



# SF HIV FOG

## Open Enrollment

### Boot Camp V

UCSF Mission Hall - 550 16<sup>th</sup> Street  
Room 1400  
San Francisco, CA 94143  
Monday, October 7, 2109

9:00 am		Welcome	
9:15 am		<b>Open Enrollment Basics – Choosing a Plan</b> Kendall Holbrook, Esq., PRC	
10:15 am		Scavenger Hunt	
10:35 am		<b>Covered California Updates</b> Marc Ross, Covered California	
11:20 am		BREAK	
11:30 am		<b>Advocacy &amp; Activism</b> Ande Stone, San Francisco AIDS Foundation	
12:15 pm		LUNCH	
<b>Breakout Session A</b> 1:15 pm	<b>Medi-Cal 101: Learn the Basics</b> Tiffany Huyenh-Cho, Esq. Bay Area Legal Aid	<b>Medi-Cal 201: Practical Tips to Navigate Medi-Cal &amp; Large Lump Sum Payments</b> Kendall Holbrook, Esq. PRC	<b>HIV &amp; Dental Care</b> Charles Hawthorne, Harm Reduction Coalition Dr. Evan Filler & Michelle Lingle, Tom Waddell Health Center Cheryl Flores, University of the Pacific School of Dentistry
2:15 pm		BREAK	
<b>Breakout Session B</b> 2:25 pm	<b>Medicare Basics</b> Charito Aquino, Self Help for the Elderly	<b>Returning to Work: Disability Benefits &amp; Health Coverage</b> Beth Mazie, Esq. PRC	<b>Immigration: Understanding CAPI</b> Yelena Bilyak, San Francisco Benefits Net
3:25 pm		BREAK	
3:35 pm		Jeopardy (with Prizes) Tying it all Together	
4:35 pm		Closing Announcements	





# WELCOME

## Open Enrollment Boot Camp V

Monday, October 7, 2019





## **SF HIV FOG Steering Committee**

**Alynia Phillips**, AIDS Legal Referral Panel

**Amanda Newstetter**, UCSF Bay Area &  
North Coast AETC

**Andy Scheer**, SF City Clinic/SFDPH

**Ande Stone**, SF AIDS Foundation

**Beth Mazie**, PRC

**Cary Escovedo**, St James Infirmary

**Dawn Evinger**, PRC

**Dianne Georgetti**, The Shanti Project

**Jessica Price**, UCSF Bay Area &  
North Coast AETC

**Juba Kalamka**, St. James Infirmary

**Kendall Holbrook**, PRC

**Robert Maldonado**, Mission Neighborhood  
Health Center/Clinic Esperanza

**Ruby Koger**, SF Community Health Center

**Talisha Hervey**, LINCS Navigation Program

### **HIV Health Services**

**Joseph Cecere**, SFPDHP

**Kevin Hutchcroft**, SFPDHP



# Important Dates to Remember

## Covered California Open Enrollment for 2020



Begins October 15, 2019



Ends January 15, 2020



# Medicare Open En

- Oct 15 – Dec 15

# Agenda

9:15 am	Open Enrollment Basics – Choosing a Plan
10:15 am	Scavenger Hunt
10:35 am	Covered California Updates
11:30 am	Advocacy & Activism
12:15 pm	Lunch
1:15 pm	Breakout Session A
2:25 pm	Breakout Session B
3:35 pm	Jeopardy (with Prizes) Tying it all Together
<del>4:35 pm</del>	<del>Closing and Thank You</del>





# Housekeeping

- Restrooms
- Water fountains and Dispensers
- HIV Epidemiology Report
- Resources on table in back of room
- CEUs
- Tabling During Lunch
- Evaluations— Special Gift





# Learning Objectives

- Describe health insurance options available for people living with HIV
- Describe how to support clients navigating healthcare options and enrollment
- Identify one advocacy initiative impacting communities affected by HIV



# Open Enrollment Basics

## Choosing a Plan

**Kendall Holbrook**  
EAHP Supervising Attorney  
PRC







# Covered California Updates

**Marc Ross**

Bay Area Regional Field Representative  
Covered California



# BREAK

Please return before 11:30 am



# Advocacy & Activism

**Ande Stone**

Community Mobilization Manager  
San Francisco AIDS Foundation



# LUNCH

Remember to visit the  
U=U and the Studies Tables

Reminder the Breakout Sessions  
begins at 1:15 pm







# Thank You!

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



### General Learning Objectives (2019)

- Describe health insurance options available for people living with HIV
- Describe how to support clients navigating healthcare options and enrollment
- Identify one advocacy initiative impacting communities affected by HIV

## Breakout Sessions (2019) Titles and Learning Objectives

### Medicare Basics

1. Identify the three parts of Original Medicare
2. Identify what Medicare Advantage covers
3. Describe what Medigap plans cover
4. Identify the deadlines to enroll in Original Medicare, Medicare Advantage, and Medigap

### Medi-Cal 101: Learn the Basics

1. Identify age and income eligibility criteria for MAGI Medi-Cal
2. Identify eligibility for traditional age and income disability for Aged & Disabled Medi-Cal, Working Disabled 250% Medi-Cal, and Medically Needy Share of Cost Medi-Cal
3. Describe how to help clients navigate between different Medi-Cal programs when income increases

### HIV & Dental Care

1. Identify 2 case management best practices to encourage clients to seek dental care (motivational interviewing with an oral health emphasis)
2. Describe how case managers can help patients connect to Ryan White funded dental services
3. Overview of common dental issues and risks/treatment tradeoffs clients can be made aware of in advance

### Benefits Advocacy

1. Describe SSI formula for offsetting earned & unearned income
2. Describe trial work period & extended period of eligibility for individuals receiving SSDI
3. Identify how to stay on Medi-Cal and/or Medicare when returning to work

### Medi-Cal 201: Practical tips on how to navigate large lump sum payments w/Medi-Cal

1. Identify what types of lump-sum payments are counted as income for MAGI Medi-Cal and Traditional Medi-Cal programs and common exceptions
2. Describe when different types of income become a resource countable towards the property limits for Traditional Medi-Cal programs
3. Describe 3 ways to deal with resources to remain eligible for Medi-Cal
4. Identify 3 alternative insurance options if ineligible for Traditional Medi-Cal due to resources

### Immigration: Understanding CAPI

1. Describe the CAPI Program, along with who is eligible and what does it provide and the time period
2. Identify the difference between CAPI and SSI, and how or if a client would qualify for CAPI/SSI Describe any medical eligibility requirements or limitations to enroll in CAPI
3. Describe the certain immigration requirements for a client to qualify for CAPI
4. Identify how financial resources (bank accounts) affect clients eligibility for CAPI, and how their spouse's income affect their eligibility for CAPI



# Open Enrollment Basics

Open Enrollment Boot Camp  
October 7, 2019

Presented by Kendall Holbrook, Esq.

# Goals

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



# Open Enrollment

# Open Enrollment

- Who cares about Open Enrollment?
  - We do!
- Why do we care?
  - Open enrollment is the only period during the year when individuals can enroll in a health plan without a Qualifying Life event
  - Medicare, Covered California, private insurance, and employers all have Open Enrollment periods



# Important Dates

	Sign up Dates	Effective Dates
Medicare Advantage & Part D	October 15, 2019 – December 7, 2019	January 1, 2020
Covered California	October 15, 2019 – December 15, 2019	January 1, 2020
	December 16, 2019 - January 15, 2020	February 1, 2020
Medicare Parts A & B	January 1, 2020 – March 31, 2020	July 1, 2020



Covered California

# Covered California Open Enrollment

Open Enrollment is from October 15, 2019 – January 15, 2020

- During Open Enrollment, you can:
  - Renew your health plan
  - Enroll in a plan for the first time
  - Change your health plan
- The date you enroll or make changes determines the date the new plan goes into effect:

Enroll Between . . .	Coverage Starts . . .
Oct 15, 2019 – Dec 15, 2019	January 1, 2020
Dec 16, 2019 – Jan 15, 2020	February 1, 2020

# Covered California vs. Medi-Cal Eligibility

- MAGI Medi-Cal and Covered California use **Modified Adjusted Gross Income** to determine eligibility
- If monthly income is . . .
  - \$0 - \$1,436 eligible for MAGI Medi-Cal
    - Up to 138% FPL
  - \$1,437 – \$2,602 eligible for Covered California with premium assistance (APTC) and cost-sharing reductions (CSRs)
    - Between 139% FPL and 250% FPL
  - \$2,602 - \$6,070 eligible for Covered California with premium assistance only
    - Between 251% FPL and 600% FPL

# Who can enroll in Covered California?

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

# How to Enroll

- Before you meet with your client . . .
  - Ask your client to bring income, immigration, and family information
  - Ask your client who their doctor is and to bring a medication list
    - Best Practice: call doctor's office billing department and ask which Covered California plans they accept, including the metal tier
  - Ask your client if they anticipate needing specific procedures or services in the next year



# How to Enroll

- Enroll online, by phone, or in person
  - [CoveredCA.com](https://coveredca.com) or [\(800\) 300-1506](tel:8003001506) or [storefronts.coveredca.com](https://storefronts.coveredca.com)
  - “No Wrong Door” – Can enroll in Covered California or Medi-Cal through Covered California’s website
- When working with a client
  - Remind your client that there are many affordable options
  - Practice Tip: you don’t have to be an agent to help your client enroll
  - Call Covered California with your client
    - Request a delegation code – helpful for ADAP EW completing OA-HIPP enrollment
    - Practice Tip: enter incorrect client information to speak to a Covered California agent more quickly



INDIVIDUALS  
AND FAMILIES

SMALL  
BUSINESS

Sign In | Español

Search



Get Coverage ▼

Members ▼

Find Help ▼

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



See If You Qualify for  
Financial Help



Shop and Compare



Apply for Special  
Enrollment



Medi-Cal Information

## TRENDING TOPICS



**Are you new and applying for special enrollment?**  
Have a certified enroller call you.

**Has your income changed? Moved recently?** Tell us about these  
and other life changes.



Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:

What is your Zip Code? ⓘ

What is your total household income per year? ⓘ

How many people are in your household? ⓘ

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

Age of Head of Household:

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

# Online Enrollment Tip

- If your client's income is above 138% FPL and they are not enrolled in Medicare . . .
  - **DO NOT** answer “yes” to this question about disability
  - A “yes” response will stop the Covered California application and direct you to apply for Medi-Cal
- If your client is not eligible for Medicare and their income is above 138% FPL, they are eligible for Covered California regardless of a disability

# Time to Enroll!

- Decide which plan level is best for your client
  - Metal tiers refer to cost-sharing levels
  - Bronze, silver, gold, platinum
- Review plan formularies and doctor networks
  - Formularies on insurance company website
  - “Find a Provider” tool on insurance company website
- Add plan to your cart and proceed with enrollment
- Application takes 20-30 minutes to complete online

# After Enrollment

- Summary → Current Enrollment
  - Includes information about the enrollment, including the initial payment due date
  - Print this page for OA-HIPP enrollment
  - From this page you will be directed to the insurance carrier website to make the initial payment aka binder payment
- Binder payment must be received by the insurance carrier before the plan goes into effect

# What about ADAP & OA-HIPP?

- If client's monthly income is less than \$5,205, they are eligible for ADAP & OA-HIPP
- If not already on ADAP, will need to enroll in ADAP first
  - ID, proof of California residency, proof of income, labs, & letter of diagnosis required
- Print Current Enrollment page
  - Will need the premium amount, APTC, and name of the plan
- Submit insurance information ASAP to request binder payment
  - OA-HIPP says that binder payments can be made if they are requested within 48 hours of enrollment in a plan
  - If request submitted after that time, safest to have client pay premium and wait for reimbursement from insurance company

# Like Your Plan? Keep Your Plan!

- Renewal occurs automatically for most plans
  - However, it is important to still meet with your client!
- Make sure Covered California has updated information, provide:
  - Address change
  - Income change
- Make sure to note any premium increases
- Practice Tip: Enrollment Worker has to submit renewal information and new premium amount to OA-HIPP
- Fax or upload updated premium and verification of plan name, plan carrier, and APTC



# Hate Your Plan? Change Your Plan!

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



What if I miss Covered  
California Open Enrollment?

# Can I still get insurance?

- Special Enrollment Period (SEP) required to enroll in Covered California outside of Open Enrollment
- Qualifying Life Event (QLE) triggers SEP
  - Losing other health insurance
  - Permanently more to or within California
  - Having a baby, adopting a child, or getting married
  - Returning from active military duty
  - Gaining citizenship/lawful presence
- SEP is 60 days

# What if I don't enroll?

- Tax Penalty
  - California state income tax penalty
  - Penalty is the greater of \$695 per adult or 2.5% of household income
  - Limited exceptions
- Healthy San Francisco
  - Must be uninsured for 3 months before applying
  - Not minimum essential coverage
- Medi-Cal enrollment year around
  - Contact PRC to see if your client qualifies



Medicare

# Medicare

- Medicare has different parts
  - Part A = hospital insurance
  - Part B = medical/outpatient insurance
  - Part C = Medicare Advantage Plan
  - Part D = prescription drug coverage
- “Original Medicare” refers to enrollment in Parts A, B, and D
- Can enroll in either Original Medicare or Medicare Advantage plan

# Medicare Open Enrollment

Open Enrollment is from October 15, 2019 – December 15, 2019

- During the Open Enrollment period, you can:
  - Switch from Original Medicare to Medicare Advantage
  - Switch Medicare Advantage plans
  - Enroll in a Part D plan
  - Change Part D plans
- Changes or new enrollment **effective January 1, 2020**

## Open Enrollment for Medicare Parts A & B

- January 1, 2020 – March 31, 2020
- For more information about enrolling in Parts A & B, contact HICAP at (415) 677-7520

# What is Part C?

- Part C plans are also called Medicare Advantage Plans
- Coverage provided by private insurance companies approved by Medicare
- In California, Advantage plans include Parts A, B, & D
- There is a monthly premium in addition to the Part B premium
- Potential cost savings
- Many offer supplemental benefits such as dental, vision, health, and wellness
- Must be enrolled in Parts A & B to enroll in a Medicare Advantage

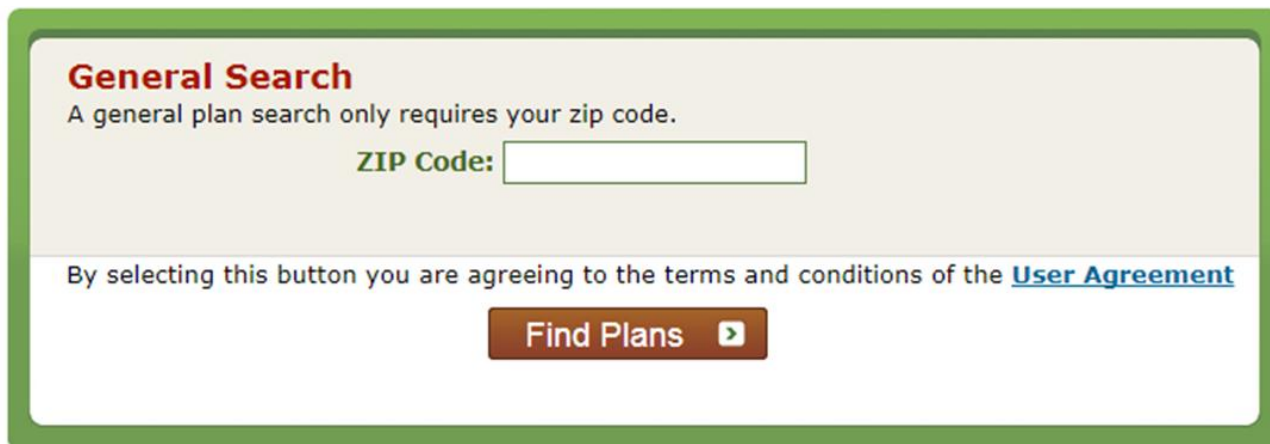


# Part D Plans

- Considerations when choosing a Part D plan
  - Check formularies for client's prescription medication
  - Check an restrictions on the medication, i.e., prior authorizations or step-therapy
  - Review the premium price and cost-sharing associated with each plan
- ADAP can help with Part D plans too!
  - ADAP will pay for co-pays for prescriptions on ADAP's formulary
  - Can also enroll in CDPH's Medicare Part D Premium Payment (MDPP) program
- To maximize benefits, enroll in a Benchmark plan

# Plan Finder Tool

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



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

ZIP Code:

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

**Find Plans** ▶

# Plan Finder Tool

## How do you get your Medicare coverage?

- ☐ Original Medicare
- ☐ Medicare Health Plan (Such as an HMO, PPO, or Private-Fee-for-service plan)
- ☐ I don't have any Medicare coverage yet
- ☐ I don't know what coverage I have

## Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- ☐ I get help from Medicaid
- ☐ I get supplemental security income
- ☐ I belong to a Medicare Savings Program (MSP)
- ☐ I applied for and got extra help through social security
- ☐ I don't get any extra help
- ☐ I don't know

## Would you like to add drugs?

- ☐ Yes
- ☐ I don't want to add drugs now
- ☐ I don't take any drugs

[Go Back](#)

Continue to Plan Results 

# Plan Finder Tool

## Type the name of your drug:

Find My Drug 

Or Browse A-Z:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

[Help with common drug abbreviations](#)  
[Hints on how to enter drug information](#)  
[Why can't I find my drug?](#)


## Retrieve My Saved Drug List:

Your personal information cannot be accessed using your drug ID list. Medicare doesn't share the drug information you enter.

Drug List ID: [What is this?](#)

Password Date: [What is this?](#)

Sep ▼ 9 ▼ 2019 ▼

Retrieve My Drug List 

## My Drug List (Maximum 25 Drugs)

Total Drugs in My Drug List: 0

Print My Drug List

MEDICINE NAME

QUANTITY

FREQUENCY &  
PHARMACY

GENERIC OPTIONS

ACTION

You haven't added any drugs to your list. Search for drugs above or retrieve your previously saved drug list.

My Drug List is Complete 

# Plan Finder Tool

## Refine Your Search

Update Plan Results >

+ Limit Your Monthly Plan Premium

+ Limit Your Annual Drug Deductible

+ Select Drug Options

+ Select Star Ratings

+ Select Coverage Options

+ Change Health Status

+ Select Plans By Company

Update Plan Results >

## Summary of Your Search Results

There are a total of 45 plans available in your area including Original Medicare. **You may also use the filters on the left to narrow your search results.**

**Please select one or more plan types to continue.**

Select	Available Plans Based On Your Filters	Number of Plans Available: 44
All		
<input type="checkbox"/>	<u>Prescription Drug Plans (with Original Medicare)</u>	30 plan(s) available
<input type="checkbox"/>	<u>Medicare Health Plans with drug coverage</u> Include the following types of plans: <ul style="list-style-type: none"><li><input type="checkbox"/> plans for people who are eligible for both Medicare and Medicaid</li><li><input type="checkbox"/> plans for people with certain chronic or disabling conditions</li><li><input type="checkbox"/> plans for people in certain long-term care facilities</li></ul>	14 plan(s) available
<input type="checkbox"/>	<u>Medicare Health Plans without drug coverage</u>	0 plan(s) available

Continue To Plan Results >

# Helping Clients During Open Enrollment

- No action needed if client does not wish to change or enroll in Advantage or Part D plans
- However, best practice is to review current coverage!
  - Check for changes to formulary or provider network
  - Check for changes in premium amount
  - Use the Plan Finder Tool!
- Medicare is required to send clients notices of changes, or cancellations of coverage
  - Remind clients to check their mail!
- If client wants to enroll in or switch their Advantage or Part D plan, they will do this using the Plan Finder Tool



What if I miss Open  
Enrollment for Medicare  
Advantage & Part D?

# Special Enrollment

- If you miss Open Enrollment, you can enroll in or switch Advantage or Part D plans when you have Qualifying Life Event (QLE)
- Qualifying Life Event includes:
  - Moving
  - Becoming eligible for Medi-Cal
  - Qualifying for Extra Help
  - Losing other coverage such as Medi-Cal or Cobra
  - Losing employer or union coverage
  - Health plan changes its Medicare contract



# What if I don't enroll in Medicare?

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

- If you don't choose a Part D plan during initial enrollment and later enroll, there is a penalty that *remains with you throughout your enrollment*
- Part D Penalty
  - 1% of the national base beneficiary premium times the number of months the individuals lacked covered
  - Added to *monthly premium*
- Exceptions
  - Have prescription drug coverage through another plan
  - If you lose employer or other drug coverage, you have 63 days to sign up for a Part D plan without facing a penalty

# What if I have Medicare and Medi-Cal?

## Clients who are Medi-Medi have additional protections

- If they have full-scope Medi-Cal (no Share of Cost), they are automatically enrolled in Extra Help and will receive the Medi-Cal State Buy-In
  - Medi-Cal pays for Parts A, B, & D premiums
  - Clients qualify for low or no co-pays/cost-sharing for prescription drugs
  - Clients qualify for LINET program to provide prescription coverage during transition periods
- Medi-Medi clients can
  - Change plans at any time
  - Enroll in Special Needs Plans
  - Enroll in ADAP

# Thank you!

- Questions?
  - Call PRC's EAHP
    - (415) 777-0333
    - [www.prcsf.org](http://www.prcsf.org)
  - Call HICAP
    - (800) 434-0222
- Reminder
  - Enroll at [CoveredCA.com](http://CoveredCA.com)
  - Covered California hotline: (800) 300-1506
  - Enroll at [Medicare.gov/find-a-plan](http://Medicare.gov/find-a-plan)

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

Life can change in an instant.  
Be covered when it does.



**COVERED**  
**CALIFORNIA**

Marc Ross, Bay Area Representative

# Objective

## To understand:

- Covered California Standard Benefit Design and Plan Components
- Eligibility & Subsidies
- Application Process
- Covered California 2020 Outlook
- Enrollment Resources

# Covered California's Promise

## Vision

To **improve** the health of all Californians by **assuring their access** to affordable, high-quality care.

## Mission

To **increase** the number of insured Californians, **improve** health care quality, lower costs and **reduce** health disparities through an innovative, competitive marketplace that **empowers consumers** to choose the health plan and providers that give them the best value.

**Better Care | Healthier People | Lower Cost**

# Covered California Marketplace



- Individuals can come and shop around for different types of health insurance plans.
- The only place to get financial assistance with health insurance in California.

# Covered California Health Plan Carriers

Individual Market



- Covered California provides quality health coverage from private health insurance companies.
- Health companies offer a wide variety of doctors and hospitals



# 10 Essential Health Benefits

1. ambulatory patient services
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
7. rehabilitative and habilitative services and devices
8. laboratory services
9. preventive and wellness services and chronic disease management
10. pediatric services



# Health Plan Coverage Level/Metal Tiers



A plan with a lower premium results in a larger copayment with higher deductibles and maximum out-of-pocket expense.

# Silver Cost Sharing Reduction



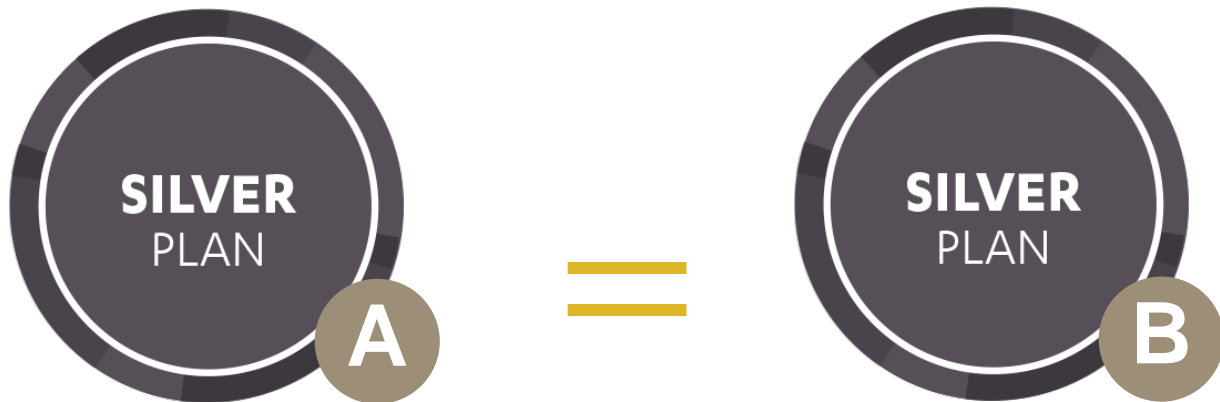
## “Enhanced Silver Plans”

offer extra discounts so members pay even less for medical services. Not everyone qualifies for enhanced silver plans.

- **Silver 73**
- **Silver 87**
- **Silver 94**

Eligibility is based on income, age, family size, and zip code. Generally, adults with an income of just above 138% to 250% of the Federal Poverty Level may qualify for enhanced benefits.

# Compare apples to apples on benefits and cost-sharing



DEDUCTIBLE..... \$\$  
COPAY..... \$

DEDUCTIBLE..... \$\$  
COPAY..... \$

# 2020 Standard Benefits Design

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	\$24,981 to \$31,225 (>200% to ≤250% FPL)	\$18,736 to \$24,980 (>150% to ≤200% FPL)	up to \$18,735 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	\$65*	\$40	\$35	\$15	\$5	\$30	\$15
Urgent Care		\$65*	\$40	\$35	\$15	\$5	\$30	\$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$95*	\$80	\$75	\$25	\$8	\$65	\$30
Emergency Room Facility		40% after deductible is met	\$400	\$400	\$150	\$50	\$350	\$150
Laboratory Tests		\$40	\$40	\$40	\$20	\$8	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$85	\$85	\$40	\$8	\$75	\$30
Imaging			\$325	\$325	\$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	\$18**	\$16**	\$16**	\$5 or less	\$3 or less	\$15 or less	\$5 or less
Tier 2 (Preferred Drugs)		40% up to \$500 after drug deductible is met	\$60**	\$55**	\$25**	\$10 or less	\$55 or less	\$15 or less
Tier 3 (Non-preferred Drugs)			\$90**	\$85**	\$45**	\$15 or less	\$80 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: \$4,000 Family: \$8,000	Individual: \$3,700 Family: \$7,400	Individual: \$1,400 Family: \$2,800	Individual: \$75 Family: \$150	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000	Individual: \$300 Family: \$600	Individual: \$275 Family: \$550	Individual: \$100 Family: \$200	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$8,150 individual only	\$7,800 individual \$15,600 family	\$7,800 individual \$15,600 family	\$6,500 individual \$13,000 family	\$2,700 individual \$5,400 family	\$1,000 individual \$2,000 family	\$7,800 individual \$15,600 family	\$4,500 individual \$9,000 family

# Covered California Dental Carriers

Individual Market



California Dental Network  
*A DentaQuest company*



Dental Health Services



# Covered California Family Dental Plan Products

## Dental **HMO (DHMO)** Plans

- Copays and lower premiums
- No waiting period or annual benefit limit
- No deductible
- Out-of-network services are not covered
- **Anthem is offering a new DHMO product in Regions 15, 16, and 17 for 2020**

## Dental **PPO (DPPO)** Plans

- Co-insurance
- **Adults:** six-month waiting period\* for major services  
*\*Waived with proof of prior coverage; proof of prior coverage requirements may vary by plan.*
- Deductible (no changes from 2019)

# Covered California Vision Plans

Individual Market

## Pathway to quality coverage

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



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

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





## Eligibility & Enrollment

---

# Who is eligible to apply?

- **Be a California resident** or a person who intends to reside in California,
- **Be a citizen or national of the US, or a person lawfully present in the US**, though some immigrants may be eligible for restricted scope or full scope Medi-Cal.
- **Not be incarcerated.**

# What is Advanced Premium Tax Credit (APTC)?


**Premium assistance, also called Advanced Premium Tax Credits (APTC),** can lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet certain income requirements.

## **Factors that determine eligibility for financial assistance and the amount:**

- Household **income**,
- Household **size**,
- **Age** of household members, and
- **Location** of the household (which determines the pricing region)
- Not enrolled in MEC or have MEC made available to them

**Members who received APTC must file their federal taxes to reconcile the APTC amount.**

# Program Eligibility by Federal Poverty Level for 2020



SEE NOTE BELOW  
FOR INCOMES IN  
THIS RANGE

California State Subsidy

Federal Tax Credit

American Indian / Alaska Native (AIAN) Zero Cost Share


AIAN Limited Cost Share

Silver 94  
(100%-150%)

Silver 87  
(>150%-200%)

Silver 73  
(>200%-250%)

% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%	600%	
Household Size	1	\$0	\$12,490	\$17,237	\$18,735	\$24,980	\$26,604	\$31,225	\$33,224	\$37,470	\$40,218	\$49,960	\$74,940
	2	\$0	\$16,910	\$23,336	\$25,365	\$33,820	\$36,019	\$42,275	\$44,981	\$50,730	\$54,451	\$67,640	\$101,460
	3	\$0	\$21,330	\$29,436	\$31,995	\$42,660	\$45,433	\$53,325	\$56,738	\$63,990	\$68,683	\$85,320	\$127,980
	4	\$0	\$25,750	\$35,535	\$38,625	\$51,500	\$54,848	\$64,375	\$68,495	\$77,250	\$82,915	\$103,000	\$154,500
	5	\$0	\$30,170	\$41,635	\$45,255	\$60,340	\$64,263	\$75,425	\$80,253	\$90,510	\$97,148	\$120,680	\$181,020
	6	\$0	\$34,590	\$47,735	\$51,885	\$69,180	\$73,677	\$86,475	\$92,010	\$103,770	\$111,380	\$138,360	\$207,540
	7	\$0	\$39,010	\$53,834	\$58,515	\$78,020	\$83,092	\$97,525	\$103,767	\$117,030	\$125,613	\$156,040	\$234,060
	8	\$0	\$43,430	\$59,934	\$65,145	\$86,860	\$92,506	\$108,575	\$115,524	\$130,290	\$139,845	\$173,720	\$260,580
	add'l, add	\$0	\$4,420	\$6,100	\$6,630	\$8,840	\$9,415	\$11,050	\$11,758	\$13,260	\$14,233	\$17,680	\$26,520



Medi-Cal for Adults

Medi-Cal for Pregnant Women

Medi-Cal Access Program  
(for Pregnant Women)

Medi-Cal for Kids  
(0-18 Yrs.)

County Children's  
Health Initiative  
Program

Medi-Cal and Covered California have various programs with overlapping income limits.

# Eligibility Results

The eligibility results will be one of the following:

- ✓ Qualify for a Covered California health plan at full price. This is referred to as an unsubsidized application,
- ✓ Qualify for a Covered California health plan with premium assistance.
- ✓ Qualify for a Covered California health plan with premium assistance and cost sharing.
- ✓ Potentially qualify for free or low-cost Medi-Cal
- ✓ Do not qualify

**Mixed Households:** Households with at least one member enrolled in Covered California and at least one member enrolled in Medi-Cal.

# Enrollment dates



## Special Enrollment:

Applications accepted year-round with a qualifying life event

## Open Enrollment:

October 15, 2019 – January 15, 2020\*

## Renewal Begins:

October 8, 2019



FOR SMALL  
BUSINESS

## Small Business:

Applications accepted year-round



## Medi-Cal:

Applications accepted year-round

\* Open Enrollment end date may be subject to change to January 31, 2020 if AB 1309 is signed by the Governor.

# How to apply for coverage



[www.CoveredCA.com](http://www.CoveredCA.com)

**ONLINE**



**Service Center**  
**(800) 300-1506**

**PHONE**



**or**



**MAIL OR FAX**



**Certified**  
*Insurance*  
*Agent*

**IN-PERSON**



**Certified**  
*Enrollment*  
*Counselor*

**IN-PERSON**

**Local county**  
**human or social**  
**services office**

**IN-PERSON**


# Free and Confidential Enrollment Help

## Local Help



Enrollment Centers	①
Certified Enrollers	
Events Near You	①
Local County Offices (Medi-Cal Enrollment)	①

## Find Help Now



Help On-Demand Have a Certified Enroller Call You	①
Call Us: (800) 300-1506 Covered California Service Center	①
Live Chat Chat With a Covered California Service Representative	①

## Help on Demand

***An enrollment assistance tool for new consumers to get help when they need it most: right now!***

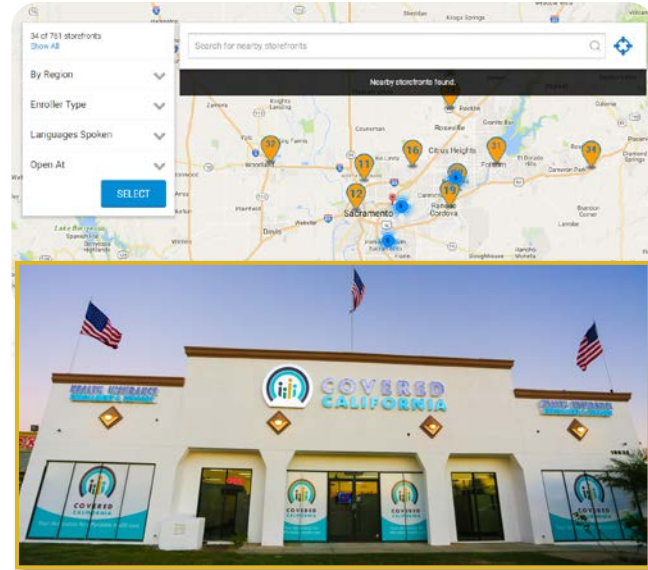
- ✓ Consumers enter their information and select the preference of contact via email, phone or text from a certified enroller within 30 minutes for enrollment assistance.
- ✓ Supports 17 different languages from our certified enrollers.



# Covered California Storefronts



Count as of July 22, 2019



Westminster, CA

- In-person assistance.
- Open to walk-ins.
- Creates access to hard-to-reach consumers.

<https://storefronts.coveredca.com/>

# What you need to know before you enroll

**For every family member who will be covered by the health plan (including you), you should have:**



Income Information –  
2014 tax returns, recent  
pay stubs and/or W2 forms



Identification –  
California Driver's  
License, California ID  
Card, U.S. Passport or  
other form of ID card.



Proof of citizenship  
or lawful presence –  
U.S. passport, legal resident  
card or naturalization  
documentation

**Also, for all family members who apply, you should know:**



Social Security Numbers



Birth dates



Home ZIP codes

# Shop and compare plans online



<https://apply.coveredca.com/lw-shopandcompare/>

# Tell us about yourself

- Coverage Year
- Zip Code
- Total Household Income
- Number of people in your household
- Age
- Types of Coverage

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:

What is your Zip Code? ⓘ

What is your total household income per year? ⓘ

How many people are in your household? ⓘ

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

Age of Head of Household:

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

See My Results

# Programs you may qualify for...

Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

### Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 1 (39)	Lower Monthly Premium (Advanced Premium Tax Credit)

[More Information](#)[Preview Plans](#)

These results are only an estimate. You will need to complete an application. ⓘ



# Preview plans

24 Health Plans Dental Plans

0

Estimated Monthly Savings **\$118.46/month** in zipcode 95831.

for 1 member

Coverage could start as early as 09/11/2019.

## SORT BY

- ☒ Total Expense Estimate
- ☐ Monthly Premium (low to high)

## FILTER BY

### PLAN TYPE

- ☐ HMO
- ☐ PPO

### PLAN FEATURES

- ☐ Health Savings Account (HSA)  
Qualified HSA used with a High Deductible Health Plan

## METAL TIER

< 1 of 2 >



Bronze 60 HDHP HMO

**BRONZE HSA HMO**

**\$220.48**

monthly premium  
after \$118.46 tax credit

Primary Care Visits You pay 40%

Generic Drugs You pay 40%

Yearly Deductible \$6000  
(May Not Apply)

Total Expense Estimate Lower

Quality Rating ★★★★★



Bronze 60 HMO

**BRONZE HMO**

**\$230.28**

monthly premium  
after \$118.46 tax credit

Primary Care Visits You pay \$75

Generic Drugs You pay 100%

Yearly Deductible \$6300 / \$500  
(May Not Apply)

Total Expense Estimate Lower

Quality Rating ★★★★★

# What is Special Enrollment Period (SEP)?



Had a Baby or  
Adoption



Loss of Minimum  
Essential Coverage



Marriage or Entry  
into Domestic  
Partnership



Released from  
Incarceration



Permanently  
Moved to/within  
California



Becomes a Citizen,  
National, or  
Lawfully Present  
Individual



Federally  
Recognized  
American Indian  
and Alaskan Native  
(AI/AN)

# Application & Enrollment During SEP

- Special Enrollment Period means the timeframe within the 60 days from the date of the life change event
- Exception for loss of Minimum Essential Coverage which can also be up to 60 days in the future
- Must apply within or up to 60 days...of the date of the life changing event date
- Select a qualified health plan
- Make the first premium payment





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# 2020 Outlook

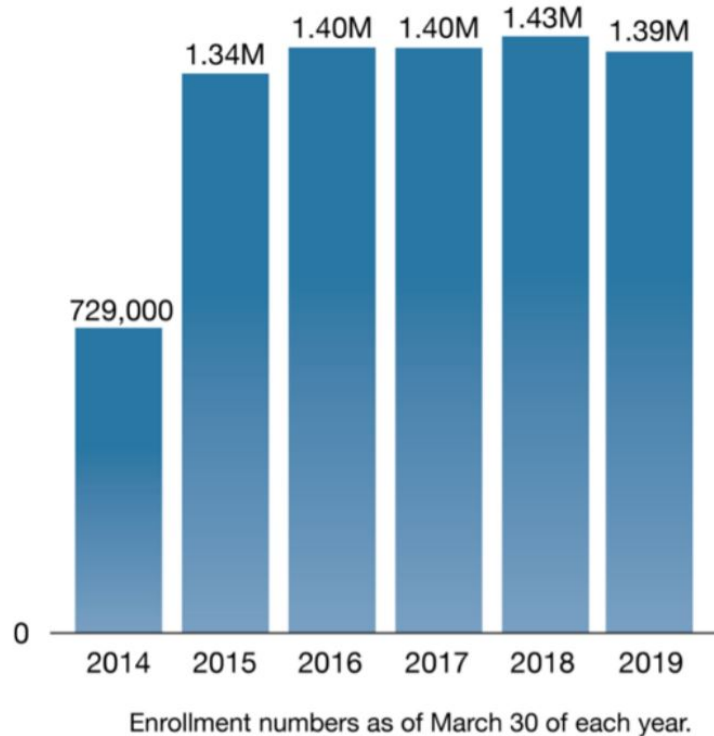
# More committed than ever



**MORE  
THAN 4  
MILLION  
CONSUMERS  
SERVED**

- More than 4 million people have been insured by Covered California since 2014
- More than 3.8 million people are currently enrolled in Medi-Cal because the Affordable Care Act's expansion of Medicaid
- Millions more have purchased coverage

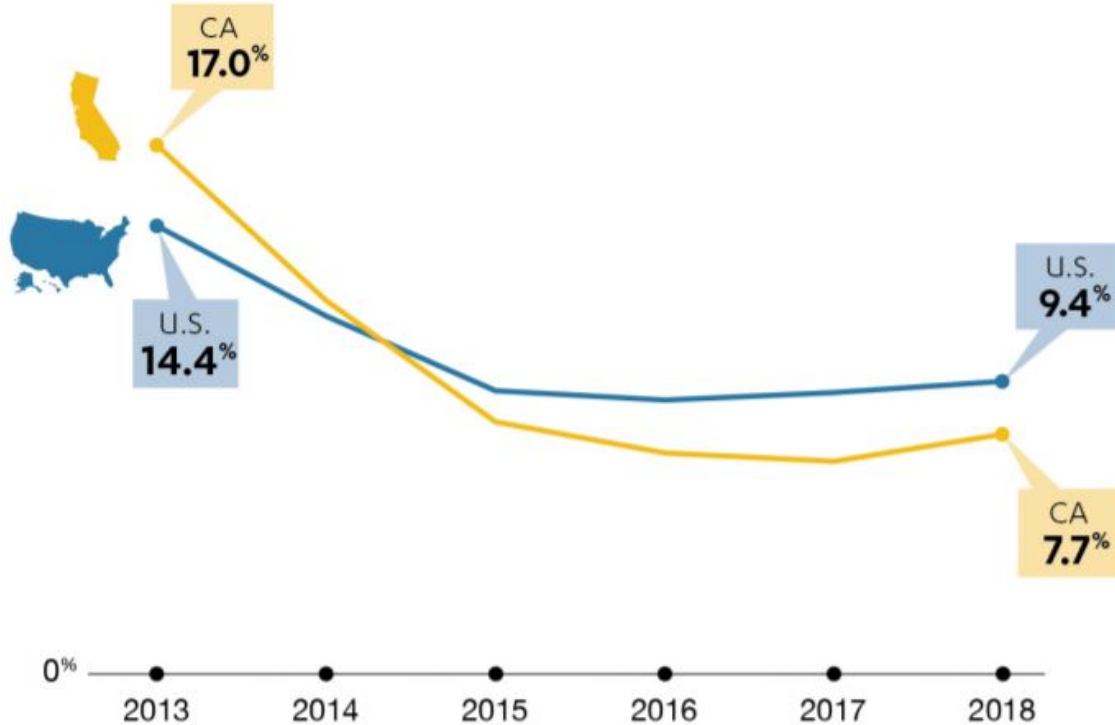
# Federal policy changes led to a year of uncertainty



## 2019

- Federal penalty zeroed out
  - Health plans increased their premium on average 8%
  - 23.8% drop in new consumer enrollment
  - Active renewals dipped by 2.5%
- Consumers bombarded with offers of unqualified coverage

# Comparing California's uninsured rate to the rest of the nation



Uninsured rate increased from 6.8% in 2017 to 7.7% in 2018

# State and federal updates

## California Health Care Affordability Programs

In late June, the Governor signed the state's fiscal year 2019-20 budget which:

- **Establishes a state subsidy program** providing premium subsidies over the next three years for eligible individuals with incomes at or below 138 percent of the Federal Poverty Level (FPL) and above 200 and at or below 600 percent of the FPL.
- **Establishes a California individual mandate and penalty** starting in 2020 that closely mirrors the federal structure that was in place prior to the penalty being “zeroed out” by Congress.

# Improving affordability

## California's Health Care Affordability Programs Effective January 1, 2020

### State Subsidy

- Financial help for individuals up to **138% and between 200-600%** Federal Poverty Level (FPL)
- Extends eligibility for financial help to nearly million Californians
- Covered California administers program

### State Individual Mandate and Penalty

- Requires Californians to enroll in minimum essential coverage, receive an exemption or pay a penalty.
- Penalty is greater of **\$695** per adult (**\$347** per child) or **2.5%** of annual household income
- Franchise Tax Board implements and collects penalties

# Understanding the cost of not having Minimum Essential Coverage (MEC)

What is the  
**penalty in  
California**

for not having health  
insurance in 2020?



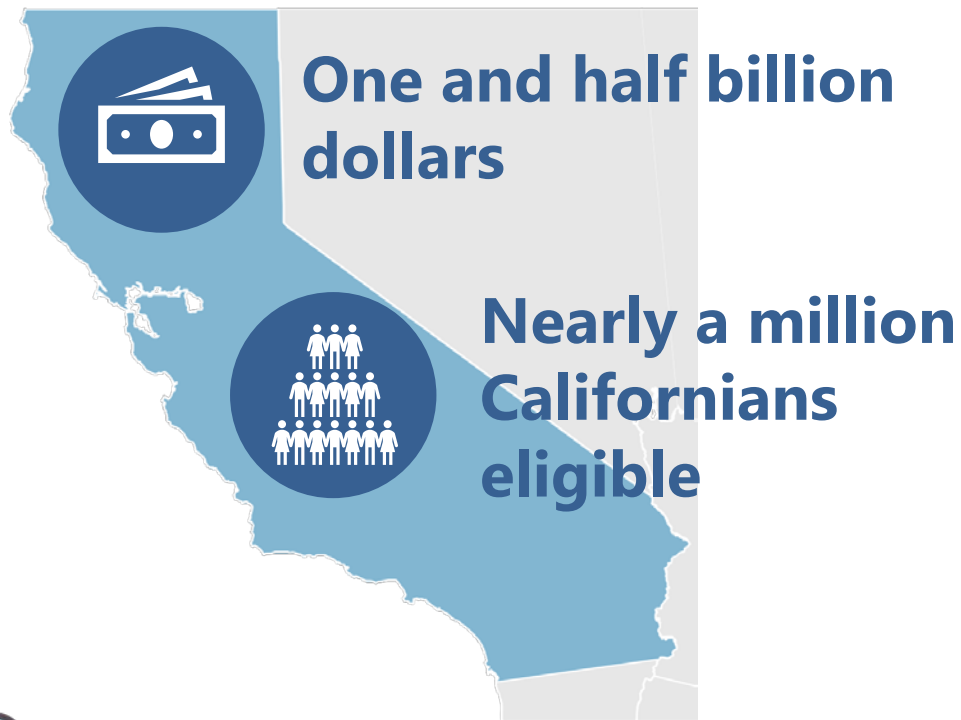
A minimum of \$695 per adult  
(\$347 per child)

**OR**

2.5% of the annual household  
income, **whichever is greater**

# Improving affordability

## California's Health Care Affordability Programs



- Only state affordability program in the country helping middle income individuals and families pay for health coverage
- Consumers who earn up to 600% of Federal Poverty Level or incomes of \$75,000 for individuals and \$150,000 for families of four
- State Individual Mandate and Penalty goes into effect January 1, 2020



# 2020 FPL Chart for the State Subsidy Program

FEDERAL POVERTY LEVEL FOR 2020										
		SILVER 94 (100%-150%)		SILVER 87 (>150%-200%)	SILVER 73 (>200%-250%)					
% OF FPL		100%	150%	200%	250%	300%	400%	450%	500%	600%
HOUSEHOLD SIZE	1	\$12,490	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960	\$56,205	\$62,450	\$74,940
	2	\$16,910	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640	\$76,095	\$84,550	\$101,460
	3	\$21,330	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320	\$95,985	\$106,650	\$127,980
	4	\$25,750	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000	\$115,875	\$128,750	\$154,500
	5	\$30,170	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680	\$135,765	\$150,850	\$181,020
	6	\$34,590	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360	\$155,655	\$172,950	\$207,540
	7	\$39,010	\$58,515	\$78,020	\$97,525	\$117,030	\$156,040	\$175,545	\$195,050	\$234,060
	8	\$43,430	\$65,145	\$86,860	\$108,575	\$130,290	\$173,720	\$195,435	\$217,150	\$260,580
additional person add		\$4,420	\$6,630	\$8,840	\$11,050	\$13,260	\$17,680	\$19,890	\$22,100	\$26,520

# California Subsidy Scenario

<b>Erin and Francis</b> 62 years old Live in a high cost region Income: \$72,000 425% FPL <i>Based on the second-lowest Silver (SLS) plan offered in Oakland, CA.</i>		Affordable Care Act Baseline	New California State-Based Subsidies
	Monthly Premium (SLS)	\$2,414	\$2,414
	Net Premium	\$2,414	\$714
	Net Premium Income Share	40.3%	11.9%
	Federal Premium Subsidy	\$0	\$0
	New California Premium Subsidy	\$0	\$1,700
	Silver Plan Medical Deductible – (family)	\$5,000 NO deductible for out-patient care	\$5,000 NO deductible for out-patient care

# 2020 Enrollment Projections

## 922,000

individuals estimated to receive a state subsidy



### 235,000

are middle-income Californians who don't receive federal financial help



### \$172

per household per month average state subsidy for middle-income Californians earning 400-600% FPL



### 229,000

new enrollments projected due to the mandate and penalty



### 42,000

projected new consumers enrolling off-exchange directly with carriers

# Year-end consumer reconciliation of advanced premium subsidies

- Federal premium subsidies will be reconciled at year-end through the IRS.
- State premium subsidies will be reconciled at year-end through the Franchise Tax Board (FTB).
- Reconciliation adjusts consumers' final premium subsidy based on their year-end income compared to the income they projected when they applied for coverage.
- Repayment of the federal premium tax credit is capped for individuals whose year-end income is at or below 400 percent FPL, while those above 400 percent FPL must repay the entire amount of credit they received in advance.
- Covered California will work closely with FTB and Department of Finance on the state subsidy program reconciliation process and repayment caps. In developing recommendations, staff will consider:
  - Budget considerations
  - Federal caps and the relationship of the caps to the premium subsidies received by consumers
  - Extension of caps beyond 600 percent FPL to mitigate the impact of the cliff

# State and federal updates

## Medi-Cal Expansion

- Expansion of state-only full-scope Medi-Cal to individuals between 19 and 25 years old regardless of immigration status.
- \$15 million in State General Fund for outreach for two years, with an additional \$15 million of federal matching funds each year.

# Assembly Bill 1309 — Open Enrollment Deadlines

Assembly Bill 1309 proposes to change the dates for the open enrollment period.

Plan Year	OE Under Current Law		OE Under AB 1309	
	Start	Finish	Start	Finish
2020	Oct 15	Jan 15	Oct 15	Jan 31
2021	Oct 15	Jan 15	Nov 1	Jan 31
Ongoing	Oct 15	Jan 15	Nov 1	Jan 31

AB 1309 is pending in the California Legislature and could be subject to further change. If signed into law by the Governor, the bill will take effect on January 1, 2020.

If enacted, Covered California is poised to make needed adjustments for a new January 31 deadline for the 2020 plan year.



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## 2020 Plans & Benefits

# Providing consumers with more health plan options in 2020

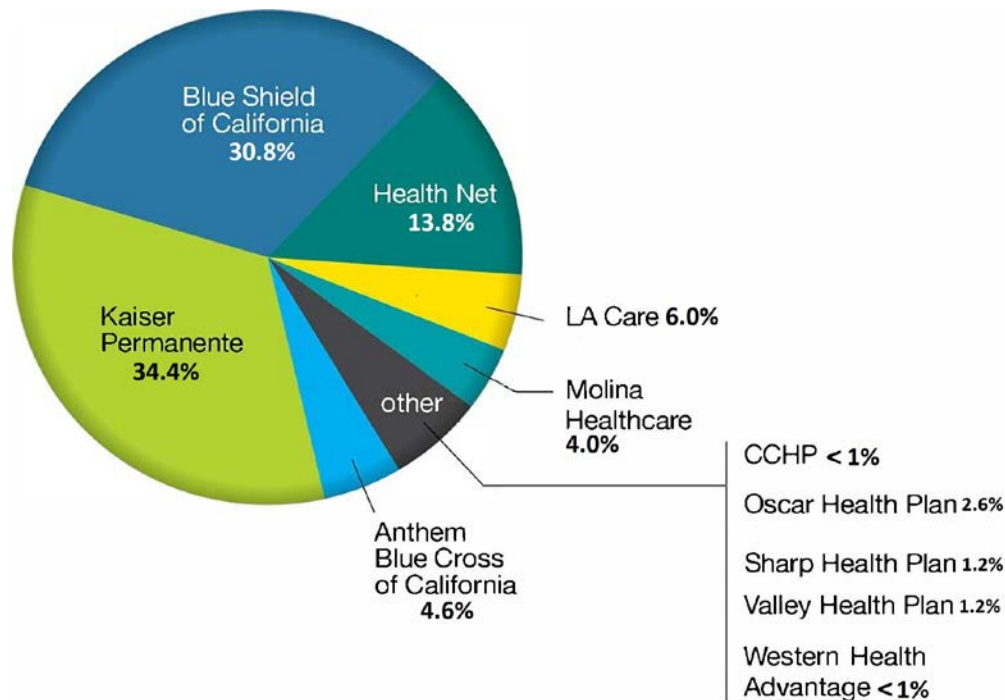


- All 11 health insurance companies will return to the market
- 3 carriers will be expanding their offerings
- Nearly all Californians will have a choice of 2 carriers
- 87% will have a choice of 3 or more carriers

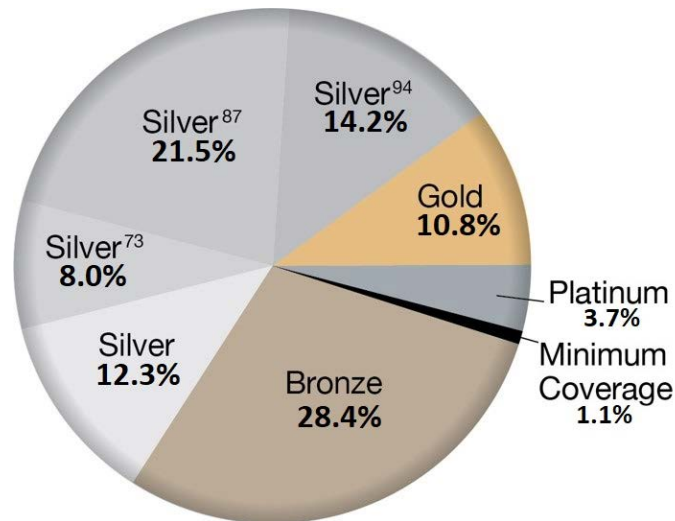


# Covered California 2019 Enrollment

## Qualified health plan enrollment



## Enrollment by metal plans



2019 Enrollment data as of 6/30/2019 .

# San Francisco County – Region 4

<b>Regional Rate Change (weighted average)</b>	<b>6.6%</b>
Shop and Save: Weighted rate change if consumers in this region switch to the lowest-price plan in the same metal tier	-3.7%

<b>Carriers</b>	<b>Range of 2020 Rate Changes</b>	<b>Average Rate Change 2019-20</b>	<b>Percent of Enrollment in 2019</b>
Blue Shield HMO	1.7% to 7.6%	2.3%	1.6%
Blue Shield PPO	1.5% to 6.5%	3.5%	20.5%
CCHP HMO	17% to 23.5%	16.5%	24.7%
Health Net EPO	3.3% to 3.3%	3.3%	0.2%
Kaiser Permanente HMO	-5.4% to 6.8%	1.6%	50.3%
Oscar EPO	-12.7% to 14.9%	7.5%	2.6%

# San Francisco County (Region 4): Hospital Network

- Hospital network as of August 5, 2019
- May not be a complete list of hospitals
- Verify with the health plan if the hospital is in-network
- Kaiser Permanente hospitals are not listed

Hospital	Blue Shield HMO	Blue Shield PPO	CCHP HMO	Health Net EPO	Kaiser HMO	Oscar EPO
California Pacific Medical Center - D/P APH		X	X			
California Pacific Medical Center - Davies Campus Hospital		X	X			
California Pacific Medical Center - Van Ness Campus		X				
Chinese Hospital	X	X	X	X		
Kentfield Hospital San Francisco	X					
St. Francis Memorial Hospital	X	X	X	X	X	
St. Mary's Medical Center, San Francisco	X	X	X	X		
UCSF Medical Center	X	X	X			X
UCSF Medical Center at Mission Bay	X	X				X
UCSF Medical Center at Mount Zion	X	X				X

# 2020 health plan benefit designs by metal tier

Metal Tier	Bronze	Silver	Gold	Platinum
	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$65*	\$40	\$30	\$15
Urgent Care	\$65*	\$40	\$30	\$15
Specialist Visit	\$95*	\$80	\$65	\$30
Emergency Room Facility	40% after deductible is met	\$400	\$350	\$150
Laboratory Tests	\$40	\$40	\$40	\$15
X-Rays and Diagnostics		\$85	\$75	\$30
Imaging	40% after deductible is met	\$325	\$275 copay or 20% coinsurance*	\$75 copay or 10% coinsurance***
Medical Deductible	Individual: \$6,300 Family: \$12,600	Individual: \$4,000 Family: \$8,000	N/A	N/A
Pharmacy Deductible	Individual: \$500 Family: \$1,000	Individual: \$300 Family: \$600	N/A	N/A
Annual Out-of-Pocket Maximum	\$7,800 individual \$15,600 family	\$7,800 individual \$15,600 family	\$7,800 individual \$15,600 family	\$4,500 individual \$9,000 family

\* 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.

\*\* See plan Evident of Coverage for imaging cost share



## Marketing and Communications

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# Marketing Matters

**Lessons** from California to  
**Promote Stability** and  
**Lower Costs** in National  
and State **Individual**  
**Insurance Markets**



[http://hbex.coveredca.com/data-research/library/CoveredCA\\_Marketing\\_Matters\\_9-17.pdf](http://hbex.coveredca.com/data-research/library/CoveredCA_Marketing_Matters_9-17.pdf)

# Many don't understand Covered CA

**Many are unclear that Covered California is a resource** and provides a variety of low cost and high-value options

## Common misconceptions:

- A health insurance provider
- Tied to Medi-Cal
- A way for the state to make a profit
- Has insurance providers' best interests in mind
- Only for low income consumers
- Even those who are subsidy eligible wouldn't qualify for financial help
- Offers basic or subpar care

**For some, “marketplace” is associated with profits or putting providers first; consumers need to know Covered CA has their best interests in mind**



“It’s Medi-Cal. I’ve looked into it, but I make too much money.”

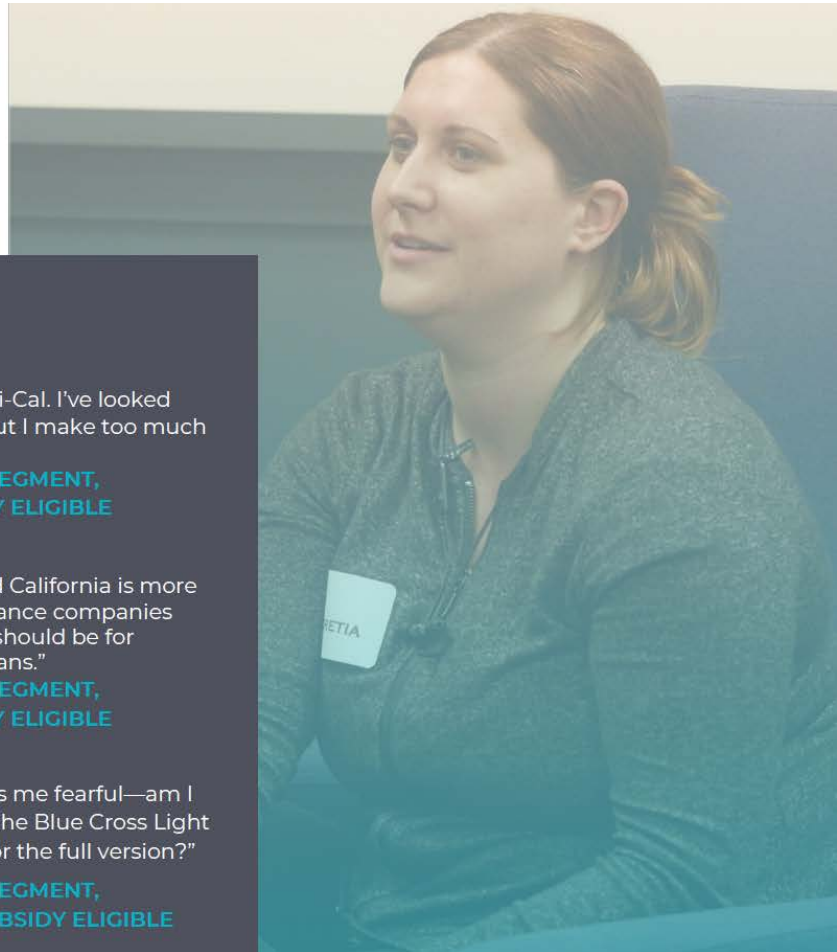
**MULTI-SEGMENT,  
SUBSIDY ELIGIBLE**

“Covered California is more for insurance companies when it should be for Californians.”

**MULTI-SEGMENT,  
SUBSIDY ELIGIBLE**

“It makes me fearful—am I getting the Blue Cross Light version or the full version?”

**MULTI-SEGMENT,  
NON-SUBSIDY ELIGIBLE**



# Most motivational messages to consumers

- **People who have not been eligible before could receive financial help** to lower the cost of health insurance
- At Covered California, **there's financial help available**, so you can get the same quality health care coverage for a lower cost
- **Even if you didn't qualify before, you may** be able to afford health insurance with additional financial help California is providing next year
- Health insurance through Covered California limits your future financial risk. With annual out-of-pocket limits, **if you have high medical bills, you'll only pay a small portion...**



# Our messages this open enrollment...

- **Affordability & Expanded financial help**
  - Rates/cost going down for many
  - For the first time ever, hundreds of thousands of Californians will get state financial help to make coverage more affordable
  - Even middle-income families can now get financial help
- **Law & Mandate**
  - Included in some media channels, as appropriate, while positioning Covered California to help
  - Californians now must have health coverage, and Covered CA is here to help you get it
- **Core support messages**
  - Enrollment help, preventive care, brand-name plans and deadlines

# Creative Messages

## Preventive

Free preventive care is included with every health plan.



 COVERED CALIFORNIA [ENROLL NOW](#)

## Dental

You can add dental coverage to your health plan.



 COVERED CALIFORNIA [LEARN MORE](#)

## Get

Get free expert help choosing the right health plan for you.



 COVERED CALIFORNIA [FIND HELP](#)

## December Deadline


Enroll in a health plan by December 15.



 COVERED CALIFORNIA [GET COVERED](#)

## Affordability

See how little it costs to get covered.



 COVERED CALIFORNIA [GET COVERED](#)

## QH

Compare brand-name health plans.

 COVERED CALIFORNIA [SHOP NOW](#)

## Five Dollar

Enrollees pay an average of \$5/day for their health plan.



 COVERED CALIFORNIA [SHOP NOW](#)

## January Deadline

The last day to sign up for health coverage is January 15.



 COVERED CALIFORNIA [GET COVERED](#)

# Outlook for 2020

## More affordability

- ✓ Record-lowest, average statewide rate increase since launch
- ✓ More financial help now available for qualified households with low and moderate incomes
- ✓ Hundreds of thousands of Californians could be eligible for state subsidy dollars
- ✓ California is leading the country with innovative initiatives that will save residents hundreds of millions of dollars

# QUESTIONS?



## Contact Us

**Marc Ross**

Bay Area Representative

Outreach and Sales Division

**M** 916-539-5524

**E** [Marc.Ross@covered.ca.gov](mailto:Marc.Ross@covered.ca.gov)

CoveredCA.com | (800) 300-1506

SHOW UP, SPEAK OUT, FIGHT BACK!

**HIV**  
**ADVOCACY**  
**NETWORK**



A close-up, slightly low-angle shot of a woman with light brown hair, looking upwards and to the left with a surprised or intense expression. Her mouth is slightly open. The background is blurred, showing another person's face in profile. The lighting is soft and natural.

OFFICIAL TRAILER  
**IFC**Films

# HAN

*The HIV Advocacy Network (HAN) is a grassroots group of activists in the Bay Area fighting to end the HIV/AIDS epidemic and improve the lives of communities impacted by HIV.*





# ISSUE AREAS

— — —

- **Health Justice**

- HIV, HCV & STD Funding
- Access to Healthcare

- **Housing & Homelessness**

- HOPWA Funding
- Prop C

- **Harm Reduction**

- Safer Consumption Services
- Meth Task Force
- Mental Health SF

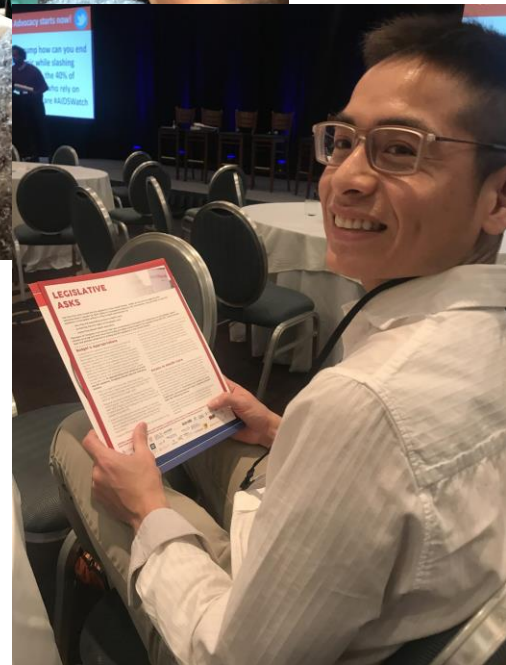
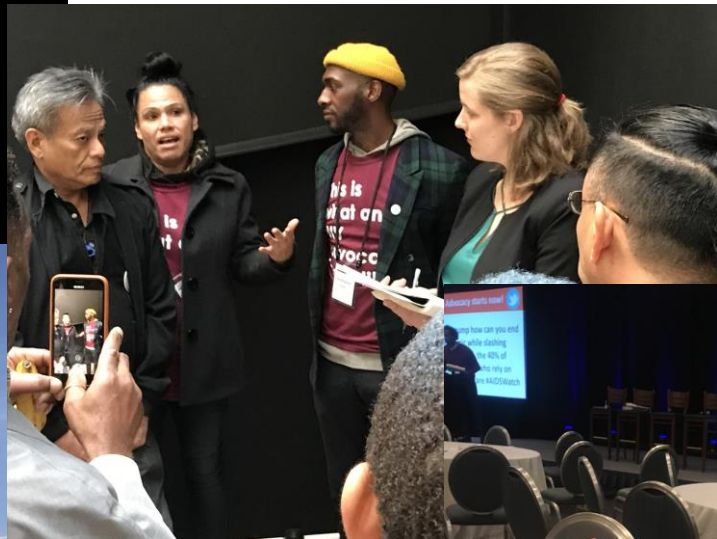
- **HIV & Aging**

- Expanding programs modeled off of Golden Compass across the state

**BUILDING POWER**

**Have you ever lobbied a policy maker?**

# AIDSWatch





# LGBT Advocacy Day





# VICTORY!

THIS BILL WILL PROHIBIT THE ARREST  
OF INDIVIDUALS ENGAGED IN SEX  
WORK WHEN THEY COME FORWARD AS  
A WITNESS OR A VICTIM OF SPECIFIED  
VIOLENT AND SERIOUS CRIMES AND  
CLARIFIES THAT THE POSSESSION OF  
CONDOMS MAY NOT BE USED AS  
PROBABLE CAUSE TO ARREST SOMEONE  
FOR SEX WORK.

## GOVERNOR SIGNS SB 233!

# EtE Day of Action







# **2019** Budget Scorecard

Measuring California's progress towards ending the HIV, HCV & STD epidemics.

NEEDED \$2 MILLION

Received **\$0**

for an End the Epidemics Task Force

NEEDED \$20 MILLION

Received **\$5M**

for HIV prevention

NEEDED \$20 MILLION

Received **\$5M**

for Hepatitis C prevention

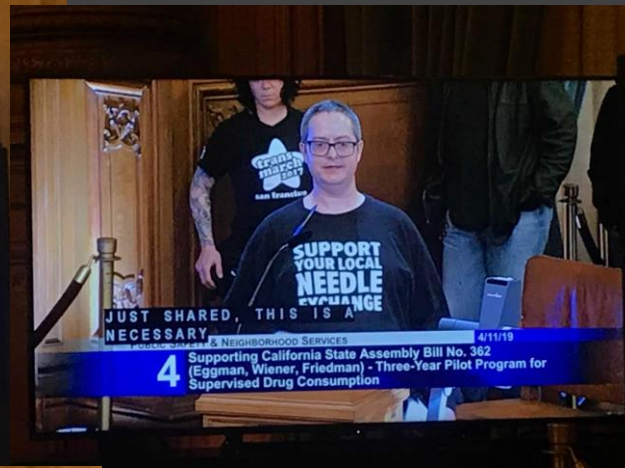
NEEDED \$20 MILLION

Received **\$5M**

for STD prevention



**Have you ever been on TV?**



# Event Tabling



# Group Presentations & Town Halls





# CANVASSING EVENT!

HIV  
ADVOCACY  
NETWORK

END THE  
EPIDEMICS  
HIV HCV & STD

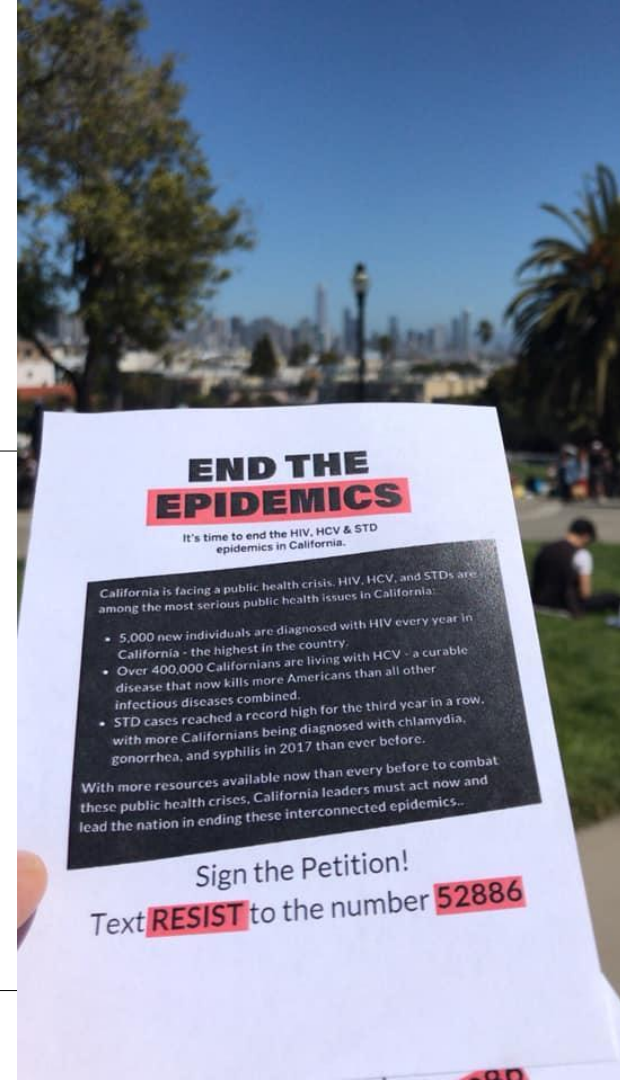
END THE  
EPIDEMICS

SAN FRANCISCO

SAN FRANCISCO  
AIDS  
FOUNDATION



# Community Outreach & Education







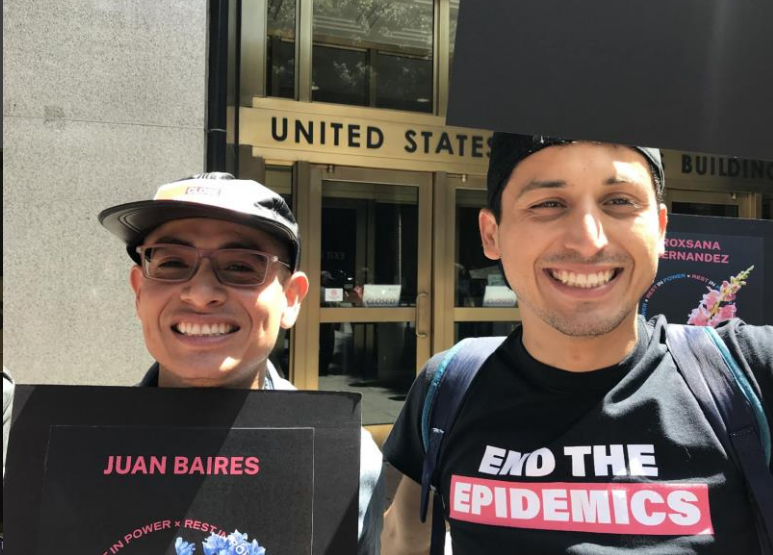






# **UNDERSTANDING INTERSECTIONALITY & BUILDING SOLIDARITY**

**Have you ever been to a march or rally?**







**BUILDING COMMUNITY**







**Sunday Oct. 26th  
2pm @ El Rio**

# GENERAL MEETING!

HIV  
ADVOCACY  
NETWORK



END THE  
EPIDEMICS

SEXWORKER  
RIGHTS  
ARE  
HUMAN

END THE  
EPIDEMICS





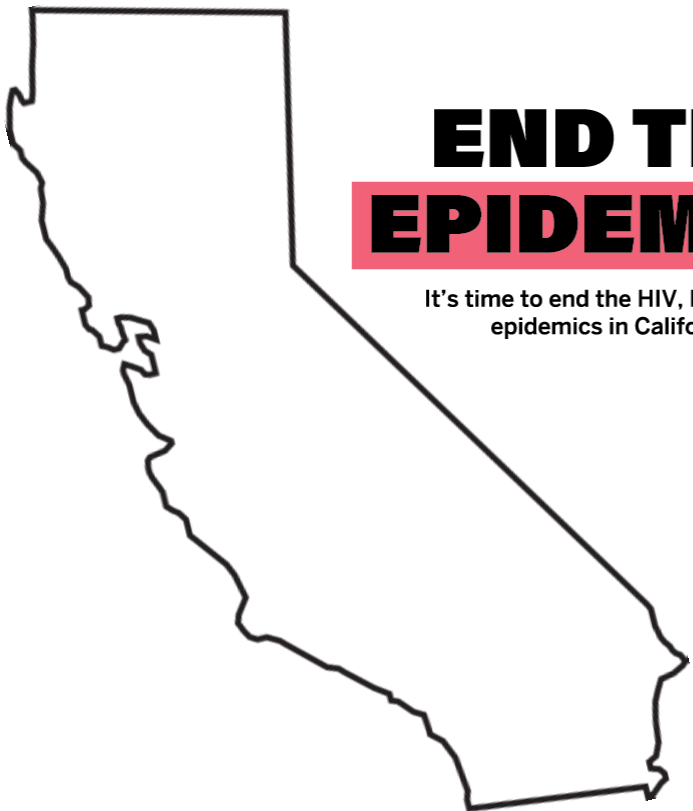
**Ande Stone**  
Community Mobilization Manager  
San Francisco AIDS Foundation  
**astone@sfaf.org**

**GET INVOLVED!**

**LISTSERV - [www.sfaf.org/HANBayArea](http://www.sfaf.org/HANBayArea)**  
**EVENTS - [www.sfaf.org/HANEvents](http://www.sfaf.org/HANEvents)**

# **END THE EPIDEMICS**

It's time to end the HIV, HCV & STD  
epidemics in California.

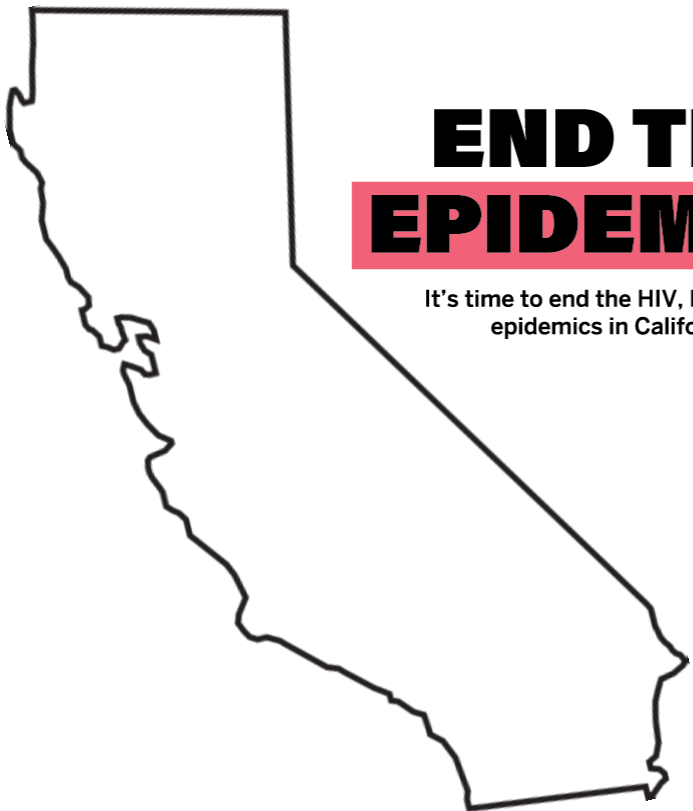


# **END THE EPIDEMICS**

It's time to end the HIV, HCV & STD  
epidemics in California.

## **OVERVIEW**

- HIV, HCV, and STDs in California are a major public health crisis
- California now has the tools and ability to end these epidemics
- Will require increased political will and new resource commitments
- Over 160 organizations are calling on elected officials to launch a bold public health initiative to end the HIV, HCV, and STD epidemics



# **END THE EPIDEMICS**

It's time to end the HIV, HCV & STD  
epidemics in California.

## **KEY POINTS**

- Integrated response to HIV, HCV, and STDs
- Syndemic approach also addresses social determinants of health
- Increased cross-departmental collaboration and resource commitment are key
- Impacted communities must be involved in decision-making at every level
- Ensures public health strategies are effectively integrated into primary care

# California is Facing a Public Health Crisis

## HIV

New HIV diagnoses declined by less than 3% from 2013 to 2017

Rate of new diagnoses declined 13% among Whites, while decreasing only 2% among Blacks and increasing 4% among Latinxs

Rate of diagnosis among transgender women is among the highest of any group

## HCV

Over 400,000 people living with HCV and 55% unaware of status

Rates of newly reported chronic HCV increased 50% among young people (15-29 years) from 2011-2015

Opioid crisis has led to dramatic increases in HCV, particularly among young people

## STDs

More than 300,000 reported STD cases in California in 2017, a 45% increase since 2013

2017 rates of chlamydia, gonorrhea, and syphilis surpassed national average for 4th year in a row

Congenital syphilis rate 2nd highest in nation after Louisiana

# SYNDEMIC

“an aggregation of two or more diseases that interact synergistically within a population and exacerbate poor health outcomes”

- HIV, HCV, and STDs disproportionately impact many of the same communities
- Having an STD increases the likelihood of acquiring HIV
- HCV progresses faster and more than triples the risk for liver disease among people coinfecting with HIV and HCV
- Epidemics are driven by similar social and economic conditions
- Many individuals would benefit from integrated HIV, HCV, and STD services

# Opportunity to End the Epidemics

## HIV

Highly effective medications lengthen and improve the quality of life for people living with HIV

People living with HIV who are virally suppressed cannot transmit HIV to their partners

HIV-negative individuals can take preventive medications—known as PrEP and PEP—to nearly eliminate their risk of acquiring HIV

## HCV

Powerful new HCV drugs can cure the vast majority of people in as little as 8-12 weeks

California has expanded access to HCV treatment to most who need it

Harm reduction services (i.e., syringe exchange, medication assisted therapy, and safe injection sites) can reduce new transmissions

## STDs

Most STDs are curable, and efficient STD screening, rapid treatment, and enhanced partner services can dramatically reduce their further spread

Comprehensive prevention services can drastically reduce new transmissions

# Significant Barriers

## Limited Funding

Over \$30 million cut from HIV prevention in 2009 – only \$12.5 million restored

Although a leader in access to HCV treatment, limited funding provided for HCV prevention, testing, and linkage

Federal funding for STD prevention has dropped 40% over the last 15 years, while state has provided limited investments

## Siloed State Departments

Very limited structural support for effective collaboration across key state departments:

- Health Care Services
- Public Health
- Corrections
- Covered California
- Education
- Aging
- Housing

## Social Determinants

Social determinants of health prevent individuals from accessing services:

- Stigma and discrimination
- Poverty
- Homelessness
- Overcriminalization
- Racism
- Homophobia
- Transphobia
- Harsh immigration policies



## 2015 Blueprint

For achieving the goal set forth by Governor Cuomo to end the epidemic in New York State by the end of 2020.

GET TESTED.  
TREAT EARLY.  
STAY SAFE.

# End AIDS.



Department  
of Health

[health.ny.gov/ete](http://health.ny.gov/ete)

## New York Plan to End AIDS

- Governor Cuomo **announced** a 3-point plan to end AIDS in New York State in 2014
- Governor-appointed task force developed “Blueprint” which includes 30 key recommendations
- 63-member task force included public health officials, researchers, community leaders, advocates, and health care delivery leaders
- New York State committed more than \$20 million in additional funding since 2014 and new diagnoses declined 20%
- Governor Cuomo announced the nation's first state-level comprehensive HCV elimination strategy in 2018

# END THE EPIDEMICS

It's time to end the HIV, HCV & STD  
epidemics in California.

## Community Consensus Statement

May 23, 2019

**We, the undersigned organizations, call on Governor Newsom and the California Legislature to act now to end the HIV, HCV, and STD epidemics.**

**THE OPPORTUNITY:** California is at an unprecedented moment in response to HIV, hepatitis C (HCV), and sexually transmitted diseases (STDs). With highly effective treatments and proven prevention tools, California can now dramatically reduce new transmissions, improve the health of people living with these conditions, and bring these epidemics to an end.

**THE CHALLENGE:** Over 5,000 Californians are newly diagnosed with HIV each year—more than any other state in the nation—and over 400,000 California residents are currently living with HCV.<sup>1</sup> STD cases reached a record high for the third year in a row, with more Californians being diagnosed with chlamydia, gonorrhea, and syphilis in 2017 than ever before.<sup>2</sup>

HIV, HCV, and STDs are interrelated epidemics—also known as a syndemic—impacting many of California's most disadvantaged communities, including people of color, gay and bisexual men, transgender individuals, women, people experiencing homelessness, youth, and people who use drugs. Bold action is needed to integrate our response to these epidemics and eliminate health disparities and inequities.

**THE SOLUTION:** Ending these epidemics will require renewed commitment from elected officials and strategic new investments in effective education, prevention, and treatment programs. It will also require structural responses to address the economic and social conditions that drive these epidemics, including stigma and discrimination, poverty, and unstable housing. Failure to act decisively will only result in more transmissions and significantly higher public and private health care costs.

On April 10, 2018, a group of 50 public health and community leaders convened in Los Angeles to build support for a statewide strategy to end the HIV, HCV, and STD epidemics.<sup>3</sup> The convening was informed by other recent statewide efforts, including California's Integrated HIV Surveillance, Prevention, and Care Plan and Viral Hepatitis Prevention Strategic Plan.<sup>4</sup> While these plans outline important goals and recommendations, they do not adequately speak to the need for broad-based community engagement or the political will, resources, and cross-departmental collaboration that will be required to address these epidemics effectively.

## Community Consensus Statement

- Calls on Governor Newsom and Legislature to convene high-level working group
- Highlights urgency of the HIV, HCV, and STD epidemics
- Highlights long standing and new tools and interventions
- Calls for increased cross-departmental collaboration and new funding
- Stresses importance of meaningful community involvement
- Signed by over 160 organizations, including several health departments

Resources, political will,  
and momentum to advance  
End the Epidemic initiative  
remained limited

Community and public  
health stakeholders  
convene to discuss strategy  
and next steps

Combined stakeholder  
budget request, including  
funding for an End the  
Epidemics task force

Late 2017

Early 2018

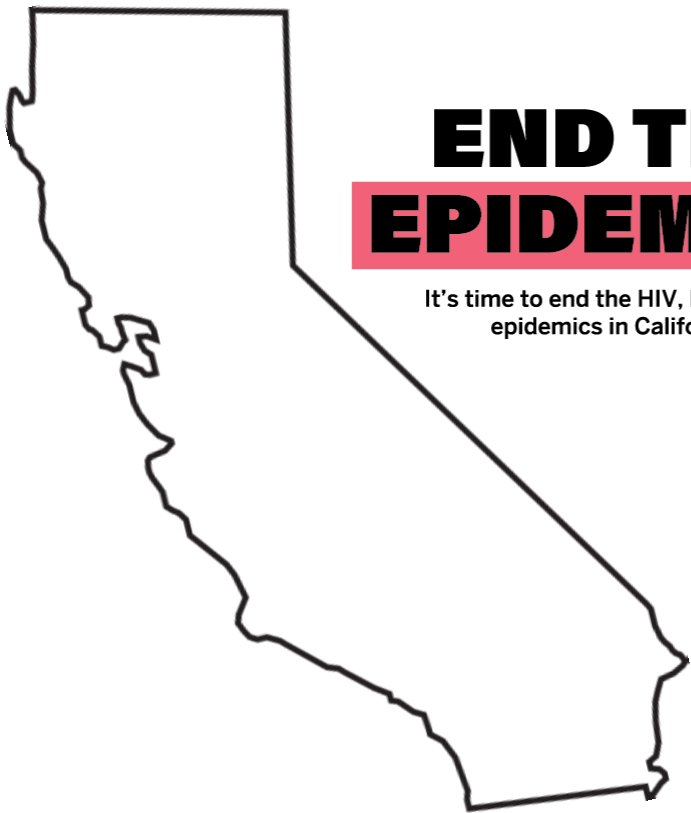
April 2018

March 2019

Spring 2019

Gavin Newsom endorses  
statewide Getting to Zero  
initiative to reduce, and  
ultimately eliminate, the HIV  
and HCV epidemics

Community consensus  
statement released calling for  
statewide strategy to end the  
HIV, HCV, and STD  
epidemics



# **END THE EPIDEMICS**

It's time to end the HIV, HCV & STD  
epidemics in California.

## **Next Steps**

- Continue monthly meetings of statewide working group (more than 100 members)
- Build statewide advocacy coalition and develop 2020 legislative agenda
- Continue to educate and engage community members through town halls and other events
- Educate elected officials through legislative briefing and in-person meetings in Sacramento
- Conduct research to inform initiative through California HIV/AIDS Research Program

# END THE **EPIDEMICS**

It's time to end the HIV, HCV & STD  
epidemics in California.

Sign the Petition  
Text PREVENT HIV to the number 52886



**BAY AREA LEGAL AID**  
HEALTH CONSUMER CENTER

# **MEDI-CAL 101**

**TIFFANY HUYENH-CHO  
HEALTH CONSUMER CENTER  
BAY AREA LEGAL AID**

**October 7, 2019**

# HEALTH CONSUMER CENTER

- Statewide legal hotline providing free assistance on health care coverage and health access issues
- The Health Consumer Center (HCC) also provides legal advice, brief services, and extended representation, including representation at State Fair Hearings.
- Spanish, Mandarin, Cantonese, Korean, and Hindi speaking attorneys. All other languages accessed via a telephone interpreter service.
- Areas of health law include Medi-Cal, Covered CA, Medicare, and private insurance.
- All services are free and we welcome all income levels.
- **Hotline: 1 (855) 693 - 7285. Open M-F, 9-5pm.**



# MEDI-CAL: WHAT IS IT?

- Federally & state funded health insurance program for low-income persons
- Administered by California's Department of Health Care Services (DHCS)
  - <http://www.dhcs.ca.gov/services/medi-cal>
- Eligibility is determined at the county level





# ELIGIBILITY: WHO GETS MEDI-CAL?

- ✓ Programmatically-linked: *i.e.*, SSI, CalWORKs,
- ✓ Seniors
- ✓ “Expansion/Childless” adults 19-64
- ✓ Foster care, adoption assistance
- ✓ Parent/Caretaker Relatives
- ✓ Infants and children up to age 19
- ✓ Pregnant women
- ✓ Persons with disabilities
- ✓ Former foster youth to age 26
- ✓ Long term care



# TYPES OF MEDI-CAL COVERAGE

- ❑ **Free, Full-Scope Medi-Cal:** no cost-sharing, responsibility to pay for services
  - Pays for medically necessary health care & treatment when using a Medi-Cal provider. \$0 out of pocket responsibility
  - Expansion Medi-Cal (138% FPL, Parent/Caretaker etc), 250% Working Disabled, Aged & Disabled Medi-Cal
- ❑ **Share of Cost (SOC):** income too high for free, full-scope Medi-Cal programs
  - Beneficiary is expected to contribute financially to the cost of their medical care
  - A SOC is assigned when a household's countable income exceeds the maximum income limit for the free, full scope Medi-Cal programs.
  - SOC applies to beneficiaries that are ineligible for expansion Medi-Cal

# MEDI-CAL EXPANSION: WHAT IS MAGI?



- New methodology for determining eligibility for Medi-Cal, based on Modified Gross Adjusted Income (MAGI). MAGI is based on Adjusted Gross Income under the U.S. Tax Code PLUS any foreign income, tax-exempt interest, and Social Security Benefits.
  - Includes an across-the-board 5% disregard for all programs
  - Exempts resources (like money in savings accounts or personal property) as an eligibility factor.
  - **Calculation:** Adjusted Gross Income + Non-taxable Social Security Benefits (ex, Social Security Disability, Social Security Retirement), Tax-exempt interest, Foreign earned income & housing expenses
    - Adjusted Gross Income: Income Line 37 on IRS Form 1040, Line 4 on Form 1040EZ, Line 21 on Form 1040A
    - Common tax deductions will affect the AGI, such as student loan interest deductions, and educator expenses etc
    - Common Income Exceptions: Example, State Disability Insurance is exempt, financial assistance used to pay for tuition.

# MAGI MEDI-CAL CONTINUED

Eligibility is determined by whether the applicant(s) income falls beneath the income limit for that household size.

- **Household Size: HH size is based on tax household size.**
  - Ex: Generally, tax household is the tax filer, spouse, and any dependents.
- **Self-Employment Income**
  - Counted as reportable income but only the taxpayer's net business profit (or loss), as shown on the Schedule C.
- **IHSS Income Special Rules**
  - Under MAGI based programs, IHSS wages received by IHSS providers who live in the same home with the recipient of those services are **excluded** from gross income

# TRADITIONAL MEDI-CAL

- Traditional Medi-Cal programs have both income and asset requirements unlike Expansion Medi-Cal, like the 138% FPL, which does not have asset tests.
  - 250% Working Disabled, Aged, Blind, & Disabled, Medically Needy Share of Cost, & long term care.
  - Countable Income under traditional Medi-Cal is not the same as expansion MAGI. Countable income is income after all applicable deductions are made for the particular Medi-Cal program. Deductions can vary from one program to another.
- **Asset Limit**
  - Single: \$2,000/mo
  - Couple: \$3,000/mo
- **Aged, Blind, and Disabled:** full-scope Medi-Cal program for those over 65, or under 65 and have Medicare, and below the income/asset limits for the household size.
- **Medically Needy Share of Cost:** for households whose income is above the income limit threshold, they are expected to contribute financially to their medical expenses.

# DETERMINING INCOME

## MAGI VS. NON-MAGI



### TRADITIONAL MEDICAL CATEGORIES

- Aged, Blind, Disabled
- Medically Needy
- Long Term Care (skilled nursing facility)

### MODIFIED ADJUSTED GROSS INCOME (MAGI) COUNTING RULES

- Expansion Childless adults 19-64
- Pregnant women
- Children up to age 19
- Parent/Caretaker Relative

# INCOME LIMITS



Coverage Group	Income FPL	2019 Monthly Income (1 person)	2019 Annual Income (1 person)
Expansion adult, 19-64	138%	\$1,437	\$17,236
Parent/Caretaker Relative	109%	\$1,135	\$13,614
Aged, Blind, or Disabled*	100% + \$230	\$1,271	\$15,252
Working Disabled*	250%	\$2,602	\$31,225

\*Non-MAGI

# COUNTABLE INCOME UNDER MAGI & NON-MAGI

	MAGI Programs	Traditional non-MAGI Medi-Cal
Counted as Income?		
Social Security Disability	Y	Y
State Disability Income	N*	Y
IHSS Wages	N (wages received as a live-in provider)	N (only for IHSS wages earned on behalf of minor child and/or spouse)
Workers Compensation	N	Y
Gifts, Inheritances	N	Y
SSI	N	N



# MEDI-CAL ASSET & RESOURCE RULES

Traditional Medi-Cal categories have an asset/resource limit

- **Asset Limit**
  - Single: \$2,000/mo
  - Couple: \$3,000/mo
- A house is exempt (if you live in the home) and 1 car (2 cars for a couple).
- **IRAs, KEOGHs, and other work-related pension plans:** exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal and payments of principal and interest are being received, the balance is considered unavailable and it is not counted
- **Life insurance policies:** Exempt if the face value is \$1,500 or less

# COUNTABLE INCOME FOR TRADITIONAL MEDI-CAL



➤ Countable Income for Medi-Cal purposes is calculated by taking monthly income minus some common deductions:

- **Medical insurance premiums**
- **Automatic \$20 deduction**
- **Any Employment Income Deductions (aka earned income)**
  - Deduct \$65 Employment Income
  - Minus any Impairment-related expenses you pay to become/remain employable (if you are disabled)
  - Minus any Income-related work expenses, i.e. transportation, uniforms, etc. (if you are blind)
  - 50% of the balance of employment income after the above deductions
  - = **countable earned income.**
  - Ex: Joe earns \$3,000 in employment a month.  $3,000 - 65 / 2 = \$1467.5$  countable income.
  - \*These rules apply to spousal employment as well.

# MEDI-CAL MEDICALLY NEEDY PROGRAMS AND SHARE OF COST

A **SHARE OF COST (SOC)** is assigned when the applicant's *countable income* is over the maximum income limit for the applicable Medi-Cal programs.

What is a Share of Cost?

- It is not a monthly premium
- It functions more like a **monthly deductible, or a monthly cap** on the amount you have to pay for health services. Therefore,
  - If you do not use health services in the month, you do not pay the SOC.
  - If you do use health services in a month, you are responsible to **pay out of pocket for your health services up to the SOC amt.** After meeting the entire SOC in one month, MC will cover any expenses above your SOC in that same month.
- SOC restarts every month

# CALCULATING THE SHARE OF COST

Share of Cost is Calculated by the County Office

- **Share of Cost** = Countable Income minus the Maintenance Need Level for the household
- Maintenance Need Level is set by the govt and the amt of income the govt allows a beneficiary to retain for rent, food, utilities. It is a standard level and does not take into account cost of living.
- Maintenance Need Level:
  - Single person \$600
  - Couple \$934

# EXAMPLE #1

Joseph is 67, a single person, and receives \$1,600 in Social Security Retirement each month. His insurance is Medicare and he pays \$134/mo in Part B Premiums and \$60 in vision insurance. Does he qualify for free, fullscope Medi-Cal?

- No. Joseph has a SOC bc his monthly income exceeds the \$1,271/mo limit.
  - His SOC = \$846
  - Calculation:  
\$1600  
- \$20 (automatic deduction)  
- \$134 (part B premium) & \$60 (vision)  

---

= \$1,386 in countable income.'
- His SOC = \$786 (\$1,386 - \$600 Maintenance Need Level)

# MEETING THE SHARE OF COST

- A beneficiary is deemed to have “met” their share of cost when they have paid out of pocket for their medical expenses, up to the SOC cap.
- Example:
  - John has a \$150 share of cost for the month of June. In June, John had multiple medical appointments and prescriptions he needed. John paid \$150 out of pocket for his appointment co-pays, co-insurance, and prescriptions. John has met his SOC for June. Any medical expenses in excess of the \$150, Medi-Cal will pay for.
- Medical bills paid on behalf of other family members also count towards meeting the SOC.

# SHARE OF COST STRATEGIES

# COMMON STRATEGIES

- Using unpaid bills
- Medical expenses paid on behalf of another family member
- 250% Working Disabled Program
- Supplemental medical insurance





# SUPPLEMENTAL MEDICAL INSURANCE

- **Medical Insurance premiums** are a common way to reduce someone's countable income to either at or below the free Aged & Disabled limit (\$1,271 for single person in 2019). Paid monthly premiums for supplemental insurance (vision, dental, medigap) can be deducted from the household's countable income.
- Premiums paid on behalf of other immediate family members count too (spouse, children etc).

## EXAMPLE #4: MEDICAL INS PREMIUMS

➤ John and Jane are married and live together. John and Jane are both 65 years old. John receives \$900 in SSA and Jane gets \$1,000 in SSA. John and Jane pay \$268 combined in Medicare Part C premiums. Are John and Jane eligible for free, full scope A&D Medi-Cal? The maximum income limit for a household of 2 is \$1,719/mo.

**Answer: Yes.**

- $\$900 + \$1,000 = \$1,900$
- \$1900 minus
  - - \$20 deduction
  - - \$268 medical insurance premiums
- $= \$1,612$  in countable income
- $\$1,612 > \$1,719$  max. income for a couple

# 250% WORKING DISABLED PROGRAM

## Alternatives to SOC:

- **250% Working Disabled Medi-Cal Program** provides full-scope Medi-Cal with a **monthly premium** to working disabled individuals with countable income below 250% of the federal poverty level.
- Criteria:
  - **1) Disabled** – either SSA or Medi-Cal must have given a determination of disability
  - **2) Minimal employment** - beneficiary must engage in some sort of minimal employment. Medi-Cal has not set out minimum hours, wages etc to qualify. Common jobs have been babysitting grandchildren, filling out forms, gardening etc.
- Under 250% WDP, all disability income is exempt. The monthly premium is on a sliding scale and determined by the non-exempt income. The lowest monthly premium is \$20.
- 250% WDP also allows the beneficiary to save employment income, in a separate bank account, in excess of the regular Medi-Cal \$2,000 asset limit.

# STRATEGIES

- **Group health services** into as few months as possible so that you only have to pay out-of-pocket for health services during as few months as possible. Medi-Cal will pick up any health service expenses that exceed the SOC in those months.
- Use **unpaid medical bills to meet the SOC**. The bills can be for the individual themselves or their family members. You can combine unpaid bills into one month. Contact the county MC worker to apply this strategy.
- Ex: Joseph has a \$500 Share of Cost. In February, Joseph got a \$600 hospital bill he did not pay. Joseph showed the unpaid bill to his county Medi-Cal worker for the month of March. The bill, bc it is over Joseph's SOC, will cover his March SOC and \$100 of it will go towards a future month – April. Joseph doesn't have to prove that he has paid on the bill, only that he is obligated to pay. Joseph must keep in mind that the bill itself still needs to be reckoned with the provider.

# STATE FAIR HEARINGS

# APPEAL RIGHTS

If you disagree with a county's action (example, termination or share of cost), you have rights:

- Request a [State Fair Hearing](#) and appeal the county action
  - Beneficiary has 90 days from date of the Notice of Action to appeal a county action
    - If you are appealing a managed care plan decision (denial of medical treatment, diff appeal deadlines apply).
- [Aid Paid Pending](#): if an appeal is submitted before the county action goes into effect, Medi-Cal benefits will continue as is until you receive a final State Fair Hearing decision.
- Example: John receives a Notice of Action dated August 5, 2019 that his Medi-Cal benefits will terminate on August 31, 2019. John appeals the county's proposed termination on August 12, 2019. Because John appealed before the termination occurred, he will receive Aid Paid Pending and his Medi-Cal will not terminate pending the appeal outcome.

# State Fair Hearings

- **State Fair Hearings (“SFH”)** are before by an Administrative Law Judge who makes a judgment based on testimony, facts, and the applicable Medi-Cal regulations.
- SFHs are usually informal. An attorney is not required and beneficiaries can represent themselves at a SFH.
- The beneficiariary has the right to present their case, provide oral testimony, and to submit relevant documents to support their case.
- The county also has the opportunity to attend and provide a statement of their case.
- After the SFH decision is released, 30 day deadline to request a rehearing if the beneficiary disagrees with the SFH decision.



# NAVIGATING MEDI-CAL

- If income increases, a beneficiary could lose eligibility for free, fullscope Medi-Cal benefits.
- State regulations require the Medi-Cal county office to evaluate a person for all other programs for potential eligibility before proposing termination of Medi-Cal benefits
- Utilize the medical insurance premiums spenddown, evaluate for 250% Working Disabled Program, and/or other categories



# WHERE TO APPLY FOR MEDI-CAL?

## ONLINE

- <https://www.coveredca.com/apply/> - Download application or fill out online
- <https://www.mybenefitscalwin.org/>

## IN PERSON

- 1440 Harrison or 1235 Mission Street, San Francisco (M-F, 8am - 5pm)

## BY MAIL or FAX

- Human Services Agency  
PO BOX 7988  
San Francisco, CA 94120
- Fax: (415) 355-2432



# HELP!

**Health Consumer Center Hotline: 1 (855) 693-7285**

✧ Monday – Fridays, open from 9am to 5pm



# HIV & DENTAL CARE

**CHARLES HAWTHORNE**

**CAPACITY BUILDING COORDINATOR**

**HARM REDUCTION COALITION**

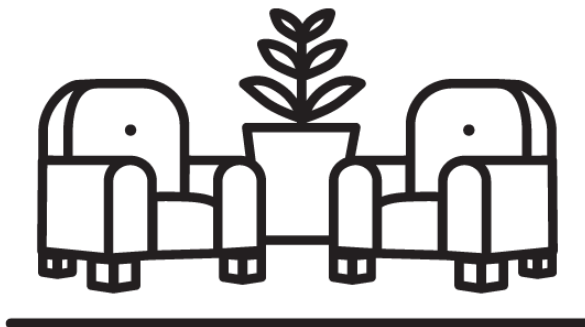
# WHAT IS MOTIVATIONAL INTERVIEWING?

- A collaborative, **person-centered** counseling style
- Aims to elicit and strengthen **motivation** for behavior change
- Creates a space to explore and resolve **ambivalence** about change



# WHY USE MOTIVATIONAL INTERVIEWING?

- Proven to be effective!
- Assists clients in making **informed decisions** about change
- Its **person-centered**, so motivation to change is elicited from the individual who is making the change



# **CLINICAL STRATEGIES**

**Open-Ended  
Questions**

**Affirmations**

**Reflective  
Listening**

**Summaries**

**Normalizing**

**Asking  
Permission**

# BEST PRACTICES

**Collaborate with client and medical case managers on enrollment, engagement and updates (generated by client activity).**

- Client referral based on expressed need and location.
- We encourage client communication between medical and dental providers.

**Help track and navigate client to attend dental appointments**

- Assist with retention in care and for new referrals to the Ryan White Dental Provider (RWDP)

**Ask questions**

- Discuss clients past and current dental experiences, habits and possible conditions which are a risk for oral disease. Identify the appropriate next step in care.

**Keep it simple**

- Consider how much time you/your org has and the complexity of the case. Try to keep an assessment to 2-3 questions and focus on building a relationship around oral care



# **ACCESS: WHAT TO ASK**

**Some programs keep their assessments simple by asking one question on care utilization: whether the client has been to the dentist in the last year or the date of the last dentist appointment that occurred.**

**Others Ask “whether problems with their teeth and mouth have made it difficult for the client to take HIV medications.”**

**The Safety Net Medical Home Initiative recommends a comprehensive set of questions that range from diet to dry mouth:**

- Do you experience tooth pain or bleeding gums when you eat or brush your teeth?
- Do you experience stomach acid in your throat after eating or when lying down on a daily or almost daily basis?
- On average, how many days per week do you brush your teeth twice daily for at least two minutes, using fluoride toothpaste, and floss at least once daily?
- On average, how many times daily do you consume sugar (sugary snacks or sugary drinks) between meals?

# **CHALLENGES**

- **Oral health literacy and cultural norms may affect a client's adherence to oral health treatment.**
- **Our client population is aging, medically complex and may present with co-morbidities.**
- **Clients may have fear of dental services, from past experiences or because it has been many years since their last dental exam.**

**MICHELLE PONCE LINGLE, RDA**

**TOM WADDELL URGENT CARE CLINIC DENTAL CLINIC**



**CHERYL FLORES**

**UNIVERSITY OF THE PACIFIC**

**ARTHUR A. DUGONI, SCHOOL OF DENTISTRY**

# UNIVERSITY OF THE PACIFIC

## CARE ELIGIBILITY REQUIREMENTS



**The school's CARE (HIV) Clinic funds dental care for qualified patients through the Ryan White Federal CARE grant.**

- **HIV/AIDS letter of diagnosis signed by a physician or a nurse practitioner.**
- **San Francisco resident.**
- **2019: Yearly income of \$49,960 (pre-adjusted gross income) or less.**
- **Valid photo identification card.**
- **Recent Lab work (within 1 year of blood drawn date)**
- **Other: Denti-Cal Card / Private Insurance Card**

# CARE BENEFITS

**The CARE annual max for 2019-20 (July-June) up to \$1,800.**

**Dental services include preventive treatment, same-day emergency dental care, fillings, root canals, dentures, and oral surgery for people with HIV who qualify for the CARE program.**

**Oral health care is provided by student dentists partnering with dental school faculty members.**

**Interpretation services are available for most languages. Patients may also bring their own interpreter.**



# CARE CONTACT INFORMATION

**155 Fifth Street, Room 236A**

**CARE Coordinator: Tina Saechao**

**Office (415) 929-6448      Fax: (415) 749-3348**

## **Business Hours**

**Monday-Friday**

**8:30-12:30 p.m.**

**1:30-5:00 p.m.**

**Closed 12:30-1:30 p.m.**





# Welcome to Medicare

- Presented by HICAP -  
The Health Insurance Counseling and  
Advocacy Program  
of  
Self-Help for the Elderly



# Agenda

- HICAP's Roles and Responsibilities
- An Overview of Medicare and your options
- Medicare Advantage Plans
- Ways to supplement Medicare

# Health Insurance Counseling and Advocacy Program (HICAP)

- Provides unbiased information about Medicare, related health care coverage, rights and options
- Helps seniors and adults with disabilities make informed decisions about their health care coverage

# HICAP Services

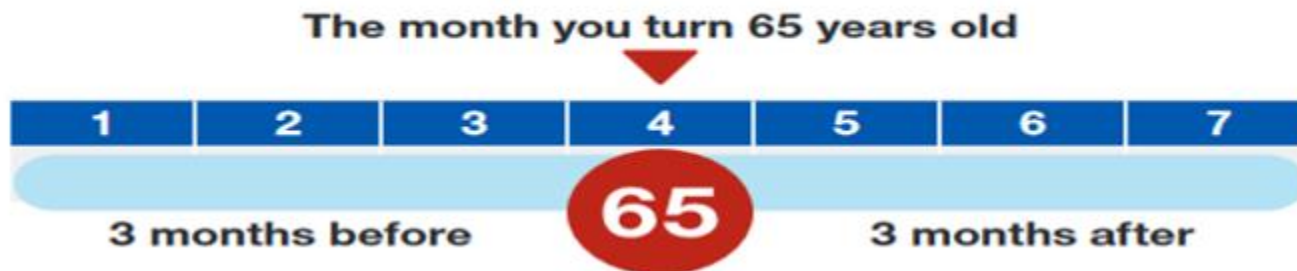
- Free 1 on 1 counseling service at 12 sites in San Francisco county
- Community education presentations about Medicare and related health care insurance, such as
  - Medicare benefits
  - Ways to supplement Medicare
  - Long term care insurance

# MEDICARE

## The Federal Insurance Program

### Eligibility Requirements

- ☐ For people who are 65 and older
- ☐ Certain Younger people with disabilities (SSDI for 24 months)
- ☐ People with End-Stage Renal Disease (ESRD)
- ☐ People with Lou Gehrig's Disease (ALS)
- ❖ Enrollment Period:



# Medicare Coverage

**Part A** = Hospital Insurance

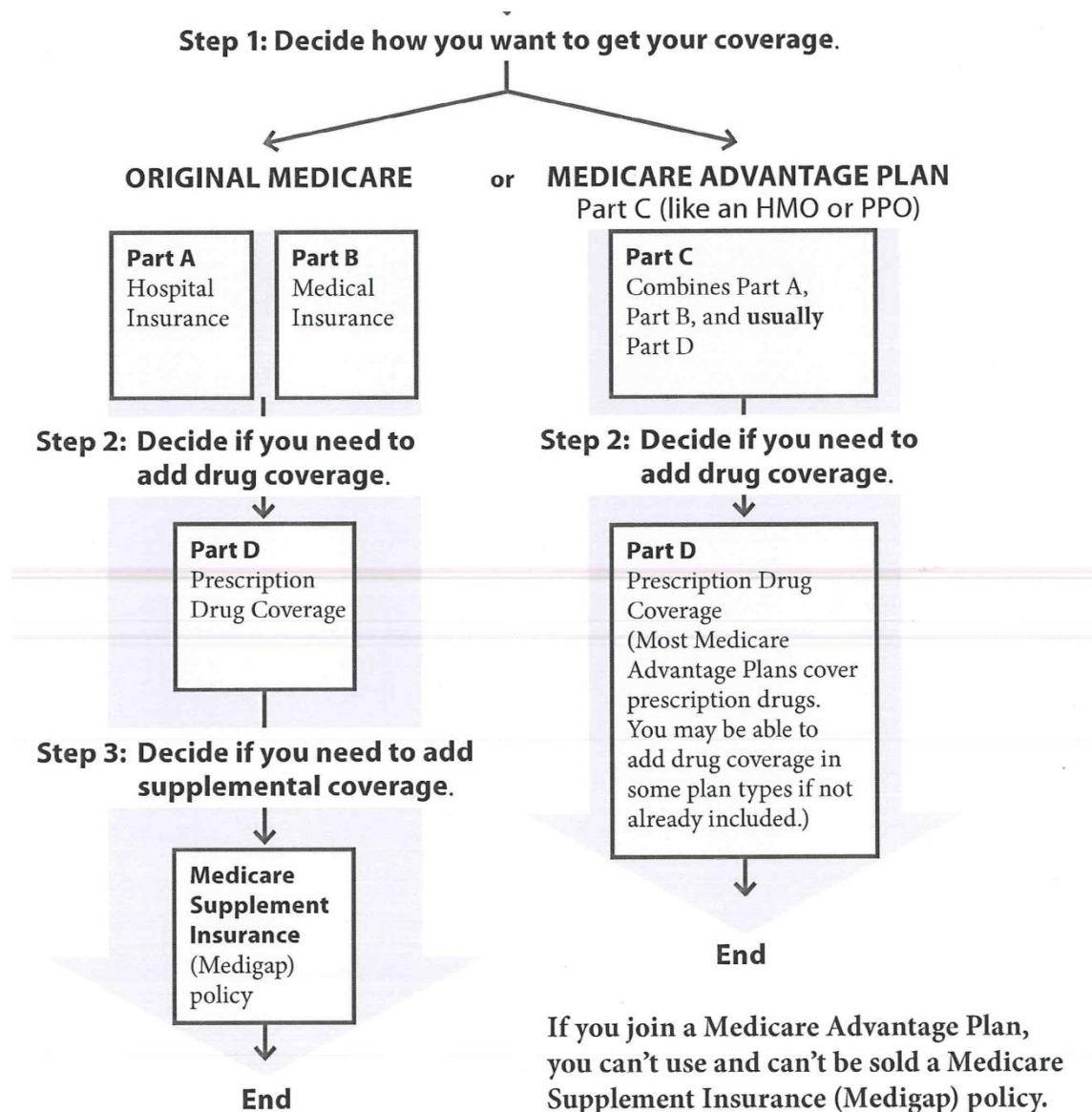
**Part B** = Medical Insurance

**Part C** = Medicare Advantage Plans

**Part D** = Prescription Drug Plans



# Your Medicare Options



# Medicare Part A Covers

- Inpatient Hospital Care
- Skilled Nursing Facility
- Home Health Care
- Hospice
- Blood



- *Care must be medically necessary and reasonable*
- *Deductible, Copays and Coinsurance*

# Medicare Part B Covers

- Physician services
- Diagnostic tests and procedures
- Outpatient hospital care
- Ambulance and ER
- Durable medical equipment
- Mental health services
- Outpatient physical, occupational, speech therapy
  - *Care must be medically necessary and reasonable*
  - *Medicare pays 80% of Approved Charges*





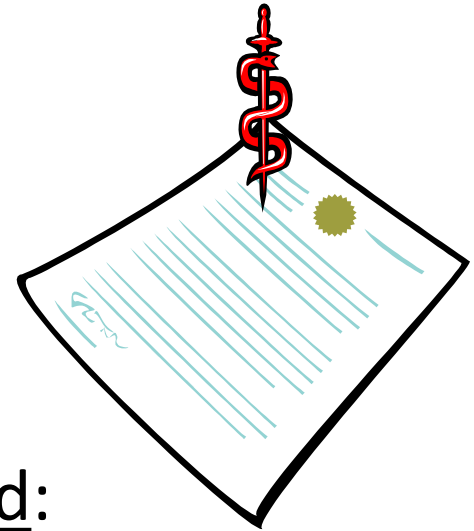
# Medicare Part D Covers

- Prescription drugs
- Offered through private insurance companies
  - Premium, deductibles, copays, coinsurance
    - Plans have **formularies** or lists of covered drugs
    - Must offer at least two choices in each drug category
    - Drugs classified into 'cost tiers'
    - Pharmacy network for each Drug Plan
  - Appeals process for non-formulary drugs



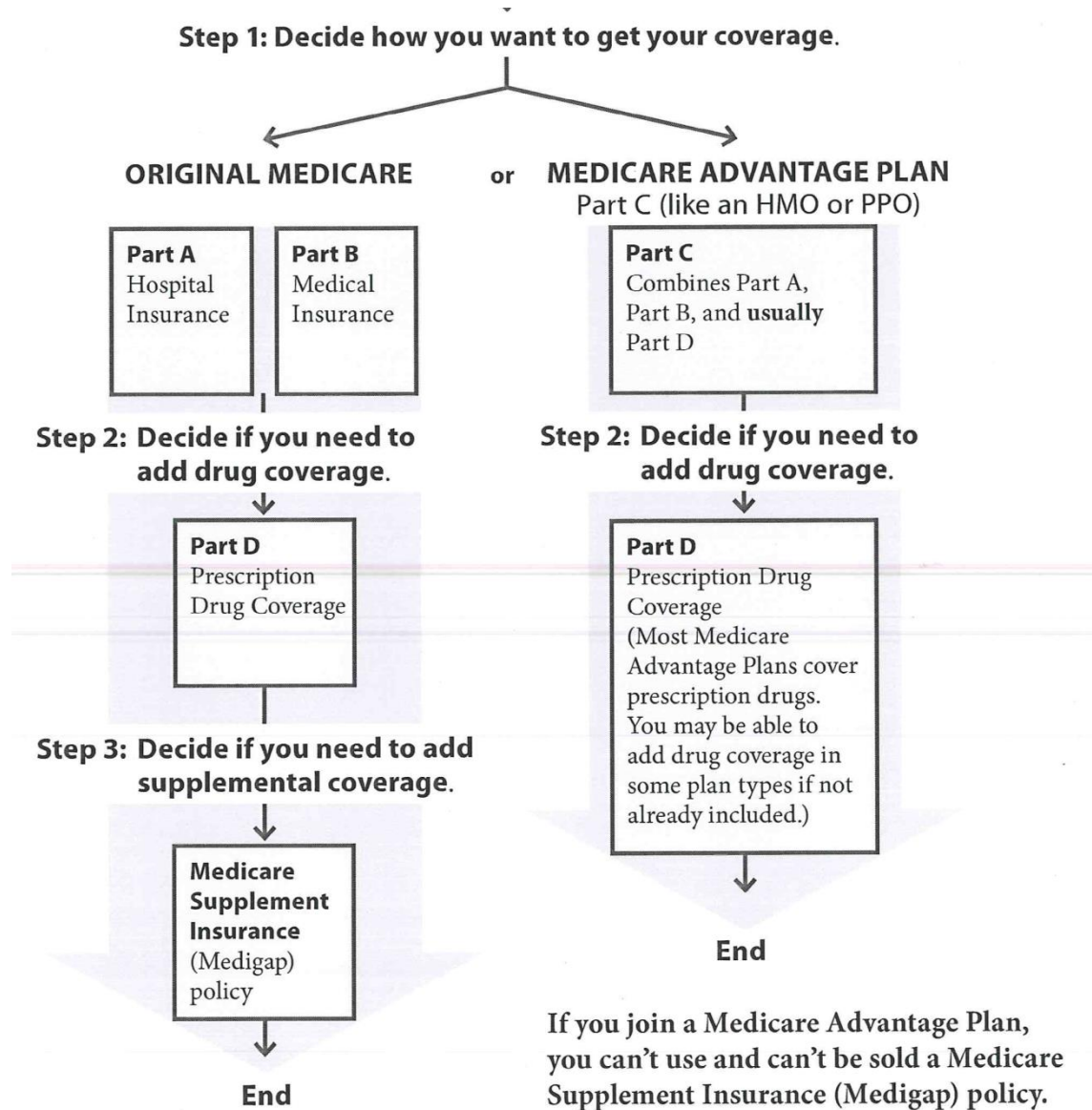
# Medicare Supplement Policies (Medigap)

- Offered by private insurance companies
- 11 “standardized” policies (A,B,C,D,F\*,G,K,L,M,N)
- Policies pay after Medicare pays
- No network restrictions
- Policies fill Medicare “gaps”
  - co-insurance, deductibles
- Medi-gap open enrollment period:  
(Guaranteed Issue rights)
  - 6 month period beginning on the first day of the month that you are 65 or older and enrolled in Medicare Part B.



Plan Benefits Chart	Plan A	Plan B	Plan C	Plan D	* Plan F	Plan G	Plan K	Plan L	Plan M
Part A Coinsurance & Deductible Costs (Up to an additional \$1,000 after Medicare benefits are used up)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part B Coinsurance (Maximum 3 Pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%
Home Hospice Care Coinsurance	100%	100%	100%	100%	100%	100%	50%	75%	100%
Nursing Facility Coinsurance	X	X	100%	100%	100%	100%	50%	75%	100%
Part A Deductible	X	100%	100%	100%	100%	100%	50%	75%	50%
Part B Deductible	X	X	100%	X	100%	X	X	X	X
Part B Excess Charges	X	X	X	X	100%	100%	X	X	X
Travel Emergency (Within limits)	X	X	80%	80%	80%	80%	X	X	80%
					** Out of Pocket Limit		\$5,560	\$2,780	

# Your Medicare Options



# Medicare Part C

## Medicare Advantage Plans

- Health plans approved by Medicare and run by private insurance companies
- Utilize doctor and hospital networks
- Most have prescription drug benefits (Part D)
- Many offer additional benefits not covered by Medicare such as dental and vision.
- Plans limit out-of-pocket expenses
- When you join a Medicare Advantage plan, it becomes your Medicare.

# Who is eligible to join?

- Joining a Medicare Advantage plan is **optional**.
- People who have both Medicare Parts A & B are eligible to join MA plans.
  - But people who have end stage renal disease (ESRD) or kidney failure are not eligible.
- To join Special Needs Plan (SNP), you must have Medicare and full Medi-CAL.

# Medicare Advantage Plan Costs

- Monthly **premium** in addition to Part B **premium**.
- Annual **deductible** for PPO plans.
- **Copayment** or **coinsurance** for services, eg.:
  - Physician visits
  - Prescription drugs (if there is Rx drug benefit)
  - Laboratory tests, X-rays
  - Inpatient hospital stays
  - Skilled nursing facilities
- **Additional costs** for optional packages that may include: dental, vision, hearing aids, chiropractic, acupuncture, gym membership, transportation

\$0	\$29.00	\$0	\$42	\$0
00	\$4,400	\$6,700	\$6,700	\$4,400
0-950-9355 Current Members	1-888-230-7338 Current Members	1-888-230-7338 Current Members	1-888-775-7888 Current Members	1-800-275-
0-555-5757 Non Members	1-844-316-0357 Non Members	1-844-316-0357 Non Members	1-888-681-3888 X3282 Prospective Member	1-800-977-
	Brown and Toland; AAMG; (only Imperial Drs refer to UCSF)	Brown and Toland; AAMG; Imperial	CCHP; Jade	Brown and
	CPMC, St. Francis, St. Mary's, Chin Hos, UCSF	CPMC, St. Francis, St. Mary's, Chin Hos, UCSF	Chinese Hosp, St Marys, St Francis, CPMC, Seton, Mills-Peninsula	St. Francis
primary, \$20 specialty	\$0 primary care, \$10 specialist.	\$5 primary care, \$20 specialist.	\$10 primary care, \$20 specialist.	\$5 primary
5 days 1-5, \$0 for days 6-90.	\$250 copay days 1-5. \$0 copay days 6-90	\$360 copay days 1-4. \$0 copay days 5-90	\$100/day for Days 1-7. \$0/day for Days 8-90.(Chinese Hospital) \$220/day for Days 1-7. \$0/day for Days 8-90 (all other)	\$345/day for each additional day.
5	Ambulatory surgery center: \$0-222 copay depending on the service. Outpatient Hospital: \$0-250 copay per visit	Ambulatory surgical center: \$0-200 copay depending on the service. Outpatient Hospital: \$0-350 copay per visit depending on the service.	\$100 copay(at Chinese Hospital) \$295 copay (at all other hospitals)	Observation outpatient : outpatient t
per item DME, \$0 diabetic supplies	20% per item, diabetic supplies \$0	20% cost per item, \$0 diabetic supplies	20% per item, diabetic supplies \$0	20% per item
patient: \$345 days 1-4, \$0 days 5-90, plus 60 me days. hospitalization: \$55/day. patient: individual/\$40, group \$30.	Inpatient: \$250 copay for days 1-5. \$0 per day days 6-90. Behavioral Health: 45.00/session, free with smart phone. Outpatient group/individual therapy: \$25 copay	Inpatient: \$330 copay for days 1-4. \$0 per day days 5-90.  Outpatient group/individual therapy: \$40 copay	Inpatient: \$225/day for Days 1-7. \$0/day for Days 8-90. Plan covers 60 lifetime reserve days. \$0 per lifetime reserve day.  Outpatient group/individual therapy: \$35 copay	Inpatient: U psychiatric \$900/hospital reserve day Outpatient: w/psychiat w/psychiat
0	\$250 copay	\$300 copay or 20% depending on the service	\$225	295 per 1-w 10,000
per visit (always covered), urgent care \$20 contracted, \$40 non-contracted(always covered).	\$90 (always covered),waived if admitted into hospital within 24 hours. Worldwide (\$25,000 maximum benefit) \$20 urgent care (always covered)	\$90 (always covered),waived if admitted into hospital within 24 hours. Worldwide (\$25,000 maximum benefit). Urgent care \$40 (always covered).	\$90; waived if admitted into hospital within 24 hours. Worldwide. (always covered), \$35 Urgent care (always covered)	\$90; waived coverage to care \$20 (a
for lab services, for diagnostic procedures and tests. Diagnostic radiology services \$95. for outpatient x-rays for therapeutic radiology services	\$0-80 diagnostic procedures and tests. \$0 lab services. \$0-50 for outpatient x-rays \$60 for therapeutic radiology services	\$0 for lab services. \$ 0-120 for diagnostic procedures and tests. \$0-50 for outpatient x-rays \$65-120 for therapeutic radiology services	\$0 for lab services, for x-rays, for diagnostic procedures and tests, and therapeutic radiology services. \$200 for diagnostic radiology services (not including x-rays)	\$0 for lab s tests, and : \$60 for rad and therap
Tier 1: Preferred generic: \$3 (standard pharmacy) Tier 2: Non-preffer generic: \$12 Tier 3: Preferred Brand: \$47 Tier 4:Non-preferred brand: \$100 Tier 5: Specialty: 28% deductible \$0 for tiers 1 and 2, \$250 for tiers 3-5. for Part B-covered drugs.	Tier 1: Perferred genetic: \$0 (preferred pharmacy) Tier 2: Non-preferred generic: \$8 Tier 3: Preferred brand: \$42 Tier 4: Non-preferred brand: \$95 Tier 5: Specialty: 33% coinsurance  20% for Part B-covered drugs.	Tier 1: Preferred generic: \$0 (preferred pharmacy) Tier 2: Non-preferred generic: \$10 Tier 3: Preferred brand: \$42 Tier 4:Non-preferred brand: \$100 Tier 5: Specialty: 33% coinsurance  20% for Part B-covered drugs.	Tier 1: Preferred generic: \$3 (preferred pharmacy) Tier 2: Non-preferred generic: \$7 Tier 3: Preferred brand: \$40 Tier 4: Non-preferred brand: \$60 Tier 5: Specialty: 30% coinsurance \$100 deductible for drugs on certain tiers. 20% for Part B-covered drugs.	Tier 1: Pref pharmacy) Tier 2: Non Tier 3: Pref Tier 4: Non Tier 5: Spe Tier 6: Sele  20% for Pa
Hearing Services: \$10. Hearing aids \$330 -\$380 (max). Vision: \$20 (I routine exam per year) Optional supplemental packages (\$39) for dental	Hearing Services: \$10 , Hearing Aid \$0 (\$3000 limit), vision: \$0 (I routine exam per year), dental \$0 copay	Hearing Services: \$20 , Hearing Aid \$0 (\$3000 limit). Vision: \$0 (I routine exam/year) Optional packages (\$12-\$32-\$47) for dental and vision.	Vision:\$20 exam; one glasses every 2 years (150 max) Chiropractic care: \$20. Hearing Services: \$35 copay. Acupuncture: \$18 copay. \$18/month	\$0 for hear Hearing aid chiropractic



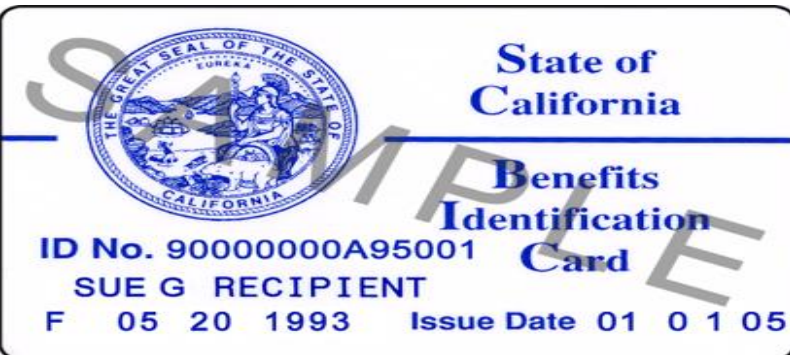
(H5409)	(H5496-007)	(032)	(H5425-019)	
0	\$0.00	\$94.00	\$35	
	\$4,000	\$8,700	\$5,000	
275-4737 Current Members	1-800-838-8271 Current Members	1-800-443-0815 Current Members	1-800-559-3500 Current Members	
977-8738 Prospective Member	1-800-838-5914 Prospective Members	1-800-777-1238 Prospective Member	1-888-315-7236 Prospective Member	
& Toland, Hills Physicians(refer to UCSF)	imperialhealthplan.com	Kaiser Network	Brown and Toland; Hills Physicians	
, St. Francis, St. Mary's, UCSF,	St. Mary, UCSF, Chinese Hosp, St.Francis	Kaiser Permanente	CPMC, St. Francis, St. Mary's, Seton	
Primary care. \$15 specialist.	\$0 primary care or specialist.	\$30 primary care or \$35 specialist.	\$5 Primary Care, \$15 specialist.	
day for Days 1-4; \$0 for Days 5-90. \$0/day 91 days and beyond.	\$100 for days 1-5 and \$0 for days 6-90. 60 lifetime reserve days, days 1-80, \$670 copay	\$285/day for Days 1-7. \$0/day for Days 8-90. 40 each additional non-Medicare covered hospital day.-Medicare covered hospital stay.	\$250/day for days 1-7, \$0/day for days 8-90.	
75 observation. \$100 each visit to outpatient surgical center.	\$0 copay.	\$0-250 each visit to outpatient surgical center. \$250/visit to outpatient hospital facility..	\$175 depending on service to ambulatory surgical center. \$15-200 for each visit to outpatient hospital facility.	
each visit to outpatient hospital facility.				
cost per item, diabetes supplies \$0	20% of the cost per item	20% per item, diabetes supplies \$0	0-20% of the cost per item,diabetic \$0	
ent: Up to 190 Days of inpatient psychiatric hospital care in a lifetime. \$900/hospital stay. covers 60 lifetime reserve days. \$0 per reserve day. Outpatient: \$25 for	Inpatient: \$200 copay days 1-7, \$0 copay for days 8-90. Outpatient: 20% individual or group	Inpatient: Up to 190 days of impatient psychiatric hospital care in a lifetime. \$230/day for Days 1-7. \$0/day for Days 8-90. Outpatient: \$30 for individual therapy w/	Inpatient:Up to 190 days of impatient psychiatric hospital care in a lifetime. \$900 copay per stay. Outpatient: \$25 individual and group therapy,	
	\$85 for one-way trip	\$200	\$175	
waived if admitted into hospital, worldwide. s covered) urgent care \$15 (always covered).	\$90 (always covered), \$0 Urgent care (always covered)	\$90; Worldwide. waived if admitted into hospital. (always covered) Call first if at other hospital. Urgent care 20% (always covered)	\$90;worldwide, (\$0 if admitted to hospital)(always covered), \$35 urgent care (always covered) ;	
lab services, diagnostic procedures and x-rays.	\$0 for lab services, for diagnostic procedures and tests, x-rays, radiology services, and therapeutic radiology services.	\$30 for lab services and diagnostic procedures and tests. \$35 for x-rays. \$215 for radiology services (not including x-rays). \$0 therapeutic radiology services.	\$0 for lab services, diagnostic procedures and tests, and x-rays. \$60 for radiology services (not including x-rays) and therapeutic radiology services (MRI,CT).	
Preferred generic: \$0 (preferred pharmacy) Non-preferred generic: \$10 Preferred brand: \$37 Non-prefferd brand: \$90 Specialty: 33% coinsurance Select Care: \$0	Tier 1:Preferred generic: \$0 (preferred pharmacy) Tier 2: Non-preferred generic: \$5 Tier 3: Preferred brand: \$45 Tier 4: Non-preferred brand: \$90 Tier 5: Specialty: 33% coinsurance \$0 Part B drugs	Tier 1: Preferred generic: \$6 (preferred pharmacy) Tier 2: Non-preferred generic: \$18 Tier 3: Preferred brand: \$47 Tier 4: Non-preferred brand: \$100 Tier 5: Specialty: 33% coinsurance Tier 6: Vaccines: \$0  \$0-47 for Part B-covered drugs.	Tier 1: Preferred generic: \$3 (preferred pharmacy) Tier 2: Non-preferred generic: \$5 Tier 3: Preferred brand: \$42 Tier 4: Non-preferred brand: \$95 Tier 5: Specialty: 33% coinsurance  20% for Part B-covered drugs.	
limited dental services, \$15 for hearing \$15 for vision. Fitness. month optional supplemental package for	Hearing Exam 20%; Hearing Aids up to \$1250/year; Preventive Dental 10%; Vision Exam \$15; Eyeglasses \$15; Fitness; OTC up to \$50/month includes adult diapers;\$0 In-Home Support for 5 hours/year; \$0 unlimited one-way	\$35 for hearing Services, \$30-35 for vision, fitness. \$20 Optional Supplemental Benefit (eyeware, fitness benefit, hearing aid and some dental)	Transportation \$0 with limits. Acupuncture/Chiropractic \$5 (unlimited visits). Routine Hearing Exam \$10. \$0 Health Club membership. \$6 Basic dental plan . \$0 eye exam (1 per year) glasses or contacts \$0 (every	

Low-Income Assistance:	Benefits to Individuals	Gross Monthly Income Limit	Asset Limit	Where to Apply?
Saving Programs (MSPs):	# includes \$65 disregard for earned income * Gross Income includes \$20 disregard			Department of Human Care Services San Francisco Medi-Cal Office 1440 Harrison Street San Francisco, CA 94102  <b>415-863-9892</b>
Medicare Qualified Beneficiary (QMB)	<ul style="list-style-type: none"> <li>• Pays Parts A premium, if applicable</li> <li>• Pays Part B premium</li> <li>• Pays Parts A &amp; B deductibles, co-insurance and co-pays if using Medi-Cal providers</li> <li>• Full LIS benefits for Part D</li> <li>• Can change Part D Plans monthly</li> </ul>	\$1,061 single * \$1,430 couple *	\$7,730 single \$11,600 couple	
Medically Needy Low-Income Care Beneficiary (SLMB)	<ul style="list-style-type: none"> <li>• Pays Part B premium</li> <li>• Full LIS benefits for Part D</li> <li>• Can change Part D Plans monthly</li> </ul>	\$1,269 single * \$1,711 couple *		
Qualified Individual (QI)	<ul style="list-style-type: none"> <li>• Pays Part B premium</li> <li>• Full LIS benefits for Part D</li> <li>• Can change Part D Plans monthly</li> </ul>	\$1,426 single * \$1,923 couple *		
Medically Disabled Working Individual (QDWI)	<ul style="list-style-type: none"> <li>• Pays Part A premium</li> </ul>	\$4,249 single #* \$5,722 couple #*	\$4,000 single \$6,000 couple	
Medically Disabled Working Individual (QDWI) 150% Working (CWD) Program	<ul style="list-style-type: none"> <li>• Medi-Cal coverage while you are working (a monthly premium for Medi-Cal between \$20 to \$375)</li> </ul>	\$2,603 single \$3,523 couple (income excludes disability benefits)	\$2,000 single \$3,000 couple	
Medicaid)	<ul style="list-style-type: none"> <li>• Pays Part B premium</li> <li>• Pays Parts A &amp; B deductibles, co-insurance and co-pays if using Medi-Cal providers</li> <li>• Full LIS benefits for Part D</li> <li>• Can change Part D Plans monthly</li> <li>• Covers certain drugs not covered by Part D</li> </ul>	SSI: \$931.72 single \$1,564.14 couple  A&D: \$1,291 single \$1,740 couple	\$2,000 single \$3,000 couple	Social Security Administration (SSA) <b>Nationwide Phone #:</b> 1-800-772-1213 <a href="http://www.SocialSecurity.gov">www.SocialSecurity.gov</a> <b>Eligibility for Extra Help Guidelines:</b> <a href="http://www.ssa.gov/i1020/start">www.ssa.gov/i1020/start</a>
Medicaid Part D Subsidy (LIS)	<ul style="list-style-type: none"> <li>• Pays fully/partially the monthly premium</li> <li>• Pays fully/partially the deductibles/co-insurance</li> <li>• No coverage gap</li> <li>• Co-payments between \$1.25 - \$8.5</li> </ul>	\$1,561 single \$2,114 couple	\$14,390 single \$28,720 couple	

# Medi-Cal




- California's version of Medicaid
- Joint federal and state program
- For those who have low incomes and limited assets
- Pays for "medically necessary" health care and treatment
- Payer of last resort
- Income limits for aged, blind, disabled:
  - **\$1,291/individual and \$1,740/couple**
- Asset limits for Medi-Cal:
  - **\$2,000 (individual)**
  - **\$3,000 (couple)**



# Update for New Medicare Card

## Old Medicare Card



The old Medicare card features a red and blue header with the text "MEDICARE" and "HEALTH INSURANCE" separated by the Social Security Administration eagle logo. Below the header is the toll-free number 1-800-MEDICARE (1-800-633-4227). The cardholder's name, JOHN DOE, is listed under "NAME OF BENEFICIARY". The Medicare claim number, 000-00-0000-A, and sex, MALE, are listed under "MEDICARE CLAIM NUMBER" and "SEX". The cardholder is entitled to Hospital (Part A) and Medical (Part B) coverage, both effective as of 01-01-2007. A "SIGN HERE" line with an arrow is at the bottom left.

**1-800-MEDICARE (1-800-633-4227)**


**NAME OF BENEFICIARY**  
**JOHN DOE**

**MEDICARE CLAIM NUMBER** **SEX**  
**000-00-0000-A** **MALE**

**IS ENTITLED TO** **EFFECTIVE DATE**  
**HOSPITAL (PART A)** **01-01-2007**  
**MEDICAL (PART B)** **01-01-2007**

**SIGN HERE** →

## New Medicare Card



The new Medicare card has a blue header with the text "MEDICARE HEALTH INSURANCE" and the Social Security Administration eagle logo. The cardholder's name, JOHN L SMITH, is listed under "Name/Nombre". The Medicare number, 1EG4-TE5-MK72, is listed under "Medicare Number/Número de Medicare". The cardholder is entitled to Hospital (Part A) and Medical (Part B) coverage, both starting on 03-01-2016. The card has a red footer.

**NAME/Nombre**  
**JOHN L SMITH**

**Medicare Number/Número de Medicare**  
**1EG4-TE5-MK72**

**Entitled to/Con derecho a** **Coverage starts/Cobertura empieza**  
**HOSPITAL (PART A)** **03-01-2016**  
**MEDICAL (PART B)** **03-01-2016**

# For an Appointment...

with a HICAP Counselor  
in San Francisco,  
call (415) 677-7520  
or statewide  
1-800-434-0222  
[www.hicap.org](http://www.hicap.org)





# Returning to Work: Disability Benefits & Health Coverage

**Beth Mazie, Esq.**

**PRC**



# GOALS:

- Learn the Different Rules for SSI & SSDI recipients
- Identify how to stay on Medi-Cal when returning to work
- Identify how to stay on Medicare when returning to work

# Returning to Work

- **Supplemental Security Income  
(SSI or Title XVI)**
- **Social Security Disability Insurance  
(SSDI or Title II)**



# SSI Return to Work Rules

SSI benefit amount is reduced by:  
Countable Earned and  
Countable Unearned income

- Countable Unearned Income =  
Unearned Income – \$20 General Income Exclusion  
The reduction is dollar for dollar
- Countable Earned Income =  
 $(\text{Earned Income} - \$65 \text{ Earned Income Exclusion}) / 2$

# SSI Example

Ms. Bonet receives \$930/mo from SSI. This month she started a new part time job and earns \$485/mo. She has no other income.



How will her new earned income affect her SSI?

- Calculation:
  - Countable Unearned Income: \$0
  - Countable Earned Income:  $(\$485 - \$20 - \$65)/2 = \$200$
- Answer: \$200 will be deducted.  
Ms. Bonet will receive \$730/mo from SSI.

# Impairment-Related Work Expenses (IRWE) Exclusions

- Applies to both SSI and SSDI
- IRWE reduces earned income dollar for dollar for the cost of items or services needed to perform work *due to disability*
- Countable Earned Income =  
 $(\text{Earned income} - \text{Exclusion} - \text{IRWE})/2$ .

# What happens to SSI linked Medi-Cal?

- Even if earned income reduces SSI to \$0, SSI recipient can still receive Medi-Cal as long as income is under state threshold or individualized threshold.

(See section 1619 (B))

- 2019: California state threshold is \$37,706

# Other Disability-Related Medi-Cal Programs

If the worker is not eligible for 1619(b) or is on SSDI only, there are other options for Medi-Cal eligibility:

## 1. Aged and Disabled Medi-Cal

- Countable income must be under \$1271 to receive Medi-Cal without share of cost.
- Resource limits

## 2. Working While Disabled -- AKA 250% Medi-Cal

- Uses SSI rules for calculating earned income
- Disability income not counted
- Monthly sliding scale premium (\$20-\$250)
- Ways to save income



# Other Disability-Related Medi-Cal Programs

## 1. MAGI-Medi-Cal

- Age 19-64
- Income at or below \$1436/mo
- Resources not counted
- Not an option for workers on Medicare or over 65

## 2. Medically Needy MC with Share of Cost (SOC)

- Countable income determines SOC
- Must meet SOC every month
  - Incur SOC amount in health care expenses before MC begins to offer assistance for that month

# What if the person stops working again?

- If the person had any SSI payment and SSI linked Medi-Cal, SSI payments will simply increase.
- If the person had no SSI payment, but retained Medi-Cal via 1619(b) SSI payments will be reinstated.
- If the person had no SSI payment or 1619(b) Medi-Cal AND it is within 60 months of cessation, the person may apply for ***SSI Expedited Reinstatement***
  - **Can provide 6 months provisional payment**
  - **SSA must find *no medical improvement***

# Continuing Disability Reviews

- Sometimes SSA can cut off SSI benefits regardless of work activity if they conduct a continuing disability review (CDR).
- Remind client's to stay in treatment AND
- Report their symptoms/limitations



# SSI Return to Work Rules

- Reporting
  - ***Keep track of & report income.***
  - Four ways
    - In-person
    - **Certified** mail to your local Social Security office
    - Automated reporting
    - Mobile Wage Reporting with smartphone app  
(June 2019 – on line through my Social Security)

# SSDI Return to Work Rules

- **Supplemental Security Income  
(SSI or Title XVI)**
- **Social Security Disability Insurance  
(SSDI or Title II)**

# SSDI Return to Work Rules

- SSDI Recipients get:
  - 9 nonconsecutive months of Trial Work Period (TWP)
  - 36 consecutive months of re-entitlement period (Extended Period of Eligibility (EPE))

# SSDI Return to Work Rules

## TWP (Trial Work Period)

- Allows you to test your ability to work for at least 9 months.
- The months are not necessarily consecutive.
- During this period, regardless of earnings, worker continues to receive SSDI check.
- TWP starts when worker earns over the TWP amount (**2019**: \$880; **2018**: \$850; **2017**: \$840).

# SSDI Return to Work Rules

## EPE (Extended Period of Eligibility)

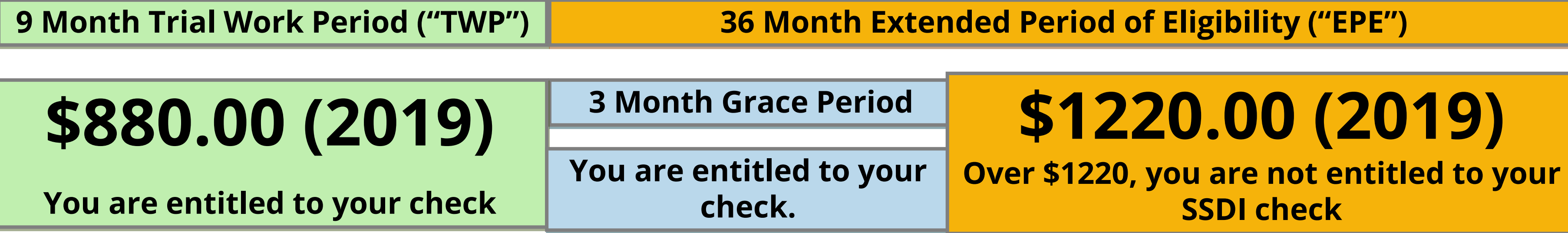
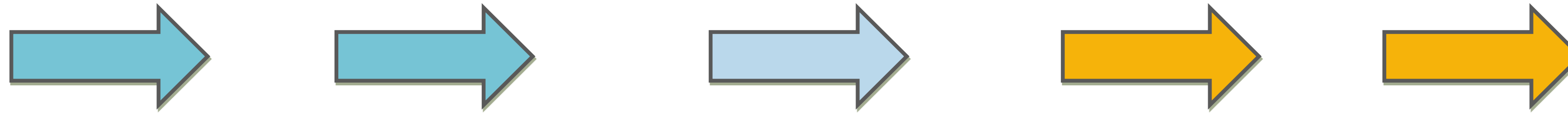
- Begins after TWP ends and lasts for 36 consecutive months
- Not entitled to SSDI check if earned income goes over Substantial Gainful Activity (SGA).
- Exception: Grace period. SSDI is payable on the first month over SGA and the following 2 consecutive months

# SSDI Return to Work Rules

## Grace Period

- First time worker works above SGA in EPE, they are entitled to a 3mo grace period.
- If earn over SGA (**2019**: \$1,220) still entitled to check for that month and the next two consecutive months.

# SSDI Return to Work Rules



## What happens

**The first month that you earn over Substantial Gainful Activity, your SSDI will be cut off. You will have to re-apply or ask for expedited reinstatement.**

# SSDI: Keeping your Medicare

- SSDI linked Medicare
  - Continues for 7 years and 9 months after the TWP
  - Must continue to have a finding of disability



# SSDI Return to Work Rules

## Reporting

- ***keep track of and report earnings.***
- Four ways
  - In-person
  - Certified mail to your local Social Security office
  - Automated reporting: online through your My Social Security account
  - Phone



# Resources

## **PRC Integrated Service Center - (415) 777-0333**

- Working While Receiving Disability Benefits workshop  
The last Thursday every month 10:00 am–12:00 pm (except Nov & Dec)

## **AIDS Legal Referral Panel - (415) 701-1100**

- Assists clients with HIV on some overpayment issues

## **API Legal Outreach – (415) 567-6255**

- Don't need to be an SF resident

## **Homeless Advocacy Project – (415) 575-3131**

- Prioritizes people with mental health impairments
- Closed Mondays

## **People with Disabilities Foundation - (415) 931-3070**

- Assists clients with mental illnesses on some overpayment issues

# Cash Assistance Program for Immigrants (CAPI)



# Brief History of CAPI



In 1996, President Bill Clinton signed the Personal Responsibility and Work Opportunity Act (“welfare reform”) into law. Under the new federal law, most non-citizens became ineligible for SSI as of August 22, 1996.

In the same year, the California legislature enacted Chapter 10.3 of the Welfare and Institutions Code (starting at Section 18937), establishing an SSI-like program to provide basic income to Californians who are over age 65 or blind or disabled, and who have been denied SSI solely based on immigration status. This allowed those Californians who had previously been eligible for SSI to continue to provide themselves with shelter and food.

The new program, which took effect in 1997, was known as the Cash Assistance Program for Immigrants (CAPI). At first, it only applied to sponsored immigrants whose sponsors had died or had become disabled, and to sponsored immigrants who had been abused by the sponsor or the sponsor’s spouse. This is now known as “basic CAPI.”

Starting in October of 1999, the law was expanded to cover non-citizens who do not have a sponsor, and to sponsored non-citizens who were not covered under the initial legislation (*i.e.*, those who have not been victims of abuse and whose sponsors are living and are not disabled). This is known as “extended CAPI.”

Today, nearly 15,000 Californians receive a CAPI check each month.

# CAPI Eligibility



- Basic Criteria
  - Over age 65 or
  - Blind or
  - Disabled
- California Resident
- Income/resource limits
- Ineligible for SSI solely based on immigration status
- Immigration Status
  - PRUCOL
  - Qualified alien

***Failure to meet any of the above requirements disqualifies an applicant from receiving CAPI.***

## Other CAPI disqualifications

*MPP §49-010.2*



Residency for an entire calendar month in a public institution other than a publicly operated community residence serving 16 or fewer residents. (*Examples:* Jails, prisons, VA hospitals)

- Disqualification applies only if the institution is operated by a county, city, state or federal government.
- Residence in a private hospital or nursing facility generally does not disqualify an applicant from CAPI.

***A patient is admitted to a VA hospital on June 20. On July 5, she applies for CAPI. Is she disqualified?***

**No.** Applicant has not been a resident of a public institution for an entire calendar month (only part of June and part of July).



## Other CAPI disqualifications (continued)



Being outside the United States for an entire calendar month. The person does not regain eligibility until he or she has been back in the U.S. for 30 consecutive days.

*Mrs. Jones, a CAPI recipient, flies to France to spend time with her daughter. She flies out on March 1 and returns on April 1. When does her CAPI eligibility stop and when does it start again?*

**Eligible** for March CAPI payment because she was not out of the U.S. for the entire calendar month (was still here March 1).

**Ineligible** for April CAPI payment because she must be back in the U.S. for 30 consecutive days (April 1-30) before regaining eligibility.

**Eligible** for CAPI again in May.



# Other CAPI disqualifications (continued)



## *Crime-related disqualifications*

- Violation of a condition of probation or parole imposed under federal or state law
- Fleeing to avoid prosecution, custody or confinement after conviction for a felony under the laws of the place from which the person flees

# Basic Criteria for CAPI



Applicant must be over age 65 or blind or disabled.

*Eligibility based on age* – MPP §49-025.1

Preferred documentation: Birth certificate or baptismal certificate or other religious record of birth indicating that applicant is at least 65 years of age.

If none of the above is available, other evidence of date of birth is acceptable.

# Basic Criteria for CAPI

*Eligibility based on age*



***Is a driver's license or state-issued ID sufficient evidence of date of birth?***

- **Yes**, if applicant alleges to be at least age 68 and document was issued at least 3 years ago.
- Otherwise **No**, unless none of the forms of preferred documentation of age is available.

# Basic Criteria for CAPI

*Eligibility based on disability or blindness*



Generally, an applicant's allegations of disability or blindness must be confirmed by the CDSS Disability Determination Service Bureau (DDSD).

*Exceptions:* If applicant is currently receiving Title II Social Security or SSI/SSP or Medi-Cal, the county must accept any determination of disability or blindness made in the course of obtaining those benefits. A current determination is one that has not expired. MPP §49-025.221

# Basic Criteria for CAPI

*Eligibility based on disability or blindness*



In most cases, a county may not grant CAPI to an applicant pending a DDSD disability determination. Counties may grant General Assistance/General Relief in the interim if the county's policies and regulations allow this.

However, a county may presume disability and grant CAPI pending a DDSD disability determination **(6 months maximum)** if the applicant alleges one or more of 14 “presumptive disabilities” listed in regulations.

If a CAPI applicant with a presumptive disability is eventually found “not disabled” by DDSD, this is not an overpayment and interim CAPI payments may not be recovered.

# California Residency – MPP §49-010.141



- There is no minimum residency requirement. For CAPI purposes, a person who is present in California and intends to remain in California meets the residency requirement immediately.
- A person who leaves the state and presently intends to abandon California as his or her home is considered to no longer reside in California and is therefore not eligible to receive CAPI.
- A person who is absent from California for more than 90 calendar days is considered to have abandoned California residency, absent evidence to the contrary.

# Immigration Status



U.S. citizens are not eligible for CAPI (they may apply for SSI/SSP). There are two broad classifications of immigrants who may be eligible for CAPI: **PRUCOL and qualified alien**. To qualify for CAPI, an applicant must present immigration documentation that proves to the county's satisfaction that the applicant's immigration status falls into one of those two categories. There are currently more than 100 different types of visas, so the EW will need to carefully review the immigration documentation submitted by the applicant.

*What is PRUCOL?*

**Permanent Resident Under Color of Law**

**CAPI applicants who are PRUCOL are not eligible for SSI/SSP and must not be referred to the Social Security Administration.**

MPP §49-005(p)(3) lists 12 types of immigration status that are considered PRUCOL.

# Immigration Status (Continued)



## *List of PRUCOL categories:*

- A non-citizen subject to an Order of Supervision
- A non-citizen on whose behalf an immediate relative petition has been approved and who is entitled to voluntary departure and whose departure USCIS does not contemplate enforcing
- A non-citizen who has properly filed an application for adjustment to lawful permanent resident status that USCIS has accepted as “properly filed” and whose departure USCIS does not contemplate enforcing
- A non-citizen granted a stay of deportation by a court order, statute or regulation or by individual determination by USCIS under Section 245 of the Immigration Reform and Control Act and whose departure USCIS does not contemplate enforcing
- A non-citizen residing in the United States under an indefinite voluntary departure
- A non-citizen granted voluntary departure under federal law whose departure USCIS does not contemplate enforcing
- A non-citizen in deferred action status
- A non-citizen who entered and has continuously resided in the United States since before January 1, 1972 or any date established by Section 249 of the Immigration Reform and Control Act
- A non-citizen granted a suspension of deportation pursuant to Section 244 of the Immigration Reform and Control Act whose departure USCIS does not contemplate enforcing
- A non-citizen granted an indefinite stay of deportation
- A non-citizen granted lawful temporary resident status under Section 245A of the Immigration Reform and Control Act
- **A non-citizen not in one of the above categories who can show that:**
  - **USCIS knows that he or she is in the United States, and that**
  - **USCIS does not intend to deport him or her, either because of the person’s status category or individual circumstances.**



# Immigration Status (Continued)



*Who is a qualified alien?*

MPP §49-005(q)(1) lists 8 categories of immigrants who are “qualified aliens” and therefore meet CAPI immigration standards:

- Lawfully Admitted for Permanent Residence (LAPR)
- Granted Cuban/Haitian entrant status
- Refugees
- Asylees
- Non-citizens whose deportations or removals are being withheld under federal law
- Non-citizens paroled into the U.S. *for a period of at least one year*
- Conditional entrants admitted to the U.S. under federal law prior to 4/1/80
- Battered non-citizens, children of battered spouses or parents of battered children, if a petition is pending under the federal Immigration Reform and Control Act

# Immigration Status & SSI



## Immigration Status (Continued)

The federal Social Security Administration has special rules that apply to the eligibility of qualified aliens for SSI/SSP. Because a qualified alien *might* be eligible for SSI/SSP, any CAPI applicant who is a qualified alien must be referred to SSA for the purpose of applying for SSI/SSP. A non-citizen who is eligible for SSI/SSP may not receive CAPI instead.

### *Please note:*

- Immigrants who are Lawfully Admitted for Permanent Residence (LAPR) may obtain CAPI benefits during the 5-year waiting period before they are eligible for SSI/SSP.
- Refugees and asylees do not have a waiting period and may be eligible for SSI/SSP for a maximum of 7 years. After those 7 years have elapsed, they may be eligible for CAPI.

# Ineligibility for SSI/SSP solely based on immigration status



A person is ineligible for CAPI if:

- the applicant is eligible for SSI/SSP, or
- the applicant is ineligible for SSI/SSP for a reason other than immigration status alone (e.g., because applicant exceeds the income limit or because an applicant under age 65 is found not to be disabled).

If a CAPI applicant is PRUCOL, he or she is ineligible for SSI/SSP based on immigration status (because the federal government has not recognized PRUCOL since 1996 welfare reform). Do not send the applicant to SSA. County may proceed to evaluate the CAPI application.

If a CAPI applicant is a qualified alien (e.g., LAPR, refugee, asylee), he or she *may* be eligible for SSI/SSP. The county must require the applicant to contact SSA to apply for SSI/SSP. Welfare and Institutions Code §18939 The CAPI applicant must provide the county with a written statement from SSA either indicating that SSI is denied solely based on immigration status or indicating that an SSI application has been opened. If CAPI is approved and SSI is later granted, the state can use the interim assistance reimbursement process to recover CAPI funds paid out to the claimant while awaiting SSI approval (but only if SOC 455 is completed and signed).

# CAPI Income and Resources Criteria



To be eligible for CAPI, an individual's or couple's countable income must be lower than the appropriate CAPI payment standard.

Countable income means the amount that is left after subtracting any exclusions or disregarded amounts from an individual's gross income, plus that of a spouse or ineligible parent living in the same household. If client has a sponsor, sponsor's income and property should be deemed. Disregarded amounts can include allocations for ineligible spouses, parents and children in the deeming process.

To be eligible for CAPI, an individual's or couple's non-excludable resources must not exceed \$2,000 for an individual or \$3,000 for a couple.

## How to Apply



To apply in person or to find out more about CAPI benefits in your county, please [contact your county social services agency](#).

CAPI recipients may be eligible for CalFresh benefits, Medi-Cal, Special Circumstances, and IHSS, but they must file for each benefit separately. There is no automatic eligibility link between CAPI and these other programs.

State regulations governing CAPI can be found in [Manual of Policies and Procedures, Division 49](#).



## TIME FOR YOUR ANNUAL PART D PLAN CHECK-UP

*Why is it important that I check my Medicare Part D plan each year?*

- ❖ Plans change the list of drugs they cover every year.
- ❖ Plans change how much you pay for your drugs every year.
- ❖ About 8 out of 10 beneficiaries have been able to save money on their Part D drug costs with our help.
- ❖ To see if you may qualify for more help in lowering your drug costs.



## COMMITTED TO HELPING MEDICARE BENEFICIARIES AND THE COMMUNITY

### *Summary of our services:*

- ❖ Review of your Medicare Part D Plan to see if we can lower your medication costs
- ❖ Review of your medications to ensure they are safe to take together
- ❖ Narcan nasal spray available (to those that qualify)
- ❖ Walk-in flu vaccine
- ❖ No cost health screenings:
  - Anemia
  - Anxiety Testing
  - Asthma / COPD
  - Blood Pressure
  - Bone Density
  - Cholesterol
  - Depression
  - Diabetes
  - Falls Risk Assessment
  - Memory
  - Sleep Disorders



**FOR MORE INFORMATION,**  
**please visit** [go.pacific.edu/medicare](http://go.pacific.edu/medicare)  
**or call** (209) 910-DRUG (3784)

# Medicare HEALTH FAIRS 2019



UNIVERSITY OF THE  
**PACIFIC**  
Thomas J. Long School of  
Pharmacy and Health Sciences

# MEDICARE HEALTH FAIR EVENT CALENDAR

**13** public events in Northern/Central California this year.

The event schedule and details can be found below.

If you want help with your Medicare Part D drug plan and/or a complete drug review,  
**PLEASE MAKE AN APPOINTMENT!**

*Please call the phone number provided below each event to schedule an appointment.*

## PLEASE REMEMBER

If you plan to attend an event, bring your:



1. Medicare card
2. ALL of your medications
3. A copy of your most recent lab values

Thursday,  
October

17

1 PM – 6:30 PM  
LOEL Senior Center  
105 S. Washington St., Lodi  
(209) 369-1591

Sunday,  
October

27

10 AM – 5 PM  
LifeLong Medical Care  
Ed Roberts Campus  
3075 Adeline St., Berkeley  
(510) 981-4100

Sunday,  
November

03

10 AM – 5 PM  
Orangevale Community Center  
6826 Hazel Avenue, Orangevale  
(916) 874-5491

Saturday,  
October

19

10 AM – 6 PM  
University of the Pacific  
School of Pharmacy  
757 Brookside Road, Stockton  
(209) 946-7658

Tuesday,  
November

05

1 PM – 5 PM  
Sierra Vista Homes  
2436 Bellevue St., Stockton  
(209) 460-5085

Tuesday,  
October

22

1 PM – 5:30 PM  
Tracy Community Center  
950 East Street, Tracy  
(209) 831-6240

Saturday,  
November

09

10 AM – 4 PM  
Bethany Home  
Town Square Campus  
1350 Nikkel Way, Ripon  
(209) 253-5128

Saturday,  
October

26

10 AM – 5 PM  
Covenant Living of Turlock  
2125 North Olive Ave., Turlock  
(209) 216-5696

Sunday,  
November

10

10 AM – 4 PM  
JCCSF  
3200 California St., San Francisco  
(415) 292-1200

Thursday,  
November

14

1 PM – 6:30 PM  
Hutchins Street Square  
(Room: Kirst Hall)  
125 South Hutchins St., Lodi  
(209) 333-5550

Saturday,  
November

16

10 AM – 5 PM  
Most Holy Trinity Church  
2040 Nassau Dr., San Jose  
(408) 885-4444

Sunday,  
November

17

10 AM – 6 PM  
O'Connor Woods  
3400 Wagner Heights Rd.,  
Stockton  
(209) 956-3400

Tuesday,  
November

19

1 PM – 7 PM  
First Congregational Church  
3409 Brookside Rd, Stockton  
(209) 951-8545

## HIV Acronyms for Ice Breaker

<b>ACA</b>	Affordable Care Act
<b>A&amp;D</b>	Aged & Disabled Medi-Cal
<b>ADAP</b>	AIDS Drug Assistance Program
<b>AETC</b>	AIDS Education and Training Center
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARIES</b>	AIDS Regional Information and Evaluation System
<b>ART</b>	Anti-Retroviral Therapy
<b>CAPI</b>	Cash Assistance Program for Immigration
<b>CBO</b>	Community Based Organization
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDPH</b>	California Department of Public Health
<b>EAHP</b>	Equal Access to Healthcare Program
<b>EB HIPP</b>	Employer Based Health Insurance Payment Program
<b>EDD</b>	Employment Development Department
<b>FOG</b>	Frontline Organizing Group
<b>FPL</b>	Federal Poverty Limit
<b>FQHC</b>	Federally Qualified Health Center
<b>GTZ</b>	Getting to Zero San Francisco
<b>GTZ R&amp;R</b>	Getting to Zero San Francisco Retention and Re-engagement
<b>HRSA</b>	Health Resources & Services Administration
<b>HIPP</b>	Health Insurance Payment Program
<b>HAB</b>	HIV AIDS Bureau
<b>HHS</b>	Health and Human Services
<b>HICP</b>	Health Insurance Continuation Program
<b>HIPS</b>	Health Insurance Premium Support
<b>HIV</b>	Human Immunodeficiency Virus
<b>LIS</b>	Low Income Subsidy
<b>MAGI</b>	Modified Adjust Gross Income
<b>MC</b>	Medi-Cal
<b>MCE</b>	Medi-Cal Expansion (MAGI)
<b>MCM</b>	Medical Case Management
<b>MDPP</b>	Medicare Part D Payment Program
<b>MOHCD</b>	Mayor's Office on Housing & Community Development
<b>MSM</b>	Men who have Sex with Men
<b>MSP</b>	Medicare Savings Program
<b>NMCM</b>	Non-Medical Case Management
<b>PEP</b>	Post Exposure Prophylaxis
<b>PES</b>	Psych Emergency Services
<b>PLWHA</b>	Persons Living With HIV/AIDS
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>RTW</b>	Return to Work
<b>RW</b>	Ryan White
<b>RWHAP</b>	Ryan White HIV/AIDS Program
<b>SOA</b>	State Office on AIDS
<b>SOC</b>	Share of Cost
<b>SDI</b>	State Disability Insurance
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SSI</b>	Supplemental Security Program
<b>SSDI</b>	Social Security Disability Insurance
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>UI</b>	Unemployment Insurance
<b>VL</b>	Viral Load
<b>WDP</b>	Working Disabled Program