

Although a client may enroll in OA-HIPP to have his/her premiums and outpatient medical out of pocket costs covered, there may be other out of pocket costs that the client would be responsible for. Therefore, depending on the client's income, there are ways to minimize out of pocket costs:

- For individuals with an income between 139 percent and 200 percent Federal Poverty Level (FPL) (\$16,395 - \$23,760 for individuals) the "Silver" plan is usually most cost-effective. In some cases (based on income), clients may qualify for an "Enhanced Silver" plan. This plan offers enhanced out-of-pocket savings.
- For individuals with an income of 201 percent FPL or higher (\$23,761 for individuals), the "Platinum" plan is usually most cost-effective.

Clients who are eligible for an Advanced Premium Tax Credit (APTC) **must** select the full amount to be applied to their premium in order to qualify for OA-HIPP.

New OA-HIPP Enrollment

Once clients have enrolled in coverage through Covered California, they may apply for OA-HIPP assistance. To avoid having clients pay premiums and outpatient medical out of pocket costs on their own while their OA-HIPP application is being reviewed, clients are encouraged to work with an enrollment worker who is both a Covered California enroller and an ADAP enrollment worker. Please see the list of enrollment sites that have enrollment workers who are ADAP enrollment workers and Covered California enrollers:

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

The enrollment worker will need to ensure enrollment in the OA-HIPP program 24 to 48 hours after enrollment in Covered California. To ensure efficient flow of information between ADAP's three contractors, it is important that clients are electronically enrolled in OA-HIPP via the A.J. Boggs portal and that the following required document is uploaded: Covered California Welcome Letter or coverage summary page. The documentation should include the premium amount, health plan, APTC taken, enrollment confirmation number, and a health plan billing address (if available). A screenshot or screen-print(s) from the Covered California account is permissible. In the A.J. Boggs portal, in the Insurance Assistance tab, please upload the Covered California documentation into the upload field that asks for the "most recent Covered California medical plan *billing statement*". In this situation, a *billing statement will not be required* until *after* the binder payment is made and the health plan issues the billing statement to the client. Also, please enter the Covered California enrollment confirmation number into the "Member or Subscriber ID" field. Since the client may not have his/her health plan member/subscriber/policy ID number until after the billing statement is received, it is critical that the Covered California enrollment confirmation number is communicated to OA-HIPP. This number will be sent with the premium payment. It ensures that the payment is applied correctly with the health plan.

The enrollment worker should notify his/her ADAP Advisor to alert him/her that a new OA-HIPP application that requires an initial premium payment to be made has been

submitted in the A.J. Boggs portal. The ADAP Advisor will ensure that such applications are prioritized for review/approval. Once the initial premium is paid by OA-HIPP, the client will receive a health plan billing statement from his/her health plan. It is important that the billing statement is uploaded to the A.J. Boggs portal so that we may obtain the client's health plan member ID/policy number.

If enrolling in OA-HIPP more than 48 hours after enrollment in Covered California, the client will likely need to make the initial premium payment on his/her own to secure his/her health insurance. For complete OA-HIPP applications received by February 28, 2017, OA-HIPP will pay back to the 2017 coverage effective month. For applications that are received on or after March 1, 2017, OA-HIPP will pay starting the month the complete application is received.

Covered California Renewal for Current Clients

Current Covered California clients should receive a notice from Covered California after October 5, 2016. The notice will prompt clients to log in to their online Covered California account to renew their health plan for 2017 coverage. Clients are encouraged to renew their health plan as soon as they receive the Covered California letter. To ensure that OA-HIPP pays the updated 2017 premium and/or health plan, it is critical that the client's health coverage and health insurance tabs in the A.J. Boggs portal are updated as soon as possible. Also, the following documents must be uploaded:

1. Covered California Welcome Letter or coverage summary page
2. An updated health insurance plan billing statement

The documents must be submitted by December 1, 2016 in order for OA-HIPP to start paying at the new rates starting January 1, 2017.

Report Changes to Covered California

It is critical that clients report changes to Covered California throughout the year to avoid underpayment or overpayment of APTC. A client should notify Covered California if he/she gets married or divorced, gains or loses a dependent, has a change in income, or experiences other changes that may affect the household income or household size. Clients should report changes within 30 days of change by calling Covered California at (800) 300-1506.

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

Thank you,



Niki Dhillon, ADAP Branch Chief
California Department of Public Health



KAREN L. SMITH, MD, MPH
 Director & State Health Officer

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



EDMUND G. BROWN JR.
 Governor

October 12, 2016

Dear Client:

You are getting this letter because you are enrolled in the California Department of Public Health (CDPH), Prescription Drug Assistance Program. This program pays the full cost of your monthly drugs. Also, effective July 1, 2016, clients with a household income between 400 percent and 500 percent of the federal poverty level (FPL) (\$47,520 and \$59,400 annually for 2016) no longer have a co-payment obligation. Here is an example of the prescription drug card that all clients have:



The purpose of this letter is to urge you to enroll in Covered California health coverage. Covered California is a marketplace for private health care coverage for:

- lawfully present California residents,
- with income over 138 percent FPL (\$16,395 or more per year for an individual).

If you are eligible for Covered California, we strongly urge you to enroll. *You may qualify to have your health insurance premiums and outpatient medical out of pocket costs covered by CDPH.* The Covered California open enrollment period is **November 1, 2016 through January 31, 2017**. If you don't obtain health insurance, you may face a tax penalty.

How to Apply

There are three ways to apply:

1. In-person – Please call Covered California at (800) 300-1506 or visit www.coveredca.com. Click on the “Get Help” tab. Then select “Find Local Help.” You will be able to search for free, confidential, in-person help in your area. If you are eligible for Covered California, it is best to get help from a certified enrollment worker.

2. Online – Please visit www.coveredca.com. Click on the “Apply for Coverage” tab. Then click on the “Apply Now” link. At this point you’ll need to create an account. Then you can enroll in coverage.
3. Telephone (800) 300-1506 – The operator will answer your questions and submit your application for you.

Please note the Covered California coverage effective timeline:

Submit Application	Coverage Start Date
By December 15, 2016	January 1, 2017
December 16, 2016 through January 15, 2017	February 1, 2017
January 16, 2017 through January 31, 2017	March 1, 2017

How to Choose a Plan

You may call your provider to see which Covered California plan(s) they are in. Also, you may want to consult with a benefits counselor who knows about your specific health condition(s).

Although you may qualify to have your outpatient medical out of pocket costs covered by CDPH, there are other medical out of pocket costs that you may incur. Therefore, depending on your income, there are ways to lower your out of pocket costs:

- Incomes between 139 percent and 200 percent FPL
 - \$16,395 - \$23,760 for individuals
 - “Silver” plan is usually most cost-effective
- Incomes of 201 percent FPL or higher
 - \$23,761 for individuals
 - “Platinum” plan is usually most cost-effective

If you are eligible for an Advanced Premium Tax Credit (APTC), you must select the full amount to be applied to your premium.

How to Ensure Automatic Covered California Renewal

When you apply, you may give Covered California consent to get your tax data from the Internal Revenue Service. This ensures automatic renewal in your health plan every year. Otherwise, you will have to reapply for health coverage every open enrollment period.

Insurance Premium and Out of Pocket Cost Assistance

If you obtain private health insurance coverage, you may qualify for the CDPH Health Insurance Premium Payment (HIPP) program. If enrolled, the HIPP program would pay:

1. Your health insurance premiums
2. Outpatient medical out of pocket costs that count towards your medical insurance policy’s annual maximum. This may include the cost of annual deductibles, doctor visits, outpatient laboratory or outpatient diagnostic study co-pays, and co-insurance.

To be eligible for HIPP, you must maintain eligibility in the prescription drug assistance program.

How to Apply

There are two ways to apply for the HIPP program:

1. You may apply for HIPP assistance via the electronic A.J. Boggs Portal. If you have your log-in information for your online portal with A.J. Boggs, you may enroll on your own. Or, you may work with your enrollment worker. You will need to update the “Health Coverage” and “Insurance Assistance” tabs in the Update Form. You will also need to upload the following documents:
 1. Health insurance plan billing statement
 1. Covered California Welcome Letter or coverage summary page. The documentation should include the premium amount, health plan, APTC taken, enrollment confirmation number, and a health plan billing address (if available).
2. You may also apply via mail or fax to A.J. Boggs:

Mail: A.J. Boggs & Company
4660 S. Hagadorn Rd. Suite 290
East Lansing, MI 48823

Fax: (844) 666-1411

You will need to send the following documents:

2. HIPP Program Application
3. Health insurance plan billing statement
4. Covered California Welcome Letter or coverage summary page. The documentation should include the premium amount, health plan, APTC taken, enrollment confirmation number, and a health plan billing address (if available).

To avoid having to pay premiums and outpatient medical out of pocket costs on your own, you should work with an enrollment worker who is both a Covered California enroller and a prescription drug assistance program enrollment worker. The enrollment worker will ensure timely enrollment in Covered California and the HIPP program. To find an enrollment worker who does HIPP and Covered California enrollment, please call (844) 550-3944 visit the prescription drug assistance program webpage. In order for HIPP to pay your initial Covered California health plan premium on your behalf, your enrollment worker will need to ensure enrollment in the HIPP program 24 to 48 hours after enrollment in Covered California.

If enrolling in HIPP more than 48 hours after enrollment in Covered California, you may likely need to make the initial premium payment on your own to secure your health insurance. For complete HIPP applications received by February 28, 2017, the HIPP program will pay back to the 2017 coverage effective month. For applications that are received on or after March 1, 2017, the HIPP program will pay starting the month the complete application is received.

Report Changes to Covered California

It is vital that you report any change in your household size and income to Covered California within 30 days. You must report if you: get married or divorced, have a child, move, get a raise, etc. To report a change, call Covered California at (800) 300-1506 or log in to your account.

Your APTC and/or premium amount will be adjusted. You must notify the HIPP program right away. You or your enrollment worker will need to update your HIPP application electronically in the A.J. Boggs portal. Or you may submit an updated paper application. You will also need to submit the following:

1. A new health insurance billing statement
2. Your Covered California summary page

Tax Penalty

People without health insurance coverage may have to pay a fee. The fee is 2.5 percent of income or \$695 per adult, whichever is greater. The fee will be paid when you file your taxes.

Have Questions?

Please call the following resources:

- your prescription drug assistance program enrollment worker
- (844) 550-3944 for questions about program eligibility and enrollment
- (800) 300-1506 or visit www.coveredca.com for questions about Covered California

Thank You
California Department of Public Health Notice



KAREN L. SMITH, MD, MPH
 Director & State Health Officer

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



EDMUND G. BROWN JR.
 Governor

October 12, 2015

Dear Client:

You are getting this letter because you are enrolled in the California Department of Public Health (CDPH), Health Insurance Premium Payment (HIPP) Program. This program pays your Covered California health insurance plan premiums. Effective July 1, 2016, it also has the mechanism to pay outpatient medical out of pocket costs. It also pays your drug co-pays. Please note that effective July 1, 2016, clients with a household income between 400 percent and 500 percent of the federal poverty level (FPL) (\$47,520 and \$59,400 annually for 2016) no longer have a co-payment obligation. Here is an example of the prescription drug card that all clients have:



The purpose of this letter is to remind you to renew your Covered California health plan for 2017 coverage. The Covered California open enrollment period is **November 1, 2016 through January 31, 2017**. However, you can renew your health plan after October 5, 2016. **Please send your updated health plan documents by December 1, 2016 to ensure that the HIPP program pays the correct health plan and rate starting January 1, 2017.**

How to Renew Your Covered California Health Plan

You should receive a notice from Covered California after October 5, 2016. The notice will prompt you to log in to your Covered California account to renew your health plan. There are two types of renewals:

Passive Renewal:

- occurs if you gave Covered California consent to check your tax data with the Internal Revenue Service (IRS)
- health plan renewal will be automatic
- no action is required unless you would like to change your health plan

Active Renewal:

You must actively renew your Covered California health coverage via any method:

- Log in to your Covered California account
- Call (800) 300-1506
- Or work with your certified enroller
- You'll need to update your household size and/or income.
- If desired, you can change your health plan selection for next year.
- **If no action is taken, you will be renewed into your current plan without an Advanced Premium Tax Credit (APTC). This may affect your HIPP program eligibility.**

How to Ensure Automatic Covered California Renewal

When you renew, you may give Covered California consent to get your tax data from the IRS. You may give consent for up to five years. This ensures automatic renewal in your health plan. Otherwise, you will have to re-apply for health coverage during every open enrollment period. You can update your consent to verify income online. On your application homepage, click "Update Consent for Verification." If you haven't already, we strongly urge you to take this action.

How to Choose a Plan

If you would like to switch health plans, now is your chance. First, call your provider to see which Covered California plan(s) they are in. To avoid having to pay premiums and outpatient medical out of pocket costs on your own, you should work with an enrollment worker who is both a Covered California enroller and a prescription drug assistance program enrollment worker. The enrollment worker will need to ensure your HIPP program renewal is complete 24 to 48 hours after your enrollment in a new Covered California health plan (if you are staying in your current plan, this does not affect you). A Covered California Welcome Letter or coverage summary page will need to be submitted. The documentation should include the premium amount, health plan, APTC taken, enrollment confirmation number, and a health plan billing address (if available). Once the initial premium is paid by the HIPP program, you will receive a health plan billing statement from your health plan. It is important that you submit the billing statement so that we may obtain your new health plan member ID/policy number. To find an enrollment worker who does HIPP and Covered California enrollment, please call (844) 550-3944 or visit the prescription drug assistance program webpage.

If you switched to a new health plan and you complete your HIPP renewal more than 48 hours after enrollment in your new Covered California health plan, you will likely need to make the initial premium payment on your own to secure your health insurance.

Although you may qualify to have your outpatient medical out of pocket costs covered by HIPP, there are other medical out of pocket costs that you may incur. Therefore, depending on your income, there are ways to lower your out of pockets costs:

- Incomes between 139 percent and 200 percent FPL
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If you are eligible for an APTC, you must select the full amount to be applied to your premium. This is required by the HIPP program.

