employee, or policyholder cannot be accepted by the HIPP Program.
- 3. Who should complete the HIPP 2025 Case Review application?**

The policyholder, parent or guardian of the Medicaid member(s) may complete the HIPP 2025 Case Review application. However, the application should be signed by the policyholder only.
- 4. What information is the Gainwell Technologies/HIPP Unit looking for?**

We need to verify your premium and benefits for the **2025** benefit period. Please make sure the entire Employer Health Insurance Data Form and HIPP Application are completed.
- 5. Who is responsible for submitting the Employer Health Insurance Data Form and/or 2025 Benefits Confirmation Statement, HIPP 2025 Case Review application, 2025 Benefit Rate Sheet, 2025 Document Checklist, and 2024 EOBs to the Gainwell Technologies/HIPP Unit by <Date>?**

It is the policyholder's responsibility to submit all required documents. For faster processing, all required documents should be submitted to the Gainwell Technologies/HIPP Unit. You will need to have your employer or third-party administrator return the completed Employer Health Insurance Data Form to you for submission to the Gainwell Technologies/HIPP Unit. When all required documents are received in your submission, the case review will be processed.
- 6. Will I need to submit copies of the Explanation of Benefits (EOBs)?**

Yes. The 2024 EOBs **are required** for the 2025 case review. Send the EOBs for the Medicaid member(s) only.
- 7. What happens if I do not respond by <Date>?**

Your HIPP case will be terminated.
- 8. What happens if my case is terminated because I did not respond by <Date>?**

You will be required to re-apply for the program. Applications are approved for the month the case review is received by the Gainwell Technologies/HIPP Unit.
- 9. What will I need to submit if I have a COBRA policy or am a retiree?**

You will need to attach a copy of the **2025** billing statement or premium notice from your COBRA administrator, plan administrator, or insurance carrier to your application packet. Please be sure to include the policyholder's name and social security number on the Employer Health Insurance Data form and submit with the completed HIPP 2025 Case Review application.
- 10. What should I do if my employer has changed?**

You will need to ensure the new employer's information is on the HIPP 2025 Case Review application and the new employer completes the Employer Health Insurance Data Form.
- 11. What should I do if the policyholder has changed?**

You will need to ensure the new policyholder's information is on the HIPP 2025 Case Review application and the employer for the new policyholder completes and signs the Employer Health Insurance Data Form.
- 12. How do I confirm that you received my information?**

Please make sure you keep proof of submission for your records. **This will be your confirmation of submission receipt.** We recommend the following: either mailing it U.S. Certified Mail Return Receipt, have your fax machine print a confirmation statement, or saving your sent email and/or email auto response from Gainwell Technologies. To ensure that all reviews are completed timely, please allow the Gainwell Technologies/HIPP Unit thirty (30) calendar days to process your information before inquiring about the status of your review. Please note only one (1) submission is required as multiple submissions will delay the review process.
- 13. How will I know if I am still eligible for the HIPP Program?**

You will be notified in writing of the outcome of your review. The process should take approximately thirty (30) calendar days from the date of receipt of your information. Please review your documents carefully before submitting to the Gainwell Technologies/HIPP Unit. Missing or incomplete information may result in termination of your HIPP case.
- 14. Will I need to continue to submit my premium payment documentation?**

Yes, you will still need to submit your premium payment documentation by the 15th calendar day of the following month. Failure to do so may result in forfeiture of those premiums or termination of your case.
- 15. How do I allow someone other than myself to receive information about my case?**

Effective January 1, 2025, a signed HIPP Consent/Authorization Form will be required if you want the HIPP Unit to share with someone other than yourself the status of your case, payments, or confirmation receipt of documentation.

Please note that any Employer Health Insurance Data Form or HIPP application completed and signed before the date of the attached letter, will not be accepted. If you were recently approved, you will still need to submit a completed 2025 Employer Health Insurance Data Form and the HIPP 2025 Case Review application to determine continued eligibility for 2025.

You may email, fax, or mail your 2025 Document Checklist, HIPP 2025 Case Review application, Employer Health Insurance Data Form and/or 2025 Benefits Confirmation Statement, 2025 Benefit Rate Sheet and 2024 EOBs to:

Gainwell Technologies/HIPP UNIT
100 Crescent Centre Parkway
Suite 1000
Tucker, GA 30084
Fax: (800) 817-1769
Email: hippga@gainwelltechnologies.com (for attachments PDF format is preferred)

If you have any questions, please contact the Gainwell Technologies/HIPP Unit at (678) 564- 1162, Option 1.

GLOSSARY

Explanation of Benefit (EOB) - An explanation of benefits (commonly referred to as an EOB) is a statement sent by a health insurance company to cover individuals explaining what medical treatments and/or services were paid for on their behalf. The EOB provides details about a medical insurance claim that has been processed and explains what portion was paid to the health care provider and what portion of the payment, if any, is the patient's responsibility. The EOB is not a bill.

Benefit Rate Sheet – Document provided by the employer that outlines the health benefit options available to employees. This document also provides the rates or cost for the health benefit options available.

Benefit Confirmation Statement – A document generated when an employee completes the Annual Benefits Enrollment or as a New Hire. The statement itemizes the benefit enrollment choices of the employee, including costs and which dependents are enrolled for each benefit plan.

Benefit Summary – The benefit summary is a detailed guide or overview of what benefits the plan provides and how the plan works. This is not a required document. However, if it is available, please submit with the case review documents.

HELPFUL INFORMATION FOR SUBMITTING EXPLANATION OF BENEFITS (EOBs)

- You may need to contact the health insurance company you had benefits with in **2024**.
- Request a listing or report that will provide claim detail information for medical and prescription services the Medicaid Member(s) received during 2024.
- Your request should be based on the date of service and not the date the claim was paid.
- The listing or report must provide the name of the patient, the dates of services, the amount billed by the provider, and the amount paid by the insurance carrier. HIPP will only accept listings or reports from the insurance carrier. This document should not be altered in any way. If any alterations are detected by the HIPP Unit, the listing or report will not be used to determine program eligibility. If you provide false information, you may be automatically terminated from the HIPP Program and subject to legal action by the Department of Community Health.
- For prescription EOBs, it may be necessary to contact the insurance company that processes your prescription claims. We will not be able to accept receipts, listings, or reports from the pharmacy.
- If you are not able to obtain a listing or report, you may send copies of the EOBs. Please do not send originals as we will not be able to copy and return them to you.
- Please note any documentation received in envelopes not addressed directly to the HIPP Unit will be returned to you. We cannot open mail addressed to you. You will need to remove documents from the envelopes mailed to you from your insurance company. Please review the documents and only submit EOBs for the Medicaid Member(s) only. Please do not submit any pages that do not provide claim detail information.
- If you need to request the medical and prescription EOBs from the insurance companies, please do not return the review packet until you are able to attach the EOBs. For faster processing, all documents should be submitted together.