

## DEPARTMENT OF HEALTH SERVICES

14/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



February 5, 1991

TO: All County Welfare Directors  
All County Administrative Officers

Letter No.: 91-08

SUBJECT: HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

REFERENCE: All County Welfare Directors Letter 90-23

The purpose of this letter is to advise you of a change in the eligibility criteria for the Health Insurance Premium Payment (HIPP) program.

Currently, to participate in HIPP a Medi-Cal eligible's share-of-cost can not exceed \$150 a month. Effective February 1, 1991, the Medi-Cal share-of-cost criterion of \$150 will increase to \$200. The change is due to an upward trend in the average cost of insurance premiums set by the industry. The eligibility criteria as of February 1, 1991 will be as follows:

1. There is current Medi-Cal eligibility.
2. There is a Medi-Cal share of cost of \$200 or less.
3. There is a high cost medical condition for which the average monthly cost is twice the amount of the monthly health insurance premiums.
4. There is current health insurance coverage, or COBRA Continuation, or a conversion policy in effect or available.
5. Application is made in a timely manner (allowing enough time to process the application and pay the premium). Timely application is:
  - a. If coverage is under COBRA Continuation and application is made within thirty (30) days of the insurance termination date.
  - b. If coverage is under a conversion policy and application is made within twenty (20) days.
6. The policy does not exclude the high cost medical illness.
7. There is no Medicare eligibility.
8. There is no enrollment in a Medi-Cal related pre-paid health plan, the San Mateo County Health Plan or the Santa Barbara County Health Initiative.

All County Welfare Directors  
All County Administrative Officers  
Page 2

9. There is no retro or past due payments due on the policy. (The HIPP program does not make payments retroactive to the month of HIPP application. Eligibility for HIPP is considered to be the next date the premium is due.)

If you have any questions regarding this letter or the HIPP program, please contact Robert Kimball at (916) 739-3258.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants