

HIPP for Kids Program Participation *Overview*

The Health Insurance Premium Payment (HIPP) for Kids Program provides health insurance premium assistance when it has been determined that the qualified employer-sponsored health plan meets program requirements. Reimbursement occurs monthly and is based upon information showing that you paid your premium in the prior month. When payments are issued, they are reimbursement for premium costs you incurred in the prior month.

1. You must send in premium payment documentation by the 5th of the month in which it is due. Please write your Name and HIPP case number on all correspondence to help identify your case. *See Tab B and C.*
2. Premium assistance reimbursement payments will be sent monthly as long as HIPP for Kids eligibility requirements are met. *Please see Tab D.*
3. For family members covered under your employer's health insurance who are also Medicaid eligible, your employer's health insurance coverage is primary. Ensure that you give medical providers both the employer's insurance card and the Medicaid card.
4. The HIPP for Kids program provides payment for deductibles, coinsurance, and other cost-sharing obligations for items and services otherwise covered under the State plan under Medicaid.

The following applies to the Medicaid eligible family members who are under the age of 19:

- a. When receiving services, co-payments and deductibles, may be paid for the Medicaid eligible under the age of 19. The Medicaid provider will submit the claim to Medicaid.
- b. If the servicing provider is not a Medicaid provider and the service is covered by the employer sponsored health plan, as well as is a covered service under the Medicaid State Plan, HIPP For Kids may provide payment of the co-payments, co-insurance and deductibles.
- c. If a medical service is not covered by your employer's insurance but is covered by Medicaid, Medicaid may pay for the service as long as you see a Medicaid provider.
- d. Medicaid providers are listed on the DMAS website at www.dmas.virginia.gov/provider_search.ASP, or you can contact the Recipient Help Line at (804) 786-6145.
- e. No payment is available for co-insurance or deductibles for services rendered by providers who do not participate in the member's employer sponsored group health plan (out of network charges) and do not participate in the Medicaid program. In some instances, if a co-pay was charged by the out of network provider, it may be reimbursed by the HIPP For Kids program.

TAB - A

The following applies to the Medicaid eligible's parent enrolled in a qualified employer-sponsored group health plan that has been approved for HIPP for Kids:

- a. When receiving services covered by the qualified employer-sponsored health plan, HIPP for Kids will provide reimbursement for payments that have been made for the parent's co-pay, co-insurance and/or deductible for items and services covered under the State Plan for Medicaid Services. (*see Tab F for additional information on cost-sharing*)
 - b. No payment is available for items and services rendered to the Medicaid eligible's parent if the item/service is not covered by the employer sponsored health plan.
 - c. No payment is available for co-insurance or deductibles for services rendered by providers who do not participate in the member's employer sponsored group health plan (out of network charges). In some instances, if a co-pay was charged by the out of network provider, it may be reimbursed by the HIPP For Kids program based upon the Explanation of Benefits from the insurance carrier.
5. Changes in information must be reported within 10 days of the date on which the change occurred and will be evaluated for continued HIPP for Kids eligibility. Changes in coverage may affect the premium assistance amount and/or continued participation in the HIPP for Kids program. (*see Tab E*)
 6. You must also report changes to your Medicaid caseworker at your local Department of Social Services (DSS).
 7. If you choose to disenroll from your employer's health insurance coverage, you or your family members Medicaid eligibility will not be affected.
 8. Effective June 1, 2011, participants in the HIPP For Kids Program will be able to send information to the HIPP unit by fax, email, or regular mail:
 - Fax documents to the HIPP Unit at 804-225-4393
 - Email scanned documents to HIPPcustomerservice@dmas.virginia.gov
 - Mail by requesting postage paid envelopes by phoning Commonwealth Martin at 804-780-0076 and asking for "2060 HIPP Unit envelopes".