



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



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Director & State Health Officer

EDMUND G. BROWN JR.  
Governor

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

Management Memorandum  
Memorandum Number: 2016-13

DATE: JUNE 30, 2016  
TO: ADAP ENROLLMENT WORKERS AND COORDINATORS  
SUBJECT: OA-HIPP MEDICAL OUT OF POCKET BENEFITS

The purpose of this memo is to inform ADAP Enrollment Workers (EWs) of the new benefits component of ADAP's Office of AIDS Health Insurance Premium Payment (OA-HIPP) program. Effective July 1, 2016, OA-HIPP program clients are eligible for outpatient medical out of pocket cost benefits that will be administered through Pool Administrators Incorporated (PAI), ADAP's new contractor for health insurance benefits.

#### **New OA-HIPP Benefit**

Starting July 1, 2016, on behalf of OA-HIPP, PAI will remit payment to providers for outpatient medical out of pocket costs for services that occurred on or after July 1, 2016 for clients enrolled in OA-HIPP. This may include the cost of annual deductibles, doctor visits, outpatient laboratory or outpatient diagnostic study co-pays, and co-insurance. **OA-HIPP will cover all outpatient medical out of pocket costs that count towards the health insurance policy's annual out of pocket maximum. OA-HIPP clients do not need to apply for this new OA-HIPP benefit. OA-HIPP clients are automatically eligible for these benefits.**

#### **How it Will Work**

All OA-HIPP clients will receive a letter and ID card (referred to as the HIPP ID card) and a "Notice of Outpatient Medical Out of Pocket Cost Benefits" from PAI by June 30, 2016. Both documents are attached for your reference. The HIPP ID card identifies a client as a member of the program. A client must present their ID card to their medical provider's office whenever they go in for any type of outpatient visit. As long as the client maintains OA-HIPP program eligibility, the provider should not charge the client for the visit co-pay, deductible, etc. The provider is directed to contact PAI to establish automated payments. If the provider has any questions regarding the client's HIPP ID card and/or program benefits, they are advised to contact A.J. Boggs at 1-844-550-3944. A.J. Boggs is the central hub for all ADAP eligibility information.

PAI has reached out to a number of HIV providers throughout California to inform them of this new OA-HIPP benefit and to establish an automated payment process so that OA-HIPP clients will not be charged at the time of their visit. PAI will continue to work with providers to establish automated payments.

However, if a client receives an invoice or is charged at the time of his/her visit that occurred on or after July 1, 2016, the client, with the assistance of an EW, will need to submit certain documentation to A.J. Boggs either as an attachment in the A.J. Boggs electronic client profile or as a fax to A.J. Boggs' toll-free fax number: (517) 481-3739.

The documentation that must be submitted include 1) a Medical Out of Pocket Claim Form (attached) 2) supporting documentation such as an invoice, claim, and/or receipt, and 3) an Explanation of Benefits (EOB). This supporting documentation must include the client's name, the date of service, the type of outpatient medical service received, and the out of pocket cost amount. An EOB may be automatically sent by an insurance plan to the client or can be requested from the insurance plan. In instances where a client is charged at the time of his/her visit, PAI will reimburse the provider, who will then either reimburse the client or keep the funds as a credit on the client's account.

### **What Clients Must Do**

As is the normal process, clients need to meet with their ADAP EW during their next annual program re-enrollment or if they have a change on their Self Verification Form during their six month recertification, whichever comes first. The EW will assist the client with establishing an online client profile within the A.J. Boggs eligibility system. **Clients are not required to use their client profile.** They may continue to maintain their program eligibility via their ADAP EW. However, if clients are able to and choose to do so, they may use their client profile to submit documentation and update their eligibility information on their own. If a client comes in to see an ADAP EW outside of the annual re-enrollment or six month recertification point, the EW may assist the client with creating a client profile in the A.J. Boggs eligibility system at that time.

If you have any questions about anything in this memo, please contact your [ADAP Advisor](#).

Thank you,



Niki Dhillon, ADAP Branch Chief  
California Department of Public Health



## Notice of Outpatient Medical Out of Pocket Cost Benefits

As a client of the California Department of Public Health (CDPH), Medication Assistance Program and the Health Insurance Premium Payment (HIPP) program, this notice is to inform you of program updates.

### **New Contractors**

Pool Administrators Incorporated (PAI) is the new contractor for the HIPP program. Starting July 1, 2016, PAI (on behalf of the HIPP program) will issue payment for your insurance premiums. Also effective July 1, 2016, CDPH will have another contractor, A.J. Boggs, handle all Medication Assistance Program and HIPP Program eligibility and enrollment activities.

### **New Benefit**

Starting July 1, 2016, PAI on behalf of the HIPP program will also pay your outpatient medical out of pocket costs. This may include the cost of annual deductibles, doctor visit co-pays, and co-insurance. **HIPP will cover all outpatient medical out of pocket costs that count towards your health insurance policy's annual out of pocket maximum.** You do not need to apply for this HIPP program service. You are automatically eligible for these benefits.

### **What You Need To Do**

Make an appointment to meet with your Enrollment Worker. Your Enrollment Worker is the person who helps you re-enroll into the Medication Assistance Program each year during your birth month. Your Enrollment Worker will help you establish an online Client Portal within the A.J. Boggs eligibility system. This portal will allow you to access your Medication Assistance Program and HIPP Program eligibility information. You'll be able to log-in any time and submit documentation or make updates as needed.

### **HIPP Identification Card**

Your HIPP ID Card is provided to you in the attached letter. This card identifies you as a member of the HIPP program. As long as you maintain HIPP program eligibility, your provider should not charge you for the visit co-pay, deductible, etc. If your provider has any questions regarding your HIPP ID card and/or your program benefits, please have them contact A.J. Boggs at 1-844-550-3944. If you were charged at the time of your visit that occurred after July 1, 2016, please call A.J. Boggs at 1-844-550-3944.

### **Questions?**

- If you have questions about your HIPP enrollment or eligibility, or any questions about the payment of your insurance premiums or medical out of pocket costs, please call A.J. Boggs at 1-844-550-3944, Monday – Friday 8:00am – 5:00pm PST.
- As always, you may contact your Enrollment Worker for any questions about your enrollment in the Medication Assistance Program and the HIPP program.
- If you have questions about your HIPP ID card, please call PAI Customer Service at 1-877-495-0990, Monday – Friday 8:00am – 5:00pm PST.

Thank You,  
Client Services Unit  
Pool Administrators Inc.



<First Name Last Name>  
<Address 1>  
<Address 2>  
<City, State, Zip>

Date <Month DD, YYYY>

Dear <Insert First Name Last Name>,

You are receiving this letter because you are a client of the California Department of Public Health (CDPH), Medication Assistance Program and the Health Insurance Premium Payment (HIPP) program. This program pays some of your prescription medication co-pays and all or a portion of your health insurance premiums.

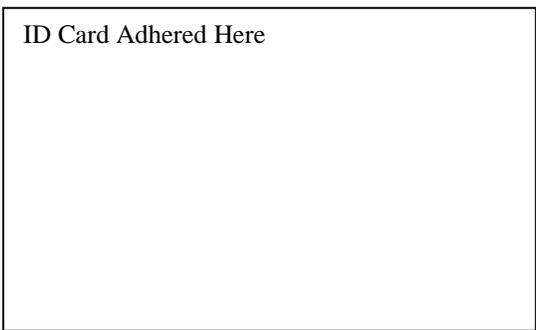
**HIPP Identification (ID) Card**

Please see your HIPP ID card attached below. This card identifies you as a member of the HIPP program. You must present your HIPP ID card to your primary care doctor’s office or other medical provider’s office whenever you go in for any type of outpatient visit.

**Questions?**

- If you have questions about your HIPP enrollment or eligibility, or any questions about the payment of your insurance premiums or medical out of pocket costs, please call A.J. Boggs at 1-844-550-3944, Monday – Friday 8:00am – 5:00pm PST.
- As always, you may contact your Enrollment Worker for any questions about your enrollment in the Medication Assistance Program and the HIPP program.
- If you have questions about your HIPP ID card, please call PAI Customer Service at 1-877-495-0990, Monday – Friday 8:00am – 5:00pm PST.

Please ensure that you have this card whenever you visit your doctor.



Sincerely,  
Client Services Unit  
Pool Administrators Inc.



<Member Name Here>

Member ID: <Insert Member ID>

To stay eligible for the program, you must re-enroll every year by your birth date and you must recertify every year six months after your birth date. For eligibility or enrollment questions, please call: **1-844-550-3944**

Front of Card

**To Providers:** This member is enrolled in the California Department of Public Health, Health Insurance Assistance Program. Do not charge the member at time of service.

**Call PAI to establish automated payments:  
1-877-495-0990**

This card does not guarantee eligibility. Please call the following number during each visit and follow the prompts to confirm eligibility: **1-844-550-3944**

Back of Card



California Department of Public Health: Health Insurance Premium Payment Program (HIPP)  
**Medical Out of Pocket Claim Form**

**Submitter must complete Sections A and B.** This Claim Form AND supporting documentation must be uploaded as an attachment in the A.J. Boggs electronic client profile or faxed to A.J. Boggs at (517) 481-3739. Supporting documentation may include an invoice, claim, or receipt and must contain the information required in Sections A and B. An Explanation of Benefits must also be submitted. If you have any questions about submitting this form and the supporting documentation, please contact A.J. Boggs Customer Service at (844) 550-3944.

**A. Client Information**

_____	_____
Client Name	Date of Birth
_____	_____
Client Mailing Address	ADAP Client ID Number

**B. Service and Provider Information**

Type of Service (select one):

- Lab
- Provider Visit
- Radiology/X-ray/Imaging
- Emergency/Urgent Care
- Other (please specify): \_\_\_\_\_

_____	\$ _____
Date of Service	Client's Out of Pocket Cost Amount

\_\_\_\_\_

Provider Name (Print)

_____	_____
Provider Phone Number	Provider Fax Number

**C. OA/ADAP Use Only**

Was this client eligible for HIPP during Date of Service?  Yes  No

_____	_____	_____
Received By	Date Received	Date Sent to Pool

**D. Pool Administrators Use Only**

_____	_____	_____
Received By	Date Received	Date Updated

\_\_\_\_\_

Payment Identifier

**Comments by Pool Administrators (Check all that apply):**

- Approved:**
  - PAI Payment Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_
  - PAI Check Number: \_\_\_\_\_
  - Check Memo Line: \_\_\_\_\_
- Denial Reason:** \_\_\_\_\_
- Pending Reason:** \_\_\_\_\_
- Appeal Reason:** \_\_\_\_\_
  - Date received: \_\_\_\_\_ Date responded: \_\_\_\_\_
  - Appeal response: \_\_\_\_\_
- Other:** \_\_\_\_\_