

HIPP For Kids Program Evaluation and Premium Assistance

The program evaluation includes a review of the health insurance plan and coverage under your employer's health benefit plan and evaluating the amount your employer shares in the cost of the insurance premium. Premium assistance subsidy payments are allowable up to the employee's cost of the health insurance premium for those health plans determined to be eligible for the HIPP for Kids program.

Reporting Changes in Medicaid, Employment, Health Insurance or Household Information

Please use the change form when reporting changes, see *Tab E - Change Form*. If the following changes occur during participation in the HIPP for Kids program, they must be reported within 10 days of the date on which the change occurred:

- Medicaid eligibility ending
- Employer health insurance coverage or policy (this includes premium changes or when adding or dropping Medicaid-eligible family members)
- Changes in employment, or to the policyholder
- Changes in family/household member information (address, phone number, etc.)

Once changes occur, the case will be re-evaluated.

Changes that may impact your participation in the HIPP for Kids Program

When one of the following occurs, your participation in the HIPP for Kids Program will be canceled:

- At age 19 the Medicaid eligible is no longer eligible for the HIPP for Kids Program
- Cancellation of Medicaid eligibility
- Noncompliance with program requirements can result in cancellation from the program
- Loss of employment/loss of employer coverage
- COBRA begins, COBRA is not eligible for HIPP for Kids program participation

High Deductible Health Plans (HDHP)

High-deductible health plans (HDHPs) are where the annual deductible per individual is \$1,200 or more, and/or \$2,400 or more for a family plan (2 or more people). Amounts are updated annually by the Department of Treasury. These health plans are not eligible for participation in either of the HIPP programs (HIPP or HIPP for Kids).