

Health Insurance Premium Payment (HIPP) Program  
**DISCLOSURE STATEMENT**  
*(Required)*

***Please read entire disclosure statement before signing.***

The California Department of Health Care Services (DHCS) will pay, when it is cost-effective to do so, medical insurance premiums for full scope Medi-Cal beneficiaries who have a high cost medical condition. As an applicant or enrollee, you must submit the policy booklet or Evidence of Coverage from your individual or group health insurance carrier, a Statement of Diagnosis Medical Report signed and dated within six (6) months of the date of application and other requested documentation. The following applies to all applicants and enrollees of the HIPP Program, effective July 1, 2014.

1. Purchasing or paying for health insurance coverage is not cost-effective when a court has ordered a non-custodial parent to provide medical insurance, a Medi-Cal beneficiary is also enrolled in Medicare, an individual or employee has been fully reimbursed for his/her payment of health care premiums, and a beneficiary is also enrolled in a Medi-Cal managed care plan.
2. HIPP does not pay for premiums paid prior to the month the application was received by HIPP or for past due premiums. If premiums are past due, the applicant must bring the premiums current before approval can be determined.
3. HIPP pays medical insurance premiums, coinsurance, deductibles, and other cost-sharing obligations.
4. The California Code of Regulations, Title 22, Section 50763(a) (1) states, "An applicant or beneficiary shall: apply for, and/or retain any available health care coverage when no cost is involved." This means that if you drop your private health coverage without DHCS approval after the state begins paying your premiums, you could lose your Medi-Cal benefits.
5. As a condition of HIPP eligibility, any reimbursement received for medical coverage premiums must be forwarded to DHCS.
6. It is the responsibility of the HIPP enrollee to notify the HIPP Program within ten (10) days of any changes in health insurance coverage, insurance premium amount, personal contact information, marital status, or any changes that may otherwise affect the HIPP Program eligibility.
7. Each case is redetermined at least annually to determine if the case remains cost-effective for the state to pay the medical insurance premiums. Failure to submit required documents for redetermination may result in disenrollment from the HIPP program.
8. A HIPP enrollee may be terminated from the program if their Medi-Cal eligibility is terminated, their private health coverage is terminated, the enrollee is Medicare eligible, they fail to provide requested information, or if it is no longer cost-effective for DHCS to pay the medical insurance premiums. Only one letter of termination will be mailed to the address of record.
9. In accordance with All County Welfare Directors Letter No. 95-82, there are no appeal rights for the HIPP Program.
10. Funding for the HIPP Program is contingent upon a state budget. In the event a state budget is not enacted timely, HIPP payments may be delayed. If HIPP payments are delayed, HIPP enrollees, in order to avoid the potential loss of their health insurance, may be personally responsible for making the insurance premium payments. DHCS will reimburse those payments once a state budget has been enacted.

**CERTIFICATION:** I certify that I have thoroughly read the provisions listed above, and I understand and agree to them.

Name of Applicant ( <i>print</i> ):	Signature of Applicant/Guardian:	Date:
Name of Policyholder ( <i>print</i> ):	Signature of Policyholder:	Date:

**PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS**