



COMBINED MEDICAID 304-2 Health Insurance Premium Payment System

Supersedes: FMA 307-2 (01/01/06); MA 305-2 (01/01/06)

Reference: 42 CFR 433.136, .137-.140, .145-.148; ARM 37.82.101, .424, 37.85.407

Overview: 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.

Medicaid pays or reimburses group 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).

NOTE: Medicaid may also pay premiums for some non-Medicaid eligible individuals under the COBRA 75 Program. (See CMA 307-1)

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. When there is a waiting period before health insurance coverage begins, premium payments begin effective the enrollment date.

HIPPS:

Direct HIPPS/Cost effectiveness questions to:

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