Health Insurance Program (HIP) for Michigan
What is HIP Michigan?

• Affordable health coverage for uninsured Michigan residents with pre-existing medical conditions
• Offered through the temporary federal high-risk pool created by the Patient Protection and Affordable Care Act
• The provider network is PHP, an affiliate of Sparrow Health System, and the Cofinity network
How Can HIP Michigan Help Michigan Health Care Advocates?

• Helps achieve the social mission of finding an affordable option for people needing health care and who have had problems obtaining health insurance

• It can reduce the cost of uncompensated care to providers and the impact on
  – Charity care
  – Uncollectible funds (bad debt)
How Does HIP Michigan Work?

• Funded by subscriber premiums and federal subsidies

• First-come, first-served

• Program ends Dec. 31, 2013
HIP Michigan Eligibility

- Michigan resident
- U.S. citizen or lawfully present
- Denied coverage due to a health condition
- Uninsured for 6 months
- May also be eligible due to loss of employer health insurance
Comprehensive Coverage

• Offers many of the same benefits as private health insurance plans
  – Medical office visits
  – Prescription drug coverage
  – Emergency care
  – Hospital coverage
  – Home health care
  – Wellness services
  – Behavioral health services
  – Pregnancy coverage
  – Diabetes treatment, equipment and supplies
Extensive Provider Network

• Comprehensive network of Michigan physicians, hospitals and other providers
  – Physicians, hospitals in PHP service area
  – GlobalCare: PPO network outside of PHP service area

• Provider search available at
  www.HIPMichigan.com

• Billing information is included on the HIP Michigan member ID card
Affordable Coverage

• Age-specific premiums
• Often less expensive than typical individual policies
• $171.65/month for children to $686.61/month for 60+
  – $600 a month vs. potential $25,000 a year or more for health care
• Low copays
  – $20 for primary care doctor
  – $30 for a specialist
  – $100 for emergency room visits
Pre-existing Conditions

Must provide HIP Michigan with:
• A letter documenting rejection from one or more insurers for a pre-existing health condition

• Certification by a licensed physician or nurse practitioner (within past six months) of a qualifying pre-existing condition

Qualifying Pre-existing conditions:
• Pre-existing condition list is extensive and includes: CVA, heart disorders, diabetes, malignant tumor, Crohn’s disease, liver disease, Alzheimer’s, etc.

• The full listing can be found at HIPMichigan.com
Application Process

• 877-459-3113 or www.HIPMichigan.com for application

• 30-day application process
  – Complete application
  – Required documentation
  – First month payment received
  – Takes effect first day of following month if received by 15th day of previous month
Enrollment is Easy

Enrollment can be completed by:

• Enrollees
• Their hospital
• Another organization on behalf of an enrollee

Those wishing to learn how to enroll others should visit HIPMichigan.com
Advocates of HIP Michigan

- Michigan Office of Financial and Insurance Regulation (OFIR)
- Michigan Health & Hospital Association (MHA)
- Michigan Association of Health Plans (MAHP)
- Michigan Organization of Nurse Executives (MONE)
The HIP Michigan Difference

• High-quality care without a prolonged wait period
• Affordable coverage for pre-existing conditions
• Peace of mind: The doctor will see you now
For more information

Please visit www.HIPMichigan.com
Communication Toolkit

- One-page HIP Michigan backgrounder
- Talking points and key messages
- Sample press release for distribution to your local news media
- Sample article for publication in your newsletter
- Customizable poster and flyer for display
- Customizable PowerPoint presentation and script