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OFFICE OF AIDS
Insurance Assistance Section

Management Memorandum
Memorandum Number: 2013-01

DATE: February 5, 2013
TO: OA-HIPP and OA-PCIP ENROLLMENT WORKERS
SUBJECT: UPDATES REGARDING OA-HIPP and OA-PCIP POLICIES,
PROCEDURES AND EXPECTATIONS

The purpose of this memorandum is to document programmatic changes to the Office of AIDS-Health Insurance Premium Payment (OA-HIPP) and OA-Pre-Existing Condition Insurance Plan (OA-PCIP) Programs and to disseminate procedures and expectations so that Enrollment Workers can inform their clients.

Eligibility Requirements

In July 2011, OA modified the eligibility requirements for OA-HIPP to align with the AIDS Drug Assistance Program (ADAP).

To be eligible for OA-HIPP, clients:

- Must be a California resident;
- Must be at least 18 years old;
- Must have an HIV or AIDS diagnosis;
- Must have a Federal Adjusted Gross Income that does not exceed \$50,000;
- Cannot be enrolled in Medicare or Full-Scope Medi-Cal; and
- Cannot have employer-based coverage.

In November 2011, OA implemented OA-PCIP and aligned eligibility requirements with ADAP and PCIP.

To be eligible for OA-PCIP, clients:

- Must be a California resident;
- Must be at least 18 years old;
- Must have an HIV or AIDS diagnosis;
- Must have a Federal Adjusted Gross Income that does not exceed \$50,000;
- Must be a U.S. Citizen or lawfully present individual;
- Must be uninsured for at least the past six consecutive months.

Mandatory Co-Enrollment in ADAP

Beginning March 1, 2013 all OA-HIPP and OA-PCIP clients will be required to be co-enrolled in ADAP. All OA-HIPP and OA-PCIP clients who are not currently co-enrolled in ADAP will receive a letter informing them of the policy change and how to enroll in ADAP. Clients will be granted 30 days to enroll in ADAP after receipt of the letter. If the client is not eligible for ADAP, the client will not be eligible for OA-HIPP or OA-PCIP.

There is a network of more than 170 ADAP enrollment sites and 600 ADAP Enrollment Workers statewide that will enroll clients in ADAP. Please visit the following website <http://www.ramsellcorp.com/individuals/ca.aspx> to locate the nearest ADAP enrollment site. Enter the client's city, zip code and county of residence in the "Enrollment Site Locator." If you cannot access the website, please call ADAP's Ramsell at 1.888.311.7632 and you will be referred to the nearest enrollment site.

If a client needs additional time to enroll in ADAP, they may be granted an extension upon request. To request additional time, the enrollment worker may contact Kathy Whitaker at 916.449.5893 or Kathy.Whitaker@cdph.ca.gov / ias@cdph.ca.gov.

Required Forms and Documentation

The OA-HIPP and OA-PCIP applications and Insurance Assistance Section (IAS) Consent Form have been modified. The revised forms are currently available online at the links provided below. Only the revised versions of the forms will be accepted.

OA-HIPP - <http://www.cdph.ca.gov/programs/aids/Pages/OAHIPPFForms.aspx>

- The following forms and documentation must be submitted during initial OA-HIPP application processing or re-enrollment:
 - a. OA-HIPP Application
 - b. IAS Consent Form
 - c. AIDS Regional Information and Evaluation System (ARIES) OA-HIPP/OA-PCIP Consent Form. This form will replace the Client Report Form and will be available in February 2013. The form will be available at the link provided above.

- d. Explanation of Benefits (one-time) – Must document that the client’s health insurance covers medical (doctor’s office visits), hospitalization, and all medications on the ADAP formulary.
- e. Most recent billing statement

OA-PCIP - <http://www.cdph.ca.gov/programs/aids/Pages/OAPCIPForms.aspx>

- The following documents must be submitted if the client is *not* a PCIP member at the time of initial enrollment:
 - a. OA-PCIP Application
 - b. OA-PCIP Consent Form
 - f. ARIES OA-HIPP/OA-PCIP Consent Form. This form will replace the Client Report Form and will be available in February 2013. The form will be available at the link provided above.
 - c. Diagnosis Form
 - d. PCIP Application
 - e. Proof of Citizenship (Birth Certificate, Passport, Permanent Resident Card)

- The following documents must be submitted if the client is a PCIP member at the time of initial enrollment:
 - a. OA-PCIP Application
 - b. OA-PCIP Consent Form
 - c. ARIES Consent Form*
 - d. Proof of PCIP coverage (Copy of PCIP Insurance Card)

Effective March 1, 2013, the following forms will *no longer* be accepted by the OA-HIPP or OA-PCIP programs:

- a. Financial Eligibility Form
- b. Self-Employment Form
- c. Public Assistance Screening Form
- d. Identification Form
- e. Client Report Form*

OA-PCIP Recertification/Re-enrollment

Currently, all OA-PCIP clients are co-enrolled in ADAP. OA staff will verify that each OA-PCIP client continues to be enrolled in ADAP in July 2013. As long as the OA-PCIP client remains co-enrolled in ADAP, OA will continue to pay the monthly PCIP premiums for the client. OA-PCIP clients do not need to submit additional recertification/re-

enrollment paperwork. However, if the OA-PCIP client obtains employer-based health insurance and/or enrolls in Medicare or Full-Scope Medi-Cal, the client must immediately notify his/her enrollment worker. The client would no longer be eligible for OA-PCIP and would be disenrolled.

OA-HIPP Recertification/Re-Enrollment

After March 1, 2013 clients will not be able to recertify/re-enroll for OA-HIPP until they are co-enrolled in ADAP. In addition, to ensure that clients will not have separate recertification/re-enrollment dates for ADAP and OA-HIPP, after March 1, 2013 all clients will be required to recertify/re-enroll for OA-HIPP when they recertify/re-enroll for ADAP.

Each OA-HIPP client will be required to re-enroll during their birthday month and will recertify six months later. This process will repeat as long as the client remains enrolled in OA-HIPP. For example, all OA-HIPP clients who have a birthday in March 2013 will be required to re-enroll in both programs in March 2013. They will then recertify six months later or September 2013. Similarly, all OA-HIPP clients who were born in April 2013 will be required to re-enroll in both programs in April 2013 and recertify in October 2013.

This policy can be implemented on a flow-basis. Currently scheduled OA-HIPP re-enrollment or recertification dates do not need to be rescheduled. However, the following OA-HIPP re-enrollment or recertification date should be aligned with the client's next ADAP re-enrollment or recertification date.

Clients will be expected to sign a new OA-HIPP application during re-enrollment and recertification. Writing "signature on file" will no longer be permitted. The two processes are similar, except the client will submit fewer forms during recertification as noted in the table below.

Document Type	Re-Enrollment	Recertification
OA-HIPP Application	x	x
Most Recent Health Insurance Billing Statement	x	x
OA-HIPP Consent Form	x	
OA-HIPP/OA-PCIP ARIES Consent Form	x	

To expedite processing and alleviate the client from having to make a second trip to the enrollment site, clients may mail the required documents for recertification to their Enrollment Worker. The Enrollment Worker will then forward copies of the signed documents to OA.

According to the ADAP Enrollment Procedures and Guidelines for Determining ADAP Eligibility, an ADAP client's eligibility ends on the client's birthday if they fail to re-enroll in ADAP. Similarly, if an OA-HIPP client fails to recertify or re-enroll with ADAP and OA-HIPP, then OA will not make the next quarterly payment for the client. OA staff will notify the Enrollment Worker that the client will be responsible for paying his/her health

insurance premiums. If a client needs additional time to re-enroll or recertify in ADAP and OA-HIPP, they may be granted an extension upon request. To request additional time, the enrollment worker may contact Kathy Whitaker at 916.449.5893 or Kathy.Whitaker@cdph.ca.gov / ias@cdph.ca.gov.

Low-Income Health Plan (LIHP) Update

LIHP Screening for OA-HIPP and OA-PCIP Clients

OA-HIPP and OA-PCIP clients will be screened for LIHP when they enroll or recertify for ADAP. OA-HIPP and OA-PCIP clients who are potentially eligible for LIHP do not have to be referred to apply for LIHP, but they may choose to apply for and co-enroll in LIHP if LIHP offers needed services not covered by their current health plan. Whether or not they choose to co-enroll in LIHP, OA will continue to pay their OA-PCIP or OA-HIPP health insurance premiums. ADAP will also continue to cover their prescription co-pays and deductibles for drugs on the ADAP formulary.

Processes and Procedures

Processing New OA-PCIP Applications

OA is required to send batches of applications to PCIP by the 8th, 15th and 22nd of each month. To meet these deadlines, OA must request a check from the department's Accounting Office at least 4 business days prior and mail the batches via priority overnight mail the business day before the deadline. Applicants will be enrolled in PCIP the first day of the following month for applications submitted on the 8th or 15th. Applicants will be enrolled in PCIP the first day of the second following month for applications submitted by the 22nd.

For example, an applicant will be enrolled in PCIP effective February 1, 2013 if his/her application was submitted to PCIP on January 8th or 15th, 2013. However, an applicant would not be enrolled in PCIP until March 1, 2013 if his/her application was not submitted to PCIP until January 22, 2013. Therefore, OA must receive complete OA-PCIP applications (which includes PCIP applications) by the 7th of the month in order for clients to be enrolled in PCIP by the following month.

Once enrolled in PCIP, the client will receive a "Welcome Packet" from PCIP that describes their health insurance benefits. The client will also receive a letter from OA that confirms they have been enrolled in OA-PCIP and that OA will pay their monthly PCIP premiums through 2013 as long as they stay enrolled in ADAP.

Processing New OA-HIPP Applications

All new applications will be processed within three weeks of receipt by OA, starting from the day the application is received and ending when an approval or denial decision has been made by OA management. If the application is approved, it may take up to a week for OA to receive the check from the department's Accounting Office. Consequently, it

can take a total of four weeks for OA to send a check to a health insurance company after a new application is received and approved.

Prospective OA-HIPP clients should expect to pay their monthly health insurance premiums up to four weeks after they submit their OA-HIPP application. This will ensure there is no lapse in coverage or cancellation of their policy.

The exception to the rule noted above is if the client's health insurance company is not on file with the department's Accounting Office. These premium payments take longer to process because OA staff must obtain data from the health insurance company and/or third party administrator to ensure compliance with the Internal Revenue Code and the California Revenue and Taxation Code. It can take up to three months to receive the required documentation. Our Accounting Office will not issue payment to the new health insurance company until this form is on file. If the client's health insurance company is not on file, the OA-HIPP Enrollment Worker will be contacted within a week after submitting the application.

If OA cannot obtain the needed information before the client's premium payment is due and the Enrollment Site pays the premium payment, OA will reimburse the Enrollment Site. The Enrollment Site would need to provide OA with proof of payment documentation prior to receiving reimbursement.

OA has contacted our federal partners and is seeking guidance regarding using RW funds to pay for vision and/or dental premiums and also for family policies. More information on these topics will be forthcoming.

New OA-HIPP Application Payment

OA will pay for the month in which the application is received, the month in which the application is approved (if different), any intervening months (if applicable), and three months after the month in which the application is approved for all new applications. For example, if OA received *and* approved an application in October, then OA would pay October through January. If OA received an application in October, but it was not approved until November, then OA would pay October through February. OA will no longer make retroactive payments.

If an OA-HIPP client paid his/her monthly premiums for a particular month and OA subsequently pays for the same month, the client would need to contact their insurance company to facilitate a refund for the premiums they paid. For example, if a client paid his/her October premiums and OA later paid October through December, the client should immediately contact their insurance company to obtain a refund for the October premiums. OA will not reimburse clients. In some cases the insurance company may choose to refund the client, and in other cases the insurance company may choose to keep this excess payment and apply it to future premiums.

Processing OA-HIPP Quarterly Payments

OA staff process quarterly payments 45 days prior to the last day a client is paid through. These payments must be submitted to the department's accounting office 30 days before the next premium payment is due. For example, if a payment was sent for a client that paid September 1, 2012 through November 30, 2012, OA staff would begin processing the next quarterly payment on October 15, 2012. In this example, all quarterly payments will be processed and submitted to the department's Accounting Office by October 31, 2012. The only exception would be if OA did not receive the required re-enrollment or recertification paperwork. In this event, OA would not make the quarterly payment until the client recertifies or re-enrolls.

Because OA staff start processing quarterly payments so early, it is very important that we receive all the required documentation and are immediately notified of any changes, such as:

1. Change to a client's monthly premium, and/or changes to the payee name and/or address.
2. Client returned to work and obtained employer-based health insurance.
3. Client changed health insurance policies.
4. Client enrolled in Medicare or Full Scope Medi-Cal.

OA-HIPP clients are organized into three different payment cycles. OA staff must be notified of changes to a client's account *before* the first day staff begin processing the next quarterly payment in order for the change to be reflected in the quarterly payment.

Cycle	Payment Period	Date OA Begins Processing Next Quarterly Payment
1	January 1 – March 31	February 15
	April 1 – June 30	May 15
	July 1 – Sep 30	August 15
	October 1 – December 31	November 15
2	February 1 – April 30	March 15
	May 1 – July 31	June 15
	August 1 – October 31	September 15
	November 1 – January 31	December 15
3	March 1 – May 31	April 15
	June 1 – August 31	July 15
	September 1 – November 30	October 15
	December 1 – February 28	January 15

Supplemental Payments

OA will no longer be issuing supplemental payments to health insurance companies in an effort to reduce staff workload and administrative costs. If OA is not notified of an increase in a client's premium *before* the quarterly payment is processed (as noted in

the table above), the client will be responsible for sending the balance owed to the health insurance company. If OA is notified of an increase in a client's premium *after* the quarterly payment is processed (see table above), OA will then apply the increase to the next quarterly payment.

For example, assume a client has a \$100.00 monthly premium and OA sent his/her health insurance company \$300.00 to cover the monthly premiums from 1/1/13 – 3/31/13. Now assume that the client's monthly premium increases to \$200.00 effective 4/1/13. If OA is notified of the increase by 2/15/13, the next quarterly payment will be issued in the amount of \$600.00 to cover the client's monthly premiums from 4/1/13 – 6/30/13. However, if OA is *not* notified of the increase by 2/15/13, then OA will only send \$300.00 to the client's health insurance company. In this scenario, the client will be responsible for sending the difference between the total amount owed and the amount OA paid or \$300.00 ($\$600 - \$300.00 = \300.00) to ensure his/her health insurance remains active.

OA will pay the new monthly premium rate and the amount the client paid on the next quarterly payment. In the example described above, the next payment issued by OA would total \$900.00 [$\$200 * 3 = \$600.00 + \300.00 (Amount paid by client.)]

Changing Health Insurance Policies

If a payment is sent on behalf of a client to a health insurance company and the client subsequently cancels the policy and enrolls in a new policy with a different company, OA will not make a full three month payment to the new health insurance company until the client returns the unspent funds OA paid to the initial health insurance company.

For example, assume a client has a health insurance policy with company A and OA paid the client's monthly premiums from January 1, 2012 through March 31, 2012. After the payment is sent the client cancels the policy and enrolls in a new policy with company B effective February 1, 2012. OA will only pay the client's premiums to company B from February 1, 2012 through March 31, 2012 after OA is refunded the equivalent of two months premiums which were previously paid to company A.

As specified on the OA-HIPP application, refunds should be made payable to the California Department of Public Health for premiums paid by OA-HIPP and mailed to the following address:

CDPH Insurance Assistance Section
MS7704
P.O. Box 997426
Sacramento, CA 95899-7426

AIDS Regional Information and Evaluation System (ARIES)

ARIES is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care and support providers, and provides comprehensive data for program reporting and monitoring. ARIES is used by OA's Ryan

White Part B-funded service providers, as well as select Part A and Part C-funded providers, throughout California to automate, plan, manage, and report on client data. OA staff enter client-level information into the ARIES database for each OA-HIPP and OA-PCIP client, including but not limited to: name, address, policy number, monthly premium and payment information that includes the total amount paid and check number.

In 2013, OA will be making two key ARIES-related changes with respect to IAS programs: (1) require that all clients who receive OA-HIPP and OA-PCIP services be “share” clients in ARIES, and (2) require that all IAS enrollment workers obtain access to ARIES. These changes will allow enrollment workers to access their clients’ current OA-HIPP and OA-PCIP enrollment and premium payment status. Access will be limited to only those staff persons who have a need to know their clients’ enrollment and payment status for IAS programs in ARIES.

Currently, OA enters newly-enrolled OA-HIPP and OA-PCIP clients as “non-share” in ARIES upon processing their applications. As a consequence, only OA has access to these data, and enrollment sites must either inquire and/or wait for correspondence from OA for client status updates. By requiring all IAS clients to share their data in ARIES, enrollment workers with ARIES access will be able to see their clients’ enrollment status, insurance information, and premium payment history. It is important to note that when a client is a “share client” in ARIES, only those agencies that serve the client will have access to their data; for an IAS-only client, this means that access will be limited to the enrollment worker’s agency and OA. Conversely, agencies that do not serve the share client will not have access to his or her ARIES data, unless the client actually goes to that agency for other, non-premium payment services. For IAS clients that receive services from other ARIES-using providers, they may already be a share client, and no manual ARIES change is necessary.

Converting non-share clients to “share” will require clients’ signatures and a manual share status change in ARIES. All clients will be required to sign the ARIES OA-HIPP/OA-PCIP Client Consent Form and submit to OA by April 30, 2013. Once the form is received, the client will be switched from non-share to share in ARIES by OA staff. Please note that this IAS-specific ARIES Consent Form will not replace local county or provider agencies’ ARIES Client Consent Forms.

Once clients are converted to “share,” enrollment workers with ARIES access may look up their clients’ data in two ways. First, some OA-HIPP and OA-PCIP clients may have already been share clients and received services at the enrollment worker’s ARIES agency for other programs (e.g. HCP, Part A, etc.), or had been “non-share” at that agency and was recently converted to “share.” In these cases, simply search ARIES by the client’s name. Second, for those new clients recently entered as “share” by OA, enrollment workers will need to perform a more-detailed search in ARIES using the client’s six identifiers, also known as the “client keys.” These six identifiers include the client’s first name, middle initial, last name, date of birth, gender, and their mother’s maiden name. Once a client is found via this detailed ARIES search using the client

keys, the client record will be “unlocked” at that enrollment worker’s agency, and only a basic client search using the client’s name will need to be performed for subsequent look-ups. These six client keys are included in the OA-HIPP and OA-PCIP applications; **therefore, it is critical that enrollment workers retain copies of these documents—in a secure manner—in order to access their clients’ ARIES records.**

Many enrollment workers and their provider agencies already have access to ARIES for their Ryan White Part B/HIV Care Program (HCP) and/or their Part A and Part C programs. A good portion of enrollment workers, however, will be new ARIES users. OA will provide ARIES training materials and resources to enrollment workers, which include online training modules, policy documents, and possibly live technical assistance sessions via Webex. New ARIES users will be required to complete online training modules—for OA-HIPP and OA-PCIP enrollment worker certification and ARIES—before their ARIES access will be granted. Once these two trainings are completed, to obtain access to ARIES new enrollment workers must submit an ARIES User Registration Form, which will be available at the following link: <http://www.cdph.ca.gov/programs/aids/Pages/OAHIPPFForms.aspx>. Once this form is processed, the ARIES Administrator will call the enrollment worker and remotely install the ARIES digital certificate on their desktop computer for ARIES access.

Responsibilities and Expectations

Enrollment Worker Responsibilities / Expectations

Your primary responsibility as an Enrollment Worker is to be the liaison or conduit between the client and OA. You are responsible for the following:

1. Helping the client enroll and stay enrolled in the program.
2. Answering questions from OA staff and the client.
3. Ensuring that the client recertifies and re-enrolls in accordance with expected timeframes.
4. Immediately notifying OA of changes to the client’s account that you are made aware of, including, but not limited to:
 - a. Monthly premium amount.
 - b. Client contact information (i.e. address, telephone number).
 - c. Payee contact information (i.e. payment address, payment due date).
 - d. Policy expiration date.
 - e. Client changed or cancelled policy.
 - f. Client returned to work and obtained employer-based health insurance.
 - g. Client enrolled in Medicare or Full-Scope Medi-Cal.
 - h. Client passed away.

Email Communication

In order to protect our client's confidentiality, all emails that contain protected health information, such as client name, social security number or date of birth must be sent via secure or encrypted email. Please follow your organization's protocols for sending secure emails.

Faxing Documents to OA

OA has created a new fax coversheet template that must be used when forwarding any document(s) to OA, including but not limited to:

1. New OA-HIPP or OA-PCIP Applications
2. OA-HIPP re-enrollment or recertifications
3. Premium Increases
4. Payee Data Record
5. OA-HIPP Disenrollment

The new template is available on OA's webpage at the following link:

<http://www.cdph.ca.gov/programs/aids/Pages/OAHIPPForms.aspx>

OA Staff Responsibilities

Staff are organized alphabetically by payee. So the staff member that is assigned "A-B" will be responsible for all Anthem Blue Cross Clients. Similar the staff member assigned to "C-D" will be responsible for all Ceridian clients. Please refer to the table below for staff assignments.

Payee Name	Primary Staff	Secondary Staff
A-B	Marques Almeida	Kathy Nguyen
C-D	Cindy Ly	Kathy Whitaker
E-P *Except for Kaiser	Irina Banar	Cindy Ly
Q-Z	Kathy Nguyen	Irina Banar
Kaiser & New Applications	Kathy Whitaker	Marques Almeida

Contact Information	
Marques.Almeida@cdph.ca.gov	916.445.7572
Irina.Banar@cdph.ca.gov	916.449.5882
Cindy.Ly@cdph.ca.gov	916.449.5981
Kathy.Nguyen@cdph.ca.gov	916.449.5924
Kathy.Whitaker@cdph.ca.gov	916.449.5893

If you have a client inquiry and are not able to speak with the assigned staff member, messages should be communicated via secure email and copy IAS@cdph.ca.gov. Staff will have 24 hours to respond. If you do not receive a response within 24 hours, please contact the secondary staff member. If neither the primary or secondary staff member are available or if you have an urgent issue, please feel free to contact me directly.

Staff will activate their out-of-office replies on their phones and in Microsoft Outlook prior to taking all scheduled time off. The message will denote how long the staff member will be out and will provide contact information for his/her back-up.

Client Responsibilities / Expectations

Clients must be informed and understand that they should continue to pay their monthly premiums until they have received confirmation from their Enrollment Worker that their application has been approved. OA may not be able to process a new application and send a check to the health insurance company before the client's due date in all circumstances. Therefore, the client should continue to pay his/her health insurance premiums to prevent a lapse in coverage.

Once enrolled in OA-HIPP, the client should:

1. Continue to monitor his/her account monthly to ensure that payments are posted timely and to look for changes.
2. Immediately communicate any changes regarding their contact information and their health insurance policy to their Enrollment Worker. Clients should not wait until their next schedule re-enrollment or recertification date to communicate changes to their policy, especially if the changes pertains to their monthly premium or billing address.

OA created a Client Expectations document that reinforces these concepts. The document should be distributed to each OA-HIPP client and is available at the following link <http://www.cdph.ca.gov/programs/aids/Pages/OAHIPPFForms.aspx>.

Due to our collaboration and hard work over the past 18 months, OA-HIPP now serves more than 1,150 clients and OA-PCIP serves over 270 clients. We will build on lessons learned and continue to refine processes so that we can provide health insurance assistance to more eligible individuals living with HIV/AIDS.

Please contact me if you have any questions at Richard.Martin@cdph.ca.gov or 916.449.5974. For ARIES-specific questions, please contact Elizabeth Brannon-Patel at Elizabeth.Brannon-Patel@cdph.ca.gov or 916-449-5846.

Thank you,



Richard Martin, Chief
Insurance Assistance Section
Office of AIDS