CSTEP Benefits:
Health Care Coverage in California:
Accessing Care and Treatment for
People living with HIV/AIDS

CSTEP is a program of San Francisco Community Health Center and is funded by the California Department of Public Health, Office of AIDS
CSTEP sets the standard in HIV Treatment Education and Statewide Public and HealthCare benefits to medical and non-medical providers in California.

BENEFITS trainings: Provides information related to accessing federal, state and local HIV-focused disability and health care benefits.

TREATMENT trainings: Offers up-to-date information about HIV and HIV treatment options.

CSTEP trainings are FREE and technically, linguistically and culturally competent.
Remembering our past while looking toward the future.

San Francisco Community Health Center, formerly API Wellness, holds a rich history in providing comprehensive medical and social support services in the Asian and Pacific Islander and LGBTQ community.

In early 2018 API Wellness rebranded the organization to fully encompass its programs and services. Please view our rebranding video below to fully understand our journey.

**SFCHC Rebranding Video**

Although our name has changed, our mission and vision remain very much the same.
San Francisco Community Health Center embraces:

San Francisco’s Leadership and Grit. San Francisco was ground zero during the HIV epidemic in the 1980s that drastically impacted the LGBTQ community. San Francisco will be among the first cities to end this epidemic because of our leadership in radical advocacy, biomedical advances, and the relentless fight to end HIV-related stigma and discrimination.

Community Collaboration and Belonging. These values hold deep meaning for us. They are rooted in our founding when we rose up to take care of the Asian and Pacific Islanders living with HIV. We will be here for the queerest among us, and these values represent who we will always be.
San Francisco Community Health Center embraces:

**Quality Health Care.** We have always be and will continue to be a leading source for culturally and linguistically competent health care. Our services are grounded in social justice and anchored in the Tenderloin and Castro.

**Our Core Mission.** We are dedicated to transforming lives by advancing health, wellness and equality. We are committed to the LGBTQ community – with a particular focus on the transgender community, people of color and the homeless community.
Today’s Learning Objectives…

To gain an understanding of:

1. The Affordable Care Act (ACA) and its impact on PLWHA
2. Other Health Care Coverage options in California for PLWHA
3. How RW programs interact with other coverage resources while serving PLWHA
Today, we will cover…

• Health Care Coverage Options for People Living with HIV/AIDS
• Medi-Cal
• Covered California
• Ryan White (RW) Programs: ADAP & OA-HIPP
• Considerations with Choosing a Plan
• Rights, Responsibilities and Referrals
• Resources
Today, we will *not* cover…

- Medicare
- Employer-based insurance
- Disability Benefits
- Military Medical Care
- Indian Health Services; aka Tribal Health Insurance
Health Care Coverage for PLWHA in CA

There are multiple paths to obtaining comprehensive healthcare coverage.
Health Care Coverage Options

• Individually purchased insurance
  -From within Health Benefits Marketplaces
    (Covered California)

• Group Coverage
  -Employer sponsored
  -Union sponsored
  -Any others? Associations, Alumni Groups, Student Plans

• Military Medical Care
  -Veterans’ Administration (VA)
  -Tri-Care (Military Retirees)
  -Indian Health Services (aka Tribal Health Insurance)
Health Care Coverage Options cont’d.

- Ryan White Care Completion and Affordability Services
- County Sponsored Health Care Programs
- Federally Qualified Health Centers (FQHC)
Federal/State Health Care Programs for PLWHA in California

Medicare:
- Single Payer Healthcare System in the U.S.
- Not available to everyone
- Age 65 and older, paid into the system
- SSDI recipients

Medicaid:
- Medi-Cal in CA
- For people with low income, aged and disabled
Health Benefit Plans
Medi-Cal & Private Health Coverage

• Health Maintenance Organizations (HMO)
• Exclusive Provider Organizations (EPO)
• Preferred Provider Organizations (PPO)
• Point of Service (PSO)
THE AFFORDABLE CARE ACT

Also known as...

- Patient Protection Affordable Care Act (PPAC)

- Obamacare
The Affordable Care Act (ACA)

ACA expands coverage with a focus on the uninsured
- Requires most individuals to have insurance coverage to avoid penalties
- Medicaid expansion (Medi-Cal)
- Creates Federal or State run Insurance Marketplace in all states
- Increases access to no-cost preventive care such as HIV screenings (age 15 - 65)
- Hep C screening (for high risk adults)

Helps with costs
- Subsidizes premium expenses for lower income people - in marketplace.
- Out of pocket caps on coverage - for all

Reforms private insurance: Creates new protections
- Eliminates denials and increased premiums for pre-existing conditions
- No annual or lifetime limits on coverage
NOTES: Current status for each state is based on Kaiser tracking and analysis of state executive activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. SOURCE: “Status of State Action on the Medicaid Expansion Decision,” KFF State Health Facts, updated October 14, 2016.
Comprehensive Insurance: Essential Health Benefits (EHB)

- Ambulatory services
- Emergency services
- Hospitalization
- Maternity/newborn care
- Mental health and sub-stance use disorder services to parity with physical health services
- Prescription drugs
- Rehabilitative and habilitative services
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services
Tax Penalties

- Legal residents who do not have a plan that includes all EHB – aka - “Full coverage“, will pay a tax penalty

- Medicare, Medi-Cal, most employer coverage, most VA coverage, and plans purchased through Covered CA do include EHB

- RW, some private insurance, Medi-Cal with Share of Cost do not include EHB, and fines will be based on whichever is greater
Exemptions from the Tax Penalty

• Those whose portion of least expensive premium exceeds 8% of total household income

• Persons below the IRS tax filing threshold ($9325 under age 65)

• Native American tribal members

• People living outside the United States

• Member of a recognized religious sect opposed to ACA (the religious group takes on the responsibility of medical expenses for all of its members, eliminating the legal requirement to pay for health insurance)

• People who are incarcerated

• Hardship exemptions
ACA and Coverage for Non-Citizens:

Undocumented adult immigrants are eligible for:
- Restricted “emergency” Medi-Cal
- Pregnancy Related Services
- Community Health Center Services/safety-net providers
- Purchasing Private Insurance outside of Covered CA
- RW programs for persons living with HIV/AIDS

Undocumented immigrants are ineligible for:
- Covered CA Exchange plans
- Non-emergency Medi-Cal (Adults)

Legally present immigrants:
- Are eligible for Medi-Cal
- Can purchase with subsidies in Marketplace
ACA Premium Assistance

Advance Premium Tax Credits (APTC)

• Eligible if MAGI is between 138%-400% FPL ($16,242 - $47,520)
• The amount of assistance received is based on income

Cost Sharing Subsidies

• Must be eligible for premium assistance with a MAGI between 138%-250% FPL ($16,242 - $29,700)
• Subsidies apply when enrolled in a Silver Plan aka Enhanced Silver Plan
Medicaid = Medi-Cal in CA

What is Medi-Cal?

Medi-Cal is a public health insurance program which provides health care coverage for low-income individuals.
What is Medi-Cal?

• Medi-Cal is one program that clients can qualify for in many different ways

• The different ways to get Medi-Cal are called **eligibility categories**

• There are over 90 eligibility categories, each with its own rules and requirements
The majority of PLWHA in California
Legal residents below 138% of FPL (MAGI)
Undocumented children in households with incomes below 138% of FPL
People with disabilities
Pregnant women
Persons age 65 or older
Children’s Health Insurance Program (CHIP)
## Medi-Cal Benefits

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>DENTAL</th>
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<tr>
<td>Doctor visits</td>
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<td>Emergency services</td>
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<tr>
<td>Hospitalization</td>
<td>Cleanings</td>
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<tr>
<td>Prescription drugs</td>
<td>Fluoride treatments</td>
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<tr>
<td>Occupational &amp; physical therapy</td>
<td>Fillings</td>
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<td>Adult day health care</td>
<td>Anterior root canals (front teeth)</td>
</tr>
<tr>
<td>Medical supplies/durable medical equipment</td>
<td>Prefabricated crowns</td>
</tr>
<tr>
<td>Transportation to doctor visits</td>
<td>Full dentures</td>
</tr>
</tbody>
</table>
Medi-Cal Benefits (cont’d)

• Long-term services and supports (LTSS)
  – Helps older adults and people with disabilities accomplish everyday tasks like bathing, getting dressed, fixing meals, and managing at home
  – As our population ages, the number of individuals needing this kind of help is projected to double. Long-term services and supports allow millions of individuals to live healthy, secure, and independent.

• Medi-Cal Health Insurance Premium Payment Medi-Cal HIPP
  – Medi-Cal HIPP pays private premiums for eligible Medi-Cal beneficiaries
Medi-Cal and Immigrants

- Undocumented immigrants do not qualify for full Medi-Cal coverage, but may be eligible for Medi-Cal coverage for emergencies or during pregnancy.

- Some non-citizens who have legal immigration status in the United States do not qualify for full Medi-Cal coverage. However, if their income is at or below 400% of the Federal Poverty Level (FPL), they can qualify for government assistance paying for individual coverage.

- Immigrants who have been legal residents for 5 years or longer or meet specific noncitizen requirements qualify for all of the same programs that citizens can get.
How to apply for Medi-Cal

• In person at your local county Social Services Agency

• Online at [www.mybenefitscalwin.org](http://www.mybenefitscalwin.org)

• Online using the Covered California website [www.coveredca.com](http://www.coveredca.com)

• Applications are processed within 45 days
• Disability based applications can take up to 90 days
What is MAGI Medi-Cal?

**Modified Adjusted Gross Income**

- A category of Medi-Cal created through the ACA
- Also known as “non-linked” Medi-Cal

**Eligibility:** People with income at or below 138% FPL:

- Individual - $1,387 monthly, $16,643 annually

- MAGI Medi-Cal eliminates disability requirement

- Provides all Medi-Cal benefits, including standard preventative services

- Removes asset limits … retirement accounts, savings accounts are not considered
MAGI

What is Modified Adjusted Gross Income?

Adjusted Gross Income
+ 
Non taxable Social Security Benefits
+ 
Tax-Exempt Interest
+ 
Excluded Foreign Income
= 

MAGI
determines eligibility for Premium Tax Credits and Cost Assistance subsidies for health insurance
Determining Eligibility: MAGI and Income Projections

• Eligibility is based on your *Modified Adjusted Gross Income*

• Incomes **above** 138% of FPL will qualify for the purchase of Individual Policies through Covered CA

• Premium subsidies are available to those with a **MAGI** between 138% and 400% of FPL

• It is important to make an "accurate projection" of income; if this amount is underestimated and the client qualifies for assistance, they may have to pay back money to the federal government and/or ADAP
Who is NOT Eligible for MAGI Medi-Cal?

• Individuals who are eligible for “linked” Medi-Cal
• Individuals who are 65 years of age or older
• Those who are eligible for Social Security Disability Insurance (SSDI)
• Share Of Cost Medi-Cal (Medically Needy Medi-Cal)
• Those in a Medicare Savings program
Medi-Cal Medically Needy Program

- For persons 65 and over, Disabled, or Blind, whose incomes are too high (above the AD & FPL limits) to qualify for Medi-Cal
- Must meet all non-MAGI Medi-Cal eligibility criteria
- Allowed to spend down excess income on qualified medical expenses to become eligible for Medi-Cal
- Must pay a Share-of-Cost
Medi-Cal Medically Needy Program (cont’d)

- Interactions with RW:
  - ADAP payments may cover SoC
- The Medically Needy Program does not meet the “minimal essential coverage (MEC)” required under HCR
- People who have Medi-Cal SoC may qualify for Medi-Cal Expansion or insurance in the marketplace with subsidies during open enrollment
- People eligible for Medically Needy Medi-Cal coverage should consider enrollment in the Covered CA marketplace
A **Share-of-Cost** is the dollar amount of medical charges you must incur each month before Medi-Cal will pay for additional services in that month *(monthly deductible)*

- Share of Cost will be applied if Total Countable Monthly Income exceeds $1,220 in 2017
- $591 is the minimum SoC
Medi-Cal 250% FPL Working Disabled Program

• A program for those who are working, disabled and are not eligible for free Medi-Cal

• Replaces SOC with a low monthly premium - $20 - $250, sliding scale premium

• Applies specifically to SSDI recipients with income above the AD&FPL threshold
  (Have less than $1,235 in countable monthly income for an individual, $1,664 for a couple)
Medi-Cal 250% FPL Working Disabled Program (cont’d)

• Can also apply to a SSI recipient who’s annual gross income exceeds the 1619b State Income Threshold ($36,738)

• Can earn up to 250% FPL in countable income
  250% of FPL for a single person in 2017 = $29,700.00

• Have assets less than $2000 for individual, $3000 for a couple

• Can have retirement funds, savings account

• Disability income is exempt
Medi-Cal 250% FPL
Working Disabled Program – SSI

- Can have a retirement account
- Can have liquid assets from *earned income* of greater than $2,000
- Sliding scale premium
- PLWHA pay $20 monthly if earns <$601/per month
Medi-Cal Managed Care (MMC)

Most Medi-Cal beneficiaries are enrolled in a managed care plan

- Most Dual Eligibles (those eligible for Medi-Cal and Medicare) may be enrolled in a program called Cal MediConnect
- There are 8 counties, LA County included, with Cal MediConnect, combining Medicare and Medi-Cal Coverage in a single insurance product
California currently has 6 MMC models of delivery throughout the state:

1. Two Plan Model: 2 plans offer care, one must be a local initiative (public model) [San Francisco]
2. County Organized Health System: One plan
3. Geographic Managed Care: 5 or more private plans
4. Regional
5. Imperial
6. San Benito

For Fact Sheet CA see packet or go to:

This information is from 2014.
Medi-Cal Managed Care and the HIV Drug Benefit

- Drugs used to treat HIV are “carved out” of the Medical Managed Care Programs
- All HIV Drugs are delivered through Medi-Cal Fee For Service coverage
- Ensures equal access to HIV drugs across state
- No managed care plan should place limitation on HIV Drugs

*True for almost all managed care plans*
Medi-Cal Managed Care...possible challenges

• Ability to see an out of county provider differs from county to county

• Plan formularies and utilization management can differ
  – Medi-Cal managed care plans must offer “medically necessary” drugs regardless of formulary
  – HIV drugs with the exception of those that are used to prevent HIV, are included in most managed care plans so there cannot be restrictions
Medi-Cal Managed Care... be aware

• Each plan may determine their own pharmacy network
• May be barriers to timely access to specialty care outside of HIV
• May be barriers to access to HIV competent mental health and substance use providers
Resources to assist PLWHA in MMC

- Local county Medi-Cal office
- Managed Care plan handbook
- Health Care Options 1 (800) 430-4263
- Disability Rights California [www.disabilityrightsca.org](http://www.disabilityrightsca.org)
- Dept. of Health Care Services [http://www.dhcs.ca.gov/](http://www.dhcs.ca.gov/)
- DHCS MMC Ombudsman: 1 (888) 452-8609
- Dept. of Managed Health Care [https://www.dmhc.ca.gov/](https://www.dmhc.ca.gov/)
Xochi

**Income** – $1,600/month
**Source** – SSDI

What category of Medi-Cal is she eligible to receive?

1. Aged & Disabled?
2. Medically Needy?
Victor

**Income** – $1,100/month

**Source** – Work

What category of Medi-Cal is he eligible to receive?

1. Aged & Disabled?
2. Medically Needy?
3. 250% FPL
4. Expanded Medi-Cal
Abigail

**Income** – 0
**Source** – Cannot find work

What category of Medi-Cal is she eligible to receive?
1. Aged & Disabled?
2. Medically Needy?
3. 250% FPL
4. Expanded Medi-Caldi-C
COVERED CALIFORNIA: INSURANCE MARKETPLACE
What is Covered CA?

• California’s Health Insurance marketplace…
  A web-based portal that serves as primary entry point for all eligible Californians seeking health care coverage

• United States Citizens and Lawfully Present Residents whose income is more than 138% FPL, can purchase insurance online through Covered CA

• Health plans cannot prevent someone with pre-existing conditions from gaining coverage

• All plans include free preventative care
Open Enrollment is **NOW**
November 1, 2017 – January 31, 2018

• Enroll by December 15, 2017 to be covered by January 1, 2018

• Client who will change plans must enroll by December 15, 2017 to avoid a gap in coverage, and to ensure new plans begin on January 1, 2018

To enroll, each household member must provide:
- Proof of household income
- California ID or driver’s license for adults
- Proof of citizenship or satisfactory immigration status
- Birthdate-Social Security Number or Individual Taxpayer Identification Number
- Home zip-code
How is it set up?

- Plans available in your county will be listed
- There are 4 levels of coverage - “Tiers”

<table>
<thead>
<tr>
<th>Metal Tier</th>
<th>Average Paid by Health Plan</th>
<th>Average Paid by Consumer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Platinum and Gold plans** - Higher monthly premium, but pay less for medical services

**Silver or Bronze Plans** - Lower monthly premium, but pay more for medical services
Premium Assistance is available

- APTC-Advanced Premium Tax Credit
  - The amount of help is based on income, and will be the same amount across plans
  - MAGI must be between 138% - 400% FPL

-Cost Sharing Subsidies
  - Must be eligible for Premium Assistance
  - MAGI must be between 138% - 250%
  - Must enroll in an Enhanced Silver Plan
OA-HIPP

• Qualified individuals enrolled in ADAP can also receive help paying Covered California monthly premiums through the Office of AIDS' Health Insurance Premium Payment (OA-HIPP) program.

• Individuals enrolled in OA-HIPP may also get assistance with outpatient medical out of pocket costs.
Plan Choice **Matters**

- Silver or Platinum plans are suitable for most PLWHA
- For most **PLWHA** with income up to 200% FPL = **Silver plans**
- For those with income above 200% FPL = **Platinum Plans**
- **Bronze** plans should be avoided
- Consumers may pay less overall out of pocket cost in a Silver plan if their income falls between 138% - 250% FPL. This additional financial assistance is only available if consumers select a Silver plan and is known as an **Enhanced Silver plan**
- Those above this FPL will pay less in a Platinum plan.
Provider Networks

CAUTION!

• Vary by plan… check ANY provider you go to for services
• Consumers should verify with provider that he/she is part of plan network(s) before choosing
• Not all providers are available even if they are listed in the plan’s provider directory
• ”Provider” includes Pharmacies, specialists, mental health, etc.
• "Continuity of care“…
Drug Formularies

• Check drug formularies to ensure that all drugs needed are covered in the plan as formularies change periodically.

• Questions/concerns about availability of drugs should be directed to their health insurance plan.

• If needed, contact the California Department of Managed Health Care's Help Center at (888) 466-2219 for help.
Drug Formularies (cont’d)

• If a consumer’s Covered California health insurance plan is a Health Net PPO plan, contact the California Department of Insurance at (800) 927-HELP (4357)

• If a client needs medications urgently and their health insurance plan is not responding, consumers can also contact the Department of Managed Health Care or the California Department of Insurance for help.

• For free, confidential and local help with the grievance process, contact the Health Consumer Alliance at (888) 804-3536 or visit www.healthconsumer.org.
People who are exempt from ACA Coverage…

• Those who have MEC (minimum essential coverage)
• MEC covers the 10 EHBs
• Medicare, Medi-Cal, most employer coverage, plans purchased in Covered CA consist of MEC
• RW programs, private insurance that is not comprehensive, Medi-Cal with Share of Cost, are not MEC
• Those who have VA benefits and Tribal Health Insurance
ACA Enrollment Periods

• Open Enrollment Period

• Special Enrollment Periods
  SEP allows an individual to enroll prior to next open enrollment period

• SEPs are opened after a qualifying life event occurs, must sign up within a 60 day time period from the qualifying event

• Enroll with an CEC or Health Consumer Alliance (888) 804-3536

• Medi-Cal enrollment is open year around
Special Enrollment Period (SEP) Qualifying Events

1. Marriage or domestic partnership
2. Divorce or leaving household
3. Birth or adoption
4. Placing a child in adoption or foster care
5. Change of residence
6. Loss of health care coverage
7. Change of household income
8. Become a citizen
   (national or lawfully present applies only to people gaining status for the first time)
9. Applied for coverage before 3/31 and denied after 3/31
10. Appeal an incorrect Medi-Cal or Covered CA denial
11. Incorrect enrollment due to misconduct or misrepresentation by an authorized CC entity or individual
12. Active military reservists back from duty
13. Case by case basis
How to Enroll

Clients can enroll in Medi-Cal and Covered CA by the following:

• Online at www.coveredca.com
• By calling Covered CA
  1-800-300-1506
  TTY 1-888-889-4500
• By going to a designated enrollment entity office

Best to enroll with a provider or experienced CEC- Certified Enrollment Counselor - in person, if possible.
James:

What are his options?

• HIV-positive, male client
• AIDS diagnosis
• Undocumented cannot apply for California identification card due to expired passport and not having any other form of identification
• Client does not qualify for public benefits such as General Assistance
Vicky:
What are her Options?

- HIV-positive female client
- Green card holder
- Married with 3 children
- Unemployed
- Not disabled
- Husband earns $90k annually
- Client does not qualify for Medi-Cal or other public benefits
CA State Office of AIDS

• The State Office of AIDS Administers:
  
  • **ADAP** — AIDS Drug Assistance Program
  • Pays co-pays and co-insurance for HIV/AIDS and associated pharmaceutical treatments

  • **OA-HIPP** — Office of AIDS Health Insurance Premium Payment
  • Pays Health Insurance Premiums and copays for qualified persons with HIV/AIDS
Ryan White (RW) Program

- These are discretionary programs – payer of last resort
- Examples of services:
  - Clinical services, primary HIV care
  - ADAP
  - Care continuity programs, including insurance purchasing
  - Vision* and dental services
  - Essential support services, such as housing, transportation and childcare*
  - Case Management

*Available services differ between localities. These services may differ depending on county.
AIDS Drug Assistance Program (ADAP) in California

- ADAP is a Ryan White (Federally) funded program.
- ADAP pays co-pay, co-insurance and other out of pocket costs for over 185 meds – including all anti-retrovirals – listed on the California ADAP formulary.
- Eligible if Modified Adjusted Gross Income <500% of FPL, based on household income (e.g., $59,400 for a household of one);
- There are over 200 designated enrollment sites and approximately 4,000 participating pharmacies in CA.
- California ADAP provides drugs for uninsured PLWHA, up to 500% FPL.
California ADAP Eligibility

- California resident, 18 years of age or older
- HIV or AIDS diagnosis
- Valid prescription written by a California licensed physician/prescriber
- Household Medically Adjusted Gross Income cannot exceed 500% of FPL
CA ADAP Income Eligibility

- As a Ryan White Program, ADAP is required to be the payer of last resort.
- If client is below 138% of poverty level, they will have to provide proof of Medi-Cal ineligibility.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Poverty Guideline</th>
<th>Monthly Average</th>
<th>138% of Guideline</th>
<th>138% monthly avg</th>
<th>MAGI household income ≤ 500%</th>
<th>≤ 500% MAGI monthly avg</th>
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ADAP Distribution of Services

- As of 4/5/2017 California Department of Public Health (CDPH) processes all ADAP applications

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<tr>
<th>Contractor Name</th>
<th>Service</th>
<th>Who this applies to</th>
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<tbody>
<tr>
<td>MagellanRx Management...</td>
<td>Pharmacy/Medication Benefits</td>
<td>All clients</td>
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<tr>
<td>PAi (Pool Administrators Inc.)</td>
<td>Payment of Insurance Premiums &amp; Medical Out of Pocket Costs</td>
<td>ONLY clients enrolled in the OA-HIPP program</td>
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<td></td>
<td>Payment of Part D Insurance Premiums</td>
<td>ONLY clients enrolled in the Medicare Part D premium payment program</td>
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Office of AIDS – Health Insurance Premium Payment (OA-HIPP)

OA-HIPP is a subsidy program that pays monthly health insurance premiums, co-pays and co-insurance for health, dental and vision plans for eligible clients

**Eligibility**

- Enrollment in ADAP
- Have an HIV/AIDS diagnosis
- Be a California resident
- Be at least 18 years old
- Have a Modified Adjusted Gross Income (MAGI) that does not exceed 500% Federal Poverty Level based on household size
- Not enrolled in Medicare or not eligible for Full-Scope (Free) Medi-Cal or Medi-Cal Expansion
Office of AIDS – Health Insurance Premium Payment (OA-HIPP)

**Eligibility (cont’d)**

- Have private health insurance with prescription drug coverage obtained through Covered California, COBRA, or directly from insurer
- Monthly premium cannot exceed $1,938
- Also covers Premiums for Medicare Pt. D
- New, complete applications will be processed within six weeks of receipt.
Office of AIDS – Health Insurance Premium Payment (OA-HIPP)

- Clients can remain on OA-HIPP as long as the services are needed and they continue to meet all the program requirements.

- Prospective OA-HIPP clients continue to pay their monthly insurance premiums until their application has been approved and payment has been submitted to the health plan.

- This program is not currently available to those whose insurance premiums are paid for by the employer.
OA-HIPP & Family Premiums

OA-HIPP will pay for family premiums and out of pocket expenses

A family is defined as:
• A person with a spouse (including registered domestic partner) and/or;
• Dependent children of the client and/or spouse/registered domestic partner only
• OA-HIPP will not pay individual plan premiums for family members
OA-HIPP Pays Dental & Vision Premiums

- Will pay premiums for dental plans for eligible clients & family members
- Dental plans can be covered only if a client is already enrolled in OA-HIPP for a health insurance plan
- Vision benefits must be included with the medical or dental benefits
- If dental coverage is separate from medical, a dental billing statement is needed
Documentation needed for OA-HIPP applications

- Covered CA Plans: 'Welcome Letter', 'Current Enrollment Summary', 'Renewal' page, or 'Eligibility Results' report from Covered California showing APTC eligibility details

- Covered CA Plans: For Re-Enrollment, Copy of Most Recent Federal Tax Return, IRS Form 8962, AND Form 1095-A

- Billing statement from the insurance carrier

- Completed ADAP application (client cannot be on a temporary access period [TAP])
OA-HIPP Enrollment

Find Local Enrollment Specialists at:

http://www.cdph.ca.gov/programs/aids/Pages/OAIAS.aspx

Or at www.cdph.ca.gov/programs/aids

Or by phone (800) 367-2437
OTHER PROGRAMS
Additional Help with Costs

Pharmaceutical Patient Assistance (PAP) & Co-Pay Assistance Programs (Co-PAP)

• PAPs provides free meds for those with no other coverage
• Co-PAPs pay for drugs, copayments and coinsurance for those who do not have insurance coverage
• Eligibility varies company by company
• Some serve people on Medicare, some do not

https://www.harborpath.org/
https://www.poz.com/basics/hiv-basics/drug-assistance-programs#PAPs
Patient Access Network - PAN

- Network of various funds providing financial assistance towards medications
- Pays what insurance does not for drugs
- Must have insurance that covers meds
- Maximum income is 500% FPL depending on specific program - $60,300 annually for individual
- Apply on line at www.PANfoundation.org
Patient Access Network - Eligibility

- Patient is insured and insurance covers the medication for which the patient seeks assistance

- The medication must treat the disease directly

- Patient's income must be below a designated percentage of the Federal Poverty Level, depending on individual fund requirements

- Patient is prescribed a high cost drug for the disease, depending on individual fund requirements

- Patient must reside and receive treatment in the US
Cost Sharing Assistance Programs

• Numerous pharmaceutical companies offer financial assistance for medications
• Inquire with pharmacy about help with enrolling in cost sharing assistance programs
• Search internet using: 
  
  *drug name* + copay assistance
CONSIDERATIONS WITH CHOOSING A PLAN
What type of plan best meets the client’s needs?

- Is the client’s **provider** in any of the plans’ networks?
- Is client’s **preferred pharmacy** in the plans’ networks?
- Are the client’s drugs on the **plan formulary**?
- What other costs will be paid for out-of-pocket? (deductibles, urgent and emergency care, etc...)

What type of plan best meets the client’s needs? (cont’d)

- Consider each plan's **price, provider network, "Summary of Benefits and Coverage,"** as well as more detailed coverage descriptions

- Review monthly **premiums** and **out-of-pocket costs**, such as **copayments, co-insurance, deductibles** and the **out-of-pocket maximum**
  
  (The out-of-pocket maximum is the most a consumer could have to pay out of pocket for medical expenses during the year)
RIGHTS and RESPONSIBILITIES:
What Clients Need to Know
Problems with Medi-Cal Eligibility

1. **Eligibility denied:** Cannot get Medi-Cal

2. **Notice of Action, 10 days to respond**

3. **Eligibility terminated:** Cut off Medi-Cal or moved to Covered California instead of Medi-Cal

4. **Eligibility delayed:** Applied for Medi-Cal and did not get an answer within 45 days (or 90 days if Medi-Cal requires a disability evaluation)

5. **Eligibility status changed:** Had full scope Medi-Cal, but moved to restricted scope Medi-Cal
Resolving Problems with Medi-Cal Eligibility

1. Request a Medi-Cal fair hearing: within 90 days
   • Ask for a State Fair Hearing by calling 800-952-5253, or by requesting it in writing.
   • If Medi-Cal sent a letter denying eligibility, there is a form on the back when requesting a hearing.

2. Ask for Aid Paid Pending:
   • Medi-Cal may be able to continue the same services until a hearing takes place. To make this happen, when requesting a hearing, it is important to ask to keep the existing benefits under “Aid Paid Pending” as soon as possible.
Resolving Problems with Medi-Cal Eligibility (cont’d)

1. Informal resolution
   – Who caused the problem:
     The State? Covered California? CalHEERs? County?
     • The entity that caused the problem might be able to fix it easily…call the Medi-Cal worker
     • Note: Always good to request a fair hearing to preserve your rights. You can always withdraw if you are able to work things out informally.

2. Get help!
   – Call the Health Consumer Alliance to get local legal help with a Medi-Cal problem: 1-888-804-3536
Resolving Problems with Medi-Cal Plan Enrollment

1. Informal resolution with the entity that caused the problem
   - If there is a glitch with the health plan that is causing an enrollment problem, call the plan to see if it can fix the problem

2. Call Health Care Options
   - If enrollment was erroneously denied or delayed,
     call 1-800-952-5253 or TTY 1-800-952-8349

3. Call The Medi-Cal Managed Care Ombudsman:
   - If the enrollment may have been suspended or terminated by mistake,
     call 1-888-452-8609 or email: MMCDOmbudsmanOffice@dhcs.ca.gov
Resolving problems with Medi-Cal Plan Enrollment (cont’d)

• Call the DMHC Help Center:
  – If unable to resolve the problem with Health Care Options or the Ombudsman, DMHC may be able to help: 1-888-466-2219.

DMHC is the entity that licenses health plans

NOTE: Some Medi-Cal plans are not licensed, so DMHC cannot help resolve problems with those plans

• Request a Medi-Cal fair hearing:
  – If still unable to resolve the problem, consider requesting a Fair Hearing
  – Ask for a State Fair Hearing by calling 1-800-952-5253, or by requesting it in writing…the request must be made within 90 days

• Get help! Call the Health Consumer Alliance to get local legal help with a Medi-Cal problem: 1-888-804-3536
Problems Accessing Medi-Cal Benefits

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits denied</td>
<td>Cannot have this service</td>
</tr>
<tr>
<td>Benefits delayed</td>
<td>Asked for a medical service and did not get an answer within 5 business days, or are unable to find a provider to give the service within 15 business days (sooner for some services and in urgent cases)</td>
</tr>
<tr>
<td>Benefits modified</td>
<td>Prescribed a red pill but Medi-Cal only authorizes blue</td>
</tr>
<tr>
<td>Benefits terminated</td>
<td>Cannot have this service anymore or need to try a different service now</td>
</tr>
<tr>
<td>Benefits reduced</td>
<td>Used to get 20 hours of a service, but now the plan says can only get 10 hours</td>
</tr>
<tr>
<td>Benefits suspended</td>
<td>Benefits were placed on a temporary hold</td>
</tr>
</tbody>
</table>
Resolving Problems
Accessing Medi-Cal Benefits

• If the doctor says “No”:
  – Ask for a second opinion
• If plan does not answer the claimant’s or doctor’s request:
  – File a grievance with the plan; after 30 days (or sooner in urgent cases) file a complaint with DMHC
  – File a State Fair Hearing with Medi-Cal
Resolving Problems Accessing Medi-Cal benefits (cont’d)

If plan denies, terminates, suspends or modifies service:

1. File a grievance with the plan at any time within 90 days
2. After filing a grievance you have 6 months to:
   a. File a complaint with DMHC if the plan says the service is not covered; or
   b. Request an Independent Medical Review if the plan says the service is not medically necessary
3. File a State Fair Hearing with Medi-Cal within 90 days
4. Request Aid Paid Pending for services that have been terminated or suspended
   a. If already receiving a service, may continue that service during the appeal
   b. When requesting for a grievance or hearing, it is important to ask to keep the existing benefits under “Aid Paid Pending” as soon as possible.
Resolving Problems Accessing Medi-Cal benefits (cont’d)

Get help!

- Call Disability Rights California Statewide 1-800-776-5746
- Health Consumer Alliance local legal help: 1-888-804-3536
- DMHC Help Center to get help filing a complaint or requesting an IMR: 1-888-466-2219.
- Call the Medi-Cal Managed Care Ombudsman to get more information about your options: call 1-888-452-8609 or email: MMCDOmbudsmanOffice@dhcs.ca.gov
Resolving Problems with Covered California Eligibility

Request a Covered California hearing:

• Quickly request a State Fair Hearing by calling

  1-855-795-0634

• Can also be requested in writing; see back of denial letter for hearing request form

Continued Enrollment:

• If currently covered by Covered CA coverage may continue until the hearing

• When requesting a hearing, ask for “continued enrollment” as soon as possible
Resolving Problems with Covered California Eligibility (cont’d)

Informal resolution with Covered California

• Covered California Service Center may easily correct the error

**NOTE:** Always request a fair hearing to preserve a client’s rights

Get help!

• Call the Health Consumer Alliance for local legal help with a Covered California problem:

  1-888-804-3536
Resolving Problems with Covered California Plan Enrollment

Call the agency that regulates the plan:

- HMOs, Blue Shield & Anthem PPOs are regulated by DMHC
- The Health Net PPO is regulated by DOI
- Some plans may be “multi-state plans,” regulated by DMHC and the Federal Office of Personnel Management
- File an internal grievance with the plan first; in urgent cases go to the agency directly
Resolving Problems with Covered California Plan *Enrollment* (cont’d)

Request a Covered California fair hearing:

- If still not able to resolve the problem, consider requesting a hearing
- Ask for a hearing by calling 1-855-795-0634, or by requesting it in writing within 90 days

Get help!

- Call the Health Consumer Alliance to get local legal help 1-888-804-3536
ADAP Applicant/Clients Rights

1. Right to apply
2. Right to Non-Discrimination
3. Right to Confidentiality
4. Right to Courteous and respectful service
5. Right to Appeal
6. Right to File Grievance

Contact local ADAP coordinator of specific county or State Office of AIDS (CDPH) at (844-421-7050)
Client Grievance Process

Enrollment worker

ADAP county coordinator

Enrollment Advisor CDPH (California Dept. of Public Health)

Supervisor CDPH
Review: Questions/Comments
Training Information:

Program updates are posted on https://sfcommunityhealth.org/program/capacity-building-assistance-and-training/.

Online trainings are posted on eLearning Platform on https://sfcommunityhealth.course.tc/catalog

Registration steps:
• Create an account and log-in.
• A menu of options will be listed under “Available Courses.”
• Select your desired course.

**NOTE:** If you already have an account, please use the same log-in to any course both online and in-person.
Contact Info

Program Support:
San Francisco Community Health Center

- Website: https://sfcommunityhealth.org/
- Main Office:
  730 Polk Street, 4th Floor San Francisco, CA 94109
  (415) 292-3400
  CBA@sfcommunityhealth.org
California Resources

- California Department of Public Health: [http://www.cdpd.ca.gov](http://www.cdpd.ca.gov)
- Covered CA: [www.coveredca.com](http://www.coveredca.com)
- Health Access: [www.health-access.org](http://www.health-access.org)
- Western Center on Law and Poverty: [www.wclp.org](http://www.wclp.org)
- National Senior Citizens Law Center: [www.nsclc.org](http://www.nsclc.org)
- Health Consumer Alliance: [www.healthconsumer.org](http://www.healthconsumer.org)
- Project Inform: [www.projectinform.org](http://www.projectinform.org)
- Positive Resource Center: [www.positiveresource.org](http://www.positiveresource.org)
- Disability Rights California: [www.disabilityrightsca.org](http://www.disabilityrightsca.org)
Resources

• Covered CA
  – www.coveredca.com

• Medi-Cal:
  – http://www.medi-cal.ca.gov/
  – http://www.dhcs.ca.gov/services/medi-cal
  – http://www.dhcs.ca.gov/Pages/Medi-CalExpansionInformation.aspx
Resources

• State Office of AIDS Medicare Part D
  Premium payment program:
  – http://www.cdph.ca.gov/programs/aids/Pages/tOAMedPtDindiv.aspx

• Dual Eligibles
Resources

- Treatment Access Expansion Project: www.taepusa.org
- Kaiser Family Foundation: www.kff.org
- National Health Law Program: www.nhelp.org
- NASTAD: www.nastad.org
- Health Resources and Services Administration: www.hrsa.gov
- Disability Benefits 101: www.db101.org
THANK YOU!