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 \((\text{disabled and/or 65+})\)
- Private insurance via employer
- Ryan White + ADAP safety net

Post-ACA HIV Care+Tx Options
- Traditional Medi-Cal
- Medicare \((\text{disabled and/or 65+})\)
- Private Insurance via employer
- Ryan White + ADAP safety net
- Medi-Cal Expansion
- Covered CA Marketplace
- OA-HIPP

¡Healthy SF!
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 FPL 138% or less, based on family size
- Tip: No “asset test” for MCE!

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

Enrollment Year Round!
Medi-Cal Expansion
aka “MAGI Medi-Cal”

**Modified Adjusted Gross Income**

Tip: Google “UC Berkeley Labor Center MAGI”

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual 138% MAGI FPL</th>
<th>Monthly 138% MAGI FPL</th>
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<tbody>
<tr>
<td>1</td>
<td>$16,754</td>
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<td>$2,887</td>
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<tr>
<td>5</td>
<td>$40,600</td>
<td>$3,384</td>
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</tbody>
</table>
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

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

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

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.
How do people get coverage?

Buy directly from insurance company →
Covered California
CA marketplace for private health insurance

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

Where to Apply
• CoveredCA.com
• (800) 300-1506
• Certified Covered CA Enrollment Worker

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
# Covered CA financial assistance

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<th>Household Size</th>
<th>Up to 400% MAGI FPL</th>
<th>Over 400% MAGI FPL</th>
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<td>1</td>
<td>$48,240</td>
<td>No APTC for people with income over 400% MAGI FPL</td>
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<td>$115,120</td>
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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
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