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California Department of Public Health



EDMUND G. BROWN JR.
Governor

OFFICE OF AIDS (OA)
AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Management Memorandum
Memorandum Number: 2015-16

DATE: September 23, 2015
TO: ADAP ENROLLMENT WORKERS
SUBJECT: Update Regarding OA-HIPP Policies and Procedures

The purpose of this memorandum is to provide guidance to Enrollment Workers (EW) on OA's Health Insurance Premium Payment (OA-HIPP) application packet requirements for new and existing OA-HIPP clients. In addition, the fax cover sheet has been updated to include a checklist of required documents for OA-HIPP enrollment and recertification.

New Applicants applying for OA-HIPP

When submitting a new OA-HIPP application packet, the applicant must be enrolled in ADAP (without a grace period). Once the OA-HIPP application packet is received, it will be reviewed by OA staff to assure all documentation and eligibility requirements are met. Incomplete OA-HIPP application packets will delay processing.

In order to submit a completed new OA HIPP application packet, the following documentation is required:

- Current OA-HIPP Application (must be sign and dated)
- Insurance Assistance Consent Form (must be sign and dated)
- Current Health Plan Billing statement
- Plan Enrollment Summary or Covered California welcome letter (**required for Covered California plans only**)

Other information (**required for family plans only**):

- Marriage certificate for a spouse included on the plan
- Registered domestic partnership for a registered domestic partner included on the plan.
- Birth certificate(s) for dependents included on the plan or

- current tax return listing dependents.

OA staff will contact the client or EW regarding their incomplete application packet and what documents are missing. The client or EW will be instructed to submit all required documents. Once OA-HIPP receives the completed application packet, it will be reviewed to determine eligibility.

During the open enrollment period, OA-HIPP applicants who are not on a Covered California health plan will have a payment start date that is determined by the date the completed OA-HIPP application packet was received or will be based on the client's health plan policy start date (if policy start date is after the month the completed application was received).

OA-HIPP applicants who are on a Covered California health plan may have their premium payments retroactively paid back to January 1st, based on their health plan policy start date as long as their completed application packet is received on or before the end of February, of that current year during open enrollment. OA-HIPP applicants enrolled in a Covered California health plan whose applications are received after the end of February, the OA-HIPP payment start date will be determined by the date the OA-HIPP completed application packet was received or will be based on the health plan policy start date (if the policy start date is after the month the completed application packet was received).

Prospective OA-HIPP clients should continue to pay their monthly health insurance premiums until notified that the initial premium has been paid. OA-HIPP will send an email to notify the client or EW that the client has been approved and initial payment has been made on the client's behalf. Thereafter, OA-HIPP will continue to make premium payments on a triannual basis.

Re-Enrollment Application for existing OA-HIPP clients

All existing clients must re-enroll with OA-HIPP on their birth month. Clients re-enrolling in OA-HIPP must be enrolled in ADAP. Therefore, clients should align OA-HIPP re-enrollment with ADAP. Incomplete application packets may cause a delay in payment. When re-enrolling with OA-HIPP, the client must submit the following required documentation:

- OA-HIPP Application (must be sign and dated)
- Insurance Assistance Consent Form (must be sign and dated)
- Current Health Plan Billing statement
- Current Taxes Form 1040 and Form 8962 (**Covered California plans only** and see *Advance Premium Tax Credit* below)

Recertification Application for existing OA-HIPP clients

All existing clients must recertify with OA-HIPP 6 months after their birth month. All clients recertifying with OA-HIPP must be enrolled in ADAP. Therefore, clients should align OA-HIPP recertification with ADAP. Incomplete application packets may cause a

delay in payment. When recertifying with OA-HIPP the client must submit the following required documentation:

- OA-HIPP Application (must be sign and dated)
- Current Health Plan Billing statement
- Current Taxes Form 1040 and Form 8962 (**Covered California plans only** and see *Advance Premium Tax Credit* below)

Application for Dental and Vision Payments

Clients eligible for OA-HIPP may seek assistance to pay for their dental and vision premiums. If the dental or vision premium is not included on the health insurance billing statement, then the client will need to complete a separate OA-HIPP application and send a copy of dental/vision premium billing statement. OA-HIPP cannot pay for stand alone vision plans.

Fax Coversheet Update

Please note the fax cover sheet has been modified to include a checklist of documents required for OA-HIPP enrollment, reenrollment, and recertification. In addition, the fax coversheet includes OA Analyst names and caseload. Please ensure you are using the current fax coversheet by clicking here:

<http://www.cdph.ca.gov/programs/aids/Documents/IASFaxCoversheet.pdf>

Advance Premium Tax Credit (APTC) Reminder

Clients who are enrolled in Covered California health plans and are re-enrolling or recertifying in OA-HIPP must submit a copy of their Tax Form 1040, 1040A or 1040NR and Form 8962 after April 15 to OA-HIPP (whichever comes first after April 15 reenrollment or recertification) . For more details regarding APTC Reconciliation see the APTC tool on OA's website at:

<http://www.cdph.ca.gov/programs/aids/Documents/APTCReconciliationGuidanceTool.pdf>

Reporting Changes

OA-HIPP clients must report the following changes to OA-HIPP, and Covered California as it may affect a client's coverage or premium payment (a new application may be required for OA HIPP when reporting changes):

- Change of Health Plan
- Income increase or decrease (loss of job, employed, other income change)
- Household change (if on or adding to health plan: marriage, dependent, divorce or death)
- Moving within California

- No longer a California resident
- Eligible for full coverage through Medi-Cal or Medi-Cal Expansion

- Eligible for Medicare Part A

Client Files

EW's may maintain OA-HIPP and ADAP documents in one file. However, it is recommended that EW's separate OA-HIPP documents from ADAP documents within the file.

General Questions Telephone Number

For general questions regarding an OA-HIPP application status and payment information, EWs may contact the toll free number at 844-421-7050.

Please feel free to contact any OA Analyst if you have any further questions. The most current roster is available on the OA website here:

<http://www.cdph.ca.gov/programs/aids/Documents/OAHIPPAAnalystRoster.pdf>

Thank you,



Christopher Unzueta, Chief
Insurance Assistance Section
Office of AIDS

Attachments (Fax Cover Sheet)

cc: ADAP Coordinators



Karen L. Smith, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



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Insurance Assistance Section

FAX COVERSHEET

(916) 440-5490

DATE:

NUMBER OF PAGES:
(Including Coversheet)

ENROLLMENT WORKER NAME:

PHONE:

CLIENT NAME:

PAYEE NAME:

ANALYST NAME:

DOCUMENT TYPE:

DOCUMENT CHECKLIST:

New Application/Re-Enrollment?

- HIPP Application (signed and dated)
- Most Recent Insurance Billing Statement
- IAS Consent Form
- Covered CA Plans:** 'Welcome Letter', 'Enrollment Summary', or 'Renewal' Page
- Covered CA Plans:** *For Re-Enrollment*, Copy of Most Recent Federal Tax Return & IRS Form 8962

Recertification?

- HIPP Application (signed and dated)
- Most Recent Insurance Billing Statement
- Covered CA Plans:** *Copy of Most Recent Federal Tax Return & IRS Form 8962 if not already submitted during Re-Enrollment*

NOTES:

THIS COVERSHEET MUST ACCOMPANY ALL FAXES GOING TO CDPH/IAS. ALL DOCUMENTS SUBMITTED WITHOUT THIS COVERSHEET WILL BE DISCARDED.