477-000-016 – Health Insurance Premium Payment (HIPP) Program

Nebraska will pay the health insurance premium for Medicaid eligible clients in cases where it is cost-effective for the state. Payment of this premium does not replace Medicaid coverage. Instead, a third party (insurance company) would be the primary payer on claims and Medicaid would be secondary.

Workers should refer new or existing cases if the individual is Medicaid eligible, has health insurance, expects high medical expenses, and cannot afford to continue paying his or her health insurance premium.

Examples of Medical Conditions Generally Considered Cost-Effective for the State

- Cancer (currently receiving chemotherapy or radiation)
- Pregnancy
- AIDS
- Infants born prematurely or with a serious medical condition
- Renal failure
- Upcoming surgery
- Any condition requiring hospitalization
- Any life-threatening illness
- An accident causing serious injury

This list is not comprehensive. There are many other conditions that could be considered cost-effective.

Examples in which HIPP Program will Not Pay Health Insurance Premium

- The individual is aged
- The individual needs to pay his or her health insurance premium to stay Medicaid eligible (i.e., he or she needs the insurance as a deduction in their budget)
- The individual is eligible for Medicare
- The premium is for TMA
- The insurance policy is a CHIPS policy
- The individual's share of cost obligation is higher than the monthly premium
- There is a court-issued medical support order that pays for the insurance policy

<u>Note</u>: When HIPP pays an individual's health insurance premium, it may **not** be counted as a deduction in the budget. Please determine the impact of HIPP paying an individual's insurance premium on the person's budget before making a referral to the HIPP program.

HIPP referrals should be made to:

- DHHS Medicaid and Long-Term Care HIPP Program
 P.O. Box 95026
 Lincoln, NE 68509:
- DHHS.MedicaidHIPP@nebraska.gov