

Alaska Health Insurance Premium Payment Program

What is HIPP?

The Alaska Health Insurance Premium Payment Program (HIPP) helps qualified families pay for comprehensive health insurance or COBRA available through an employer.

Can I get HIPP?

You might be able to qualify for HIPP if you can answer YES to these questions:

- Does anyone in your family household get Medicaid or Denali KidCare?
- Does your employer offer comprehensive health insurance?

If you answered yes to these questions, fill out the application form. After mailing the form to us, we will review your family's case to see if you qualify.

How does HIPP work?

If you are enrolled in Alaska HIPP:

- Medicaid will reimburse (pay you back) your family's insurance premium as long as it is cost-effective to do so.

APPLICATION

1. Applicant Information (Parent or Guardian of Medicaid recipient)

Name:	Date of Birth	Social Security #:
Address:	City, State, Zip:	Medicaid ID:
Home/Cell Phone	Work Phone:	Email:

2. Policy Information (See current insurance card for this information)

Policy Holder Name:		Policy Holder DOB:	Policy Holder Social Security #:
Policy Holder Address:		Policy Holder City, State, Zip:	
Insurance Co Name	Policy ID Number:	Group Number:	Insurance Co Phone:

3. Type of Policy Coverage

- Individual
- Individual + Spouse
- Individual + Children
- Family

4. How premiums are paid

- Payroll deduction
- Insured pays insurance carrier directly
- Insured pays employer

5. Type of health insurance coverage

- Employer
- COBRA
- Self-Insured
- None
- Other _____

6. What is the total monthly premium for this policy

\$ _____

7. Premiums are deducted/paid

- Weekly
- Biweekly
- Twice a month
- Monthly

8. Employer Information

Employer Name:	Employer HR/Payroll Contact:	Employer HR/Payroll Phone:
Employer Address:	Federal Employer ID Number:	

9. List everyone in your household covered by your insurance, including Medicaid recipients and anyone that may be added to this policy

Name	Relation to Policyholder	DOB	Medicaid ID	Social Security #

10. With this application please send:

- Your benefit plan summary document. This can be provided from your employer.
- Your health insurance rate sheet that includes information such as: "Individual Only," "Individual + Spouse," "Individual + Child," or "Family". This can be provided from your employer.
- Your Medicaid, DenaliCare and/or Denali KidCare card and/or Identification Number
- A copy of your insurance card (front and back)
- A copy of your most recent pay stub or other form of premium payment verification

By signing this application, you confirm that the information provided on this form is true and correct to the best of your knowledge. In addition, you permit your employer, health insurance carrier, or any other party relevant to the HIPP program eligibility determination and/or renewal process to give Alaska DHCS or its Third Party Liability contractor, Health Management Systems, Inc., information related to your health insurance premiums, deductibles, coverage benefits, pay frequencies and deductions that are, or may be, available to you as a result of your employment.

Applicant Signature _____ Date _____

Policyholder Signature _____ Date _____

Please send completed application to:

By Mail:

HMS ATT HIPP Unit
4710 Business Park Blvd Suite F-24
Anchorage, Alaska 99503

By Fax:

Fax: 907-561-4435

By Email:

customerservice@MyAKHIPP.com

How did you hear about HIPP?

- Employer
- Medicaid Case Worker
- MYAKHIPP Website
- HMS/HIPP mailer
- Health Fair
- Relative/Friend
- Online Search Engine