Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA** (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <u>http://myalhipp.com/</u>	Website: <u>http://flmedicaidtplrecovery.com/hipp/</u>
Phone: 1-855-692-5447	Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <u>http://myakhipp.com/</u> Phone: 1-866-251-4861 Email: <u>CustomerService@MyAKHIPP.com</u> Medicaid Eligibility: <u>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</u>	Website: <u>http://dch.georgia.gov/medicaid</u> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <u>http://myarhipp.com/</u> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <u>http://www.in.gov/fssa/hip/</u> Phone: 1-877-438-4479 All other Medicaid Website: <u>http://www.indianamedicaid.com</u> Phone 1-800-403-0864

COLORADO – Health First Colorado (Colorado's Medicaid Program) &	IOWA – Medicaid
Child Health Plan Plus (CHP+)	
Health First Colorado Website:	Website:
https://www.healthfirstcolorado.com/	http://dhs.iowa.gov/ime/members/medicaid-a-to-
Health First Colorado Member Contact Center:	<u>z/hipp</u>
1-800-221-3943/ State Relay 711	Phone: 1-888-346-9562
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus	
CHP+ Customer Service: 1-800-359-1991/	
State Relay 711	
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <u>http://www.kdheks.gov/hcf/</u>	Website:
Phone: 1-785-296-3512	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
	Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm	Medicaid Website:
Phone: 1-800-635-2570	http://www.state.nj.us/humanservices/
	dmahs/clients/medicaid/
	Medicaid Phone: 609-631-2392
	CHIP Website: <u>http://www.njfamilycare.org/index.html</u>
	CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid Website:	NEW YORK – Medicaid Website:
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	https://www.health.ny.gov/health_care/medicaid/
Phone: 1-888-695-2447	Phone: 1-800-541-2831
1 1011e. 1-000-095-2447	1 10110. 1-000-541-2031
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: <u>http://www.maine.gov/dhhs/ofi/public-</u> assistance/index.html	Website: <u>https://dma.ncdhhs.gov/</u>
<u>assistance/index.ntml</u> Phone: 1-800-442-6003	Phone: 919-855-4100
TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website:	Website:
http://www.mass.gov/eohhs/gov/departments/massheal	http://www.nd.gov/dhs/services/medicalserv/medicaid/
th/ Dhomous Ross (for was	Phone: 1-844-854-4825
Phone: 1-800-462-1120 MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
WIINNESOTA – Medicald Website: http://mn.gov/dhs/people-we-	Website: http://www.insureoklahoma.org
serve/seniors/health-care/health-care-	Phone: 1-888-365-3742
programs/programs-and-services/medical-assistance.jsp	1 110110, 1-000-303-3/42
Phone: 1-800-657-3739	
MISSOURI – Medicaid	OREGON – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.ht m Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: <u>http://www.dhs.pa.gov/provider/medicalassista</u> nce/healthinsurancepremiumpaymenthippprogram/inde <u>x.htm</u> Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNe braska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	RHODE ISLAND – Medicaid Website: <u>http://www.eohhs.ri.gov/</u> Phone: 401-462-5300
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNe braska/Pages/accessnebraska_index.aspx	Website: <u>http://www.eohhs.ri.gov/</u>

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: <u>http://dss.sd.gov</u> Phone: 1-888-828-0059	Website: <u>http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</u> Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: <u>http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/P</u> <u>ages/default.aspx</u> Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <u>https://medicaid.utah.gov/</u> CHIP Website: <u>http://health.utah.gov/chip</u> Phone: 1-877-543-7669	Website: <u>https://www.dhs.wisconsin.gov/publications/p1/p10095.p</u> <u>df</u> Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: <u>http://www.greenmountaincare.org/</u> Phone: 1-800-250-8427	Website: <u>https://wyequalitycare.acs-inc.com/</u> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance. cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance. cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human
Services	
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444-EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email <u>ebsa.opr@dol.gov</u> and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)