



State of California Health and Human Services Agency

California Department of Public Health

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:

1. To your contract information (i.e. address, telephone number).
2. To our policy, such as:
 - Monthly premium amount;
 - Payee contact information (i.e. address, telephone number); and/or
 - Policy expiration dates.
3. 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.
4. Re-enroll in OA-HIPP at the same time you do for ADAP.
5. Required forms are noted in the table below:

Document Type	Re-Enrollment Due on: _____	Covered CA Renewal Due: Every Open Enrollment Period
1) OA-HIPP Application	Required	Required
2) Most Recent Health Insurance Billing Statement	Required	Required
3) IAS Consent Form	Required	N/A
<u>Covered California Plans only:</u>	Required	N/A
4) Most Recent Tax Return		
5) Renewal or Summary Page	N/A	Required

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

Signature: _____

Date: _____