SF HIV FOG
Open Enrollment Boot CAMP IV

Resource Guide Part I
Covered California
Table of Contents

2019 Marketplace Plan Renewal Flowchart

Are you or your staff helping clients enroll or renew health care coverage for 2019? This guide provides a timeline for enrollment and renewals for 2019 coverage, and asks key questions to guide the renewal process. It explains that clients need to update their information in the Marketplace to ensure continued financial assistance and avoid gaps in coverage.

RWHAP staff can use this guide to:

- Understand how to guide clients through the plan renewal process.
- Understand why enrolled clients need to update their Marketplace applications for coverage and financial assistance.

An important message about Open Enrollment and plan renewals:

- Clients who will change plans must enroll by December 15, 2018 in most states to avoid a gap in coverage and ensure that their new plans begin on January 1, 2019.

Revised August 2018

Open Enrollment Timeline for 2019 Marketplace Coverage*

* In state-based and partnership Marketplace states, RWHAP providers and case managers should check with their Marketplace or regulating agency on the redetermination and renewal process, and to confirm the time period for Open Enrollment.
- Six-week enrollment period applies to both federally-facilitated marketplace states (FFMs) and state-based marketplaces (SBMs).

Marketplace Plan Renewal Flowchart for 2019 Coverage

1 Was your client enrolled in a qualified health plan (QHP) in 2019?

NO.
Eligible clients can choose and apply for a QHP during Open Enrollment.

YES.
Most clients will automatically be re-enrolled in coverage, with the exception of discontinued plans. Whether or not renewal is automatic, clients should log into their Marketplace application to compare plan options. Clients can select a new plan during Open Enrollment and update their income and household information.

Use the **ACE TA Center's Health Care Plan Selection Worksheet** to help clients find the best plan for them.

Use the **ACE TA Center's Pre-Enrollment Worksheet** to help clients prepare for their first visit with an enrollment assister.

TIP Even if the client is not eligible for as much financial help in 2019, s/he can review plans to compare costs and coverage for medications and services. RWHAP remains available to ensure coverage completion and may be able to help cover remaining premium and out-of-pocket expenses.

TIP Tell your clients that the Marketplace mails a *Health Insurance Marketplace Statement* each February with information they will need to complete Form 8962, which is a form that will get submitted with their tax return.

NO.
If plan is discontinued at the end of 2018, the client may be auto-enrolled in a similar plan from the same insurer if one is available. If the insurer is leaving the Marketplace, the client may be auto-enrolled in a similar plan from another insurer. Encourage clients to examine **any new plan** carefully to ensure it still meets their needs. If a similar plan is not available, auto-renewal will not occur unless s/he actively chooses a new plan.

2 Is your client's QHP available in 2019?

YES.
Even if your client's same plan is offered in 2019, encourage him/her to review new plan options to compare costs and coverage options, and see if s/he qualifies for financial help to lower the price of a new plan.

3 Did your client receive financial assistance, such as premium tax credits (PTCs) and/or cost-sharing reductions (CSRs), in 2018?

YES.
The Marketplace will use the client's tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2019.

NO.
The client can apply for help paying for premiums and out-of-pocket expenses in 2019. Clients with incomes up to 400% FPL may be eligible for PTCs. Clients with incomes up to 250% FPL may also be eligible for CSRs.

4 Did the client file taxes this year?

YES.
Great! Clients who filed the previous years' taxes will have an automatic redetermination of their PTC/CSR in the new year.

See **Tax Credits and Cost Sharing: Federal Support for Health Insurance** for more information.

NO.
Clients must file a tax return for every year that they receive a PTC/CSR to continue to be eligible for future PTC/CSRs. Clients who were enrolled for the first time in 2017 and received a PTC/CSR will need to file their 2018 taxes in 2019.

5 Did the client authorize the collection of tax data from the IRS in 2018?

YES.
The Marketplace will use the client's tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2019.

NO.
Tell your clients that without updated tax data, current financial help in the form of PTCs and CSRs will end on 12/31/18.

TERMS TO KNOW

QHP (QUALIFIED HEALTH PLAN)
A health insurance plan that is approved by and sold in the Marketplace.

PTC (PREMIUM TAX CREDIT) Tax credit applied to premium costs of a QHP to help pay for health coverage.

CSR (COST SHARING REDUCTION)
A discount that lowers out-of-pocket costs for health insurance.

ELIGIBILITY DETERMINATION
When the Marketplace uses the client's tax information to calculate the client's financial assistance.

ACE TA CENTER

COVERED CALIFORNIA

* step-by-step guide to enrolling in quality health coverage

We've got you covered.

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

This guide will help you better understand your coverage options so you can enroll in the health plan that best fits your needs.

We're here to help.

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in 13 languages as well as for the hearing-impaired. For help at any point during the enrollment process, call 800.300.1506 or visit CoveredCA.com.

Step one:

See if you qualify for help paying for health coverage

Based on your annual household income, you may qualify for what's called an Advanced Premium Tax Credit (APTC) to help reduce your monthly premiums. Or you may qualify for low or no-cost coverage through Medi-Cal.

Coverage Year 2019

Maximum Annual Household Income to Qualify for Financial Help

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	$16,754	$48,560
2	$22,715	$65,840
3	$28,677	$83,120
4	$34,638	$100,400
5	$40,600	$117,680
6	$46,652	$134,960
	You may be eligible for low or no-cost Medi-Cal.	*You may be eligible for financial help through Covered California.*

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies. Medi-Cal enrollment is year-round.

Sign up Oct. 15 – Jan. 15 | To be covered by Jan. 1 sign up by Dec. 15

Enrolling in quality health coverage

Step two:
Explore your coverage options

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

- Choose Platinum or Gold and you'll pay a higher monthly premium, but you'll pay less for medical services.
- Choose Silver or Bronze and you'll pay a lower monthly premium, but you'll pay more for medical services.
- A minimum coverage plan is available to those under 30 or those 30 and over who have received a hardship exemption from U.S. Department of Health and Human Services.

Shop and Compare

Visit CoveredCA.com and choose "Shop and Compare" to see which brand-name health plans are right for you.

Standard coverage benefits by level

KEY BENEFITS	BRONZE Covers 60% of average annual cost	SILVER Covers 70% of average annual cost	GOLD Covers 80% of average annual cost	PLATINUM Covers 90% of average annual cost
Individual/Family Deductible	$6,300/$12,600	$2,500/$5,000**	No deductible	No deductible
Annual Preventive Care Visit	No cost	No cost	No cost	No cost
Primary Care Visit Copay	$75*	$40	$30	$15
Urgent Care Visit Copay	$75*	$40	$30	$15
Emergency Room Copay	Full cost up to deductible	$350	$325	$150
Generic Medication Copay	Full cost up to $500 deductible	$15	$15	$5
Annual Out-of-Pocket Maximum for One	$7,550	$7,550	$7,200	$3,350
Annual Out-of-Pocket Maximum for Family**	$15,100	$15,100	$14,400	$6,700

Chart does not include all medical copays and coinsurance rates. For complete information, visit CoveredCA.com.

* For Bronze Plans, the deductible is waived for the first three primary care or urgent care visits. Additional visits are charged at full cost until deductible is met. ** Silver is the only level where your deductible and other costs may be lower based on your household income.

Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN:注意：如果您使用中文，您可以免費獲得語言援助服務。請致電sihablaespañol,tieneasudisposiciónserviciosgratuitosde asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500).

1.800.300.1533 (TTY 1.888.889.4500)

COVERED CALIFORNIA

Enrolling in quality health coverage

Step three:
What you need to enroll

The following is needed for every household member who is applying for coverage:

- ☐ Proof of current household income*
- ☐ Birth date
- ☐ California ID or driver's license for adults
- ☐ Home ZIP Code
- ☐ Social Security number or Individual Taxpayer Identification number, if you have one
- ☐ Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certif¡cate of citizenship or naturalization document)**

The Affordable Care Act (ACA)

As part of the ACA, Covered California is a program where most legal residents of California and their families can compare quality health plans and choose the one that works best for their health needs and budget. The law requires that:

- Preexisting health conditions cannot prevent someone from being covered.
- Your plan cannot be canceled because you are sick or injured.
- Young adults can be covered under their parents' plan until the age of 26.
- All plans include free preventive care.

The ABCs of HMOs, PPOs and EPOs

Most insurance companies offer three types of plans:

HMOs
Health Maintenance Organizations only cover medical services inside the plan's network.

HMOs often require members to get a referral from their primary care doctor to see a specialist.

PPOs
Preferred Provider Organizations pay for medical services both inside and outside the plan's network, but members pay a higher amount of the cost for out-of-network care.
No referral is required to see a specialist.

EPOs
Exclusive Provider Organizations generally don't cover care outside the plan's network, but members may not need a referral to see an in-network specialist.

It's important to note that not all HMOs, PPOs and EPOs are the same. Before choosing a plan, use the Shop and Compare tool at CoveredCA.com to get details like what doctors and hospitals are covered and what it will cost to see a doctor out-of-network.

* Proof of current income of all members in the tax household, such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as the primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**You can apply for your child even if you are not eligible. Households that include members who are not lawfully present can also apply.

Enrolling in quality health coverage

Step four:
Create an account and enroll

Enroll in your plan at CoveredCA.com. Simply create a user account and follow the enrollment process with the information in step three.

As always, we're here to help. If you have questions or to f¡nd free, local, in-person help, please visit **CoveredCA.com** or call **800.300.1506**.

Step f¡ve:
Save your info

Be sure to keep a record of key information regarding your application.

USERNAME

PASSWORD

APPLICATION ID NUMBER

ACCESS CODE

CASE NUMBER

HEALTH INSURANCE COMPANY'S NAME

INSURANCE PLAN INFORMATION (PLAN NUMBER, GROUP NUMBER, ETC.)

NAME AND CONTACT INFORMATION OF THE CERTIFIED ENROLLMENT COUNSELOR (CEC), CERTIFIED INSURANCE AGENT OR PLAN-BASED ENROLLER (PBE) WHO HELPED YOU ENROLL

Step six:
Pay your premium

Be sure to pay your monthly premium in full and on time to ensure that your coverage continues.
Failing to pay your premium may disrupt or even cancel your health coverage.

CALIFORNIA

For more information or to f¡nd free, local, in-person help, please contact: CoveredCA.com | 800.300.1506

Health Insurance Renewal Tracking Checklist

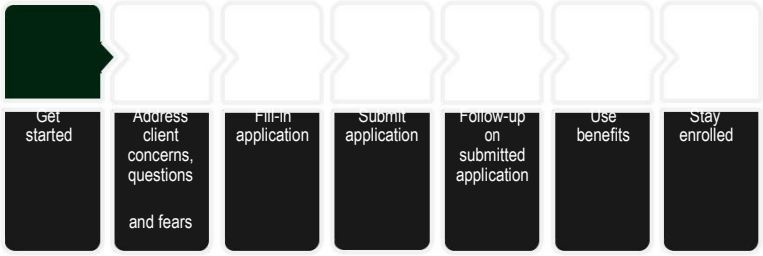
Use this checklist to track the key steps to support Ryan White HIV/AIDS Program (RWHAP) clients who are re-enrolling in health insurance.

Revised September 2017

Some renewal processes differ between states and health insurance programs. Please check with your local Marketplace or state agency about specific procedures.

Clients will require different levels of assistance during the renewal process. Clients changing health care plans or health insurance programs may need more help. Follow the checklist steps that are relevant to each client.

Enrollment Steps



Step 1: Get started.

- Describe the renewal process, the Open Enrollment time frame, how to submit renewal information, how long it will take, and when renewed benefits start.
-
- Describe how the Marketplace will automatically redetermine the client's eligibility for financial help.
- Discuss the importance of logging into the Marketplace to update information, such as income and household size, and the potential consequences of not reporting changes.

Step 2: Address client concerns, questions, and fears about health insurance.

- Discuss the client's concerns about renewal and/or insurance.
- Discuss any changes to the client's current health plan that will take effect in the next year.
- Talk to the client about his/her current health needs and whether his/her current plan meets those needs.
- Explain that RWHAP can still provide services not covered by insurance and may help pay some of the costs for health coverage, such as premiums and co-pays.
- Explain the importance of filing taxes to maintain financial assistance. Tell clients to reconcile their tax credits each year by completing tax Form 8962- using Form 1095-A.

Step 3: Fill-in application.

- If you do not provide renewal assistance, contact an enrollment assister to help. Help the client find assistance in another language, if necessary.
- Begin the renewal process, including updating the client's Marketplace or Medicaid information.
- Explain that to be eligible for tax credits, the client must allow the Marketplace to collect tax information.

Step 3: Fill-in application (continued)

- Review the client's current health care plan and discuss why and how to change health plans.
- Help the client select a health care plan. Check with your local ADAP to see if they recommend and/or provide financial support for certain health care plans.
- Keep track of important dates, outcomes and notes.
- Submit application.
- Follow-up on submitted application.

Step 4: Submit application.

- Explain what happens after the renewal information is submitted, including letters the client may receive.
- Copy the renewal information for the client and file it (if allowed/ applicable).
- Submit the renewal application and keep track of the application number, if applicable.

Step 5: Follow-up on submitted application.

- Support the client to check the status of their renewal application.
- Update other RWHAP programs, including ADAP, about the client's new enrollment status, including completing any required paperwork.
- Discuss the client's questions and concerns about his/her renewal status.

Step 6: Use benefits.

- Talk with the client about how to use insurance, including access to covered medications and services, such as primary and specialty care.
- Explain how ADAP and other RWHAP providers and services will work with the client's insurance.
- Discuss what costs the client may be responsible for, and the importance of paying premiums and other costs on time.
- If needed, help client find a doctor covered by his/her plan.

Step 7: Stay enrolled.

- Explain when and how to report life changes that may change the client's eligibility for insurance and/or ADAP and allow him/her to qualify for a Special Enrollment Period (SEP).
- Contact the client before open enrollment begins, or 60-90 days before the renewal date.
- Talk to the client about how and when to renew health insurance and ADAP eligibility, including the need for client to log into his/her Marketplace account each year to start the redetermination process, review health plan options, and/or pick a new plan.

Are you or your staff helping clients enroll or renew health care coverage for 2018?

Use the ACE TA Center Marketplace Plan Renewal Deadlines and Flowchart as a guide.

This tool was prepared by JSI Research & Training Institute, Inc. and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant #UF2HA26520, Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in Affordable Care Act Health Coverage Programs. This information or content and conclusions are those of the author and should not be construed as *the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

2019 Health Care Plan Selection Worksheet

Use this worksheet to help your client choose the best health care plan. The ACE TA Center's Plain Language Glossary of Health Care Enrollment Terms also provides easy to understand explanations of the health care erms in this worksheet. *Revised September 2017*

Step 1: Get client's current information.

Current prescription medications			HIV-related medication?
1	Drug name		_____ Yes _____ No
2	Drug name		_____ Yes _____ No
3	Drug name		_____ Yes _____ No
4	Drug name		_____ Yes _____ No
5	Drug name		_____ Yes _____ No
6	Drug name		_____ Yes _____ No
7	Drug name		_____ Yes _____ No

Current sources of care

Primary care provider (PCP) _____

Clinic or hospital where PCP is seen _____

Is PCP also an HIV specialist? _____ Yes _____ No

Is PCP certified in specialty infectious disease? _____ Yes (If yes, specialty?) _____ _____ No

HIV specialist (if different than PCP) _____ Clinic or hospital where seen _____

Facility (clinic/hospital) where client goes when sick _____

Mental health provider _____ Clinic or office where seen _____

Substance use provider _____ Clinic or office where seen _____

Other specialist(s)

* Provider name _____ Clinic or hospital where seen _____

* Provider name _____ Clinic or hospital where seen _____

Income information

Client household income as a percentage of Federal Poverty Level (FPL)		
$	Percentage (%) FPL	Number of people in household
Note: Federal poverty guidelines change each year. To determine the percent FPL for your client's income, go to https://aspe.hhs.gov/poverty-guidelines		
With this income, can client get ADAP premium/cost-sharing assistance in your area? *Note: Eligibility guidelines and availability of assistance vary in different areas and may only be offered for certain health plans. Use the extra space to write any specific guidelines about the ADAP assistance.*		
Premium assistance	_____ Yes _____ No	Notes:
Co-pay assistance	_____ Yes _____ No	Notes:
Deductible assistance	_____ Yes _____ No	Notes:
Assistance purchasing medications	_____ Yes _____ No	Notes:
With this income, does client qualify for financial help with health insurance costs through the Marketplace? *Note: See Appendix A.*		
Premium tax credits to help lower monthly premium costs	_____ Yes _____ No	
Cost-sharing reductions to lower out-of-pocket costs for deductibles, copays, and coinsurance	_____ Yes _____ No	

Step 2: Compare plans.

	Plan 1 Name:	Plan 2 Name :	Plan 3 Name:
	Company offering plan:	**Company offering plan:**	**Company offering plan:**
Plan general information & cost			
Circle plan "metal" *To receive cost-sharing reductions through the Marketplace, eligible clients must select a Silver level plan.*	Bronze Silver Gold Platinum	Bronze Silver Gold Platinum	Bronze Silver Gold Platinum
Is plan eligible for ADAP premium or co-pay assistance in your area?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Premium client will pay Full premium minus advance premium tax credit or other premium assistance, including ADAP assistance *Note the amount of premium assistance provided by ADAP and the premium tax credit.*	Monthly Premium (minus tax credit or other premium assistance) x 12 = Annual Premium Amount	Monthly Premium (minus tax credit or other premium assistance) x 12 = Annual Premium Amount	Monthly Premium (minus tax credit or other premium assistance) x 12 = Annual Premium Amount
Annual deductible The client may have a lower annual deductible if s/he qualifies for financial help through the Marketplace.	_____In-network _____Out-of-network	_____In-network _____Out-of-network	_____In-network _____Out-of-network

	Plan 1 **Name:**	Plan 2 **Name:**	Plan 3 **Name:**
Does the plan have a **separate annual prescription drug deductible?** **If yes, what is the amount?**	____No ____Yes $_____	____No ____Yes $_____	____No ____Yes $_____
What coinsurance is the client responsible for? The plan may have different coinsurance percentages for different services. If so, note the percentage for each service. *Note the amount of cost- sharing assistance provided.*			
Out-of-pocket maximum for plan The client may have a lower out-of-pocket maximum if s/he qualifies for financial help through the Marketplace (cost-sharing reductions).			
What is the co-pay for each health service? *If your client is receiving cost-sharing assistance, note the reduced co-pay* **Client estimate they will use each health service in the next year?** *Specialty care could include routine HIV care if client's*	Primary care visits $_____ co-pay x _____ number of visits = *$_____estimated client cost* $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Primary care visits $_____ co-pay x _____ number of visits = *$_____estimated client cost* $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Primary care visits $_____ co-pay x _____ number of visits = *$_____estimated client cost* $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	TOTAL ESTIMATED CO-PAYS/CO-INSURANCE *Add up total estimate client cost in each column.*		
	Plan 1 total co-pay costs:$	Plan 2 total co-pay costs:	Plan 3 total co-pay costs:

	Plan 1 **Name:**	Plan 2 **Name:**	Plan 3 **Name:**
How much will the client pay in co-pays? *This is only an estimation of co-pays for the client.*	Urgent care visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Urgent care visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Urgent care visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	Emergency room visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Emergency room visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Emergency room visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	Inpatient care (hospitalization) $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Inpatient care (hospitalization) $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Inpatient care (hospitalization) $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	Lab work $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Lab work $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Lab work $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	Mental health visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Mental health visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Mental health visits $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	Substance use disorder visit $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Substance use disorder visit $_____ co-pay x _____ number of visits = *$_____estimated client cost*	Substance use disorder visit $_____ co-pay x _____ number of visits = *$_____estimated client cost*
	TOTAL ESTIMATED CO-PAYS/CO-INSURANCE *Add up total estimate client cost in each column.*		
	Plan 1 total co-pay costs:$_____	Plan 2 total co-pay costs:_____	Plan 3 total co-pay costs:_____

	Plan 1 **Name:**	Plan 2 **Name:**	Plan 3 **Name:**
What is the co-pay for each medication? *If your client is receiving cost-sharing assistance, note the reduced co-pay.* **How many refills does the client estimate in the next year?** **How much will the client pay for medication?** *If client has more than five medications use a blank page to calculate additional costs.*	Medication 1 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 1 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 1 $_____ co-pay x _____ number of refills = $_____*estimated client cost*
	Medication 2 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 2 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 2 $_____ co-pay x _____ number of refills = $_____*estimated client cost*
	Medication 5 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 5 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 5 $_____ co-pay x _____ number of refills = $_____*estimated client cost*
	Medication 4 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 4 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 4 $_____ co-pay x _____ number of refills = $_____*estimated client cost*
	Medication 5 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 5 $_____ co-pay x _____ number of refills = $_____*estimated client cost*	Medication 5 $_____ co-pay x _____ number of refills = $_____*estimated client cost*
	TOTAL ANNUAL ESTIMATED MEDICATION COSTS *Add up total estimate client cost in each column.*		
	Plan 1 total medication costs:$_____	Plan 2 total medication costs:$_____	Plan 3 total medication costs:$_____

	Plan 1 Name:		Plan 2 Name:		Plan 3 Name:	
Provider network						
Are the client's current providers included in-network, out-of-network or both? (Circle)	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Does the plan consider the client's current HIV provider to be a primary care provider or a specialist?	_____ Primary care provider _____ Specialist		_____ Primary care provider _____ Specialist		_____ Primary care provider _____ Specialist	
If specialist, would the client need a referral from a primary care provider to see his/her HIV specialist?	_____ Yes _____ No		_____ Yes _____ No		_____ Yes _____ No	
Are the client's preferred medical facilities, such as a specific hospital, included in the plan?	_____ Yes _____ No		_____ Yes _____ No		_____ Yes _____ No	
Is the client allowed to see out-of-network providers? If yes, what does the client have to do to get approval?	_____ Yes _____ No *If yes, note approval process:*		_____ Yes _____ No *If yes, note approval process:*		_____ Yes _____ No *If yes, note approval process:*	
Do out-of-network visits cost more? Is yes, what is the additional cost? Clients who plan to use out-of-network providers and/or facilities should note any additional costs in the estimated co-pay cost above.	_____ Yes _____ No $_____		_____ Yes _____ No $_____		_____ Yes _____ No $_____	
Are plan providers located conveniently for client?	_____ Yes _____ No		_____ Yes _____ No		_____ Yes _____ No	

	Plan 1 Name:	Plan 2 Name:	Plan 3 Name:
Pharmacy			
Does the plan allow use of ADAP pharmacy/ pharmacies?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Does the plan's drug formulary include the client's current HIV-related drugs? Plans must include at least one drug in each class of core ART medications for ADAP to help with costs.	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Are the client's current non-HIV drugs covered by the plan?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Are there restrictions on drug coverage? For example: Required use of specialty or mail-order pharmacy, prior authorization, step therapy.	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No

	Plan 1 Name:			Plan 2 Name:			Plan 3 Name:		
Access to additional services									
		CoveredService	ReferralRequired		CoveredService	ReferralRequired		CoveredService	ReferralRequired
What other needed services are covered by the plan? *Check all that apply.* **Would the client require a referral to access these services?** *Check all that apply.*	Mental/behavioral health			Mental/behavioral health			Mental/behavioral health		
	Substance use disorder			Substance use disorder			Substance use disorder		
	Vision			Vision			Vision		
	Oral health/dental			Oral health/dental			Oral health/dental		
	Chiropractic care			Chiropractic care			Chiropractic care		
	Laboratory services			Laboratory services			Laboratory services		
	X-ray/imaging services			X-ray/imaging services			X-ray/imaging services		
	Durable medical equipment			Durable medical equipment			Durable medical equipment		
	Home health services			Home health services			Home health services		
	Nutritional counseling/medical nutrition therapy			Nutritional counseling/medical nutrition therapy			Nutritional counseling/medical nutrition therapy		
	Case management			Case management			Case management		
	Other_____			Other_____			Other_____		
Does the plan limit the number of visits for specific services?	Mental health	Yes	No	Mental health	Yes	No	Mental health	Yes	No
	Substance use disorder	Yes	No	Substance use disorder	Yes	No	Substance use disorder	Yes	No
	Dental	Yes	No	Dental	Yes	No	Dental	Yes	No
	Other	Yes	No	Other	Yes	No	Other	Yes	No

Adapted from:

- Colorado Consumer Health Initiative CoveredU.org http://coveredu.org/shop/intro
- National Health Council Putting Patients First Estimate My Costs Calculator http://www.puttingpatientsfirst.net/calc
- Harvard Law School Center for Health Law & Policy Innovation's Marketplace Health Plans Assessment Workbook http://www.hivhealthreform.org/wp-content/uploads/2013/10/HLP-Market-Place-Health-Plan-Assesment-Tool-updated-10.23.pdf
- HIV Health Reform's Passport to Health Care http://www.hivhealthreform.org/wp-content/uploads/2013/10/ACA-Passport-how-I-get-my-care.pdf
- NASTAD's Health Reform Issue Brief: Plan Assessment Tools for Insurance http://www.nastad.org/Docs/045101_HCA-Brief-Plan%20Assessment-10.25.13.pdf

---

This resource was prepared by JSI Research & Training Institute, Inc. under Grant #UF2HA26520 from the Health Resources and Services Administration's HIV/AIDS Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HIV/AIDS Bureau.

Appendix A

Quick check chart: Do I qualify to save on health insurance coverage?

To learn if you qualify for lower costs on health coverage, find your estimated 2016 household income and household size on the chart below.

Choose the column for your household size.* The column on the left shows income levels that qualify for lower costs on premiums and out-of-pocket costs for private health insurance, and for low-cost health care through Medicaid. Remember to update your income and/or household size information if there are any changes throughout the year so that any financial assistance with premium and out-of-pocket costs is accurately calculated.

		Number of people in your household					
		1	2	3	4	5	6
Health Plans Marketplace Private	You may qualify for **lower premiums on a Marketplace insurance plan** (Premium Tax Credits) if your yearly income is between… *See next row if your income is at the lower end of this range*	$12,060-$48,240	$16,240-$64,960	$20,420-$81,680	$24,600-$98,400	$28,780-$115,120	$32,960-$131,840
Coverage	You may qualify **for lower premiums AND out-of-pocket costs for Marketplace insurance** (Premium Tax Credits and cost- sharing reductions) if your yearly income is between…	$12,060-$30,150	$16,240-$40,600	$20,420-$51,050	$24,600-$61,500	$28,780-$71,950	$32,960-$82,400
Medicaid	If your state has expanded Medicaid: You may qualify for **Medicaid coverage** if your yearly income is below…	$16,643	$22,411	$28,180	$33,948	$39,716	$45,458
	If your state isn't expanding Medicaid: **You may not qualify for any Marketplace savings programs** if your yearly income is below…	$12,060	$16,240	$20,420	$24,600	$28,780	$32,960

*Include in your household everyone you will claim as a dependent on your tax return and any children who live with you. To view instructions on calculating income, see: https://www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage-chart/. Adapted from HealthCare.gov

2019 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced **Silver 73**	Enhanced **Silver 87**	Enhanced **Silver 94**	Gold	Platinum
Percent of cost coverage	Covers **0%** until out-of-pocket maximum is met	Covers **60%** average annual cost	Covers **70%** average annual cost	Covers **73%** average annual cost	Covers **87%** average annual cost	Covers **94%** average annual cost	Covers **80%** average annual cost	Covers **90%** average annual cost
Cost-sharing Reduction Single Income Range	**N/A**	**N/A**	**N/A**	**$24,281 to $30,350 (>200% to ≤250% FPL)**	**$18,211 to $24,280 (>150% to ≤200% FPL)**	**up to $18,210 (100% to ≤150% FPL)**	N/A	N/A
Annual Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0
Primary Care Vist	After first 3 non-preventivevisits, full cost per instance until out-of-pocket maximum is met	$75*	$40	$35	$15	$5	$30	$15
Urgent Care		$75*	$40	$35	$15	$5	$30	$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	$105*	$80	$75	$25	$8	$55	$30
Emergency Room Facility		Full cost until deductible is met	$350	$350	$100	$50	$325	$150
Laboratory Tests		$40	$35	$35	$15	$8	$35	$15
X-Rays and Diagnostics		Full cost until deductible is met	$75	$75	$30	$8	$55	$30
Imaging			$300	$300	$100	$50	$275 copay or 20% coinsurance***	$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	Full cost up to $500 after drug deductible is met	$15**	$15**	$5 or less	$3 or less	$15 or less	$5 or less
Tier 2 (Preferred Drugs)			$55**	$50**	$20**	$10 or less	$55 or less	$15 or less
Tier 3 (Non-preferred Drugs)			$80**	$75**	$35**	$15 or less	$75 or less	$25 or less
Tier 4 (Specialty Drugs)			20% up to $250** per script	20% up to $250** per script	15% up to $150** per script	10% up to $150 per script	20% up to $250 per script	10% up to $250 per script
Medical Deductible	N/A	Individual: $6,300 Family: $12,600	Individual: $2,500 Family: $5,000	Individual: $2,200 Family: $4,400	Individual: $650 Family: $1,300	Individual: $75 Family: $150	N/A	N/A
Pharmacy Deductible	N/A	Individual: $500 Family: $1,000	Individual: $200 Family: $400	Individual: $175 Family: $350	Individual: $50 Family: $100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	$7,900 individual only	$7,550 individual $15,100 family	$7,550 individual $15,100 family	$6,300 individual $12,600 family	$2,600 individual $5,200 family	$1,000 individual $2,000 family	$7,200 individual $14,400 family	$3,350 individual $6,700 family

Drug prices are for a 30 day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

Medical Networks:

Health Maintenance organization (HMO)

Upside of an HMO	Downside of an HMO
✓ You typically pay less premiums and co-pays	▪ You need to choose a PCP
✓ You typically have no or low deductibles	▪ You need a referral to see a specialist
✓ Your PCP manages your healthcare	▪ You typically pay the full amount in healthcare costs for out-of-network care
✓ HMOs emphasize preventative and routine care (physicals, screenings, and immunizations)	▪ You typically have a smaller network of doctors to chose from
✓ Coverage for emergency care, even if out-of-network	▪ Your PCP decides which specialist you see
	▪ Dependents must see in network doctors even if they live away from home

Medical Networks:

Preferred provider Organization (PPO)

Upside of a PPO	Downside of a PPO
✓ You don't need to choose a PCP ✓ You don't need a referral from a PCP to see a specialist ✓ You'll pay the least amount of costs if you stay in network ✓ You can visit any doctor at anytime ✓ You have a wider network of doctors to choose form	▪ You typically have to pay more in monthly premiums and out-of-pocket costs ▪ You find your own specialist and health care facilities ▪ You plan when you see a doctor for routine or specialized care ▪ Out-of-network services may be covered at a lower percentage, and you pay the difference.

Medical Networks:

Exclusive provider organization (EPO)

Upside of a EPO	Downside of a EPO
✓ Typically medium to low premium costs ✓ Copay costs are predetermined based on facility ✓ You don't need to choose a PCP ✓ You don't need a referral from a PCP to see a specialist ✓ You'll have a network of pre-approved doctors within the EPO network ✓ Emergency and Urgent care services are covered even if outside of network	▪ You are restricted to a limited network ▪ Any services or doctors you see outside of the network are not covered, (except emergency and urgent care) ▪ You find your own doctors and facilities within network lists.

Immigration Status and Eligibility

What You Need to Know

What if I'm from a Mixed Immigration Status Family?

If your family includes some noncitizens that are not lawfully present, you can still apply for health care through Covered California. When applying, remember that family members who are not lawfully present are not eligible for Covered California health plans, but may be eligible for Medi-Cal.

Interpreters are available for callers seeking help in other languages

CoveredCA.com
(800) 300-1506

Welcome to Covered California

Covered California™ is a place where you can compare and shop for private health insurance plans, and get financial assistance to pay for health coverage if you qualify.

Who is Eligible for Covered California?

All U.S. citizens, U.S. nationals and noncitizens lawfully present in California may apply for health care through Covered California.

Who is Not Eligible for Covered California?

If you are not lawfully present in California, you are not eligible for a Covered California plan. However, you can still apply through Covered California to find out if you are eligible for Medi-Cal or to find coverage for family members who are lawfully present. For example, if your child is a U.S. citizen, you can apply on his or her behalf. You only need to provide information on immigrant status for family members applying for coverage.

Your Immigration Status Will Be Kept Confidential

All immigration information provided to Covered California will be kept private and secure. It will not be shared with or used by any immigration agency to enforce immigration laws.

Signing Up for Covered California Will Not Affect Your Immigrant Status

In general, receiving help to pay for a Covered California health plan or receiving coverage through Medi-Cal will not affect immigration status or the chances of becoming a citizen or lawful permanent resident of the U.S.

For more information or to find free, confidential local help, please contact:

El estado migratorio y la elegibilidad

Lo que debes saber

¿Qué pasa si el estado migratorio de mi familia es mixto?

Aun si tu familia incluye personas no ciudadanas y sin presencia legal, puedes solicitar cobertura de salud a través de Covered California. Cuando solicites, recuerda que los familiares que no están presentes legalmente no califican para planes de salud a través de Covered California, pero sí podrían calificar para Medi-Cal.

Tenemos intérpretes disponibles para los consumidores que quieran obtener ayuda en otros idiomas

CoveredCA.com/espanol
(800) 300-0213

Bienvenido a Covered California

Covered California™ es un lugar donde puedes buscar y comparar planes de seguro de salud privados, y obtener asistencia financiera para pagar por tu cobertura de salud si calificas.

¿Quiénes califican para Covered California?

Todos los ciudadanos de los Estados Unidos, los nacionalizados y no ciudadanos con presencia legal en California pueden solicitar cobertura de salud a través de Covered California.

¿Quiénes no califican para Covered California?

Si no estás legalmente presente en California, no calificas para un plan de salud a través de Covered California. Sin embargo, puedes solicitar a través de Covered California para saber si calificas para Medi-Cal o para encontrar cobertura para los miembros de tu familia que sí están presentes legalmente. Por ejemplo, puedes solicitar en nombre de un hijo que es ciudadano de los Estados Unidos. Sólo tienes que proveer información del estado migratorio de los miembros de la familia que solicitan cobertura.

Tu estado migratorio permanecerá confidencial

Toda la información sobre tu estado migratorio que proveas a Covered California permanecerá privada y segura. No compartiremos información con agencias de inmigración ni será usada para ejercer leyes mig

Inscribirte a través de Covered California no afectará tu estado migratorio

Por lo general, tu estado migratorio o tus posibilidades de convertirte en ciudadano o residente legal permanente de los Estados Unidos no se verán afectadas si recibes ayuda para pagar por un plan de salud a través de Covered California, o cobertura a través de Medi-Cal.

Para más información, o para encontrar ayuda gratis y confidencial, por favor comunícate con nosotros:

SF HIV FOG
Open Enrollment Boot CAMP IV

Resource Guide Part II
Medicare

Table of Contents

Revised December 2017

Understanding Medicare Part C & Part D Enrollment Periods

Enrollment in Medicare is limited to certain times. You can't always sign up when you want, so it's important to know when you can enroll in the different parts of Medicare. This tip sheet is designed to help you learn more about enrolling in Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D), including who can sign up, when you can sign up, and how the timing, including signing up late, can affect your costs.

Note: For information about signing up for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), visit Medicare.gov/publications to view the booklet "Enrolling in Medicare Part A & Part B."

When can I sign up?

There are specific times when you can sign up for a Medicare Advantage Plan (like an HMO or PPO) or Medicare prescription drug coverage, or make changes to coverage you already have:

- During your Initial Enrollment Period when you first become eligible for Medicare or when you turn 65. See page 3.
- During certain enrollment periods that happen each year. See page 5.
- Under certain circumstances that qualify you for a Special Enrollment Period (SEP), like:
  - You move.
  - You're eligible for Medicaid.
  - You qualify for Extra Help with Medicare prescription drug costs.
  - You're getting care in an institution, like a skilled nursing facility or long-term care hospital.
  - You want to switch to a plan with a 5-star overall quality rating. Quality ratings are available on Medicare.gov.

  See the charts beginning on page 7 for a list of different SEPs, including rules about how to qualify.

Note about joining a Medicare Advantage Plan

You must have Medicare Part A and Part B to join a Medicare Advantage Plan. In most cases, if you have End-Stage Renal Disease (ESRD), you can't join a Medicare Advantage Plan.

Initial Enrollment Periods

If this describes you...	You can...	At this time...
You're newly eligible for Medicare because you turn 65.	Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.	During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. If you sign up for a Medicare Advantage Plan during this time, you can drop that plan at any time during the next 12 months and go back to Original Medicare.
You're newly eligible for Medicare because you have a disability and you're under 65.	Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.	Starting 21 months after you get Social Security or Railroad Retirement Board (RRB) disability benefits. Your Medicare coverage begins 24 months after you get Social Security or RRB benefits. Your chance to sign up lasts through the 28th month after you get Social Security or RRB benefits.
You're already eligible for Medicare because of a disability, and you turn 65.	▪ Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan. ▪ Switch from your current Medicare Advantage or Medicare Prescription Drug Plan to another plan. ▪ Drop a Medicare Advantage or Medicare Prescription Drug Plan completely.	During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
You have Medicare Part A coverage, and you get Part B for the first time by enrolling during the Part B General Enrollment Period (January 1–March 31).	Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.	Between April 1–June 30.

Part D late enrollment penalty

The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you have a penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Enrollment periods that happen each year

Each year, you can make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year. There are 2 separate enrollment periods each year. See the chart below for specific dates.

During this enrollment period...	You can...
October 15–December 7 **Medicare Open Enrollment Period** (Changes will take effect on January 1.)	▪ Change from Original Medicare to a Medicare Advantage Plan. ▪ Change from a Medicare Advantage Plan back to Original Medicare. ▪ Switch from one Medicare Advantage Plan to another Medicare Advantage Plan. ▪ Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage. ▪ Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage. ▪ Join a Medicare Prescription Drug Plan. ▪ Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan. ▪ Drop your Medicare prescription drug coverage completely.
January 1–February 14 **Medicare Advantage Disenrollment Period**	▪ If you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. Your Original Medicare coverage will begin the first day of the following month. ▪ If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your prescription drug coverage will begin the first day of the month after the plan gets your enrollment form. **Note:** During this period, you **can't**: ▪ Switch from Original Medicare to a Medicare Advantage Plan. ▪ Switch from one Medicare Advantage Plan to another. ▪ Switch from one Medicare Prescription Drug Plan to another. ▪ Join, switch, or drop a Medicare Medical Savings Account Plan.

Special Enrollment Periods

You can make changes to your Medicare health and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs) and are in addition to the regular enrollment periods that happen each year. Rules about when you can make changes and the type of changes you can make are different for each SEP.

The SEPs listed on the next pages are examples. **This list doesn't include every situation.** For more information about SEPs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Changes in where you live

If this describes you...	You can...	At this time...
You move to a new address that isn't in your plan's service area.*	Switch to a new Medicare Advantage or Medicare Prescription Drug Plan. * **Note:** If you're in a Medicare Advantage Plan and you move outside your plan's service area, you can also choose to return to Original Medicare. If you don't enroll in a new Medicare Advantage Plan during this SEP, you'll be enrolled in Original Medicare when you're disenrolled from your old Medicare Advantage Plan.	If you tell your plan **before** you move, your chance to switch plans begins the month before the month you move and continues for 2 full months after you move. If you tell your plan **after** you move, your chance to switch plans begins the month you tell your plan, plus 2 more full months.
You move to a new address that's still in your plan's service area, but you have new plan options in your new location.		
You move back to the U.S. after living outside the country.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you move back to the U.S.
You just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital).	▪ Join a Medicare Advantage or Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage.	Your chance to join, switch, or drop coverage lasts as long as you live in the institution and for 2 full months after the month you move out of the institution.
You're released from jail.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you're released from jail.

Changes in where you live
Changes that cause you to lose your current coverage

If this describes you...	You can...	At this time...
You're no longer eligible for Medicaid.	▪ Join a Medicare Advantage or Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage.	Your chance to change lasts for 2 full months after the month you find out you're no longer eligible for Medicaid.
You find out that you won't be eligible for Extra Help for the following year.	▪ Join a Medicare Advantage or Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage.	Your chance to change is between January 1–March 31.
You leave coverage from your employer or union.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month your coverage ends.
You involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or your other coverage changes and is no longer creditable.	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you lose your creditable coverage or are notified of the loss of creditable coverage, whichever is later.
You have drug coverage through a Medicare Cost Plan and you leave the plan.	Join a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you drop your Medicare Cost Plan.
You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) Plan.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you drop your PACE plan.

You have a chance to get other coverage

If this describes you...	You can...	At this time...
You have a chance to enroll in other coverage offered by your employer or union.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan to enroll in the private plan offered by your employer or union.	Whenever your employer or union allows you to make changes in your plan.
You have or are enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage).	Drop your current Medicare Advantage Plan with drug coverage or your Medicare Prescription Drug Plan.	Anytime.
You enroll in a Program of All-inclusive Care for the Elderly (PACE) Plan.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan.	Anytime.
You live in the service area of one or more Medicare Advantage or Medicare Prescription Drug Plans with an overall quality rating of 5 stars.	Join a Medicare Advantage, Medicare Cost, or Medicare Prescription Drug Plan with an overall quality rating of 5 stars.	One time between December 8–November 30.

Changes in your plan's contract with Medicare

If this describes you...	You can...	At this time...
Medicare takes an official action (called a "sanction") because of a problem with the plan that affects you.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch is determined by Medicare on a case-by-case basis.
Your plan's contract ends (terminates) during the contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch starts 2 months before and ends 1 full month after the contract ends.
Your Medicare Advantage Plan, Medicare Prescription Drug Plan, or Medicare Cost Plan's contract with Medicare isn't renewed for the next contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Between October 15 and the last day in February.

You have a chance to get other coverage
Changes due to other special situations

If this describes you…	You can…	At thistime…
You're eligible for both Medicare and Medicaid.	Join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.	Anytime.
You qualify for Extra Help paying for Medicare prescription drug coverage.	Join, switch, or drop Medicare prescription drug coverage.	Anytime.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP).	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Once during the calendar year.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP) and you lose SPAP eligibility.	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Your chance to switch starts either the month you lose eligibility or are notified of the loss, whichever is earlier. It ends 2 months after either the month of the loss of eligibility or notification of the loss, whichever is later.
You dropped a Medicare Supplemental Insurance (Medigap) policy the first time you joined a Medicare Advantage Plan.	Drop your Medicare Advantage Plan and enroll in Original Medicare. You'll have special rights to buy a Medigap policy.	Your chance to drop your Medicare Advantage Plan lasts for 12 months after you join the Medicare Advantage Plan for the first time.
You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your condition.	Join a Medicare Chronic Care SNP that serves people with your condition.	You can join anytime, but once you join, your chance to make changes using this SEP ends.

If this describes you…	You can…	At thistime…
You joined a plan, or chose not to join a plan, due to an error by a federal employee.	▪ Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan with drug coverage and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage.	Your chance to change coverage lasts for 2 full months after the month you get a notice of the error from Medicare.
You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.
You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.
You don't have Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31).	Sign up for a Medicare Prescription Drug Plan.	Between April 1–Jun 30.

Get more information

For more detailed information about signing up, including instructions on how to join, visit Medicare.gov. You can also call 1-800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

Extra Help is available!

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. You can apply for Extra Help at any time. There's no cost to apply for Extra Help, so you should apply even if you're not sure if you qualify. To apply online, visit socialsecurity.gov/i1020. Or, call Social Security at 1-800-772-1213 to apply by phone or get a paper application. TTY users can call 1-800-325-0778.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

CMS Product No.
11219

Revised December 2017

Things to think about when you compare Medicare drug coverage

There are 2 ways to get Medicare prescription drug coverage. You can join a Medicare Prescription Drug Plan and keep your health coverage under Original Medicare. Or, you could join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage to get your Medicare benefits through a private insurance company. Whichever you choose, prescription drug coverage can vary by cost, coverage, convenience, and quality. Some of these things might be more important to you than others, depending on your situation and prescription drug needs.

No matter which type of Medicare drug plan you join, your plan will send you information about plan changes each fall. You should review your prescription drug needs and compare Medicare drug plans during Medicare Open Enrollment, which runs between October 15–December 7.

Cost

When you get Medicare prescription drug coverage, you pay part of the costs, and Medicare pays part of the costs. Your costs will vary depending on which drug plan you choose and whether or not you get Extra Help (see page 3). You should look at your current prescription drug costs to find a drug plan that works with your financial situation.

Monthly premium

Most drug plans charge a monthly fee that varies by plan. You pay this fee in addition to the Medicare Part B (Medical Insurance) premium. If you have the type of Medicare Advantage Plan or Medicare Cost Plan that includes Medicare prescription drug coverage, the monthly premium you pay to your plan may include an amount for prescription drug coverage.

Note: What you pay for Medicare prescription drug coverage could be higher based on your income. Visit Medicare.gov to learn more about the monthly premium for drug plans.

Cost (continued)

Consider automatic premium deduction

When you join a Medicare drug plan, think about having your premiums automatically deducted from your Social Security payment. Automatic premium deduction has many benefits:

- It takes the worry out of remembering to pay your premiums
- Your premiums will get paid on time
- You'll be helping the environment by not getting a paper bill from your plan

Yearly deductible

This is the amount you must pay before your drug plan begins to pay its share of your covered drugs. Some drug plans don't have a deductible.

Copayment/coinsurance

This is the amount you pay for each of your prescriptions after you've paid the deductible (if the plan has one). Some drug plans have different levels or "tiers" of coinsurance or copayments, with different costs for different types of drugs. Coinsurance means you pay a percentage (25%, for example) of the cost of the drug. With a copayment, you pay a set amount ($10, for example) for all drugs on a tier. For example, you might have to pay a lower copayment for generic drugs than brand-name drugs, or lower coinsurance for some brand-name drugs than for others.

Coverage gap

Most drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary limit on what the drug plan will cover for drugs. The coverage gap begins after you and your drug plan have spent a certain amount for covered drugs. In 2018, once you enter the coverage gap, you pay 35% of the plan's cost for covered brand-name drugs and 44% of the plan's cost for covered generic drugs until you reach the end of the coverage gap. Not everyone will enter the coverage gap.

These amounts all **count** toward you getting out of the coverage gap:

- Your yearly deductible, coinsurance, and copayments
- The discount you get on brand-name drugs in the coverage gap
- What you pay in the coverage gap

Cost (continued)

Coverage gap (continued)

These amounts **don't count** toward you getting out of the coverage gap:

- Your Medicare drug plan premium
- What you pay for non-covered drugs
- What's paid by other insurance

Some plans offer additional coverage during the gap, like for generic drugs, but they may charge a higher monthly premium. Check with the plan first to see if your drugs would be covered during the gap.

In addition to the discount on covered brand-name prescription drugs, there will be increasing coverage for drugs in the coverage gap each year until the gap closes in 2020.

Catastrophic coverage

Once you get out of the coverage gap, you automatically get "catastrophic coverage." Catastrophic coverage means that you only pay a small coinsurance amount or copayment for covered drugs for the rest of the year.

Late enrollment penalty

If you don't join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage or get Extra Help, you'll likely pay a Part D late enrollment penalty. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you're subject to the penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Extra Help is available!

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. If you qualify for Extra Help, you may pay little or nothing out of pocket when you fill your prescriptions. You can apply for Extra Help at any time. There's no cost to apply for Extra Help, so you should apply even if you're not sure if you qualify. To apply for Extra Help online, visit socialsecurity.gov/i1020. Or, call Social Security at 1-800-772-1213 to apply by phone or to get a paper application. TTY users can call 1-800-325-0778.

Coverage

Review your prescription drug needs, and look for a plan that meets these needs. Medicare drug plans may vary in what drugs they cover, and some may have special rules that you must follow before a drug is covered.

Formulary

A formulary is a list of the drugs that a drug plan covers. It includes how much you pay for each drug. If the plan uses tiers, the formulary lists which drugs are in each tier. Formularies include both generic and brand-name drugs. In general, each drug plan's formulary must include most types of drugs that people with Medicare use. However, each drug plan has its own formulary, so you should check to make sure your drugs are covered.

Coverage rules

Drug plans may require "prior authorization." This means that before the drug plan will cover certain prescriptions, you must show the plan you meet certain criteria for you to have that particular drug. Your doctor may need to provide additional information about why the drug is medically necessary for you before you can fill the prescription. Plans may also require "step therapy" on certain drugs. This means you must try one or more similar, lower cost drugs before the plan will cover the prescribed drug. Plans may also set "quantity limits"—limits on how much medication you can get.

Convenience

Check with each drug plan you're considering to make sure your current pharmacy is in the plan's network or there are pharmacies convenient to you. Some drug plans charge lower copayments or coinsurance amounts at some pharmacies in their network than at others. Also, some drug plans may offer a mail-order program that will allow you to have drugs sent directly to your home. You should consider the most cost effective and convenient way to have your prescriptions filled.

Important: Even if you're not changing plans, make sure your pharmacy is still in your plan's network next year. Plans may change their network pharmacies each year.

Quality

In addition to a plan's costs, coverage, and convenience, you should also review the quality ratings for plans before you decide which one best meets your needs. Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. A plan can get a rating between 1–5 stars. A 5-star rating is considered excellent. These ratings are listed on the Medicare Plan Finder at Medicare.gov/find-a-plan.

Quality (continued)

5-star Special Enrollment Period

You can switch to a Medicare Advantage Plan or a Medicare Prescription Drug Plan that has 5 stars for its overall plan rating once from December 8, 2017–November 30, 2018. The overall plan ratings are available at Medicare.gov/find-a-plan. Medicare updates these ratings each fall for the following year. These ratings can change each year.

- You can only switch to a 5-star Medicare drug plan if one is available in your area.
- You can only use this Special Enrollment Period once during the above timeframe. Visit Medicare.gov/find-a-plan to find and compare plans.

Here are some common situations to consider:

If you…	You might want to…
…currently take specific prescription drugs.	…look at drug plans that have included your drugs on their formularies. Then, compare costs.
…want extra protection from high prescription drug costs.	…look for plans that offer coverage in the coverage gap, and then check with those plans to be sure your drugs would be covered during the gap. (The plans may charge a higher monthly premium.)
…want your drug expenses to be balanced throughout the year.	…look at plans with low or no deductibles or with additional coverage in the coverage gap.
…take a lot of generic prescriptions.	…look at plans with tiers that charge you nothing or low copayments for generic prescriptions.
…don't have many drug costs now, but want coverage for peace of mind and to avoid future penalties.	…look for plans with low monthly premiums for drug coverage. If you need prescriptions in the future, all plans still must cover most drugs used by people with Medicare.
…like the extra benefits and lower costs that are available by getting your health care and prescription drug coverage from one plan and are willing to accept the plan's restrictions on what doctors, hospitals, and other health care providers you can use.	…look for Medicare Advantage Plans with prescription drug coverage.

What should I do before making a decision?

Each year, you have the opportunity to join or switch Medicare drug plans during Medicare Open Enrollment, which runs from October 15–December 7. If you switch plans during this time, your coverage with the new plan will start on January 1. As you make a decision about your health and prescription drug coverage, remember to review your current health and prescription drug plans. Health and drug plan benefits and costs can change each year. Look at other plans in your area to see if one may better meet your needs. If you want to keep your current plan, and it's still being offered next year, you don't need to do anything for your enrollment to continue.

Where can I get help?

To help you compare drug plans, think about what you need in terms of cost, coverage, convenience, and quality. Then, visit Medicare.gov/find-a-plan to see which plans are available in your area.

To get personalized information, you need:

- Your Medicare card that has your Medicare number and Medicare effective date (Medicare Part A (Hospital Insurance) or Medicare Part B (Medical Insurance))
- Date of birth
- Last name
- ZIP code

To get general drug plan information or to find out what plans are available in your area, just answer a few simple questions. You can also enter your current prescription drug information to get more detailed cost information.

Note: This tool provides useful information to help you review drug plans based on your current drug needs. The drug costs displayed are estimates and may vary based on the specific quantity, strength and/or dosage of medication, whether you buy your prescriptions at the pharmacy or through mail order, and the pharmacy you use.

- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for personalized counseling at no cost to you. Visit shiptacenter.org, or call 1-800-MEDICARE to find the phone number for your state.

Important: If you have employer or union coverage, call your benefits administrator before you make any changes to your coverage.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit CMS.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html, or call 1-800-MEDICARE for more information.

Medicare Factsheet

If you are enrolled in Medicare, you do not need to do anything with Covered California. If you have Medicare you are covered. No matter how you receive your Medicare benefits, whether through Original Medicare or a Medicare Advantage Plan, your Medicare coverage will continue as usual.

Medicare is not part of Covered California and if you are enrolled in Medicare, you cannot purchase a Covered California health plan. Covered California does not offer Medicare supplement insurance, Medigap, or Part D drug plans.

However, if you are low income and meet other requirements, you may still be eligible for additional coverage through Medi-Cal, which you can enroll in through Covered California. Enrollment in Medi-Cal could help pay for Medicare costs and may cover benefits that are not covered by Medicare, like dental coverage and nursing home care.

What is Medicare? Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). There are different parts of Medicare to help cover specific services:

- **Original Medicare (Part A and Part B)** is the traditional Medicare coverage program offered through the federal government. It provides Part A, which covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. It also provides Part B, which covers certain doctors' services, outpatient care, medical supplies, and preventive services.

- **Medicare Advantage Plan (Part C)** is a type of Medicare health plan offered by private companies that contract with Medicare to provide you with all your Part A and Part B benefits. If you are enrolled in a Medicare Advantage Plan, Medicare benefits and services are covered through the private health insurance plan. Most Medicare Advantage Plans include prescription drug coverage.

- **Prescription Drug Plans (Part D),** add prescription drug coverage to Original Medicare (Part A and B) and are typically offered by insurance companies and other private companies approved by Medicare.

- **Medicare Supplemental Plans (Medigap),** are sold by private companies and can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles. Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

  A Medigap policy is different from a Medicare Advantage Plan and Part D Prescription Drug plans. The Medicare Advantage plan and Part D Prescription Drug plan provide Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.

If you are enrolled in Medicare, you do not need to do anything. If you are enrolled in Medicare you are covered. You do not need to do anything with Covered California or anything else related to the new health care law. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you will still have the same benefits and security you have now.

Covered California does not offer Medicare or Medicare Supplemental plans. Covered California does not sell Medicare Advantage plans (such as Medicare HMOs and PPOs), Medicare Part D prescription drug plans, or Medigap policies. These plans will be available as they were before.

You can enroll in a Medicare Advantage plan or a Medicare Part D plan on the Medicare website, by signing up directly with the company that offers the plan, or by working with a licensed insurance agent. To learn more about your coverage options and how to enroll in Medicare, including the Medicare Advantage plans, Part D drug plans, and Medigap supplemental policies available in your area, you can go to the Medicare Plan Finder on www.Medicare.gov or call 1-800-MEDICARE.

Getting Medicare and purchasing coverage in Covered California: Most people enrolled in Medicare do not qualify for and should not purchase a Covered California health plan. Purchasing a Covered California health plan would give you the same health benefits you are already receiving on Medicare. However, you may be eligible for additional coverage through Medi-Cal. The Covered California application automatically checks to see if you qualify for Medi-Cal. If you are enrolled in Medicare, you can complete the Covered California application to see if you also qualify for Medical.

If you qualify for Medicare but have to pay a premium for Part A and do not enroll in Medicare Part A, you may be eligible for a Covered California health plan. Depending on your income, you may be eligible for premium assistance and cost-sharing subsidies for the Covered California health plan. However, if you choose to enroll in a Covered California health plan instead of Medicare and then enroll in Medicare later, your premium for Part A, and possibly Part B, could increase by 10% due to paying a late enrollment penalty. (See scenario #3 below.)

Becoming eligible for Medicare while enrolled in a Covered California health plan with premium tax credit: If you are enrolled in a Covered California health plan and you become newly eligible for premium-free Medicare (upon turning 65 for example), you must report your Medicare eligibility to Covered California within 30 days of becoming eligible. You have until the end of your Medicare open enrollment period (which begins three months before the month of your 65th birthday and ends three months after the month of your 65th birthday for a total of seven months) to sign up for Medicare and cancel your Covered California plan.

If you do not report your Medicare eligibility to Covered California and continue receiving premium tax credit, you are deemed ineligible for premium tax credit as of the first day of the fourth calendar month following your 65th birthday (or the date of the event that establishes your Medicare eligibility) and you may have to pay some or all of the premium tax credit you received after that date to the IRS at tax time even if you never sign up for Medicare. (See scenario #4 below.)

Medi-Cal could help with Medicare Costs and could provide additional benefits. If you are currently on Medicare, you may be Medi-Cal eligible, depending on your income and assets. Other requirements also apply. A Medicare beneficiary may be eligible if they are over age 65, blind or have disabilities. If you qualify for both Medi-Cal and Medicare, Medi-Cal will help pay for Medicare premiums and cost-sharing requirements, and may also cover some benefits that are not covered by Medicare, such as dental services, nursing home care, and personal care services. Also, you might qualify for extra financial assistance to help with the cost of Medicare Part D prescription drug coverage.

Getting Information on Medicare or Enrolling: You can review and compare your Medicare options on the Medicare website, by calling 1-800-MEDICARE, or by working with a licensed insurance agent. For questions about changing your address, Medicare Part A or Part B, or a lost Medicare card, call the Social Security Administration at 1-800-772-1213. You can also contact the Health Insurance Counseling & Advocacy Program (HICAP) for free, individual counseling on Medicare coverage questions, your rights, and health care options. Call 1-800-434-0222 to schedule an appointment at a HICAP office near you.

The Medicare open enrollment period for Part D (prescription drug coverage) and Medicare Advantage plans runs from October 15 through December 7 each year.

The Medicare open enrollment period for Medicare Parts A and B (for people who did not sign up when they first became eligible) runs from January 1 through March 31 each year.

You may also be eligible to sign up for any part of Medicare during a special enrollment period if your circumstances have changed. Signing up for Medicare is limited to these enrollment periods and may involve additional costs if you delay enrolling. For more information about enrolling in Medicare, visit the Medicare website, call 1-800-MEDICARE, or work with a licensed insurance agent.

Scenarios:

Scenario 1: ***I have Medicare, but it is expensive and does not cover everything I need. Can I purchase additional coverage in Covered California? Can I receive assistance to help pay for the coverage?***

Covered California does not sell Medicare Advantage plans (such as Medicare HMOs and PPOs), Medicare Part D prescription drug plans, or Medigap policies. If you are enrolled in Medicare, you are not eligible to purchase a subsidized *or* unsubsidized Covered California health plan.

However, you may still be eligible for Medi-Cal, depending on your income and assets. Anyone who completes a Covered California application is automatically screened to see if they qualify for Medi-Cal. A Medicare beneficiary whose income is low or who meets other requirements may qualify if they are over age 65, blind or have other disabilities. If you qualify for both Medi-Cal and Medicare, Medi-Cal will help pay for Medicare premiums and cost-sharing requirements. Medi-Cal may also cover some

benefits that are not covered by Medicare, such as dental services, nursing home care, and personal care services. Also, Medi-Cal may provide extra financial assistance to help with the cost of Medicare Part D prescription drug coverage.

Scenario 2: ***Can I enroll in Medicare and purchase a Covered California health plan and receive tax credits to help me pay for it?***

No. Generally, someone who is eligible for Medicare – even if they do not enroll in it – cannot receive tax credits to help them pay for a Covered California health plan. However, there is an exception for people who have to pay a premium for Medicare Part A (which is free for most people). More information is provided in Scenario 3.

Scenario 3: ***Person is eligible for Medicare, but s/he would have to pay a premium for Part A, can s/he instead enroll in a health plan through Covered California? Can s/he receive assistance to help pay for the coverage?***

If someone qualifies for Medicare but has to pay a premium for Part A, depending on his/her income, s/he may be eligible for premium assistance and cost-sharing subsidies in Covered California, so long as s/he does not enroll in Medicare Part A. However, it is important to know that if you choose to enroll in a Covered California health plan instead of Medicare and then enroll in Medicare later, your premium for Part A, and possibly Part B, could increase by 10% due to paying a late enrollment penalty.

For Part A, the penalty may cause the individual's monthly premium to go up by 10% for 2x the number of years s/he could have had Part A, but did not sign up. For example, if someone was eligible for Part A for two years but did not enroll until the third year, that person would have to pay the higher premium for the first four years of enrollment in Part A.

A penalty applies to Part B, as well. The monthly premium for Part B may go up 10% for each full 12-month period that the individual could have had Part B, but did not sign up for it. For example, if someone was eligible for Part B for two years but did not enroll until the third year, the person would have to pay the higher premium for the first two years of enrollment in Part B.

Individuals who are eligible for Medicare but not enrolled will be subject to the individual shared responsibility tax penalty if they fail to obtain qualifying coverage—such as by paying the premium to enroll in Medicare, or purchasing coverage through Covered California.

Scenario 4: ***An individual who is enrolled in a Covered California health plan and receives premium tax credit becomes eligible for Medicare upon turning 65. Can the individual continue receiving premium tax credits?***

An individual who is enrolled in a Covered California health plan and receives premium tax credit turns 65 on June 3, 2015, and becomes eligible for premium-free Medicare. However, s/he must enroll in Medicare to receive benefits. The individual fails to enroll in the Medicare coverage during his/her initial enrollment period (March 1, 2015 through September 30, 2015). The individual is deemed ineligible for premium tax credit as of

October 1, 2015, the first day of the fourth month following the event that establishes his/her eligibility (turning 65). S/he may have to pay some or all of the premium tax credit s/he received after October 1, 2015 back to the IRS at tax time even if s/he never enrolls in Medicare.

Scenario 5: ***An individual has a permanent disability, but is not eligible for Medicare due to the two-year waiting period for people receiving SSDI payments. Would the individual be eligible for health coverage through Covered California or Medi-Cal?***

An individual who has a permanent disability, but is not yet eligible for Medicare due to the two-year waiting period for people receiving SSDI payments, may purchase health coverage through Covered California. If the individual's income is between 138% and 400% of the federal poverty level (about $16,243 to $46,680 for an individual in 2015), s/he will qualify for premium assistance and/or cost-sharing subsidies to help pay for the cost of a Covered California Health Plan. The individual may also be eligible for Medi-Cal, either through the newly expanded adult program or through other Medi-Cal programs, such as those based on age, disability or blindness.

SSDI recipients who apply for and receive premium assistance and/or cost-sharing subsidies for a Covered California Health Plan, will lose eligibility for the premium assistance and/or cost-sharing subsidies when they become eligible for Medicare. At that point, they will be able to drop their private health plan coverage through Covered California and enroll in Medicare. Similarly, if SSDI recipients enroll in the newly expanded adult Medi-Cal program (covering adults 19-64 up to 138% of the federal poverty level, or $16,242 for an individual in 2015) will lose eligibility for that program when they become eligible for Medicare. At that time, Medi-Cal will automatically reevaluate their circumstances to see if they are eligible for another Medi-Cal program.

Place holder for Medicare Low Income Assistance Table

SF HIV FOG
Open Enrollment Bootcamp IV

Resource Guide Part III
Medi-Cal

What documents do I need to apply for Medi-Cal?

If the county is not able to verify your information, you will be notified. If you are notified, the following is a list of acceptable documents:

Category	Documents
Identity of applicant	• Birth certificate • Driver's license • Paycheck • School records • U.S. Passport • U.S. American Indian/Alaska Native Tribal document • U.S. military ID • Fed, State or local ID
Social Security Numbers	• Social Security cards • Award letter • Medicare card
Immigration status	• INS documents (if not born in the US)
Residence	• Driver's license • Check stub • Rent or mortgage receipt • Utility bill • School, Government or any document showing a CA address
Earned income	• Dated check stubs for the last 30 days • Statement from your employer • Copy of last year's tax return • Bank statement showing direct deposit
Other income	• A current benefit check • Copies of child support checks • Alimony checks • Award letter
Resources	• Bank statements showing savings and checking accounts • Mortgage statements • Life insurance policies • Statements of stocks, bonds or certificates of deposit (CDs) • Trust documents
Vehicle registration	• Department of Motor Vehicle registration certificate

How Long Does It Take?

Forty-five (45) days are allowed to process a Medi-Cal application not involving a disability. If you are applying for Medi-Cal based on a disability, your application process may take up to 90 days depending on how quickly you complete the disability information and when your doctors and hospitals submit your medical records. To avoid processing delays, submit all information requested of you as soon as possible. Ask your eligibility worker for help if you cannot get the information. If you have an immediate medical or dental need, such as pregnancy or a severe illness, indicate this need on your application and your application may be processed more quickly.

Additional Proof Needed for Health Coverage

- Information about any job related health insurance available to your family.
- Policy numbers for any current health insurance.

APPLICATION FOR CALFRESH , CASH AID , AND/OR MEDI-CAL/HEALTH CARE PROGRAMS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I apply?
Use this application if you are applying for food assistance (CalFresh), cash aid (California Work Opportunity and Responsibility to Kids, Refugee Cash Assistance, General Assistance or General Relief), Medi-Cal and/or other health care programs. If you want to apply for CalFresh only, you can ask the County for the CalFresh only application. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you want to apply for health care only, you can ask the county for a health care only application. Health care includes: low-cost insurance for Medi-Cal; affordable private health insurance; or a tax credit that can help you pay your premiums for health coverage. Do not use this application if you are applying for only health care. Your County may have a separate application for General Assistance or General Relief. Ask your County to be sure.

You can also apply for these programs online by going to http://www.benefitscal.org/.

- Fill out the whole application form, if you can. You must at least give the County your name, address, and signature (question 1 on page 1 of the application) to begin the application process for CalFresh. For cash aid you must fill out questions 1 through 5 on pages 1 and 2 of the application and sign it to begin the application process. For General Assistance or General Relief ask the County which questions must be answered to begin the application process.
- Each program has a symbol (shown at the top of this page) showing what questions pertain to what programs. For cash aid, it is a dollar sign; for CalFresh, it is a shopping cart; and for health coverage, it is an ambulance. For example, if you are not applying for cash aid, you don't need to answer questions marked only with a dollar sign.
- Give the application to the County in person, by mail, by fax or online.
- The day the County receives your signed application starts the time to give you an answer on whether you can get benefits. If you are in an institution, this time starts from the day you leave.

What do I do next?
1. Read about your rights and your responsibilities (Program Rules pages) before you sign the application.
2. You must have an interview with the County to discuss your application. If you have a disability, other arrangements can be made.
3. If you did not fill out all of the application, you can finish it during your interview.
4. You will need to give proof of your income, expenses, and other circumstances to see if you are eligible.

How long will it take?
It may take up to 30 days to process your application for CalFresh. For cash aid and Medi-Cal, it may take up to 45 days. Ask the County how to get your benefits or health care right away if you have an emergency.

You may be able to get CalFresh benefits within 3 calendar days if:

2. Your household's monthly gross income (income before deductions) is less than $150 and your cash on hand or in checking or savings accounts is not more than $100; or
3. Your household's housing costs (rent/mortgage and utilities) are more than your monthly gross income and money in checking or savings; or
4. You are a migrant or seasonal farmworker household with less than $100 in checking or savings and 1) your income stopped, or 2) your income has started but you do not expect to get more than $25 in the next 10 days.

For cash aid, you may get immediate assistance if:

3. You are homeless or have an eviction notice or a notice to pay rent or move; or
4. Your food will run out within three days; or
5. Your utilities have been or will be shut off; or
6. You don't have sufficient clothing or diapers; or
7. You have another kind of emergency important to health and safety.

Informational Page - Please take and keep for your records.

To help the County see if you can get benefits faster, please complete questions 1, 6 through 9, 15, and 24, and give the County proof of your identity (if you have it) with the application. For General Assistance or General Relief, ask the County how long it will take and about any special rules for getting benefits faster.

The County will send you a letter to let you know if your household is approved or denied for the benefits you applied for.

What do I need for my interview?

To avoid delays, bring proof of the following items with you to your interview. Keep your interview even if you do not have the proof. The County may be able to help if you need help getting proof. During the interview, the County will go over the information on the application and will ask you questions to see if you can get benefits and the amount of benefits you can get.

Proof Needed to Get Benefits

1. Identification (Driver's License, State ID card, passport).
2. Birth certificates for everyone applying for cash aid.
3. Proof of where you live (rental agreement, cur-rent bill with your address listed).
4. Social Security numbers for everyone applying for aid (see note below about certain noncitizens).
5. Money in the bank for all the people in your household (recent bank statements).
6. Earned income of everyone in your household for the past 30 days (recent pay stubs, a work statement from an employer). **NOTE:** If self-employed, income and expenses or tax records.
7. Unearned income (Unemployment benefits, SSI, Social Security, Veteran's benefits, child support, worker's compensation, school grants or loans, rental income, etc.).
8. Lawful immigration status **ONLY** for legal noncitizens applying for benefits (an Alien Registration Card, visa). **NOTE:** Certain noncitizens applying for immigration status based on domestic violence, crime prosecution or trafficking may not need this proof. They also may not need a Social Security Number.

Proof Needed to Get <u>More</u> CalFresh Benefits

1. Housing costs (rent receipts, mortgage bills, property tax bill, insurance documents).
2. Phone and utility costs.
3. Medical expenses for anyone in your household who is elderly (60 and older) or disabled.
4. Child and adult care costs due to someone working, looking for work, attending training or school, or participating in a required work activity.
5. Child support paid by a person in your household.

Additional Proof Needed for Health Coverage

- Information about any job related health insurance available to your family.
- Policy numbers for any current health insurance.

Additional Proof Needed for Cash Aid

1. Proof of immunizations for children six years of age or younger.
2. Vehicle registration for vehicles owned by you or someone you are applying for.

What if I am homeless?

Please let the County know right away if you are homeless so they can help you figure out an address to use to accept your application and get notices from the County regarding your case. For CalFresh and cash aid, homeless means you are:

A. Staying in a supervised shelter, halfway house, or similar place.
B. Staying at the home of another person or family for no more than 90 days straight.
C. Sleeping in a place not designed for, or normally used as, a place to sleep (a hallway, a bus station, a lobby, or similar places).

Informational Page - Please take and keep for your records.

RIGHTS AND RESPONSIBILITIES

You have a responsibility to:

- Give the County all information needed to determine your eligibility.
- Give the County proof of the information you have when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. For CalFresh and cash aid if you don't meet your household's reporting requirements, your case may be closed or your benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other activities if the County tells you that it is required in your case.
- Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
- Pay back any cash aid or CalFresh benefits that you were not eligible to get.

You have the right to:

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the State at no cost if you need one.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application or help getting the proof that you need and get an explanation of the rules.
- Be treated with courtesy, consideration, and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Get cash aid within one day if you qualify for Immediate Need.
- Be interviewed in a reasonable amount of time by the County when you apply and to have your eligibility determined within 30 days for CalFresh or 45 days for cash aid and Medi-Cal.
- Get at least 10 days to give to the County proof that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh or cash aid benefits.
- Discuss your case with the County and to review your case when you ask to do so.
- Ask for a State hearing within 90 days if you do not agree with the County about your case. If you ask for a hearing before an action on your case takes place, your benefits will stay the same until the hearing or the end of your certification period, whichever is earlier. You can ask the County to let your benefits change until after the hearing to avoid having to pay back any overpaid benefits. If the Administrative Law Judge rules in your favor, the County will give back to you any benefits that were cut.
- Ask about your hearing rights or for a legal aid referral at the toll-free phone numbers – **1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.** You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you do not want to go alone.
- Get help from the County to register to vote.
- Report changes that you are not required to report, if it may increase your CalFresh benefits or cash aid.
- Give proof of your household's expenses that may help you get more CalFresh benefits. Not giving proof to the County is the same as saying that you do not have that expense and you will not be able to get more CalFresh benefits.
- Let the County know if you would like someone else to use your CalFresh benefits for your household or help with your CalFresh case (Authorized Representative).

  You are also giving the Medi-Cal agency the right to pursue and get medical support from a spouse or parent. If you think that cooperating to collect medical support will harm you or your children, you can tell the Medi-Cal agency and you may not have to cooperate.

Please take and keep for your records

Program Rules and Penalties

You are committing a crime if you give false or wrong information, or do not give all the information on purpose to try to get CalFresh, cash aid, and Medi-Cal, that you are not eligible to receive, or to help someone else get benefits that they are not eligible to receive. You must pay back any benefits you get that you were not eligible to receive. If you do this on purpose and receive more than $950 in benefits you were not eligible to receive, you can be charged with a felony.

For CalFresh: I understand that if I commit an intentional program violation by doing any of the following:	**I may...**
• hide information or make false statements	• lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to me
• use electronic benefit transfer (EBT) cards that belong to someone else or let someone else use my card	• lose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to me
• use CalFresh benefits to buy alcohol or tobacco	• lose CalFresh benefits permanently for the third offense and be required to repay all CalFresh benefits overpaid to me
• trade, sell, or give away CalFresh benefits or EBT cards	• be fined up to $250,000, imprisoned up to 20 years, or both
• trade CalFresh benefits for controlled substances, such as drugs	• lose CalFresh benefits for 24 months for the first offense • lose CalFresh benefits permanently for the second offense.
• give false information about who I am and where I live so I can get extra CalFresh benefits	• lose CalFresh benefits for 10 years for each offense
• have been convicted of trading or selling CalFresh benefits worth more than $500, or trading CalFresh benefits for firearms, ammunition, or explosives	• lose CalFresh benefits forever
For cash aid I understand that if I...	**I may...**
• am convicted of an intentional program violation	• lose my cash aid
• do not follow cash aid rules	• be fined up to $10,000 and/or sent to jail/prison for 5 years
• am found guilty by a court of law or an administrative hearing of committing certain types of fraud	• lose cash aid for 6 months, 12 months, 2 years, 4 years, 5 years, or forever.

Important Information for Noncitizens

- You can apply for and get CalFresh benefits, cash aid, or health care for people who are eligible, even if your family includes others who are not eligible. For example, immigrant parents may apply for CalFresh benefits, cash aid, or health care for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible.
- Getting food benefits will not affect you or your family's immigration status. Immigration information is private and confidential.
- The immigration status of noncitizens who are eligible and apply for benefits will be checked with the U.S. Citizenship and Immigration Services (USCIS). Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Opting Out

You do not have to give immigration information, Social Security numbers, or documents for any noncitizen family member(s) who are not applying for benefits. The County will need to know their income and resource information to correctly determine your household's benefits. The County will not contact USCIS about the people who don't apply for benefits.

Use of Social Security Numbers (SSN)

CalFresh and Cash Aid: Everyone applying for CalFresh benefits or cash aid needs to provide a SSN, if you have one, or proof that you have applied for a SSN (such as a letter from the Social Security office). We can deny you or any member of your household who does not give us a SSN. Some people do not have to give SSNs to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.
Health Coverage/Medi-Cal: We need your SSN if you want health coverage and have a SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting a SSN, Call 1-800-772-1213 or visit the website: www.socialsecurity.gov

Overissuance

This means you got more CalFresh benefits than you should have. You will have to pay it back even if the county made an error or if it wasn't on purpose. Your benefits may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Please take and keep for your records

Overpayment
This means that you got more cash aid than you should have gotten. Just like with CalFresh benefits, you will have to pay it back even if the County made an error or if it wasn't on purpose. Your cash aid may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Reporting
Every household that gets benefits must report certain changes. Your county will tell you what changes to report, how to report them, and when to report them. Failure to report the changes may result in your benefits being lowered or stopped. You can also report if things happen that may increase your benefits, such as getting less income.

State Hearings
You have the right to a State hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You can request a State hearing within 90 days of the County's action and you must tell why you want a hearing. The approval or denial notice you receive from the County will have information on how to request an appeal. If you ask for a hearing before the action happens, you may be able to keep your cash aid and CalFresh benefits the same until a decision is made.

Privacy Act and Disclosure
You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the information, the County may deny your application. You have a right to review, change, or correct any information that you gave to the County. The County will not show your information or give it to others unless you give them permission or federal and state law allows them to do so. The County will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will be used to monitor compliance with program regulations and for program management. The County may share this information with other federal and state agencies for official examination, with law enforcement officials for the purpose of arresting persons fleeing to avoid the law, and with private claims collection agencies for claims collection action. The County may verify immigration status of household members applying for benefits by contacting the USCIS. Information the County gets from these agencies may affect your eligibility and level of benefits.

The County will use the information from your application to check your eligibility for help with paying for health coverage. The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, the County may ask you to send proof.

Nondiscrimination
It is the State and County's policy that all people be treated equally, and with respect and dignity. In accordance with federal law and the U.S. Department of Agriculture (USDA) Policy, discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disabilities is strictly prohibited.

To file a complaint of discrimination, either contact your County's Civil Rights Coordinator, or write to or call the USDA or California Department of Social Services (CDSS):

USDA, Director
Office of Civil Rights, Room 326-W
Whitten Building
1400 Independence Ave.
Washington D.C. 20250-9410
1-202-720-5964 (voice and TDD)

CDSS
Civil Rights Bureau
P.O. BOX 944243, M.S. 8-16-70
Sacramento, CA 94244-2430
1-866-741-6241 (Toll-Free)

USDA is an equal opportunity employer.

Work Rules for CalFresh
The county may assign you to a work program. They will tell you if it is voluntary or if you must do the work program. If you have a mandatory work activity and you do not do it, your benefits may be lowered or stopped.

You may not be eligible for CalFresh if you have recently quit a job.

Please take and keep for your records

Work Rules for CalWORKs (Welfare-to-Work)

If you get cash aid, you must participate in Welfare-to-Work (WTW) unless you are exempt. The county will tell you if you are exempt from WTW. If you do not do your assigned activities your cash aid may be lowered or stopped.

CalWORKs - Fingerprinting/Photo Imaging

All eligible adult household members for cash aid must be fingerprinted/photo-imaged. If anyone who is required to cooperate with these rules does not get fingerprinted/photo-imaged, no benefits will be issued to the entire household. The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

How do I get/use my benefits?
CalFresh and Cash Aid:

- The County will mail or give you a plastic Electronic Benefit Transfer (EBT) card. Benefits will be put on the card when your application is approved. Sign your card when you get it. You will set up a Personal Identification Number (PIN) to get cash from ATMs or to buy food and/or other items.
- If your EBT card is lost, stolen, destroyed or you think someone may know your PIN number that you don't want to use your benefits call (877) 328-9677 or call the County right away to report it and change your PIN number. Make sure all responsible adults and your authorized representative also know how to report one of these problems right away. Any benefits taken from your account before you report the EBT card or PIN lost or stolen will **NOT** be replaced.
- You can use your CalFresh benefits to buy almost all foods, as well as seeds and plants to grow your own food. You cannot buy alcohol, tobacco, pet food, some types of cooked food, or anything that is not food (like toothpaste, soap, or paper towels).
- CalFresh benefits are accepted at most grocery stores and other places that sell food. Cash aid can be used at most stores and most ATMs. Some ATMs may charge a fee. There may also be a fee if you use an ATM to get cash after three withdrawals. For a list of locations near you that accept EBT, please go to: https://www.ebt.ca.gov or https://www.snapfresh.org. You can also find out where you can get cash without paying a fee.
- CalFresh benefits are only for you and your household members. Your cash aid is only for you and the members of your family who were approved for cash aid. Your cash aid is to help meet the basic needs of your family (housing, food, clothing, etc.). Keep your benefits safe. Do not give out your PIN number. Do not keep your PIN number with your EBT card.
- Any use of your EBT card by you, a household member, your authorized representative, or anyone you voluntarily give your EBT card and PIN to will be considered approved by you and any benefits taken from your account will **NOT** be replaced.

Medi-Cal and Health Care:

- For Medi-Cal, you will receive a Benefits Identification Card (BIC).
  - Sign your BIC when you get it and use it only to get necessary health care services.
  - Never throw your BIC away (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
  - Take the BIC to your medical provider when you or a family member is sick or has an appointment.
  - Take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.
- For other health care programs you will receive a health plan card from your particular carrier.

General Assistance and General Relief:

- General Assistance and General Relief are County run programs for adults without children. The County will tell you about your rights and responsibilities and the program rules if you are applying for one of these programs.

Please take and keep for your records

Please use black or blue ink because it is easy to read and copies best. Please print your answers.
If you need more space to answer a question(s), attach additional sheets of paper to provide the information. Please be sure to identify which question you are writing about on the additional sheets of paper.

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST)	OTHER NAMES (MAIDEN, NICKNAMES, ETC.)	SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS)

HOME ADDRESS OR DIRECTIONS TO YOUR HOME	APARTMENT #	CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APARTMENT #	CITY	COUNTY	STATE	ZIP CODE

I want to get information about this application by email. ■ Yes ■ No

I want to get messages about my case by email. ■ Yes ■ No

HOME PHONE	WORK/ALTERNATE/MESSAGE PHONE	EMAIL ADDRESS

What programs are you applying for? ■ CalFresh ■ Cash Aid ■ Health Coverage ■ Other_____

Do you have a disability and need help applying? ■ Yes ■ No

Are you homeless? ■ Yes ■ No If **yes,** please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)?_____

What language do you prefer to speak (if not English)?_____

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here ■

Is your household's gross income less than $150 and cash on hand, checking and savings accounts $100 or less?	■ Yes ■ No	Have your utilities been shut off or do you have a shut-off notice?	■ Yes ■ No
Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities?	■ Yes ■ No	Will your food run out in 3 days or less?	■ Yes ■ No
Is your household a migrant/seasonal farm worker household with liquid resources not exceeding $100?	■ Yes ■ No	Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?	■ Yes ■ No
Do you have an eviction notice or a notice to pay rent or leave?	■ Yes ■ No	Do you need essential clothing, such as diapers or clothing needed for cold weather?	■ Yes ■ No

Is anyone pregnant? ■ Yes ■ No If yes, did she get a Presumptive Eligibility card? ■ Yes ■ No

Does anyone in your household have a personal emergency? ■ Yes ■ No If **yes**, check box: ■ Pregnancy ■ Immediate Medical Need ■ Child Abuse ■ Domestic Abuse ■ Elder Abuse ■ Other emergency which threatens health or safety. Explain:

I understand that by signing this application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- Any answers I have given on pages 1 through 17 and appendices A through E of the SAWS 2 Plus are true, correct, and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1).
- I read, or had read to me, the Program Rules and Penalties (Program Rules Pages 2 - 4).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits and cash aid.
- I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties.

SIGNATURE OF APPLICANT, CARETAKER RELATIVE (OR ADULT HOUSEHOLD MEMBER/ AUTHORIZED REPRESENTATIVE*/GUARDIAN) ***If you have an Authorized Representative, please complete Question 2 on the next page.**	DATE
SIGNATURE OF SPOUSE, OTHER PARENT, OTHER AIDED ADULT, OR REGISTERED DOMESTIC PARTNER	DATE

2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE

You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? ■ Yes ■ No

If **yes**, complete the following section:

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE PHONE NUMBER

Do you want to name someone to receive and spend CalFresh Benefits for your household? ■ Yes ■ No

If **yes**, complete the following section:

NAME	PHONE NUMBER

ADDRESS	CITY,	STATE,	ZIP CODE

2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES

You can give a trusted person permission to talk about your application for health insurance, see your information, and act for you on things about this part of your application. Do you want to choose an authorized representative for the health insurance part of your application? ■ Yes ■ No If yes, fill out the information in Appendix C.

3. Are you or any member of your family American Indian or Alaskan Native? ■ Yes ■ No If **yes**, and applying for health care, please go to Appendix B for additional questions.

RACE/ETHNICITY

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

■ Check this box if you do not want to give the County information about your race and ethnicity. If you do not, the County will enter this information for civil rights statistics only.

	ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?	IF YOU ARE OF HISPANIC, OR LATINO ORIGIN, DO YOU CONSIDER YOURSELF
ETHNICITY	■ Yes ■ No	■ Mexican ■ Puerto Rican ■ Cuban ■ Other_____

RACE/ETHNIC ORIGIN

■ White ■ American Indian or Alaskan Native ■ Black or African American ■ Other or Mixed _____

■ Asian (If checked, please select one or more of the following):

■ Filipino ■ Chinese ■ Japanese ■ Cambodian ■ Korean ■ Vietnamese ■ Asian Indian ■ Laotian

■ Other Asian (specify)_____

■ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following): ■ Native Hawaiian

■ Guamanian or Chamorro ■ Samoan

4. INTERVIEW PREFERENCE

You will need to have an interview with the County to discuss your application and to receive cash aid or CalFresh benefits. Interviews for CalFresh are usually done by phone, unless you can be interviewed when giving your application to the County in person or would prefer an in-person interview. Cash aid applicants must have an in person interview. If you are applying for CalWORKs and CalFresh, your CalFresh interview will be done at the same time as your CalWORKs interview during normal office hours.

■ Please check this box if you would prefer an in-person interview for CalFresh.

■ Please check this box if you need other arrangements due to a disability.

5. OTHER PROGRAMS

Has anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Tribal TANF, Medicaid, Supplemental Nutrition Assistance Program [food stamps], General Assistance/General Relief, etc.)? ■ Yes ■ No

IF **YES,** WHO?	WHERE *(COUNTY/STATE)*?
IF **YES**, WHO?	WHERE *(COUNTY/STATE)*?

6. HOUSEHOLD'S INFORMATION: ADULTS

Complete the following information for all adults in the home. If applying for health care coverage, also include any adults claimed on your tax return.
If you are applying for cash aid and there is more than one adult in the home who is applying for cash aid or who is the parent of a child applying for aid, please go to Appendix D for additional questions.
For noncitizens you are applying for, please complete additional questions 6e and 6f.

APPLYING FOR BENEFITS *(check each type)*	NAME (Last, First, Middle Initial)	How is the person related to you?	DATE OF BIRTH	GENDER (M OR F)	Marital Status	Only answer the question below for each person applying for benefits. **U.S. CITIZEN** or **NATIONAL** (check Yes or No) **If no, complete question 6e.**	Social Security number is optional for members not applying for benefits. **SOCIAL SECURITY NUMBER**
■ ■ ■ ■					■ ■ ■ ■ ■ ■ ■	■ Yes ■ No	
■ ■ ■ ■					■ ■ ■ ■ ■ ■ ■	■ Yes ■ No	
■ ■ ■ ■					■ ■ ■ ■ ■ ■ ■	■ Yes ■ No	
■ ■ ■ ■					■ ■ ■ ■ ■ ■ ■	■ Yes ■ No	
■ ■ ■ ■					■ ■ ■ ■ ■ ■ ■	■ Yes ■ No	

* **Cash Aid also includes General Assistance and General Relief programs.**

6a. Does everyone listed in question 6 have the same contact information? ■ Yes ■ No If no, please fill in the person's contact information below.
If yes, please skip to the next question.

NAME (FIRST, MIDDLE, AND LAST)	HOME (STREET) ADDRESS	APARTMENT #	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APARTMENT #	CITY	STATE	ZIP CODE
WORK/ALTERNATE/MESSAGE PHONE	EMAIL ADDRESS (OPTIONAL)				

NAME (FIRST, MIDDLE, AND LAST)	HOME (STREET) ADDRESS	APARTMENT #	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APARTMENT #	CITY	STATE	ZIP CODE
WORK/ALTERNATE/MESSAGE PHONE	EMAIL ADDRESS (OPTIONAL)				

6b. HOUSEHOLD'S INFORMATION: CHILDREN

Complete the following information for all children in the home. If applying for health care coverage, also include any children claimed on your tax return.
For noncitizens you are applying for, please complete additional questions 6e and 6f.

APPLYING FOR BENEFITS (check each type)	NAME (Last, First, Middle Initial)	How is the person related to you?	DATE OF BIRTH	PLACE OF BIRTH	SEX (M / F)	Check all that applies to one or both of the child's parents	Only answer the question below for each person applying for benefits. U.S. CITIZEN or NATIONAL (check Yes or No) **If no, complete question 6e.**	Social Security number is optional for members not applying for benefits. SOCIAL SECURITY NUMBER
							■ Yes ■ No	
							■ Yes ■ No	
							■ Yes ■ No	
							■ Yes ■ No	
							■ Yes ■ No	

6c. SOCIAL SECURITY INFORMATION

Does everyone applying for aid have a Social Security Number? ■ Yes ■ No If **no**, please fill in the information below.

We need the Social Security Number for everyone who is applying for aid. There are some exceptions for people who are victims of domestic violence or other crimes such as human trafficking. If you need help getting a Social Security Number call 1-800-772-1213 or go online to www.socialsecurity.gov.

NAME	REASON FOR NOT HAVING A SOCIAL SECURITY NUMBER	APPLIED FOR SSN
	■ The person is a child who is less than one year old. ■ It is against this person's religion. ■ This person does not qualify for an SSN. ■ Other _____	Has this person applied for a Social Security Number? ■ Yes ■ No
	■The person is a child who is less than one year old. ■ It is against this person's religion. ■ This person does not qualify for an SSN. ■ Other _____	Has this person applied for a Social Security Number? ■ Yes ■ No

6d. Has anyone been in the U.S. Military service or are they the spouse, parent or child of a person who was? ■ Yes ■ No

If **yes**, please complete the information below. If **no**, please continue to the next question.

Name	U.S. Citizen?	(✓) Status	Honorable Discharge?	Dates of Service
	■ Yes ■ No	■ Active duty ■ Veteran ■ Spouse, parent, or child of person in active duty or a veteran	■ Yes ■ No	
	■ Yes ■ No	■ Active duty ■ Veteran ■ Spouse, parent, or child of person in active duty or a veteran	■ Yes ■ No	

6e. NONCITIZEN INFORMATION - Please complete for noncitizens you are applying for.

Name	Date entered U.S. (if known)	Does this person have an eligible immigration status? If yes, please provide their immigration document and number.	Has this person lived in the U.S. continuously since 1996?	Is this person a Naturalized Citizen?	Sponsored? (check Yes or No) If yes, complete question 6f
		DOCUMENT TYPE: DOCUMENT NUMBER:	■ Yes ■ No	■ Yes ■ No	■ Yes ■ No
		DOCUMENT TYPE: DOCUMENT NUMBER:	■ Yes ■ No	■ Yes ■ No	■ Yes ■ No
		DOCUMENT TYPE: DOCUMENT NUMBER:	■ Yes ■ No	■ Yes ■ No	■ Yes ■ No

Does anyone listed above have at least 10 years *(40 quarters)* of work history? ■ Yes ■ No

If **yes**, who? _____

Does anyone listed above have, or have they applied for, or do they plan to apply for a T-Visa or U-Visa, VAWA petition? ■ Yes ■ No

If **yes**, who? _____

Has anyone changed their immigration status in the last 12 months? ■ Yes ■ No

If **yes**, please complete the information below.

If **no,** please continue to the next question.

NAME	WHAT CHANGED?	DATE OF CHANGE	ALIEN NUMBER (IF APPLICABLE)
NAME	WHAT CHANGED?	DATE OF CHANGE	ALIEN NUMBER (IF APPLICABLE)

6f. Sponsored Noncitizen Information - Please answer for sponsored noncitizens you are applying for.

Did the sponsor sign an I-864? ■ Yes ■ No If **yes**, please answer the rest of the question.
If the sponsor signed an I-134 then **skip** this question.

Does the sponsor regularly help with money? ■ Yes ■ No If yes, how much? $ _____

Does the sponsor regularly help with any of the following (check all that apply)?

■ rent ■ clothes ■ food ■ other_____

SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER
SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER

6g. Does anyone listed in question 6 who is under the age of 21 have a parent who does not live in the home?

■ Yes ■ No If **yes**, please list the name of the child(ren) and the name(s) of the parents who do not live in the home. If **no**, please continue to the next question.

NAME OF CHILD	NAME OF PARENT(S) NOT LIVING IN THE HOME
NAME OF CHILD	NAME OF PARENT(S) NOT LIVING IN THE HOME

6h. Does anyone in question 6 live with at least one child under the age of 19 and are they the main person taking care of the child?

■ Yes ■ No If **no**, skip to the next question. **If yes, who?**_____

6i. Does anyone listed in question 6 have a physical, mental, emotional, or developmental disability that causes limitations in activities (such as bathing, dressing, daily chores)? ■ Yes ■ No If **yes**, please list the name(s) of the person with the disability. If **no**, please continue to the next question.

Name:_____ Name:_____

6j. Complete for each disabled person listed in question 6.

Name of person	Does this person need help with activities of daily living through personal assistance or a medical facility? ■ Yes ■ No If **yes**, explain:
Disability is expected to last: ■ 30 days or more ■ 12 months or more	Does this person work and have medical expenses that are needed to help them keep working? For example, a wheelchair, leg braces, etc. ■ Yes ■ No If **yes**, please explain.
Does this person need care so that someone else can work or attend school? ■ Yes ■ No	Is this person in a medical facility or nursing home? ■ Yes ■ No If **yes**, what is the name of the medical facility or nursing home?

Name of person	Does this person need help with activities of daily living through personal assistance or a medical facility? ■ Yes ■ No If **yes**, explain:
Disability is expected to last: ■ 30 days or more ■ 12 months or more	Does this person work and have medical expenses that are needed to help them keep working? For example, a wheelchair, leg braces, etc. ■ Yes ■ No If **yes**, please explain.
Does this person need care so that someone else can work or attend school? ■ Yes ■ No	Is this person in a medical facility or nursing home? ■ Yes ■ No If **yes**, what is the name of the medical facility or nursing home?

6k. Is there a child or disabled person in the household who needs care from another household member?

■ Yes ■ No If **yes**, please explain. If **no**, skip to the next question.

6l. Students

Is anyone who is applying for benefits attending a college or vocational school? ■ Yes ■ No

If **yes**, please answer this queston. If **no**, skip to the next question.

Name of Person	Name of School/Training	Enrolled Status (✓ check one)	Working?
		■ Half-time or more ■ Less than half-time Number of Units:_____	Average work hours per week: _____
		■ Half-time or more ■ Less than half-time Number of Units:_____	Average work hours per week: _____

6m. Is anyone listed in question 6 or 6b pregnant or a teen parent? ■ Yes ■ No

If **yes**, please answer the question. If **no**, skip to the next question.

Name	Is this person under the age of 20? ■ Yes ■ No Is this person a teen parent? ■ Yes ■ No	School status if under the age of 20 ■ Has a high school diploma ■ Has a GED ■ Is attending school regularly ■ Is not attending school regularly (explain why):	Due date (if known)	How many babies are expected with this pregnancy?
Name	Is this person under the age of 20? ■ Yes ■ No Is this person a teen parent? ■ Yes ■ No	School status if under the age of 20 ■ Has a high school diploma ■ Has a GED ■ Is attending school regularly ■ Is not attending school regularly (explain why):	Due date (if known)	How many babies are expected with this pregnancy?

6n. Has anyone ever gotten a cash bonus or penalty, or help with child care, transportation or other service from the Cal-Learn Program? ■ Yes ■ No

If **yes**, please answer the question. If **no**, skip to the next question.

Name	**Where** (County)	Date(s) Received

6o. Was anyone listed in question 6 ever in foster care? ■ Yes ■ No If **yes**, please explain.

Name:	When:	State:	Is this person 26 years of age or younger and were they in foster care on their 18th birthday? ■ Yes ■ No
Name:	When:	State:	Is this person 26 years of age or younger and were they in foster care on their 18th birthday? ■ Yes ■ No

6p. Is there a foster child currently living in your home who is receiving foster care services? ■ Yes ■ No

If **yes**, who?_____

Please answer the following questions about the foster child(ren):

Was this child(ren) placed in your home under a dependency order of the court? ■ Yes ■ No

Do you want the foster care child(ren) counted in your CalFresh case? ■ Yes ■ No

If **yes**, the foster care income you receive will be counted as unearned income.

If **no**, the foster care income will not be counted as unearned income.

6q. Does everyone listed in question 6 live in California and expect to keep living here? ■ Yes ■ No

If **no**, please explain.

6r. Does anyone listed in question 6 plan to leave California for more than 30 days? ■ Yes ■ No

If **yes**, please explain.

NAME	WHEN DO THEY PLAN TO LEAVE?	DOES THIS PERSON PLAN TO RETURN TO CALIFORNIA? ■ YES ■ NO IF YES, WHEN:
NAME	WHEN DO THEY PLAN TO LEAVE?	DOES THIS PERSON PLAN TO RETURN TO CALIFORNIA? ■ YES ■ NO IF YES, WHEN:

7. Unearned Income

Does anyone get income that does not come from work (unearned)? ■ Yes ■ No If **yes**, please answer this question.

If **no**, skip to the next question.

Check all types of unearned income that apply from these examples (there may be others not listed here):

- ■ Social Security Disability
- ■ SSI/SSP
- ■ Cash aid
- ■ CalWORKs/TANF/GA/GR/CAPI/RCA
- ■ Room and board (from a renter)
- ■ Pension
- ■ Child/Spousal support
- ■ Rental/Royalties
- ■ Social Security retirement or survivors benefits
- ■ Per capita payments
- ■ Work study/welfare to work or other program
- ■ Sales of notes, contracts, trust deeds, promissory notes
- ■ Veterans education benefits/income
- ■ Government/railroad disability or retirement
- ■ Veteran benefits or Military pension
- ■ Financial aid (school grants/loans/scholarships)
- ■ Gifts of money or other loans
- ■ Unemployment Insurance/ State Disability Insurance (SDI)
- ■ Worker's Compensation
- ■ Net Farming/Fishing
- ■ Lottery/gambling winnings
- ■ Help with rent/food/clothing
- ■ Insurance or legal settlements
- ■ Private disability or retirement
- ■ Dividend and interest income
- ■ Strike benefits
- ■ Other_____ _____

Person Getting the Money?	**From Where?**	**How Much?**	**How Often Received?** (once, weekly, monthly, or other)	**Expect to Continue?** (Check **Yes** or **No**)
				■ Yes ■ No
				■ Yes ■ No
				■ Yes ■ No
				■ Yes ■ No

If this income is not expected to continue, please explain:

8. Earned income

Does anyone get income from a job (earned income)? ■ Yes ■ No If **yes**, please answer this question.
If **no**, skip to the next question.
NOTE: If self-employed, fill out question 8a below.
Please list all income **before** taxes or other deductions are taken out (gross income).
Examples of earned income are (these examples can be full-time, temporary seasonal work, or training, and there may be others not listed here):

- Wages
- Commissions
- Tips
- Salaries
- Work study (students)
- Include any paid jobs the County helped you get.

Person Working	Employer's Name and Address	Employer's Phone Number	Hourly Rate	Average hours per week	How Often Paid? (Once weekly, monthly, other)	Total Gross Earned Income Received This Month?	Expect to Continue? (✓ Check Yes or No)
			$			$	■ Yes ■ No
			$			$	■ Yes ■ No
			$			$	■ Yes ■ No
			$			$	■ Yes ■ No

If this income is not expected to continue, please explain:

Has anyone lost a job, changed jobs, quit a job, or reduced work hours within the last 60 days? ■ Yes ■ No In the last year? ■ Yes ■ No
Did the County help the person get this job? ■ Yes ■ No

IF YES, WHO?	DATE OF JOB LOSS, QUIT, OR CHANGE	DATE OF LAST PAY	REASON?

IS ANYONE ON STRIKE?	IF YES, WHO?	DATE WENT ON STRIKE	DATE OF LAST PAY	REASON?
■ Yes ■ No				

8a. Self-Employment

Self-employed household members may take actual self-employment expenses (or for CalFresh or cash aid, take a standard 40% deduction off of self-employment income). For cash aid, you may also choose to use a monthly average (yearly business costs divided by 12 months). If you choose actual expenses, you must list your business expenses on a separate sheet of paper.

Person Self-Employed	Business Name	Type of Business	Date Business Started	Gross Monthly Income	Self-Employment Expenses (please ✓ check one)	*Net Monthly Income
				$	■ 40% flat Rate (CalFresh/cash aid) ■ Actual Expenses $ _____ ■ Monthly Average $ _____	$
				$	■ 40% flat Rate (CalFresh/cash aid) ■ Actual Expenses $ _____ ■ Monthly Average $ _____	$
				$	■ 40% flat Rate (CalFresh/cash aid) ■ Actual Expenses $ _____ ■ Monthly Average $ _____	$

* Net monthly income is gross monthly income minus expenses.

9. Other Income

Does anyone get housing or rent, utilities, food or clothing free or in exchange for work? ■ Yes ■ No If **yes**, please answer this question.

If **no**, skip to the next question.

Item Received	Free	For Work	Who gets the item?	Value	Who gives the item?
Housing or Rent	■	■		$	
Utilities	■	■		$	
Food	■	■		$	
Clothing	■	■		$	

10. Yearly Income

Does anyone's total income (unearned, earned, and self employment) change from month to month? ■ Yes ■ No If **yes**, please answer this question.

If **no**, skip to the next question.

Name of Person	What will be their total income this year?	What will be their total income next year (if you think it will be different)?
	$	$
	$	$

11. Household's Child/Adult Care Expenses (The actual amount of cost incurred if allowing the expenses to potentially be a deduction).

Does anyone pay for care of a child, disabled adult, or other dependent so you or the other person can go to work, school, or look for a job? ■ Yes ■ No If **yes**, please answer this question.

If **no**, skip to the next question.

Who gets care?	Who gives care? (name and address of provider)	Amount paid?	How Often Paid? (weekly/monthly, other)
		$	
		$	
		$	
		$	

Does anyone help your household pay all or part of your child/adult care cots listed above? ■ Yes ■ No If y**es,** complete below.

Who gets care?	Who helps pay?	Amount paid?	How Often Paid? (weekly/monthly, other)
		$	
		$	

12. Child Support Payments

Is anyone listed in question 6 legally obligated to pay child support, including back child support? ■ Yes ■ No If **yes**, please answer this question.

If **no**, skip to the next question.

Who pays child support?	Name of child(ren) for whom child support is paid:	Amount paid?	How Often? (weekly/monthly, other)
		$	
		$	

13. Spousal Support/Alimony

Is anyone listed in question 6 legally obligated to pay spousal support/alimony? ■ Yes ■ No If **yes**, please answer the questions below.

If **no**, skip to the next question.

Who pays spousal support/alimony?	Amount paid?	How often? (weekly, bi-weekly. monthly, other)
	$	
	$	

14. Special Needs Expenses

Does anyone have a special medical condition or situation that requires any of the following?

Special diet prescribed by a doctor? ■ Yes ■ No

Special phone or other equipment? ■ Yes ■ No

Housework (no one in the home can do it)? ■ Yes ■ No

Very high use of utilities? ■ Yes ■ No

Special laundry service? ■ Yes ■ No

Other special need? (specify) ■ Yes ■ No

_____

Please list the name of the person with the special need and explain:

_____

15. Household Expenses

Does anyone you purchase and prepare food with get billed for any household expenses? ■ Yes ■ No If **yes**, please answer this question.

If **no**, skip to the next question.

NOTE: Do no enter amounts paid by housing assistance such as HUD or Section 8. The heating and cooling, telephone, other utilities, and the homeless shelter are set allowances. It is not necessary to fill in the actual amount owed.

Type of Expenses	Have Expense?	Who Pays?	Amount Owed	How Often Billed? (weekly/monthly)
Rent or house payment	■ Yes ■ No		$	
Property taxes and insurance (if billed separate from rent or mortgage)	■ Yes ■ No		$	
Gas, electric, or other fuel used for heating or cooling, such as firewood or propane (if separate from rent or mortgage)	■ Yes ■ No			
Telephone/cell phone	■ Yes ■ No			
Homeless Shelter Expense	■ Yes ■ No			
Water, sewage, garbage	■ Yes ■ No			
Does anyone not in your household help you pay for the expenses listed above? ■ Yes ■ No If **yes**, please complete.		Who helps pay?	How much? $	How often paid?

Does your household get, or expect to get any payments from the Low Income Home Energy Assistance Program (LIHEAP)? ■ Yes ■ No

16. Medical Expenses:
Are you or anyone you buy and prepare food with an elderly (60 or older) or disabled person that has any out-of-pocket medical expenses? ■ Yes ■ No If **yes**, please answer this question. If **no,** skip to the next question.
NOTE: Do not list spouses or children receiving dependent payments for an SSI or disability and blindness recipient. List expenses you expect to have in the near future.

Allowable medical expenses are:

- ■ Medical or dental care
- ■ Hospitalization/outpatient treatment/nursing care
- ■ Prescribed medications
- ■ Health and Hospitalization insurance policy premiums
- ■ Medicare premiums (Medi-Cal share of costs, etc.)
- ■ Dentures, hearing aids and prosthetics
- ■ Maintaining an attendant necessary due to age, illness, or infirmity
- ■ The number and cost of meals furnished to an attendant
- ■ Prescribed over the counter medications
- ■ Cost of transportation (mileage or fee) and lodging to obtain medical treatment or services
- ■ Prescribed eye glasses and contact lenses
- ■ Prescribed medical supplies and equipment
- ■ Service animals expenses (food, vet bills, etc.)

Name of Elderly/Disabled Person	Amount of Expense	How often paid? (monthly, weekly, other)	What type of expense? (prescriptions, dentures, # of meals for attendant, etc.)	Will the household be reimbursed for any medical expenses? (by Medi-Cal, insurance, family member, etc.)
	$			IF YES, BY WHO: HOW MUCH: $
	$			IF YES, BY WHO: HOW MUCH: $

17. Other Tax-Deductible Expenses
If anyone pays for anything that can be deducted on a federal income tax return, telling us about it here could make the cost of health insurance a little lower. Do not include anything that you already included in self-employment expenses. If you have other deductible expenses, please answer this question. If **no**, skip to the next question.

Type of Expenses	Have Expense?	Who pays?	How often paid? (weekly/monthly)
Alimony	■ Yes ■ No		
Student loan interest	■ Yes ■ No		
Other deductions (please identify)	■ Yes ■ No		

18. Does anyone in question 6 get food from any of the following? ■ Yes ■ No
If **yes**, please answer this question. If **no**, skip to the next question.

- Communal dining facility for the elderly/disabled
- Food distribution program operated by a Native American reservation
- Other food program

IF YES, WHO?	WHAT PROGRAM?
IF YES, WHO?	WHAT PROGRAM?

19. Does anyone in question 6 live at any of the following? ■ Yes ■ No If **yes**, please answer this question. If **no**, skip to the next question.

- Homeless Shelter
- Shelter for battered women
- Reservation for Native Americans
- Drug/Alcohol rehabilitation center
- Correctional facility/Penal institution (Jail or Prison)
- Group living arrangement for the blind/disabled
- Federally subsidized housing
- Psychiatric hospital/mental institution
- Hospital
- Long-Term Care or Board and Care Facility

Person's Name	Name of Institution (Center, Shelter, Facility, etc.)	Expected Date of Release (if applicable)

20. Is anyone getting In-Home Supportive Services (IHSS)? ■ Yes ■ No
If **yes**, fill in the information below.

WHO GETS SERVICES?	HOW MUCH DO YOU PAY EACH MONTH FOR THE SERVICES?
	$

21. Does everyone listed in question 6 buy and prepare food with you? ■ Yes ■ No
If **no**, list the people who don't buy and prepare food with you.

NAME NAME

NAME NAME

21a. Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?
■ Yes ■ No If **yes**, who:_____

22. Answer these questions for anyone who needs health coverage. Is anyone enrolled in health coverage now from the following? ■ Yes ■ No
If **yes,** check the type of coverage and write the person(s)' name(s) next to the coverage they have.

■ Medicaid/Medi-Cal	■ Employer Insurance
■ CHIP	Name of health insurance
■ Medicare	Policy number:
■ TRICARE (Don't check if you have direct care or Line of Duty)	Is this COBRA coverage? ■ Yes ■ No
	Is this a retiree health plan? ■ Yes ■ No
■ VA health care programs	Is this a state employee benefit plan? ■ Yes ■ No
■ Peace Corps	■ Other
	Name of health insurance
	Policy Number:
	Is this plan a limited-benefit plan like a school accident policy? ■ Yes ■ No

22a. Is anyone listed on this application offered health care coverage from a job? ■ Yes ■ No
If **yes**, you'll need to complete and include Appendix A.

22b. Is anyone's health insurance expected to end or has it ended in the last 90 days? ■ Yes ■ No
If **yes**, please answer the question. If **no**, skip to the next question.

Insurance Company	Person Insured	Expiration Date	Reason it ended or will end

22c. Does anyone want help for medical bills from the last three months? ■ Yes ■ No
If **yes**, who:_____

23. Does anyone listed in question 6 plan to file a federal income tax return next year? ■ Yes ■ No If **yes**, complete the questions below for each tax filer.
If **no**, skip to 23f.

23a. Please complete this section for each person who plans to file a federal income tax return **next year** if you answered **yes** to question 23. You can still apply for health insurance even if you don't file a federal income tax return.

23b. Name of person planning to file a federal income tax return:_____

23c. Will this person file jointly with a spouse? ■ Yes ■ No
If **yes**, name of spouse:_____

23d. Will this person claim any dependents on their tax return: ■ Yes ■ No
If **yes**, please list the name(s) of the dependents you are claiming:_____

23e. How is the dependent(s) listed in 23d related to the tax filer who will claim them?:_____

23f. To make it easier to determine my eligibility for paying health coverage in future years. I agree to allow you to use income data, including information from tax returns. You will send me a notice, let me make any changes, and I can opt out at any time.
Yes, renew my eligibility automatically for the next (check one): ■ 5 years ■ 4 years ■ 3 years ■ 2 years ■ 1 year
■ **No**, don't use information from tax returns to renew my coverage.

24. Household's Resources

Does anyone have any resources (cash, money in the bank, Certificate of Deposit, stocks and bonds, etc.)? ■ Yes ■ No If y**es**, please answer this question. If **no**, skip to the next question.

Optional for health care; only answer if someone applying is 65 or older or disabled. If applying for cash aid and CalFresh, you must answer the question.

Check each resource listed below that you or anyone in your household has:

- ■ Bank/Credit Union account (Checking)
- ■ Bank/Credit Union account (Savings)
- ■ Safe Deposit box
- ■ Savings Bond(s)
- ■ Oil, Mining or Mineral Rights
- ■ Money Market Account(s)
- ■ Mutual funds/Trust funds
- ■ Certificate of Deposit (CD)/IRA
- ■ Cash on hand
- ■ Notes, Mortgages, Deeds of Trust
- ■ Stocks
- ■ Bonds
- ■ Uncashed checks
- ■ Life or Burial insurance
- ■ Other: _____

If joint account with another person please say so below.

For each box checked above, complete the following information.

In Whose Name is the Resource Listed?	**Type of Resource**	**How Much is it Worth?**	**Where is the Resource?** (include the name of the bank or company where money is held)
		$	
		$	
		$	
		$	

Have you or anyone in your household sold, traded, given away, or transferred a resource in the last thirty (30) months? ■ Yes ■ No

WHEN?	WHAT WAS THE RESOURCE?	WHAT WAS IT WORTH?	HOW MUCH DID YOU GET FOR IT
		$	$

If you traded or gave the resource away, please explain:_____

_____

Optional for health care; only answer if someone applying is 65 or older or disabled.

25. Personal Property

Does anyone own any personal or business-related property? ■ Yes ■ No If y**es**, please answer the question. If **no**, skip to the next question.

- ■ Tools
- ■ Business inventory
- ■ Livestock
- ■ Business equipment
- ■ Sporting equipment, Guns
- ■ Non-Motor boats and/or trailers
- ■ Camper shells
- ■ Personal tools
- ■ Jewelry, Artwork, Antiques, Collections, Musical instruments (Piano, Organ, etc.)

Please include the item even if it is jointly owned with someone else. Do not include wedding or engagement rings, family heirlooms, etc.

List any other jewelry worth $100 or more and household goods or personal items worth more than $500 per item.

Item	**Is it listed for Sale?**	**Purchase Price or Current Value**	**Amount Owed**
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$
	■ Yes ■ No	$	$

Optional for health care; only answer if someone applying is 65 or older or disabled. If you are applying for cash aid, you must answer the question.

26. Vehicles

Does anyone own, have the use of, or have their name on any registration of any motor vehicle, such as: a car, motorcycle, snowmobile, recreational vehicle (RV), or motorboat, etc., even if it isn't running? ■ Yes ■ No
If **yes**, please fill out the information in Appendix E.

27. Does anyone in question 6 own or are they buying a home, land, or property anywhere including in another state or country? ■ Yes ■ No If **yes**, please explain.

Optional for health care; only answer if someone applying is 65 or older or disabled.

Who owns or is buying the home/property?	Address of the home/property	Is someone renting the home from the owner?	How much rent does the owner get?		Not living in now but owner expects to move back into the home someday?
		■ Yes ■ No	$	■ Not rented	■ Yes ■ No
		■ Yes ■ No	$	■ Not rented	■ Yes ■ No

28. Diversion Program

Has anyone received a Diversion cash payment or non-cash services from any county or other state? ■ Yes ■ No If **yes**, please answer the question. If **no**, skip to the next question.

Name	County/State Received From	Amount Received	List of Services Received	Estimated Value of Services	Date Last Received
		$		$	

29. Duplicate Benefits

Have you, or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program) benefits in any State after September 22, 1996? ■ Yes ■ No

If **yes**, who?_____

30. Trafficking Benefits

Have you, or any member of your household, ever been convicted of trafficking (allowing use of or selling EBT cards to others) SNAP benefits of $500 or more after September 22, 1996? ■ Yes ■ No

If **yes**, who?_____

31. Trading Benefits for Drugs

Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996? ■ Yes ■ No

If **yes**, who?_____

32. Trading Benefits for Firearms or Explosives

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunition or explosives after September 22, 1996? ■ Yes ■ No

If **yes**, who?_____

33. Fraud

Have you or anyone in your household had their cash aid stopped for being found guilty of Welfare Fraud? ■ Yes ■ No If **yes**, who?_____ When?_____

Where?_____

34. Non-Cooperation/Sanctions

Have you or anyone in your household had their cash aid stopped for failure to cooperate with eligibility requirements, work/training sanctions or any other reason? ■ Yes ■ No

If **yes**, who?_____ When?_____

Where?_____Why?_____

35. Fleeing Felon

Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime? ■ Yes ■ No

If **yes**, who?_____

36. Probation/Parole Violation

Have you or any member of your household been found by a court of law to be in violation of probation or parole? ■ Yes ■ No

If **yes**, who?_____

37. Other Special Needs

Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and/or unusual circumstances, such as a fire, earthquake, or flood? ■ Yes ■ No

If **yes**, please explain:

38. Other Services

The following services are available. Your answers to the questions will not affect your eligibility.

A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.

- Do you want more information about CHDP services? ■ Yes ■ No
- Do you want CHDP medical services? ■ Yes ■ No
- Do you want CHDP dental services? ■ Yes ■ No
- Do you need help making appointments or with transportation to CHDP services? ■ Yes ■ No

B. Do you want more information about immunization services? ■ Yes ■ No

C. If you are pregnant, you can get help finding a doctor, getting healthy foods and other help. Do you want to talk to someone about this help? ■ Yes ■ No

D. Are you breastfeeding a child? ■ Yes ■ No

If **yes**, have you given birth within the last 12 months? ■ Yes ■ No

If you checked yes to 38 C or D, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).

E. Do you or any family member want free or low-cost family planning services to help plan how to prevent unwanted pregnancies and/or have the next child? ■ Yes ■ No

If **yes**, call your health care plan or regular doctor. Or, for facts and the location of confidential family-planning clinics, call toll-free 1-800-942-1054.

39. Third Party Liability

Is anyone who is applying for healthcare involved in a worker's compensation claim, lawsuit, or settlement because of an accident or injury? ■ Yes ■ No

If **yes**, please tell us who:

_____ _____

_____ _____

Additional Writing Space

Additional Writing Space

DO NOT COMPLETE - COUNTY USE ONLY

IF THE ANSWER IS "YES" TO ANY OF THE QUESTIONS BELOW - EXPEDITE

Is the household's gross income less than $150 and is the total of cash on hand, checking and savings accounts $100 or less? ■ Yes ■ No

Is the household's combined gross income and liquid resources less than the combined rent/mortgage and appropriate utility allowance? ■ Yes ■ No

Is the household a destitute migrant/seasonal farm worker household with liquid resources not exceeding $100? ■ Yes ■ No

Does the CalWORKs Assistance Unit have a pay-or-quit or other eviction notice? ■ Yes ■ No

Appendix A

HEALTH COVERAGE FROM JOBS

You **DON'T** need to answer these questions unless someone in the household is eligible for health coverage from a job. If there is more than one person who is offered health coverage from a different employer, you can copy this page and use it for the second person (or as many as you need).
First, tell us about the job (employer) who offers coverage.

1. EMPLOYEE NAME (FIRST NAME, MIDDLE NAME, LAST NAME)	2. EMPLOYEE SOCIAL SECURITY NUMBER — —

EMPLOYER Information

3. EMPLOYER NAME		4. EMPLOYER IDENTIFICATION NUMBER (EIN) —
5. EMPLOYER ADDRESS		6. EMPLOYER PHONE NUMBER ( )
7. CITY	8. STATE	9. ZIP CODE

10. WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?

11. PHONE NUMBER (IF DIFFERENT FROM EMPLOYER'S PHONE NUMBER) ( )	12. EMPLOYER'S EMAIL ADDRESS (EMPLOYER'S REPRESENTATIVE)

13. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next three months?

- ■ No (stop here for this section of the application)
- ■ Yes (continue)

13a. If you're in a waiting or probationary period, when can you enroll in coverage? _____
(MM/DD/YYYY)

List the names of anyone else who is eligible or will be eligible for coverage from this job.

Name:_____ Name:_____

Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*? ■ Yes ■ No

14a. Is this a State employee benefit plan? ■ Yes ■ No

15. For the lowest-cost plan that meets the minimum value standard offered **only to the employee** (don't include family plans):
If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation (that helps the employee to quit smoking) programs, and did not receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $_____

b. How often? ■ Weekly ■ Bi-weekly ■ Twice a month ■ Monthly ■ Quarterly ■ Yearly

■ The employer doesn't offer wellness programs.

16. What change will the employer make for the new plan year (if known)?

- ■ Employer will no longer provide health coverage.
- ■ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.

a. How much would the employee have to pay in premiums for this plan? $_____

b. How often? ■ Weekly ■ Bi-weekly ■ Twice a month ■ Monthly ■ Quarterly ■ Yearly

c. Date of change (mm/dd/yyyy):_____

■ No changes are expected.

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Appendix B **QUESTIONS FOR AMERICAN INDIAN AND ALASKAN NATIVE INDIVIDUALS**

Complete this section if you or a family member (spouse and/or dependents) are American Indian or Alaskan Native. Submit this with your application.

Tell us about your American Indian or Alaskan Native family member(s).

American Indians and Alaskan Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay a cost share and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible. If you have more than two people to tell us about, make a copy of this page and attach it. You may also use a separate piece of paper. Just remember to write the

• Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of the Interior (including reservations and former reservations) • Money from selling things that have cultural significance	How often? (daily, weekly, bi-weekly, monthly, yearly, etc.) _____	How often? (daily, weekly, bi-weekly, monthly, yearly, etc.) _____

Appendix C ASSISTANCE WITH COMPLETING THIS APPLICATION

If you want someone to be your authorized representative for the health insurance part of this application, please answer the questions on this page. If you're a legally-appointed representative for someone on this application, submit proof with the application.

1. Name of authorized representative (First name, Middle name, Last name)

2. Address		3. Apartment or Suite number
4. City	5. State	6. Zip code
7. Phone number ( )		
8. Organization name (if applicable)		9. I.D. Number (if applicable)

By signing you allow this person to get official information about the health insurance part of this application and act for you on all matters with Covered California or your County Human Services Agency. As a reminder you can always change your authorized representative by calling the County or going to the web at www.HealthCare.gov.

10. Your signature	11. Date

For Certified Application Counselors, Navigators, Agents and Brokers Only.

Complete this section if you are a certified application counselor, navigator, agent, or broker filling out this application for somebody else.

1. Application start date (mm/dd/yyyy)

2. First name, Middle name, Last name, & Suffix

3. Organization name

4. I.D. number (if applicable)

Appendix D

EMPLOYMENT HISTORY

If you are applying for cash aid and have two or more adults in the home who are applying for aid, please fill out the information on this page for each adult. Please tell us about your work history for the past 24 months (two years). If using the paper application and you need more space, copy this page or use a separate piece of paper.

Person1

NAME:

Job 1

Is this person Native American? ■ Yes ■ No

Name of Tribe:_____

Reason for leaving this job?

Name and Address of Employer:

Number of hours worked:

■ Daily ■ Weekly ■ Monthly

Was this your own business (self-employed)?

■ Yes ■ No

Dates you worked:

From_____ To_____

How much do you or did you get paid at this job and when? $_____

■ Hourly ■ Daily ■ Weekly ■ Every two weeks ■ Monthly

Did the County help you get this job?

■ Yes ■ No

Job 2

Is this person Native American? ■ Yes ■ No

Name of Tribe:_____

Reason for leaving this job?

Name and Address of Employer:

Number of hours worked:

■ Daily ■ Weekly ■ Monthly

Was this your own business (self-employed)?

■ Yes ■ No

Dates you worked:

From_____ To_____

How much do you or did you get paid at this job and when? $_____

■ Hourly ■ Daily ■ Weekly ■ Every two weeks ■ Monthly

Did the County help you get this job?

■ Yes ■ No

Job 3

Is this person Native American? ■ Yes ■ No

Name of Tribe:_____

Reason for leaving this job?

Name and Address of Employer:

Number of hours worked:

■ Daily ■ Weekly ■ Monthly

Was this your own business (self-employed)?

■ Yes ■ No

Dates you worked:

From_____ To_____

How much do you or did you get paid at this job and when? $_____

■ Hourly ■ Daily ■ Weekly ■ Every two weeks ■ Monthly

Did the County help you get this job?

■ Yes ■ No

Appendix D

EMPLOYMENT HISTORY CONTINUED

If you are applying for cash aid and have two or more adults in the home who are applying for aid, please fill out the information on this page for each adult. Please tell us about your work history for the past 24 months (two years). If using the paper application and you need more space, copy this page or use a separate piece of paper.

Person 2

NAME:

Job 1

Is this person Native American? ■ Yes ■ No

Name of Tribe:_____

Reason for leaving this job?

Name and Address of Employer:

Number of hours worked:

■ Daily ■ Weekly ■ Monthly

Was this your own business (self-employed)?

■ Yes ■ No

Dates you worked:

From_____ To_____

How much do you or did you get paid at this job and when? $_____

■ Hourly ■ Daily ■ Weekly ■ Every two weeks ■ Monthly

Did the County help you get this job?

■ Yes ■ No

Job 2

Is this person Native American? ■ Yes ■ No

Name of Tribe:_____

Reason for leaving this job?

Name and Address of Employer:

Number of hours worked:

■ Daily ■ Weekly ■ Monthly

Was this your own business (self-employed)?

■ Yes ■ No

Dates you worked:

From_____ To_____

How much do you or did you get paid at this job and when? $_____

■ Hourly ■ Daily ■ Weekly ■ Every two weeks ■ Monthly

Did the County help you get this job?

■ Yes ■ No

Job 3

Is this person Native American? ■ Yes ■ No

Name of Tribe:_____

Reason for leaving this job?

Name and Address of Employer:

Number of hours worked:

■ Daily ■ Weekly ■ Monthly

Was this your own business (self-employed)?

■ Yes ■ No

Dates you worked:

From_____ To_____

How much do you or did you get paid at this job and when? $_____

■ Hourly ■ Daily ■ Weekly ■ Every two weeks ■ Monthly

Did the County help you get this job?

■ Yes ■ No

Appendix E **VEHICLE INFORMATION AND SELF CERTIFICATION OF EQUITY VALUE**

Optional for health care: Only answer if someone applying is age 65 or older or is disabled. If you are applying for cash aid, you MUST answer these questions for each vehicle.

Please provide information for each vehicle that anyone owns, has use of, or has their name on the registration, or even if it is not running. Vehicle means, car (including truck, van, Sport Utility Vehicle [SUV]), motorcycle, motorized scooters, snowmobile, recreational vehicle (RV) or motorboat.

	Vehicle (1)	**Vehicle (2)**	**Vehicle (3)**
Owner of vehicle			
Name of person who uses this vehicle			
Is this vehicle: • used as a home? • used for self-employment, self-support, or business? • needed to transport a disabled household member, • used to get the household's fuel or water?	■ Yes ■ No If **yes**, you may stop	■ Yes ■ No If **yes**, you may stop	■ Yes ■ No If **yes**, you may stop
Is this vehicle used by a child under age 18 to: • go to school? • work? • training? • job search?	■ Yes ■ No If **yes**, you may stop	■ Yes ■ No If **yes**, you may stop	■ Yes ■ No If **yes,** you may stop
Is this vehicle a gift, donation, or family transfer? You may be asked by the County to provide proof.	■ Yes ■ No ■ Gift ■ Donation ■ Family Transfer If **yes**, check the box that applies, attach proof from DMV and stop here. If you do not have proof, ask the county for help.	■ Yes ■ No ■ Gift ■ Donation ■ Family Transfer If **yes**, check the box that applies, attach proof from DMV and stop here. If you do not have proof, ask the county for help.	■ Yes ■ No ■ Gift ■ Donation ■ Family Transfer If **yes**, check the box that applies, attach proof from DMV and stop here. If you do not have proof, ask the county for help.
Year**/**Make**/**Model			
Vehicle License Number			
Estimated value of vehicle (how much your vehicle is worth)? We call this the Fair Market Value.	$ ■ I don't know/I need help finding out the value	$ ■ I don't know/I need help finding out the value	$ ■ I don't know/I need help finding out the value
How I found out the Fair Market Value	■ For sale ads ■ Car Dealer ■ Kelly blue Book ■ Mechanic ■ Purchase price ■ Other:_____	■ For sale ads ■ Car Dealer ■ Kelly blue Book ■ Mechanic ■ Purchase price ■ Other:_____	■ For sale ads ■ Car Dealer ■ Kelly blue Book ■ Mechanic ■ Purchase price ■ Other:_____
How much I owe on the vehicle	$ ■ I don't know/I need help finding out the amount owed	$ ■ I don't know/I need help finding out the amount owed	$ ■ I don't know/I need help finding out the amount owed
What I used to find the amount owed on the vehicle	■ Last Bill ■ Lender statement ■ Estimate ■ Other:_____	■ Last Bill ■ Lender statement ■ Estimate ■ Other:_____	■ Last Bill ■ Lender statement ■ Estimate ■ Other:_____
Is this a leased vehicle?	■ Yes ■ No	■ Yes ■ No	■ Yes ■ No

Reporting a Change

If information that you put on your application changes during the year, you must report it. Changes in things like address, family size and income can affect whether you qualify for Medi-Cal or qualify to get help paying for your health insurance through Covered California.

If you have Medi-Cal, you must report changes to your local county office within 10 days of the change. If you have health insurance through Covered California, you must report changes within 30 days.

You must report a change if you:

- Get married or divorced.
- Have a child, adopt a child or place a child for adoption.
- Have a change in income.
- Get health coverage through a job or a program like Medicare or Medi-Cal.
- Move.
- Have a change in disability status.
- Gain or lose a dependent.
- Have a change in tax filing status.
- Have a change in citizenship or immigration status.
- Are incarcerated or released from incarceration.
- Have a change in status as an American Indian or Alaska Native or change your tribal status.
- Have a correction to your name, date of birth or Social Security number.
- Experience any other changes that may affect your income and household size.

Special note: Covered California does not require members to report a pregnancy. If you are an existing Covered California member, it is not necessary or recommended to report a pregnancy unless you are interested in other coverage options for pregnant women such as Medi-Cal or the Medi-Cal Access Program. Detailed information related to pregnancy coverage can be found here.

To report changes, call Covered California at (800) 300-1506 or log in to your online account at CoveredCA.com. You may also visit the Find Help page to find a Certified Insurance Agent, Certified Enrollment Counselor or county eligibility worker who can provide free assistance in your area.

MEDI-CAL ANNUAL REDETERMINATION FORM

You must fill out this form and return it to the county to keep your Medi-Cal!

Case Number *(optional)*	**Social Security Number** *(optional)*	
Print Your Full Name *(if you have not moved, put address label here if one is provided)*	**Birth Date** *(optional)* **(mm/dd/yyyy)**	
Current Street Address, Apartment Number ❑ *(check here if address is new)*	**City/State**	**Zip Code**
Mailing Address *(if different from above)*	**City/State**	**Zip Code**

Use ink and **Print** your answers. Make sure you sign and date the form. Use the postage paid envelope to return it. If you need more space, attach a separate sheet to this form. If you have any questions or need help filling out this form, call your worker at the telephone number listed on the Annual Redetermination Notice.

Section 1. Income

- Do you or any family member in the home get money from a job, child support or alimony, social security, veteran benefits, unemployment or disability benefits, retirement, gifts, or interest or dividends? ❑ Yes ❑ No

If yes, complete below and list each source of income on a separate line.

Attach most recent pay stubs showing income before taxes or deductions, benefit or award letters, checks received or signed statement from employer, or last year's federal income tax return. If income is from self-employment, send a copy of your most recent tax return or profit and loss statement.

Name of Person with Income *(include first and last name)*	**Source of Income**	**Income Amount** *(before any deductions)*	**How Often Paid** *(weekly, monthly, twice a month)*	**Hours Worked** *(per week or month)*

(b) Do you or any family member in the home get rent, utilities, food, or clothing entirely free? ❑ Yes ❑ No

If yes, who? _____

What was free? _____

(c) Was the free rent, utilities, food, or clothing received in exchange for work done? ❑ Yes ❑ No

[redacted]

Do you or any family member in the home pay for child or adult care, health insurance or Medicare premiums, court-ordered child support or alimony, or educational expenses? ❑ Yes ❑ No

If yes, complete below and list each expense/deduction on a separate line.

Attach proof of expenses/deductions.

Name of Person with Expense/Deduction *(include first and last name)*	**Type of Expense or Deduction**	**Amount of Payment**	**Paid to Whom**	**How Often Paid** *(weekly, monthly, twice a month)*

[redacted]

(a) Did you or any family member have a change in, or get new health, dental, vision, or Medicare coverage or insurance within the last 12 months? ❑ Yes ❑ No

If yes, who has the coverage/insurance? _____

Which type of coverage/insurance? _____

(b) Is any family member living in the home receiving kidney dialysis-related services? ❑ Yes ❑ No

If yes, who? _____

(c) Has any family member living in the home received an organ transplant within the last 2 years? ❑ Yes ❑ No

If yes, who? _____

[redacted]

5. Did anyone move into or out of your home, move in with someone else, get married, or have a baby within the last 12 months? *(Examples: newborn, child, or adult moved in or out of the home, absent parent returns home.)* ❑ Yes ❑ No

If yes, complete below:

Name *(include first and last name)*	**Relationship to You**	**What Changed?**	**Date Changed**

(b) Does anyone in the home want Medi-Cal who is not already receiving it? ❑ Yes ❑ No

If yes, who? □ _____

(c) If a new baby is in home, where was the baby's place of birth? _____ | _____ | _____
City State Country

[redacted] *continued*

(d) Did anyone in the home get inpatient care in a nursing facility or medical institution? ❑ Yes ❑ No

If yes, who? _____

(e) Is anyone in the home pregnant? ❑ Yes ❑ No

If yes, who? _____

Number of babies expected _____ Due date: _____

5. Indicate the total amount of cash and uncashed checks held by any family member in the home $ _____
6. Does anyone have a checking or savings account, life insurance, long-term care insurance, motor vehicle, court-ordered settlement or judgement, stocks, bonds, retirement funds, trusts where money or property is held for the benefit of any family member in the home, real estate, motor vehicles for a business, business accounts or property, promissory notes, mortgages, deeds of trust, recreational vehicles, burial trusts or funds, annuities, jewelry (not heirloom or wedding), or oil or mineral rights? ❑ Yes ❑ No
7. Did you or any family member in the home sell or give away any money or property in the past 12 months, or have any of the items listed in this section been spent or used as security for medical costs? ❑ Yes ❑ No

Note: If you have answered "yes" to questions (b) or (c), you will also have to fill out a property supplement form, submit the form to the county and provide verification.

Section 6. Immigration or Citizenship Status Change

Has there been a change in immigration or citizenship status for anyone in the home that has Medi-Cal or wants Medi-Cal within the last 12 months? *(If your immigration status has changed, you might qualify for full scope Medi-Cal benefits.)* ❑ Yes ❑ No

If yes, list the name(s) below and send proof of new status.

Name of Person *(include first and last name)*	**Status Change** *(send proof of status)*

[redacted]

Do you or any family member in the home have a physical or emotional condition that (a) makes it difficult to work, take care of personal needs, or take care of your children? ❑ Yes ❑ No

If yes, who? _____

(b) Was the physical, mental, or health condition a result of an injury or accident? ❑ Yes ❑ No

If yes, explain _____

Section 8. Other Health Program Information and Referrals

9. Check this box if you do **not** want your child's information shared with the low-cost Healthy Families Program if your child gets Medi-Cal with a share of cost. ❑

10. Do you want information on the no-cost health program for children under 21 *(Child Health and Disability Prevention Program, also known as CHDP?)* ❑ Yes ❑ No

(c) Do you want information on the no-cost supplemental food program for pregnant or breast feeding women and children under 5 *(Women, Infants, and Children Program, also known as WIC)?* ❑ Yes ❑ No

(d) Do you want information on the Personal Care Services Program, an in-home care program for aged, blind, or disabled persons (also known as In-Home Supportive Services)? ❑ Yes ❑ No

Person completing this form must read and sign below.

6. I have received and read a copy of the *Important Information for Persons Requesting Medi-Cal* form (MC 219).

7. I am aware of, understand, and agree to meet all my responsibilities as described on the MC 219 form.

8. I certify that I will report all income, property, and/or other changes that may affect Medi-Cal eligibility within ten days of the change.

9. I understand that all of the statements, including benefit and income information, that I have made on this form, may be subject to investigation and verification.

10. I declare, under penalty of perjury, under the laws of the State of California that all information provided on this form is true and correct.

Signature	**Date**

Daytime or Message Telephone Number	**Home Telephone Number** ❑ *(check here if new number)*

Signature of Witness *(if signed by a mark),* **Interpreter or Person Assisting**

— County Use Only —

Referrals

❑ HF ❑ WIC ❑ CHDP ❑ PCSP

Follow-up Forms

❑ MC 13 ❑ MC 210 PS ❑ DDSD Pack ❑ Other:

Case name: _____

Worker's name: _____

Worker's telephone number: _____

PROPERTY SUPPLEMENT

STOP: If you are applying for no-cost Medi-Cal only for ***children under age 19*** and/or ***pregnant women*** applying only for pregnancy-related services, you do not need to complete this form. You may be contacted later if necessary.

GO: If you are applying for full-coverage Medi-Cal for a family including adults, please complete this form and be sure to list all your property. The county worker will determine which properties are important to your application. If you have any questions, please contact your worker. **Note:** Owning a home does not make you ineligible for Medi-Cal.

Mark the box under **YES** or **NO** for each item held in the name of, or held for the benefit of any family member in the home. Please follow the instruction below each question.

	YES	NO	ITEM
1.	☐	☐	Shares of stock or mutual funds. *If yes, please provide a copy of the stock or mutual fund certificates indicating the number of shares.*
2.	☐	☐	Individual Retirement Accounts (IRAs), Keoghs, or work-related pension funds. *If yes, please provide the most recent statements from your employer, financial institution, or brokerage indicating the amount of principal and interest you are receiving or the cash value (after penalties for early withdrawal).*
3.	☐	☐	Annuities, burial trusts, burial contracts or burial insurance, trusts or agreements where money or property is held for the benefit of any family member in the home, blocked accounts, court-ordered settlements, judgments, orders for support, prenuptial and post-nuptial agreements, promissory notes, mortgages, deeds of trust, etc. *If yes, please provide copies of the policies, contracts, trusts, purchase agreements, court orders, account documents showing investments and distributions.*
4.	☐	☐	Business accounts and property. *If yes, please provide tax returns, invoices, receipts, licenses, profit and loss statements, etc.*
5.	☐	☐	House, condominium, ranch, land, mobile home, or life estate that is your home that you live in, or that is your former home and is lived in by your spouse, child under 21, disabled son or daughter, dependent relative, or a sibling who lived in the property continuously and provided care for one year which enabled you to remain in the home rather than a nursing facility. *If yes, please list address of property here:* _____ *No verification is required.*
6.			If you own a home or former home and you are absent for any reason (including admission into long-term care) but intend to return home someday, please indicate below. **NOTE:** The word "intend" means "desire or wish" to return home even though you may not be physically or mentally able to do so.

☐ Yes, I intend to return home someday.
☐ No, I do not intend to return home someday.
Please list the address of the property here: _____
*No verification is required if you answered that you do intend to return home someday. If you answered that you do **NOT** intend to return someday, please submit a copy of the most recent tax assessment. If you choose to, you may provide an appraisal from a qualified real estate appraiser and that value will be used if it is lower.*

7. ☐ ☐ Other real estate, condominiums, buildings, mobile homes, life estates, time shares, oil and mineral rights.
If yes, please provide copies of the mortgage papers, most recent tax assessment, registration, or ownership documents.

8. ☐ ☐ Motorcycles, trailers, boats, or other motorized vehicles that are not used by you as a home.
Please provide a copy of the ownership documents or most recent registrations, purchase agreements, sales receipts, or estimates of value from a qualified source. On the submitted verification for each item, indicate if the item is used:
O *on the job (such as a taxi);*
O *to travel long distances to work (such as a truck used by a contractor working out of town);*
O *to carry the main supply of fuel or water for your home;*
O *to transport a disabled or incapacitated family member living in the home or if it is business property.*

9 . ☐ ☐ Jewelry (not wedding rings, engagement rings, or heirlooms) worth more than $100.00.
If yes, please provide copies of sales receipts, appraisals, estimates of value or insurance documents.

10. ☐ ☐ Any other real or personal property, assets, or resources valued at $500 or more.
If yes, send copies verifying the property and its worth.

11. ☐ ☐ Has anyone spent or used any of the items listed above in payment for, or as security for medical services?
If yes, please explain below and attach verifications.

1 through 10. ***If you owe money on any of the items listed above, or if any of the items listed above have liens against them, please provide copies of the lien, loan, or security documents.***

12. ☐ ☐ Did you, or any family member in the home, sell or give away any money or property in the past
O 36 months (or 60 months if the transfer was made to or from a trust or agreement for holding money or property for the benefit of someone) if you are applying for Medi-Cal; or
O 12 months if you are currently receiving Medi-Cal?
If yes, please explain in the "Additional Information" section at the end of this form and attach verifications.

The following questions apply only to those individuals who are already receiving Medi-Cal.

13. ☐ Does any family member in the home have a checking account or savings account?
If yes, send copies of account statements showing current balances in the accounts.

14. ☐ ☐ Does anyone have a court-ordered settlement or judgment?
If yes, send copies of all court orders, documents, and agreements. If copies have already been provided to your worker, you do not need to provide them again.

15. ☐ ☐ Does anyone have life insurance or long-term care insurance?
If yes, send copies of your policies, contracts, and purchase agreements. If copies have already been provided to your worker, you do not need to provide them again. If your policy is a certified California Partnership for Long-term Care policy, send a copy of your most recent benefit statement.

Additional information:

MEDI-CAL CONTACT UPDATE

Please fill in numbers 1 through 4, and sign number 5 below:

1. New Contact Information

Name (print)

Address (number, street, apt.)

City State ZIP code

Mailing address (if different from above)

City State ZIP code

Telephone number
( )

2. Old Contact Information

Name (print)

Address (number, street, apt.)

City State ZIP code

Mailing address (if different from above)

City State ZIP code

Telephone number
( )

3. Your Health Plan Information

Health plan name (print)

Your health plan number

4. Personal Information

Your date of birth

Your Beneficiary Identification Card (BIC) number

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW:

You can help us keep your Medi-Cal contact information current by completing, signing, and turning in this form. It allows your managed care plan to share with your county Medi-Cal office any **name, address,** and/or **telephone number** changes you make. This form will help in making sure that you receive the most current information about your Medi-Cal benefits.

The county Medi-Cal office may not be able to update your Medi-Cal case file with your **name, address,** and **telephone number** change if this form is not completed and signed by you. **Don't forget** that Medi-Cal rules require you to report a change of address to the county Medi-Cal office within ten days.

5. PLEASE PRINT YOUR NAME, SIGN, AND DATE IN THE AUTHORIZATION BOX BELOW:

I, *(print name)* _____, give permission for the county Medi-Cal office to update my Medi-Cal case file and those of my family members with any changes in information regarding my **name, address,** and/or **telephone number** that I report to my managed care plan. I understand that I will need to complete a new form every time I have a change to my **name, address,** and/or **telephone number.**

_____

Signature Date

COUNTY INFORMATION *(to be filled in by county staff)*

Case number	Worker name	Worker number	Worker telephone number ( )

SF HIV FOG
Open Enrollment Boot CAMP IV

Resource Guide Part IV
ADAP & OA-HIPP

AIDS Drug Assistance Program (ADAP) Eligibility

The AIDS Drug Assistance Program (ADAP) is for people diagnosed with HIV or AIDS. The program provides eligible California residents with:

- Free FDA-approved medications used in the treatment and suppression of HIV/AIDS and HIV/AIDS-related opportunistic infections (for a list of covered medications, please refer to the ADAP Formulary (PDF)
- Premium payment assistance for individuals enrolled in a private health insurance plan (for more information, visit the Health Insurance Premium Payment Assistance page)
- Premium payment assistance for individuals enrolled in a Medicare Part D prescription plan (for more information, visit Medicare Part D Premium Payment Assistance page)

Eligibility Criteria

To be eligible for the ADAP program, a client must:

- Be a resident of California;
- Have a positive HIV/AIDS diagnosis;
- Be at least 18 years old;
- Have an annual Modified Adjusted Gross Income (MAGI) that does not exceed 500% Federal Poverty Level based on household size and income;
- Not be fully covered by Medi-Cal or any other third party payers.

How to Apply

Schedule an appointment with a certified ADAP Enrollment Worker at a certified ADAP enrollment site. ADAP enrollment sites are located throughout the state. To find an enrollment site near you, please refer to our ADAP Enrollment Site Locator or contact the ADAP call center at (844) 421-7050, Monday – Friday, 8AM – 5PM (excluding holidays).

Maintaining Eligibility

Once a client is enrolled in ADAP they will be responsible for informing their enrollment worker or ADAP of any changes to their income or residency status. Clients need to re-enroll in the ADAP program before their birthday month every year by submitting all of the required documents.

ADAP applicants who meet the eligibility criteria listed above must:

- Re-enroll into the program annually
- Re-enrollment is due every year on the applicant's birthday
- Applicants must re-enroll in-person with a certified ADAP Enrollment Worker
- Re-enrollment may be completed up to 45 days before an applicant's birthday
- Recertify for the program bi-annually
- Recertification occurs six months after the applicant's birthday
- Applicant's will receive a Self-Verification Form (SVF) in the mail
- The SVF asks the applicant if key eligibility information remains unchanged
- If there are no changes to the applicant's eligibility information, the applicant may recertify for ADAP by completing and submitting the SVF
- If there are changes to the applicant's eligibility information, the applicant must recertify for ADAP in-person with a certified ADAP Enrollment Worker

Questions?

Please contact the ADAP call center at (844) 421-7050. Call center staff are available Monday-Friday, 8AM – 5PM (excluding holidays).

For client specific ADAP eligibility questions, ADAP enrollment workers can contact their designated ADAP Advisor.

Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance

The Health Insurance Premium Payment program administered by the Office of AIDS (OA-HIPP) pays for health insurance premiums and certain out-patient medical out-of-pocket costs for eligible California residents co-enrolled in the AIDS Drug Assistance Program (ADAP).

Eligibility Criteria

To be eligible for the OA-HIPP program, a client must:

- Be enrolled in ADAP (see ADAP eligibility criteria)
- Be enrolled in comprehensive health care coverage
- Not be fully covered by Medi-Cal

OA-HIPP Benefits

- OA HIPP premium maximum: $1,938 per month in combined premiums
- Combined premiums include the cost for medical, dental, and vision-combo insurance plans
- Premium payments are sent directly to the health plan on a monthly basis
- OA-HIPP can cover medical insurance premiums, dental insurance premiums, and vision insurance combination plan premiums (vision plan: vision plan must be included in a medical or dental plan; OA-HIPP cannot pay for stand-alone vision policies)
- OA HIPP pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum

How to Apply

OA-HIPP applicants must be co-enrolled in ADAP. To learn more about ADAP, please visit the AIDS Drug Assistance Program (ADAP) page or contact an OA-HIPP Advisor.

Clients have two options:

1. Contact an ADAP enrollment worker. An enrollment worker can help clients with:
   - Submitting the required supporting documentation to ADAP, and
   - Indicating in the ADAP Enrollment System that the client would like health insurance premium assistance.
   - To find an Enrollment Worker near you, access the ADAP Enrollment Site List
2. Self-enrollment:
   - Complete the following sections of the ADAP Application (PDF):
   - Section 1 (Profile), Section 6 (Insurance), Section 7 (Read and Sign)
   - Pages 10 and 11 (ADAP Consent Form)
   - Complete an ADAP Fax Submission Coversheet (PDF)
   - Obtain all required supporting documents:
   - For all plan types: Current billing statements (for medical, dental, and/or vision-combination insurance plans, as applicable)
   - For Covered California Plans: a Welcome Letter or "Current Enrollment" summary from Covered California showing how much premium assistance/advanced premium tax credit (APTC) the client qualifies for
   - For Family Plans: documentation to substantiate the relationship between the client and other individual(s) listed on the health insurance policy (e.g., marriage/RDP/birth certificate, jointly-filed taxes)

Submit all of the above signed and completed forms to OA using the following methods:

- Fax to (844) 421-8008 using the ADAP Fax Coversheet (PDF)
- Email to CDPHMedAssistFax@cdph.ca.gov
- Standard mail to:

California Department of Public Health
Insurance Assistance Section
P.O. Box 997426, MS 7704
Sacramento, CA 95899-7426

If clients or enrollment workers are having difficulty accessing enrollment materials or need additional assistance, they should contact the ADAP call center (844) 421–7050.

Prospective OA-HIPP clients should expect to pay their monthly insurance premiums until it has been confirmed that their application has been approved and payment has been submitted to the health plan. New, complete applications will be processed within six weeks of receipt.

For a full description of a client's responsibilities while enrolled in OA-HIPP, please see our client responsibilities form (PDF).

Maintaining Eligibility

Once a client is enrolled in the OA-HIPP program, they will be responsible for informing their enrollment worker or ADAP of any changes to their insurance policy. A good rule of thumb is to update the OA-HIPP information any time the client is updating their ADAP information. Mirroring ADAP requirements, clients need to re-enroll in the OA-HIPP program before their birthday month every year by submitting all of the required documents.
OA-HIPP clients can remain on the program as long as the services are needed and they continue to meet all the program requirements.

Recertification: Due six months after the clients in conjunction with ADAP recertification. Required documentation includes:

- A signed client attestation form (if there are changes),
- Confidential Fax Cover sheet (if self-enrolling), and
- The most recent insurance billing statement from the health insurance plan with the following information:
  - current premium rate (including Advanced Premium Tax Credit if applicant is a Covered California member),
  - client subscriber or billing ID,
  - policyholder's name and billing address, and
  - where payments should be mailed

Re-enrollment: Due every year on the client's birthday in conjunction with ADAP re-enrollment. Required documentation includes:

- Confidential Fax Cover sheet, and
- The most recent insurance billing statement from the health insurance plan with the following information:
  - current premium rate (including Advanced Premium Tax Credit if applicant is a Covered California member),
  - client subscriber or billing ID,
  - policyholder's name and billing address, and
  - where payments should be mailed

Covered California Clients:

If a client received OA-HIPP assistance in the previous tax year, they must submit their most recent signed and dated federal tax return as well as IRS form 8962 and 1095 A (or IRS form 4868 for a tax extension) on their first recertification or reenrollment after April 15th. For more information about this requirement, please contact the ADAP call center at (844) 421-7050.

Dental and Vision Plans:

Dental plans can be covered only if a client is already enrolled in OA-HIPP for a health insurance plan.
Vision insurance can also be paid but only if included as part of a combined health or dental plan.

Medical Out-of-Pocket Benefit:

CDPH will also pay outpatient medical out-of-pocket costs that count towards the client's health insurance policy's annual out of pocket maximum for clients who are enrolled in the OA-HIPP and Employer-Based Insurance (EB-HIPP) program. All OA-HIPP and EB-HIPP eligible clients receive a client ID card to provide to medical providers when they receive services. Please see the Medical out-of-pocket Guide for Enrollment Workersor the Medical out-of-pocket Guide for Clients, for additional information on how to submit a medical out-of-pocket claim.

Spouses and dependents, who are enrolled in ADAP themselves and listed as a family member on the OA-HIPP or EB-HIPP client's health insurance plan, are also eligible for the medical out-of-pocket benefit. Spouses and/or dependents can enroll in the Spousal-Dependent medical out-of-pocket program by completing and submitting the Family Plan Consent form and the Acknowledgment of Policies and Responsibilities form.

For medical providers who would like to establish a direct payment method for medical out-of-pocket costs, please contact the PAI Customer Service Representative team Monday through Friday from 8:00 am to 5:00 p.m. at (877) 495-0990.

Eligibility Questions?

Please contact the ADAP call center at (844) 421-7050. Call center staff are available Monday – Friday, 8AM – 5PM (excluding holidays) Clients and enrollment workers can also contact an OA-HIPP Advisor for additional assistance.

California Department of Public Health

Office of AIDS

ADAP Update for Enrollment Workers

May 25, 2018, Notice #63

Contact Information

ADAP Call Center
Open 8 a.m. to 5 p.m. Monday through Friday

Toll-Free Phone: (844) 421-7050

Fax: (844) 421-8008

Mailing Address:
C D P H
P.O. Box 997426
Mail Stop 7704
Sacramento, C A 95899

Magellan Call Center
Open 24 hours a day, 7 days a week.

Toll-Free Phone: (800) 424-5906

Pool Administrators Inc. (PAI)
Open 8 a.m. to 5 p.m. Monday through Friday.

Toll-Free Phone: (877) 495-0990

Updates

The California Department of Public Health (CDPH) is committed to providing excellent customer service to its ADAP clients. Thank you for all of your hard work ensuring clients receive their life-saving medication.

Employer Based Health Insurance Premium Payment (EB-HIPP) Program

On May 15, all enrollment workers received Management Memorandum 2018-15 informing them of the implementation of the Employer Based Health Insurance Premium Payment (EB-HIPP) Program that went into effect on May 24.

New and existing ADAP clients who are currently enrolled in an employer-based health insurance premium plan will now be eligible to receive premium assistance for the client's (employee's) portion of their employer-based insurance premiums. EB-HIPP will pay medical and dental premiums. If a vision premium is included in the medical or dental premium, the client will have their vision subsidized. EB-HIPP will also pay the client's medical out-of-pocket expenses.

If a client is eligible for EB-HIPP, the eligibility start date is determined by the date the completed EB-HIPP application was received, or will be based on the client's health plan policy start date (if policy start date is after the month the completed application was received). EB-HIPP will pay the premium and medical out-of-pocket (MOOP) benefits on the first of the month the completed application was received, if eligible. **EB-HIPP will not pay premiums or MOOPs prior to May 1, 2018.** EB-HIPP must pay the client's portion of their premium in order for the client to receive MOOP benefits.

EB-HIPP Program Requirements:

- Enrolled in ADAP
- Enrolled in an employer-based insurance program
- Client must be employed by the employer in order to participate in the EB-HIPP program
- Employer agrees to participate in the EB-HIPP program
- Completed participation agreement form completed by the client and employer
- Employment verified with paystub dated within the last three months.

ADAP scheduled three EB-HIPP trainings for enrollment workers on May 14, 15, and 22. The invitation for the May 22 EB-HIPP training was sent by Esteban Lopez on May 16.

The management memorandum also contains detailed instructions regarding new enrollment, re-enrollment, and re-certification for EB-HIPP. Please reach out to your ADAP Advisor if you have any questions.

Updated ADAP and Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Forms

Listed below are ADAP forms that have been modified so they do not exceed one page. Effective today, enrollment workers should utilize the updated forms:

1. ADAP/PrEP-AP Self-Employment Affidavit (English, Spanish)
2. ADAP Diagnosis Form
3. ADAP/PrEP-AP Residency Verification Affidavit (English, Spanish)
4. ADAP Income Verification Affidavit (English, Spanish)
5. ADAP Consent Form (English, Spanish)

Advanced Premium Tax Credit (APTC) Tax Liabilities and Refunds

On April 24, all enrollment workers received Management Memorandum 2018-10, informing them of the updated process for federal tax filing for individuals enrolled in the Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program and a Covered California health plan. If an ADAP client has a liability to be paid or is owed a refund, these requests may be submitted directly to our Insurance Benefits Manager/Medical Benefits Manager, Pool Administrators Inc. (PAI). Please reach out to your ADAP Advisor if you have any questions.

Medi-Cal Screening and Referral

On April 24, all enrollment workers received Management Memorandum 2018-11, providing them with an ADAP policy update on screening for Medi-Cal eligibility and Medi-Cal non-referral reasons. Attached to the memo was the Medi-Cal Screening Worksheet to help assist enrollment workers in assessing if an ADAP or PrEP-AP applicant must be referred to apply for Medi-Cal.

ADAP's Documentation Retention Policy and Acceptable Supporting Documentation

On April 24, all enrollment workers received Management Memorandum 2018-12, providing them with an update on ADAP's document retention policy and acceptable ADAP, OA-HIPP, and Medicare Part D Premium Payment (MDPP) Program documentation.

Effective January 26, enrollment sites were no longer required to maintain paper-based client files. All client information will be stored securely in the ADAP Enrollment System (AES). Existing files must be retained for a period of four years. Please refer to the management memorandum for additional details and reach out to your ADAP Advisor if you have any questions.

ADAP/PrEP-AP Performance Requirements

On May 7, all enrollment workers received Management Memorandum 2018-14, providing guidance on ADAP and PrEP-AP performance requirements outlined in the ADAP Enrollment Site contract amendments that were distributed to all ADAP Enrollment Sites from February 23, 2018 through March 13, 2018.

On May 16, all enrollment workers received Management Memorandum 2018-16, correcting previous guidance communicated in Management Memorandum 2018-14.

All ADAP enrollment workers are required to proactively conduct outreach to clients by utilizing the ADAP Enrollment System (AES) dashboard to identify clients who have an eligibility expiration date

within 30 days. Management Memorandum 2018-14 indicated that enrollment workers may utilize the AES to document outreach attempts and any client interaction from said outreach in the case notes. However, the update feature in the AES, which allows users to case note, is disabled when the client is within 45 days of their annual re-enrollment date or if a client's eligibility has already lapsed. Update functionality is available in the AES when a client is within 45 days of their recertification date and enrollment workers are encouraged to log outreach in the AES during this time.

Enrollment sites must use their own methodology to document outreach attempts and client interactions during a client's annual re-enrollment period until the AES can be updated to allow for case notes during this time. Please reach out to your ADAP Advisor if you have questions.

PrEP-AP Updates

On May 8, OA reached out to six sites informing them of their PrEP go-live date of May 14. On May 14, OA reached out to one site informing them of their PrEP go-live date of May 21. These sites have met the implementation criteria communicated in Management Memorandum 2018-01. These enrollment sites began/will begin enrolling uninsured clients in the PrEP-AP on their respective go-live dates. Sites were provided with a PrEP-AP Enrollment Site Approval Letter and resources to assist the enrollment site in enrolling applicants. As of May 15, there are a total of 110 PrEP enrollment sites.

As of May 14, OA has executed 12 contracts covering a total of 20 clinics that currently make up the

PrEP-AP Provider Network:

Provider with Executed Contract	County	Number of clinics on contract
Primary Care at Home Inc.	Alameda	1
Clinica de Salud del Pueblo	Imperial	4
Kern County Department of Public Health	Kern	1
Dignity Health- St. Mary's Medical Center	Los Angeles	1
APLA Health & Wellness	Los Angeles	2
Watts Healthcare Corporation	Los Angeles	1
Desert AIDS Project	Riverside	1
One Community Health	Sacramento	1
San Ysidro Health	San Diego	2
San Francisco AIDS Foundation	San Francisco	1
Santa Rosa Community Health	Sonoma	1
West County Health Centers	Sonoma	4

Reminder: Client Eligibility End Dates

It is critical that enrollment workers reach out to clients to re-enroll and recertify them within 30 days, so their eligibility is extended to their next recertification or re-enrollment date. Enrollment workers should utilize the Client Dashboard in the AES to view clients at their site with expiring or expired eligibility.

For More Information

Thank you for your partnership and commitment to the health and safety of Californians living with HIV. With your work, we seek to make sure all eligible ADAP clients get the life-saving medication they need. We welcome and value your feedback. Please contact your ADAP Advisor with any suggestions, questions, or concerns.

ADAP Enrollment Sites and Client Demographics Map

PERCENTAGES ON MAP REFLECT OUR CLIENT POPULATION THAT LIVES IN EACH NEIGHBORHOOD.

1. AIDS Healthcare Foundation
   518-A Castro Street
   415.552.2814
2. API Wellness Center
   730 Polk Street, 4th Floor
   415.292.3400
3. CA Pacific Medical Center
   45 Castro Street, North Tower, Office L-162
   415.600.5045 x 1
4. Castro Mission Health Center
   3850 17th Street
   415.934.7771
5. Chinatown Public Health Center
   1490 Mason Street
   415.364.7640
6. Health Right 360
   558 Clayton Street
   415.746.1950
7. HIV Integrated Services
   798 Brannan Street
   415.581.3141
   (incarcerated or newly released clients only)
8. Kaiser Hospital
   2238 Geary Blvd, 1st Floor
   415.833.4238
   (Kaiser members only)
9. Kaiser Hospital Mission Bay
   1600 Owens Street
   628.242.6406
   (Kaiser members only)
10. Maxine Hall Health Center
    1301 Pierce Street
    415.292.1300
11. Mission Neighborhood Health Center
    240 Shotwell Street
    415.522.3870 x 293
12. Native American Health Center
    160 Capp Street
    415.621.8054
13. **Positive Resource Center**
    785 Market Street, 10th Floor
    415.777.0333
14. S.F. AIDS Foundation
    1035 Market Street, 4th Floor
    415.487.8023
15. S.F. City Clinic
    356 7th Street
    415.487.5526
    (clinic patients only)
16. S.F. General Hospital
    995 Potrero Avenue
    Bldg 80, Ward 86
    415.206.2425
17. Southeast Health Center
    2401 Keith Street
    415.671.7033
18. Sr. Mary Philippa Health Center
    2235 Hayes Street, 5th Floor
    415.750.5918
19. Tom Waddell Clinic
    50 Ivy Street
    415.355.7400
20. UCSF 360 Wellness Center
    400 Parnassus, ACC Bldg
    415.353.2983 (last names A-L)
    415.353.3428 (last names M-Z)

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

Phone: 1- 800- 424- 5906 https://cdph.magellanrx.com/ **Fax:** 1- 800- 424- 5927

CDPH/OA/ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Exceptions are noted by drug.

	Generic Name	Brand Name	Restrictions
		ANALGESICS	
	codeine sulfate		Oral form only.
	codeine/APAP		Oral form only.
	codeine/ASA		Oral form only.
	fenoprofen		Oral form only.
^	fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics; must indicate circumstance on PA.
	hydrocodone/APAP	Vicodin	Oral form only.
	hydrocodone/ibuprofen	Vicoprofen	Oral form only.
	ibuprofen	Motrin	Oral form only; prescription strength only.
	indomethacin	Indocin	Oral form only.
	ketoprofen	Orudis	Oral form only.
	ketorolac tromethamine	Toradol	Injectable form only; limited to a max of 120mg/day and 5 days' therapy.
	levorphanol	Levo- Dromoran	Injectable, oral forms only.
^	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only.
	Morphine sulfate (immediate release)		Oral form only.
	Morphine sulfate (sustained release)		Oral form only.
	naproxen	Naprosyn	Oral form only.
	oxycodone		Immediate release form only; Oral form only.
	oxycodone/APAP	Percocet	Oral form only.
	oxycodone/ASA	Percodan	Oral form only.
	sulindac	Clinoril	Oral form only.
		ANTIANXIETY AGENTS	
	alprazolam	Xanax	Oral form only.
	buspirone	BuSpar	Oral form only.
	lorazepam	Ativan	Oral form only.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

	Generic Name	Brand Name	Restrictions
	ANTICONVULSANTS		
	divalproex	Depakote	
	gabapentin	Neurontin	Oral form only.
	lamotrigine	Lamictal	
	phenytoin	Dilantin	100mg Extended Release Capsules only; generic form only.
	ANTIDEPRESSANTS		
	amitriptyline	Elavil	Oral form only.
^	bupropion	Wellbutrin	Not payable for smoking cessation; must indicate diagnosis on PA.
	citalopram	Celexa	
	desipramine	Norpramin	Oral form only.
^	dextroamphetamine	Dexedrine, Dextrostat	Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet form covered; must indicate diagnosis on PA.
	fluoxetine	Prozac	Prozac weekly not covered.
^	methylphenidate	Ritalin	Restricted to treatment of severe debilitating depression; restricted to 5mg, 10mg, 20mg tablets, and 20mg ER tablets only; must indicate diagnosis on PA.
	mirtazapine	Remeron	SolTabs not covered; 15mg, 30mg, 45mg tablets form only.
	nefazodone	Serzone	
	nortriptyline	Pamelor	Oral forms only.
	paroxetine	Paxil	
	sertraline	Zoloft	
	trazodone	Desyrel	Oral forms only.
	venlafaxine	Effexor, Effexor XR	
	ANTIDIABETIC		
	glipizide	Glucotrol	
	glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, and 5mg/500mg tablets only.
	metformin	Glucophage, Glucophage XR	500mg, 850mg, 1,000mg tablets, and 500mg ER and 750mg ER tablets only.
	pioglitazone	Actos	15mg, 30mg, and 45mg tablets only. NDC 67544- 0066- 45 not covered.
^	rosiglitazone maleate	Avandia	Clinical PA required.
	ANTIHELMINITICS		
	albendazole	Albenza	
	ANTIBIOTICS		
	amikacin sulfate	Amikin	Injectable and generic forms only.
	amoxicillin	Amoxil	Oral form only.
	atovaquone	Mepron	Brand Only; generic covered for co- pay only.
	azithromycin	Zithromax	
	cefixime	Suprax	Excludes labeler codes 50268, 54569, and 54868.
	ceftriaxone		
	cephalexin		Oral generic forms only.

	Generic Name	Brand Name	Restrictions
	ANTIBIOTICS (*continued*)		
^	ciprofloxacin	Cipro	Oral and injectable forms for treatment of MAC only; Provide treatment regimen on PA: must indicate diagnosis on PA.
	clarithromycin	Biaxin	
	clindamycin	Cleocin	Oral and injectable forms only.
	clofazimine	Lamprene	
	dapsone		Oral forms only.
	dicloxacillin		Oral forms only.
	doxycycline		Oral generic forms only; 50mg and 100mg strength only.
	erythromycin base		Oral forms only.
	erythromycin ethylsuccinate		Oral forms only.
	erythromycin stearate		Oral forms only.
^	gemifloxacin	Factive	Oral forms only; 320mg only; restricted for treatment of gonorrhea in patient with cephalosporin or penicillin allergy only.
^	gentamicin	Gentamicin	IM only; 240mg only; restricted for treatment of gonorrhea in patient with cephalosporin or penicillin allergy only.
^	imipenem/cilastatin	Primaxin	500mg IM/IV vials only; u se of this medication is restricted for use in the treatment of EXTENSIVELY- drug resistant tuberculosis (XDR- TB); must indicate diagnosis on PA.
	levofloxacin	Levaquin	250mg, 500mg, and 750mg tablets only.
^	linezolid	Zyvox	For the treatment of TB or (600mg tablets only) restricted to treatment of Community Acquired MRSA resistant to Vancomycin.
	metronidazole	Flagyl	Oral forms only.
	minocycline HCL	Minocin	Oral forms only.
	neomycin sulfate		Oral generic forms only.
	paromomycin		
	penicillin G benzathine	Bicillin LA	Only the 1.2MU per syringe (2ml) and 2.4MU per syringe (4ml) covered.
	penicillin V potassium	Pen- Vee K	Oral forms only.
	pentamidine	NebuPent, Pentam	Inhaled or injections forms only.
	pyrimethamine	Daraprim	
	sulfadiazine		Oral forms only.
	sulfamethoxazole/TMP	Bactrim, Septra	Oral or injectable forms only.
	tetracycline	Sumycin	Oral forms only.
	trimethoprim	Trimpex, Proloprim	Oral forms only.
	trimetrexate	Neurexin	
	vancomycin	Vancocin	Oral capsule form only; IV not covered.
	ANTIFUNGALS		
	amphotericin B	Fungizone	Injectable and oral solutions only.
^	caspofungin	Cancidas	50mg and 70mg IV forms only; use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (i.e., amphotericin B, lipid formulations of amphotericin B, and /or itraconazole); documentation of medications tried and failed required; must indicate diagnosis on PA.
	clotrimazole	Lotrimin, Mycelex	Oral, topical, and vaginal forms only.
	fluconazole	Diflucan	

	Generic Name	Brand Name	Restrictions
	ANTIFUNGALS *(continued)*		
	flucytosine	Ancobon	
^	itraconazole	Sporanox	Restricted to use for indicators other than onychomycosis; must indicate diagnosis on PA.
	ketoconazole	Nizoral	Oral and topical creams only.
	nystatin	Mycostatin	Oral, topical, and vaginal forms only.
^	voriconazole	Vfend	50mg and 200mg tablets and 200mg IV forms only; use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (i.e., amphotericin B, lipid formulations of amphotericin B, and /or itraconazole); documentation of medications tried and failed required; must indicate diagnosis on PA.
	ANTITUBERCULOSIS		
	amikacin sulfate	Amikin	Injectable and generic forms only.
^	capreomycin	Capastat	1- gram injection only; use of this medication is restricted for use in the treatment of multi- drug resistant tuberculosis (MDR- TB); must indicate diagnosis on PA.
^	cycloserine	Seromycin	250mg capsules only; use of this medication is restricted for use in the treatment of multi- drug resistant tuberculosis (MDR- TB); must indicate diagnosis on PA.
	ethambutol	Myambutol	
^	ethionamide	Trecator	Only for the treatment of TB.
^	imipenem/cilastatin	Primaxin	500mg IM/IV vials only; use of this medication is restricted for use in the treatment of extensively- drug resistant tuberculosis (XDR- TB); must indicate diagnosis on PA.
	isoniazid		
^	linezolid	Zyvox	For the treatment of TB or (600mg tablets only) restricted to treatment of Community Acquired MRSA resistant to Vancomycin.
^	moxifloxacin	Avelox	Only for the treatment of TB or to treat a diagnosis of persistence or recurrent non- gonococcal urethritis.
^	para- aminosalicylate	Paser	4- gram packets only; use of this medication is restricted for use in the treatment of multi- drug resistant tuberculosis (MDR- TB); documentation of medications tried and failed required on PA; must indicate diagnosis on PA.
	pyrazinamide		
	rifabutin	Mycobutin	
	rifampin	Rifadin	
	rifampin/isoniazid	Rifamate	

	Generic Name	Brand Name	Restrictions
		ANTICHOLESTEROL	
	atorvastatin	Lipitor	
	fenofibrate	Tricor	48mg, 54mg, 145mg, and 160mg tablets only.
	gemfibrozil	Lopid	
	pravastatin	Pravachol	
	rosuvastatin	Crestor	5mg, 10mg, 20mg, and 40mg tablets only.
	simvastatin	Zocor	
		ANTINEOPLASTICS *Must Provide a copy of the original RX with every refill request*	
	bleomycin	Blenoxane	Generic and injectable forms only.
	cyclophosphamide	Cytoxan	Oral, injectable, and generic forms only.
	daunorubicin	DaunoXome	
	doxorubicin	Adriamycin	Generic form only.
	leucovorin		
	methotrexate	Rheumatrex, Trexall	Oral and injectable forms only.
^	paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma; must indicate diagnosis on PA.
	vinblastine	Velban	Injectable and generic forms only.
	vincristine	Oncovin	
		ANTIPSYCHOTICS	
	aripiprazole	Abilify	Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, and 30mg tablets only.
	olanzapine	Zyprexa	
	quetiapine	Seroquel	
	risperidone	Risperdal	
	ziprasidone	Geodon	20mg, 40mg, 60mg, and 80mg capsules only.
		ANTIRETROVIRALS *Brand only–exception noted; generic covered for co- pay only when generic is available*	
		NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	
	abacavir	Ziagen	
	abacavir/lamivudine	Epzicom	
	abacavir/lamivudine/zidovudine	Trizivir	
	didanosine	Videx, Videx EC	
	emtricitabine	Emtriva	
	lamivudine	Epivir	Epivir HB is NOT covered.
	stavudine	Zerit	
	tenofovir disoproxil fumarate	Viread	
	tenofovir/emtricitabine	Truvada	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

	Generic Name	Brand Name	Restrictions
	ANTIRETROVIRALS *(continued)*		
	tenofovir alafenamide/emtricitabine	Descovy	
	zidovudine	Retrovir	Generic only.
	zidovudine/lamivudine	Combivir	
	delavirdine	Rescriptor	
	efavirenz	Sustiva	
	etravirine	Intelence	
	nevirapine	Viramune	IR and XR formulations covered.
	rilpivirine	Edurant	
	FUSION INHIBITORS		
^	enfuvirtide	Fuzeon	Clinical PA required.
	COMBINATION TREATMENT		
	atazanavir/cobicistat	Evotaz	
	bictegravir sodium/emtricitabine/tenofovir alafenamide	Biktarvy	
	darunavir/cobicistat	Prezcobix	
	elvitegravir/cobicistat/emtricitabine/ tenofovir	Stribild	
	elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide	Genvoya	
	emtricitabine/tenofovir/efavirenz	Atripla	
	emtricitabine/tenofovir/rilpivirine	Complera	
	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
	dolutegravir/lamivudine/abacavir	Triumeq	
	dolutegravir/rilpivirine	Juluca	
	PROTEASE INHIBITORS		
^	atazanavir	Reyataz	Generic covered for co- pay only
	darunavir (TMC- 114)	Prezista	800mg tablet
	fosamprenavir	Lexiva	
	indinavir	Crixivan	
	lopinavir/ritonavir	Kaletra	
	nelfinavir	Viracept	
	ritonavir	Norvir	
	saquinavir mesylate	Invirase	
	tipranavir	Aptivus	
	CCR5 CO- RECEPTOR ANTAGONISTS		
	maraviroc	Selzentry	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

	Generic Name	Brand Name	Restrictions
			INTEGRASE INHIBITOR
	raltegravir	Isentress	
	dolutegravir	Tivicay	
	elvitegravir	Vitekta	
			BOOSTING AGENT
	cobicistat	Tybost	
		ANTIVIRALS	
			HEPATITIS
^	grazoprevir/elbasvir	Zepatier	Clinical PA required.
	interferon alfa- 2b	Intron- A	
	interferon alfacon 1	Infergen	
	interferon alfa- 2a	Roferon- A	
	interferon alfa- N3	Alferon- N	
^	pegylated interferon	Peg- Intron, Pegasys	Clinical PA required.
^	ribavirin	Rebetol	Capsule formulation only; Clinical PA required.
	ribavirin/interferon alfa 2B	Rebetron	
^	sofosbuvir	Sovaldi	Clinical PA required
^	sofosbuvir and velpatasvir	Epclusa	
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	
^	glecapravir/pibrentasvir	Mavyret	
^	ledipasvir/sofosbuvir	Harvoni	
^	ombitasvir/paritaprevir/ritonavir	Technivie	
^	ombitasvir/paritaprevir/ritonavir + dasabuvir	Viekira Pak Viekira XR	
			MISCELLANEOUS
	acyclovir	Zovirax	
	famciclovir	Famvir	
	valacyclovir	Valtrex 500mg	Generic OK.
		Valtrex 1000mg	Generic OK. Valtrex 1,000mg NDCs 00173- 0565- 04 and 00173- 0565- 10 are not covered.
	cidofovir	Vistide	
	fomivirsen	Vitravene	
	foscarnet	Foscavir	
^	ganciclovir	Cytovene	Oral form does not require a PA; implant or injectable forms requires a PA.
^	valganciclovir	Valcyte	Restricted to a diagnosis of CMV. Payable for active treatment or suppressive treatment only; not payable for primary polyphylaxis of CMV. Generic covered for co- payment ONLY; must indicate diagnosis on PA.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

	Generic Name	Brand Name	Restrictions
	ANTIDIARRHEALS		
^	crofelemer	Mytesi	Restricted to clients who have failed treatment with diphenoxylate/atropine (Lomotil)
	diphenoxylate/atropine	Lomotil	
	loperamide	Imodium	Generic form only.
	opium tincture		
	ANTIEMETICS		
	metoclopramide	Reglan	
	prochlorperazine	Compazine	
	promethazine	Phenergan	Oral and suppository forms only.
	DIGESTIVE ENZYMES		
	pancrelipase		Enteric coated encapsulated microspheres/ micro tablets. (Axcan Products: Ultrase MT 12, Ultrase MT 20, Ultrase MT 18, and Ultrase MS4 are not covered.)
	GI STIMULANT/GERD		
	metoclopramide	Reglan	
	H2 ANTAGONISTS		
	famotidine	Pepcid	Prescription strength only.
	ranitidine	Zantac	Prescription strength only; Oral form only.
	PROTON PUMP INHIBITORS		
^	lansoprazole	Prevacid	Restricted to use after trial of famotidine or ranitidine; unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease; documentation of medications tried and failed required; must indicate diagnosis on PA.
^	omeprazole	Prilosec	Restricted to use after trial of famotidine or ranitidine AND lansoprazole; unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease; documentation of medications tried and failed required; must indicate diagnosis on PA.
	HEMATOLOGICAL AGENTS *Must Provide a copy of the original RX with every refill request*		
	epoetin alpha	Procrit	Procrit brand only; Epogen is NOT covered.
	filgrastim	Neupogen	
	STEROIDS		
	dexamethasone	Decadron	Oral or injectable forms only.
	prednisone	Deltasone	Oral and generic forms only.
	URICOSURIC AGENTS		
	probenecid	Benemid	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

	Generic Name	Brand Name	Restrictions
	VACCINES		
	hepatitis A vaccine	Havrix, Vaqta	
	hepatitis B vaccine	Engerix- B, Recombivax HB	
	hepatitis A/hepatitis B vaccine	Twinrix	
	pneumococcal vaccine	Pneumovax, Pnu-Immune	Single dose dispensing; 1 time dispensing every 6 years.
	pneumococcal conjugate vaccine (PCV13)		
	Meningococcal Vaccine		
	Human Papillomavirus (HPV) 9- valent recombinant vaccine	Gardasil 9	This vaccine will be available to clients up to 26 years of age. Clients who turn 27 years of age after the vaccine series has begun will continue to be covered to ensure completion of the treatment series.
	TOPICAL AGENTS		
	alitretinoin gel	Panretin	Gel form only.
	imiquimod	Aldara	
	WASTING AND HYPOGONADISM		
	dronabinol	Marinol	Brand only. Generic covered for co- pay only.
	megestrol	Megace, Megace ES	
	oxandrolone	Anavar, Oxandrin	Restricted to treatment in females only.
^	somatropin	Serostim	Restricted to HIV/AIDS wasting syndrome limited to 28- day supply; Clinical PA required.
	testosterone	Androderm, Testoderm TTS, AndroGel, Testim	Injectable weekly maximum of 200mg weekly. Topical and transdermal forms are limited to 700mg/week with some limitations and exceptions.
	MISCELLANEOUS		
	hydroxyurea	Hydrea	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)

Formulary by Class

Effective Date: June 14, 2018

CDPH/OA/ADAP Program Dispensing Polices

Drugs marked with " ^ " require a prior authorization for specific diagnosis or circumstance. Magellan Rx Management will request additional information (client and drug specific) before considering the authorization. Please call 1- 800- 424- 5906 or check website for diagnosis or specific PA form at https://cdph.magellanrx.com.

All drugs are to be dispensed with a maximum 30- day supply. Exceptions will require a prior authorization.

Refills may be obtained after 80 percent of the previously dispensed days' supply has been used; however, there is an annual maximum of 13 fills per prescription.

All ADAP prescriptions must be reauthorized by the prescriber every six months. The claims adjudication system will accept five as the maximum number of refills.

DEA class II and III drugs when quantity exceeds 120 and 240 respectively, require an override from the Pharmacy Call Center by calling 1- 800- 424- 5906.

Formulary brand ARVs are preferred except where noted. Generics are covered for a co- pay only when available.

CDPH/OA/ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.

Dispensing a brand name product when a generic is available requires a DAW 1 code and calling the Pharmacy Call Center at 1- 800- 424- 5906. Exceptions are noted by drug. Brand ARVs preferred.

All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults https://aidsinfo.nih.gov/guidelines/html/1/adult- and- adolescent- treatment- guidelines/0 for high dosage and non- recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.

The following drug manufacturers or manufacturer label code(s) are excluded from reimbursement through the CDPH/OA/ADAP Program:

- Able LABS, INC.
- Acura Pharmaceuticals aka HALSEY
- Allscripts
- Avpak
- AvKare, Inc.
- Aphena PhA
- Bay labs
- BluePoint Laboratories
- Bryand Ranch PR
- Ceph International
- Cipla USA
- Dispense Express, Inc. Dispensing Solutions Inc. GSMS, INC.
- Graceway Pharmaceuticals, LLC (Labeler codes 00089 and 13453)
- 3M Pharmaceuticals
- HJ Harkin Co.
- H L MOORE
- Kaiser Foundation Hospital
- Liberty Pharmaceutical
- New Horizon Rx Group
- Nucare Pharmacy
- Marlex Pharmaceuticals Inc.
- Middlebrook Pharmaceutical Inc.
- MHC Pharma LLC
- MOVA Pharmaceuticals
- Palmetto State
- Patheon Inc. (Puerto Rico)
- Physicians Total Care
- Pre- Package Specialists/PD- RX Pharmaceuticals
- Prescript Pharmaceuticals
- Quality Care/Lake Erie Medical and Surgical Supply
- Rebel Distributors Corp (now Physician Partners)
- Southwood Pharmaceuticals
- Stat Rx USA
- Walgreens Co.

PLEASE NOTE: There may be some SPECIFIC DOSE FORMS of products on this formulary that may NOT BE COVERED OR REQUIRE PRIOR

AUTHORIZATION. You can verify drug coverage by dialing the toll- free Magellan Rx Management phone number listed below and select option 8 to speak with a live Pharmacy Call Center Representative. You will need your pharmacy National Provider Identifier (NPI) number and the drug's 11- digit national drug code (NDC). (Magellan Rx Management at 1-800-424-5906).

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 1- 800- 424- 5906 or check website for diagnosis or specific PA form at https://cdph.magellanrx.com

Employer Based Health Insurance Premium Payment (EB-HIPP) Program Frequently Asked Questions (FAQs) for potential EB-HIPP Clients

Program Overview Questions

What is EB-HIPP?
California Department of Public Health (CDPH), Center for Infectious Diseases (CID), Office of AIDS (OA) has created a program that pays an ADAP client's portion of their employer based insurance premiums who have elected to participate in the EB-HIPP program and meets the program requirements.

Who is eligible for EB-HIPP?
To be eligible for EB-HIPP clients must meet the following criteria:

- Be enrolled in ADAP
- Enrolled in employer based insurance
  - Client must be employed by the employer in order to participate in the EB-HIPP program
- Employer agrees to participate in the EB-HIPP program
- Completed participation agreement form is completed by client and employer
- Employment verified with paystub (paystub must be within the last 3 months)
- EB-HIPP must pay the client's portion of their premium in order for the client to receive MOOP benefits

What services are covered under EB-HIPP? EB-HIPP pays the client's portion of their employer based insurance premiums.

- EB-HIPP will pay medical and dental premiums
- If a vision premium is included in the medical or dental premium, the client will have their vision premium subsidized

EB-HIPP pays client's Medical Out-of-Pocket (MOOP) expenses for outpatient services

Confidentiality Questions

Will my health information be shared with my employer? No, your health information will not be disclosed.

What communication will occur between my employer and CDPH? Client should be aware that Pool Administrators Inc. (PAI) is the contracted vendor for the State of California and may contact the client's employer to get updated premium and payment information. The information will be considered confidential, but may be exchanged with the employer as necessary to determine client's eligibility and for the purpose of administering the program.

Can my employer ask PAI for information about the EB-HIPP program, such as why I qualify for this program?
Yes, but PAI will only release information that pertains to your insurance, premium payments, or personal information that identifies you in our database (i.e. date of birth, name, Social Security Number). In addition, the EB-HIPP program is confidential and will not disclose program information to your employer in order to protect your confidentiality. Your employer should refrain from asking you why you qualify for the EB-HIPP State-administered program as a participant's qualifications for and enrollment in the program is confidential under California privacy laws.

Enrollment Questions

What supporting documentation do I need in order to enroll into EB-HIPP? ADAP clients must submit the following documentation to their Enrollment Worker or CDPH

- Participation Agreement Form - completed by client and employer
- Employment paystub – dated within the last 3 months
- Client Attestation Form (CDPH 8723)

Where can I access the Participation Agreement Form?
You may contact your ADAP Enrollment Worker, an ADAP Advisor, or the ADAP Call-Center to obtain the Participation Agreement Form.

What happens if I no longer work at the company listed on the Participation Agreement Form?
You will be required to resubmit the Participation Agreement Form, Client Attestation, and employer paystub dated within the last 3 months. The forms can be submitted to your Enrollment Worker or CDPH.

What happens if the information on the Participation Agreement Form changes after it hasbeen submitted (i.e. employer address, premium amounts, payment period)?
If the information on the Participation Agreement Form changes (i.e. employer address, premium amounts, payment period) once the form has been submitted, please have your employer re-complete form and return it back to you. The updated form will then need to be submitted to your Enrollment Worker or to CDPH.

Re-Certification/Re-Enrollment

What is the re-enrollment timeline for EB-HIPP?
Re-enrollment for EB-HIPP will align with your ADAP re-enrollment date.

Will I need to re-submit all EB-HIPP supporting documentation at re-enrollment?
If your insurance premium or employer has not changed, you will only need to submit the following documents:

- Paystub (must be within last 3 months)
- Client Attestation

If your insurance premium or employer has changed, you will be required to submit the following documents:

- Paystub (must be within last 3 months)
- Client Attestation
- Completed Participation Agreement Form

What is the re-certification timeline for EB-HIPP?
Re-certification for EB-HIPP will align with your ADAP recertification date.

Will I need to re-submit all EB-HIPP supporting documentation at recertification?

- If the employer and insurance premium remains the same, the client does not need to provide supporting documentation for EB-HIPP (SVF will need to be submitted to extend ADAP eligibility via mail or at an authorized ADAP Enrollment Site)
- If there are changes to the employer, employer's information, and/or premium amount, the client must have their employer re-fill and submit the Participation Agreement Form with updated information in order for ADAP to continue making accurate payments. In addition, the client will be required to submit a new ADAP Client Attestation Form (CDPH Form 8723) and paystub dated within the last 3 months.

Communications

If I have a question regarding EB-HIPP, who can I contact?
You may contact your ADAP Enrollment Worker, an ADAP Advisor, or the ADAP Call-Center for any EB-HIPP questions you may have.

Once I am enrolled into the EB-HIPP Program, will my employer and I be notified?
PAI will send a letter to your employer notifying of them of your enrollment into the EB-HIPP Program. In addition, your Enrollment Worker will receive an email notifying them of your enrollment into the EB-HIPP Program. Your ADAP Enrollment Worker will be responsible for notifying you of your enrollment.

- **If my EB-HIPP application is denied, will I be notified?**

Your ADAP Enrollment Worker will be notified if your EB-HIPP application is denied. The reason for the denial will also be provided in the notification. Please work with ADAP Enrollment Worker for a resolution.

- **Will my employer be notified if I lapse and get dis-enrolled from the EB-HIPP Program?**

Yes, PAI will send a notification to your employer regarding your dis-enrollment from the EB-HIPP Program.

Program Overview Questions
Confidentiality Questions
Enrollment Questions
Re-Certification/Re-Enrollment
Communications

SF HIV FOG
Open Enrollment Boot CAMP IV

Resource Guide Part V
Immigration

Getting the Health Care You Deserve

Your immigration information is safe, secure and confidential

It's important to have health coverage to keep you and your family healthy

Covered California is a place where you can compare and get health insurance plans, and get financial assistance to pay for your health coverage if you qualify. When you apply through Covered California, you can also determine if you are eligible for reduced premiums or Medi-Cal.

Most California residents who are U.S. citizens, U.S. nationals, or who are "lawfully present" can get health insurance with financial help through Covered California. Individuals with other immigration statuses may be eligible for health coverage through Medi-Cal, although the benefits may be limited.

If you are applying for health coverage for yourself or your family members, know that all of your information is safe and confidential.

Covered California, in partnership with the National Immigration Law Center, the Mexican American Legal Defense and Educational Fund, the National Association of Latino Elected and Appointed Officials Educational Fund, Asian Americans Advancing Justice – Los Angeles, the California Immigrant Policy Center and the Coalition for Humane Immigrant Rights of Los Angeles is encouraging everyone to apply for health coverage, without fear that their application will affect their immigration status or the status of their family members.

Your immigration information is protected

When you apply with Covered California or any of our partners – Certified Insurance Agents, Certified Enrollment Counselors and county eligibility workers – immigration status information is needed for the family members applying for coverage, but all of your information is kept private and secure.[1] It will not be used by any immigration agency to enforce immigration laws.[2] All information you submit is used only to determine your eligibility for health programs in Covered California or Medi-Cal.[3]

When you apply through Covered California, you may be asked to provide information about your immigration status or that is on your documents, like a number on your "Green Card" or information on an Employment Authorization Card. In some circumstances, you may need to mail or fax copies or upload them to your online application. Your immigration information and documents are always kept secure.

If you are applying for someone else, you do not need to provide information about your immigration status

If you are applying for health coverage for another person, like your child, and not for yourself, you do not need to provide any information about your own immigration status.[4] Covered California asks for a social security number (SSN) to help determine whether a family is eligible for financial assistance, but you are not required to have and input a SSN to apply for coverage.[5] If you do not have a SSN, you can still apply for coverage for your family members.

Dec. 16, 2014

Getting the Health Care You Deserve

Your immigration information is safe, secure and confidential

Immigrant and undocumented family members on your application are not at risk

The information you provide to Covered California will not be used for immigration enforcement purposes, even if members of your family are undocumented immigrants or immigrants with temporary status like Temporary Protected Status or deferred action. In 2013, the U.S. Immigration and Customs Enforcement (ICE) clarified that it "does not use information about [immigration] obtained for purposes of determining eligibility for such coverage as the basis for pursuing a civil immigration enforcement action."[6] This means that all information on your application is safe, secure, confidential, and will not be used for immigration enforcement purposes.

Applying for Covered California does not affect your immigration status

Getting health coverage from Covered California will not affect your immigration status, even if you receive financial assistance. In addition, you do not have to be afraid of being labeled a "public charge" and it will not make it harder for you to become a U.S. citizen or a lawful permanent resident.[7] There's one exception for certain people getting Medi-Cal: people receiving long-term care in an institution through Medi-Cal may face barriers getting a green card.

Remember: you or your family may be eligible for Medi-Cal

While undocumented Californians are not eligible for Covered California health plans, they may be eligible for specific, limited Medi-Cal programs. Any immigrant who meets the income requirements can receive Medi-Cal for emergency care, regardless of immigration status. It is important for all individuals and their families to apply and see what health coverage options are available to them.

If you qualify for deferred action for childhood arrivals (DACA)

People granted Deferred Action for Childhood Arrivals (DACA) are not eligible to purchase a health plan through Covered California.[8] However, depending on their income, they may be eligible for Medi-Cal.

Where to get help

To find more information about your coverage options, go to CoveredCA.com. On the website, click on the "Find Local Help" button to locate a Certified Insurance Agent, Certified Enrollment Counselor or county eligibility worker who can provide free and confidential help and answer any questions you may have. Or you can call Covered California at (800) 300-0516 (English), (800) 300-0213 (Spanish), (800) 300-1533 (Chinese), (800) 738-9116 (Korean) and (800) 652-9528 (Vietnamese).

A link to download this document can be found at: www.CoveredCA.com/news/PDFs/immigration-fact-sheet-ca.pdf

---

[1] See, e.g., Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 1414 (2010); 45 C.F.R. 155.260(a)(1)(2014); Covered California Notice of Privacy Practices, available at http://www.coveredca.com/privacy; 42 U.S.C. § 1396a(a)(7)(2012); 26 U.S.C. § 6103(2012).

[2] Clarification of Existing Practices Related to Certain Health Care Information, U.S. Immigration and Customs Enforcement (Oct. 25, 2013), available at http://www.ice.gov/ doclib/ero-outreach/pdf/ice-aca-memo.pdf.

[3] 45 C.F.R. § 155.260(a)(1)(2014).

[4] 45 C.F.R. § 155.310(a)(2)(2014).

[5] 45 C.F.R. §§ 155.305(f)(6),155.310(a)(3)(ii)(2014).

[6] ICE Clarification of Existing Practices, supra.

[7] See, e.g., Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, Immigration and Naturalization Service, Department of Justice, 64 Fed. Reg. 28689, 28692 (May 26, 1999); Public Charge Fact Sheet, U.S. Citizenship and Immigration Services, Department of Homeland Security (revised Nov. 15, 2013), available at http:// www.uscis.gov/news/fact-sheets/public-charge-fact-sheet.

[8] Memorandum from Janet Napolitano, Exercising Prosecutorial Discretion with Respect to Persons Who Came to the United States as Children, Department of Homeland Security (June 15, 2012), available at: http://www.dhs.gov/xlibrary/assets/s1-exercising-prosecutorial-discretion-individuals-who-came-to-us-as-children.pdf; 45 CFR §§ 152.2, 155.20, 155.305(a)(1)(2014).

Immigration status and the Marketplace

People with the following immigration statuses qualify for Marketplace coverage.

Immigrants with the following statuses qualify to use the Marketplace:

- Lawful Permanent Resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
- Conditional Entrant Granted before 1980
- Battered Spouse, Child and Parent
- Victim of Trafficking and his/her Spouse, Child, Sibling or Parent
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Individual with Non-immigrant Status, includes worker visas (such as H1, H-2A, H-2B), student visas, U-visa, T-visa, and other visas, and citizens of Micronesia, the Marshall Islands, and Palau
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Exception: Deferred Action for Childhood Arrivals (DACA) is not an eligible immigration status for applying for health insurance)
- Lawful Temporary Resident
- Administrative order staying removal issued by the Department of Homeland Security
- Member of a federally-recognized Indian tribe or American Indian Born in Canada
- Resident of American Samoa

Applicants for any of these statuses qualify to use the Marketplace:

- Temporary Protected Status with Employment Authorization
- Special Immigrant Juvenile Status
- Victim of Trafficking Visa
- Adjustment to LPR Status
- Asylum (see note below)
- Withholding of Deportation, or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) (see note below)

Applicants for asylum are eligible for Marketplace coverage only if they've been granted employment authorization or are under the age of 14 and have had an application pending for at least 180 days.

People with the following statuses and who have employment authorization qualify for the Marketplace:

- Registry Applicants
- Order of Supervision
- Applicant for Cancellation of Removal or Suspension of Deportation
- Applicant for Legalization under Immigration Reform and Control Act (IRCA)
- Legalization under the LIFE Act

Remember: Information about immigration status will be used **only** to determine eligibility for coverage and not for immigration enforcement.

Additional Resources:

- Health coverage for immigrants
- Coverage for U.S. citizens & U.S. nationals
- Coverage for lawfully present immigrants
- Immigration status and the Marketplace
- Immigration documentation types
- More information for immigrant families

Get details about what document numbers and other information you'll need to fill out a Marketplace application.

State of California—Health and Human Services Agency
Department of Health Care Services

Jennifer Kent
Director

EDMUND G. BROWN JR.
Governor

August 5, 2016

Medi-Cal Eligibility Division Information Letter No.: I 16-12

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: EMPLOYMENT AUTHORIZATION CATEGORY CODES AND SCOPE OF MEDI-CAL BENEFITS

The purpose of this Medi-Cal Eligibility Division Informational Letter (MEDIL) is to provide additional information on common Employment Authorization Document (EAD) categories and the associated Medi-Cal benefits for each category.

BACKGROUND

An EAD is a document issued by United States Citizenship and Immigration Services (USCIS) that authorizes a noncitizen to work in the United States. An EAD is issued for a specific period of time based on an individual's immigration status.

IMMIGRANT CATEGORY CODE

The category code included on the EAD indicates the individual's immigration status. The table below includes common EAD codes and the associated scope of Medi-Cal benefits. Please note this is not an exhaustive list of EAD codes and the applicant must meet all other Medi-Cal eligibility requirements to be eligible for any Medi-Cal benefits. Consistent with current policy, counties must verify immigration status through the Federal Data Services Hub (FDSH) or through the Systematic Alien Verification for Entitlements (SAVE) system for immigrants whose EAD indicates they are eligible for full scope Medi-Cal. In these cases, conditional full scope Medi-Cal must be granted during the immigration status verification process if the individual is otherwise eligible.

COMMON EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) CATEGORY CODES AND SCOPE OF MEDI-CAL BENEFITS		
EAD Code	**Immigration Status**	**Eligible for (Full/Restricted Scope if all other requirements are met)**
A2	Lawful Temporary Resident	Restricted Scope
A3	Refugee	Full Scope
A4	Refugee/Paroled into the U.S.	Full Scope
A5	Asylee	Full Scope
A6	Nonimmigrant Fiancé(e) of US Citizen (K-1 visa) or minor child of fiancé(e) (K-2 visa)	Restricted Scope
A7	Nonimmigrant parent or minor child of a person granted Lawful Permanent Resident (LPR) status as a special immigrant under INA § 101(a)(27)(I)	Restricted Scope
A8	Citizen of Micronesia, the Marshall Islands, and Palau	Restricted Scope
A10	Granted Withholding of Deportation or Withholding or Removal/Granted Withholding of Deportation/Removal under the Convention Against Torture/"Qualified" Domestic Violence Survivor	Full Scope
A11	Granted Deferred Enforcement Departure (DED)	Full Scope
A12	Granted Temporary Protected Status (TPS)	Restricted Scope
A13	Family Unity	Restricted Scope
A14	Granted Family Unity under the LIFE Act	Restricted Scope
A15	Foreign national Spouse of LPR (V-1 visa), LPR's minor child (V-2 visa), or spouses minor child (V-3 visa)	Restricted Scope

COMMON EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) CATEGORY CODES AND SCOPE OF MEDI-CAL BENEFITS		
EAD Code	**Immigration Status**	**Eligible for (Full/Restricted Scope if all other requirements are met)**
A16	Victim of Trafficking	Full Scope if Trafficking and Crime Victims Assistance Program (TCVAP) eligible (See ACWDL 15-25),or if they meet the requirements for Qualified Immigrant status or PRUCOL. Otherwise restricted scope.
A19	Victim of Crime Admitted with U-visa	Full Scope if TCVAP eligible. Otherwise restricted scope. See ACWDL 15-25.
A20	Derivative relatives of U visa holder)	Full Scope if TCVAP eligible. Otherwise restricted scope. See ACWDL 15-25.
B6	Foreign students in on-campus employment	Restricted Scope
B9	Temporary worker or trainee (H-1, H-2A, H-2B or H-3 visa)	Restricted Scope
B11	Exchange visitor (J-1 visa)	Restricted Scope
B16	Religious worker (R visa)	Restricted Scope
C1	Dependent of foreign government official (A-1 or A-2 visa)	Restricted Scope
C2	Spouse or minor child of an employee of the Coordination Council for North American Affairs (E-1 visa)	Restricted Scope

COMMON EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) CATEGORY CODES AND SCOPE OF MEDI-CAL BENEFITS		
EAD Code	**Immigration Status**	**Eligible for (Full/Restricted Scope if all other requirements are met)**
C3	Foreign students (F-1 visa)	Restricted Scope
C4	Dependent of employee of international organization (G-1, G-3, and G-4 visa)	Restricted Scope
C5	Dependent of exchange visitor (J-2 visa)	Restricted Scope
C6	Foreign Student (M-1 visa)	Restricted Scope
C7	Dependent of NATO employee	Restricted Scope
C9	Applicant for Adjustment to LPR Status/Qualified Domestic Violence Survivor	Full Scope if Trafficking and Crime Victims Assistance Program eligible (See ACWDL 15-25), or if they meet the requirements for Qualified Immigrant status or PRUCOL. Otherwise restricted scope.
C11	Public Interest Parolee	Full Scope (PRUCOL or Qualified Immigrant depending on basis for parole)
C14	Granted Deferred Action	Full Scope
C16	Registry Applicant, with employment authorization (Note—This immigrant has applied for LPR status.	Full Scope
C17	Certain personal or domestic servants/employee of foreign airline (B-1 visa)	Restricted Scope
C18	Order of Supervision, with employment authorization	Full Scope

COMMON EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) CATEGORY CODES AND SCOPE OF MEDI-CAL BENEFITS		
EAD Code	**Immigration Status**	**Eligible for (Full/Restricted Scope if all other requirements are met)**
C19	Applicant for TPS with employment authorization	Restricted Scope
C20	Applicant for Legalization under Immigration Reform and Control Act or the Legal Immigration Family Equity Act	Restricted Scope
C24	LIFE Legalization Applicant	Restricted Scope
C25	Derivative Beneficiary of Trafficking Survivor	Full Scope (Qualified Immigrant (Federally recognized Trafficking Victim with T Visa)
C31	Qualified Domestic Violence Survivor	Full Scope if TCVAP eligible (See ACWDL 15-25), or if they meet the requirements for Qualified Immigrant status or PRUCOL. Otherwise restricted scope.
C33	Deferred Action for Childhood Arrivals (DACA/Dream Act)	Full Scope

Documents Typically Used by Lawfully Present Immigrants

Last revised JULY 2016

STATUS	TYPICAL DOCUMENTS
Lawful Permanent Resident (LPR)	• "Green card" (Form I-551) or earlier versions: I-151, AR-2 and AR-3; • Reentry permit (I-327); • Foreign passport stamped to show temporary evidence of LPR or "I-551" status; • Receipt from USCIS (U.S. Citizenship and Immigration Services) indicating that an I-90 application to replace LPR card has been filed; • Memorandum of Creation of Lawful Permanent Residence with approval stamp (I-181); • I-94 or I-94A with stamp indicating admission for lawful permanent residence; • Order issued by the INS/DHS (Immigration and Naturalization Service/Dept. of Homeland Security), an immigration judge, the BIA (Board of Immigration Appeals), or a federal court granting registry, suspension of deportation, cancellation of removal, or adjustment of status; *or* • Any verification from the INS, DHS, or other authoritative document.
Amerasian LPR NOTE: The codes listed here pertain only to the particular Vietnamese Amerasians who qualify for the "Refugee Exemption."	• Any of the LPR documents listed above with one of the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, or AM-8; *or* • Any verification from the INS, DHS, or other authoritative document.
Applicant for Adjustment to LPR Status	• Receipt or notice showing filing or pending status of Form I-485 Application to Register Permanent Residence or Adjust Status; • Form I-797 ASC Appointment Notice with Case Type "I-485 Application to Register Permanent Residence or Adjust Status"; • Form I-688B or I-766 employment authorization document (EAD) coded 274a.12(c)(9) or C9 or C9P; • I-797 receipt for Application for Employment Authorization based on C09; • I-512 authorization for parole, indicating applicant for adjustment of status; *or* • Any verification from the INS, DHS, or other authoritative document.

List of Abbreviations . . . . Page 5

This table lists the categories of non–U.S. citizens who are recognized as "lawfully present" in the United States for various purposes. For more information, contact Linton Joaquin, NILC general counsel, at joaquin@nilc.org.

LOS ANGELES (Headquarters)
3450 Wilshire Blvd. #108 – 62
Los Angeles, CA 90010
213 639-3900
213 639-3911 fax

WASHINGTON, DC
1121 14th Street, NW, Ste. 200
Washington, DC 20005
202 216-0261
202 216-0266 fax

STATUS	TYPICAL DOCUMENTS
Refugee	• Form I-94 or I-94A Arrival/Departure Record or passport stamped "refugee" or "§ 207"; • Form I-688B or I-766 EAD coded 274a.12(a)(3) or A3; or (a)(4) or "A4" (paroled as a refugee); • Refugee travel document (I-571); *or* • Any verification from the INS, DHS or other authoritative document. NOTE: If adjusted to LPR status, I-551 may be coded R8-6, RE-6, RE-7, RE-8, or RE-9.
Conditional Entrant	• Form I-94, I-94A, or other document indicating status as "conditional entrant," "Seventh Preference," § 203(a)(7), or P7; *or* • Any verification from the INS, DHS, or other authoritative document.
Asylee	• Form I-94, I-94A, or passport stamped "asylee" or "§ 208"; • Order granting asylum issued by the INS, DHS, an immigration judge, the BIA, or a federal court; • Form I-688B or I-766 EAD coded 274a.12(a)(5) or A5; • Refugee travel document (I-571); *or* • Any verification from the INS, DHS, or other authoritative document. NOTE: If adjusted to LPR status, I-551 may be coded AS-6, AS-7, or AS-8.
Granted Withholding of Deportation or Withholding of Removal	• Order granting withholding of deportation or removal issued by the INS, DHS, an immigration judge, the BIA, or a federal court; • Form I-688B or I-766 EAD coded 274a.12(a)(10) or A10; *or* • Any verification from the INS, DHS, or other authoritative document.
Granted Withholding of Deportation/Removal under the Convention Against Torture (CAT)	• Order granting withholding of deportation or removal under CAT, issued by an immigration judge, the BIA, or a federal court; • Form I-688B or I-766 EAD coded 274a.12(a)(10) or A10; *or* • Any verification from the INS, DHS, or other authoritative document
Applicant for Asylum or Withholding of Deportation/Removal, including Applicant for Withholding of Deportation/ Removal under CAT	• Receipt or notice showing filing or pending status of Form I-589 Application for Asylum and Withholding or CAT; • Form I-688B or I-766 EAD coded 274a.12(c)(8) or C8; *or* • Any verification from the INS, DHS, or other authoritative document.
Cuban or Haitian Entrant	• Form I-94 with a stamp indicating "Cuban/Haitian entrant" (this may be rare, as it has not been used since 1980) or any other notation indicating "parole," any documents indicating pending exclusion or deportation proceedings; • Any documents indicating a pending asylum application, including a receipt from an INS Asylum Office indicating filing of Form I-589 application for asylum; • Form I-688B or I-766 EAD coded 274a.12(c)(8) or C8, or 274a.12(c)(11) or C11; *or* • Any verification from the INS, DHS, or other authoritative document. NOTE: Individuals who have adjusted to LPR status may have I-551 cards or temporary I-551 stamps in foreign passports coded CAA66, CB1, CB2, CB6, CB7, CH6, CNP, CU6, CU7, CU8, CU9, CUO, CUP, NC6, NC7, NC8, NC9, HA6, HA7, HA8, HA9, HB6, HB7, HB8, HB9, HC6, HC7, HC8, HC9, HD6, HD7, HD8, HD9, HE6, HE7, HE8, HE9. In addition, Cubans or

STATUS	TYPICAL DOCUMENTS
	Haitians with the codes LB1, LB2, LB6, or LB7 may also qualify. These codes were used for individuals granted LPR status under any of the 1986 legalization provisions including Cuban/Haitian entrants.
Paroled into the U.S.	• Form I-94 or I-94A indicating "parole" or "PIP" or "212(d)(5)," or other language indicating parole status; • Form I-688B or I-766 EAD coded 274a.12(a)(4), 274a.12(c)(11), A4, or C11; *or* • Any verification from the INS, DHS, or other authoritative document. NOTE: If subsequently adjusted to LPR status, may have I-551 card (for Lautenberg parolees, these may be coded LA).
Granted Temporary Protected Status (TPS)	• Form I-688B or I-766 EAD coded 274a.12(a)(12) or A12; • Form I-797 Notice of Action showing grant of TPS status; *or* • Any verification from the INS, DHS, or other authoritative document.
Applicant for TPS	• Receipt or notice showing filing or pending status of Form I-821 (Application for Temporary Protected Status); • Form I-688B or I-766 EAD coded 274a.12(c)(19) or C19; *or* • Any verification from the INS, DHS, or other authoritative document.
Granted Deferred Enforced Departure (DED)	• Form I-688B or I-766 EAD coded 274a.12(a)(11) or A11; *or* • Any verification from the INS, DHS, or other authoritative document.
Granted Deferred Action	• Form I-797 Notice of Action or other form showing approval of deferred action status; • Form I-688B or I-766 EAD coded 274a.12(c)(14) or C14, (c)(33) or C33; *or* • Any verification from the INS, DHS, or other authoritative document.
Applicant for Special Immigrant Juvenile Status	• Form I-797 Notice of Action Special Immigrant Juvenile Receipt Notice; • Form I-797 Notice of Action Special Immigrant Juvenile Approval Notice; • Form I-797 Welcome Notice/Approval of I-485, "Other Basis of Adjustment SL6"; • I-551 coded "SL6"; or • Any verification from the INS, DHS, or other authoritative document.
"Qualified" Domestic Violence Survivor Must have a pending petition for an immigrant visa, either filed by a spouse or a self-petition under the Violence Against Women Act (VAWA), or an application for suspension of deportation or cancellation of removal. The petition or application must either be approved or, if not yet approved, must present a prima facie case.	• Receipt or other proof of filing I-130 (visa petition) under immediate relative (IR) or 2nd family preference (P-2) showing status as a spouse or child; • Form I-360 (application to qualify as abused spouse, child, or parent under the VAWA); • Form I-797 Notice of Action referencing pending I-130 or I-360 or finding establishment of a prima facie case; • Receipt or other proof of filing I-485Application for Adjustment of Status on basis of an immediate relative or family 2nd preference petition or VAWA application; • Any documents indicating a pending suspension of deportation or cancellation of removal case, including a receipt from an immigration court indicating filing of Form EOIR-40 (Application for Suspension of Deportation) or EOIR-42 (Application for Cancellation of Removal); • Form I-688B or I-766 EAD coded 274a.12(a)(10) or A10 (applicant for suspension of deportation) or 274a.12(c)(14) or C14 (individual granted deferred action status);

STATUS	TYPICAL DOCUMENTS
	• Form I-688B or I-766 EAD coded 274.a.12(c)(9) or C9 (applicant for adjustment) or 274a.12(c)(10) or C10 (applicant for suspension of deportation) or 274a.12(c)(14) or C14 (individual granted deferred action status) or C31 (individual with approved VAWA self-petition); *or* • Any verification from the INS, DHS, or other authoritative document.
Victim of Trafficking	• Certification from U.S. Dept. of Health and Human Services (HHS) Office of Refugee Resettlement (ORR); • ORR eligibility letter (if under 18); • Certification status verified through HHS Trafficking Verification Line 202-401-5510 or 866-401-5510 ; • I-914 (T status application); • I-766 coded (a)(16); • Form I-797 approval notice for "CP" (continued presence); • Form I-797 indicating approval of T-1 Status; • *Bona fide* case determination on a T status application; *or* • Form I-797 "Extension of T or U Nonimmigrant Status"; • I-512 authorization for parole, indicating T-1 status; • I-551 coded ST6; *or* • Any verification from HHS, INS, DHS, or other authoritative document.
Derivative Beneficiary of Trafficking Survivor	• Proof of approved I-914A petition (derivative T status); • I-94 or passport stamped T-2, T-3, T-4, or T-5; • Form I-797 Notice of Action indicating approval of T-2, T-3, T-4 or T-5 status; • I-766 EAD coded (c)(25) or C25; • Form I-797 "Extension of T or U Nonimmigrant Status"; • I-512 authorization for parole, indicating T-2, T-3, T-4 or T-5 status; • I-551 card coded ST7, ST8, ST9, or ST0; *or* • Any verification from HHS, INS, DHS, or other authoritative document.
Nonimmigrant	• Form I-94 or I-94A Arrival/Departure Record or passport indicating admission to U.S. with nonimmigrant visa; • Receipt for Form I-102 Application for Replacement/Initial Nonimmigrant Arrival-Departure Document; • I-797 approving application to extend/change nonimmigrant status; • I-797 approving application for S, T, U, or V nonimmigrant status; • Form I-688B or I-766 EAD or other INS/DHS document indicating nonimmigrant status; *or* • Any verification from the INS, DHS, or other authoritative document.
Citizen of Micronesia, the Marshall Islands, and Palau	• Form I-94 or passport noted as "CFA/RMI" or "CFA/FSM" or "CFA/PAL"; • Form I-688B or I-766 coded (a)(8) or A8; *or* • Any verification from the INS, DHS, or other authoritative document.
Lawful Temporary Resident	• Form I-688 Temporary Resident Card; • Form I-688A EAD; • Form I-688B or I-766 EAD coded 274a.12(a)(2) or A2; *or with other evidence indicating eligibility under INA §§210 or 245A* ; • Form I-698 Application to Adjust from Temporary to Permanent Residence under INA § 245A; *or* • Any verification from the INS, DHS, or other authoritative document.

STATUS	TYPICAL DOCUMENTS
Applicant for Legalization under IRCA or the LIFE Act	• Form I-688B or I-766 EAD coded 274a.12(c)(20), (c)(22), or (c)(24) or C20, C22 or C24; • Form I-687 Application for Temporary Residence under INA § 245A; • Passport, with stamp or writing by INS/DHS officer, indicating pending §245 application; *or* • Any verification from the INS, DHS, or other authoritative document.
Family Unity	• Form I-797 Notice of Action showing approval of I-817 Application for Family Unity; • Form I-688B or I-766 EAD coded 274a.12(a)(13) or A13; *or* • Any verification from the INS, DHS, or other authoritative document.
Applicant for Cancellation of Removal or Suspension of Deportation	• Receipt or notice showing filing Form EOIR-40 (Application for Suspension of Deportation), EOIR-42 (Application for Cancellation of Removal), or I-881 (Application for Suspension of Deportation or Special Rule Cancellation of Removal); • I-256A (former suspension application); • Form I-688B or I-766 EAD coded 274a.12(c)(10) or C10; *or* • Any verification from the INS, DHS, or other authoritative document.
Order of Supervision	• Notice or form showing release under order of supervision; • Form I-688B or I-766 EAD coded 274a.12(c)(18) or C18; *or* • Any verification from the INS, DHS, or other authoritative document.
Registry Applicant	• Receipt or notice showing filing Form I-485 Application to Register Permanent Resident or Adjust Status; • Form I-688B or I-766 EAD coded 274a.12(c)(16) or C16; *or* • Any verification from the INS, DHS or other authoritative document.
Stay of Removal	• Administrative or court order granting stay of removal issued by the Department of Homeland Security, an immigration judge, the Board of Immigration Appeals, or a court. • Any verification from the INS, DHS, or other authoritative document.

FOR MORE INFORMATION, CONTACT

Linton Joaquin, NILC General Counsel, joaquin@nilc.org

Abbreviations

BIA - Board of Immigration Appeals **CAT** - Convention Against Torture

CMS - Centers for Medicare and Medicaid Services

CP – continued presence **DHS** - U.S. Dept. of Homeland Security **EAD** - employment authorization document **EOIR** - Executive Office for Immigration Review

HHS - U.S. Dept. of Health and Human Services

INS - Immigration and Naturalization Service **IR** - immediate relative

LPR - lawful permanent resident **ORR** - Office of Refugee Resettlement **USCIS** - U.S. Citizenship and Immigration Services

VAWA - Violence Against Women Act

Overview of Immigrant Eligibility for Federal Programs

By Tanya Broder, Avideh Moussavian, *and* Jonathan Blazer *DECEMBER 2015*

The major federal public benefits programs have always left some non–U.S. citizens out of eligibility for assistance from the pro-grams. Since their inception, programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program), nonemergency Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Fam-ilies (TANF) and its precursor, Aid to Families with Dependent Children (AFDC), have been inaccessible to undocumented immigrants and people in the United States on temporary visas.

However, the 1996 federal welfare and immigra-tion laws introduced an unprecedented new era of re-strictionism.[1] Prior to these laws' enactment, lawful permanent residents of the U.S. generally were eligible for assistance in a manner similar to U.S. citizens. After these laws' enactment, most lawfully residing immigrants were barred from receiving assistance under the major federal benefits programs for five years or longer. Even where eligibility for immigrants was preserved by the 1996 laws or restored by subsequent legislation, many immigrant families hesitate to enroll in critical health-care, job-training, nutrition, and cash-assistance programs due to fear and confusion caused by the laws' chilling effects. As a result, the participation of immigrants in public benefits programs decreased sharply after passage of the 1996 laws, causing severe hardship for many low-income families who lacked the support available to other low-income families.[2]

This article focuses on eligibility and other rules governing immigrants' access to federal public benefits programs. Many states have attempted to fill some of the gaps in noncitizen coverage resulting from the 1996 laws, either by electing federal options to cover more eligible noncitizens or by spending state funds to cover at least some of the immigrants who are ineligi-ble for federally funded services. Many state-funded programs, however, have been reduced or eliminated in state budget battles. Some of these cuts have been challenged in court.[3]

[9] Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (hereinafter "welfare law"), Pub. L. No. 104– 193, 110 Stat. 2105 (Aug. 22, 1996); and Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (hereinafter "IIRIRA"), enacted as Division C of the Defense Department Appropriations Act, 1997, Pub. L. No. 104–208, 110 Stat. 3008 (Sept. 30, 1996).

[2] Michael Fix and Jeffrey Passel, *The Scope and Impact of Welfare Reform's Immigrant Provisions* (Discussion Paper No. 02-03) (The Urban Institute, Jan. 2002), www.urban.org/publications/410412.html.

[3] A state's denial of benefits to lawfully present immigrants may be unconstitutional, even if apparently authorized by the 1996 welfare law. See, e.g., *Aliessa v. Novello*, 96 N.Y.2d 418 (N.Y. 2001) (New York's denial of health coverage to lawfully residing immigrants violated federal and state Equal Protection clauses, as well as state constitutional obligation to care for the needy); *Ehrlich v. Perez*, 394 MD. 691 (Md. 2006) (enjoining Maryland's termination of health coverage to lawfully residing children and pregnant women); *Finch v. Commonwealth Health Ins. Connector Auth.*, 461 Mass. 232 (Mass. 2012) (striking Massachusetts law that denied state health care coverage to certain lawfully present immigrants). But see *Pham v. Starkowsky*, 300 Conn. 412 (Conn. 2011) (Connecticut's termination of health coverage to lawfully residing immigrants did not constitute discrimination on the basis of alienage); *Soskin v. Reinertson*, 353 F.3d 1242 (10th Cir. 2004); *Pimentel v. Dreyfus*, 670 F.3d 1096 (9th Cir. 2012) (upholding Washington's denial of state SNAP benefits to certain lawful immigrants); *Bruns v. Mayhew*, 750 F.3d 61 (1st Cir. 2014) (Maine's termination of state medical assistance for those not eligible for Medicaid did not violate Equal Protection). Even where the courts failed to find an Equal Protection violation, however, some states decided to preserve or restore access to benefits. For example, the Colorado legislature chose to

This monograph, "Overview of Immigrant Eligibility for Federal Programs," is periodically updated as new developments warrant. The edition published immediately prior to this December 2015 edition was dated October 2011.

LOS ANGELES (Headquarters)
3450 Wilshire Blvd. #108 – 62
Los Angeles, CA 90010

WASHINGTON, DC
1121 14th Street, NW, Ste. 200
Washington, DC 20005

NATIONAL IMMIGRATION LAW CENTER

213 639-3900
213 639-3911 fax

202 216-0261
202 216-0266 fax

In determining an immigrant's eligibility for bene-fits, it is necessary to understand the federal rules as well as the rules of the state in which an immigrant resides. Updates on federal and state rules are availa-ble on NILC's website.[4]

Immigrant Eligibility Restrictions

Categories of Immigrants: "Qualified" and "Not Qualified"

The 1996 welfare law created two categories of immigrants for benefits eligibility purposes: "quali-fied" and "not qualified." Contrary to what these names suggest, the law excluded most people in *both* groups from eligibility for many benefits, with a few exceptions. The "qualified" immigrant category in-cludes:

- lawful permanent residents, or LPRs (people with green cards)
- refugees, people granted asylum or withholding of deportation/removal, and conditional entrants
- people granted parole by the U.S. Department of Homeland Security (DHS) for a period of at least one year
- Cuban and Haitian entrants
- certain abused immigrants, their children, and/or their parents [5]
- certain survivors of trafficking [6]

All other immigrants, including undocumented immigrants, as well as many people who are lawfully present in the U.S., are considered "not qualified."[7] In the years since the initial definition became law, there have been a few expansions of access to benefits beyond the qualified immigrant categories. In 2000, Congress established a new category of noncitizens— survivors of trafficking—who are eligible for federal public benefits to the same extent as refugees, regard-less of whether they have a qualified immigrant sta-tus.[8] In 2003, Congress clarified that "derivative bene-ficiaries" listed on trafficking victims' visa applications (spouses and children of adult trafficking survivors;

restore Medicaid eligibility before any individual's coverage was terminated; Hawaii similarly restored health coverage for certain noncitizens; and Washington continued to provide nutritional assistance to immigrants ineligible for federal SNAP, albeit at a lower benefit level.

4 *Guide to Immigrant Eligibility for Federal Programs* update page, www.nilc.org/issues/economic-support/updatepage/.

5 To be considered a "qualified" immigrant under the battered spouse or child category, the immigrant must have an approved visa petition filed by a spouse or parent, a self-petition under the Violence Against Women Act (VAWA) that has been approved or sets forth a prima facie case for relief, or an approved application for cancellation of removal under VAWA. The spouse or child must have been battered or subjected to extreme cruelty in the U.S. by a family member with whom the immigrant resided, or the immigrant's parent or child must have been subjected to such treatment. The immigrant must also demonstrate a "substantial connection" between the domestic violence and the need for the benefit being sought. And the battered immigrant, parent, or child must not be living with the abuser. While many U visa–holders are domestic violence survivors, U visa–holders are not considered qualified battered immigrants under this definition.

6 Survivors of trafficking and their derivative beneficiaries who obtain a T visa or whose application for a T visa sets forth a prima facie case are considered "qualified" immigrants. This group was added to the definition of "qualified" by the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Pub. L. 110–457, § 211 (Dec. 23, 2008), http://tinyurl.com/23otojy.

7 Throughout the remainder of this article, *qualified* will be understood to have this particular meaning, as will *not-qualified*; they will not be enclosed in quotation marks. Before 1996, some of these immigrants were served by benefit programs under an eligibility category called "permanently residing in the U.S. under color of law" (PRUCOL). PRUCOL is not an immigration status, but a benefit eligibility category that has been interpreted differently depending on the benefit program and the region. Generally, it means that the Dept. of Homeland Security (DHS) is aware of a person's presence in the U.S. but has no plans to deport or remove him or her from the country. A few states, including California and New York, continue to provide services to immigrants meeting this definition using state or local funds.

8 The Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106–386, § 107 (Oct. 28, 2000). Federal agencies are required to provide benefits and services to individuals who have been subjected to a "severe form of trafficking in persons" to the same extent as refugees, without regard to their immigration status. To receive these benefits, the survivor must be either under 18 years of age or certified by the U.S. Dept. of Health and Human Services (HHS) as willing to assist in the investigation and prosecution of severe forms of trafficking in persons. In the certification, HHS confirms that the person either (a) has made a bona fide application for a T visa that has not been denied, or (b) is a person whose continued presence in the U.S. is being ensured by the attorney general in order to prosecute traffickers in persons.

spouses, children, parents, and minor siblings of child survivors) also may secure federal benefits.[9]

Federal Public Benefits Generally Denied to "Not Qualified" Immigrants

With some important exceptions detailed below, the law prohibits not-qualified immigrants from enrol-ling in most federal public benefit programs.[10] Federal public benefits include a variety of safety-net services paid for by federal funds.[11] But the welfare law's definition does not specify which particular programs are covered by the term, leaving that clarification to each federal benefit–granting agency. In 1998, the U.S. Department of Health and Human Services (HHS) published a notice clarifying which of its programs fall under the definition.[12] The list of 31 HHS programs includes Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TANF, Foster Care, Adoption Assistance, the Child Care and Development Fund, and the Low-Income Home Energy Assistance Program. Any new programs must be designated as federal public benefits in order to trigger the associated eligibility restrictions and, until they are designated as such, should remain open to broader groups of immigrants. The HHS notice clarifies that not every benefit or service provided within these programs is a federal public benefit. For example, in some cases not all of a program's benefits or services are provided to an individual or household; they may extend, instead, to a community of people—as in the weatherization of an entire apartment building.[13]

The welfare law also attempted to force states to pass additional laws, after August 22, 1996, if they choose to provide state public benefits to certain immigrants.[14] Such micromanagement of state affairs by the federal government is potentially unconstitutional under the Tenth Amendment.[15]

Exceptions to the Restrictions

The law includes important exceptions for certain types of services. Regardless of their status, not-qualified immigrants are eligible for emergency Medicaid[16] if they are otherwise eligible for their state's Medicaid program.[17] The law does not restrict access to public health programs that provide immunizations and/or treatment of communicable disease symptoms (whether or not those symptoms are caused by such a disease). School breakfast and lunch programs remain open to all children regardless of immigration status, and every state has opted to provide access to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).[18]

---

[9] Trafficking Victims Protection Reauthorization Act of 2003, Pub. L. No. 108–193, § 4(a)(2) (Dec. 19, 2003).

[10] Welfare law § 401 (8 U.S.C. § 1611).

[11] "Federal public benefit" is described in the 1996 federal welfare law as (a) any grant, contract, loan, professional license, or commercial license provided by an agency of the U.S. or by appropriated funds of the U.S., and (b) any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment, benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of the U.S. or appropriated funds of the U.S.

[12] HHS, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), "Interpretation of 'Federal Public Benefit,'" 63 FR 41658–61 (Aug. 4, 1998). The HHS notice clarifies that not every benefit or service provided within these programs is a federal public benefit.

[13] HHS, Division of Energy Assistance, Office of Community Services, Memorandum from Janet M. Fox, Director, to Low Income Home Energy Assistance Program (LIHEAP) Grantees and Other Interested Parties, re. Revision-Guidance on the Interpretation of "Federal Public Benefits" Under the Welfare Reform Law (June 15, 1999).

[14] Welfare law § 411 (8 U.S.C. § 1621).

[15] See, e.g., *Matter of Application of Cesar Adrian Vargas for Admission to the Bar of the State of New York* (2015 NY Slip Op 04657; decided on June 3, 2015, Appellate Division, Second Department Per Curiam) (holding that the requirement under 8 U.S.C. § 1621(d) that states must pass legislation in order to opt-out of the federal prohibition on issuing professional licenses — in this case, admission to the New York State bar — to undocumented immigrants infringes on New York State's 10th amendment rights)

[16] Emergency Medicaid covers the treatment of an emergency medical condition, which is defined as "a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy, (B) serious impairment to bodily functions: or (C) serious dysfunction of any bodily organ or part." 42 U.S.C. § 1396b(v).

[17] Welfare law § 401(b)(1)(A) (8 U.S.C. § 1611(b)(1)(A)).

[18] Welfare law § 742 (8 U.S.C. § 1615).

Short-term noncash emergency disaster assistance remains available without regard to immigration status. Also exempted from the restrictions are other in-kind services necessary to protect life or safety, as long as no individual or household income qualification is required. In 2001, the U.S. attorney general published a final order specifying the types of benefits that meet these criteria. The attorney general's list includes child and adult protective services; programs addressing weather emergencies and homelessness; shelters, soup kitchens, and meals-on-wheels; medical, public health, and mental health services necessary to protect life or safety; disability or substance abuse services necessary to protect life or safety; and programs to protect the life or safety of workers, children and youths, or community residents.[19]

Verification Rules

When a federal agency designates a program as a federal public benefit foreclosed to not-qualified immigrants, the law requires the state or local agency to verify the immigration and citizenship status of all program applicants. However, many federal agencies have not specified which of their programs provide federal public benefits. Until they do so, state and local agencies that administer the programs are not obligated to verify the immigration status of people who apply for them.

And under an important exception contained in the 1996 immigration law, nonprofit charitable organizations are not required to "determine, verify, or otherwise require proof of eligibility of any applicant for such benefits." This exception relates specifically to the immigrant benefits restrictions in the 1996 welfare and immigration laws.[20]

Eligibility for Major Federal Benefit Programs

Congress restricted eligibility even for many quali-fied immigrants by arbitrarily distinguishing between those who entered the U.S. before or "on or after" the date the law was enacted, August 22, 1996. The law barred most immigrants who entered the U.S. on or after that date from "federal means-tested public bene-fits" during the five years after they secure qualified immigrant status.[21] Federal agencies clarified that "federal means-tested public benefits" are Medicaid (except for emergency care), CHIP, TANF, SNAP, and SSI.[22]

TANF, Medicaid, and CHIP

States can receive federal funding for TANF, Medicaid, and CHIP to serve qualified immigrants who have completed the federal five-year bar.[23] Refugees, people granted asylum or withholding of deportation/removal, Cuban/Haitian entrants, certain Amerasian immigrants,[24] Iraqi and Afghan Special Immigrants,[25] and

[19] U.S. Dept. of Justice (DOJ), "Final Specification of Community Programs Necessary for Protection of Life or Safety under Welfare Reform Legislation," A.G. Order No. 2353– 2001, published in 66 FR 3613–16 (Jan. 16, 2001).

[20] IIRIRA § 508 (8 U.S.C. § 1642(d)).

[21] Welfare law § 403 (8 U.S.C. § 1613).

[22] HHS, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), "Interpretation of 'Federal Means-Tested Public Benefit,'" 62 FR 45256 (Aug. 26, 1997); U.S. Dept. of Agriculture (USDA), "Federal Means Tested Public Benefits," 63 FR 36653 (July 7, 1998). The CHIP program, created after the passage of the 1996 welfare law, was later designated as a federal means-tested public benefit program. See Health Care Financing Administration, "The Administration's Response to Questions about the State Child Health Insurance Program," Question 19(a) (Sept. 11, 1997).

[23] States were also given an option to provide or deny federal TANF and Medicaid to most qualified immigrants who were in the U.S. before Aug. 22, 1996, and to those who enter the U.S. on or after that date, once they have completed the federal five-year bar. Welfare law § 402 (8 U.S.C. § 1612). Only one state, Wyoming, denies Medicaid to immigrants who were in the country when the welfare law passed. Colorado's proposed termination of Medicaid to these immigrants was reversed by the state legislature in 2005 and never took effect. In addition to Wyoming, five states (Alabama, Mississippi, North Dakota, Texas, and Virginia) do not provide Medicaid to all qualified immigrants who complete the federal five-year ban. Texas and Virginia, however, provide health coverage to lawfully residing children, regardless of their date of entry into the U.S. Five states (Indiana, Mississippi, Ohio, South Carolina, and Texas) fail to provide TANF to all qualified immigrants who complete the federal five-year waiting period.

[24] For purposes of the exemptions described in this article, the term *Amerasians* applies only to individuals granted lawful permanent residence under a special statute enacted in 1988 for Vietnamese Amerasians. See § 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in § 101(c) of Public Law 100-202 and amended by the 9th proviso under Migration and Refugee Assistance in Title II of the Foreign Operations, Export

survivors of trafficking are exempt from the five-year bar, as are qualified immigrant veterans, active duty military, and their spouses and children. In addition, children who receive federal foster care are exempt from the five-year bar for Medicaid.

Over half of the states have used state funds to provide TANF, Medicaid, and/or CHIP to some or all of the immigrants who are subject to the five-year bar on federally funded services, or to a broader group of immigrants.[26] Several states or counties provide health coverage to children or pregnant women, regardless of their immigration status.

In 2009, when Congress first reauthorized the CHIP program, states were granted an option to pro-vide federally funded Medicaid and CHIP to "lawfully residing" children and pregnant women, regardless of their date of entry into the U.S.[27] Twenty-nine states plus the District of Columbia (as of September 2015) have opted to take advantage of this federal funding for immigrant health care coverage, [28] which became available on April 1, 2009.

CHIP was reauthorized in April 2015 for an additional two years without any changes to immigrant coverage.

Sixteen states plus the District of Columbia use federal funds to provide prenatal care to women regardless of immigration status, under the CHIP program's option enabling states to enroll fetuses in CHIP. Thus the pregnant woman's fetus, rather than the woman herself, is technically the recipient of CHIP-funded services. This approach potentially limits the scope of services available to the pregnant woman to those directly related to the fetus's health.

The District of Columbia and New York provide prenatal care to women regardless of immigration sta-tus, using state or local funds.

Although the federal health care reform law, known as the Affordable Care Act (ACA),[29] did not al-ter immigrant eligibility for Medicaid or CHIP, it provided new pathways for lawfully present immigrants to obtain health insurance. Coverage purchased in the ACA's health insurance marketplaces is available to lawfully present noncitizens who are ineligible for Medicaid.[30]

SNAP

Although the 1996 law severely restricted immi-grant eligibility for the Supplemental Nutrition Assis-tance Program (SNAP, formerly known as the Food Stamp Program), subsequent legislation restored ac-cess for many immigrants. Qualified immigrant chil-dren, refugees, people granted asylum or withholding of deportation/removal, Cuban/Haitian entrants, certain Amerasian immigrants, Iraqi and Afghan special immigrants, survivors of trafficking, qualified immigrant veterans, active duty military, and their spouses and children, lawful permanent residents with credit for 40 quarters of work history, certain Native Americans, lawfully residing Hmong and Laotian tribe members, and immigrants receiving disability-related assistance are eligible regardless of their date of entry into the U.S.[31] Qualified immigrant seniors who were born

Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended).

[25] Iraqis and Afghans granted Special Immigrant Visas under § 1244(g) of the Refugee Crisis in Iraq Act of 2007 (subtitle C of title XII of division A of Public Law 110-181; 122 Stat. 398) or § 602(b)(8) of the Afghan Allies Protection Act of 2009 (title VI of division F of Public Law 111- 8; 123 Stat. 809) are now eligible for benefits to the same extent as refugees. Department of Defense Appropriations Act, 2010, Pub. L. No. 111-118, §8120 (Dec. 19, 2009).

26 See *Guide to Immigrant Eligibility for Federal Programs*, 4th ed. (National Immigration Law Center, 2002), and updated tables at www.nilc.org/issues/economic-support/updatepage/.

[27] Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (H.R.2), Public Law 111-3 (Feb. 4, 2009).

28 Post-partum care is not covered by these federal funds unless a state normally pays for this care as part of a bundled payment or global fee method. HHS Letter to State Health Officials (Nov. 12, 2002). See also *Medical Assistance Programs for Immigrants in Various States* (National Immigration Law Center, Sep. 2015), www.nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states-2015-09.pdf.

29 Pub. Law No. 111-148, as amended by the Health Care and Education Act of 2010, Pub. Law No. 111-152. For more information about immigrant eligibility for coverage under the Affordable Care Act, see *Immigrants and the Affordable Care Act (ACA)* (NILC, Jan. 2014), www.nilc.org/issues/health-care/immigrantshcr/.

30 For more information on the ACA, please see NILC's fact sheets at www.nilc.org/issues/health-care/acafacts/.

[31] For the purpose of "immigrants receiving disability-related assistance," disability-related programs include SSI, Social Security disability, state disability or retirement pension, railroad retirement disability, veteran's disability, disability-

before August 22, 1931, may be eligible if they were lawfully residing in the U.S. on August 22, 1996. Other qualified immigrant adults, however, must wait until they have been in qualified status for five years before they can secure critical nutrition assistance.

Five states—California, Connecticut, Maine, Minnesota, and Washington—continue to provide state-funded nutrition assistance to some or all of the immigrants who were rendered ineligible for the federal SNAP program.[32]

Supplemental Security Income (SSI)

Congress imposed its harshest restrictions on immigrant seniors and immigrants with disabilities who seek assistance under the SSI program.[33] Although advocacy efforts in the two years following the welfare law's passage achieved a partial restoration of these benefits, significant gaps in eligibility remain. SSI, for example, continues to exclude not-qualified immigrants who were not already receiving the benefits, as well as most qualified immigrants who entered the country after the welfare law passed and seniors without disabilities who were in the U.S. before that date.[34] "Humanitarian" immigrants (including refugees, people granted asylum or withholding of deporta-tion/removal, Amerasian immigrants, Cuban and Hai-tian entrants, Iraqi and Afghan Special Immigrants, and survivors of trafficking) can receive SSI, but only during the first seven years after having obtained the relevant status. The main rationale for the seven-year time limit was that it was intended to provide a suffi-cient opportunity for humanitarian immigrant seniors and those with disabilities to naturalize and retain their eligibility for SSI as U.S. citizens. However, a combination of factors, including immigration back-logs, processing delays, former statutory caps on the number of asylees who can adjust their status, lan-guage barriers, and other obstacles, made it impossible for many of these individuals to naturalize within sev-en years. Recognizing these barriers, in 2008 Congress enacted an extension of eligibility for refugees who faced a loss of benefits due to the seven-year time lim-it. However, that extension expired in 2011.[35] Subse-quent attempts to reauthorize this extension were unsuccessful, and the termination from SSI of thousands of seniors and people with disabilities continues.

Five states—California, Hawaii, Illinois, Maine, and New Hampshire—provide cash assistance to immigrant seniors and people with disabilities who were rendered ineligible for SSI; some others provide much smaller general assistance grants to these immigrants.

The Impact of Sponsorship on Eligibility

Under the 1996 welfare and immigration laws, family members and some employers eligible to file a petition to help a person immigrate must become financial sponsors of the immigrant by signing a contract with the government (an affidavit of support). Under the enforceable affidavit (Form I-864), the sponsor promises to support the immigrant and to re-pay certain benefits that the immigrant may use. Congress imposed additional eligibility restrictions on immigrants whose sponsors sign an enforceable affidavit of support. When an agency is determining a lawful permanent resident's financial eligibility for TANF, SNAP, SSI, nonemergency Medicaid, or CHIP,[36] in some cases the law requires the agency to "deem" the income of the immigrant's sponsor or the sponsor's spouse as available to the immigrant. The sponsor's income and resources are added to the im-migrant's, which often disqualifies the immigrant as over-income for the program. The 1996 laws imposed deeming rules in certain programs until the immigrant becomes a citizen or secures credit for 40 quarters (approximately 10 years) of work history in the U.S.

Domestic violence survivors and immigrants who would go hungry or homeless without assistance ("in-digent" immigrants) are exempt from sponsor deem-

based Medicaid, and disability-related General Assistance, if the disability determination uses criteria as stringent as those used for SSI.

32 See NILC's updated tables on state-funded services at www.nilc.org/issues/economic-support/updatepage/.

33 Welfare law § 402(a) (8 U.S.C. § 1612(a)).

34 Most new entrants cannot receive SSI until they become citizens or secure credit for 40 quarters of work history (including work performed by a spouse during marriage, persons "holding out to the community" as spouses, and by parents before the immigrant was 18 years old).

35 The SSI Extension for Elderly and Disabled Refugees Act, Pub. Law. 110-328 (Sept. 30, 2008).

36 Welfare law § 421 (8 U.S.C. § 1631).

ing for at least 12 months.[37] Some programs apply additional exemptions from the sponsor-deeming rules.[38] The U.S. Department of Agriculture (USDA) has issued helpful guidance on the indigence exemption and oth-er deeming and liability issues.[39]

Beyond Eligibility: Overview of Barriers That Impede Access to Benefits for Immigrants

Confusion about Eligibility

Confusion about eligibility rules pervades benefit agencies and immigrant communities. The confusion stems from the complex interaction of the immigration and welfare laws, differences in eligibility criteria for various state and federal programs, and a lack of ade-quate training on the rules as clarified by federal agen-cies. Consequently, many eligible immigrants have assumed that they should not seek services, and eligi-bility workers have turned away eligible immigrants mistakenly.

Fear of Being Considered a Public Charge

The immigration laws allow officials to deny an application for lawful permanent residence or to deny an immigrant entry into the U.S. if the authorities determine that he or she is "likely to become a public charge."[40] In deciding whether an immigrant is likely to become a public charge, immigration or consular officials review the "totality of the circumstances," including an immigrant's health, age, income, education and skills, employment, family circumstances, and, most importantly, the affidavits of support. The misapplication of this public charge ground of inadmissibility immediately after the welfare law passed contributed significantly to the chilling effect on immigrants' access to services. The law on public charge did not change in 1996, and people's use of programs such as Medicaid or SNAP had never weighed heavily in determining whether they were inadmissible under the public charge ground. Confusion and fear about these rules, however, became widespread.[41] Immigrants' rights advocates, health care providers, and state and local governments organized to persuade federal agencies to clarify the limits of the rules. In 1999, the Immigration and Naturalization Service (INS, whose functions were later assumed by the Department of Homeland Security) issued helpful guidance and a proposed regulation on the public charge doctrine.[42] The guidance clarifies that receipt of health care and other noncash benefits will not jeopardize the immigration status of recipients or their family members by putting them at risk of be-ing considered a public charge.[43] Nevertheless, sixteen years after this guidance was issued, widespread con-fusion and concern about the public charge rules re-main, deterring many eligible immigrants from seek-ing critical services.

---

[37] IIRIRA § 552 (8 U.S.C. § 1631(e) and (f)).

[38] Children, for example, are exempt from deeming in the Supplemental Nutrition Assistance Program. In states that choose to provide Medicaid and CHIP to lawfully residing children and pregnant women, regardless of their date of entry, deeming and other sponsor-related barriers do not apply to these groups.

[39] 7 C.F.R. § 274.3(c). See also *Supplemental Nutrition Assistance Program: Guidance on Non-Citizen Eligibility* (USDA, June 2011), www.fns.usda.gov/sites/default/files/Non-Citizen_Guidance_063011.pdf. See also *Deeming of Sponsor's Income and Resources to a Non-Citizen* (HHS, TANF-ACF-PI-2003–03, Apr. 17, 2003), www.acf.hhs.gov/programs/ofa/resource/policy/pi-ofa/2003/pi2003-2htm-0.

[40] INA § 212(a)(4).

[41] Claudia Schlosberg and Dinah Wiley, *The Impact of INS Public Charge Determinations on Immigrant Access to Health Care* (National Health Law Program and NILC, May 22, 1998).

[42] DOJ, "Field Guidance on Deportability and Inadmissibility on Public Charge Grounds," 64 FR 28689–93 (May 26, 1999); see also DOJ, "Inadmissibility and Deportability on Public Charge Grounds," 64 FR 28676–88 (May 26, 1999); U.S. Dept. of State, INA 212(A)(4) Public Charge: Policy Guidance, 9 FAM 40.41.

[43] The use of all health care programs, except for long-term institutionalization (e.g., Medicaid payment for nursing home care), was declared to be irrelevant to public charge determinations. Programs providing cash assistance for income maintenance purposes are the only other programs that are relevant in the public charge determination. The determination is based on the "totality of a person's circumstances," and therefore even the past use of cash assistance can be weighed against other favorable factors, such as a person's current income or skills or the contract signed by a sponsor promising to support the intending immigrant.

Requirement of Affidavits of Support

The 1996 laws enacted rules that make it more difficult to immigrate to the U.S. to reunite with family members. Effective December 19, 1997, relatives (and some employers) who sponsor an immigrant have been required to meet strict income requirements and to sign a long-term contract, or affidavit of support (USCIS Form I-864), promising to maintain the immigrant at 125 percent of the federal poverty level and to repay any means-tested public benefits the immigrant may receive.[44]

The specific federal benefits for which sponsors may be liable have been defined to be TANF, SSI, SNAP, nonemergency Medicaid, and CHIP. Federal agencies have issued little guidance on sponsor liabil-ity, however. Regulations on the affidavits of support issued in 2006 make clear that states are not obligated to seek reimbursement from sponsors and that states cannot collect reimbursement for services used prior to issuance of public notification that the services are considered means-tested public benefits for which sponsors will be liable.[45]

Most states have not designated which programs would give rise to sponsor liability, and, for various reasons, agencies generally have not attempted to seek reimbursement from sponsors. However, the specter of making their sponsors liable financially has deterred eligible immigrants from applying for critical services.

Language Policies

Many immigrants face significant linguistic and cultural barriers to obtaining benefits. As of 2013, ap-proximately 21 percent of the U.S. population (5 years of age and older) speaks a language other than English at home.[46] Although 97 percent of long-term immi-grants to the U.S. eventually learn to speak English well,[47] many are in the process of learning the language, and around 8.5 percent of people living in the U.S. speak English less than very well.[48] These limited–English proficient (LEP) residents cannot effectively apply for benefits or meaningfully communicate with a health care provider without language assis-tance.

Title VI of the Civil Rights Act of 1964 prohibits recipients of federal funding from discriminating on the basis of national origin. Benefit agencies, health care providers, and other entities that receive federal financial assistance are required to take "reasonable steps" to assure that LEP individuals have "meaningful access" to federally funded programs, but compliance with this law varies widely, and language access remains a challenge.[49]

Verification

Rules that require benefit agencies to verify applicants' immigration or citizenship status have been misinterpreted by some agencies, leading some to demand immigration documents or Social Security num-bers (SSNs) in situations when applicants are not re-quired to submit such information.

In 1997, the U.S. Department of Justice (DOJ), the department primarily responsible for implementing and enforcing immigration laws prior to the creation of DHS in 2002, issued interim guidance for federal benefit providers to use in verifying immigration status.[50] The guidance, which remains in effect, directs benefit

---

44 Welfare law § 423, amended by IIRIRA § 551 (8 U.S.C. § 1183a).

45 U.S. Dept. of Homeland Security, "Affidavits of Support on Behalf of Immigrants," 71 FR 35732, 35742–43 (June 21, 2006).

46 *Percent of People 5 Years and Over Who Speak a Language Other Than English at Home* (American Community Survey table, 2013), http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_GCT1601.US01PR&prodType=table (hereinafter "American Community Survey").

47 James P. Smith and Barry Edmonston, eds., *The New Americans: Economic, Demographic, and Fiscal Effects of Immigration* (Washington, DC: National Academy Press, 1997), www.nap.edu/catalog.php?record_id=5779#toc, p. 377.

48 American Community Survey, *supra* note 46.

49 See the federal interagency language access website, www.lep.gov, for a variety of materials, including guidance from the U.S. Dept. of Justice and federal benefit agencies.

50 DOJ, "Interim Guidance on Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996," 62 FR 61344–416 (Nov. 17, 1997). In Aug. 1998, the agency issued proposed regulations that draw heavily on the interim guidance and the Systematic Alien Verification for Entitlements (SAVE) program. See DOJ, "Verification of Eligibility for Public Benefits," 63 FR 41662–86 (Aug. 4, 1998). Final regulations have not yet been issued. Once the regulations become final, states will have two years to implement a conforming system for the federal programs they administer.

agencies already using the computerized Systematic Alien Verification for Entitlements (SAVE) program to continue to do so.[51] Previously, the use of SAVE in the SNAP program was an option that could be exercised by each state, but the 2014 Farm Bill mandated that SAVE be used in SNAP nationwide.[52]

However, important protections for immigrants subject to verification remain in place. Applicants for most benefits are guaranteed a "reasonable opportunity" to provide requested immigration documents, including, in some cases, receipts confirming that the person has applied for replacement of lost documents. In the federal programs that are required by law to use SAVE, applicants who declare that they have a satisfactory status and who provide documents within the reasonable opportunity period should remain eligible for assistance while verification of their status is pending. And information submitted to the SAVE system may not be used for civil immigration enforcement purposes.

The 1997 guidance recommends that agencies make financial and other eligibility decisions before asking the applicant for information about his or her immigration status.

Questions on Application Forms

Federal agencies have worked to reduce the chilling effect of immigration status–related questions on benefits applications. In 2000, HHS and USDA issued a "Tri-Agency Guidance" document, recommending that states delete from benefits application forms questions that are unnecessary and that may chill participation by immigrant families.[53] The guidance confirms that only the immigration status of the applicant for benefits is relevant. It encourages states to allow family or household members who are not seeking benefits to be designated as nonapplicants early in the application process. Similarly, under Medicaid, TANF, and SNAP, only the applicant must provide a Social Security number. SSNs are not required for people seeking only emergency Medicaid. In 2001, HHS said that states providing CHIP through separate programs (rather than through Med-icaid expansions) are authorized, but not obligated, to require SSNs on their CHIP applications.[54] In 2011, the USDA issued a memo instructing states to apply these principles in their online application procedures.[55]

Reporting to the Dept. of Homeland Security

Another common source of fear in immigrant communities stems from a 1996 provision that requires benefits-administering agencies to report to DHS people who the agencies *know* are not lawfully present in the U.S. But this requirement is, in fact, quite narrow in scope.[56] It applies only to three programs: SSI, certain federal housing programs, and TANF.[57]

In 2000, federal agencies outlined the limited circumstances under which the reporting requirement is

[51] SAVE is currently used by DHS to verify eligibility for several major benefit programs. See 42 U.S.C.§ 1320b-7. DHS verifies an applicant's immigration status through a computer database and/or through a manual search of its records. This information is used only to verify eligibility for benefits and may not be used to initiate deportation or removal proceedings (with exceptions for criminal violations). See the Immigration Reform and Control Act of 1986, 99 Pub. L. 603, § 121 (Nov. 6, 1986); DOJ, "Verification of Eligibility for Public Benefits," 63 FR 41662, 41672, and 41684 (Aug. 4, 1998).

[52] 113 Pub. L. 79, § 4015 (Feb. 7, 2014).

[53] Letter and accompanying materials from HHS and USDA to State Health and Welfare Officials: "Policy Guidance Regarding Inquiries into Citizenship, Immigration Status and Social Security Numbers in State Applications for Medicaid, State Children's Health Insurance Program (SCHIP), Temporary Assistance for Needy Families (TANF), and Food Stamp Benefits" (Sept. 21, 2000).

[54] HHS, Health Care Financing Administration, Interim Final Rule, "Revisions to the Regulations Implementing the State Children's Health Insurance Program," 66 FR 33810, 33823 (June 25, 2001). The proposed rule on Medicaid and CHIP eligibility under the Affordable Care Act of 2010 codifies the Tri-Agency Guidance, restricting the information that may be required from nonapplicants, but proposes to make SSNs mandatory for CHIP applicants. 76 FR 51148, 51191-2, 51197 (Aug. 17, 2011).

[55] *Conforming to the Tri-Agency Guidance through Online Applications* (USDA, Feb. 2011), www.fns.usda.gov/sites/default/files/Tri-Agency_Guidance_Memo-021811.pdf.

[56] Welfare law § 404, amended by BBA §§ 5564 and 5581(a) (42 U.S.C. §§ 608(g), 611a, 1383(e), 1437y).

[57] *Id.* See also H.R. Rep. 104–725, 104th Cong. 2d Sess. 382 (July 30, 1996). The Food Stamp Program (now called the Supplemental Nutrition Assistance Program, or SNAP) had a reporting requirement that preexisted the 1996 law.

triggered.[58] Only people who are actually seeking benefits (not relatives or household members applying on their behalf) are subject to the reporting requirement. Agencies are not required to report such applicants unless there has been a formal determination, subject to administrative review, on a claim for SSI, public housing, or TANF. The conclusion that the person is unlawfully present also must be supported by a determination by the immigration authorities, "such as a Final Order of Deportation."[59] Findings that do not meet these criteria (e.g., a DHS response to a SAVE computer inquiry indicating an immigrant's status, an oral or written admission by an applicant, or suspicions of agency workers) are insufficient to trigger the reporting requirement. Finally, the guidance stresses that agencies are not required to make immigration status determinations that are not necessary to confirm eligibility for benefits. Agencies are not required to submit reports to DHS unless they have knowledge that meets the above requirements.

There is no federal reporting requirement in health programs. To address the concerns of eligible citizens and immigrants in mixed–immigration status households, the DHS issued a memo in 2013 confirming that information submitted by applicants or family members seeking Medicaid, CHIP, or health care coverage under the Affordable Care Act would not be used for civil immigration enforcement purposes.[60]

Looking Ahead

The 1996 welfare law produced sharp decreases in public benefits participation by immigrants. Proponents of welfare "reform" see that fact as evidence of the law's success, noting that a reduction of welfare use, particularly among immigrants, was precisely what the legislation intended. Critics of the restrictions question, among other things, the fairness of excluding immigrants from programs that are supported by the taxes they pay.

These debates rage on at the federal, state, and lo-cal levels.

---

[58] Social Security Administration, HHS, U.S. Dept. of Labor, U.S. Dept. of Housing and Urban Development, and DOJ – Immigration and Naturalization Service, "Responsibility of Certain Entities to Notify the Immigration and Naturalization Service of Any Alien Who the Entity 'Knows' Is Not Lawfully Present in the United States," 65 FR 58301 (Sept. 28, 2000). USDA similarly has clarified that "State agencies must conform to the reporting requirements of the Interagency Notice." See *Supplemental Nutrition Assistance Program: Guidance on Non-Citizen Eligibility* (USDA, June 2011), www.fns.usda.gov/sites/default/files/Non-Citizen_Guidance_063011.pdf, pp. 48-52. See also 7 C.F.R. § 273.4(b)(1).

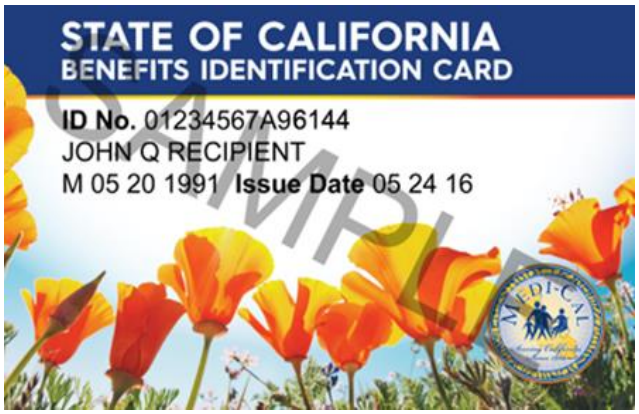
[59] *Id.*

[60] *Clarification of Existing Practices Related to Certain Health Care Information* (DHS, Oct. 25, 2013), www.ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf.

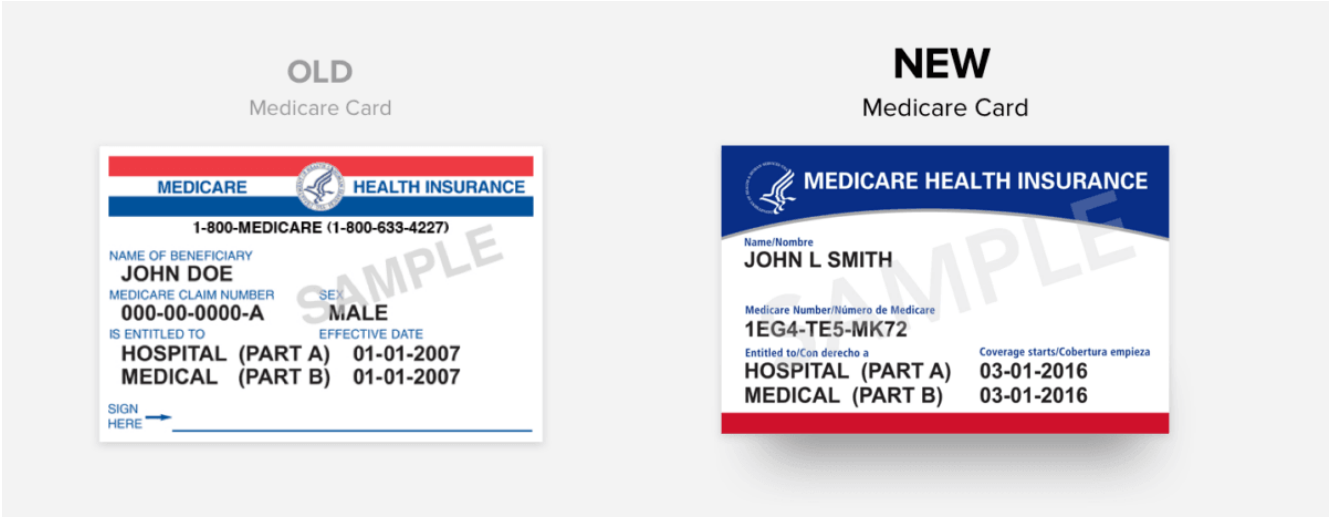
SF HIV FOG
Open Enrollment Boot CAMP IV

Resource Guide Part VII
Miscellaneous Information

Medi-Cal Cards



Medicare Cards



ADAP CARDS

Front of Card:

Back of Card:

CDPH Public Health

PAI

<Member Name Here>
Member ID: <Insert Member ID>

To stay eligible for the program, you must re-enroll every year by your birth date and you must recertify every six months after your birth date. For eligibility, enrollment or insurance premium payment questions, please call: **1-844-421-7050**

To Providers: This member is enrolled in the California Department of Public Health, Health Insurance Assistance Program. Please call **1-877-495-0990** to establish automated payments. Or, submit a claim and supporting documentation using one of the following methods:

1. Fax: (860) 560-8225
2. Email: CDPH_MBM_Fax@pooladmin.com
3. Mail: PAI-CDPH, 628 Hebron Avenue, Suite 100, Glastonbury, CT 06033

This card does not guarantee eligibility. Please call the following number during each visit to confirm eligibility: **1-844-421-7050**

Pharmaceutical Company Patient Assistance Programs and Cost-sharing Assistance Programs: HIV

June 19, 2018

What is a Patient Assistance Program (PAP)?

A patient assistance program is a program run through pharmaceutical companies to provide free or low-cost medications to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare, or AIDS Drug Assistance Programs (ADAPs). Each individual company has different eligibility criteria for application and enrollment in their patient assistance program.

HarborPath, a non-profit organization that helps uninsured individuals living with HIV gain access to brand-name prescription medicines at no cost, operates a special patient assistance program for individuals on ADAP waiting lists. An individual is eligible for the HarborPath ADAP waiting list program only if he or she has been deemed eligible for ADAP in his or her state and is verified to be on an ADAP waiting list in that state.

Applying for PAPs

In 2012, the Department of Health and Human Services (DHHS), along with seven pharmaceutical companies, the National Alliance of State and Territorial AIDS Directors (NASTAD), and community stakeholders developed a common patient assistance program application form that can be used by both providers and patients. Before, patients and advocates had to fill out different sets of paperwork for each company; the new application should help simplify this process; however, the form still has to be sent to each PAP to receive access to medications. This form combines common information collected on each individual company's form to allow individuals to fill out one form. Once the form is completed, case managers or individuals then submit the single form to each individual company, reducing the overall amount of paperwork necessary to apply for a patient assistance program.

In addition to serving as a special PAP for ADAP waiting list clients, HarborPath also operates as a streamlined, online portal for PAP access. Harbor Path creates a single place for application and medication fulfillment. This "one stop shop" portal provides a streamlined, online process to qualify individuals and deliver the donated medications of the participating pharmaceutical companies through a mail-order pharmacy.

What is a Cost-sharing Assistance Program (CAP)?

A cost-sharing assistance program is a program operated by pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain HIV drugs at the pharmacy.

The following provides an overview of PAP contact information, drugs covered, and financial eligibility

Company	Contact Information	Drugs Covered	Financial Eligibility
AbbVie	800-222-6885 www.kaletra.com www.norvir.com	Kaletra and Norvir	500% FPL for Kaletra. No income limits for Norvir.
Boehringer Ingelheim	800-556-8317 https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program	Aptivus and Viramune XR	500% FPL
Bristol-Myers Squibb	888-281-8981 www.bms.com	Reyataz, Evotaz, and Sustiva	500% FPL
Genentech	866-247-5084 www.fuzeon.com www.transplantaccessservices.com	Fuzeon and Invirase	Annual household income <$100,000 **OR** annual household income $100,000-$150,000 ***and*** out-of-pocket medication costs exceed 5% of income
Gilead Sciences [1]	800-226-2056 www.atripla.com, www.complera.com,	Atripla, Complera, Descovy, Emtriva,	500% FPL

[1] Effective July 1, 2015, patients who are insured and who do not meet their payer's coverage criteria will no longer be eligible for support via Gilead's patient assistance program. This includes clients whose insurer has limited access based on: step-therapy or clinical criteria (e.g., drug and alcohol testing).

	www.descovy.com, www.genvoya.com, www.odefsey.com, www.stribild.com, www.truvada.com, www.tybost.com or www.viread.com	Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	
Janssen Therapeutics	800-652-6227 www.jjpaf.org	Edurant, Intelence, Prezcobix, and Prezista	300% FPL
Merck and Co.	800-727-5400 www.merckhelps.com	Crixivan, Isentress, and Isentress HD	400% FPL
ViiV Healthcare[2]	844-588-3288 www.ViiVconnect.com	Combivir, Epivir, Epzicom, Juluca, Lexiva, Rescriptor, Retrovir, Selzentry, Tivicay, Triumeq, Trizivir, Viracept, and Ziagen	500% FPL

[2] If seeking Epivir for the treatment of hepatitis B (not HIV), please contact GlaxoSmithKline to enroll in their PAP.

The following provides an overview of CAP contact information, drugs covered, and assistance offered.

Company	Contact Information	Drugs Covered	Assistance	Renewal
AbbVie	800-441-4987 www.kaletra.com www.norvir.com	Kaletra and Norvir	The co-payment assistance covers the first $400 per Kaletra prescription per month with a $4,800 maximum benefit per year, and up to a $100 per month/$1,200 per year for co-payments for Norvir. The cards can be used once every 30 days.	Reapply each year.
Bristol-Myers Squibb	888-281-8981 www.bms.com	Evotaz, Reyataz, and Sustiva	The program covers up to $7,500 annually for co-payments, deductibles and co-insurance in all commercially-insured plans for Evotaz, Reyataz, and Sustiva.	Automatic annual renewal for enrolled patients.
Genentech	866-247-5084 www.fuzeon.com www.transplantaccessservices.com	Fuzeon and Invirase	The program covers all out-of-pocket costs for Fuzeon prescriptions for individuals who: (1) have insurance, (2) have an annual household income of $150,000 or less, (3) spend 5% or more of their annual household income for Genetech prescriptions, and (4) have exhausted all other patient assistance options.	Must reapply each year.
Gilead Sciences	800-226-2056 www.atripla.com, www.biktarvy.com, www.complera.com, www.descovy.com, www.genvoya.com, www.odefsey.com, www.stribild.com, www.truvada.com, www.tybost.com, www.viread.com	Atripla, Biktarvy, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	The program covers the first $7,200 per year of co-payments for Biktarvy and Genvoya; the first $6,000 per year of co-payments for Atripla, Complera, Odefsey, and Stribild; the first $4,800 per year of co-payments for Descovy and Truvada; the first $300 per month/$3,600 per year of co-payments for Emtriva and Viread; and the first $50 per month/$600 per year of co-payments for Tybost.	Automatic annual renewal for enrolled patients.

Janssen Therapeutics	877-227-3728 www.janssencarepath.com/hcp	Edurant, Intelence, Prezcobix, and Prezista	The program covers the first $7,500 per year of co-payments, deductibles, and co-insurance.	Reapply each year.
Merck and Co.	800-727-5400 www.isentress.com	Isentress and Isentress HD	The program covers out-of-pocket costs up to a maximum total program savings of $6,800. Coupon may be redeemed once every 21 days before the expiration date printed on the coupon, on each qualifying prescription up to 180 tablets each.	Must reapply after the coupon expires.
ViiV Healthcare	844-588-3288 www.ViiVconnect.com	Juluca, Lexiva, Selzentry, Tivicay, Triumeq, Trizivir, Rescriptor, Retrovir, Viracept, and Ziagen	The yearly maximum benefit is $7,500 per patient for all medications. Tivicay, Juluca, and Triumeq have a $7,500 per year/per patient maximum. Lexiva, Rescriptor, Selzentry, Retrovir, Ziagen, Trizivir, and Viracept have a $4,800 per year/per patient maximum.	Automatic annual renewal for enrolled patient.

Foundations Providing Access to Care Assistance for People Living with HIV

Needy Meds

http://www.needymeds.org/

Needy Meds offers resources that are helpful to uninsured and underinsured patients including an MRI/CAT scan discount program and medical bill mediation.

Patient Access Network (PAN) Foundation

https://panfoundation.org/index.php/en/ or 866-316-7263

The PAN Foundation offers a co-payment assistance program for individuals who have Medicare and whose annual income is less than 500% FPL. The yearly maximum benefit is $3,600. Patients may apply for a second grant during their eligibility period subject to availability of funding. Otherwise, patients must reapply each year. See website for full list of eligible HIV medications.

Patient Advocate Foundation

www.copays.org/diseases/hiv-aids-and-prevention or 800-532-5274

The Patient Advocate Foundation offers a co-payment assistance program for insured individuals whose annual income is less than 400% FPL. The yearly maximum award is $7,500 to help cover the out-of-pocket costs incurred for HIV treatment (the award is not drug-specific). Patients must have health insurance which covers the medication for which the patient seeks assistance. Patients must reapply every 12 months.

Additional Resources

The following resources may be of interest to individuals living with HIV.

Clinical Trials

www.clinicaltrials.gov

A service of the U.S. National Institutes of Health, ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

Fair Pricing Coalition (FPC)

www.fairpricingcoalition.org

As part of their advocacy work, the Fair Pricing Coalition (FPC) negotiates with companies to ensure that Patient Assistance Programs (PAPs) are adequately generous and easy to apply for.

Health Insurance Marketplace

www.healthcare.gov

The official site of the Health Insurance Marketplace, Healthcare.gov allows individuals and families to sign-up for insurance coverage through the Affordable Care Act.

Treatment Action Group

www.treatmentactiongroup.org

Treatment Action Group collaborates with activists, community members, scientists, governments, and drug companies to make safer, more effective and less toxic treatment for viral hepatitis available.

Plain Language Quick Reference Glossary

For Health Care Enrollment

Are you working to enroll Ryan White HIV/AIDS Program (RWHAP) clients in new health coverage options? Use this glossary to:

2 Explain confusing enrollment terms and phrases.
3 Build client understanding of common technical terms used during the enrollment process.

A

Adjusted Gross Income
The amount you earn or receive before taxes are taken out, minus certain allowed tax deductions, such as some business and medical costs.

Advance Premium Tax Credit (APTC)
The premium tax credit helps lower the cost of health insurance premiums for low-income people. Advance payments of the tax credit can be used right away to help lower the cost of premiums paid for health care coverage purchased through the Health Insurance Marketplace for a person or family. *(See Premium, Premium Tax Credit)*

Affordable Care Act (ACA)
The health care reform law passed in 2010 that makes health insurance available and more affordable to many people who did not have health insurance before. The Affordable Care Act is also known as 'Obamacare'.

Affordable
Low-cost

Agent/Broker
A person who can help you apply for and enroll in a Qualified Health Plan (QHP) through the Marketplace. S/he can recommend which plan you should enroll in. S/he is licensed and regulated by the state and typically paid by a health insurance company for enrolling you in the company's plans. Some agents/brokers may only be able to sell plans from specific companies. *(See Qualified Health Plan)*

AIDS Drug Assistance Program (ADAP)
The program that provides free HIV medications to low-income people. In many states, the program also helps pay for insurance for people living with HIV.

Appeal
If you believe you were unfairly denied care or coverage by the Marketplace, Medicare, Medicaid or a health plan, you have the right to ask that the decision be reviewed for a possible change.

Assistance
Help

B

Benefits
The health care services or items covered under a health insurance plan. Covered benefits and excluded services are listed in the health insurance plan's coverage documents.

In Medicaid and the Children's Health Insurance Program (CHIP), covered benefits and excluded services are defined by state program rules.

C

Call Center
A phone number to call for help applying, enrolling and using health coverage. Help is often available in other languages.

Certified Application Counselor (CAC)
A staff person trained to help you:
3 Look for health insurance options
4 Compare health insurance options
5 Complete application forms

CACs can provide information but cannot tell consumers which health plan to choose. Their services are free. *(See Marketplace)*

Children's Health Insurance Program (CHIP)
The program that provides free or low-cost health insurance for children up to age 19. It covers U.S. citizens and eligible immigrants.

Coinsurance
People with health insurance may have to pay for part of their health care services. Coinsurance is a fixed percentage of a health care service that you are responsible for paying for after you've reached your deductible. *(See Deductible).*

For example, if your plan has a coinsurance requirement of 20% and a health service costs $100, your health insurance would pay $80 and you would pay the remaining $20 if you had reached your deductible.

Coinsurance is different from co-payment. Co-payments are usually a flat fee paid at the time of service, and coinsurance is paid after the insurance company pays their percentage of the cost.
(See Co-payment)

Comprehensive Coverage
A health insurance plan that covers the full range of care that you may need. This may include preventive services (like flu shots), physical exams, prescription drugs, and doctor or hospital care.

Consumer Assistance Program (CAP)
The programs in some states that help with problems or questions about health insurance. They can help you learn about your rights and file a complaint or appeal with your health plan. *(See Appeal)*

Co-payment/Co-pay
People with health insurance may have to pay for part of their health care services. One way is with a co-payment, which is a fixed amount you pay for some health care services. You usually pay a co-pay when you get the service. The amount may change for different types of care. For example, you might pay $15 when you go in for a doctor's visit and $30 when you go to the emergency room.

Co-payment is different from coinsurance. Coinsurance is paid after the insurance company pays its percentage of the cost. Co-payments are usually a flat fee paid at the time of service. *(See Coinsurance)*

Cost sharing
The amount of out-of-pocket costs that you must pay for services covered by a health plan or health insurance. Some examples include copayments, deductibles, and coinsurance. *(See Coinsurance, Copayments, Deductible, Out-of-Pocket Costs)*

Cost-sharing reduction (CSR)
A discount from the federal government that lowers the amount individuals and families have to pay out-of-pocket for deductibles, coinsurance, and copayments. CSRs are NOT used to pay premiums. If you qualify, your plan will automatically be discounted. *(See Coinsurance, Copayments, Deductible)*

Employer
The person or organization that someone works for. Someone who works for a business that s/he owns is 'self-employed'. *(See Self-Employed)*

Enrollment/Enroll
Join, sign up for.

Essential Health Benefits (EHB)
The 10 types of health services that must be covered by health insurance plans starting in 2014, including:

1. Ambulatory patient services (care you get without be admitted into a hospital)
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs (medication)
7. Rehabilitative services and devices (help you regain skills lost to injury or illness, such as learning to walk after a stroke)
8. Laboratory services (tests done for your injury or illness)
9. Preventive and wellness services and chronic disease management (physicals, immunizations, screenings)
10. Pediatric services (children's health services), including oral (mouth) and vision (eye) care. *(See Preventive Services)*

Exchange
See Marketplace

Expenses
Cost

F

Financial Assistance/Financial Help
Help paying for insurance costs. You may be able to get help paying for premiums or out-of-pocket costs. *(See Premium, Premium Tax Credit, Out-of-Pocket Costs).*

Formulary
A list of drugs your health insurance or plan covers. A formulary may include how much you pay for each drug.

G

Grievance
A complaint made to the health insurer or plan. For example, you may want to file a complaint if:

- Your health plan is denying payment for a treatment you feel should be covered
- If doctors, nurses, clinic staff, or someone else is rude or disrespectful to you
- Any other problem you have with your health care

Gross Income
The total income including cash that you earn during a time period, usually a year, before taxes are taken out.

H

Healthcare.gov
See Marketplace

Health Disparities
The different levels of health and access to health services for one group of people compared to another. For example, some groups of people are more affected by HIV than other people.

Health Insurance
An agreement you make with a private insurance company to help pay for medical care, such as doctor's visits and medicine. The insurance company pays a big part of your health care costs because you have been making regular

payments (premiums) to the insurance company. Someone else, like ADAP, may make these payments for you. *(See Premium)*

Household
The people who live with you, including but not limited to:
- Spouse
- Children
- Unmarried partner (only if s/he needs health insurance)
- Anyone who is a dependent on your tax return
- Anyone under 21 who lives with you and you take care of

I

Income
How much money you make or receive in a year.

Individual mandate
If you can afford health insurance but choose not to buy it in certain states (including Massachusetts and New Jersey) , you may have to pay a fee. (The fee is sometimes called the “penalty,” “fine,” or “individual responsibility payment). You may not have to meet this requirement if:
- No affordable coverage is available to you
- You have a short gap in coverage during the year for less than three consecutive months
- You qualify for a minimum essential coverage exemption.

(See Minimum essential coverage)

In-Network
The doctors, clinics, health centers, and hospitals whose services are covered by a health insurance plan. It is important to get health services from doctors, clinics, health centers and hospitals that are in your health plan’s network, when possible, to keep your costs down. *(See Out-of-Network)*

In-Person Assister (IPA)
A person who is trained to help you look for health insurance options through the Marketplace. S/he can help you understand what you are eligible for, compare health plans, and complete application forms. In-person assisters can provide information but cannot tell you which health plan to choose. Their help is free.

Interest Income
Money earned from investments, such as money saved in a bank account or stocks. You should include interest as part of your income if you are applying for help paying for health insurance.

L

Lesbian, Gay, Bisexual, and Transgender (LGBT)
LGBT stands for lesbian, gay, bisexual, and transgender. *(See Transgender)*

Life Changing Event
Changes in the number of people in your household or income that may affect your health insurance eligibility. Life changes include:
- Income
- Where you live
- Disability status
- Marriage
- Divorce
- Pregnancy
- Have, adopt, or put a child up for adoption
- Gain or lose a dependent
- Any other events that change income or the number of people in your household

M

Managed Care Organization (MCO)
Groups of doctors, clinics, hospitals, pharmacies, and other medical providers that work together to take care of patients’ health care needs. Sometimes a managed care organization is called a ‘network’ or ‘health plan.’

Marketplace
The Marketplace is where individuals, families, and small businesses can:
- Learn about health insurance options
- Compare health insurance plans
- Choose a plan
- Enroll in insurance

You access the Marketplace through websites, call centers, and in-person assistance. The Marketplace has information on how people with low- to moderate-income can save money on health insurance. The Marketplace provides information about other programs, including Medicaid and the Children’s Health Insurance Program (CHIP).

The Marketplace is sometimes referred to as the Exchange.

Healthcare.gov is the website for the national Marketplace. Your state may have its own Marketplace website with a different name.

Medicaid
The state-run health insurance program for:
- Low-income families and children
- Pregnant women
- The elderly
- People with disabilities
- In some states, other low-income adults.

The federal government provides a portion of the funding for Medicaid and sets rules for the program. States can choose how they design their Medicaid program, so Medicaid varies by state. States may have their own name for this program.

Minimum essential coverage
Health coverage that is affordable and provides a minimum set of services. Generally includes health insurance plans available through the Health Insurance Marketplace,

Medicare, Medicaid, CHIP, and certain other coverage.

Minimum essential coverage exemption
A status that allows you to not have to make a payment for not having minimum essential coverage. You may be eligible for an exemption if you:
- Lacked access to affordable coverage
- Had a short coverage gap
- Experienced certain hardships
- Had income below your filing threshold
- Were not lawfully present in the United States

Modified Adjusted Gross Income (MAGI)
The amount of money you make or receive that is used to decide if you are eligible for a lower cost health plan. Generally, MAGI is your adjusted gross income plus any tax-exempt Social Security, interest, or foreign income you have.
(See Gross Income)

N

Navigator
A person or organization that is trained and able to help people, small businesses, and their employees look for health coverage options through the Marketplace. Navigators can help complete eligibility and enrollment forms. They are required to treat everyone equally, and their help is free.

Net Income
The amount of money you make or receive in a year, minus what you paid in taxes.

Network
See In-Network, Out-of-Network

Non-preferred provider
A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll generally pay more to see a non-preferred (or Out-of-Network) provider than to see a preferred (or In-Network) provider. *(See In-Network, Out-of-Network)*

O

Open Enrollment Period
The period of time when people who are eligible to enroll in a Qualified Health Plan can sign up for a plan in the Marketplace. For example, for coverage starting in 2015, the Open Enrollment Period was November 15, 2014–February 15, 2015. *(See Qualified Health Plan)*

People may also qualify for Special Enrollment Periods outside of Open Enrollment if they experience certain events. (See Special Enrollment Period and Qualifying Life Event). You can apply for Medicaid or CHIP at any time of the year.

Opt-In
To choose to take part in something. For example, a person may choose to take part in (opt-in) his or her company's health insurance plan.

Out-of-Network
The doctors, clinics, health centers and hospitals whose services may cost more or not be covered at all by your health plan. *(See In-Network Services)*

Out-of-Pocket Costs (OOP)
People with health insurance may have to pay for part of their health care services. This is also referred to as cost sharing. You must pay for health care costs that aren't paid by the insurance plan "out of your own pocket." Out-of-pocket costs include:
- Deductibles
- Coinsurance
- Co-payments for covered services
- All other costs for any services your insurance plan doesn't cover

(See Coinsurance, Co-payment, Cost sharing, Deductibles)

Out-of-Pocket Limit
The most you will pay with your own money during a health insurance policy period (usually a year). After you reach this limit, your health insurance plan will pay 100% of the allowed costs for services covered by your health plan.

For example, if your plan's out-of-pocket limit is $3,000, once you have paid $3,000 of your own money in deductibles, co-pays, and coinsurance (all added together), you won't have to pay any more health insurance costs in the year.

However, your premium, costs for health services that your plan doesn't cover, and certain other costs don't count toward the out-of-pocket limit. Different health insurance plans count different things toward the out-of-pocket limit, so be sure you understand your plan's rules. *(See Premium, Deductibles, Coinsurance, Out-of-Network)*

Outreach
Finding ways to give information and bring people into services.

P

Pending
Waiting for something (often a decision or approval).

People Living with HIV (PLWH)
People who have HIV (human immunodeficiency virus).

Plan
See Qualified Health Plan

Premium
The amount you pay for a health insurance plan. A premium may be paid every month, every three months, or every year. Part or all of your premium may be paid by your employer, ADAP, or someone else.

Premium Tax Credit (PTC)
Helps low-income people afford health insurance. The tax credit helps to lower the cost of premiums paid for health care coverage purchased through the Health

Insurance Marketplace for a person or family. Advance payments of the tax credit can be used right away to lower your monthly premium costs. *(See Advance Premium Tax Credit, Premium)*

Presumptive Eligibility
Short-term health coverage that begins right away so that you can get medical care while your insurance application is being processed.

Preventive Services
Routine health care that includes check-ups, tests, and counseling to prevent illnesses, disease, and other health problems.

Primary Care Doctor
Your main doctor. A general doctor who you go to for treatment of common illnesses and routine care like check-ups and shots. This doctor also helps you decide if you need to go to the hospital or get specialized treatment.

Primary care doctors include:
- Family medicine (a doctor who treats people of all ages)
- Pediatricians (a doctor treats with children)
- Internist (a doctor treats with adults)
- In some states, nurse practitioners and physician assistants

Private Health Insurance
Health coverage provided through a job or bought from a private health insurance company.

Q

Qualified Health Plan (QHP)
A health insurance plan that is approved by the Marketplace. QHPs:
- Provide essential health benefits
- Follow limits on how much of their own money people pay for services covered by the health plan, such as limits on deductibles, co-payments, and out-of-pocket maximum amounts
- Meet other requirements, such as being a licensed insurer

A qualified health plan must be approved by each Marketplace in which it is sold. *(See Essential Health Benefits, Deductibles, Co-payments, Out-of-Pocket Limits, Marketplace)*

Qualify
To meet the requirements to get insurance.

Qualifying Life Event
A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby). *(See Special Enrollment Period)*

R

Renewal
Signing up to continue with your health plan each year.

Ryan White HIV/AIDS Program (RWHAP)
The government program that helps low-income people with HIV to get HIV-related health care. The program fills gaps in HIV care not covered by other options.

S

Self-Employed
A person who works for her/himself and does not
have a boss. For example, you own your own business or work as a freelancer.

Special Enrollment Period (SEP)
The time outside the Open Enrollment Period when
a person can sign up for job-based health coverage (health insurance paid in part or fully by the employer) or Marketplace health coverage.

Substance Use Disorder (SUD)
Misuse, abuse, or addiction to alcohol or drugs.

T

Tax Credit
See Premium Tax Credit

Transgender
A person whose gender identity, gender expression,
and/or behavior do not match his/her assigned sex
at birth.

U

Unemployed
Someone who does not have a paid job.

bility of the auth

Guía de referencia rápida en lenguaje sencillo

Para inscripción en seguro de salud

¿Está inscribiendo a clientes del Programa de VIH/SIDA Ryan White (RWHAP, por sus siglas en inglés) en nuevas opciones de seguro de salud? Utilice esta guía de referencia rápida para:

4 Explicar términos y frases de inscripción que son confusas.
5 Ayudar al cliente a entender términos técnicos comunes que se utilizan durante el proceso de inscripción.

A

Agente/Corredor de Seguros

Una persona que puede ayudarle a solicitar y a inscribirse en un Plan de Seguro Autorizado (QHP, por sus siglas en inglés) a través del Mercado de Seguros. Ellos pueden recomendar en qué plan debe inscribirse. Ellos están autorizados y regulados por el Estado. Por lo general una compañía de seguros de salud les paga al inscribirle a usted en los planes de la compañía. Algunos agentes o corredores de seguros sólo pueden vender los planes de compañías específicas. (Ver *Plan de Salud Autorizado*)

Alcance

Maneras de dar información, de llevar personas a servicios.

Apelación

Si cree que le han negado injustamente atención o cobertura a través del Mercado de Seguros, Medicare, Medicaid o un plan de salud, usted tiene el derecho de pedir que la decisión sea evaluada para hacer un posible cambio.

Asistencia

Ayuda

Asistencia Financiera/ Ayuda Financiera

Ayuda para pagar por los costos de seguro. Usted pudiera obtener ayuda para pagar las primas o gastos por cuenta propia. (Ver *Crédito Fiscal Anticipado para la Prima, Gastos de su bolsillo*).

Asistente en Persona (IPA, por sus siglas en inglés)

Un miembro del personal que está entrenado para ayudarle a buscar opciones de seguro de salud a través del Mercado de Seguros. Ellos pueden ayudarle a entender lo que usted es elegible para recibir, comparar los planes de salud y completar los formularios de solicitud. Los asistentes en persona pueden proporcionar información, pero no le pueden decir qué plan de salud debe elegir. La ayuda de ellos es gratuita.

Autónomo, que trabaja por cuenta propia

Una persona que trabaja por cuenta propia y que no tiene un jefe. Por ejemplo, usted es dueño de su propio negocio o trabaja como un profesional independiente.

B

Base(s) de Datos Electrónica(s)

Información organizada que se almacena y se accede en una computadora. Por ejemplo, la información acerca de sus ingresos se almacena en una computadora por el Servicio de Rentas Internas (IRS, por sus siglas en inglés) de su declaración de impuestos. Esta información puede ser accedida por personas autorizadas para com-probar sus ingresos para su solicitud de seguro de salud.

Beneficios

Los servicios de atención médica o artículos cubiertos bajo un plan de seguro de salud. Los beneficios cubiertos y servicios excluidos aparecen listados en los documentos de cobertura del plan de seguro de salud.

En Medicaid y en el Programa de Seguro Médico para los Niños (CHIP, por sus siglas en inglés), los beneficios cubiertos y servicios excluidos son defini-dos por las reglas del programa estatal.

Beneficios de Salud Esenciales (EHB, por sus siglas en inglés)

Los 10 tipos de servicios de salud que deben ser cubiertos por los planes de seguro de salud a partir de 2014, que incluye:

6 Servicio para pacientes ambulatorios (atención que recibe sin ser admitido en un hospital)
7 Servicios de emergencia
8 Hospitalización
9 Maternidad y cuidados para el recién nacido
10 Servicios de salud mental o para trastornos de abuso de sustancias, incluyendo tratamiento para salud de la conducta
11 Medicamentos recetados (medicamentos)
12 Servicios y aparatos de rehabilitación (ayudan a recuperar habilidades perdidas debido a una lesión o enfermedad, tales como aprender a caminar después de un derrame cerebral)
13 Servicios de laboratorio (pruebas realizadas relacionadas con su lesión o enfermedad)
14 Servicios preventivos y de bienestar y manejo de enfermedades crónicas (exámenes físicos, inmunizaciones, pruebas de detección)
15 Servicios de pediatría (servicios de salud de los niños), incluyendo cuidado oral (boca) y visión (ojos). (*Ver Servicios preventivos*)

C

Calificar
Cumplir con los requisitos para obtener seguro.

Centro de llamadas
Un número de teléfono para ayuda con la solicitud, la inscripción y el uso de la cobertura de salud. La ayuda está a menudo disponible en otros idiomas.

Cobertura esencial mínima (MEC en inglés)
Cobertura de salud que es asequible y que proporciona un conjunto mínimo de servicios. Generalmente incluye los planes de seguro médico disponibles a través del Mercado de seguros médicos, Medicare, Medicaid, CHIP, y otros ciertos tipos de cobertura.

Cobertura Integral
Un plan de seguro de salud que cubre toda la gama de cuidado que usted pueda necesitar. Esto puede incluir servicios de prevención (como vacunas contra la influenza), exámenes físicos, medicamentos recetados y servicios médicos o cuidado hospitalizado.

Consejero de Solicitudes Certificado (CAC, por sus siglas en inglés)
Un miembro del personal entrenado para ayudarle a:

11. Identificar opciones de seguro de salud
12. Comparar opciones de seguro de salud
13. Completar formularios de solicitud

CACs pueden proporcionar información, pero no pueden decirles a los consumidores qué plan de salud deben elegir. Sus servicios son gratuitos. (Ver *Mercado de Seguros*)

Copago
Las personas con seguro de salud pudieran tener que pagar parte de sus servicios médicos. Una manera de hacerlo es con un copago, que es una cantidad fija que usted paga por algunos servicios de atención médica. Generalmente, usted paga un copago cuando recibe el servicio. La cantidad puede cambiar para diferentes tipos de atención. Por ejemplo, usted podría pagar $15 por una visita al médico y $30 cuando va a la sala de emergencias.

El copago es diferente de coseguro. El coseguro se paga después que la compañía de seguros paga su porcentaje del costo. Los copagos son usualmente una tarifa fija pagada al momento de recibir el servicio. (Ver *Coseguro)*

Coseguro
Las personas con seguro de salud pueden tener que pagar parte de sus servicios médicos. El coseguro es un porcentaje fijo de un servicio de atención de la salud por el cual usted es responsable de pagar después de haber alcanzado su deducible. (Ver *Deducible*).

Por ejemplo, si su plan tiene un requisito de coseguro de un 20% y un servicio de salud cuesta $100, su seguro de salud pagaría $80 y usted tendría que pagar los restantes $20 si usted ya ha alcanzado su deducible.

El coseguro es diferente de copago. Los copagos son usualmente una tarifa fija pagada al momento de recibir el servicio, y el coseguro se paga después que la compañía de seguros paga su porcentaje del costo. (Ver *Copago*)

Costos compartidos
La cantidad que Ud. debe pagar de su bolsillo por servicios cubiertos por un plan de salud o un seguro médico. Algunos ejemplos son los copagos, los deducibles, y el coseguro. (*Ver Coseguro, Copago, Deducible, Gastos de su bolsillo*)

Crédito Fiscal
Ver *Crédito Fiscal Anticipado para la Prima*

Crédito Fiscal Anticipado para la Prima
Ayuda para que personas de bajos ingresos puedan pagar seguro de salud. El crédito fiscal ayuda a reducir el costo de la prima y el deducible pagado por el seguro de salud de una persona o familia. (Ver *Prima, Deducible*)

Cuidadodesalud.gov
Ver *Mercado de Seguros*

D

Deducciones
Ciertos gastos que a usted le permiten restar de su ingreso para reducir sus impuestos.

Deducible
Personas con seguro de salud podrían tener que pagar por una parte de sus servicios médicos. El deducible es la cantidad que usted paga por los servicios médicos antes de que el plan de seguro de salud comience a pagar.

Por ejemplo, si su deducible es $500, su plan no paga nada hasta que haya pagado $500 por los servicios médicos cubiertos por su plan de salud. Después de eso, su plan de seguro de salud pagará por los servicios.

Algunos planes tienen deducibles más bajos y otros costos que usted debe pagar. (Ver *Gastos por cuenta propia, Copagos, Coseguro*).

Dentro de la Red
Los médicos, las clínicas, y los centros de salud y hospitales cuyos servicios están cubiertos por un plan de seguro de salud. Es importante obtener los servicios de salud de médicos, clínicas, centros de salud y hospitales que se encuentran dentro de la red de su plan de salud, cuando sea posible, para mantener los costos bajos. (Ver *Fuera de la red*)

Dependiente
Una persona que depende del apoyo financiero de otra persona, usualmente un miembro de la familia. Un dependiente es una persona que usted incluye en su formulario de impuestos, incluso si la persona no vive con usted.

Bajo la Ley de Cuidado de Salud a Bajo Precio, usted puede obtener un crédito fiscal anticipado para la prima para ayudar a cubrir el costo del seguro para usted y los dependientes que usted incluye en su formulario de impuestos. (Ver *Crédito Fiscal Anticipado para la Prima*).

Desempleado
Alguien que no tiene un trabajo con paga.

Determinación
Una decisión realizada por su proveedor de seguro acerca de su cobertura de seguro de salud. Por ejemplo, su proveedor de seguro de salud puede decidir no pagar por un servicio que usted recibió.

Discapacidad
Una condición física o mental que limita considerablemente una o más actividades importantes de la vida. Las actividades principales de la vida incluyen el cuidado de sí mismo, realizar tareas manuales, ver, oír, comer, dormir, caminar, pararse, levantar objetos, agacharse, hablar, respirar, aprender, leer, concentrarse, pensar, comunicarse y trabajar.

Discriminación
Tratar a una persona o grupo de personas de manera injusta o diferente a otras personas o grupos de personas (por ejemplo, discriminación racial o sexual).

Disparidades de Salud
Los diferentes niveles de salud y acceso a servicios de salud para un grupo de personas en comparación con otro. Por ejemplo, algunas personas son más afectados por el VIH que otras personas.

E

Económico
De bajo costo

Elegibilidad Presunta
Cobertura de salud a corto plazo que se inicia de inmediato para que usted pueda recibir servicios médicos mientras se procesa su solicitud de seguro.

Elegible
Si cumple con los requisitos para obtener un determinado tipo de seguro.

Empleado
Alguien que tiene un trabajo con paga.

Empleado/Trabajador
Alguien que trabaja para otra persona u organización, y a quien se le paga por su trabajo.

Empleador
La persona u organización para quien alguien trabaja. Alguien que trabaja para una empresa que es suya trabaja por cuenta propia o es autónomo. (Ver *Autónomo*)

Estatus de Inmigración Elegible
Algunos inmigrantes son elegibles (que se les permite) para tener Medicaid o comprar un seguro de salud a través del Mercado de Seguros. Las reglas sobre quién es elegible son diferentes para Medicaid y el Mercado de Seguros. Una familia puede tener algunos miembros que son elegibles y otros miembros que no lo son debido a su estatus migratorio.

Evento Calificado
Un cambio en su vida que le hace elegible para un Período Especial de Inscripción para inscribirse en seguro de salud. Ejemplo de eventos calificados son mudarse a otro estado, ciertos cambios en sus ingresos y cambios en el tamaño de la familia (por ejemplo, si se casa, se divorcia o tiene un bebé). (Ver *Período Especial de Inscripción*)

Eventos que Cambian la Vida
Cambios en el número de personas en su hogar o los ingresos que pudieran afectar su elegibilidad de seguro de salud. Cambios en la vida incluyen:
- Ingresos
- El lugar donde vive
- Estado de discapacidad
- Matrimonio
- Divorcio
- Embarazo
- Tener, adoptar o poner a un niño en adopción
- Añadir o perder un dependiente
- Cualquier otro evento que cambie ingresos o el número de personas en su hogar.

Exención de cobertura esencial mínima (MEC en inglés)
El estado que le permite no tener que hacer un pago por no tener cobertura esencial mínima. Usted puede ser elegible para dicha exención si:
- Si no hay una cobertura asequible disponible para usted
- Tuvo una brecha corta en la cobertura
- Paso por ciertas dificultades
- Su ingreso fue por debajo del límite requerido para declarar impuestos
- No estaba legalmente en los Estados Unidos

F

Formulario - Lista de medicamentos
Lista de medicamentos cubiertos por su seguro médico. Esta lista puede incluir cuanto debe pagar por cada medicamento.

Fuera de la Red
Los médicos, las clínicas, y los centros de salud y hospitales cuyos servicios pueden costar más o no estar cubiertos en absoluto por su plan de salud. (Ver *Dentro de la red*)

G

Gastos
Costos

Gastos de su Bolsillo (OOP, por sus siglas en inglés)
Las personas con seguro de salud tal vez tengan que pagar parte de sus servicios médicos. Usted debe pagar de su bolsillo los costos de atención de salud que no son pagados por el plan de seguro. Los gastos de su bolsillo incluyen:
- Deducibles
- Coseguro
- Copagos por servicios cubiertos
- Los costos de los servicios que su plan de seguro no cubre

Esto también se conoce como costos compartidos. (Ver *Deducibles, Coseguro, Copago*)

H

Hogar
Las personas que viven con usted, incluyendo, pero no limitadas a:
- Cónyuge
- Hijos
- Pareja no casada (sólo si él/ella necesita seguro de salud)
- Cualquier persona que es dependiente en su declaración de impuestos
- Cualquier persona menor de 21 años que vive con usted y que está bajo su cuidado

I

Información Demográfica
Información sobre determinadas características de un grupo de personas, como la orientación sexual, identidad de género, raza, origen étnico, nivel de ingresos y educación.

Ingreso Bruto Ajustado
Los ingresos que usted recibe antes de deducir impuestos, menos ciertas deducciones permitidas, como gastos de negocios y médicos.

Ingreso Bruto Ajustado Modificado (MAGI, por sus siglas en inglés)
La cantidad de dinero que usted gana o recibe que se utiliza para decidir si usted es elegible para un plan de salud de menor costo. Generalmente, MAGI es su ingreso bruto ajustado más cualquier Seguro Social exento de impuestos, intereses o ingresos en el extranjero que usted tenga. (Ver *Ingresos brutos*)

Ingresos
Cuánto dinero gana o recibe en un año.

Ingresos Brutos
Los ingresos totales incluyendo dinero en efectivo que usted recibe durante un período de tiempo, generalmente un año, antes de descontar los impuestos.

Ingresos Netos
La cantidad de dinero que gana o recibe en un año, menos lo que usted paga en impuestos.

Ingresos por Intereses
Dinero obtenido de inversiones, como dinero guardado en una cuenta bancaria o acciones. Usted debe incluir los intereses como parte de sus ingresos si usted está solicitando ayuda para pagar el seguro de salud.

Inscripción/Inscribirse
Unirse, inscribirse

Intercambio de Seguros
Ver *Mercado de Seguros*

L

Lesbiana, Gay, Bisexual y Transgénero (LGBT)
LGBT es sinónimo de lesbiana, gay, bisexual y transgénero. (Ver *Transgénero*)

Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas inglés)
La ley de reforma de salud aprobada en 2010, que hace que el seguro de salud sea accesible y más económico para muchas personas que no tenían seguro de salud antes de que se aprobara la ley. La Ley de Cuidado de Salud a Bajo Precio es también conocida como Obamacare.

Límite de Gastos de su Bolsillo
El máximo que debe pagar de su bolsillo durante un período de la póliza de seguro de salud (generalmente un año). Después de alcanzar este límite, su plan de seguro de salud pagará el 100% de los gastos permitidos para los servicios cubiertos por su plan de salud.

Por ejemplo, si el límite de gastos de su bolsillo de su plan es $3,000, una vez que haya pagado $3,000 de su bolsillo en deducibles, copagos y coseguro (todos sumados), usted no tiene que pagar más costos por seguro de salud en el año.

Sin embargo, su prima, los costos de los servicios de salud que su plan no cubre, y ciertos otros costos no cuentan para el límite de gastos de su bolsillo. Diferentes planes de seguros de salud cuentan cosas diferentes para el límite de gastos de su bolsillo, así que asegúrese de que entiende las reglas de su plan. (Ver *Prima, Deducibles, Coseguro, Fuera de la red*)

M

Mandato individual
Si usted puede pagar un seguro médico, pero decide no comprarlo, Ud. tiene que tener una exención de la cobertura de salud o pagar una penalización. (Dicha penalización es a veces llamada la “pena”, “multa” o “pago de responsabilidad individual”) No tendrá que cumplir con este requisito si:
- No hay una cobertura asequible disponible para usted
- Si durante el año tuvo un interrupción corta (menos de tres meses consecutivos) en la cobertura
- Si usted califica para una exención de cobertura esencial mínima.

(Ver *Cobertura esencial mínima*).

Medicaid
El programa de seguro de salud estatal para:
- Familias y niños de bajos ingresos
- Mujeres embarazadas
- Personas mayores
- Personas con discapacidades
- En algunos estados, otros adultos de bajos ingresos.

El gobierno federal proporciona una parte de los fondos para Medicaid y establece normas para el programa. Los estados pueden elegir cómo diseñar su programa de Medicaid. Por eso, Medicaid varía por estado. Los estados pueden tener su propio nombre para este programa.

Médico de Atención Primaria
Su médico principal. Un médico general al que usted va para recibir tratamiento de enfermedades comunes y atención de rutina como chequeos y vacunas. Este médico también le ayuda a decidir si necesita ir al hospital o recibir tratamiento especializado.

Los médicos de atención primaria incluyen:
- Medicina familiar (un médico que atiende personas de todas las edades)
- Pediatras (un médico que atiende niños)
- Internista (un médico que atiende adultos)
- En algunos estados, enfermeras de atención primaria y asistentes de médicos

Mercado de Seguros
El Mercado de Seguros es donde individuos, familias y pequeñas empresas pueden:
- Identificar opciones de seguro de salud
- Comparar planes de seguro de salud
- Elegir un plan
- Inscribirse en seguro

Usted puede acceder el Mercado de Seguros a través de sitios web, centros de llamadas y asistencia en persona. El Mercado de Seguros tiene información sobre cómo las personas con ingresos bajos a moderados pueden ahorrar dinero en el seguro de salud. El Mercado de Seguros proporciona información acerca de otros programas, incluyendo el Programa de Seguro Médico para los Niños (CHIP, por sus siglas en inglés) y Medicaid.

A veces al Mercado de Seguros se le llama Intercambio de Seguros.

Cuidadodesalud.gov es el sitio web para el Mercado de Seguros nacional. Su estado puede tener su propio sitio web para su Mercado de Seguros, con un nombre diferente.

N

Navegador
Una persona u organización que está entrenada y que puede ayudar a personas, pequeñas empresas y sus empleados a identificar opciones de cobertura de salud a través del Mercado de Seguros. Los navegadores pueden ayudar a completar los formularios de elegibilidad e inscripción. Ellos están obligados a tratar a todos por igual, y la ayuda de ellos es gratuita.

O

Optar Inclusión
Elegir participar en algo. Por ejemplo, una persona puede optar participar (optar inclusión) en el plan de seguro de salud de su empresa.

Organización de Atención Administrada (MCO, por sus siglas en inglés)
Grupos de médicos, clínicas, hospitales, farmacias y otros proveedores médicos que trabajan juntos para cuidar de las necesidades de atención médica de pacientes. A veces, una organización de cuidado administrado se llama red o plan de salud.

P

Pendiente
A la espera de algo (con frecuencia una decisión o aprobación)

Período Abierto de Inscripción
El período de tiempo en que las personas que son elegibles para inscribirse en un Plan de Seguro Autorizado pueden inscribirse para un plan en el Mercado de Seguros. Por ejemplo, para la cobertura a partir de 2015, el Período Abierto de Inscripción es del 15 de noviembre de 2014 hasta el 15 de febrero de 2015. (Ver *Plan de Salud Autorizado*)

Las personas también pueden cumplir con los requisitos de Períodos Especiales de Inscripción fuera del Período Abierto de Inscripción si pasan por ciertos eventos. (Ver *Período Especial de Inscripción y Evento calificado*). Usted puede solicitar Medicaid o CHIP en cualquier momento del año.

Período Especial de Inscripción
El tiempo fuera del período abierto de inscripción cuando una persona puede inscribirse para cobertura de salud en su trabajo (seguro de salud pagado en parte o totalmente por el empleador).

Personas que Viven con VIH (PLWH, por sus siglas en inglés)
Las personas que tienen VIH (virus de inmunodeficiencia humana).

Plan (QHP, por sus siglas en inglés)
Vea *Plan de salud autorizado calificado* (QHP en inglés)

Plan de Salud Autorizado (QHP, por sus siglas en inglés)
Un plan de seguro de salud que es aprobado por el Mercado de Seguros. Planes de Salud Autorizados:
- Proporcionan beneficios de salud esenciales
- Siguen límites sobre la cantidad que las personas pagan de su propio bolsillo por servicios cubiertos por el plan de salud, como los límites en deducibles, copagos y cantidad máxima de gastos de su bolsillo
- Cumplen con otros requisitos, como ser un asegurador autorizado.

Un plan de salud autorizado debe ser aprobado por cada Mercado de Seguros en el que se vende. (Ver *Beneficios de Salud Esenciales, Deducibles, Copagos, Límite de gastos de su bolsillo, Mercado de Seguros*)

Prima
La cantidad que usted paga por un plan de seguro de salud. Una prima se pudiera pagar cada mes, cada tres meses o cada año. Parte o la totalidad de la prima pueden ser pagadas por su empleador, ADAP o alguna otra persona.

Programa de Asistencia al Consumidor (CAP, por sus siglas en inglés)
Los programas en algunos estados que ayudan con problemas o preguntas sobre seguro de salud. Ellos pueden ayudarle a aprender acerca de sus derechos y presentar una queja o apelación ante su plan de salud. (Ver *Apelación*)

Programa de Asistencia de Medicamentos para el SIDA (ADAP, por sus siglas en inglés)
El programa que proporciona medicamentos gratuitos contra el VIH para personas de bajos ingresos. En muchos estados, el programa también ayuda a pagar el seguro de salud para las personas que viven con VIH.

Programa de Seguro Médico para los Niños (CHIP, por sus siglas en inglés)
El programa que provee seguro de salud gratuito o a bajo costo para los niños de hasta 19 años de edad. Cubre a los ciudadanos estadounidenses y a inmigrantes elegibles.

Programa de VIH/SIDA Ryan White (RWHAP, por sus siglas en inglés)
El programa del gobierno que ayuda a las personas de bajos ingresos con VIH para obtener atención de salud médica relacionada con VIH. El programa cubre vacíos en servicios para VIH que no están cubiertos por otras opciones.

Proveedor no preferido
Un proveedor que no tiene un contrato con su compañía de seguro médico o plan de seguro médico. Generalmente, Ud. pagará más si visita a un proveedor no preferido (o fuera de la red) que si ve a un proveedor preferido (o dentro de la red). (Ver *Dentro de la red, Fuera de la red)*

Q

Queja
Una reclamación presentada ante la compañía de seguro o plan médico. Por ejemplo, es posible que desee presentar una queja si:
- Su plan de salud niega el pago de un tratamiento que usted cree que debería estar cubierto
- Si los médicos, enfermeros, personal de la clínica u otra persona es grosero o irrespetuoso con usted
- Cualquier otro problema que usted tiene con su atención médica

R

Red de Servicios (Red)
Ver *dentro de la red, Fuera de la red*

Reducción de los costos compartidos (CSR en inglés)
Un descuento que provee el gobierno federal que reduce el valor que una persona o familia tiene que pagar de su bolsillo por los deducibles, coseguro y copagos. CSR (por sus siglas en inglés) NO se puede usar para pagar las primas. Si Ud. califica, su plan médico lo descontara automáticamente. (Ver *Coseguro, Copago, Deducible*)

Renovación
Inscribirse para continuar con su plan de salud cada año.

Renovación de Elegibilidad
Volver a solicitar el seguro.

S

Seguro de Salud
Un acuerdo que se hace con una compañía de seguro privada para ayudar a pagar servicios médicos, tales como visitas al médico y medicinas. La compañía de seguro paga una gran parte de sus costos de atención médica, porque usted ha estado haciendo pagos regulares (primas) a la compañía de seguro. Alguien más, como ADAP, puede hacer estos pagos por usted. (Ver *Prima*)

Seguro de Salud Privado
Cobertura de seguro de salud privada proporcionada a través de un trabajo o comprada a una compañía privada de seguro de salud.

Servicios Preventivos
Atención médica de rutina que incluye chequeos, pruebas y consejería para prevenir enfermedades y otros problemas de salud.

T

Transgénero
Una persona cuya identidad de género, expresión de género, y/o su comportamiento no coinciden con su sexo asignado al nacer.

Trastorno de Uso de Sustancias (SUD, por sus siglas en inglés)
Adicción al alcohol o a drogas.

Este material fue preparado por el JSI Research & Training Institute, Inc. bajo la subvención #UF2HA26520 de la Oficina de VIH/SIDA de la Administración de Servicios y Recursos para la Salud. Su contenido es solamente la responsabilidad de los autores y no necesariamente representa la opinión oficial de la Oficina de VIH/SIDA.