18-2019



## OFFICE OF THE COUNTY EXECUTIVE ALL-EMPLOYEES MEMORANDUM

DATE: October 1, 2019

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires that Suffolk County provide annual notification of potential premium assistance opportunities under Medicaid and the Children's Health Insurance Program (CHIP). Employees who contribute towards their health benefits may be eligible for premium assistance under these programs. This Notice follows the standard format template required of the Department of Health and Human Services (HHS) and Department of Labor. This document advises that if you or your children are eligible for Medicaid or CHIP and you are 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 live in one of the states listed on the attached notice, you may be eligible for assistance paying your employer health plan premiums. The attached list is current as of July 31, 2018. Contact your state for more information on eligibility in this program.

Dennis M. Cohen
Chief Deputy County Executive

Attachment

Distribution:

One copy per employee/retiree

## 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 July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA — Medicaid
Website: http://myalhipp.com/	Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-855-692-5447	Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA — Medicald
The AK Health Insurance Premium Payment Program Website:	Website: https://medicaid.georgia.gov/health-insurance-
http://myakhipp.com/	premium-payment-program-hipp
Phone: 1-866-251-4861	Phone: 678-564-1162 ext 2131
Email: CustomerService@MyAKHIPP.com	
Medicaid Eligibility:	·
http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp x	·
ARKANSAS – Medicald	INDIANA – Medicaid
Website: http://myarhipp.com/	Healthy Indiana Plan for low-income adults 19-64 Website:
Phone: 1-855-MyARHIPP (855-692-7447)	http://www.in.gov/fssa/hip/
	Phone: 1-877-438-4479
	All other Medicaid
	Website: http://www.indianamedicaid.com Phone 1-800-403-0864
	Phone 1-800-403-0804
COLORADO – Health First Colorado	
(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/	Website: http://dhs.iowa.gov/Hawki
Health First Colorado Member Contact Center: 1-800-221-3943/	Phone: 1-800-257-8563
State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	
CHP+: https://www.colorado.gov/pacific/ncpi/chilo-fleafth-plas- CHP+ Customer Service: 1-800-359-1991/ State Relay 711	·
KANSAS – Medicaid	NEW HAMPSHIRE - Medicald
Website: http://www.kdheks.gov/hcf/	Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 1-785-296-3512	Phone: 603-271-5218
THORE. 1 703 250 3328	Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY—Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.kv.gov	Medicaid Website: http://www.state.nj.us/humanservices/
Phone: 1-800-635-2570	dmahs/clients/medicaid/
	Medicaid Phone: 609-631-2392
	CHIP Website: http://www.njfamilycare.org/index.html
	CHIP Phone: 1-800-701-0710
and the second	NEW YORK - Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-888-695-2447	Phone: 1-800-541-2831
MAINE - Medicaid	NORTH CAROLINA – Medicaid
MAINE - Medicaid  Website: http://www.maine.gov/dhhs/ofi/public- assistance/index.html	Website: https://medicaid.ncdhhs.gov/

MASSACHUSETTS - Medicalo and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-862-4840	Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA — Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-	Website: http://www.insureoklahoma.org
care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Phone: 1-888-365-3742
MISSOURI - Medicaid	OREGON Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp. htm	Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 573-751-2005	http://www.oregonhealthcare.gov/index-es.html
HORMAN STATE OF THE ANALYSIS ASSESSED TO STATE OF THE STA	Phone: 1-800-699-9075
MONTANA — Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP	Website: http://www.dhs.pa.gov/provider/medicalassistance/he
Phone: 1-800-694-3084	althinsurancepremiumpaymenthippprogram/index.ht m
	Phone: 1-800-692-7462
NEBRASKA – Medicald	RHODE ISLAND — Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.eohhs.ri.gov/
Phone: (855) 632-7633	Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)
Lincoln: (402) 473-7000	
Omaha: (402) 595-1178	· · ·
NEVADA Medicald	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov	Website: https://www.scdhhs.gov
Medicaid Phone: 1-800-992-0900	Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON — Medicaid
Website: http://dss.sd.gov	Website: https://www.hca.wa.gov/
Phone: 1-888-828-0059	Phone: 1-800-562-3022 ext. 15473
TEXAS — Medicaid	WEST VIRGINIA— Medicaid
Website: http://gethipptexas.com/	Website: http://mywvhipp.com/
Phone: 1-800-440-0493	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH — Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="https://medicaid.utah.gov/">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT—Medicaid	WYOMING — Medicaid
Website: http://www.greenmountaincare.org/	Website: https://wyequalitycare.acs-inc.com/
Phone: 1-800-250-8427	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	
CHIF FIIUHE, 1-000-242-0202	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272) U.S. Department of Health and Human Services Employee Centers for Medicare & Medicaid Services www.cms.hhs.gov 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 <a href="mailto:ebsa.opr@dol.gov">ebsa.opr@dol.gov</a> and reference the OMB Control Number 1210-0137.

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