



Bridging Gaps in Healthcare

2020/2021 EAHP ANNUAL REPORT
EQUAL ACCESS TO HEALTH 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 A CHALLENGING YEAR, WE ARE GRATEFUL TO BE ABLE TO SHARE THIS REPORT AND OUR ACCOMPLISHMENTS WITH YOU. This past year has been one of struggle and difficulties for many in our community. We started off the year dealing with profound challenges due to the COVID-19 Public Health Emergency, requiring us to transform the way we provide services. EAHP has evolved and adapted so that we can best meet the needs of our client community of San Francisco residents living with HIV. This report summarizes almost an entire contract year unexpectedly spent working remotely. Throughout this time, the EAHP team stepped up and reached out to new and existing clients to ensure they are able to maintain their access to healthcare. EAHP worked diligently to keep abreast of the constantly shifting and expanding regulations around healthcare access and they continue to vigorously advocate for our clients and community.

COVID-19 and the requirements of remote work have revealed the unique and changing needs of our community. Due to the Shelter-in-Place orders issued and resulting office closure, EAHP was unable to assist walk-in clients and this required us to be innovative in order to stay in touch. EAHP continued to focus on reaching out to underrepresented clients, as well as responding to inquiries from clients and the community about changes in eligibility for various healthcare programs. With outreach, we have seen an increase in Latinx and genderqueer clients over the past year, and have continued our outreach efforts to minority, female and transgender community members, recognizing that they are often more likely to lack healthcare coverage or advocates to assist them.

We became creative in our effort to reach out and remind people that they are not alone and that, despite our office closure, we are here to assist them with their healthcare issues. As our message has gotten out, and people are again wanting to engage in care, we are seeing an increase in clients reaching out for assistance and support.

In these tumultuous times there have been new obstacles in obtaining and maintaining healthcare access. In this report we focus on some of the possible hurdles and deadlines clients may face in their efforts to maintain their healthcare coverage under Medicare, Medi-Cal, Covered California and with private providers. Our hope is that this information will help empower our community of clients and case managers by making them aware of potential pitfalls as they advocate for and maintain their continuity of care.

Finally, at the time of this printing we are starting to see a light at the end of the COVID-19 tunnel. Although we are overwhelmed by the suffering and loss we have witnessed, we are reminded of our shared spirit of resilience. We are encouraged and thankful for the pro-active steps so many agencies and frontline advocates have taken, and continue to take, in order to keep our community safe.

We are deeply grateful and want to thank our community partners and friends who have continued to support our mission. We want to expressly thank the San Francisco Department of Public Health, Gilead Sciences, Inc., Magellan Cares Foundation, Horizons Foundation and the Bigglesworth Family Foundation for their continued sponsorship of our work.



Beth Mazie, Esq.
Managing Legal Director



Jason Cinq-Mars, Esq.
Supervising Attorney

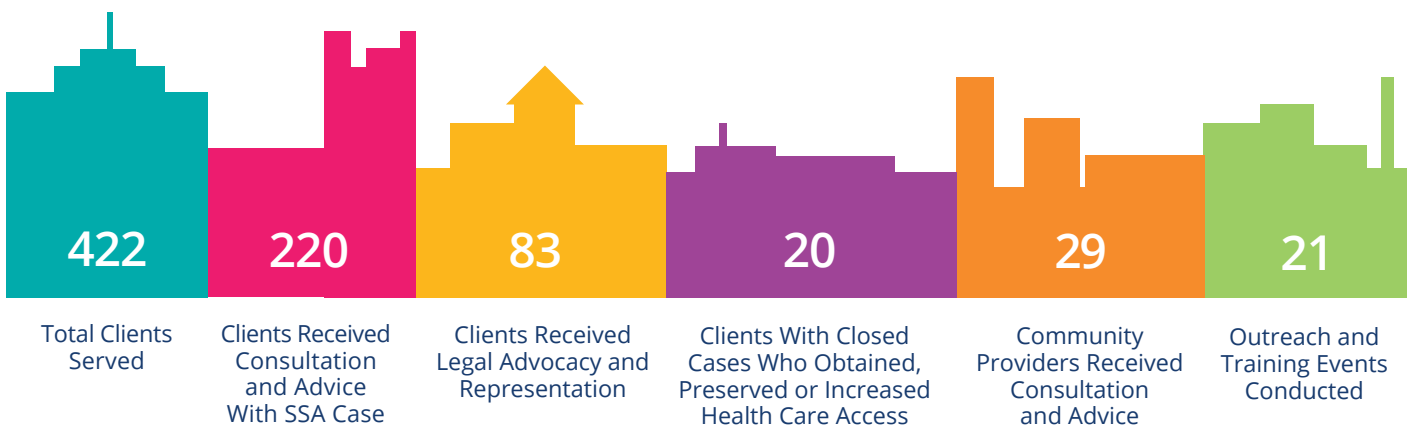
Serving Our Community

EAHP serves a diverse and multi-cultural clientele who share common concerns about how to obtain or maintain access to healthcare within a complex landscape. Clients seek our assistance in times of change. Many come to us when their access to healthcare is at risk, either due to a health coverage denial or denial for specific services. EAHP provides free legal advice, healthcare advocacy, and community trainings to help ensure community members are aware of the options available so that they can maintain the best coverage to meet their individual needs.

Top Six Presenting Issues

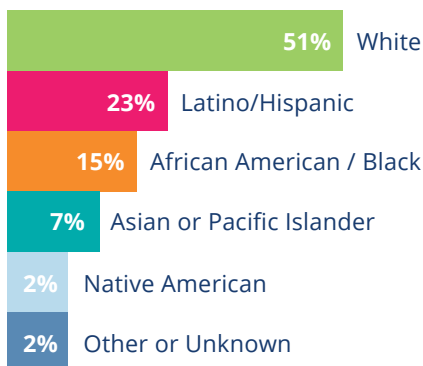
- 1 ADAP
- 2 Income/Asset
- 3 Medicare
- 4 Non-MAGI Medi-Cal
- 5 MAGI Medi-Cal
- 6 Lack of Coverage

Services and Accomplishments

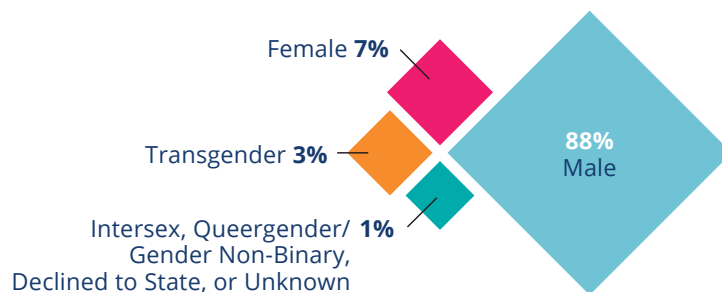


Characteristics of EAHP Clients 2020-2021

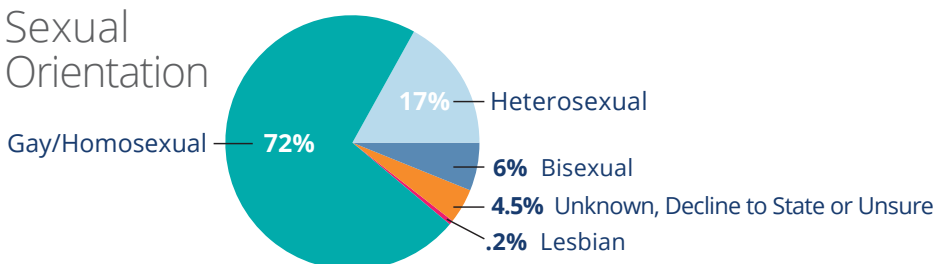
Ethnicity



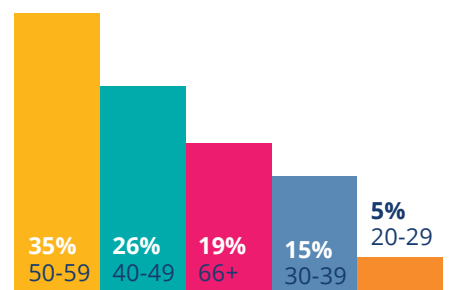
Gender



Sexual Orientation



Age



DID YOU KNOW?

- Medicare Parts A and B only cover 80% of your health care costs.
- People who are disabled and working only a few hours a month might be eligible for a Medi-Cal program that also helps pay for Medicare Part B and Part D premiums.
- You can get up to 90 days of retroactive coverage when you enroll in Medi-Cal.
- ADAP can help with health insurance premiums in addition to medications. ADAP can even help pay your share of your employer provided health insurance premium or COBRA premiums if you lose your job.

Medicare

What is Medicare?

Medicare is a federal health insurance program and provides insurance when 1) you turn 65 or 2) 24 months after you become eligible for SSDI. It consists of Part A: hospital coverage, Part B: out-patient services like doctors' visits, and Part D: prescription drug coverage.

Does Medicare pay all of my doctor or hospital bills?

"Original Medicare" consists of Parts A and B and pays 80% of a patient's healthcare costs. Patients are responsible for the remaining 20%. To cover and assist with drug costs, patients must enroll in a separate Part D Prescription Drug plan. "Medigap" plans are separate plans that beneficiaries can buy to supplement the benefits covered by Original Medicare and reduce out-of-pocket costs.

When do I become eligible for Medicare?

Most people become eligible for Medicare on their 65th birthday if they have enough work credits. SSDI beneficiaries become eligible in the 25th month after their SSDI entitlement.

Can I still stay on Medi-Cal if I am eligible for Medicare?

Yes. If you are "Medi-Medi", Medi-Cal will cover the 20% of expenses that Original Medicare does not cover and pay your Part B and Part D premiums.

When do I enroll in Medicare?

You can enroll in Medicare up to 3 months before to 3 months after your 65th birthday or the date you become eligible for SSDI. You must enroll in Medicare on time to avoid a penalty.

Medi-Cal

How do I know if I qualify for Medi-Cal or which plan is right for me?

There are several different Medi-Cal programs for low income beneficiaries. Most have an asset test, meaning your household cannot have assets over a certain amount. One Medi-Cal program is based only on income and there is no asset test. Contact EAHP for help finding the best fit for you.

When can I apply for Medi-Cal?

You can apply for Medi-Cal at any time.

What is the Medi-Cal annual redetermination form and when is it due? What happens if I miss the deadline?

Medi-Cal beneficiaries are required to verify their ongoing eligibility annually. You should receive a form in the mail and the due date will be near the top of the form. If the form is not completed and returned by the deadline, along with any requested supplemental documents, benefits may be suspended.

COBRA

I just lost my job and received paperwork about COBRA coverage. What do I do now?

When workers lose health benefits due to job loss, reduction in work hours, death, divorce, or other life events, the Consolidated Omnibus Budget Reconciliation Act (COBRA) gives them the right to choose to continue the health benefits provided by their employer's health plan for limited periods of time.

Cal-COBRA applies to California employers with group health plans that cover 2-19 employees. It also gives workers the option of continuing group health coverage.

60 Day Enrollment Period:

You must enroll in COBRA or Cal-COBRA within 60 days after your health insurance policy with your employer ends.

Length of Coverage:

COBRA coverage can last up to 18 or 36 months, depending on the event that caused the loss of insurance. Cal-COBRA can last up to 36 months.



TIP: If you are eligible for ADAP, you may be able to enroll in OA-HIPP to cover your COBRA/Cal-COBRA premiums.

ADAP

What is ADAP and what does it do?

The AIDS Drug Assistance Program (ADAP) pays out of pocket costs associated with HIV related medications for uninsured or underinsured people living with HIV/AIDS whose income falls between 138%-500% of the Federal Poverty Line (\$1,482 to \$5,370 per month in 2021).

The California Office of AIDS also administers programs to help with payment of health insurance premiums for those enrolled in ADAP.

COVID-19 Exceptions

MEDICARE

If a beneficiary has a change in circumstances that will impact their Medicare enrollment, such as loss of income from work or changes in living situations, and that change is due to COVID-19, they may have a Special Enrollment Period in which to change Medicare plans. In general, this enrollment period starts at the time of the event and ends 2 months later.

MEDI-CAL

Medi-Cal is currently delaying the processing of annual redeterminations and has discontinued "negative actions". This means that your Medi-Cal benefits will not be terminated until the Public Health Emergency is lifted. If you received an annual re-determination and it is past due, or a Notice of Action, contact EAHP so we can assist you in filing the appropriate documents to have on file once the COVID-19 Public Health Emergency is lifted.

COVERED CALIFORNIA

A Special Enrollment Period for Covered California is now open through December 31, 2021. Beneficiaries can sign up for or switch plans anytime between now and December 31, 2021 and be covered the following month.

The American Rescue Plan provides new and expanded subsidies so Californians without employer coverage will not pay more than 8.5% of their total income towards their health care premiums. If your premiums for your employer coverage is higher than 8.5% of your total income, please contact EAHP.

Employment & Healthcare

What happens to my healthcare coverage if I lose my job and/or my employer's insurance coverage?

MEDICARE

If you are over 65 and/or Medicare eligible, and have lost your employer-sponsored health insurance plan:

- You have 8 months to enroll in Medicare Parts A and B
- You have 2 months to enroll in Medicare Parts C or D

If you enroll during this time, you can usually avoid the lifetime, monthly Late Enrollment Penalty.

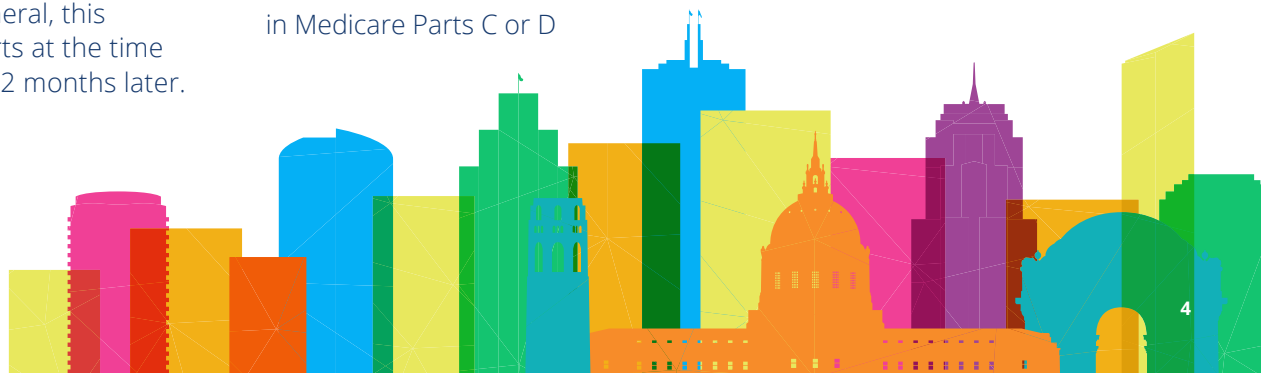
You can apply for Medicare Parts A and B at your local Social Security Office, via telephone at (866) 964-5051, and online through mySocialSecurity.gov. SSA also maintains a national support number at (800) 772-1213.

MEDI-CAL

While on Medi-Cal, you are required to report changes in income, job and/or disability status to SF HSA within 10 days of the change. As a reminder, Medi-Cal has halted any 'negative actions' while the COVID-19 Public Health Emergency is in effect. This means Medi-Cal will not end your coverage just because your income has changed or if you fail to report a change.

Medi-Cal has a wide variety of need-based, free or low-cost, health insurance programs, such as the Medi-Cal expansion (aka 'MAGI Medi-Cal'); the Working Disabled Program; the Aged, Blind and Disabled Program; the Medically Needy-Disabled Program, and the Supplemental Security Income (SSI)-Linked Medi-Cal program. Each program has different eligibility and income requirements. Contact EAHP for assistance in determining which programs you may be eligible for.

San Francisco Human Services Agency, the county agency that manages Medi-Cal, can be reached (415) 558-4700 or (855) 355-5757. You can also email them at SFMedi-Cal@sfgov.org. Changes may also be reported online at mybenefitscalwin.org or coveredca.com.



If you are ineligible for Medi-Cal coverage, a health insurance plan may be available to you through the Covered California marketplace. In addition, your monthly premiums may be reduced by the federal Advanced Premium Tax Credit (APTC) or the California Premium Subsidy (CPS). Contact the EAHP team for assistance understanding and applying for Covered California.

COVERED CALIFORNIA

If you have health insurance through Covered California, you must report changes in income, job and/or disability status to Covered California within 30 days of the change. Covered California can be reached at (800) 300-1506. Changes may also be reported online at coveredca.com.

It is very important to timely report changes in income to avoid a potentially large tax bill. The APTC and CPS that you receive are based on projected income for the calendar year. At tax time, the Internal Revenue Service (IRS) and Franchise Tax Board (FTB) compares the projected versus actual income. If you've earned more than you projected, you may have received more tax credits than you were due and the IRS/FTB will seek to recover those credits.

COBRA CONTINUING COVERAGE

If you lost employer-sponsored health insurance, COBRA gives you the right to purchase continuing coverage under your former group health plan for up to 18 or 36 months.

- Within 30 days of the termination, your former employer must notify the group health plan.
- Within 14 days of receiving the termination notice, the plan must provide you an election notice.
- You have at least 60 days starting on the later of the election notice or the date you would lose coverage to choose whether or not to elect continuing coverage.

In California, Cal-COBRA requires small employers (2 to 19 employees) to give former employees the right to purchase continuing coverage. Cal-COBRA also extends COBRA coverage, an additional 18 months.

ADAP

If you have ADAP, you must immediately report changes in income, health insurance and/or your health insurance plan to the California Department of Public Health (CDPH), Office of AIDS (OA). Changes are reported through your ADAP Enrollment Worker (EW). If you are not eligible for Medi-Cal and your annual income is equal to, or below, \$64,400, you may be eligible for ADAP.

I got a Job!! Now what?

MEDICARE

If you stop receiving SSDI due to work, you can keep your Medicare coverage for 7 years and 9 months after your Trial Work Period ends.

MEDI-CAL

Even with increased income from work, you still may be eligible for a Medi-Cal program. The programs have different income limits and calculations. If you are receiving disability benefits, employment may or may not impact your eligibility for those benefits as well.

Sign up for PRC's monthly workshop, "Working While Receiving Disability Benefits" to learn more about the impact of earned income on your SSI or SSDI benefits.

COVERED CALIFORNIA

If employer-sponsored health insurance is offered, Covered California expects you to take it unless the premiums you have to pay for your individual coverage are over 9.66% of your monthly income. Otherwise, you can enroll in or keep your Covered California plan but will not be eligible for the APTC or the CPS.

ADAP

Even with increased income, you still may be eligible for ADAP. As noted above, the annual income limit for ADAP eligibility is \$64,400.

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAMS

If you remain eligible for ADAP and accept employer-sponsored health insurance, you may be eligible for Employer Based (EB)-HIPP. EB-HIPP can pay monthly premiums up to \$1,938 and may reimburse medical out of pocket costs.

"I appreciate the professional legal services I received. The excellent job performed gave me hope and confidence." – EAHP Client



IMPORTANT DATES

ADAP re-enrollment – Annually on Birthday

ADAP re-certification Self-Verification Form (SVF) – Annually Six (6) months after Birthday

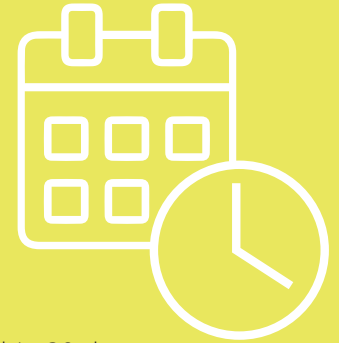
Medicare Part A and Part B enrollment – 65th Birthday

SSDI linked Medicare – SSDI Eligibility date + 24 months

Medi-Cal enrollment – Any time

Medi-Cal Redetermination – Annually starting one year after initial enrollment

COBRA/CalCOBRA enrollment – Date of Job Loss + 60 days



Reporting Changes in Income, Employment or Health Insurance Coverage:

- MediCare – report changes within 30 days
- Covered California – inform of changes within 30 days
- Medi-Cal – inform of changes within 10 days
- ADAP – inform of changes within 10 days

Commonly Used Terms

ADAP (AIDS Drug Assistance Program): California Office of AIDS program that pays out of pocket costs associated with HIV related medications for uninsured or underinsured people.

APTC (Advanced Premium Tax Credits): Financial assistance to eligible individuals and families to enable them to purchase insurance through Covered California.

COBRA (Consolidated Omnibus Budget Reconciliation Act): Federal program for workers and their families who lose their health benefits providing the right to choose to continue group health benefits under certain circumstances.

Cal-COBRA: California program that applies to certain California employers and group health plans and can extend the length of COBRA coverage.

MAGI: Modified adjusted gross income.

Medi-Cal: California's Medicaid program that provides healthcare for eligible low-income individuals.

Medicare: Federal healthcare program for eligible individuals who are 65 years and older, under 65 and disabled, and people with certain other medical conditions.

Medicare Part A: Medicare hospital insurance that covers most inpatient hospital care.

Medicare Part B: Medicare medical insurance that covers a portion of outpatient medical services such as doctor's visits, lab tests, ambulance services, and certain medical equipment and supplies.

Medicare Part C: Also referred to as Medicare Advantage Plan, a Medicare health plan offered by a private company contracted with Medicare to provide Part A and Part B benefits. Most offer prescription drug coverage.

Medicare Part D: Medicare prescription drug coverage benefit.

Medi Gap Plan: An additional insurance plan to supplement the benefits of Original Medicare and reduce out of pocket costs.

OE (Open Enrollment): A period of time each year when you can sign up for health insurance, change your plan, or dis-enroll.

QLE (Qualifying Life Event): A change in circumstance that makes a beneficiary eligible for a Special Enrollment Period.

SEP (Special Enrollment Period): A time outside the Open Enrollment Period when you can sign up for health insurance.

SF HSA (San Francisco Human Services Agency): The county agency that manages Medi-Cal in San Francisco.

SSDI: Social Security Disability Income.

SSI: Supplemental Security Income.

EAHP STAFF



Bill Stewart, Esq. **Staff Attorney**

Bill is a long-time resident of San Francisco, having spent decades living in, or near, the Castro. Bill followed his passion for helping fellow members of the LGBTQ+ and HIV+ communities by starting a second career in the law and by joining PRC's legal advocacy team.



Brittany Peck, Esq. **Benefits Advocate**

Brittany believes that client-centered advocacy is essential for clients to make fully informed decisions that match with their legal goals. Brittany obtained her B.A. from University of Hartford and attended Suffolk Law School.



Christiana Poynter, Esq. **Staff Attorney**

Christiana is new to the EAHP team and enthusiastic about assisting and counseling clients. Her goal is to partner with clients to identify their healthcare access goals and provide clear and concise client counseling to assist in their decision making. She obtained a BA from Ohio State University and attended Saint Louis University School of Law.



Kalli Leal, **Legal Assistant**

Kalli has a Bachelor's degree from University of California, Santa Cruz in Psychology and Latin American and Latino Studies. Kalli comes from a child welfare background and understands the importance of diverse representation and compassionate delivery of public service.



Jason Cinq-Mars, Esq. **Supervising Attorney**

Jason firmly believes that taking the time to help clients understand the legal process is vital to their success in any legal arena. Jason is an Air Force veteran, obtained his MSA from Central Michigan University and attended UC Davis, King Hall School of Law.



Beth Mazie, Esq. **Managing Legal Director**

Beth was previously a Senior Supervising Attorney in the Equal Access to Health 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.

Legal Advocacy Team

Beth Mazie, Managing Legal Director
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Jason Cinq-Mars, Supervising Attorney
Kelly Watkins, Supervising Attorney
Ryan Leong, Supervising Attorney
Christiana Poynter, Staff Attorney
Dawei Wang, Staff Attorney
Olga Dombrovskaya, Staff Attorney
Jacob Kanawai Cabrinha, Staff Attorney
William Stewart, Staff Attorney
Elizabeth Pickell, Senior Benefits Advocate
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Negin Mohajeri, Paralegal
Alisa Jackson, Supervising Legal Assistant
Iara Ried, Legal Assistant
Kalli Leal, Legal Assistant
Sierra Varano, Legal Assistant
Tricia Frost, Legal Assistant
Fernando Aguayo-Garcia, Director of Quality Assurance
Dawn Evinger, Communications Coordinator

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Joe Alouf, Interim, Chief Financial Officer
Jim Wegman, Chief Information Officer
Chuan Teng, Chief of Programs & Confidentiality Officer
John Fostel, Chief Clinical Officer
Tasha Henneman, Chief of Policy and Government Affairs
Nancy DuBois, Interim, Chief Operations Officer

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