HIPPS Change Report Form

Use this form to notify the fiscal agent that a change has occurred which affects the HIPPS participant. This form may be sent to the HIPPS Unit; Kansas Medical Assistance Program, PO Box 3571, Topeka, KS 66601; Faxed to (785)266-6112; Or emailed to Laurie.Palmer@ksxix.hcg.eds.com. Questions may be directed to the HIPPS unit at 1-800-766-9012.

From: **Worker Name:** _____ **Worker Phone #:** (Include area code and extension) _____

Identifying Information:

Case Head Name: _____

Field Case Number: _____ **CH Case Number:** _____

Type of change: *(please mark one)*

- ☐ Change in Eligibility _____
- ☐ Change in Household _____
- ☐ Change in Employer _____
- ☐ Loss of Employment _____
- ☐ Change in Insurance Coverage _____
- ☐ Other _____
- ☐ _____

Additional Comments:

(You must hit enter at the end of each line to continue onto the next line).

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