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EDMUND G. BROWN JR.  
Governor

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

Management Memorandum  
Memorandum Number: 2015-11

DATE: June 30, 2015

TO: ADAP ENROLLMENT WORKERS

SUBJECT: OA-HIPP ENROLLMENT WORKER REFERENCE TOOL

This memorandum is intended to provide information to all ADAP Enrollment Workers (EWs) regarding the OA-HIPP Tool. The purpose of the OA-HIPP Tool is to provide guidance to EWs regarding OA-HIPP eligibility, enrollment, re-enrollment, and recertification. ADAP EWs may use the OA-HIPP Tool as a checklist and guide as they enroll clients into OA-HIPP.

The objectives of the OA-HIPP Tool is to guide EWs in the process of screening prospective OA-HIPP clients for eligibility and maintaining current required documents in clients files for annual re-enrollment and recertification.

### **Eligibility and Enrollment**

When screening for client eligibility and enrolling clients into OA-HIPP, EWs will find the list of criteria and required documents beginning on page 3 of the OA-HIPP Tool. OA-HIPP clients should continue to make their monthly premium payments until notified by EWs that the application has been approved and payment was sent to the health insurance plan. After the payment has been made to the health plan, clients may contact their health plan to request for a reimbursement. Please note that it will be up to the health plan's discretion and timeframe on when and if they will refund clients.

### **Re-enrollment and Recertification**

In order for OA-HIPP clients to continue to be eligible for the program, clients must re-enroll during their birth month every year and recertify 6 months after re-enrollment. If there are changes to the client's policy, premium, contact information, OA must be notified immediately. If the required documents are not received timely, it may affect OA-HIPP eligibility and may delay payments.

### **Client Expectations and Supplemental Resources**

At the initial time of enrollment, ADAP EWs may discuss and review the OA-HIPP client responsibilities on the OA-HIPP Client Responsibilities Form that was disseminated in [Management Memo Number: 2015-02](#) with their client. The Client Responsibilities Form is for clients to track their re-enrollment and recertification dates, as well as their duties to maintain eligibility. For information about Medi-Cal Expansion and Covered California information may be found on page 53 of the reference tool. You may find the link to the OA-HIPP reference tool available on the OA website here: <http://www.cdph.ca.gov/programs/aids/Documents/EWTrainingTool.pdf>

This tool summarizes OA-HIPP enrollment process, file maintenance, and required documentation. It is intended to be reviewed and used as a guide for OA-HIPP enrollment. Please note that policies may change in the future that is not reflected in the OA-HIPP tool. ADAP EWs should always refer to Management Memorandums that are sent out for any program policy changes. In addition to Management Memorandums, there are monthly EWs calls where EWs may ask questions and seek clarification regarding program policies.

If you have any further questions, please contact any ADAP analyst. The most current roster is attached to this memo and 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 (New staff roster)

## Premium Payment Assistance Contact Information by Caseload

OA-HIPP					
Plan (by Payee)	Covered CA or Non Covered CA	Analyst	Phone #	Email	Back-Up
A-B/ Blue Shield	Non Covered CA	Marques Almeida	(916) 445-7572	<a href="mailto:marques.almeida@cdph.ca.gov">marques.almeida@cdph.ca.gov</a>	Mei Lei
Anthem (Individual Plans)/ Kaiser (Cov CA; A-D by client last name)	Non Covered CA	Cindy Ly	(916) 449-5981	<a href="mailto:cindy.ly@cdph.ca.gov">cindy.ly@cdph.ca.gov</a>	Anthem –Jessica Monasterio/ Kaiser-Denise Boyd
Anthem (A-K by client last name)	Covered CA	Kathy Nguyen	(916) 449-5924	<a href="mailto:kathy.nguyen@cdph.ca.gov">kathy.nguyen@cdph.ca.gov</a>	Jessica Monasterio
Anthem (L-Z by client last name)	Covered CA	Jessica Monasterio	(916) 445-8493	<a href="mailto:jessica.monasterio@cdph.ca.gov">jessica.monasterio@cdph.ca.gov</a>	Kathy Nguyen
Blue Shield (A-F by client last name)	Covered CA	Charmaine Montilla	(916) 445-5438	<a href="mailto:charmaine.montilla@cdph.ca.gov">charmaine.montilla@cdph.ca.gov</a>	Justine Blanco
Blue Shield (G-M by client last name)	Covered CA	Mei Lei	(916) 449-5952	<a href="mailto:mei.lei@cdph.ca.gov">mei.lei@cdph.ca.gov</a>	Charmaine Montilla
Blue Shield (N-Z by client last name)	Covered CA	Justine Blanco	(916) 449-5839	<a href="mailto:justine.blanco@cdph.ca.gov">justine.blanco@cdph.ca.gov</a>	Marques Almeida
C-H (except Health Net)	Both	Irene Wong	(916) 449-5799	<a href="mailto:irene.wong@cdph.ca.gov">irene.wong@cdph.ca.gov</a>	Debbie Kalhor
I-P (except Kaiser)	Both	Debbie Kalhor	(916) 319-9616	<a href="mailto:debbie.kalhor@cdph.ca.gov">debbie.kalhor@cdph.ca.gov</a>	Irene Wong
Health Net	Non Covered CA	Jessica Monasterio	(916) 445-8493	<a href="mailto:jessica.monasterio@cdph.ca.gov">jessica.monasterio@cdph.ca.gov</a>	Tasha Sosa
Health Net	Covered CA	Tasha Sosa	(916) 449-5948	<a href="mailto:tasha.sosa@cdph.ca.gov">tasha.sosa@cdph.ca.gov</a>	Justin Garcia (916) 319-9403
Kaiser	Non Covered CA	Kathy Whitaker	(916) 449-5893	<a href="mailto:kathy.whitaker@cdph.ca.gov">kathy.whitaker@cdph.ca.gov</a>	Daniel Coronado
Kaiser (E-Z by client last name)	Covered CA	Denise Boyd	(916) 319-9623	<a href="mailto:denise.boyd@cdph.ca.gov">denise.boyd@cdph.ca.gov</a>	Cindy Ly
Q-Z	Both	Daniel Coronado	(916) 552-8892	<a href="mailto:daniel.coronado@cdph.ca.gov">daniel.coronado@cdph.ca.gov</a>	Kathy Whitaker
Medicare Part D					
All Part D Plans		Kathy Nguyen	(916) 449-5924	<a href="mailto:kathy.nguyen@cdph.ca.gov">kathy.nguyen@cdph.ca.gov</a>	Cindy Ly
Medicare Part D Fax Number 916-440-5494					
<b>General Contact Information</b> <b>Toll Free #: 844-421-7050</b> <b>Fax #: (916) 440-5490</b>					