



### Open Enrollment Bootcamp III

UCSF Mission Hall  
550 16<sup>th</sup> Street  
San Francisco, CA 94143

<b>7:45-8:45 AM</b>	<b>Health Insurance 101 (<i>Optional</i>)</b> Andy Scheer, SF City Clinic Beth Mazie, PRC	Room 2700
<b>8:30</b>	<b>Registration and Breakfast</b>	Room 1400
<b>9:00</b>	<b>Welcome and Group Introductions</b> Rebecca Levin, PRC Amanda Newstetter, UCSF Bay Area & North Coast AETC	Room 1400
<b>9:30</b>	<b>Choosing a Plan: Open Enrollment Basics</b> Adrienne Mendle, PRC	Room 1400
<b>10:30</b>	<b>BREAK</b>	Room 1400
<b>10:45</b>	<b>Covered CA Updates for 2018</b> Marc Ross, Covered CA	Room 1400
<b>12 PM</b>	<b>LUNCH</b>	Room 1400
<b>1:00</b>	<b>Policy Updates: Covered CA, ADAP, and the PrEP Assistance Program</b> Courtney Mulhern-Pearson, SFAF	Room 1400

<b>1:45</b>	<b>BREAK</b>	<b>Room 1400</b>
<b>2:00</b>	<b><u>Breakout Session A</u></b>	
	<b>SF HIV Systems of Care</b> Andy Scheer, SF City Clinic/SFDPH	<b>Room 1400</b>
	<b>Retention in PrEP and ART Benefits Enrollment</b> Montica Levy, DPH, and Nora Anderson, LINC	<b>Room 2700</b>
	<b>You're Medi-Cal Eligible! Now What?</b> Nancy Flores, San Francisco Human Services Agency	<b>Room 2500</b>
	<b>USCA Scholars: What We've Learned</b> Edwin Espinoza, Instituto Familiar de la Raza Jorge Vieto, Glide Memorial Patrick Kinley, LINC, SFDPH Zachary Davenport, South Van Ness Adult Behavioral Health Services and SF City Clinic	<b>Room 3500</b>
<b>2:45</b>	<b>BREAK</b>	<b>N/A</b>
<b>3:00</b>	<b><u>Breakout Session B</u></b>	
	<b>SF HIV Systems of Care</b> Andy Scheer, SF City Clinic/SFDPH	<b>Room 1400</b>
	<b>Medicare Alphabet Soup</b> Miguel Martinez, HICAP	<b>Room 3500</b>
	<b>Alternative Healthcare Options for Categorically Ineligible Clients</b> Chuan Teng, PRC	<b>Room 2700</b>
	<b>ADAP- Gateway to Sustainable Care</b> Gabriel Lieu, Kaiser	<b>Room 2500</b>
<b>3:45</b>	<b>BREAK</b>	<b>N/A</b>
<b>4:00</b>	<b>Prizes and Closing Announcements</b>	<b>Room 1400</b>

# Open Enrollment Bootcamp

October 20, 2017



# Learning Objective s

By the end of this training, frontline workers will be able to:

1. Describe the health insurance options available for HIV care and medication
2. Explain how to navigate clients through enrollment in health care coverage
3. Describe the programs available to help clients pay for HIV care and medication costs



# Agenda

- 9:30 to 10:30am: Choosing a Plan: Open Enrollment Basics
- 10:30 to 10:45am: Break
- 10:45am to 12pm: Covered CA Updates for 2018
- 12 to 1pm: Lunch
- 1 to 1:45pm: Program Updates: Medical, Legislative, and ADAP
- 1:45 to 2pm: Break
- 2 to 2:45pm: Breakout Session A
- 2:45 to 3 pm: Transition Time
- 3 to 3:45pm: Breakout Session B
- 3:45 to 4pm: Transition Time
- 4 to 4:30pm: Prizes and Closing Announcements



# Housekeeping

- Bathrooms are to the left of the security desk and ?????
- Please be respectful of our speakers and silence your cell phones. If you need to make a phone call, please do so outside.
- Training evaluations will be emailed, so please check your emails and respond in the coming days (we need these evaluations in order to continue putting on trainings)





# Thank You

- Getting to Zero San Francisco
- SF Department of Public Health
- Speakers
- Volunteers





# OPEN ENROLLMENT BASICS

OPEN ENROLLMENT BOOTCAMP  
OCTOBER 20, 2017

PRESENTED BY  
ADRIENNE MENDLE, ESQ.



# GOALS

- **Understand Open Enrollment period and Timeline for Covered California and Medicare**
  - What you can do, what to remember, and important deadlines
- **Review wrap-around benefits and practice tips to ensure seamless enrollment**
  - ADAP, OA-HIPP, and Part D Premium Payment Program eligibility
- **Describe what happens when a client misses Open Enrollment**
  - Tax penalties, Special Enrollment period, Medi-Cal



# WHO CARES ABOUT OPEN ENROLLMENT?

We do!

- Open Enrollment is the *only period* during the year when individuals can enroll in a health plan without a Qualifying Life Event
- This is to ensure that people aren't signing up *only* when they get sick
- Medicare, Covered CA, private insurance, and employers all have Open Enrollment periods

# COVERED CALIFORNIA OPEN ENROLLMENT

Open Enrollment is from November 1, 2017 until January 31, 2018!

- **During Open Enrollment, you can:**
  - Renew your health plan
  - Enroll in a plan for the first time
  - Change your health plan
- **The date you enroll determines when enrollment, or changes to enrollment, go into effect:**

Enroll Between...	Coverage starts...
Nov 1, 2017-Dec 15, 2017	Jan 1, 2017
Dec 16, 2017-Jan 15, 2018	Feb 1, 2018
Jan 16, 2018-Jan 31, 2018	March 1, 2018



# MEDI-CAL VS COVERED CALIFORNIA ELIGIBILITY

- MAGI Medi-Cal and Covered CA use MODIFIED ADJUSTED GROSS INCOME to determine eligibility
- If MONTHLY income is...
  - \$0-\$1387 – eligible for MAGI Medi-Cal
  - \$1388-\$2513 – eligible for Covered CA with premium assistance (APTC) and cost-sharing reductions (CSRs)
  - \$2514-\$4020 – eligible for Covered CA with premium assistance only
  - \$1388-\$5025 – eligible for ADAP and OA-HIPP
- Amounts shown are for 2017 – new FPL usually posted in spring



# WHO CAN ENROLL IN COVERED CALIFORNIA?

- US citizens, Qualified Immigrants, and applicants for certain legal statuses
- Individuals NOT eligible for MAGI Medi-Cal
- Individuals who don't have employer based coverage
  - Limited exceptions apply to this rule



# HOW TO ENROLL

## Before you meet with your client...

- Ask your client to bring income, immigration, and family information
- Ask your client who his/her doctor is, and for a medication list
- **Best Practice:** call doctor's billing office and ask which Covered CA plans they accept, including metal tier
- Ask if client anticipates needing specific procedures or services in the next year

## When working with a new client, you can enroll online or by phone

- Remember to request delegation code, if helpful
- PRACTICE TIP: if you get stuck online, just call Covered CA's hotline

## Remind your client that there are many affordable options out there

- There's been a lot of activity with healthcare and buzz about premiums but there are lots of resources to help paying for insurance



# HOW TO ENROLL CONTINUED

- [www.coveredca.com](http://www.coveredca.com)
  - “No Wrong Door” – please note that you can sign up for Covered CA or Medi-Cal at Covered CA’s website
- Covered CA hotline: 1-800-300-1506
- PRACTICE TIP: You don’t have to be an agent to help your client enroll
  - Call Covered CA with your client and request a delegation code
  - *FOR ADAP EWs: This comes in handy when completing OA-HIPP enrollment*
- PRACTICE TIP: The quickest way to get a Covered CA agent on the line is to enter incorrect client information
  - Avoid the endless phone tree





INDIVIDUALS  
AND FAMILIES

SMALL  
BUSINESS

Account Sign In | Español

Search



Get Coverage ▾

Members ▾

Find Help ▾

**It's time to renew your health insurance for 2018**

# Health insurance that's **right for you**

How to enroll >

**The countdown has begun!**  
Open enrollment starts Nov. 1 and continues through Jan. 31, 2018



See If You Qualify for  
Financial Help



Shop and Compare



Apply for Coverage



Medi-Cal Information



## PREVIEW PLANS

### TELL US A LITTLE BIT ABOUT YOURSELF.

Your information will help us find out if you qualify for help paying for health coverage.

Coverage Year: 2017 ▼

#### Questions

What is your Zip Code? \* ?

What is your total income per year? \* ?

How many people are in your household? \* ?

Select One ▼

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household \*

☒ Needs Coverage?

Is anyone in your household pregnant? \* ?

☐ Yes ☒ No

Is anyone in your household blind or disabled? \* ?

☐ Yes ☒ No

Back

See My Results

# ONLINE ENROLLMENT TIP

If your client's income is above 138% FPL and is not enrolled in Medicare...

- DO NOT answer “yes” to question about disability
- If you answer yes, your client will be directed to apply for Medi-Cal
- You won't be able to move forward with Covered CA application online, and will need to call the hotline
- If they do not have Medicare, and are between 138%-400% FPL, they are still eligible for Covered CA regardless of disability





# TIME TO ENROLL!

- **Decide which plan level is best for your client (bronze, silver, gold, platinum)**
  - Metal tiers refer to cost-sharing levels
- **Review plan formularies and doctor networks**
  - Insurance company websites post formularies
  - Insurance company websites often have “Find a Provider” tools
- **Add plan to your cart, and proceed with enrollment**
- **Application takes 20-30 minutes to complete online**



# ENROLLMENT CONTINUED

- After you've selected a plan and completed the application, you will be directed to the Enrollment Summary
- Enrollment Summary will direct you to insurance carrier website, where you can make binder payments
- Print out the enrollment summary
- **BINDER PAYMENT MUST BE RECEIVED BY HEALTH PLAN BEFORE IT GOES INTO EFFECT**
- Before making binder payment, review client's eligibility for ADAP and OA-HIPP



# DON'T FORGET ADAP AND OA-HIPP!

When you complete enrollment, you will be directed to enrollment summary

- **IF YOU ARE AN ADAP ENROLLMENT WORKER, TAKE SCREEN SHOTS!**
  - Make sure to get screen shots of premium amount, APTC, and name of plan
- **If client's income is under \$5025/month, they are eligible for ADAP/OA-HIPP**
- **After Covered CA enrollment, client can enroll in OA-HIPP**
  - If client isn't already on ADAP, they will need to enroll in ADAP first
  - Will need to submit labs, insurance card, premium statement, enrollment summary, proof of CA residency, proof of income, ID
- **SUBMIT OA-HIPP INFORMATION \*\*ASAP\*\* TO REQUEST BINDER PAYMENT**
  - In the past, OA-HIPP has said that binder payments can be made if they are requested within 48 hours of enrollment
  - If binder payment request is submitted after 48 hours, or if plan is at risk of cancellation, safest practice is to have client pay premium and wait for reimbursement from insurance company

# LIKE YOUR PLAN? KEEP YOUR PLAN!

- **Renewal occurs automatically for most health plans**
  - However, it is important to still meet with your client!
- **When renewing plan, it is important to update Covered CA regarding:**
  - Address change
  - Income change
- **Make sure to note any premium increases in the plan**
- **PRACTICE TIP: If client is enrolled in OA-HIPP, Enrollment Worker will need to submit renewal verification and new premium information to OA-HIPP analyst**
  - Fax statement of updated premium and verification of plan name, plan carrier, and APTC to OA-HIPP
  - Remember to do the same if client is enrolled in dental insurance!



# HATE YOUR PLAN? CHANGE YOUR PLAN!

- **Why might a client change their plan?**
  - Their doctor left the network
  - Their plan's formulary changed
  - They want to attend a different hospital network
  - They were defaulted into a plan they don't like
- **If your client wants to change their plan, the steps are the same....**
  - Review plan's provider network and formulary
  - Complete application online or over the phone
- **Remember to follow up with ADAP/OA-HIPP...**
  - Submit new plan and premium information to ADAP and OA-HIPP ASAP



# DEFAULT HEALTH PLAN ENROLLMENT

Some insurance carriers are pulling out of the Covered CA exchange

- If this happens, client will be defaulted into lowest-cost plan of the same metal tier
- Make sure you review the provider network and formulary of the new plan with your client!
- If the new plan is satisfactory, be sure to submit new plan information and premium amount to OA-HIPP
- If the new plan is not satisfactory, remember to change the plan BEFORE DECEMBER 15 for the preferred plan to begin January 1, 2018

# SPECIAL ENROLLMENT PERIOD

- If you miss Open Enrollment, you can only enroll in a Covered CA plan during a Special Enrollment Period (SEP)
- SEP's follow a "Qualifying Life Event", which includes
  - Losing other health insurance
  - Permanent move to California
  - Having a baby, adopting a child, or getting married
  - Returning from military duty
  - Release from jail
  - Gaining citizenship/lawful presence
  - ...and more! Check with PRC to see if your client qualifies for a SEP



# WHAT IF I DON'T ENROLL?

- If a client lacks “minimal essential coverage” (MEC) for 3 or more months, they may face tax penalty
- For 2017, tax penalty will be THE GREATER OF THE FOLLOWING: 2.5% of household income, or \$695 per adult
- There are limited exceptions – call PRC
- Healthy SF does NOT count as MEC
- There are some non-marketplace plans that are not considered MEC
- You can enroll in Medi-Cal all year long
  - Call PRC to see if you client can qualify for a Medi-Cal program



# MEDICARE OPEN ENROLLMENT

Medicare open enrollment is from October 15, 2017-December 7, 2017

- Please note: this is Open Enrollment for Parts C and D
- For more information about enrolling in Parts A and B, contact HICAP at (415) 677-7520



# MEDICARE OPEN ENROLLMENT

- **Medicare has different parts!**
  - Part A = hospital insurance
  - Part B = medical/outpatient insurance
  - Part C = Medicare Advantage Plan (Medicare contracts with private insurance company)
  - Part D = prescription drug coverage
- **“Original Medicare” refers to enrollment in Parts A, B, and D**
- **You can enroll in Original Medicare OR Medicare Advantage plan**

# WHAT CAN I DO DURING MEDICARE OPEN ENROLLMENT?

- You can switch from Original Medicare to Medicare Advantage Plan (Part C)
- You can switch Medicare Advantage Plans
- You can enroll in Part D Plan (prescription coverage)
- You can change Part D Plans
- Changes, or new enrollment, become effective January 1, 2018







# WHAT IS PART C?

- Part C plans are also called Medicare Advantage Plans
- Coverage is provided by private insurance companies approved by Medicare
- They include Parts A & B, and most plans also offer prescription drug coverage
- There is often a monthly premium in addition to the Part B premium
- May have cost savings
- Many offer supplemental benefits such as dental, vision, health and wellness
- You **MUST** be enrolled in Parts A and B to enroll in Part C

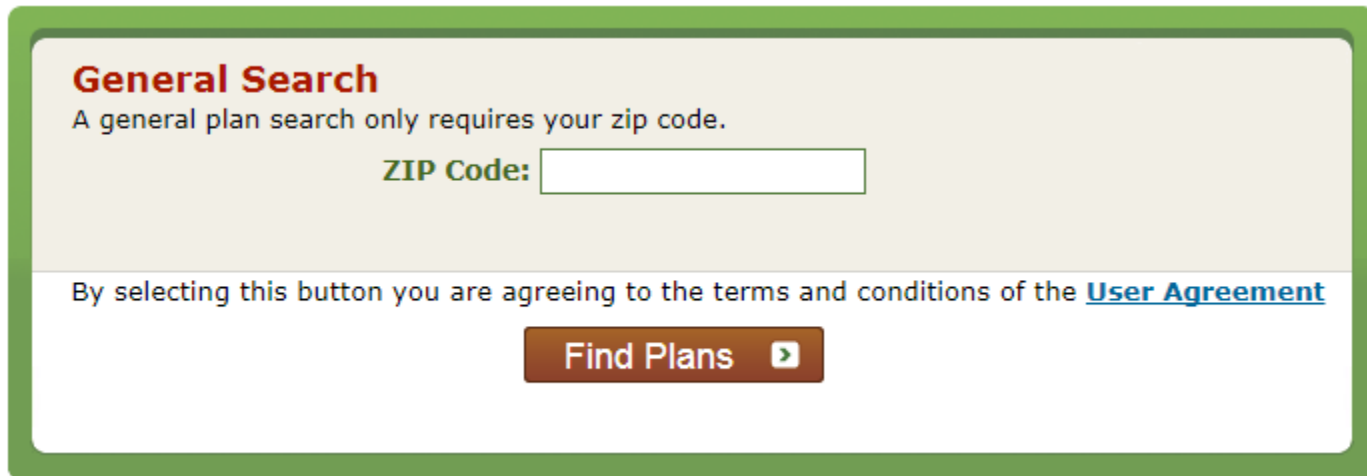


# PART D PLANS

- **Considerations when choosing a Part D Plan –**
  - Check formularies for client's prescription medications
  - Check any restrictions on the medication, such as prior authorizations or step-therapy
  - Review the premium price and cost-sharing associated with each plan
- **ADAP can help with Part D Plans too!**
  - You can enroll your client in OA-HIPP's Part D Premium Payment program
  - ADAP will pay for co-pays for prescriptions on ADAP's formulary
- **To get most benefits, enroll in Benchmark plan**
  - 5 benchmark plans for 2018

# PLAN FINDER TOOL


- Go to [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan) to review coverage options for clients!
- Search using your client's information, or no information, to review coverage options
- Enter prescription information to compare formularies



**General Search**  
A general plan search only requires your zip code.

ZIP Code:

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

**Find Plans** 

The image shows a screenshot of the Medicare Plan Finder 'General Search' form. It has a light beige background with a green border. The title 'General Search' is in red. Below it, a note states 'A general plan search only requires your zip code.' There is a text input field for the 'ZIP Code'. At the bottom, there is a line of text stating 'By selecting this button you are agreeing to the terms and conditions of the User Agreement', where 'User Agreement' is a blue hyperlink. Below this text is a brown button with the text 'Find Plans' and a small white arrow icon pointing to the right.

# PLAN FINDER TOOL

## Personalized Search

A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:

Medicare Number:

Example: 123456789A

Where can I find my Medicare  
Number?




Last Name:

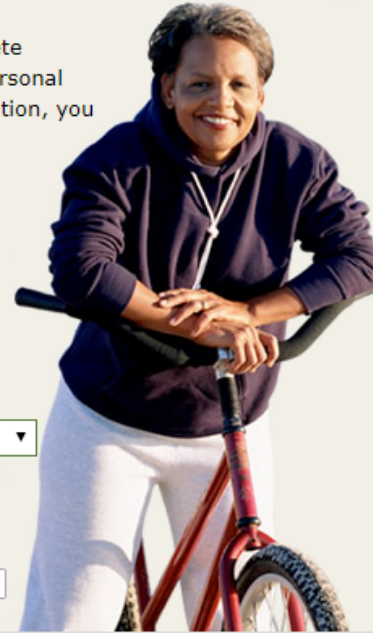
Effective Date for Part A:  Month  Year

Not Part A? [Select here.](#)

Date of Birth:  Month  Day  Year

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans 



# PLAN FINDER TOOL

Refine Your Search

Update Plan Results >

+ Limit Your Monthly Plan Premium

+ Limit Your Annual Drug Deductible

+ Select Drug Options

+ Select Coverage Options

+ Select Special Needs Plans

+ Change Health Status

+ Select Plans By Company

Update Plan Results >

Summary of Your Search Results

There are a total of 37 plans available in your area including Original Medicare. **You may also use the filters on the left to narrow your search results.**  
Please select one or more plan types to continue.

Select	Available Plans Based On Your Filters	Number of Plans Available: 36
All		
<input type="checkbox"/>	<u>Prescription Drug Plans (with Original Medicare)</u>	25 plan(s) available
<input type="checkbox"/>	<u>Medicare Health Plans with drug coverage</u>	11 plan(s) available
<input type="checkbox"/>	<u>Medicare Health Plans without drug coverage</u>	0 plan(s) available

Continue To Plan Results >

# HELPING CLIENTS DURING OPEN ENROLLMENT

- **NO ACTION NEEDED** if client does not wish to change Part C or Part D plans, or to enroll in a Part C or Part D plan
- **HOWEVER...**
  - Best practice is to review current coverage!
  - Check for changes to formulary or provider network
  - Check for changes in premium amount
  - Use the Plan Finder Tool!
- **Medicare is required to send clients notices of changes, or cancellations, in coverage** – remind clients to check their mail
- **If client wants to enroll in Part D or C Plan for the first time, or to switch their Part C or D plan, they will do this on the plan finder**

# PART C & D SPECIAL ENROLLMENT

- If you miss Open Enrollment, you can enroll in, or switch, Part C or Part D when you have a Qualifying Life Event
- Qualifying Life Event includes:
  - Becoming eligible for Medi-Cal
  - Moving
  - Qualifying for Extra Help
  - Losing other coverage, like Medi-Cal or COBRA
  - Losing employer or union coverage
  - Your health plan changes its contract with Medicare





# PENALTY

It's very important to elect Medicare Part D when you become eligible!

- If you don't choose a plan during initial enrollment and enroll later, there is a penalty that *remains with you throughout your enrollment*
- For Part D – 1% of the national base beneficiary premium x the number of months individual went without coverage will be added to *monthly premium*
- Exceptions
  - If you have prescription drug coverage through another plan, you will not be penalized
  - If you lose your employment or other drug coverage, you have 63 days to sign up without facing a penalty



# MEDICARE AND MEDI-CAL

- Clients who are Medi-Medi have additional protections
- If they have full-scope Medi-Cal (not Medi-cal w/ SOC), they are automatically enrolled in Extra Help and will receive Medi-Cal Buy-In
  - Medi-Cal pays for Part A, B, and D premiums
  - Clients qualify for low, or no, co-pays/cost-sharing for prescription drugs
  - Clients qualify for LINET program to provide prescription coverage during transition periods
- Medi-Medi clients can change plans at any time
- Medi-Medi clients can enroll in Special Needs Plans
- Medi-Medi clients can enroll in ADAP!
  - This will cover co-pays for HIV and HIV-related medications

# QUESTIONS?


## Call PRC and EAHP!

- Phone: 415-777-0333
- [www.positiveresource.org](http://www.positiveresource.org)

## Call HICAP!

- 800-434-0222

## Reminder:

- Enroll at [www.coveredca.com](http://www.coveredca.com)
  - Covered CA hotline: 800-300-1506
  - Review Medicare options at [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan)
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# *Open Enrollment 5 Updates*

## San Francisco County Open Enrollment Boot Camp

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Marc Ross,  
Bay Area Field Representative

October 20, 2017



# Agenda



- **Covered California Updates**
- **2018 Benefit Year**
  - Health Plan Coverage Areas
  - Health Plan Rates
  - Dental Plans
  - Vision Plans
- **Renewal**
- **Consumer Resources**
- **Open Forum**



# Covered California Updates

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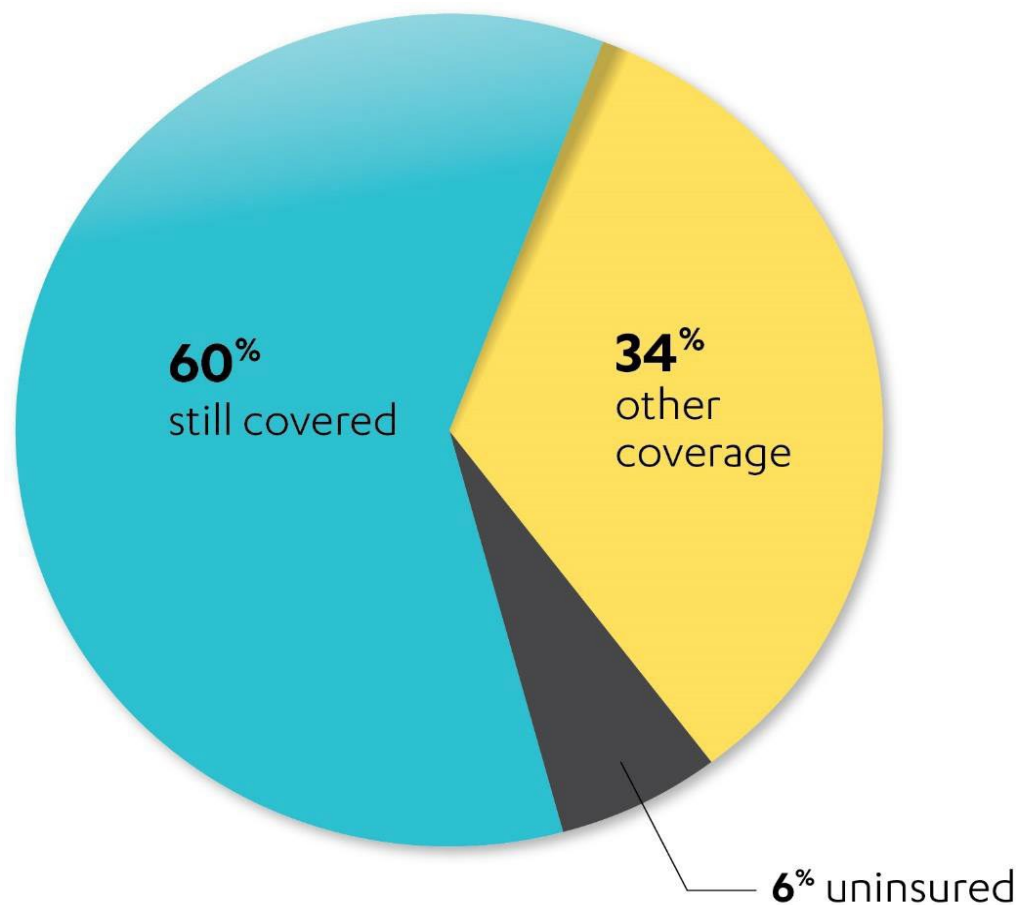
# FEDERAL UPDATE

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- **Repeal efforts not successful** in the Senate.
- **Congress reconvened** from recess on **September 4th**.
- **Bipartisan approaches:** interest in a bipartisan approach to stabilize the markets.

# COVERED CALIFORNIA is here when you need us.



California's Health Care Coverage Transitions  
(2016 Survey of Members Covered in 2015 Plan Year)

**85%** of Consumers Leave to Another Source of Coverage\*

- **Prior to 2014**, Covered California forecasted that about **one-third of enrollees would leave** coverage on an annual basis.
- **During 2015**, Covered California **covered 1.6 million unique members** for at least one month.
- **By early 2016**, approximately 40% of those 1.6 million (**over 600,000**) **had disenrolled**.
- **Of those who left** Covered California, **most went to employer-based coverage (50%)**.



COVERED  
CALIFORNIA

*OES Kick-off*

\* Based on Covered California's 2016 survey of members (n=8,773) who left ("disenrolled"), the vast majority left for employer-based or other coverage.



# 2018 Benefit Year

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# Open Enrollment Period for the 2018 Benefit Year

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*Starts*

**November 1, 2017**

*through*

**January 31, 2018**

# 2018 Health Plan Carrier **Coverage Areas & Network Providers**

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# 2018 BENEFIT YEAR: 5 HEALTH PLANS FOR SF

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blue  of california



oscar



# 2018 HEALTH CARRIER COVERAGE AREAS CHANGES

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**Reducing their footprint** while remaining in Northern California, Santa Clara, and some parts of Central California.



**HMO is expanding** into Solano, Contra Costa, Alameda, and Ventura counties.



- **Adding** its PPO to Region 3 in Sacramento, Placer, Yolo, Los Angeles, San Diego and other parts of Southern California
- **Partially removing** its HMO from a few regions.



**Expanding** into Northeast Los Angeles.

# Anthem's

## *Coverage Areas Changes*

# Overview

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**What you need to know...**



# ANTHEM BLUE CROSS: Transition to Carriers

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- **Impacted members** need to **select a new carrier** during their 30 day renewal period.
- If they **DO NOT select a NEW carrier**, Covered California will **select one for them** to avoid a gap in coverage.
  - The **carrier selected will be the lowest priced carrier** in the same metal tier plan.
  - Members can **also switch to a new carrier during the OE period**. Effectuated dates apply based on plan selection dates.
  - Members may **received a notice from their new carrier** to **make their first payment in order to effectuate coverage** for the 2018 benefit year.

<http://www.coveredca.com/transitions-faqs/>

# ANTHEM BLUE CROSS: Network Providers

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- **84% of Anthem's 2017 in-network physicians** are available through other Covered California 2018 health plan carrier's network.
- **Blue Shield of California matches 79%** of Anthem's 2017 in-network physicians.



# ONLINE PROVIDER SEARCH

See if your Anthem provider is in other health plan carriers...

- Use the **online health plan provider directory search** featured in the Shop & Compare Tool (Preview Plans)
- Enter the required information.
- Search for doctors, pediatric dentists, or hospitals prior to selecting a health plan.

The screenshot shows the 'PREVIEW PLANS' section of the Covered California website. The header includes the Covered California logo and navigation links: Application Home, FAQs, Live Chat, Call for help (1-800-787-6921), Find Local Help, Log In, and Español. The main heading is 'TELL US A LITTLE BIT ABOUT YOURSELF.' with a subtext: 'Your information will help us find out if you qualify for help paying for health coverage.' Below this is a 'Coverage Year' dropdown set to '2017'. A 'Questions' section follows with several input fields: 'What is your Zip Code?' (text box), 'What is your total income per year?' (text box with a '\$' symbol), 'How many people are in your household?' (dropdown menu set to 'Select One'), and 'Enter the age of each person in your household, and tell us if they need coverage.' This last section includes 'Age of Head of Household' (text box), 'Is anyone in your household pregnant?' (radio buttons for Yes/No), and 'Is anyone in your household blind or disabled?' (radio buttons for Yes/No). A checkbox for 'Needs Coverage?' is checked. At the bottom are 'Back' and 'See My Results' buttons.

# ONLINE PROVIDER Search Fields

Your answers are used to find the best plan option for you. [SKIP TO VIEW PLANS](#)

Search for a **DOCTOR** that you may want to use in your health plan (Select up to 5)

Ross within 5 mile radius of 94016

Dr. Rossitza Lazova  
Surgery  
1800 Sullivan Ave  
Daly City CA, 94015

Dr. William Grossman  
Internal Medicine-Cardiovascular Disease,  
Internal Medicine  
535 Mission Bay Blvd S  
San Francisco CA, 94143

Dr. William Grossman  
Internal Medicine-Internal Medicine-

ory can help you select a health plan. The directory is updated monthly and may not  
lth plan's providers.

- **Doctor's, Children's Dentist, or Hospital Name** (entry of at least 2 characters required for search)
- **Within a certain mile radius** (automatically populated based on the Shop & Compare entries)
- **Of a zip code** (automatically populated based on the Shop & Compare entries)

# ONLINE PROVIDER Search Display Screenshot

- Doctor's, Children's Dentist, or Hospital Name
- Specialty Type(s)
- Office Address

**Does not include provider's phone numbers.**

Search for a **DENTIST FOR YOUR CHILDREN** that you may want to use in your health plan (Select up to 5)

Search by doctor name within 5 mile radius of 94016


<b>DOCTOR</b>	<b>DOCTOR</b>	<b>HOSPITAL</b>
<b>Dr. Rossitza Lazova</b> Surgery 1800 Sullivan Ave Daly City, CA 94015	<b>Dr. Marc Chinn</b> Pediatrics 395 Hickey Blvd Daly City, CA 94015	<b>Ucsf Medical Center</b> General Acute Care Hospital 505 Parnassus Ave San Francisco, CA 94143
<b>HOSPITAL</b>	<b>DENTIST</b>	
<b>Ucsf Medical Center At Mission Bay</b> General Acute Care Hospital 1975 4th St San Francisco, CA 94143	<b>Tharon Smith</b> Dentist-Orthodontics and Dentofacial Orthopedics 2776 Mission St San Francisco, CA 94110	

Click on the plan icon for the provider information.


Shows if the provider is in network or out of network for each plan.


ADD TO CART		ADD TO CART		ADD TO CART	
SILVER PPO		GOLD HMO		GOLD PPO	
Monthly Premium	\$464.91 after \$157.00 tax credit	Monthly Premium	\$547.25 after \$157.00 tax credit	Monthly Premium	\$557.14 after \$157.00 tax credit
Primary Care Visits	You pay \$35	Primary Care Visits	You pay \$25	Primary Care Visits	You pay \$25
Generic Drugs	You pay \$15	Generic Drugs	You pay \$15	Generic Drugs	You pay \$15
Yearly Deductible	\$2500 / \$130 (May Not Apply)	Yearly Deductible	\$0 / \$0 (May Not Apply)	Yearly Deductible	\$0 / \$0 (May Not Apply)
Total Expense Estimate	Average	Total Expense Estimate	Average	Total Expense Estimate	Higher
Quality Rating		Quality Rating One Quality Rating Available		Quality Rating	
Dr. Rossitza La...		Dr. Rossitza La...		Dr. Rossitza La...	
Dr. Marc Chinn		Dr. Marc Chinn		Dr. Marc Chinn	
Ucsf Medical Ce...		Ucsf Medical Ce...		Ucsf Medical Ce...	
Ucsf Medical Ce...		Ucsf Medical Ce...		Ucsf Medical Ce...	
Tharon Smith D...		Tharon Smith D...		Tharon Smith D...	
<input type="checkbox"/> COMPARE	VIEW DETAIL	<input type="checkbox"/> COMPARE	VIEW DETAIL	<input type="checkbox"/> COMPARE	VIEW DETAIL


Provider Directory  
Drug List

 Dr. Rossitza Lazova [edit](#)  
Surgery  
1800 Sullivan Ave  
Daly City, CA 94015

 Dr. Marc Chinn [edit](#)  
Pediatrics  
395 Hickey Blvd  
Daly City, CA 94015

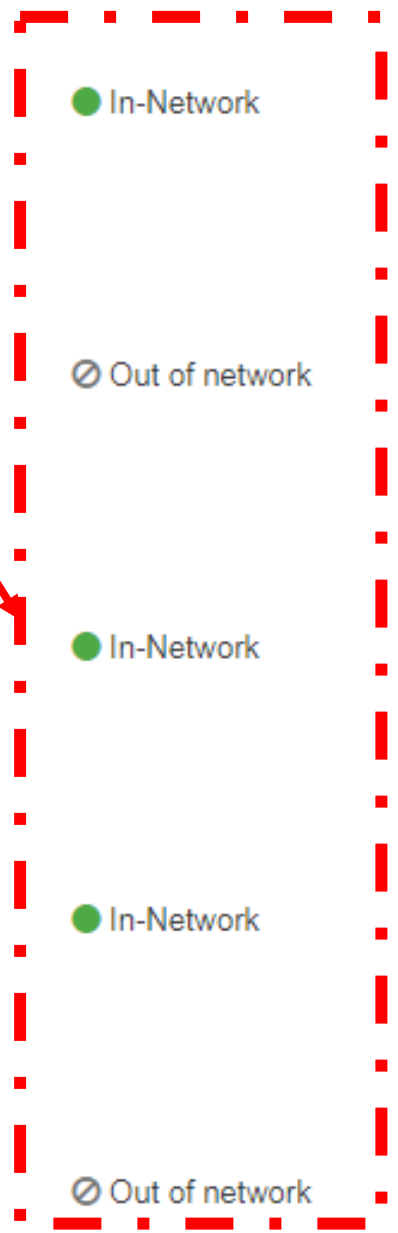
 Ucsf Medical Center [edit](#)  
General Acute Care Hospital  
505 Parnassus Ave  
San Francisco, CA 94143

 Ucsf Medical Center At Mission Bay [edit](#)  
General Acute Care Hospital  
1975 4th St  
San Francisco, CA 94143

 Tharon Smith DMD [edit](#)  
Dentist-Orthodontics and Dentofacial Orthopedics  
2776 Mission St  
San Francisco, CA 94110

**View Carrier's  
Provider  
Directory**

**In/Out of  
Network**



# Health Carrier Quality Rating System

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# HEALTH CARRIER QUALITY RATING SYSTEM

Website Address: <http://hbex.coveredca.com/insurance-companies/ratings/>

- **Rated using clinical measure data and members' reported experiences** with their plans.
- **One to five stars**, with five stars being the top rating.
- Each health plan is **compared to 300** other health plans across the **nation**.
- Ratings are by Pricing Regions.

COVERED CALIFORNIA  
THE CALIFORNIA HEALTH BENEFIT EXCHANGE

HOMEABOUTBOARDPROGRAMSSTAKEHOLDERSAGENTSOLICITATIONSGRANTSRESOURCESJOBS

Quality Rating System

## Health Insurance Company Quality Rating System

Covered California health plans are rated using clinical measure data and members' reported experiences with their plans. The system has one to five stars, with five stars being the top rating.

To assign the star rating, each health plan is compared to 300 other health plans across the nation. A five-star plan means the health plan scored among the top plans nationwide; a three-star rating is assigned to plans that scored in the middle; those plans that scored somewhat lower than the average were rated two stars and plans that scored somewhat higher than average were rated four stars; a one-star rating means the plan's score was among the lowest.

Health plan quality ratings are calculated by Covered California using data the plans provided to the federal government in 2016. The use of star ratings is being tested to help improve the ways this information is communicated to consumers.

- Region 1 - Northern California counties
- Region 2 - North Bay counties
- Region 3 - Sacramento Valley
- Region 4 - San Francisco County
- Region 5 - Contra Costa County
- Region 6 - Alameda County
- Region 7 - Santa Clara County
- Region 8 - San Mateo County

### Consumer Information

- Information on Cost-Sharing and Payments with Respect To Out-of-Network Coverage
- Enrollee Rights Information Under Title I of the Affordable Care Act

### Quality Ratings

- Health Insurance Company Quality Rating System – 19 Regions
- Enrollee Satisfaction Survey

### Claims

- Claims Payment Policies and Practices

### Data and Enrollment

- Data on Enrollment
- Data on Disenrollment
- Data on Rating Practices

### Financial Information

- Monies Lost to Fraud, Waste, and Abuse

# 2016 HEALTH CARRIER QUALITY RATING SYSTEM

- Click on the pricing region link

## REGION 1 — Northern California counties\*

OCTOBER 2016	Anthem Blue Cross of California EPO	Blue Shield of California HMO	Blue Shield of California PPO	Health Net HMO	Kaiser Permanente HMO
Quality Rating	★★	no rating	★★	★★	★★★★★
Getting the Right Care	★★	no rating	★★	★★★	★★★★★
Members' Care Experience	★	no rating	★★	★	★★★★★
Members' Plan Service Experience	no rating	no rating	★★	★★	★★★★★

Health plan quality ratings are calculated by Covered California and the federal government in 2016. The use of star ratings is information is communicated to consumers.

- Region 1 - Northern California counties
- Region 2 - North Bay counties
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- Region 6 - Alameda County
- Region 7 - Santa Clara County
- Region 8 - San Mateo County

\*Northern counties: Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne.



# 2018 Health Plan Rates

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# 2018 HEALTH PLAN RATES: UPDATE

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## Preliminary Rates Released August 1, 2017

- Regional Rates Analysis
- Anthem Blue Cross Coverage Areas Changes
- Cost-Sharing Reduction (CSR) Funding and Surcharge

## Final Rates Released October 11, 2017

- Rates include the **Cost-Sharing Reduction (CSR) Surcharge**

# 2018 HEALTH PLAN RATES: Statewide Changes

	PLAN BENEFIT YEAR				4-Year Average
	2015	2016	2017	2018	
<b>Weighted Average Increase</b>	4.2%	4.0%	13.2%	<b>12.5%</b>	8.5%
Effective Rate Increase*	3.9%	3.6%	11.5%	-	-
Lowest-Priced <b>BRONZE</b> (un weighted)	4.4%	3.3%	3.9%	<b>11.8%</b>	5.8%
Lowest-Priced <b>SILVER</b> (un weighted)	4.8%	1.5%	8.1%	<b>9.2%</b>	5.9%
If a <b>consumer switches</b> to the <b>lowest-priced</b> <b>plan</b> in the <b>same metal</b> <b>tier</b>	-	-4.5%	-1.2%	<b>+3.3%</b>	-

\* The effective rate increase reflects the weighted average rate increase based on the plans actually chosen by enrollees in historical enrollment data, holding age constant.

# “Cost Sharing Reduction (CSR) Surcharge”

*2018 Health Plan Rates*

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# CSR: Household Incomes of Consumers Eligible

- **Cost-Sharing Reductions (CSRs)** – Is the Federal Subsidy Program through ACA requiring carriers to offer additional benefits to low-income consumers — such as lower copays and deductibles.
  - **Eligibility:** Consumers with household income between 138% and 250% FPL are eligible to enroll in a Silver plan with CSR benefits.
  - **48%** of 1.4M Covered California members benefit from CSRs.
  - **Lowers premiums** for everyone in the individual market.
- |                | Federal Poverty Level |          |
|----------------|-----------------------|----------|
| Household Size | 138%                  | 250%     |
| 1              | \$16,643              | \$30,150 |
| 2              | \$22,412              | \$40,600 |
| 3              | \$28,180              | \$51,050 |
| 4              | \$33,948              | \$64,500 |

# CSR: 2018 Patient-Centered Benefit Designs

Coverage Category	Enhanced Silver 94	Enhanced Silver 87	Enhanced Silver 73
Eligibility Based on Income and Premium Assistance	Covers <b>94%</b> average annual cost	Covers <b>87%</b> average annual cost	Covers <b>73%</b> average annual cost
Single Income Ranges	up to \$18,090 (≤150% FPL)	\$18,091 to \$24,120 (>150% to ≤200% FPL)	\$24,121 to \$30,150 (>200% to ≤250% FPL)
Medical Deductible	Individual: \$75 Family: \$150	Individual: \$650 Family: \$1,300	Individual: \$2,200 Family: \$4,400
Pharmacy Deductible	—	Individual: \$50 Family: \$100	Individual: \$130 Family: \$260
Annual Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000	Individual: \$2,450 Family: \$4,900	Individual: \$5,850 Family: \$11,700

# CSR: 2018 Patient-Centered Benefit Designs

Coverage Category	Enhanced Silver 94	Enhanced Silver 87	Enhanced Silver 73
Eligibility Based on Income and Premium Assistance	Covers <b>94%</b> average annual cost	Covers <b>87%</b> average annual cost	Covers <b>73%</b> average annual cost
Single Income Ranges	up to \$18,090 (≤150% FPL)	\$18,091 to \$24,120 (>150% to ≤200% FPL)	\$24,121 to \$30,150 (>200% to ≤250% FPL)
Annual Wellness Exam	\$0	\$0	\$0
Primary Care Visit	\$5	\$10	\$30
Specialty Care Visit	\$8	\$25	\$75
Urgent Care Visit	\$5	\$10	\$30
Emergency Room Facility	\$50	\$100	\$350
Laboratory Tests	\$8	\$15	\$35
X-Ray and Diagnostics	\$8	\$25	\$75
Imaging	\$50	\$100	\$300



# 2018 BENEFIT YEAR: CSR Surcharge

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## What is the CSR Surcharge?

- Surcharge is an **increase of the monthly premium cost** to all Silver-tier products in 2018 paid by consumers.
- To **address continued uncertainty over the federal funding** of the CSR subsidy program.
- The surcharge **average rate increase is 12.4%**.





# 2018 BENEFIT YEAR: CSR Surcharge

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## IMPORTANT NOTES

- **Applies to all Silver Plans:** 70, 73, 87, and 94
- **Consumer Protection:** Most individuals (78% of members) with APTC will not see a change in premiums due to the CSR Surcharge.
- **Shopping is key** this open enrollment for the lowest cost plan.

# 2018 CSRs: Surcharge Rate Increases by Carrier

Range

8.3% - 27%

Carrier	CSR surcharge
Anthem	11.2%
Blue Shield	8.3%
CCHP	16.0%
Health Net Life	13.1%
Health Net of CA	12.5%
Kaiser	14.6%

Carrier	CSR surcharge
LA Care	11.0%
Molina	19.6%
Oscar	10.3%
Sharp	27%
Valley	12.0%
WHA	17.7%



# CSR Surcharge: Other Options for Members

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## Members Enrolled in Silver Plans with no APTC

- Impacts ~65,000 members
- Options:
  - Switch to a different metal tier
  - Purchase near-identical Silver plan coverage directly from a health insurance company.

# Regional Health Plan Rates

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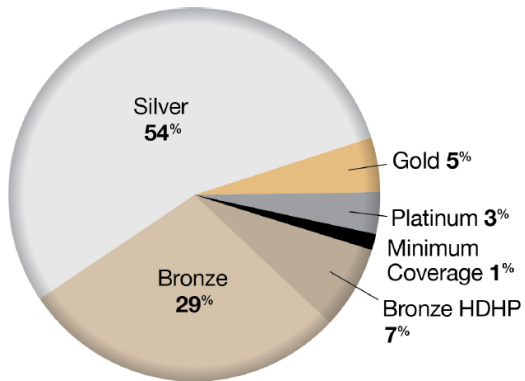
# REGION 4 – San Francisco County: Rates

<b>Regional Rate Change</b> (weighted average)	<b>6.6%</b>
Statewide Rate Change (weighted average)	12.5%
<b>Lowest-price Bronze plan</b> (unweighted average)	7.9%
<b>Lowest-price Silver plan*</b> (unweighted average)	6.3%
<b>Lowest-price Silver plan with surcharge included</b> (unweighted average)	23.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	<b>-1.6%</b>

\* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for those consumers that receive assistance.

# REGION 4 – San Francisco County: Rate Change

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
<b>Anthem</b> EPO	N/A	N/A	6.7%
<b>Blue Shield</b> HMO	7% – 23%	8%	<1%
<b>Blue Shield</b> PPO	7% – 20%	8%	24%
<b>CCHP</b> HMO	6% – 9%	16%	26%
<b>Health Net</b> EPO	14%	13%	1%
<b>Kaiser Permanente</b> HMO	3% – 7%	15%	42%
<b>Oscar</b> EPO	(-13%) – 24%	10%	<1%



# REGION 4 – San Francisco County: Plan Rate Positions

- Rates for a **40-year-old** single individual.
- Minimum metal tier rates for a 25-year-old single individual.

Metal Tier	Lowest	2nd	3rd	4th	5th	6th	7th
Minimum	Kaiser Coin HMO \$232	Oscar Copay EPO \$241	CCHP Copay HMO \$259	Health Net Coin EPO \$290	Blue Shield Coin PPO \$337		
Bronze HDHP	CCHP Coin HMO \$338	Kaiser Coin HMO \$343	Oscar Copay EPO \$375	Blue Shield Coin PPO \$433			
Bronze	CCHP Copay HMO \$342	Kaiser Copay HMO \$344	Oscar Copay EPO \$383	Blue Shield Coin PPO \$440	Health Net Coin EPO \$468		
Silver with CSR surcharge	CCHP Copay HMO \$502	Kaiser Copay HMO \$529	Blue Shield Copay HMO \$578	Blue Shield Coin PPO \$603	Oscar Copay EPO \$606	Health Net Copay EPO \$702	
Gold	Kaiser Coin HMO \$509	CCHP Copay HMO \$533	Kaiser Copay HMO \$535	Oscar Copay EPO \$668	Blue Shield Copay HMO \$683	Blue Shield Coin PPO \$692	Health Net Coin EPO \$774
Platinum	Kaiser Copay HMO \$588	CCHP Copay HMO \$588	Oscar Copay EPO \$788	Health Net Coin EPO \$914	Blue Shield Copay HMO \$919	Blue Shield Coin PPO \$926	

# REGION 4 – San Francisco County: Hospital Directory

- Hospital directory as of May 2017.
- May not be a complete list of hospitals.
- Verify with the health plan if the hospital is in-network.
- Kaiser Permanente hospitals are not listed.

Hospital	Blue Shield HMO	Blue Shield PPO	CCHP HMO	Health Net EPO	Oscar EPO
CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST		X	X		
CALIFORNIA PACIFIC MED CTR-DAVIES CAMPUS		X	X		
CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS		X	X		
CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS		X	X		
CHINESE HOSPITAL	X	X	X	X	
JEWISH HOME		X			
ST. FRANCIS MEMORIAL HOSPITAL	X	X	X	X	X
ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	X	X	X	X	
UCSF MEDICAL CENTER	X	X	X	X	X
UCSF MEDICAL CENTER AT MISSION BAY	X	X	X		X
UCSF MEDICAL CENTER AT MOUNT ZION	X	X	X	X	X







# 2017 PCP ASSIGNMENT: Recap

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- **2017 Policy** is the first year requiring all health plans to **assign members to a primary care clinician** within 60 days of enrolling.
- **Aims to help consumers** get the **right care when they need it** by connecting them to providers
- **99%** of consumers were **matched to a primary care physician** or clinician in 2017.

# 2018 Dental Insurance Plans

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# 2018 DENTAL COVERAGE: Types

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- **Embedded Children's Dental Coverage**

- Children's dental benefits are automatically included in the health plans offered through Covered California.
- Preventive and diagnostic services, such as X-rays, exams, cleanings and sealants, are not subject to the medical deductible.
- Many member costs for covered services are plan-specific and must be researched individually.

- **Family Dental Plans**

- Available to adults and children who purchased a Covered California health plan.
- Enrollment must have at least one adult (age 19 and older) enrolled in a the plan in order to enroll a child or children.
- Option plans (no tax penalty)
- No Financial Assistance
- 7 Dental Carriers



# 2018 HEALTH CARRIERS: Embedded Dental Plans

Covered California Health Insurance Plan	Children's Dental Coverage Embedded in Health Insurance
<b>Anthem Blue Cross of California</b>	Anthem Blue Cross DPPO
<b>Blue Shield of California</b>	Dental Benefit Providers DHMO, DPPO
<b>Chinese Community Health Plan</b>	Delta Dental of California DHMO
<b>Health Net</b>	Dental Benefit Providers DHMO, DPPO
<b>Kaiser Permanente</b>	Delta Dental of California DHMO
<b>L.A. Care Health Plan</b>	Liberty Dental Plan DHMO
<b>Molina Healthcare</b>	California Dental Network DHMO
<b>Oscar Health Plan of California</b>	Liberty Dental Plan DHMO
<b>Sharp Health Plan</b>	Access Dental Plan DHMO
<b>Valley Health Plan</b>	Liberty Dental Plan DHMO
<b>Western Health Advantage</b>	Delta Dental of California DHMO

# 2018 BENEFIT YEAR: Family Dental Plan Carriers



## San Francisco County

- All 7 Dental Carriers Participation
- Covering Full Region in County

# 2018 FAMILY DENTAL PLAN: KEY NOTES

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- **Preventive and diagnostic services are covered at no cost** for both adults and children.
- **Basic and major treatment services are covered** for both adults and children.
- There is **no maximum out-of-pocket limit for enrolled adults**, because adult dental benefits are not essential health benefits.
- There are **two types of family dental plans**: dental health maintenance organization (**DHMO**) plans and dental preferred provider organization (**DPPO**) plans.

# 2018 DENTAL CARRIER: DMHO vs. DPPO Plans

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- **Dental HMO (DHMO) Plans**

- Copays and lower premiums
- No waiting period or annual benefit limit
- No deductible
- Out-of-network services are not covered

- **Dental PPO (DPPO) Plans**

- Co-insurance
- **Adults:** six-month waiting period\* for major services  
*\*Waived with proof of prior coverage; proof of prior coverage requirements may vary by plan.*
- Deductible
  - \$50 deductible for each enrolled adult.
  - \$65 deductible for enrolled children
  - \$130 deductible for a family
- **Adults:** \$1,500 annual benefit limit
- More choices in providers
- Some out-of-network benefits

# 2018 Vision Plans

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# 2018 BENEFIT YEAR: Vision Carriers

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## Pathway to Quality Vision Coverage



<http://coveredca.eyemed.com/>



<https://www.vspdirect.com/4CA/welcome>

<http://www.coveredca.com/individuals-and-families/getting-covered/vision/>

# Renewal:

## 2018 Benefit Year

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# RENEWAL: Timeframe & Start Date

Renewal Timeframe	Start Date of Coverage
October 11, 2017 – December 15, 2017	January 1, 2018 start date of coverage

**IMPORTANT NOTE:**

- Members **must renewed by Dec. 15, 2017** for a **January 1, 2018** start date of coverage.
- **Open Enrollment Period** is **November 1, 2017 through Jan. 31, 2018**
- Members can still **make changes to their application and/or plan selection** during the **OE period for the 2018 benefit year**.
- The **start date may change** based on the plan selection dates.

# RENEWAL: Active vs. Passive

Renewal Type	Definition	CalHEERS Outcome	Start Date	End Date
Active	Consumer <b>actively makes a change</b> (changes plans or reports a change) <b>during the Renewal or Open Enrollment period</b> for the upcoming plan benefit year.	CalHEERS <b>accepts the changes and renews</b> the consumer's eligibility and enrollment for the upcoming plan benefit year.	10/11/17	12/15/17
Passive	Consumer <b>do not make a change</b> during renewal to the application information or the health plan.	CalHEERS <b>automatically renews</b> the consumer's eligibility and enrollment for the upcoming plan benefit year.	11/11/17	12/15/17

# RENEWAL: Consent for Verification Notice



Covered California  
PO Box 989725  
West Sacramento, CA 95798-9725



{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE\_CD} {ZIPCODE}

## Important news about renewing your health insurance for {NEXT\_BENEFIT\_YEAR}

{CURRENT\_DATE}

Case Number: {CASE\_NUMBER}

Dear {FIRST\_NAME} {LAST\_NAME},

Covered California is getting ready for our Annual Renewal Period. During the renewal period, anyone who qualified for health insurance in {CURRENT\_BENEFIT\_YEAR} may be automatically re-enrolled in their same health plan if the plan is still available for {NEXT\_BENEFIT\_YEAR}.

You got this letter because you or a member of your household applied for health insurance with financial help and are **enrolled in** or **qualify for** a Covered California health insurance plan.

### We need your consent

When you applied for health insurance with financial help, you agreed to allow Covered California to use computer sources such as the IRS to check your income and family size for {CURRENT\_BENEFIT\_YEAR}.

Now we need your permission (consent) to check your income and family size again. We do this to see if you will qualify for financial help, such as premium assistance and cost-sharing reductions, for {NEXT\_BENEFIT\_YEAR}.

### What happens next

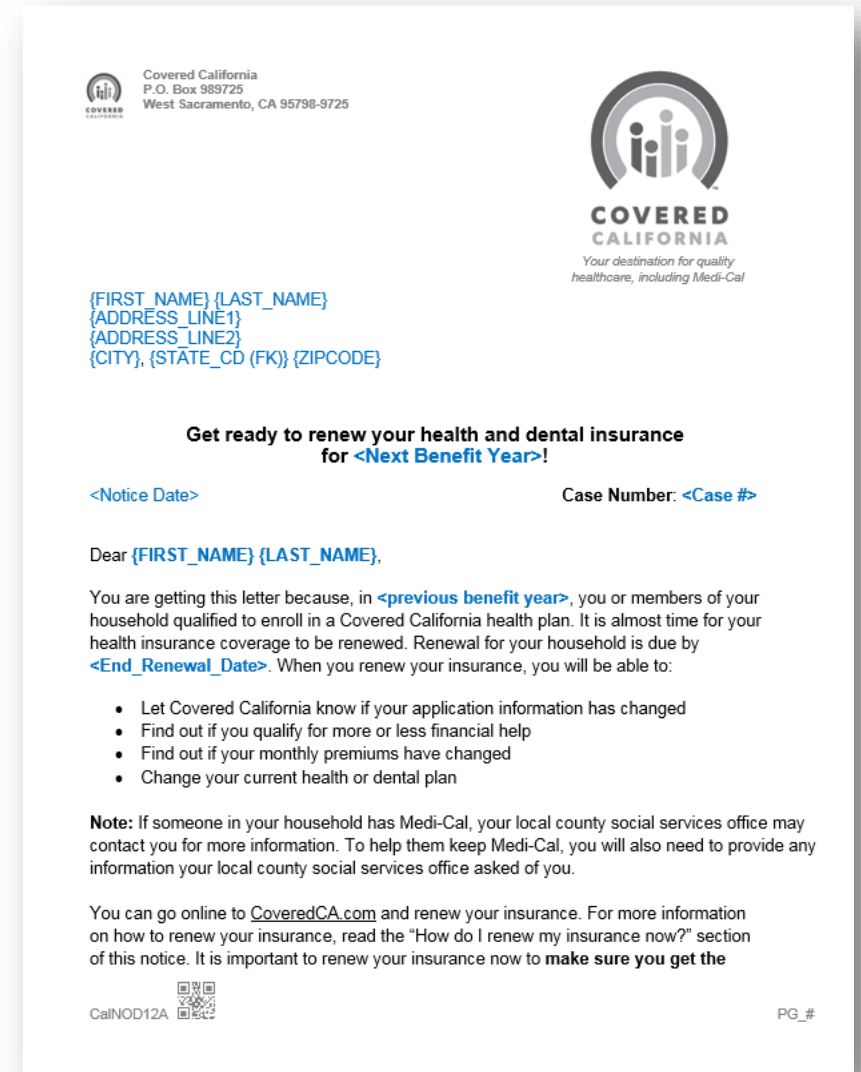
- August 23-25, 2017: **Mailed** the Consent for Verification “CaINOD11” to members who need to provide consent.
- September 30, 2017: **Due Date** for members to provide consent to Covered California to keep their APTC for the 2018 benefit year.

# RENEWAL: Reminders

- **Shop during Renewal** – complete plan selection by December 15, 2017 for a January 1, 2018 effective date of coverage.

*Missed the 30 day renewal period?*

- **Shop during OE** – complete plan selection by January 31, 2018 for a March 1, 2018 effective date of coverage – **standard open enrollment start date rules apply.**



# RENEWAL: MAGI Medi-Cal Redeterminations



Medi-Cal

**MEMBERS**

- **Annual Redetermination Date:** 12 months from the date of the initial Medi-Cal eligibility determination.
- **Redetermination Notices:** Sent by local county Medi-Cal offices to consumers.
- **Online Redetermination Option:** Consumers or their County Eligibility Workers (CEWs) **can complete** redetermination **online**.
- **Mixed Households (CCA & Medi-Cal members):**
  - **Application changes** are to be completed at the county; NOT by Covered California Certified Enrollment Representatives (agents, CECs, CACs, PBEs, SCR, etc.)
  - **Plan Selection** help can be completed by the county and Covered California Certified Enrollment Representatives only AFTER the county has updated the application with the household changes.

# Consumer Resources

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COVERED  
CALIFORNIA

*OE5 Kick-off*





# OFFICE OF THE OMBUDSMAN – New at Covered CA

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**Who:** *A team of state employees working at the Covered California.*

**Role:** *To help Covered California consumers with unresolved complaints and issues.*

- **What can an Ombudsman do?**

- Informally investigate complaints.
- Look for fair resolutions and make recommendations to resolve issues of unfairness and improve practices.
- Discuss concerns, clarify issues, and offer informal advice.
- Provide information and a referral when they can't help directly.



# OFFICE OF THE OMBUDSMAN – New at Covered CA

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- What an Ombudsman cannot do:

- Conduct formal investigations.
- Conduct appeal hearings.
- Provide legal advice.
- Accept payments on behalf of the insurance provider.
- Make recommendations to the court or change court decisions.
- Change laws and regulations set forth by government agencies.



# OFFICE OF THE OMBUDSMAN – New at Covered CA

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## Key Notes:

- **Tentative launch date** of January 1, 2018.
- **Website, phone number, and complaint forms will be available** by January 1, 2018.
- Continue to **use the Service Center** protocol and **escalation processes**.
- Only **contact** the Ombudsman Office **after unsuccessful resolution** with Covered California escalation processes or being **treated unjustly**.
- **General questions**, contact: Office of the Ombudsman by email at:  
[Ombudsman@covered.ca.gov](mailto:Ombudsman@covered.ca.gov)

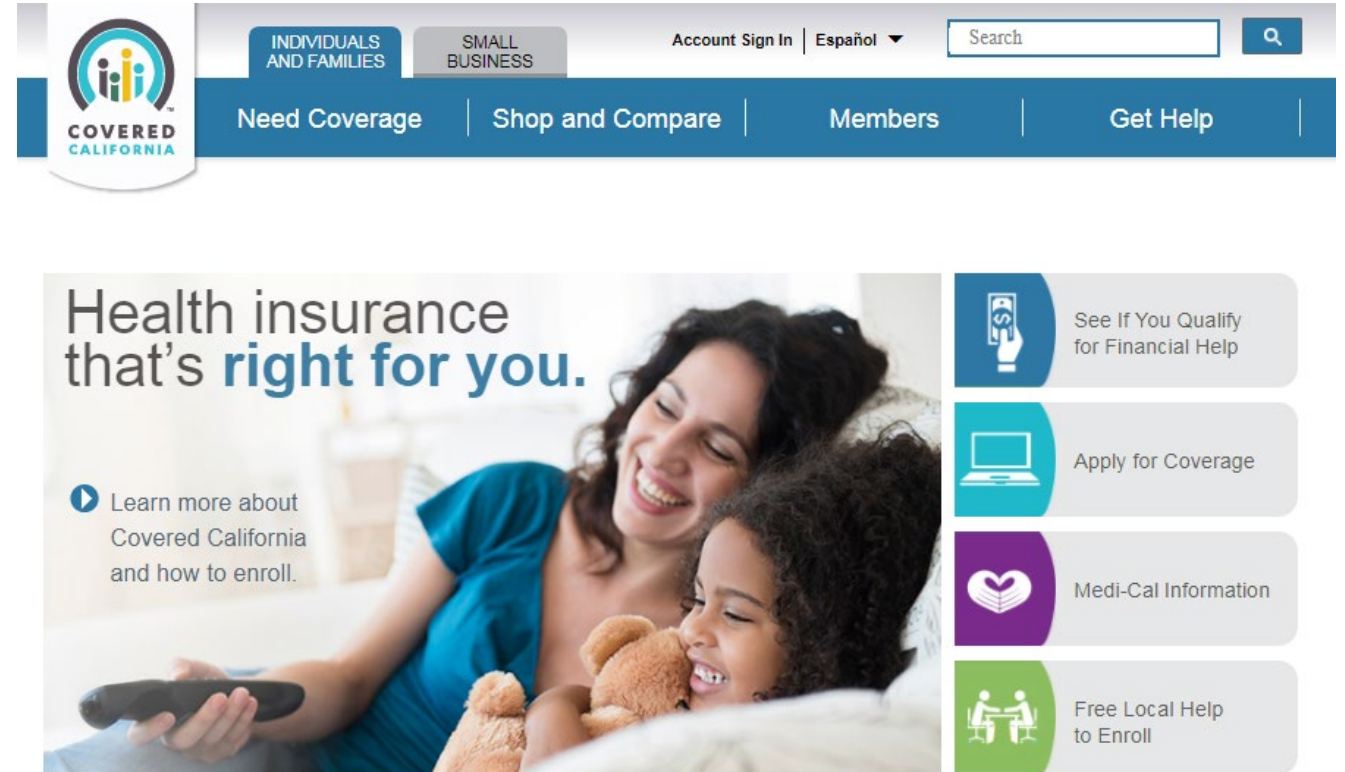
# OE5 Support

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# COVEREDCA.COM OE5 UPDATES

- CoveredCA.com enhancements:
  - **Mobile design** to allow consumers to access the website and use all features on a mobile device



# Helping Consumers Find Local Help

## Free Confidential Help In Your Area

### Enrollment Centers



Find a Covered California Storefront near you for free in-person assistance

### Help On-Demand



Have a Certified Enroller call you



Find a Certified Enroller Near You




Events Near You



Find a County Services Agency

Find Local Help: [www.coveredca.com/get-help/local](http://www.coveredca.com/get-help/local)

# Shop & Compare Tool for Consumers

 [Application Home](#) | [FAQs](#) | [Live Chat](#) | [Call for help  
1-800-787-6921](#) | [Find  
Local Help](#) | [Log In](#) | [Español ▼](#)

## PREVIEW PLANS

### TELL US A LITTLE BIT ABOUT YOURSELF.

Your information will help us find out if you qualify for help paying for health coverage.

Coverage Year:

Questions

What is your Zip Code? \* [?](#)

What is your total income per year? \* [?](#) \$

How many people are in your household? \* [?](#)

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household \*  ☒ Needs Coverage?

Is anyone in your household pregnant? \* [?](#) ☐ Yes ☒ No

Is anyone in your household blind or disabled? \* [?](#) ☐ Yes ☒ No

[Back](#) [See My Results](#)

# Open Forum

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# Thank you!

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# HIV Program Policy Updates

Courtney Mulhern-Pearson, MPH  
Senior Director of Policy and Strategy  
October 20, 2017

# AGENDA

- ACA repeal efforts – CSR payments and latest executive order
- ADAP
  - OA-HIPP
  - Medical out of pocket cost program
  - PrEP-AP
- Medi-Cal
  - Dental
  - Housing

# ACA Repeal and federal updates

- After last repeal effort in September failed, Trump administration took some action to destabilize markets
- October 12<sup>th</sup> he signed an executive order that asks federal agencies to issue new regulations that would make it easier to purchase cheaper and skimpier plans that don't comply with the ACA rules
- If implemented, these changes risk damaging the ACA markets because younger and healthier people will likely choose the lower cost and less comprehensive coverage, which will leave the higher coverage and cost plans with an older and sicker population, thus driving up premiums
- Unclear how this would be implemented, CA has strong protections in place

# ACA repeal and federal updates

- On October 12<sup>th</sup> the administration also announced that they will no longer be reimbursing insurers for the cost-sharing reductions (CSRs), a key ACA subsidy that makes copayments and deductibles more affordable for low-income consumers;
- October 17<sup>th</sup>, Senators Alexander and Murray reached market stabilization deal that among other things commits to funding the cost -sharing reductions for 2017, 2018 and 2019, funds open enrollment activities and grants states new but limited flexibility for Section 1332 waivers
- Trump initially expressed support but on October 18<sup>th</sup> he reversed that and Speaker Ryan voiced opposition

# ADAP

- Tumultuous year with termination of A.J. Boggs contract, taking the program in-house at CDPH
- ADAP Enrollment System (AES) improvements are ongoing – releases of changes are happening every 4 weeks
- Generally appears to be working better but there is still more to do to improve functionality

# OA-HIPP medical out-of-pocket (OOP) cost program

- Pays for medical visit and laboratory service co-pays
- Only available for OA-HIPP clients – OA was supposed to expand OA-HIPP to clients in employer-based plans and Medicare Part B last year
- Still waiting for that expansion to happen – pushed back because of ADAP issues but creates inequities that will be further highlighted by creation of PrEP-AP

# PrEP assistance program (PrEP-AP)

- Approved in FY16-17 budget, implementation postponed due to ADAP issues
- PrEP-AP will pay for:
  - PrEP related medical OOP costs as recommended by the CDC for uninsured and insured individuals and
  - For insured clients, assistance with PrEP after the manufacturer's co-payment assistance threshold has been met
    - Uninsured individuals will have 100% of their PrEP drug costs paid for by the drug manufacturer's Patient Assistance Program.
- Planning phased implementation – first uninsured program (“early 2018 then insured program (“spring of 2018)
  - Training for enrollers to begin in January 2018



# Medi-Cal budget restorations

- FY 17-18 budget included the full restoration of adult dental benefits, which were cut in 2009, and partially restored in 2014
- Beginning January 1, 2018, partial dentures, gum treatment, and rear root canals will be covered
- The budget also restores eyeglass coverage for adults beginning January 1, 2020
- Other benefits that were cut in 2009, including audiology, chiropractic, incontinence cream & washes, podiatry, speech therapy, were not restored.

# AB 74 – Housing for Healthy CA Program

- AB 74 (Chiu) creates the Housing for a Healthy California Program aligns federal and state funding to provide supportive housing to chronically, homeless Medi-Cal recipients
- Federal funding from the federal Housing Trust Fund will be used to build the housing and provide rental assistance while services will be paid for through the Whole Person Care pilot program, Health Homes, or some other county-controlled funding source
- The goal of the program is to reduce the health care costs of chronically homeless individuals on Medi-Cal by paying for them to be housed and providing the services they need to remain housed
- The program will track changes in the health care and housing costs of participants to determine the effectiveness of the program.



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