

## 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 is required for all health coverage segments (see your current insurance card(s) for this information).**

Please check the box for all health coverage available: Medical  Pharmacy  Dental  Vision

Policy Holder Name:		Policy Holder DOB:	Policy Holder Social Security #:
Policy Holder Address:		Policy Holder City, State, Zip:	
Medical Insurance Co Name	Policy ID Number:	Group Number:	Insurance Co Phone:
Pharmacy Insurance Co Name	Policy ID Number:	Group Number:	Insurance Co Phone:
Dental Insurance Co Name	Policy ID Number:	Group Number:	Insurance Co Phone:
Vision 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	Medicaid Case number	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 medical and pharmacy insurance card (front and back), and if applicable please provide vision and dental cards
- A copy of your most recent pay stub or other form of premium payment verification

**ACKNOWLEDGEMENT**

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 because of your employment.

I have read, or heard read to me, the “HIPP Program Enrollee Responsibilities” section of the application (located after this acknowledgement) and I understand my rights and responsibilities.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_



Please send a completed application to us one of the following ways:

**Email:** customerservice@MyAKHIPP.com

**Fax:** 907-561-4435

**Local Document Drop-off:** Alaska HIPP Program  
HMS  
4341 B Street, Suite 100  
Anchorage, AK 99503

**HIPP Mailing Address:** Alaska HIPP  
5615 High Point Dr.  
Mailstop 702  
Irving, TX 75038

How did you hear about HIPP?

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

# AK HIPP Program Enrollee Responsibilities

**This portion of the application is yours to keep.**

## ***Premium Reimbursement Checks***

If approved for the Alaska HIPP program, premium reimbursement checks are issued on the 25<sup>th</sup> of each month unless otherwise noted on the HIPP Reimbursement Calendar. Premium reimbursements will only be issued up to 30 days from the original payment or paycheck withholding date, so please be prompt in submitting documentation to HMS.

- If approved, you have 30 calendar days from the date of premium payment to send HMS a copy of their proof of payment. Proof of premium payment documentation includes, but is not limited to, **paystubs, payroll statements, bank statements, money order receipts, cashier's checks, and/or insurance paid statements.** If a member fails to submit their proof of payment within 30 calendar days, reimbursement for the month will be forfeited.
- If you have an emergency that prevents you from submitting your proof of payment within the required time frame, it is your responsibility to inform HMS as quickly as possible.
- If you do not send in a proof of payment for 60 consecutive days, your HIPP case will be closed, and a new Application may be required.

## ***Explanation of Benefits (EOBs)***

An explanation of benefits (EOB) is a notice issued by your insurance company identifying the services received and the insurance payments made towards those services. When any DenaliCare/Denali KidCare recipients who are covered by this policy visit a doctor or pharmacy, please provide both your employer sponsored insurance card and your DenaliCare/Denali KidCare card and request that the doctor or pharmacy bill the insurance policy **before** billing Medicaid. Once the claim is processed by your insurance carrier, an EOB form is generated.

- If you are approved, a copy of all medical, dental, vision and pharmacy EOBs must be submitted to HMS for every DenaliCare or Denali KidCare eligible person in your family who is covered by the employer sponsored insurance policy.
- If approved, it is your responsibility to make sure that the EOBs for all DenaliCare/Denali KidCare recipients are submitted to HMS immediately upon receipt. Failure to provide EOBs may result in a loss of your premium reimbursement and/or impact your eligibility for continued enrollment in the HIPP program.

## ***Employer Sponsored Insurance Coverage/COBRA***

If approved for the program, you must notify HMS immediately if you lose your job, change jobs, or become ineligible to receive group health insurance or COBRA through your employer. You must also report any changes to your insurance coverage, premiums, benefits plans, or if your insurance company changes

- Continued enrollment in the HIPP program is dependent upon active employer sponsored insurance coverage/COBRA.
- If employer sponsored insurance coverage is retroactively cancelled, you will be responsible for repayment of premium reimbursement back to the date of cancellation.



### ***DenaliCare/Denali KidCare Eligibility***

If approved for the program, you must notify HMS immediately if you or anyone in your household becomes ineligible to receive DenaliCare/Denali KidCare benefits. In addition, changes to DenaliCare/Denali KidCare program categories for any members of the household must also be immediately reported.

- Continued enrollment in the HIPP program is dependent upon active DenaliCare/Denali KidCare eligibility.
- Changes to DenaliCare/Denali KidCare eligibility or program categories will require a new cost effectiveness review to determine continued eligibility for HIPP program enrollment.
- Failure to report DenaliCare/Denali KidCare eligibility or program category changes will result in disenrollment from the HIPP program.

### ***Annual Review***

If approved for the program, your enrollment in the Alaska HIPP program is subject to periodic review. The purpose of the review is to determine whether your enrollment in HIPP remains cost effective to the DHSS. During review periods you may be asked to complete a new application. If the review process determines that your HIPP case is no longer cost effective, your HIPP case will be closed.

- Continued enrollment in the HIPP program is dependent upon ongoing cost effectiveness