



## Connecticut Insurance Premium Assistance Program (CIPA)

### Enrollment Steps

#### CIPA Checklist

##### Is the Applicant Eligible for CIPA?

- ✓ Applicant must be enrolled in the Connecticut AIDS Drug Assistance Program (CADAP)
  - If not enrolled in CADAP, please call the toll-free number for more information and an updated formulary: 1-800-233-2503
- ✓ Applicant must not have Medicare Part D coverage
  - Part D premiums are currently being paid by the federal government or CADAP as long as the individual is enrolled in a CT-approved benchmark Part D plan.
- ✓ Applicant must have a CIPA-approved Insurance Policy
  - The plan must have a medication formulary comparable to the CADAP formulary.
  - The plan must provide adequate primary care coverage (e.g. in-patient and out-patient hospital and professional medical services such as physician, major medical, surgical, diagnostic, x-ray, laboratory, and anesthesia).
  - The insurance company, or the applicants employer must accept third party payments.
  - If the insurance policy requires that the member use a mail order pharmacy, the mail order pharmacy must be enrolled as a CT Medicaid provider.
  - If the mail order pharmacy is NOT enrolled as a Connecticut Medicaid provider, CIPA will NOT pay a client's health insurance premium.

- ✓ If the Applicant is enrolled in an insurance plan through the Access Health Exchange, CIPA will only accept Silver, Gold, or Platinum level coverage plans. Applicants with Bronze level coverage will be denied.
- ✓ If enrolling through the Exchange, applicants must select advance payment of the premium tax credit. Access Health will send the tax credit directly to the insurance company so applicants can pay less in premiums per month.

### Applying to CIPA

- ✓ Complete application form that can be found on [www.mycipa.com](http://www.mycipa.com) and either fax to 1-855-888-3300 or mail to 41 Crossroads Plaza, West Hartford, CT 06117
- ✓ If applicant is determined to be eligible, CIPA will pay premiums directly to the employer (upon employer approval of third party payment), or to the COBRA administrator or private health insurance administrator directly **effective the month after receipt of all necessary information.**

### Required Information for Program Eligibility

Employer Provided (ESI)	Private
Application /Renewal	Application/ Renewal
Insurance Card Front and back Rx Card if Available	Insurance Card Front and back Rx Card if Available
Summary of Benefits Rate Sheet Confirmation of Active Coverage	Confirmation of Active Coverage (usually letter sent when approved for the policy)
Pay stub (if deduction is not on Stub need letter from employer with Rate.)	Monthly Billing Statement If there is a tax credit or subsidy need documentation with the amount.
Employer information FEIN Address (A W2 can be used for employer information) HR contact (name and number) Open enrollment Dates When Rates go in Effect	

## Application vs. Renewal

An application form is required if:

- ✓ The applicant's carrier has changed
- ✓ The applicant's employer has changed
- ✓ The applicant is applying to CIPA for the first time

A renewal form is required if:

- ✓ The insurance premium rate has changed but everything else remains the same

## If There Is a Case Worker Involved

Written consent from the applicant allowing CIPA to release information to the case worker is required. This can be in the form of an email or hand written letter with the applicant's case workers name. Providing the case worker's contact information is highly recommended, yet not required. An applicant's consent to allow release of information can also be found in section IV of the application form.

## For Policies That Need Payment to Be Activated

An application and a copy of the billing statement are needed. Once the policy becomes active an insurance card and confirmation of active coverage will be needed to finish processing the case. Please fax a copy of the front and back of the card for both medical and pharmacy (if available) to 1-855-888-3300.

## Monthly Required Documentation for Continued Premium Payment

**Private Insurance:** CIPA requires the monthly billing statement with the premium amount and coverage effective dates.

**Employer Sponsored Insurance:** It is required that the applicant submits 1 pay stub a month. If the deduction is not shown on the stub then there needs to be a letter from the employer stating the monthly deduction on file.

**For Applicants Who do not receive a Bill or Pay Stub:** If member is on COBRA, he/she must submit the monthly invoice prior to CIPA making payment. If this information is unavailable, a monthly letter or email can be sent in place of the invoice.

## CIPA Contact information

If you have any questions regarding these processes, please contact CIPA by phone at 1-855-888-2472.