

DEPARTMENT OF HEALTH SERVICES

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

September 13, 1996



Letter No.: 96-54

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

**HEALTH INSURANCE PREMIUM PAYMENT PROGRAM AND EMPLOYER GROUP
HEALTH PLAN PROGRAM POSTER DISTRIBUTION AND PLACEMENT**

Ref.: ACWDL Nos. 95-71 and 95-72

This is to inform you of the production and availability of a poster (revised August 1996) providing details on the Health Insurance Premium Payment/Employer Group Health Plan (HIPP/EGHP) Programs and to request your cooperation in distributing and displaying the poster.

Background

In accordance with Section 14124.91 of the Welfare and Institutions Code, the Department of Health Services (DHS), through Medi-Cal, is authorized to pay private health insurance premiums for Medi-Cal eligibles with high cost medical conditions when cost-effective. For more specific information on the criteria for enrollment in the HIPP/EGHP Programs, and the differences between the programs, please refer to Medi-Cal Eligibility Procedures Manual, Article 15H, or All County Welfare Directors Letter Nos. 95-71 and 95-72. As part of a more targeted and aggressive outreach effort to notify those potentially eligible for the HIPP/EGHP Programs, we are requesting the placement of the posters in county welfare offices, social services departments, and county hospitals statewide.

Requested Activity

To properly coordinate distribution and placement of the posters, we are requesting that each county identify at least one individual to assist us with our outreach effort. Please submit the name, title, unit or division address, and telephone number of the selected individual to **DHS** by **September 30, 1996**.

Reply directly to: Terry Baker, Analyst
Department of Health Services
Health Insurance Section
HIPP/EGHP Programs
P.O. Box 1287
Sacramento, CA 95812-1287
FAX No.: (916) 322-8778

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Mr. Baker will then contact the individual(s) to discuss plans for placing the posters. Enclosed is a copy of the poster in English and Spanish. If you have any questions, please contact Mr. Terry Baker of the Health Insurance Section at (916) 323-5699.

Sincerely,

ORIGINAL SIGNED BY

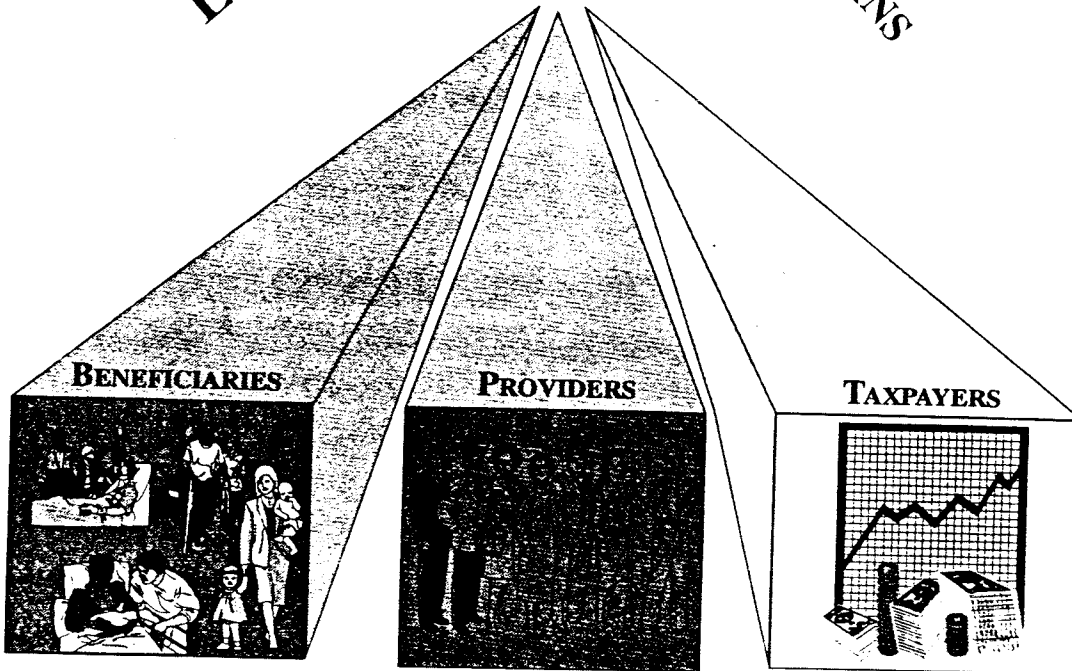
FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL

HEALTH INSURANCE PREMIUM PAYMENT EMPLOYER GROUP HEALTH PLANS

HIPP • EGHP
Helping everyone WIN...



- Double coverage
- More choice of health care providers
- May be able to keep your same doctor

- Possible larger reimbursement
- More clients
- Better doctor-patient relationship

- Lower tax burden
- Better use of tax dollars
- More resources for services

LET US HELP YOU KEEP YOUR PRIVATE HEALTH INSURANCE

If your answer is "YES" to all of the following questions, Medi-Cal may pay your private health insurance premiums for you.

	YES	NO
Are you Medi-Cal eligible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have a high-cost medical condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have or have access to private health insurance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For more information, contact your eligibility worker or give us a call as soon as possible!

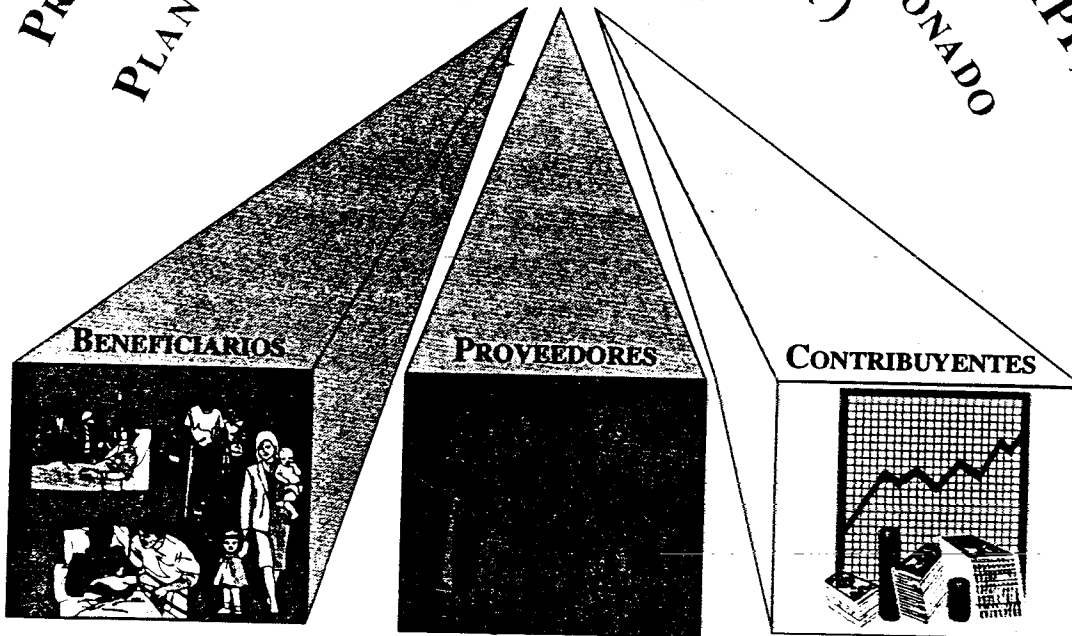
DEPARTMENT OF HEALTH SERVICES

1-800-952-5294

MEDI-CAL

PROGRAMA DE PRIMAS DE SEGURO DE LA SALUD (HIPP)
 PLAN DE LA SALUD EN GRUPO PROPORCIONADO
 POR LOS PATRONOS (EGHP)

HIPP • EGHP
 Ayudándole a todos...



- Cobertura doble
- Mayor selección de proveedores del cuidado de la salud
- Es posible que pueda seguir viendo a su mismo doctor

- Posibilidad de un reembolso mayor
- Más clientes
- Mejor relación entre el doctor y el paciente

- Menor carga de impuestos
- Mejor uso del dinero de los contribuyentes
- Más recursos para más servicios

PERMÍTANOS AYUDARLE A CONSERVAR SU SEGURO DE SALUD PRIVADO

Si contestó "SÍ" a todas las preguntas a continuación, Medi-Cal podría pagar las primas de su seguro de salud privado.

- | | SÍ | NO |
|--|-------------------------------------|--------------------------|
| ¿Es ud. elegible para recibir Medi-Cal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿Padece ud. de una enfermedad cuyo tratamiento es costoso? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ¿Tiene seguro de salud privado o puede conseguirlo? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Para más información póngase en contacto con su trabajador de elegibilidad o ¡llámenos lo antes posible!

DEPARTAMENTO DE SERVICIOS DE SALUD
 1-800-952-5294