

HEALTH INSURANCE 101

COVERAGE FOR HIV CARE & TREATMENT

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Learning Objectives

- I. Describe two ways that people obtain health insurance
- II. Describe two cost-savings programs available to People Living with HIV (PLWH)
- III. Explain how to triage common benefits problems to resolution

**Health care coverage
can be confusing!**

**Health care coverage
can be *frustrating!***

Frontline Worker Role in HIV Health Benefits Continuity

What we do...

- **Educate clients & colleagues** about benefits options
- **Spot transition points** d/t changes in age, immigration status, income, household size, etc.
- **Spot benefits interruptions**
- **Triage benefits problems** to resolution
- **Stick with the patient**, managing anxieties and frustrations

How we do it...

- **Learn how the pieces fit** together & what programs are available
- **Understand how to get to the root** of the problem
- **Know who to call & what to ask** to resolve the problem
- **Explain the problem clearly** so it can be solved

HIV & the Affordable Care Act

Key Provisions of ACA Impacting PLWH

- No coverage denial for pre-existing conditions (e.g. HIV)
- Insurance Marketplace established (Covered CA)
- Medicaid Expansion established (Medi-Cal)
- Most “Lawfully Present” in the US required to have health insurance

Pre-ACA HIV Care+Tx Options

- Traditional Medi-Cal
- Medicare (*disabled and/or 65+*)
- Private insurance via employer
- Ryan White + ADAP safety net

Post-ACA HIV Care+Tx Options

- Traditional Medi-Cal
- Medicare (*disabled and/or 65+*)
- Private Insurance via employer
- Ryan White + ADAP safety net
- Medi-Cal Expansion
- Covered CA Marketplace
- OA-HIPP



Public Health Insurance



Medi-Cal

Full-scope, public health insurance covering medically necessary care.

- In-patient & out-patient care
- Mental health care
- Substance use treatment
- Prescription drugs
- Some vision & dental services
- Long-term care
(not included in Medi-Cal Expansion)

This is not an exhaustive list of Medi-Cal benefits and programs



Medi-Cal Eligibility

Traditional Medi-Cal

- CA Resident
- Lawfully Present in US*
- Eligibility *usually* based on enrollment in another public assistance program (e.g. CalWORKS, SSI, and *many others*)
- Tip: Enrollees subject to “asset test” (\$2k for single household)

Medi-Cal Expansion

- CA Resident
- Lawfully Present in US*
- Age 19-64 years
- MAGI FPL138% or less, based on family size
- Tip: No “asset test” for MCE!



**Enrollment
Year Round!**

**Immigrants without “lawfully present” status qualify for limited scope Medi-Cal (in-patient hospitalization; aka “emergency Medi-Cal”)*

Medi-Cal Expansion

aka “MAGI Medi-Cal”

Modified Addjusted Gross Income

Tip: Google “UC Berkeley Labor Center MAGI”

Household Size	<u>Annual</u> 138% MAGI FPL	<u>Monthly</u> 138% MAGI FPL
1	\$16,754	\$1,397
2	\$22,715	\$1,893
3	\$28,677	\$2,390
4	\$34,638	\$2,887
5	\$40,600	\$3,384

Medi-Cal Managed Care

- **Required of all Medi-Cal only enrollees**
Traditional or MCE; those without Medicare
- **Pts are defaulted into a Managed Care Plan if they don't pick one w/i 60 days of enrollment in Medi-Cal**
- **To enroll and/or make changes**
Health Care Options (800) 430-4263
- **To change to another in-network provider,**
call the managed care plan directly
 - SF Health Plan (415) 547-7818
 - Anthem BC (800) 407-4627

Medi-Cal, common issues

- Clients don't complete **annual re-enrollment**
- Clients don't **understand managed care plan** concept
- **Not enrolled in the right managed care plan** for their preferred clinic
- Auto-enrolled in the **wrong clinic/managed care plan**
- **Churning** in and out of eligibility (and clinics/providers)
- **Inter-county transfers**
ex: from LA to San Francisco county

Medicare

Federal health insurance program

- In-patient/out-patient care
- Prescription coverage
- Mental health, substance use, and vision - limited

Eligibility

- 65 years and older
- If under 65 → deemed disabled or with certain other medical conditions
- 40 quarters work history (generally)

Coverage

80% of doctor's visits

Prescription costs change as you incur more drug costs.

Part A: hospitalization	→	no premium (usually)
Part B: ambulatory/outpatient, labs, ambulance, etc.	→	\$109 or \$134/monthly premium
Part C: Advantage plan / bundled services	→	premium depends on the plan
Part D: prescription drugs	→	premium depends on the plan

A sample Medicare Health Insurance card for John Doe. The card features a red and blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, it lists the beneficiary's name as JOHN DOE, Medicare claim number as 000-00-0000-A, and sex as MALE. It also shows the effective date for both Hospital (Part A) and Medical (Part B) coverage as 01-01-2007. A "SIGN HERE" label with an arrow points to a line at the bottom of the card.

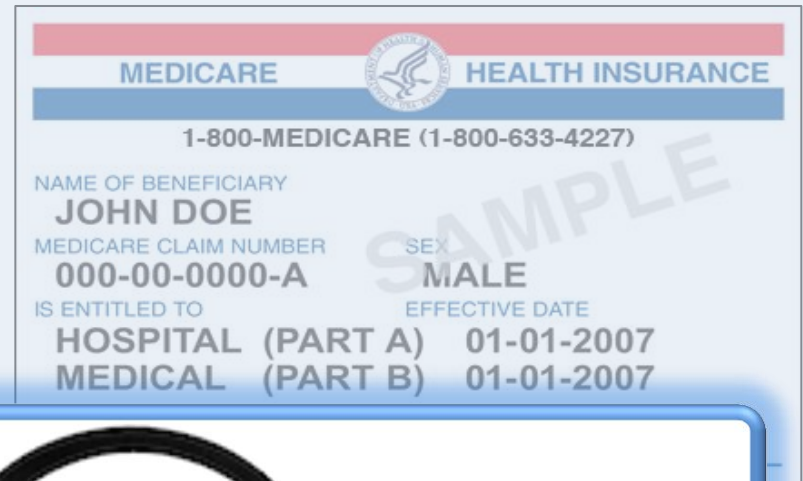
MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY	JOHN DOE
MEDICARE CLAIM NUMBER	000-00-0000-A
SEX	MALE
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	01-01-2007
MEDICAL (PART B)	01-01-2007
SIGN HERE →	_____

- Medicare.gov (Medicare Plan Finder)
- 1-800-Medicare
- Call Part D plan directly

Medicare

Federal health insurance program

- In-patient/out-patient care
- Prescription coverage
- Mental health & substance use -



- | | | |
|---|---|------------------------------|
| Part A: hospitalization | → | usually free |
| Part B: ambulatory/outpatient, labs, ambulance, etc. | → | usually \$109 or \$134/month |
| Part C: Advantage plan / bundled services | → | depends on the plan |
| Part D: prescription drugs | → | depends on the plan |

Private Health Insurance

Private health insurance

Covers **all or part of the medical costs** for illnesses, injuries, and chronic medical conditions

- **Essential health benefits*** critical to
 - maintaining health
 - treating illness & accidents
- Protects from unexpected, high medical costs
- Pay less to see doctors within the insurance network
- Free or low cost preventive care
e.g. vaccines, screenings, and some check-ups

**10, defined by the Affordable Care Act, if plan is compliant*

Private health insurance pays...

- How much, depends on the type of plan
- **Out-of-pocket costs** should be expected

Out of Pocket Costs can include

- **Premiums:** Monthly “membership” fee
- **Co-pays:** Usage fee each time service used (fixed \$ amount)
- **Co-insurance:** Percentage of service fee (percentage; variable cost)
- **Deductibles:** Amount paid by the insured individual before the insurance plan starts to pay

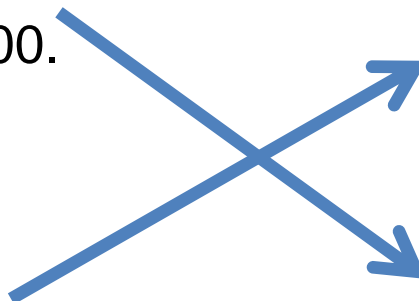
Insurance terms quiz!

Marla pays \$20 each time she gets her labs done.



Co-pay

Joe underwent knee replacement surgery. The surgery cost \$17,000. Joe paid \$3,400 (20%) and his insurance paid the rest.



Premium

Co-Insurance

Stacey writes a check for \$450 every month to her insurance company.

Marla used to pay \$10 for primary care visits, but after her surgery, she didn't have to pay anything.



Deductible

How do people get coverage?



Created by Lisole
from Noun Project



UHC
UnitedHealthcare®

**COVERED
CALIFORNIA**



**Buy directly from
insurance company →**

blue  of california



Health Net®



Covered California

CA marketplace for private health insurance



Where to Apply

- CoveredCA.com
- (800) 300-1506
- Certified Covered CA Enrollment Worker

Eligibility

- U.S. citizens
- Legal permanent residents & lawfully present individuals
- Households w/o Medicare or employer-sponsored health insurance (exceptions apply)

10 Essential Health Benefits

*Ambulatory care; emergency care; in-patient; maternity & newborn; MH & SU; Rx; labs
rehabilitative and habilitative services+devices; preventive & wellness services; pediatric services, including oral and vision care*

Covered California plans in SF



Health Net®



Covered CA financial assistance

Household Size	Up to 400% MAGI FPL	Over 400% MAGI FPL
1	\$48,240	No APTC for people with income over 400% MAGI FPL
2	\$64,690	
3	\$81,680	
4	\$98,400	
5	\$115,120	

CA Office of AIDS

Cost savings programs for PLWH

ADAP

- AIDS Drug Assistance Program
- **Managed by CA State Office of AIDS (OA)**
- **Administered by a Pharmacy Benefits Manager (PBM)**
Magellan Rx, subcontracted by OA
- **Complements private insurance**
pays ADAP formulary medication co-pays
- **Pays for full cost of drugs for uninsured**
not enrolled in private insurance; undocumented clients
- **Ryan White-funded / payer-of-last-resort**

ADAP

General Eligibility Criteria

- **CA resident**
immigration status not a bar
- **HIV+ w/ CD4 & VL results w/i last year**
- **18+ years of age**
- **MAGI FPL equal to or under 500%**
based on household size
- **Rx from CA physician**
- **Do not qualify for insurance that pays 100% of medication costs**
Med-Cal (Traditional or MCE); private

ADAP, common issues

- **Missed Re-certification**
45-days before birthday
- **Missed completion of Self-Verification Form**
6-months after birthday
- **Private Insurance or Medicare not aligned w/ ADAP**
not in ADAP system
- **Client did not apply for Medi-Cal**
before 30-day Temporary Access Period expires
- **Incomplete documentation**
proof of income, Dx, residency
- **Can't find an ADAP/HIPP EW**

OA-HIPP

- Office of AIDS Health Insurance Premium Payment
- Pays monthly health, dental, and vision insurance **premiums** and **out-of-pocket costs** for eligible clients, up to \$1,938 monthly!
- Covered CA, COBRA, and other private insurance plans
- Covered CA enrollees must take 100% of APTC Ryan White-funded / payer-of-last-resort
- New program: EB-HIPP available to clients with employer-based insurance

OA-HIPP

General Eligibility Criteria

- **Enrolled in ADAP**
all eligibility criteria met
- **Not enrolled in Medicare or Medi-Cal with no share of cost**
- **Enrolled in private health insurance with Rx drug coverage**

OA-HIPP, common issues

- **Missed Re-certification**
45-days before birthday
- **Missed completion of Self-Verification Form**
6-months after birthday
- **Did not do taxes**
required w/ re-certs for most enrollees
- **Client unable to pay “binder payment”,**
first month’s premium before HIPP starts making payments
- **Incomplete application documentation**
- **Client can’t find an ADAP/HIPP EW**

Common Profiles

Medicare

- **“Medi / Medi”**

Traditional Medi-Cal + Medicare

Client is disabled, income is SSI + SSDI

- **Medicare alone**

Pt A, B & C

Pt A, B and D

- **Working While Disabled (“250”)**

Medi-Cal or Medi/Medi

income under 250 FPL (\$2,328 monthly)

helps with access to IHSS

Common Profiles

Traditional Medi-Cal

- **SSI benefits alone**

Ct is disabled with less than 40 quarters of work hx

- **SSI + SSDI but no Medicare**

Ct is not yet eligible for Medicare; , e.g. in first two years of disability, not yet 65 year of age

Medi-Cal Expansion

- **Unemployment Insurance** is less than or equal to \$1,367/month

- **Employment Income** less than or equal to \$1,354/month

- **General Assistance + CalFresh + Medi-Cal Expansion**

Common Profiles

ADAP

- **Private Insurance + ADAP**
COBRA, Employer-sponsored
- **No Insurance – Straight ADAP + RW Clinic**
a bit more rare these days; not comprehensive health coverage
- **Healthy SF + ADAP**
HSF is not insurance; only works in SF
- **Medicare + ADAP**
+ Pt D Premium Payment Program