

TRANSITIONS IN HEALTHCARE



2018/2019 **EAHP** ANNUAL REPORT
EQUAL ACCESS TO HEALTHCARE PROGRAM





MISSION STATEMENT

To help people affected by HIV/AIDS, substance use, or mental health issues better realize opportunities by providing integrated legal, social, and health services that address the broad range of social risk factors that impact wellness and limit potential.

VALUES

WE ASPIRE TO PROVIDE SERVICES THAT:

- Give clients the knowledge they need to make their own choices.
- Aid all clients in a culturally-appropriate way.
- Utilize a client-centered model, emphasizing one-on-one and group relationships.
- Are easy to access.



WE ASPIRE TO BE AN ORGANIZATION THAT:

- Is culturally competent and diverse across all levels, from volunteers to our staff to our board.
- Respects and seeks participation from all agency stakeholders, including people living with HIV, in all areas of the organization.
- Operates at all levels with accountability, honesty and integrity.

WE ASPIRE TO MEET THE NEEDS OF ALL PEOPLE AFFECTED BY OR AT RISK FOR HIV, INCLUDING:

- People of any sexual orientation or gender identity.
- Immigrants, regardless of immigration status, and people with limited English proficiency.
- People who are (or who have been) incarcerated; ex-offenders; people with dependents; people of color; people with mental or physical disabilities, including the deaf and hard of hearing; women; youth; seniors; sex workers; active drug users; and people in recovery.

DEAR FRIENDS,

After five years, the Equal Access to Healthcare Program (EAHP) continues to mature and enhance our mission of providing integrated legal services for San Francisco's HIV positive community so they can stay connected to health care.

This year, PRC, AIDS Emergency Fund (AEF), and Baker Places came together in PRC's new Integrated Service Center. We are excited to have all of our services under one roof so that we can offer a more holistic model of support to our clients. Among other services, EAHP clients are now able to consult with their attorney on healthcare issues, meet with an employment specialist, access emergency financial assistance, and be referred for residential treatment services if appropriate. Although the process of moving into PRC's new home was by no means an easy feat, this important move for PRC led us to think about the inevitable changes that occur in all of our lives. EAHP seeks to ensure that people living with HIV/AIDS (PLWHA) do not feel immobilized by concerns about losing healthcare as they move through significant changes in their lives. In our report, we lay out some specific situations that lead clients to contact us for assistance, as well as some of the options that arise at these crossroads.

Clients frequently reach out to PRC when they lose their health insurance and are unsure what alternatives exist. EAHP provides legal consultation and representation to help avoid gaps in health coverage, evaluating each client's individual circumstances, identifying options and assisting them to become or remain linked to care. Clients also contact our program when healthcare changes result in expensive out of pocket medical costs. We are able to look into each client's unique situation and offer individualized solutions to reduce the cost of medical treatment.

With this publication we hope to inform clients and community partners of the many ways PLWHA in San Francisco can remain connected to healthcare. The report answers common questions about how employment, disability, marriage, and other life changes impact eligibility for health insurance and medical payment assistance programs. Although it is by no means exhaustive, we believe this report will be a valuable tool to empower PLWHA and their service providers during times of transition.

We would like to thank our community partners and the friends who continue to support our mission. We want to expressly thank the San Francisco Department of Public Health, California Department of Public Health, Gilead Sciences, Inc., and Macy's, Inc. for their continued support.



Beth Mazie, Esq.
Managing Legal Director



Kendall Holbrook, Esq.
Supervising Attorney

SERVING OUR COMMUNITY

Although EAHp clients vary demographically, they share common concerns about how to obtain or maintain access to healthcare. Clients seek our assistance in times of change. Some clients come to us during an exciting period in their life such as a new job or marriage. Others contact us during stressful times in their lives with concerns about their ability to continue to receive vital healthcare. Changes in age, employment, or family unit can result in barriers to care. EAHp provides free legal advice, healthcare advocacy, and community trainings to help ensure that clients and their service providers are aware of the many options available to PLWHA as they come to these crossroads in life.

SERVICES AND ACCOMPLISHMENTS



CHARACTERISTICS OF EAHp CLIENTS 2018-2019

GENDER	RACE/ETHNICITY	SEXUAL ORIENTATION	AGE
91% MALE	16% AFRICAN AMERICAN	5.5% BISEXUAL	22% 60+
7% FEMALE	5% ASIAN	76.8% GAY	34% 50-59
2% TRANSGENDER	20% LATINO	.4% LESBIAN	23% 40-49
	55% WHITE	14.3% HETEROSEXUAL	16% 30-39
	4% OTHER OR UNKNOWN	3% UNSURE, DECLINE TO STATE OR UNKNOWN	5% 20-29



“PRC has been an invaluable resource for me. It’s not always easy to ask for help, but I’ve always been put at ease and treated with kindness, respect, and genuine concern by everyone at PRC. I honestly don’t know what I would have done without them.”

– GEOFF

HOW TO STAY INSURED WHEN CIRCUMSTANCES CHANGE



I WAS RECENTLY DIAGNOSED WITH HIV. WHAT DO I NEED TO KNOW?

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

- The California Office of AIDS administers ADAP and health insurance premium payment programs.
- Provides eligible HIV+ California residents with free medications for treatment and suppression of HIV/AIDS and HIV/AIDS related opportunistic infections.
- In 2019, individuals with monthly income between \$1,436 and \$5,205 are eligible.
- Contact an enrollment worker to enroll in ADAP. For a list of enrollment sites visit <http://bit.ly/EnrollmentSitesADAP>.

MODIFIED ADJUSTED GROSS INCOME (MAGI) MEDI-CAL

- MAGI Medi-Cal is a free health care program for low-income adults.
- In 2019, individuals between ages 19-64, ineligible for Medicare, and with monthly income below \$1,436 are eligible.

COVERED CALIFORNIA

- Covered California is the health insurance exchange administered by the State of California.
- Individuals with monthly income between \$1,436 and \$2,602 or couples with monthly income between \$1,945 and \$3,523 are eligible for premium assistance and cost sharing reductions.
- This is a good option if your income is above the limit for MAGI Medi-Cal and you do not have access to other health insurance coverage.

I HAVE HEALTH INSURANCE, BUT I CAN NO LONGER AFFORD MY MONTHLY HEALTH INSURANCE PREMIUMS. IS THERE ANY HELP?

OFFICE OF AIDS HEALTH INSURANCE PREMIUM PAYMENT (OA-HIPP)

- If your monthly income is between \$1,436 and \$5,205 in 2019, you are eligible to enroll in ADAP. Once enrolled, you can enroll in OA-HIPP. This program will pay up to \$1,932 per month for your health insurance premiums. It also pays for outpatient out-of-pocket costs that count toward your annual out-of-pocket maximum.
- Applicants must be enrolled in ADAP to be eligible to enroll in OA-HIPP.

MAGI MEDI-CAL

- If your monthly income is below \$1,436 in 2019, you are eligible to enroll in MAGI Medi-Cal to receive full healthcare coverage.

I WAS WORKING PART-TIME AND COULDN'T GET HEALTH INSURANCE THROUGH MY EMPLOYER, SO I ENROLLED IN A COVERED CALIFORNIA PLAN. I AM NOW WORKING MORE AND MY INCOME HAS INCREASED. IS THERE ANYTHING THAT I NEED TO DO?

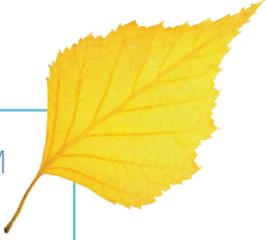
COVERED CALIFORNIA

- If your income changes you should immediately contact Covered California to report income changes as this can impact your eligibility for premium assistance. Individuals with income above \$2,602 are not eligible for premium assistance.
- If you fail to report these changes to Covered California, you may owe money when filing taxes the following year.
- Even if you are no longer eligible for premium assistance, if your monthly income remains below \$5,205 you can remain enrolled in ADAP and OA-HIPP.

EMPLOYER SPONSORED HEALTH INSURANCE

- If you become eligible for employer sponsored health insurance you should immediately contact Covered California to report that change since you will no longer be eligible for premium assistance.





I RECENTLY STARTED WORKING AND AM ELIGIBLE FOR INSURANCE THROUGH MY EMPLOYER. I CANNOT AFFORD MY PORTION OF THE MONTHLY PREMIUM. WHAT SHOULD I DO?

EMPLOYER BASED HEALTH INSURANCE PREMIUM PAYMENT (EB-HIPP)

- EB-HIPP pays the employee's portion of their monthly health insurance premium up to \$1,932 per month. It also pays for outpatient out-of-pocket costs that count toward the annual out-of-pocket maximum.
- Applicants must be enrolled in ADAP to be eligible to enroll in EB-HIPP.

I AM ENGAGED AND GETTING MARRIED SOON. HOW DO MY FIANCÉ AND I MAKE SURE WE BOTH HAVE HEALTH INSURANCE?

PRIVATE & EMPLOYER HEALTH INSURANCE

- Marriage and divorce are Qualifying Life Events (QLE) that allow you to enroll in or change health insurance. **However, you must enroll within 60 days of the change.**
- If you have employer based health insurance, you can notify your employer to add your spouse to your insurance plan.
- If neither you nor your spouse have employer insurance and your monthly household income is more than \$1,945 in 2019, you can enroll in a Covered California plan.
- If you and your spouse are both HIV+, then you are each eligible to enroll in ADAP and EB-HIPP or OA-HIPP.
- Since you are now married, ADAP eligibility is based on a combined income of less than \$7,046 in 2019.

MEDI-CAL AND COVERED CALIFORNIA

- If your monthly household income is less than \$1,945 in 2019, you and your spouse may be eligible for MAGI Medi-Cal.
- If you qualify, you can enroll year-round.

I LOST MY JOB. WHAT ARE MY OPTIONS FOR HEALTH INSURANCE?

COBRA/CAL-COBRA

- You are eligible to continue your employer sponsored health insurance through the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or Cal-COBRA. **However, you must elect to participate within 60 days of leaving your employment.**
- Federal COBRA applies to employers with group health plans for 20 or more employees. If eligible for COBRA, you can continue on your healthplan for 18 or 36 months after leaving your employment.
- Cal-COBRA applies to employers with group health plans for 2-19 employees. It lasts up to 36 months. If your COBRA coverage ends after 18 months, you may be able to elect Cal-COBRA for an additional 18 months.

COVERED CALIFORNIA

- If you decide to forgo COBRA/Cal-COBRA coverage and your income is over \$1,436 in 2019, you can enroll in a health insurance plan through Covered California.
- **You must enroll within 60 days of leaving your employment.** If you miss that deadline you will have to wait until the annual Open Enrollment Period to apply.
- If you are receiving Unemployment Insurance (UI) of at least \$1,436 per month in 2019, you can enroll in a health insurance plan through Covered California.

ADAP & OA-HIPP

- If your monthly income is between \$1,436 and \$5,205 in 2019, you can enroll in ADAP and OA-HIPP to pay for the monthly COBRA, Cal-COBRA, or Covered California premiums.

MAGI MEDI-CAL

- If your only income is UI and you are receiving less than \$1,436 in 2019, you are eligible for MAGI Medi-Cal.
- If you qualify, you can enroll year-round.
- State Disability Insurance (SDI) is not countable income for MAGI Medi-Cal, so if your only income is SDI and you meet the other eligibility criteria, you can enroll in MAGI Medi-Cal.



I'M ABOUT TO TURN 65. AM I ENTITLED TO PUBLIC HEALTH INSURANCE?

MEDICARE

- If you have worked 40 quarters over the course of your life, you will be eligible for Medicare when you turn 65.
- Eligibility begins the first day of the month in which you turn 65.

AGED & DISABLED (A&D) MEDI-CAL

- Even if you are eligible for Medicare, you may also be eligible for A&D Medi-Cal.
- In 2019, individuals with income below \$1,271 and couples with income below \$1,720 are eligible.
- There is a resource limit of \$2,000 for an individual and \$3,000 for a couple.

AGED, BLIND, AND DISABLED – MEDICALLY NEEDY WITH SHARE OF COST (SOC) MEDI-CAL

- If your income is over the limit for A&D Medi-Cal you may be eligible for Medi-Cal with a SOC.
- There is also a resource limit of \$2,000 for an individual and \$3,000 for a couple.

I AM UNDER AGE 65, BUT I WAS JUST APPROVED FOR FEDERAL DISABILITY BENEFITS. WILL I ALSO GET HEALTH INSURANCE?

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) & MEDICARE

- You become eligible to enroll in Medicare 24 months after you begin receiving SSDI benefits.

SUPPLEMENTAL SECURITY INCOME (SSI) LINKED MEDI-CAL

- If you are receiving SSI, you will be automatically enrolled in SSI linked Medi-Cal.

250% WORKING DISABLED PROGRAM (250% WDP) MEDI-CAL

- Since you meet the Social Security Administration's (SSA) definition of disability, you may be eligible to enroll in 250% WDP Medi-Cal as long as you are able to perform some work.
- There is a resource limit of \$2,000 for an individual and \$3,000 for a couple.

HOW DOES MEDICARE WORK?

THERE ARE MULTIPLE "PARTS" UNDER THE GENERAL UMBRELLA OF MEDICARE COVERAGE.

- Part A: "Hospital Insurance" = Inpatient hospital and skilled nursing care
- Part B: "Medical Insurance" = Doctor visits and outpatient care
- Part C: "Medicare Advantage Plans" = Private health insurance plans that combine inpatient, outpatient, and prescription drug coverage in lieu of Parts A, B, and D
- Part D: "Prescription Medicines" = Prescription drug coverage available through private health plans

ENROLLMENT PERIODS

- Initial Enrollment Period (IEP) is a 7 month period starting 3 months before an individual turns 65.
- January 1 to March 31 General Enrollment Period (GEP):
 - Enroll in Medicare Parts A & B with coverage effective July 1.
 - Change Medicare Advantage Plans or switch to Medicare Parts A, B, & D.
- October 15 to December 7 General Enrollment Period (GEP):
 - Fall Open Enrollment period with coverage effective January 1.
 - Switch from Medicare Parts A & B to a Medicare Advantage Plan.
 - Change Medicare Advantage Plans or switch to Medicare Parts A, B, & D.
 - Enroll in or switch Part D plans.
- Special Enrollment Period (SEP) is triggered by certain life events such as moving to a new state or losing other health insurance.

I AM ELIGIBLE FOR MEDICARE, BUT DIDN'T ENROLL IN TIME. CAN I STILL ENROLL?

LATE ENROLLMENT

- If you don't enroll in Medicare when you first become eligible, you may need to wait to enroll until the GEP discussed above.
- You may also face a penalty for late enrollment.

EXCEPTIONS TO THE MEDICARE PARTS B & D PENALTIES

- If you had health insurance through your employer or had other creditable coverage when you first became eligible to enroll in Medicare Parts B & D, you will not be assessed a penalty as long as you enroll in Part B within 8 months and Part D within 63 days of losing your creditable health insurance.



I HAVE MEDICARE, SO WHY AM I GETTING MEDICAL BILLS? DO I HAVE OTHER OPTIONS?

ORIGINAL MEDICARE (MEDICARE PARTS A, B, & D)

- Medicare pays for 80% of your inpatient and outpatient care, and you are responsible for 20% of these costs. This can result in substantial medical bills, so additional coverage is recommended.

MEDICARE ADVANTAGE

- You can enroll in a Medicare Advantage plan instead of Original Medicare.
- Medicare Advantage plans can be less expensive overall than Original Medicare, because they reduce your cost sharing and limit maximum out-of-pocket expenses.
- In California, all Medicare Advantage plans include prescription drug coverage.

LOW INCOME ASSISTANCE

- If you have Medicare and full scope Medi-Cal you are eligible for assistance to pay Part B & D premiums.
- If you are not eligible for Medi-Cal, you can contact the Social Security Administration to apply for premium and copay assistance.
- Medicare Savings Programs pay for Medicare premiums and out of pocket costs for individuals within certain income and resource limits.

MEDIGAP PLANS

- Medicare Supplement Insurance (Medigap) policies are private health insurance plans that help pay for costs not covered by Original Medicare such as copayments, coinsurance, and deductibles.
- You must be enrolled in Medicare Parts A & B to apply for a Medigap policy.
- You are guaranteed enrollment only if you enroll within your IEP. If you decide to enroll in a Medigap policy after your IEP, you may be charged a high premium or unable to purchase a plan.

ADAP & MEDICARE PART D PREMIUM PAYMENT (MDPP) PROGRAM

- If you are enrolled in ADAP, the Office of AIDS MDPP program pays for Medicare Part D and Medigap insurance premiums. It also pays medical out-of-pocket costs that count towards the annual out of pocket maximum.



I HAVE MEDI-CAL AND AM ABOUT TO RECEIVE AN INHERITANCE. WILL THIS IMPACT MY MEDI-CAL?

TRADITIONAL MEDI-CAL VS. MAGI MEDI-CAL

- For traditional Medi-Cal, a one-time inheritance is generally considered income in the month received and a resource after that. Gifts and inheritances are not considered income for MAGI Medi-Cal. Certain lump sums such as retroactive SSDI and SSI payments do not count as income in the month received and are not considered a resource if spent down within 9 months of receiving it.
- If you are on MAGI Medi-Cal, the money will not affect your Medi-Cal eligibility when it becomes a resource.
- All other Medi-Cal programs have resource restrictions. Generally, cash, bank accounts, and all property except an individual's home, personal items, and one motor vehicle are considered resources. You would not remain eligible for Medi-Cal if your resources are more than \$2,000 for individuals and \$3,000 for couples.

SPEND DOWN

- Resources are evaluated on a monthly basis, and they must be reduced below the resource limit by the end of the month to remain Medi-Cal eligible.
- Resources must be transferred for fair market value and documentation of the spend down is required.

TRUSTS

- Special Needs Trusts (SNT's) allow people with disabilities to maintain their eligibility for public assistance programs. There can be complicated legal hurdles to establishing a SNT, so generally they are recommended for individuals with significant resources.
- Pooled SNT's allow individuals with disabilities to move their resources into a trust administered by a non-profit organization in order to maintain eligibility for public benefits. This may be a helpful option for individuals who do not want to spend down their resources, but do not have sufficient resources for an individual SNT.



EAHP STAFF



JUDE BLACKWOLF

is the Legal Assistant for the Equal Access to Healthcare Program. He is currently pursuing a bachelor's degree in Political Science. Jude decided to move into the nonprofit sector after he became a San Francisco resident. He realized that complaining about the homeless situation and lack of health programs would not get him anywhere, but helping and educating his community would. As the EAHP Legal Assistant, he most enjoys meeting with and learning from clients who have amazing life stories.



KENDALL HOLBROOK, ESQ.

is the Supervising Attorney in the Equal Access to Healthcare Program. She is dedicated to working with clients to problem solve their specific situation and find solutions to healthcare access issues. Kendall graduated from the University of San Diego School of Law in 2013, concentrating her studies on public interest law. She previously worked as an attorney advocating on behalf of community and environmental justice groups.



BETH MAZIE, ESQ.

is the the Managing Legal Director of the Benefits Counseling Program at PRC and was previously the Senior Supervising Attorney in the Equal Access to Healthcare Program. She has worked as a Social Security benefits attorney at Rubicon Legal Services and is currently a volunteer mediator with Community Boards. Beth is committed to empowering people to learn about and access resources and benefits that enable them to stabilize and improve their lives.

The Equal Access to Healthcare Program is made possible the by the San Francisco Department of Public Health. Additional support is provided by the California Department of Public Health, Gilead Sciences, Inc., and Macy's, Inc.



JASON CINQ-MARS, ESQ.

is a Staff Attorney in the Equal Access to Healthcare Program. He strives to educate and help clients connect to the variety of healthcare options available to meet their individual needs. He spent several years in private practice and believes that taking the time to explain the difficult regulations and processes to a client is almost as important as reaching the desired outcome. Jason is an Air Force Veteran, and he graduated from the University of California, Davis, King Hall School of Law.



RYAN LEONG, ESQ.

is a Staff Attorney in the Equal Access to Healthcare Program. Ryan graduated from the University of San Francisco School of Law and was previously a private practice attorney, representing a wide range of clients across a spectrum of legal issues from family law, to immigration to criminal defense. He believes that healthcare access is a fundamental human right and is grateful for the opportunity to help clients navigate the often-complex world of healthcare services.



CRISTINA RESENDIZ-JOHNSON, ESQ.

is a Bilingual Staff Attorney in the Equal Access to Healthcare Program. As a daughter of Mexican Immigrants, she understands firsthand the difficulties in navigating the Federal Benefits and American healthcare system as a non-English speaker and takes sincere joy in helping others obtain critically needed coverage. Cristina graduated from Golden Gate University, School of Law in 2017. Before joining PRC, she was an Attorney with the Alameda County Public Defender's Office in the Clean Slate Program where she worked closely with the reentry community. She is deeply passionate about advocating for her clients, protecting their rights, and positively contributing to their personal growth.

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