



COMBINED MEDICAID 304-2 NONFINANCIAL REQUIREMENTS Health Coverage - HIPPS

	CMA 304-2
Supersedes:	FMA 307-2 (01/01/06); MA 305-2 (01/01/06)
References:	42 CFR 433.136, .137-.140, .145-.148; ARM 37.82.101, .424, 37.85.407
Overview:	<p>As a condition of adult household members' eligibility, all Medicaid households must cooperate with the HIPPS (Health Insurance Premium Payment System) process. Cooperation includes both cooperating with the HIPPS cost-effectiveness determination process and maintaining group health insurance that is identified as cost-effective.</p> <p>Medicaid pays or reimburses <u>group</u> plan premiums when the TPL Unit determines it is a cost-effective plan. Medicaid may pay an ineligible family member's premiums if they must be enrolled to obtain coverage for the Medicaid eligible individual (e.g., parent must be enrolled in order to enroll the child).</p> <p>NOTE: Medicaid may also pay premiums for some non-Medicaid eligible individuals under the COBRA 75 Program. (See CMA 307-1)</p> <p>For cost-effective plans, premium payments typically begin the application month (for those enrolled in insurance at the time of application) or, for on-going cases, the month the completed HCS-449 is submitted to the OPA.</p> <p>When there is a waiting period before health insurance coverage begins, premium payments begin effective the enrollment date</p>
HIPPS	Direct HIPPS/Cost effectiveness questions to: DPHHS HIPPS PO Box 202953 Helena, MT 59620-2953 Phone: 1-800-694-3084 Fax: 1-406-444-1829 or 1-800-457-1978 Email: hhshippprogram@mt.gov
EFFECTIVE DATE:	July 1, 2016