

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
 P.O. Box 942732
 Sacramento, CA 94234-7320
 (916) 657-2941



December 6, 1999

TO: All County Welfare Directors
 All County Administrative Officers
 All County Medi-Cal Program Specialists/Liaisons
 All County Public Health Directors
 All County Mental Health Directors

Letter No.: 99-71

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

Effective January 1, 2000, the Health Insurance Premium Payment (HIPP) program will begin an outreach program to provide HIPP program training to eligibility workers in California. This outreach is an attempt to educate all eligibility workers on the HIPP program to enable them to decide if a Medicare or Medi-Cal applicant qualifies to have their private health coverage premium payment paid through the HIPP program.

If you are interested in scheduling a training session, please complete the form at the bottom of this letter and return it to the address provided. Training will be provided on a first-come, first-served basis.

If you have any questions regarding the HIPP program training sessions, please contact Ms. Jean Nichols at (916) 324-3774.

Sincerely,

ORIGINAL SIGNED BY

Argeline Mrva, Chief
 Medi-Cal Eligibility Branch

County: _____

Contact Person: _____

Address: _____
(Street) (City) (Zip Code)

Telephone Number: _____ E-Mail: _____

Date(s) Preferred: _____

DEPARTMENT OF HEALTH SERVICES
 HEALTH INSURANCE PREMIUM PAYMENT PROGRAM
 ATTN: JEAN NICHOLS
 P. O. BOX 1287
 SACRAMENTO, CA 95812-1287



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P. O. BOX 1287
SACRAMENTO, CA 95812-1287

County: _____ Branch Office: _____

Contact Person: _____

Address: _____
(Street) (City) (Zip Code)

Telephone Number: _____ E-Mail: _____

When would you want to have the training session?

___ 1st Quarter (January, February, March)

___ 2nd Quarter (April, May, June)

___ 3rd Quarter (July, August, September)

___ 4th Quarter (October, November, December)

___ Number of eligibility workers to attend training session