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OFFICE OF AIDS  
AIDS DRUG ASSISTANCE PROGRAM

Management Memorandum  
Memorandum Number: 2015-02

DATE: February 5, 2015  
TO: ADAP ENROLLMENT WORKERS  
SUBJECT: UPDATES REGARDING OA-HIPP POLICIES AND PROCEDURES

The purpose of this memorandum is to provide guidance regarding several updates to the Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program.

### **Employer-Based Health Insurance**

Individuals who are eligible for employer-based health insurance can opt out if their portion of their employer-based health insurance premiums is above 9.56 percent of their annual household income, thus deemed unaffordable per the Affordable Care Act standards, and can enroll in a Covered California health plan. Effective immediately, these individuals may enroll in OA-HIPP after obtaining coverage in a Covered California health plan. They must submit the following documents to OA as part of their OA-HIPP application packet:

1. Latest tax return and
2. Documentation showing the individual's portion of the employer-based premium that he/she is responsible for (i.e. a copy of their paystub).

After reviewing these documents, if OA determines that the individual's portion of the employer-based premium is less than 9.56 percent of their annual household income, the individual will not be eligible for OA-HIPP.

### **Client Responsibilities Document**

An updated OA-HIPP Client Responsibilities document is attached to this memorandum and has been published here:

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

This document summarizes OA-HIPP re-enrollment and recertification requirements and includes answers to frequently asked questions. This reference tool is intended to be discussed with the client upon initial enrollment, signed by the client, and a signed copy kept in the client's file.

Lastly, guidance put forth on 10/27/2011 regarding Month-End Agency Reimbursement Invoice for Care/Enrollment Services is void effective October 2013. However, OA is looking into other ways to pay sites directly, to commence in 2016 when the next Pharmacy Benefits Manager (PBM) contract is executed.

If you have any questions regarding anything covered in this memorandum, please contact Irina Banar at [irina.banar@cdph.ca.gov](mailto:irina.banar@cdph.ca.gov) or (916) 449-5882.

Thank you,



Niki Dhillon, ADAP Branch Chief  
California Department of Public Health  
cc: ADAP Coordinators

## OA-HIPP Client Responsibilities

You have successfully completed your OA-HIPP application which will be reviewed by the California Department of Public Health. Until you have received notice from your Enrollment Worker that your application has been approved and payment has been sent to your health plan, you must continue to pay your monthly insurance premiums.

**After your application is approved, you will be expected to immediately inform your Enrollment Worker of the following changes:**

- To your contact information (i.e. address, telephone number).
- To your policy, such as:
  - » Monthly premium amount;
  - » Payee contact information (i.e. address, telephone number); and/or
  - » Policy expiration dates.
- In your coverage, such as if you:
  - » Move from COBRA to Cal-COBRA;
  - » Obtain or become eligible for employer-based health insurance; or
  - » Enroll in Medicare or Full-Scope (free) Medi-Cal, to ensure that OA-HIPP is the payer of last resort.

**Re-enroll and recertify in OA-HIPP at the same time you do for ADAP.**

Required forms are noted in the table below:

Document Type	Re-Enrollment Due on: ___/___/___	Recertification Due on: ___/___/___	Covered CA Renewal Due: Every Open Enrollment Period
1. OA-HIPP Application	X	X	
2. Most Recent Health Insurance Billing Statement	X	X	
3. IAS Consent Form	X		
4. IAS ARIES Consent Form	X		
<b><u>Covered California Plans Only:</u></b>			
5. Most Recent Tax Return <i>(Whichever comes first after you receive your tax return.)</i>	X	X	
6. Renewal or Summary Page			X

**Failure to submit the documents by the above due dates may result in a delay in payment made on your behalf to your health plan or a potential loss of health insurance.**

**I understand and acknowledge my responsibilities as an OA-HIPP Client:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Frequently Asked Questions:

### **1. How long will it take for my application to be processed?**

Application processing may take a minimum of 6 weeks from the date it is received. You must submit a complete application packet with no missing information and/or documents. Keep in mind that if your health plan is not currently in the OA-HIPP accounting database, OA-HIPP would need to obtain necessary documents from your health plan, which could take extra time.

### **2. What is the status of my OA-HIPP application?**

You may speak with your enrollment worker regarding OA-HIPP determination or enrollment. Please keep in mind application processing time frame (see #1). Your enrollment worker will be notified once a check has been sent to your health plan on your behalf.

### **3. Why am I still receiving billing statements from my health plan if OA-HIPP is paying for my premiums?**

You will continue to receive billing statements as long as you are the insurance policy holder. Your health plan sends an automated statement to inform you of your premiums. If there is any change in your premium rate, you must inform your enrollment worker immediately.

### **4. An OA-HIPP payment has been sent to my health plan but payment is still not received or posted to my account, why?**

It may take a few days to a few weeks for payment to be processed and posted to your account, depending on your health plan. If it has been at least 3-4 weeks since the payment was sent and it is still not posted, please follow-up with your enrollment worker.

### **5. Once my OA-HIPP application is approved, will I get a refund for premiums I paid on my own?**

Please contact your health plan to request reimbursement for any months you've paid out of pocket that OA-HIPP has also covered. If you are with Covered California's Anthem Blue Cross plan, please do not contact the health plan. A refund will be issued automatically.

## Covered California Health Plan Members:

### Continuity of Care:

If you are experiencing issues with your Covered California health plan that adversely affects your continuity of care, first contact your plan and request continuity of care services. If your request is denied or there is a delay in response, you may file a formal grievance or complaint with the health insurance company. If your issue does not get resolved to your satisfaction, you may contact the California Department of Managed Health Care's Help Center at (888) 466-2219 for help. For assistance with payment issues, medication requests, or help with working with your health insurance company, you may contact The Health Consumer Alliance at (888) 804-3536 or visit [www.healthconsumer.org](http://www.healthconsumer.org).

### Covered California Renewal:

You will need to renew your Covered California health plan every year during open enrollment and subsequently submit documents to OA-HIPP (please see the chart on the first page). If you have given consent to Covered California to obtain your tax data from the Internal Revenue Service (IRS) to verify income, the re-determination of your health plan and subsidies will occur automatically during every open enrollment period. Otherwise, you will have to actively renew your plan on the Covered California website in order to take the full Advanced Premium Tax (APT), if applicable. You may give Covered California consent to obtain your tax data from the IRS at any time during the year by calling (800) 300-1506 or visiting [www.coveredca.com](http://www.coveredca.com).

## Additional Resources:

- » For additional guidance regarding Covered California and OA-HIPP, please visit:  
<http://hbex.coveredca.com/toolkit/PDFs-Collateral/people%20living%20with%20hiv-aids.pdf>
- » Office of AIDS' Health Insurance Premium Payment (OA-HIPP) program enrollment:  
[www.cdph.ca.gov/programs/aids/Pages/OAIAS.aspx](http://www.cdph.ca.gov/programs/aids/Pages/OAIAS.aspx)
- » Qualifying circumstances for continuity of care:  
[www.dmhc.ca.gov/dmhc\\_consumer/br/br\\_continuity.aspx](http://www.dmhc.ca.gov/dmhc_consumer/br/br_continuity.aspx)