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



EDMUND G. BROWN JR.
Governor

OFFICE OF AIDS (OA)
AIDS Drug Assistance Program (ADAP)

Management Memorandum
Memorandum Number: 2018-23

Date: June 15, 2018
TO: ADAP ENROLLMENT WORKERS (EWs)
SUBJECT: Employer Based Health Insurance Premium Payment (EB-HIPP) Program
Client Letter

The purpose of this management memorandum is to inform EWs that on June 18, 2018, the California Department of Public Health (CDPH) will mail letters to clients informing them of the new EB-HIPP program. The letter outlines program and documentation requirements, as well as instructions on how to enroll into the program. The letter also contained the participation agreement form.

Please note, that the letter was only sent to clients who are identified as having employer based insurance in the ADAP Enrollment System (AES). Attached to this memorandum, you will find the letter sent to clients for your reference.

If you have any questions regarding this memorandum, please contact your [ADAP Advisor](#).

Thank you,

Sandra Robinson, MBA
Chief, ADAP Branch
California Department of Public Health



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

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



EDMUND G. BROWN JR.
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June 18, 2018

Dear Client:

You are receiving this letter because you are enrolled in the California Department of Public Health (CDPH) Medication Assistance Program. This letter is to inform you that CDPH has created a new program, Employer Based Health Insurance Premium Payment (EB-HIPP) Program, that pays a client's portion of their employer-based health insurance premiums and you may be eligible. Individuals that enroll into this program are also eligible for the Medical Out-Of-Pocket (MOOP) cost benefit, which covers a client's outpatient MOOP costs (i.e. such as co-pays when you see your doctor) that count towards the client's health insurance policy's annual out-of-pocket maximum. In order to participate in the program you must meet the following program requirements which are outlined below.

EB-HIPP Program Requirements

- Be actively enrolled in the Medication Assistance Program
- Be enrolled in employer-based insurance
- Be employed by the employer in order to participate in the program (i.e. you cannot be on your spouse's employer based health insurance plan)
- Employer must agree to participate in the program

MOOP Requirements for EB-HIPP

- Must be actively enrolled in EB-HIPP
- EB-HIPP must pay your portion of the premium in order for you to receive MOOP benefits
- Must submit supporting documentation to CDPH's insurance and medical benefits manager Pool Administrators Inc. (PAI). Supporting documentation includes the following:
 1. MOOP Claim form
 2. Billing statement/invoice from your provider for the service provided, and
 3. Explanation of Benefits (EOB) from your insurance company.

Required Documentation to be Submitted to your Enrollment Worker or CDPH to Enroll Into EB-HIPP

- Completed participation agreement form completed by you and your employer
- Signed Client Attestation Form

MS 7704, P.O. Box 997426, Sacramento, CA 95899-7426
(844) 421-7050, Internet Address: www.cdph.ca.gov

- Employment verification in the form of one paystub (dated within the last 3 months)

You will find a copy of the participation agreement form enclosed with this CDPH notification. The client attestation form can be obtained at an enrollment site or from CDPH. Additional copies of the participation agreement form are available with your Enrollment Worker or CDPH. The required documentation must then be submitted to an Enrollment Worker or CDPH to enroll into the program.

Participation Agreement Form

The participation agreement form does not reference EB-HIPP and rather refers to the program as a state-administered program in order to protect your privacy. In addition, PAI created a separate phone line for the EB-HIPP program that is available on the participation agreement form. If you need a new participation agreement form, please contact your Enrollment Worker or CDPH staff to obtain a replacement. The participation agreement form will not be posted on the CDPH website to mitigate any risk of employers finding out why you may qualify for the EB-HIPP program.

Communication with Employer

PAI may contact your employer to get updated premium and payment information if you decide to participate. Only necessary information (i.e. employee ID number, premium rates, health coverage information, etc.) will be exchanged with your employer to determine your eligibility and for purposes of administering the program. PAI will not disclose program information to your employer such as why you may qualify for the EB-HIPP program in order to protect your confidentiality.

Have Questions?

Please call the following resources:

- Your local Medication Assistance Program enrollment worker
- (844) 421-7050 for questions about program eligibility and enrollment

Thank You,

California Department of Public Health