



**OPEN
ENROLLMENT
BOOTCAMP VIII**
October 19, 2022

Native Land Acknowledgement

We would like to acknowledge the Ramaytush Ohlone people, who are the traditional custodians of this land.

We pay our respects to the Ramaytush Ohlone elders, past, present, and future who call this place their home.

We are proud to continue their tradition of coming together and growing as a community.

We thank the Ramaytush Ohlone community for their stewardship and support, and we look forward to strengthening our ties as we continue our relationship of mutual respect and understanding.

Whose land are you on?

Option 1: Text your zip code to 907-312-5085

Option 2: Enter your location at Native-Land.CA

Option 3: Access Native Land website via QR Code



SF HIV Frontline Organizing Group

Steering Committee

- **Andy Scheer, LCSW | SF City Clinic**
- **Brian Elliott, MSW, JD | ALRP**
- **Dawn Evinger | PRC**
- **Jason Cinq-Mars, JD | PRC**
- **Jessica Price | PAETC-Bay Area**
- **Juba Kalamka | St. James Infirmary**
- **Katie Faulkner, MSW | Shanti**



SF HIV Frontline Organizing Group

Overarching Goals

- **Building the capacity** of HIV Frontline Workers to best support their clients
- **Stimulating professional relationships** in support of cross-agency collaboration
- **Investing in workers' professional development** and career growth





**OPEN
ENROLLMENT
BOOTCAMP VIII**
October 19, 2022

Open Enrollment Bootcamp VIII

Agenda

- 9:30 Open Enrollment Basics** | Ryan Leong, PRC
- 10:30 Covered CA Update** | Marc Ross, Covered CA
- 11:30 Medi-Cal Update** | Andy Scheer, SF City Clinic
- Noon Lunch** (provided)
- 1:00 Break-out sessions**
 - HIV & Dental Care | ABCs of Medicare & ADAP
- 2:15 Break-out session**
 - Kaiser Best Practices | SF HIV FOG Mentor Program | USCHA
- 3:30 Mobilizing for Change** | Ande Stone, SFAF
- 4:00 Closing & Raffle** | Jason Cinq-Mars, PRC
 - must be present to win



Open Enrollment Bootcamp VIII

Overall Learning Objectives

After attending this conference, participants will be able to:

- Describe at least two major health insurance options available for HIV care and treatment
- Explain the basics of how to navigate clients through enrollment in healthcare coverage
- Identify at least one program to reduce out of pocket healthcare expenses for People with HIV



Open Enrollment Bootcamp VIII

CEU Information

This course meets the qualifications for 4.0 contact hours of continuing education credit for nurses as required by the California Board of Registered Nursing, Provider # CPE 13741.

Bay Area, North & Central Coast AIDS Education & Training Center is approved by the California Association of Marriage and Family Therapists (CAMFT) to sponsor continuing education for LMFTs, LCSWs, LPCCs, and/or LEPs. Bay Area North & Central Coast AIDS Education & Training Center maintains responsibility for this program/course and its content. This course meets the qualifications for 4.0 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences, Provider # 133640.

Any activities within the program that do not have instructional time are not offered for continuing education credit. Course completion certificates will be awarded upon completion of course evaluations. Documentation must be retained by the Participant for a period of four years after the conclusion of this program.



Open Enrollment Bootcamp VIII

Evaluations and CE Certificates

- Be sure to complete the evaluation - eval link will be emailed to you
- If you want CEUs as an RN or CNA, complete one evaluation
- If you want CEUs as an LMFT, LCSW, LPCCC, or LEP, you also need to complete a second evaluation. You will be redirected to that second piece once you complete the AETC evaluation online
- CEUs are free!
- For SF HIV FOG, you will need to complete the short paper evaluation in addition

Questions? jessica.price@ucsf.edu





SF HIV CARE OPTIONS

A guide to San Francisco's clinics, providers, and the healthcare coverage they accept.



HIVReConnect

Increasing retention
and re-engagement

Clinic-Based Care Options

HIV Clinics often offer "wrap around" care with Primary Care Physicians, RNs, Social Workers, Benefits Coordinators, and other services

CLINIC NAME

Positive Health Program at Ward

SF General Hospital, 995 Potrero Ave
(628) 206-2400, option 3 (new patient)

Kaiser *¡español!*

2238 Geary Blvd., 4 West – Geary Ca
1600 Owens, 4th Floor – Mission Bay
(415) 833-4638 – HIV Clinic Intake Line
(415) 833-3475 – HIV Benefits Hotline

360 Wellness Center | Women's

UCSF Medical Center
350 Parnassus Ave., Ste. 908
(415) 353-2119, option 5 (new patient)

Clínica Esperanza *¡español!*



SF HIV BENEFITS OPTIONS

How to pay for health care and medication
so you can stay in care and undetectable



HIVReConnect

Increasing retention
and re-engagement

Private Insurance

□ Employer-based Insurance *Health Insurance*

- **Enrollment:** Through your employer's HR
- **Open Enrollment:** Defined by the employer
- **Cost-savings Programs:** ADAP | EB-HIPP
- **Leave your job?** You have 60 days to enroll in Covered CA or "off exchange", directly from your employer to cover these private insurance premiums

□ Covered CA *California Blue Shield*

- **Enrollment:** (800) 300-1506 | Covered CA
- **Open Enrollment:** November 1 to January 15
- **Cost-savings Programs:** Cost-reductions
- **Before purchasing insurance** ask your medical professional

□ Off-Exchange *Full-price Blue Shield*



INCOME THRESHOLDS

CA Office of AIDS Programs (CA OA)*, Gilead Patient Assistance Program, Medi-Cal Expansion, Aged & Disabled Medi-Cal, Covered CA, and Healthy San Francisco

Household Size	Poverty Guideline	Medi-Cal Expansion Aged & Disabled Medi-Cal		CA OA*, Gilead, Healthy SF	Covered CA
	100% (annual)	≤138% (annual)	≤138% (monthly)	≤500% (annual)	600% (annual)
1	\$13,590	\$18,755	\$1,564	\$67,950	\$81,540
2	\$18,310	\$25,268	\$2,106	\$91,550	\$109,860
3	\$23,030	\$31,782	\$2,650	\$115,150	\$138,180
4	\$27,750	\$38,295	\$3,192	\$138,750	\$166,500
5	\$32,470	\$44,809	\$3,735	\$162,350	\$194,820

- *California Office of AIDS Programs: ADAP (medication) | PrEP-AP (medication and co-pays) OA-HIPP and EB-HIPP (insurance premiums and co-pays) MDPP (Medicare Part D and MediGap premiums)
- Amounts are Modified Adjusted Gross Income of Federal Poverty Level (MAGI FPL)
- People receiving Unemployment Insurance should multiply their weekly benefit



INTROS

Name & pronouns

Agency & Program

If you refer a client to me,
you can count on me to...



Open Enrollment Basics

Open Enrollment Boot Camp
October 19, 2022

Presented by Ryan Leong, 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?
 - **Covered California, Medicare**, private insurance, and employers all have Open Enrollment periods
 - Open enrollment is the only period during the year when individuals can enroll in a health plan without a Qualifying Life event

Important Dates

	Sign up Dates	Effective Dates
Medicare Advantage & Part D	October 15, 2022 – December 7, 2022	January 1, 2023
Covered California	November 1, 2022 – December 31, 2022	January 1, 2023
	January 1, 2023 – January 31, 2023	February 1, 2023
Medicare Parts A & B	January 1, 2023 – March 31, 2023	July 1, 2023



Covered California

Covered California Open Enrollment

Open Enrollment is from November 1, 2022– January 31, 2023

- 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 . . .
Nov 1, 2022 – Dec 31, 2022	January 1, 2023
Jan 1, 2023 – Jan 31, 2023	February 1, 2023

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 - \$1,564 eligible for MAGI Medi-Cal
 - Up to 138% FPL
 - \$1,564 – \$54,360 eligible for Covered California with premium assistance (APTC)
 - Between 139% FPL and 400% FPL
 - Consumers at 400% FPL or higher may receive federal premium tax credit to lower their premiums to a max of 8.5% of their income based on the second-lowest-cost Silver Plan

Who can enroll in Covered California?

- US citizens, Immigrant with Qualified legal status, 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 or [\(800\) 300-1506](tel:8003001506) or 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: [if having trouble reaching an agent, enter incorrect client information to speak to a Covered California agent more quickly](#)



Health insurance when you need it.

Open enrollment begins Nov. 1, but you can still apply through special enrollment now.



Household Income ⓘ

\$ 28,000

ZIP Code

95834



Household Size ⓘ

1

How many need coverage?

1

Age of People Needing Coverage ⓘ

45

Quick Quote




for a Silver plan.
Bronze plans as low as \$0.


After financial help from: Covered California


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? 

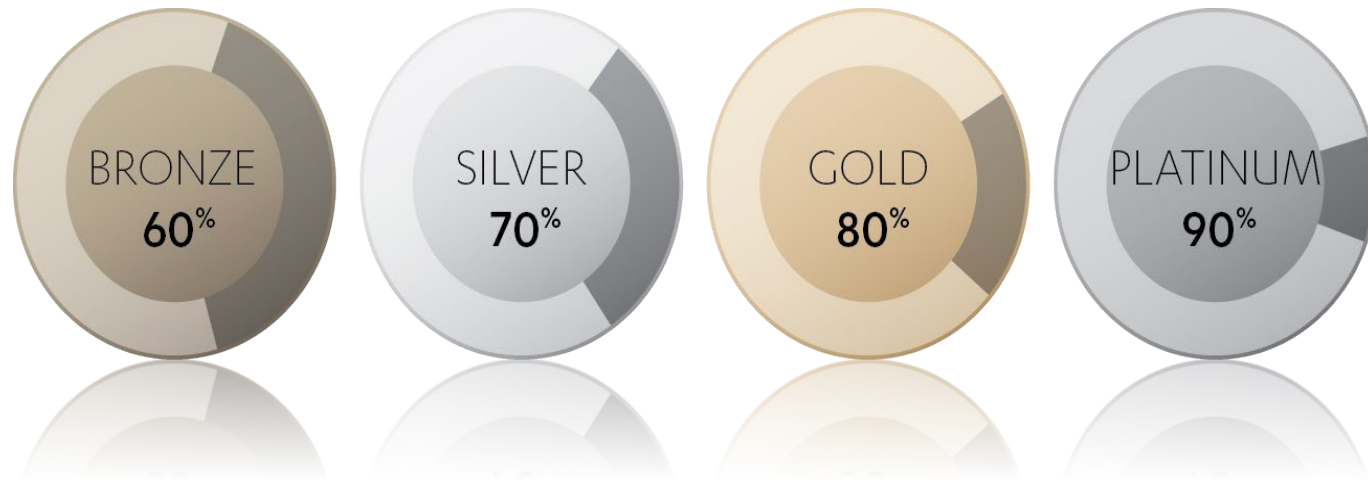
Online Enrollment Tip

- 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

Covered California: Metal Tiers



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

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 annual income is less than \$67,950, 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 \$750 per adult and \$375 per dependent child under 18
 - 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

Important Dates

	Sign up Dates	Effective Dates
Medicare Advantage & Part D	October 15, 2022 – December 7, 2022	January 1, 2023
Covered California	November 1, 2022 – December 31, 2022	January 1, 2023
	January 1, 2023 - January 15, 2023	February 1, 2023
Medicare Parts A & B	January 1, 2023 – March 31, 2023	July 1, 2023

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, 2022 – December 7, 2022

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, 2023**

Open Enrollment for Medicare Parts A & B

- January 1, 2023 – March 31, 2023
- 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 Compare Tool

- Go to [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) to review coverage options for clients!
- Search using your client's information, or no information, to review coverage options
- Be sure you are looking at the correct year's plans
- Select which comparisons you need
- Enter prescription information to compare formularies

Explore your Medicare coverage options


Pick your 2023 plan by December 7.



Don't have Medicare Part A or B yet?
[Get started with Medicare.](#)



Find Medicare health & drug plans


 Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)

 Continue without logging in

COVERAGE FOR

☒ 2023

☐ 2022

ZIP CODE

PLAN TYPE

Select a plan type ▾

Next, you can add your drugs and pharmacies for personalized cost information. [Need help picking a plan type?](#)


Start

 You're viewing 2023 plans. [Show me 2022 plans.](#)

Help with your costs

Do you get help with your costs from one of these programs?

- ☐ Medicaid
- ☐ Supplemental Security Income
- ☐ Medicare Savings Program
- ☐ Extra Help from Social Security
- ☐ I'm not sure
- ☐ I don't get help from any of these programs

 You're viewing 2023 plans. [Show me 2022 plans.](#)

There may be separate drug plans available with lower drug costs. [Tell me more.](#)

[View 26 available drug plans](#)

[← Back to drugs & pharmacies](#)



MY LOCATION

San Francisco, CA [Change location](#)

PLAN TYPE

Select a Plan Type ▼

Filter by:

Plan Benefits ▼

Insurance Carrier ▼

Drug Coverage ▼

Star Ratings ▼

[View all filters](#)

Showing 10 of 31 Medicare Advantage Plans

SORT PLANS
BY

Lowest drug + premium cost ▼

Kaiser Permanente Senior Advantage Basic SF (HMO)

Kaiser Permanente | Plan ID: H0524-060-0

Star rating:  This plan got Medicare's **highest rating** (5 stars)

Aetna Medicare Elite Plan (PPO)

Aetna Medicare | Plan ID: H5521-293-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$0.00

Only includes premiums for the whole year when you don't enter any drugs

OTHER COSTS

\$750 annual deductible Health deductible

\$0.00 Drug deductible

\$11,300 In and Out-of-network

\$6,700 In-network

Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$25 copay per visit**

DRUGS

[Add your prescription drugs](#)

Enter drugs you take regularly (if any) to see your estimated drug + premium cost

Enroll

Plan Details



Add to compare

Feedback

	<div><div>Aetna Medicare Elite Plan (PPO) ×</div><div>\$0.00</div><div>Medicare Advantage and drug monthly premium</div><div>Enroll</div><div>Plan Details</div></div>	<div><div>Anthem MediBlue Select (HMO) ×</div><div>\$0.00</div><div>Medicare Advantage and drug monthly premium</div><div>Enroll</div><div>Plan Details</div></div>	<div><div>Kaiser Permanente Senior Advantage Basic SF (HMO) ×</div><div>\$19.00</div><div>Medicare Advantage and drug monthly premium</div><div>Enroll</div><div>Plan Details</div></div>
Overview			
Star rating	★★★★☆	★★★★☆	★ This plan got Medicare's highest rating (5 stars)
Health deductible	\$750 annual deductible	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$11,300 In and Out-of-network \$6,700 In-network	\$7,550 In-network	\$6,700 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$19.00

Feedback

Using Plan Compare tool on Medicare.gov

- Once the plans come up, select “Plan Details”
- This takes you to the plan’s overview page where you can quickly see important details such as:
 - Premiums
 - Deductible
 - Co-pays for doctor visits, lab services, urgent or emergency care
 - Further down you will see Drug Coverage priced by Tiers
 - Extra benefits such as preventative dental, vision, or hearing (if available)

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

nk you!

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

8.7%





COVERED
CALIFORNIA

SF HIV FOG Open Enrollment Boot Camp

October 19, 2022

Marc Ross, Covered California

Legislation and Policy Updates

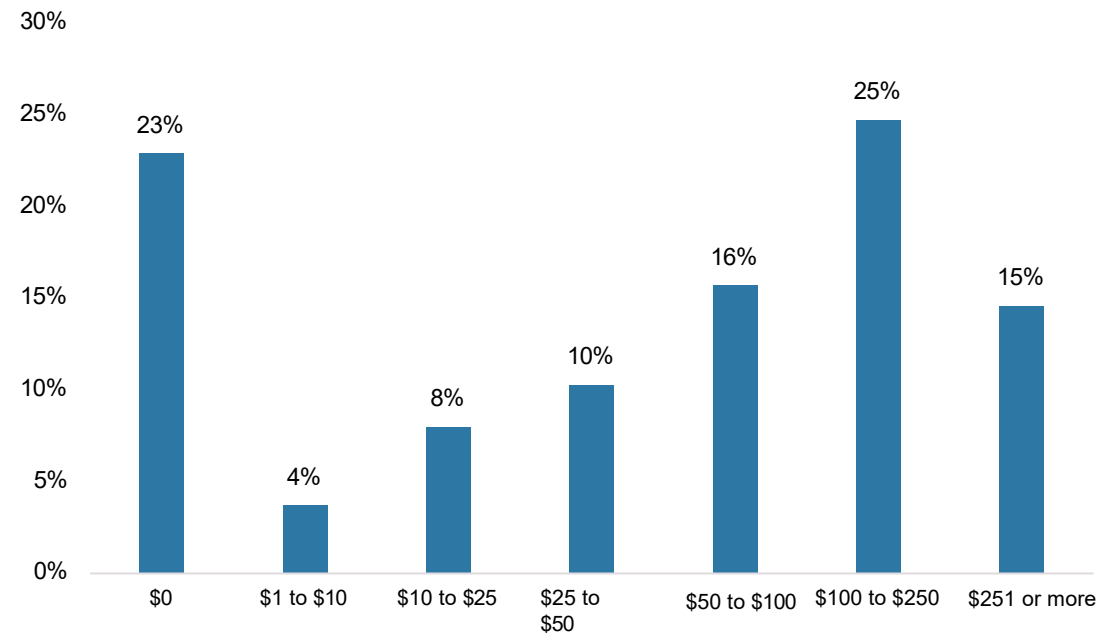


Extending enhanced subsidies through the Inflation Reduction Act of 2022

- On August 16, 2022, President Biden signed into law, the Inflation Reduction Act of 2022, enacting sweeping provisions to address inflation by reducing consumer energy and health care costs and reducing the federal deficit.
- Most notably, the Inflation Reduction Act **extends the American Rescue Plan's enhanced premium subsidies for an additional three years, through 2025**, investing \$64 billion to reduce consumers' monthly premium costs to keep coverage within financial reach of millions of Americans.
- The expanded financial help led to record-high enrollment numbers in Covered California, by **increasing the amount of financial available to consumers**, including those who were previously ineligible because their income exceeded the federal requirements.

[White House Fact Sheet: The Inflation Reduction Act](#)

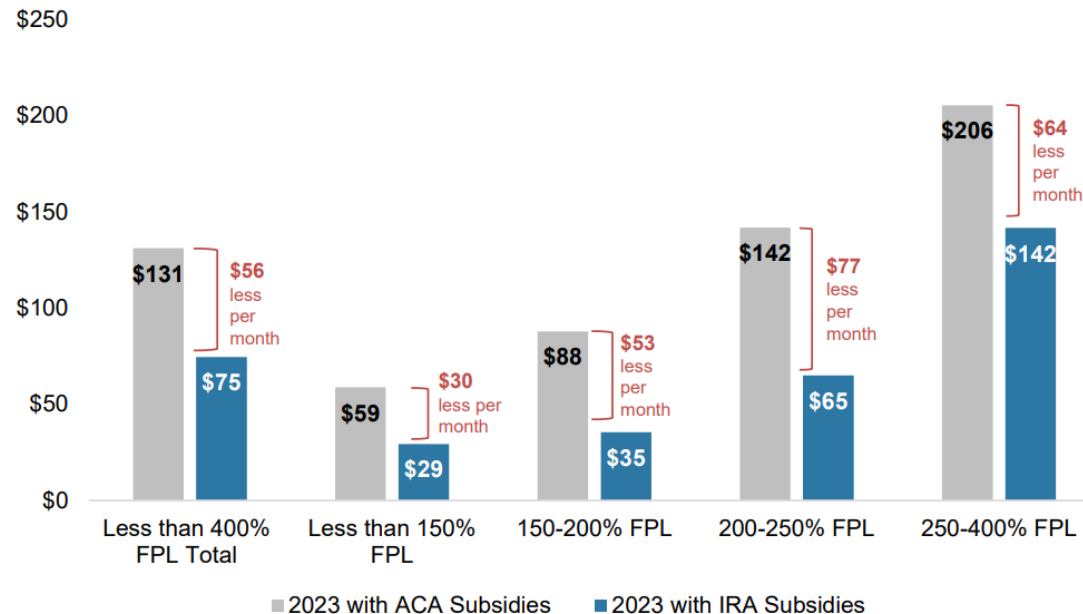
Individual Net Premium Distributions among Subsidy-Receiving 2022 Enrollees



Source: Snapshot of May 2022 Covered California enrollment, among individuals receiving monthly APTC. Premiums reflect net of subsidy cost per member per month.

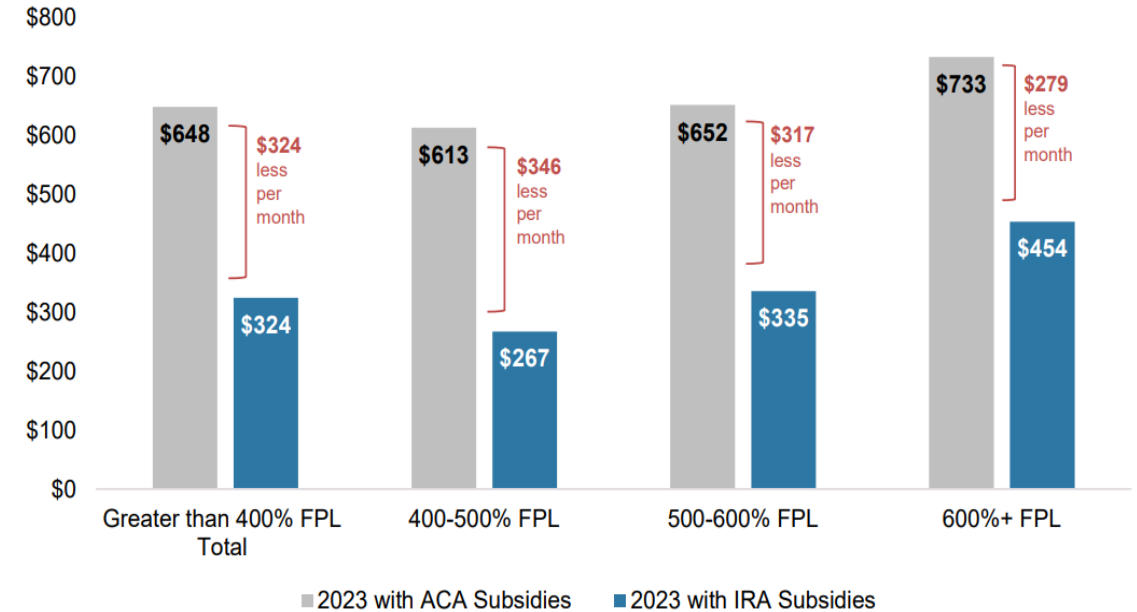
Increased affordability continues with passage of Inflation Reduction Act

Monthly Net Premium Savings with Extension of American Rescue Plan Subsidies - Subsidized Enrollees Under 400% FPL



Source: Snapshot of May 2022 Covered California enrollment, among individuals receiving monthly APTC. Premiums reflect net of subsidy cost per member per month, using preliminary 2023 rates.

Monthly Net Premium Savings with Extension of American Rescue Plan Subsidies - Subsidized Enrollees Over 400% FPL



Source: Snapshot of May 2022 Covered California enrollment, among individuals receiving monthly APTC. Premiums reflect net of subsidy cost per member per month, using preliminary 2023 rates. Individuals who can purchase a benchmark silver plan at cost below the maximum percentage of income set by program rules are not included in these estimates.

Fixing the family glitch

- On April 7, 2022, the Department of Treasury [proposed](#) a Rule to fix the “family glitch,” which currently prevents family members from accessing subsidies for Exchange coverage if the employee is offered affordable health coverage through their employer. Specifically, this Rule proposes to extend subsidies for Exchange coverage to family members offered unaffordable family coverage or coverage that does not provide an actuarial value of at least 60 percent through an employer.
- Covered California has **identified trainings, task guides, and messaging** that will need to be updated to inform consumers about this eligibility change and the possibility that they are newly eligible for subsidies.
- Covered California has **amended the Eligibility and Enrollment regulations** to revise the application requirements to include the cost of family coverage as required information to be provided by the consumer. This will align with federal regulations.
- Covered California [submitted](#) **comments in support of the determination** that the original interpretation of affordability, which prevented family members from accessing subsidies, is inconsistent with the Affordable Care Act’s (ACA) fundamental purpose to expand access to affordable health care coverage. Covered California also highlighted that this reinterpretation of affordability be consistent with other affordability rules in the ACA.
- Covered California **anticipates that this Rule will be finalized in October**, ahead of the 2023 Open Enrollment.

Final rule on Public Charge

On September 9, the U.S. Department of Homeland Security published the final rule on Public Charge Ground of Inadmissibility, specifying how individuals' use of public benefits may affect their ability to enter the U.S. or adjust their immigration status.

Reversing the policy changes implemented by the Trump administration in 2019, the new rule notably narrows the benefit programs considered in the determination to only cash assistance programs or government-funded institutionalized long-term care, as well as requiring a more individualized analysis based on the totality of circumstances.

Coverage and financial assistance through Covered California do not – and never did – count as a public charge.

This rule will become effective December 23, 2022.

HHS.gov

U.S. Department of Health & Human Services

[Home](#) > [About](#) > [News](#) > New Rule Makes Clear that Noncitizens Who Receive Health or Other Benefits to which they are Entitled Will Not Suffer Harmful Immigration Consequences

FOR IMMEDIATE RELEASE
September 8, 2022

Contact: HHS Press Office
202-690-6343
media@hhs.gov (<mailto:media@hhs.gov>)


New Rule Makes Clear that Noncitizens Who Receive Health or Other Benefits to which they are Entitled Will Not Suffer Harmful Immigration Consequences

Accessing Children's Health Insurance Program and Most Medicaid Benefits Will Not Affect Immigration Status

Today, the U.S. Department of Homeland Security (DHS) issued a final rule applicable to noncitizens who receive or wish to apply for benefits provided by the U.S. Department of Health and Human Services (HHS) and States that support low-income families and adults. The rule, which details how DHS will interpret the "public charge" ground of inadmissibility, will help ensure that noncitizens can access health-related benefits and other supplemental government services to which they are entitled by law, without triggering harmful immigration consequences. By codifying in regulation the "totality of the circumstances" approach that is authorized by statute and which has long been utilized by DHS, the rule makes it clear that individual factors, such as a person's disability or use of benefits alone will not lead to a public charge determination.

Here is the press release from CMS with more information:
<https://www.hhs.gov/about/news/2022/09/08/new-rule-makes-clear-noncitizens-who-receive-health-or-other-benefits-which-they-are-entitled-will-not-suffer-harmful-immigration-consequences.html>

Preparing for the end of the Public Health Emergency (PHE)

**COVERED CALIFORNIA**

Public Health Emergency & Medi-Cal to Marketplace Automatic Enrollment Program

Overview

State law enacted in 2019 authorizes Covered California to automatically enroll consumers in a qualified health plan when they lose Medi-Cal coverage and gain eligibility for advanced premium tax credits (APTC). Covered California will begin its auto-enrollment program for consumers transitioning from Medi-Cal soon after the end of the Public Health Emergency.

Outlined below is a “one-stop shop” for program information, resources, and support material for Covered California transitioning consumers, enrollment channel partners, and other stakeholders on the program and enrollment process. Check back frequently for updates.

Program Materials

Resource	Type	Description	Date Updated
Fact Sheet: Medi-Cal to Marketplace Automatic Enrollment Program	Fact Sheet	Outline of program strategy facts	5/20/2022
SB 260 Carrier Planning Document- Plan Year 2022	Data Table	Table showing the lowest-cost silver plan by county.	5/18/2022
SB 260 Flyer – Silver 94 English Spanish Korean Vietnamese Chinese	Handout	Handout to consumers about Covered California and the information they need in this process specific to the Silver 94 Plan.	5/18/2022
SB 260 Flyer – Silver 87 English Spanish Korean Vietnamese Chinese	Handout	Handout to consumers about Covered California and the information they need in this process specific to the Silver 87 Plan.	5/18/2022
SB 260 Flyer – Silver 73 English Spanish Korean Vietnamese Chinese	Handout	Handout to consumers about Covered California and the information they need in this process specific to the Silver 73 Plan.	5/18/2022

- The U.S. Department of Health and Human Services reassured states that it will **provide 60 days notice before the end of the emergency**. No notice was provided on August 16, 2022, which signals that the Public Health Emergency (PHE) will be **extended past the current October 13, 2022** end date.
- No information has been released yet regarding the new end date.
- Covered California **continues to prepare for implementation of facilitated enrollment** of consumers losing Medi-Cal coverage and gaining eligibility for marketplace subsidies.
- Covered California is closely **coordinating with Department of Health Care Services (DHCS)**.
- DHCS released the **PHE Operational Unwinding [Plan](#)** which highlights the ongoing partnership with Covered California to appropriately transition consumers between Medi-Cal and Covered California.
- Covered California released a **[toolkit](#) for enrollment partners** and stakeholders to provide planning resources for the launch of auto-enrollment from Medi-Cal when the public health emergency ends.



Coverage Updates

2023 Qualified Health Plans

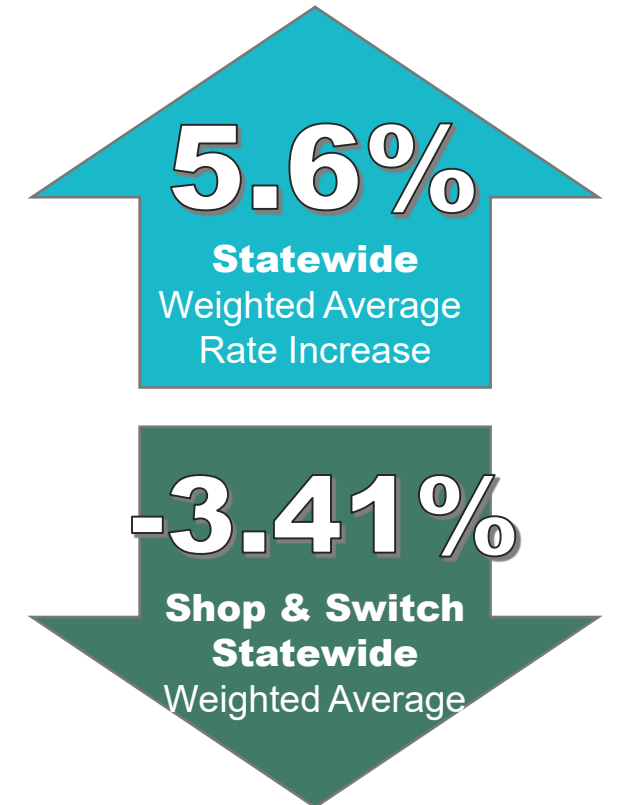


13 California
Exchange Individual &
Family **Health
Plans**

All Californians will have a choice of **2 or more** carriers.

98% Californians will have a choice of **3 or more** carriers

81% Californians will have a choice of **4 or more** carriers



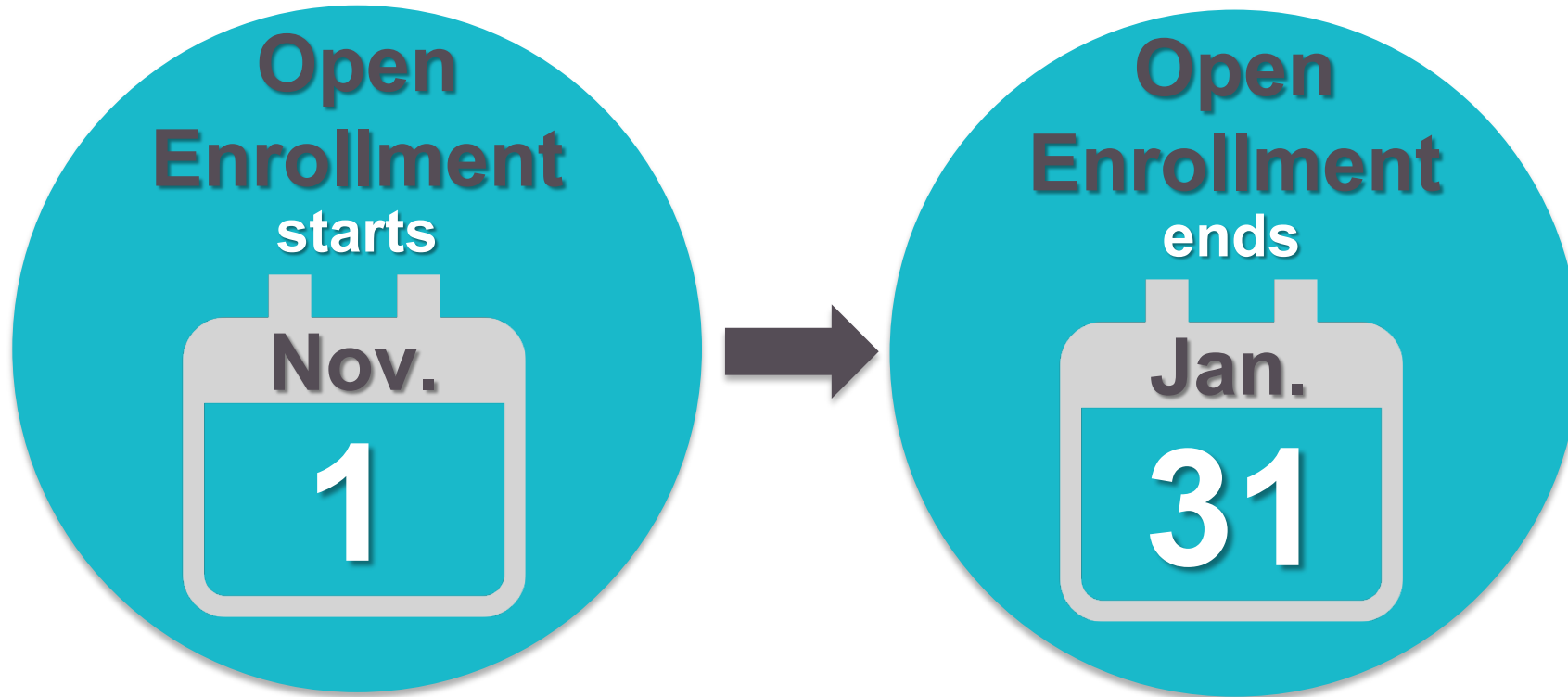
Weighted average rate change by rating region

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties	61,360	11.3%	6.7%
Region 2 Marin, Napa, Solano and Sonoma counties	59,780	5.2%	-1.0%
Region 3 Sacramento, Placer, El Dorado and Yolo counties	99,660	4.7%	-2.9%
Region 4 San Francisco County	36,190	6.2%	-3.2%
Region 5 Contra Costa County	55,220	6.1%	0.1%

¹ Effectuated enrollment for coverage in the month of March 2022. See https://hbex.coveredca.com/data-research/library/CC_Membership_Profile_2022_03_R20220715.xlsx for full data profile.

² Shop and switch refers to the average rate change a consumer could see if they shop around and switch to the lowest-cost plan in their current metal tier.

2023 Open enrollment dates



Shop and Compare with 2023 rates goes live...

A screenshot of the Covered California website's "Shop and Compare" page. The page has a blue header with the Covered California logo and links for "Español" and "Need Help?". Below the header is a section titled "Shop and Compare" with a sub-header "Tell us a little bit about yourself". A paragraph explains that the information will help determine eligibility for help to lower health care costs. Below this is a white form area with the instruction "Answer these questions to find out if you qualify for help to lower your health care costs." The form contains four questions: "Coverage Year:" with a dropdown menu showing "2021"; "What is your Zip Code?" with a text input field showing "Ex: 90210"; "What is your total household income per year?" with a text input field; and "How many people are in your household?" with a dropdown menu showing "Select One".

2023 Renewal dates



- **Active** Renewal: 10/18/22 – 12/27/22
- **Passive** (Auto) Renewal starts 11/4/22

CalHEERS REMINDERS

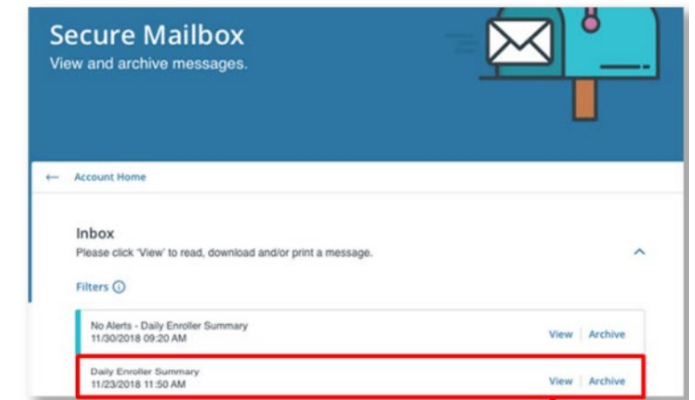
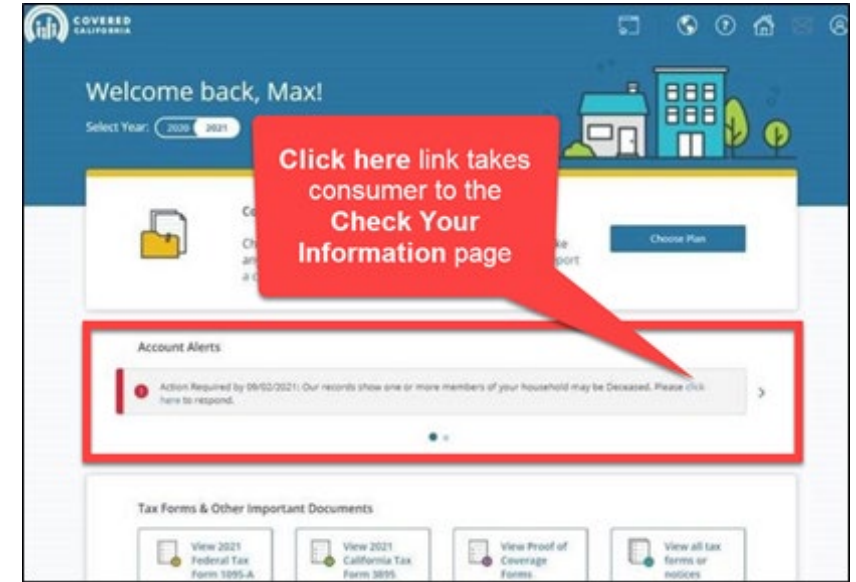
Consumer periodic data matching in CalHEERS

Collect demographic data by encouraging your customers to disclose this information by completing the application section, optional Race/Ethnicity questions.

Providing consent to keep financial assistance for 2023 plan year

- Consumers may need to update their consent to verify income and household size, and/or attest to file taxes or planning to file taxes. They can complete this process online, or with help from a Covered California Service Center Representative, a Certified Enrollment Counselor, or a Certified Insurance Agent.

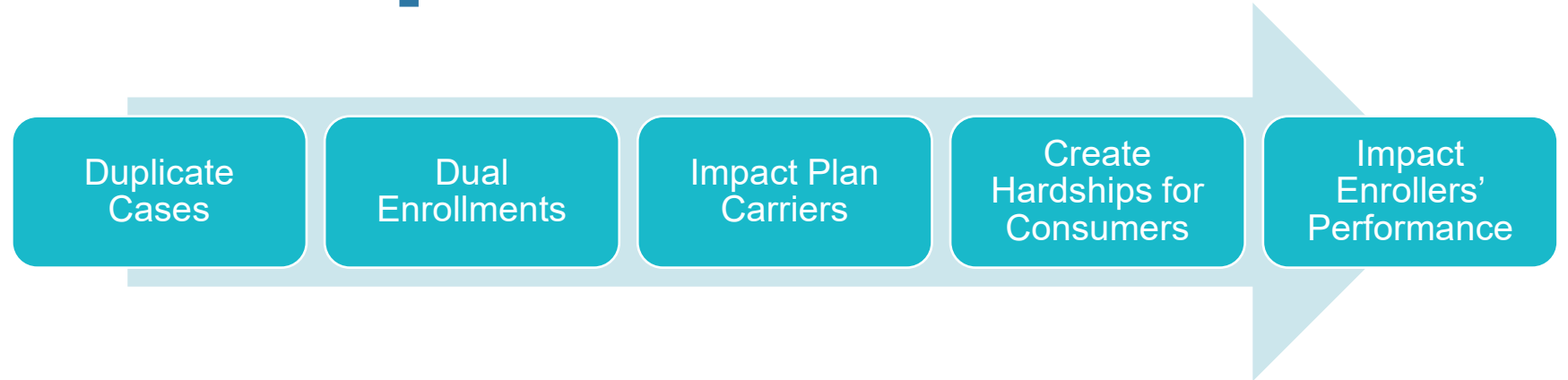
Enroller portal alerts and reports



HBX Case ID	Enrollment Year	Notification Topic	Agent Name	Agent License Number
5000000001	2021	Binder Payment Pending	John Doe	P057ND3
5000000003	2021	Enrollment Updates Pending	John Smith	Y16267N
5000000002	2021	CalNOD01	John Doe	P057ND3
5000000002	2021	Consent Valid Thru	John Doe	P057ND3
5000000004	2021	Actions Requested for Consumer	Larry Smith	BA0367D
5000000005	2021	Enrollment Cancelled	Larry Smith	BA0367D
5000000006	2022	Enrollment Terminated	Larry Smith	BA0367D
5000000007	2021	Medicare Aged Out	John Doe	P057ND3

Do NOT create duplicate cases

A **Duplicate Prevention Logic (DPL)** pop-up may appear during the creation of a consumer application for health coverage.



- **Alerts the user** if the system identifies consumer who already has a case on file in CalHEERS
- **Helps prevent** the creation of duplicate CalHEERS cases
- **Use** the [Accelerated Consumer Delegation Consent Tool](#) to check if the **consumer has an active case**.
 - If the Tool finds multiple CalHEERS cases with the same consumer information, enrollers will need to [contact the Service Center](#).
- If the consumer has an **existing Medi-Cal case and a new CalHEERS case is created**, the Medi-Cal case takes priority, and the enroller could lose the case delegation.
- **Read** the [Duplicate Prevention Logic Quick Guide](#) for additional information.

Reasonable Opportunity Period (ROP)

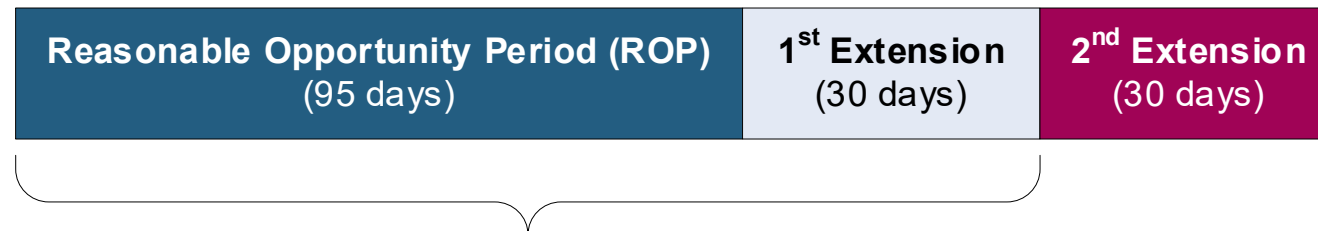
The **Reasonable Opportunity Period (ROP)** is **95-day period** during which conditionally eligible consumers can submit verification documents and clear inconsistencies in their application.

Consumers who meet certain requirements and who attempt to take action to resolve the inconsistency in good faith may request up to two (2) 30-day extensions prior to the 95-day ROP expiring. “Good faith” means that the attempt or action cannot be fraudulent or deceitful.

Examples

- Consumer is conditionally eligible for coverage and has filed an appeal, but the ROP will expire before the appeal is resolved.
- Consumer’s immigration documentation has expired, and the consumer has an appointment to renew the document.

Timeframe for ROP Extensions Visual



Timeframe for ROP extensions. Extensions must be requested before the expiration of the original ROP or 1st extension.

2023 Family dental plans



California Individual Market

5 RETURNING



Dental Health Services

1 WITHDRAWING



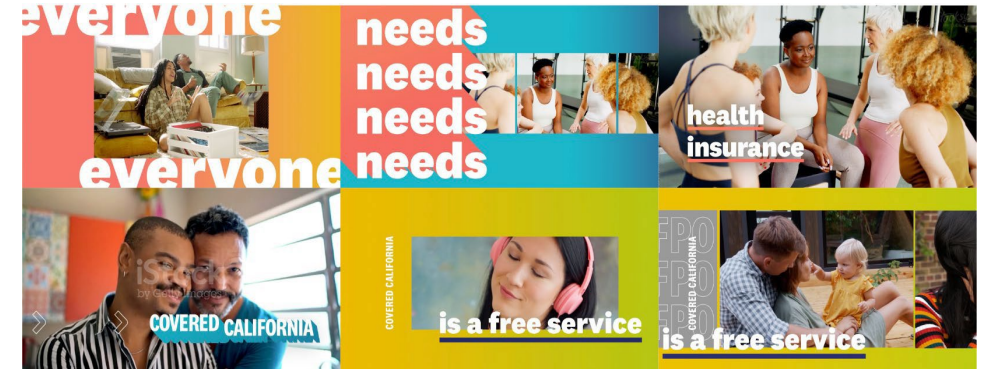
Statewide weighted average rate change for dental coverage in 2023 will be a decrease of 1.7%

Dental Carrier	Weighted Average Rate
Anthem Blue Cross Dental	0.0%
Blue Shield of CA Dental	2.6%
California Dental Network	0.1%
Delta Dental	-3.9%
Dental Health Services	0.0%
Statewide	-1.7%

Open Enrollment Messaging

We'll continue with the successful *“This way to Health Insurance”* ad campaign leveraging a strategic mix of existing assets with updates as needed as well as develop new assets based on research learnings and extension of enhanced subsidies.

- **Core messages:** Who we are and what we offer; financial help to pay for health insurance; quality coverage; value of health insurance; free assistance every step of the way.
- **Supporting messages:** Free preventive care, mental health coverage, deadlines, penalty.
- **Data points:** Continue to leverage data points to help make benefits of extended subsidies feel tangible and real. E.g., amount of funds for CA, number of Californians that benefit, % of members getting financial help, etc.



- We'll take viewers through a range of vignettes featuring the diversity of our consumers and lean into our brand colors and visual elements to highlight how Covered California is here to help every step of the way.
- Animated supers will reinforce key messages.

OE 23 ADS – English/Spanish/Asian

we believe
HEALTH INSURANCE SHOULD COVER MORE AND COST LESS.
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

SÓLO TE QUEDAN X días
PARA OBTENER SEGURO MÉDICO.

我們的最大任務是令更多人能負擔優質健保
健康與否，人人都需要優質健保。Covered California 是州政府機構，提供免費服務協助大家登記及支付優質健保計劃。現有的財務補助，讓你或可每月只需付 \$0 保費。不論收入高低，今天就看看是否你符合條件。
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

no juegues con tu salud. OBTÉN SEGURO MÉDICO.
健保計劃周全保護生病與否同樣看顧
擁有 Covered California 來自知名健保計劃的周全保障，你自然能過得安心無慮。每個健保計劃均能保障全家健康的權益。從心身健康服務、醫生門診、緊急護理，到全家的免費預防保健等。
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

te ayudamos a pagar TU SEGURO MÉDICO.
Revisa tu nuevo precio más bajo >

獲取免費預防性保健及更多保障
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

有財務補助你的健保或可每月只付\$0保費
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

12월 31일까지 가입하세요
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

오늘 건강보험에 가입하세요
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

được giúp đỡ miễn phí từ các chuyên viên nói tiếng việt
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

CONSEGUIR SEGURO MÉDICO ES MÁS FÁCIL CON ayuda.
OBTÉN PLANES DE SALUD DE CALIDAD A UN MENOR PRECIO.
Covered California te ofrece ayuda económica para que tú y tu familia puedan obtener un plan médico de calidad. Cada plan que ofrecemos incluye cobertura amplia con atención preventiva, visitas al doctor, cuidado de emergencia y más. Y no lo olvidas, nuestros expertos están listos para ayudarte de forma gratuita y en español.
El último día para inscribirse es el 31 de enero.
800.995.5087 | CoveredCA.com/espanol
Tu seguro médico empieza aquí.

te ayudamos a pagar TU SEGURO MÉDICO.
Enroll by December 31 to be covered by January 1.
CoveredCA.com | 800.995.5087

TENEMOS AYUDA ECONÓMICA DISPONIBLE. tú podrías pagar \$0 al mes.
Tu seguro médico empieza aquí >
Enroll now >

obtén un seguro médico CON CUIDADO PREVENTIVO GRATUITO Y MÁS.
Inscríbete ya >
Enroll now >

financial help is here. YOUR HEALTH INSURANCE COULD BE \$0/MONTH.
Enroll now >

WE HELP YOU PAY FOR health insurance.
Enroll now >

GET HEALTH INSURANCE today.
Enroll now >

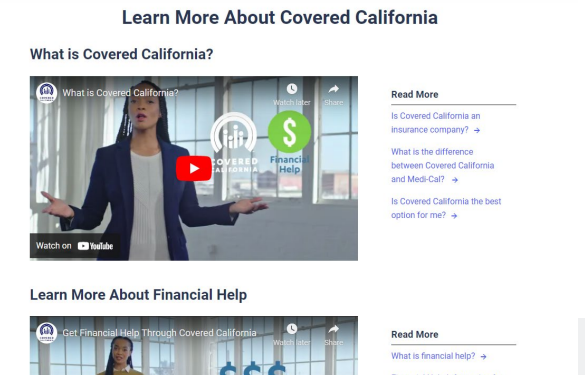
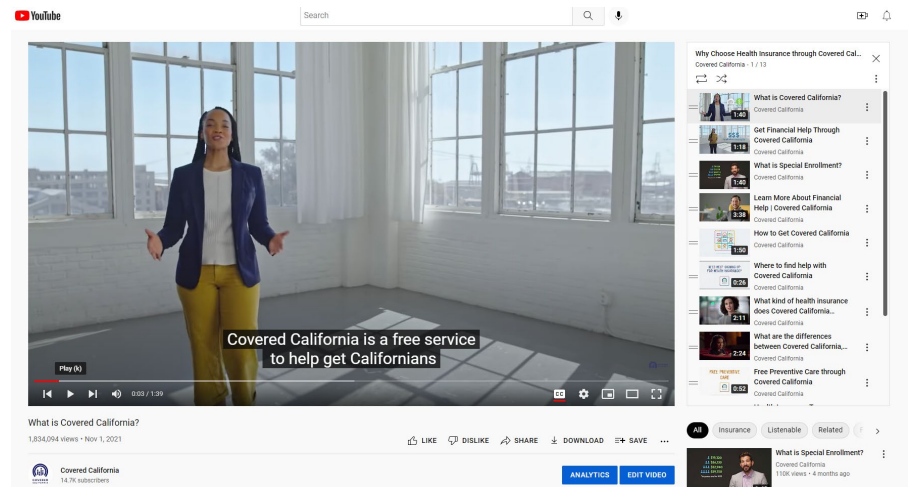
get free preventive care and more.
This way to health insurance >
Enroll now >

only X DAYS LEFT TO ENROLL.
This way to health insurance >

9 out of 10 GOT FINANCIAL HELP FOR HEALTH INSURANCE.
Get covered >

Educational videos

- Longer format educational videos of one to three minutes in English and Spanish to inform members and potential consumers of key message points in more depth.
- Topics include:
 - *Open enrollment and special enrollment*
 - *What is Covered California*
 - *Value of Health Insurance*
 - *Get Financial Help Through Covered California*
 - *Learn More About Financial Help*
 - *Free Preventive Care*
 - *How to Get Covered*
 - *Where to Find Help*
 - *Differences Between Covered California, Health Insurance Companies and Medi-Cal*
 - *Health Insurance Terms Defined*
 - *How to Report Income*
 - *Welcome to Covered California*
 - *Learn More About Tax Documents*
- Video styles compliment the marketing campaign overall.
- Available on YouTube.com/CoveredCA and also used on CoveredCA.com, in email outreach, in paid video placement, content marketing articles and on social media channels.
- Additional “how to” videos available on YouTube.com/CoveredCA to show steps to apply and how to use the Shop & Compare tool.



Consumer collateral materials

- **Enrollment Guide**
 - Benefit chart to be updated with this year's rates
 - Expected to go live on the Printable Materials page and KP Print Store in early September
 - Available in all 13 threshold languages
- **Trifold Brochure** – live on print store
 - Available in all 13 threshold languages
- **Immigration Fact Sheet** – live on print store
 - Double-sided with English always on one side. Users can select other side from Spanish, Chinese, Korean, or Vietnamese.
- **Special Enrollment Fact Sheet** – live on print store
 - Double-sided with English always on one side. Users can select other side from Spanish, Chinese, Korean, or Vietnamese.



Tools & resources for enrollers





Read your enroller alerts & briefs

- Enroller Alerts and Messages provide important information and content; keeps you informed and updated to help you best support Covered California consumers.
- Special announcements, policy changes, system updates (application and enroller portal), important dates (Renewals, Open Enrollment, Special Enrollment), and enroller resources.


Best practice:


- ✓ **Create new folder and save** all Enroller Alert Emails there – search by key word/term for the specific topic you are seeking.
- ✓ **Bookmark** the [Enrollment Partner Toolkit](#) page to your browser favorites bar. It provides links to important toolkits and documents.

 **Agent Alert**
BREAKING NEWS FROM COVERED CALIFORNIA

 Toolkits for Enrollers

- ▶ [Audio Briefings](#)
- ▶ [Open Enrollment Toolkit](#)
- ▶ [CalHEERS Release Toolkit](#)
- ▶ [Renewal Toolkit](#)
- ▶ [Special Enrollment Toolkit](#)
- ▶ [1095 and 3895 Toolkit](#)
- ▶ [Agency Manager Toolkit](#)
- ▶ [Approved Admin Staff Role Toolkit](#)
- ▶ [Webinars, Briefings, and Downloads](#)
- ▶ [Social Media Toolkit](#)
- ▶ [Storefront Toolkit](#)
- ▶ [Small Business Toolkit](#)

 **Agent Briefings & Alerts**
[VIEW AGENT BRIEFINGS & ALERTS](#)

 **Community Partner Briefings & Alerts**
[VIEW COMMUNITY PARTNER BRIEFINGS & ALERTS](#)

Renewal & open enrollment toolkit

Will be available in early October 2022

2022 Renewal Toolkit

A “one-stop shop” for information and resources in order to support Covered California members through the renewal process.

Check back frequently for updates.

Renewals

Resource	Type	Description
Renewal Quick Guide	Quick Guide	Tips and reminders for the renewal process, including links and information.
Job Aid: Renewal	Job Aid	Instructions on the 2021 Covered California renewal process.
2022 Virtual Statewide Carrier Presentation	Video	Recording of individual Carrier presentations for health, dental, and vision plans.
2022 Virtual Statewide Carrier Presentation	Slide Deck	Slide deck for individual Carrier presentations for health, dental, and vision plans.
Statewide OE 2022 Kickoff Webinar	Video	Covered California Statewide Open Enrollment 2022 Kickoff webinar containing Tools and Resources.
Statewide OE 2022 Kickoff Webinar	Slide Deck	Covered California Statewide Open Enrollment 2022 Kickoff presentation containing Tools and Resources; 2022 County Rate and Plan Information including statewide rate sheets and a hospital directory from all California Rating Regions.

2022 Open Enrollment Toolkit

A “one-stop shop” for 2022 Sign-up information and resources to support Covered California members through the enrollment process. Check back frequently for updates.

NOTE: For Renewal resources, view the 2022 Renewal Toolkit [here](#).

2022 Open Enrollment

Resource	Type	Description	Date Updated
CalHEERS Online Application	Job Aid	A step-by-step guide to assist enrollers with the CalHEERS Online Application.	10/26/2021
Add an Event	Portal	Link to request to add an event to the Covered California Events page so consumers can attend enrollment events in their community.	9/24/2019
Open Enrollment Collateral	Portal	Link to downloadable PDF's of Covered California's collateral materials.	9/24/2019
2022 Virtual Statewide Carrier Presentation	Video	Recording of individual Carrier presentations for health, dental, and vision plans.	9/16/2021
2022 Virtual Statewide Carrier Presentation	Slide Deck	Slide deck for individual Carrier presentations for health, dental, and vision plans.	9/16/2021
Statewide OE 2022 Kickoff Webinar	Video	Covered California Statewide Open Enrollment 2022 Kickoff webinar containing Tools and Resources.	9/8/2021
Statewide OE 2022 Kickoff Webinar	Slide Deck	Covered California Statewide Open Enrollment 2022 Kickoff presentation containing Tools and Resources; 2022 County Rate and Plan Information including statewide rate sheets and a hospital directory from all California Rating Regions.	9/8/2021

A “one-stop shop” guide with resource links for 2023 Sign-up information and resources to support Covered California members through the renewal and new enrollment process.

- Quick Guides
- Job Aids
- Webinars
- Plan Information
- FPL chart
- Sample Consumer Notices
- Many more!

Check out our partners recorded informational videos to help you and your consumers this OE 23!

Read your e-brief alert to view the videos this October!

- Health Plans
- Dental Plans*
- Vision Plans
- Department of Health Care Services / Medi-Cal
- Department of Managed Health Care / Consumer Support



*Dental Health Services were not able to participate in our pre-recording informational session. Contact the plan directly for member services and benefits information.



SAVE-THE-DATE!

October 26, 2022

Virtual Townhall Panel Discussion for Enrollers

- Featuring Covered California Executive Director, Jessica Altman with Health Plan Executives!
- Getting everyone enrolled; impacting consumer health experiences, outcomes, equity; our role in delivering on quality, affordability and access to customers and communities.

Covered California 2023 Our Mission, Journey and the Path Forward

<https://www.eventbrite.com/e/virtual-townhall-discussion-on-key-health-care-trends-in-2023-and-beyond-tickets-433175147527>



Medi-Cal Update

SF HIV FOG Bootcamp 2022



Andy Scheer, LCSW 67597
Medical Social Worker, SFDPH
he/him/his | bilingüe español / inglés

Learning Objectives

By the end of this section of the training participants will be able to...

- Explain, briefly, how the unwinding of the COVID Public Health Emergency will impact Medi-Cal beneficiaries
- Identify two ways to update client information with Medi-Cal
- Describe two recent changes to Medi-Cal eligibility



Medi-Cal Update | SF HIV FOG Bootcamp 2022

COVID PUBLIC HEALTH EMERGENCY UNWINDING



“The **expiration of the continuous coverage requirement** authorized by the Families First Coronavirus Response Act (FFCRA) presents the **single largest health coverage transition event since the first open enrollment period of the Affordable Care Act.**”

Medicaid.gov



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Medicaid what exactly are we “unwinding”?

COVID PHE CMS Directives, March 2020

- Paused many federal compliance reporting requirements
- Provided flexibility in enrollment and service delivery
 - Ex: Telehealth – increase in compensation; flexibility in **when** it can be provided (e.g. OK for home visits or medical intakes)
where it can be provided (OK for provider to be at home)
how (Zoom OK, though not HIPAA compliant)
- Extra 6.2% in federal matching funds during PHE if states kept folks enrolled



Unwinding “no negative actions” to Medi-Cal

COVID PHE CMS Directives, March 2020

- No terminations for
 - Increase in income over MCE limit
 - Aging out (former foster youth, family coverage)
 - Household size decrease
- No increase in Share of Cost (SOC)
- No reduction from full to restricted scope for immigration status
- OK negative actions: deceased, no longer resident of state, request voluntary discontinuance, application fraud or admin error



Unwinding
“reinstating regular
Medi-Cal eligibility
determinations to
address the
outstanding work that
has accumulated
during the federal
COVID-19 PHE”

MEDIL 22-18

Medi-Cal & the COVID PHE* Unwinding

Update contact and eligibility info



Happening now!

**Medi-Cal campaign:
Update contact and eligibility info!**

- Address
- Income
- Phone number
- Email Address
- Household size

outreach conducted via email, text, USPS mail, and local outreach

Report changes to:

Human Services Agency of SF
1440 Harrison St.

415-558-4700 phone | 415-355-2432 fax
SFMedi-Cal@SFgov.org

Announcement of PHE ending in 60 days



Date TBA

**Medi-Cal starts mailing
recertifications, reviewing &
processing re-enrollments and
terminations**

Medi-Cal renewals may start as soon as the announcement of the PHE ending

Transfers to Covered CA may start the 1st day after the PHE ends

*Public Health Emergency

Timeline for Medi-Cal Recertifications & Transfers to Private Insurance

Medi-Cal sends recertification forms

 PHE declared over
Date TBA

Medi-Cal mails 1st round of recertifications forms to enrollees, based on original enrollment date



Medi-Cal enrollees send back forms and requested proof of eligibility information

For the first group of beneficiaries that are no longer eligible for Medi-Cal, coverage ends the last day of the last month of the PHE

Medi-Cal makes eligibility decision

Medi-Cal renewals, adjustments, terminations and transfers to private insurance will continue on a rolling basis

Still Medi-Cal eligible:
Coverage continues; next recertification in 1 year



Not Medi-Cal eligible:
Application is transferred to Covered CA marketplace*

No response from Medi-Cal beneficiary:
Coverage is terminated



*People may also transition to private coverage via employer, spouse, or directly from an insurance company

Transfers to private insurance

Medi-Cal sends beneficiary a letter about transfer of case to Covered CA



Covered CA receives case and begins communicating with beneficiary about transition from Medi-Cal to private insurance via insurance marketplace

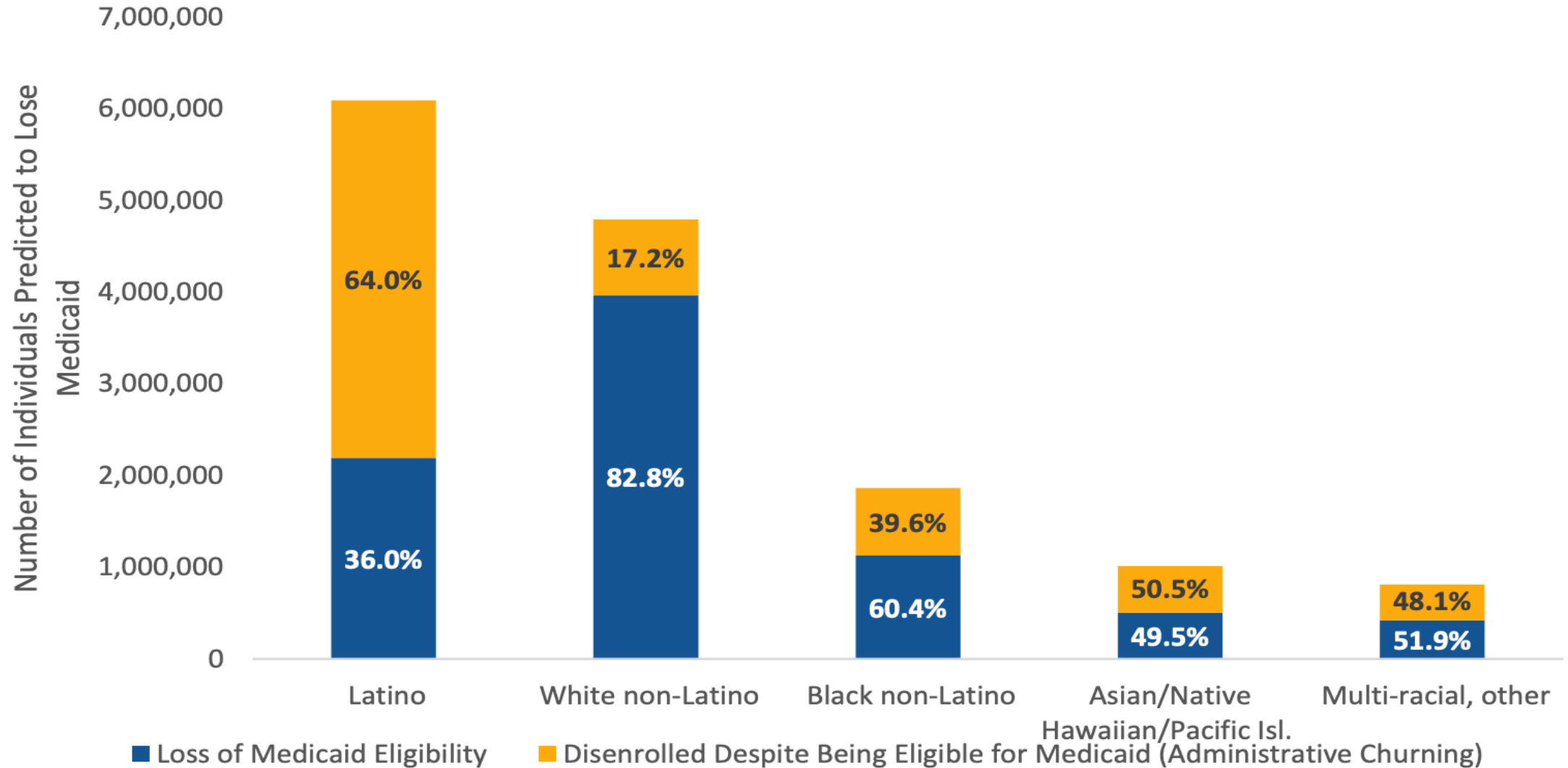
People with HIV can enroll in ADAP & OA-HIPP to cover premiums, out-of-pocket costs, and medication co-pays

Medi-Cal Coverage the numbers

- **Nationally (Medicaid)** **18.2 million increase to 89.4 million**
February 2020 to June 2022
~27% of US population
- **California** **2.2 million increase to 14.8 million**
February 2020 to May 2022
~37% of CA population
- **San Francisco** **38,032 increase to 211,313***
Jan 2020 to June 2022
~27% of SF population
*not including SSI-linked Medi-Cal



Unwinding coverage loss disparities



Predicted Medicaid Coverage Loss d/t Eligibility Loss vs. Admin. Churning, by Race and Ethnicity



You may lose
your Medi-Cal if
you do not
respond by

Medi-Cal Renewal Form

You can get this form in another language or accessible format of your choice.
To ask for help in your language, call:

Notice date: _____
Case number: _____
Case name: _____
Worker name: _____
Worker telephone number: _____

It's time to renew benefits for:

Name	Date of birth
------	---------------

Household members not on this form will get a separate letter about their Medi-Cal.

- **Step 1.** Read the form and answer the questions
- **Step 2.** Sign and date on the Declaration and Signature page
- **Step 3.** Send the form with proof by the due date of


Easy ways to give us your form and proof:

 **Online**
at
or coveredca.com.

 **By mail**
in the envelope that
came with this letter.

 **By phone**
at

 **In person**
to

 **Questions? Call your local county office at
before the due date.**

at
They are open
Monday through Friday,
a.m. to p.m.]



Medi-Cal Update | SF HIV FOG Bootcamp 2022

YOUNG ADULT EXPANSION

Medi-Cal young adult expansion

- Effective January 1, 2020 | CA SB104 (2019)
- Full-scope, unrestricted Medi-Cal for anyone 19 to 26 years of age who meets MCE eligibility criteria – immigration status not considered
- State-funded – doesn't impact federal public charge considerations
- 1,289 eligible in SF as of 7/2021
- Will not be reevaluated until 2024, at the earliest, when full expansion to all undocumented is implemented



Medi-Cal Update | SF HIV FOG Bootcamp 2022

OLDER ADULT EXPANSION



Medi-Cal older adult expansion

- Effective May 1, 2022 | CA AB133 (2021)
- Full-scope, unrestricted Medi-Cal for anyone 50 years of age and older who meets MCE eligibility criteria – immigration status not considered
- 185,000+ people age 50+ with restricted scope were anticipated to be automatically given full scope on 5/1/22
- State-funded so doesn't impact federal public charge considerations



Medi-Cal CA AB 133

Change in Asset Limit

- \$130k for individual plus \$65k for each additional family member (if any)
- Bank accounts, cash, second vehicles/homes, other financial resources
- Fully eliminates Asset Limit by 1/1/24

250% Working Disabled Program (250% WDP)

- Premiums have been reduced to \$0
- Previously-submitted payments via check will be returned and EFTs not be processed



Medi-Cal other bits

Medi-Cal Rx

- January 1, 2022 - managed care plans no longer administer formulary

Dual Eligibles (Medi/Medi) to Enroll in Managed Care

- Starting January 1, 2023
- Already required in many CA counties
SF, AlCo, CoCo are Bay Area counties to be impacted
- 325,000 statewide to enroll



Questions?

Andy Scheer, LCSW 67597

Medical Social Worker, SFDPH

Andy.Scheer@sfdph.org

he/him/his | bilingüe español / inglés



Sources

- Medicaid.gov - [Unwinding and Returning to Regular Operations after COVID-19](#), 10/13/22
- Kaiser Family Foundation - [Analysis of Recent National Trends in Medicaid and CHIP Enrollment](#), 10/4/22
- CA Department of Healthcare Services - [Medi-Cal Monthly Eligible Fast Facts, August 2022](#)
- CA Department of Healthcare Services - [Medi-Cal Enrollment Update, 8/30/22](#)
- San Francisco Human Services Agency - [Medi-Cal Demographics Report, June 2022](#)
- US Dept of Health and Human Services, Assistant Secretary for Planning and Evaluation - [Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#), 8/9/22 (presentation data and graphic on slide “Unwinding coverage loss disparities”)
- California Health Advocates - [Upcoming Medi-Cal Changes in 2023](#), 9/28/22





PLEASE COMPLETE THE EVALUATIONS

- Paper eval today
- Link to eval we email you

CEU Certificates emailed in
7-10 biz days

THANK YOU FOR COMING!

ABCs of Medicare

Presented by
Bill Stewart, Senior Staff Attorney



SF HIV FOG
Open Enrollment Boot Camp
October 19, 2022

Agenda

- Medicare Overview
 - Parts A, B and D (Original Medicare)
 - Part C (Medicare Advantage)
- Medicare Supplemental Insurance
- Medicare Assistance Programs

What is Medicare?

- Federal Health Insurance Program
 - 65 Years and Older
 - Under 65 and receiving SSDI Benefits for at least 24 months
 - Kidney Failure or End Stage Renal Disease (ESRD)
 - Lou Gehrig's Disease (aka ALS)



Medicare Coverage

Step 1: Decide how you want to get your coverage.

ORIGINAL MEDICARE

or

MEDICARE ADVANTAGE PLAN

Part C (like an HMO or PPO)

Part A
Hospital
Insurance

Part B
Medical
Insurance

Part C
Combines Part A,
Part B, and usually
Part D

Step 2: Decide if you need to
add drug coverage.

Step 2: Decide if you need to
add drug coverage.

Part D
Prescription
Drug Coverage

Part D
Prescription Drug
Coverage
(Most Medicare
Advantage Plans cover
prescription drugs.
You may be able to
add drug coverage in
some plan types if not
already included.)

Step 3: Decide if you need to add
supplemental coverage.

**Medicare
Supplement
Insurance
(Medigap)
policy**

End

End

If you join a Medicare Advantage Plan,
you can't use and can't be sold a Medicare
Supplement Insurance (Medigap) policy.

Original Medicare



Medicare Parts

- Original Medicare
 - Part A is Hospital Insurance
 - Part B is Medical Insurance
 - Part D is Prescription Drug Plans
- Part C is Medicare Advantage Plans



Medicare Part A

Federal Health Insurance that Covers Medically Necessary & Reasonable:

- Inpatient hospital care
- Psychiatric hospital care
- Skilled nursing facility
- Home health care
- Hospice
- Blood transfusions in hospital



Includes **annual deductible** and **coinsurance** but, generally, no monthly premium

Medicare Part B

Federal Health Insurance that Covers Medically Necessary & Reasonable:

- Outpatient physician services
- Diagnostic tests and procedures
- Outpatient hospital care
- Ambulance and Emergency Room
- Durable medical equipment
- Mental health services
- Outpatient PT, OT, and speech therapy
- Preventative services

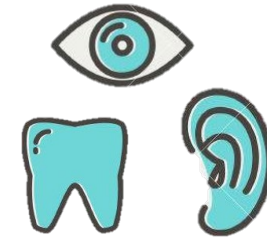


Includes **annual deductible**, **monthly premiums**, and **coinsurance**
Medicare Pays **Only 80%** of **Approved** Charges

Medicare Part B

Medicare Part B Does Not Cover:

- Routine dental care
- Routine eye exams
- Routine hearing care
- Routine foot care
 - Except some diabetes care
- Acupuncture
- Cosmetic surgery
- Long term/custodial care

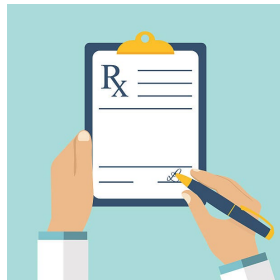


Medicare Part D

Private Health Insurance Plans that Cover:

- Prescription drugs listed in plan-specific **formularies**

- Plans must offer at least two choices in each drug category
- Plans must offer ‘substantially all’ drugs in the following protected categories:
 - antidepressant, antipsychotic, anticonvulsant, anticancer or antineoplastic, immunosuppressant, and antiretroviral (HIV/AIDS)



- Drugs are only available through a plan-specific, pharmacy network.

- Drugs are classified into ‘cost tiers’

- Such as preferred generics, generics, preferred brands, non-preferred drugs, and specialty drugs

Includes **annual deductible, monthly premiums, copays** and **coinsurance**.

Medicare Part D

Medicare Part D Does Not Cover:

- Agents used for weight loss or gain
- Agents used for cosmetic purposes (e.g., hair growth)
- Drugs for symptomatic relief of cough/colds (except to treat asthma cough)
- Non-prescription over the counter drugs (e.g., aspirin)
- Prescription vitamins & minerals (some exceptions)
- Agents used to promote fertility
- Agents use to treat sexual or erectile dysfunction

Medicare Advantage



Medicare Part C

Medicare Advantage Plans

- Federally-approved private health insurance plans
- Replaces Original (Parts A and B) Medicare
- Most include prescription drug (Part D) coverage
- Utilizes doctor and hospital networks
 - Usually have to stay within network and get a referral to see specialist. Providers may leave plans at anytime.
- Many cover additional benefits, such as dental, vision and gym memberships
- Lower out-of-pocket costs

Includes annual deductible, monthly Parts B and C premiums, **copays** and **coinsurance**.

Medicare Part C

Medicare Advantage Plans

Eligibility Requirements:

- Enrolled in Original (Parts A and B) Medicare
 - Individuals with kidney failure or End Stage Renal Disease (ESRD) are excluded
- Medicare Special Needs Plans (SNP) also require enrollment in full scope Medi-Cal

Includes **annual deductible**, **monthly Parts B and C premiums**, **copays** and **coinsurance**.

Original Medicare vs. Medicare Advantage

ORIGINAL MEDICARE

- Parts A, B, & D
- Can buy Medigap policy
- Can see any doctor or hospital who accepts Medicare
- No referrals needed for specialists or prior authorization for services
- No Out-Of-Pocket limit
- Deductibles & co-payments (usually 20% of Medicare approved cost for outpatient care) or coinsurance
- No care coordination
- No supplemental benefits

MEDICARE ADVANTAGE

- Pay Part B premium + plan premium
- May be limited to in-network doctors/hospitals
- May need referral for specialist and/or prior authorization for certain services
- Maximum Out-Of-Pocket limit (MOOP)
- Deductibles and/or copay for services usually fixed
- Plan cost-sharing different than Original Medicare but cannot charge more for chemotherapy, renal dialysis or skilled nursing care
- HMO coordinates care
- May offer supplemental benefits (dental, vision, gym...)

Medicare Supplemental Insurance



Medicare Supplemental Insurance (Medigap)

- Federally-approved private health insurance plans
 - 11 standardized plans (A, B, C, D, F*, G, K, L, M, N)
- Supplements Medicare coverage by paying after Medicare pays
 - Fills the 'gaps', for example, co-insurance and deductibles
- Guaranteed Issue Right
 - Insurers cannot deny enrollment or charge higher premiums during Open Enrollment Period
 - 6-month period beginning on 1st day of month that you are 65 or older *and* enrolled in Medicare Part B

Medicare Supplemental Insurance (Medigap)

Medigap Benefits Chart	Plan A	Plan B	Plan C	Plan D	* Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Medicare Part A Coinsurance & Hospital Costs (Up to an additional 365 days after Medicare benefits are used) are used up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	*** 100%
Blood (First 3 Pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Coinsurance	✕	✕	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible	✕	100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B Deductible	✕	✕	100%	✕	100%	✕	✕	✕	✕	✕
Medicare Part B Excess Charges	✕	✕	✕	✕	100%	100%	✕	✕	✕	✕
Foreign Travel Emergency (up to plan limits)	✕	✕	80%	80%	80%	80%	✕	✕	80%	80%
** Out of Pocket Limit							\$5,560	\$2,780		

Medicare Coverage

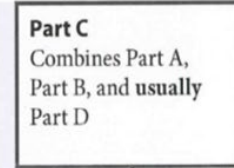
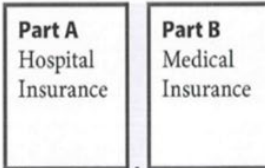
Step 1: Decide how you want to get your coverage.

ORIGINAL MEDICARE

or

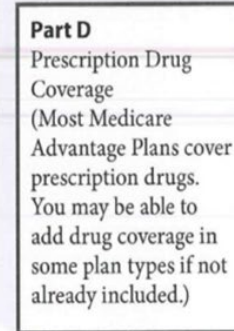
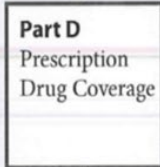
MEDICARE ADVANTAGE PLAN

Part C (like an HMO or PPO)



Step 2: Decide if you need to add drug coverage.

Step 2: Decide if you need to add drug coverage.



Step 3: Decide if you need to add supplemental coverage.

End



End

If you join a Medicare Advantage Plan, you can't use and can't be sold a Medicare Supplement Insurance (Medigap) policy.

Medicare Enrollment Periods

- Parts A, B, C and D Initial Enrollment Period (IEP)
 - 7-Month Period from 3 months before, to 3 months after, the month of eligibility
 - Late Enrollment Penalty (LEP) is a permanent increase in monthly A, B and/or D premiums if enrolled after the IEP
- Medicare Open Enrollment Periods (OEP)
 - Parts A and B: 1/1 through 3/31, eff. 7/1
 - Parts C and D: 10/15 through 12/7, eff. 1/1
 - Part C Enrollees: 1/1 through 3/31, eff. following month
- Special Enrollment Periods (SEP) occur after certain Qualifying Life Events
 - Such as when an employer's insurance coverage ends

Medicare Assistance Programs



Medicare Assistance Programs

Federally-funded programs with eligibility based on income and/or assets

- Medicare Savings Programs (MSP)

- Parts A and B

- Extra Help or Low Income Subsidy (LIS)

- Part D

- ADAP

- MOOP, Part D and/or Medigap

Medicare Savings Programs

Medicare Savings Programs and What Each Provides

Program	Gross Income Limits for 2022* (These Amounts Change Annually)		Benefit
Qualified Medicare Beneficiary (Must Be Entitled to Medicare Part A)	Individual Monthly - \$1,153 Annually - \$13,836	Individual and Spouse Monthly - \$1,546 Annually - \$18,552	Payment of Medicare Part A and Part B Premium, Deductibles and Copayments
Specified Low-Income Beneficiary (Must Have Medicare Part A)	Individual Monthly - \$1,379 Annually - \$16,548	Individual and Spouse Monthly - \$1,851 Annually - \$22,212	Payment of Medicare Part B Premium
Qualifying Individual (Must Have Medicare Part A and cannot also receive Medi-Cal)	Individual Monthly - \$1,549 Annually - \$18,588	Individual and Spouse Monthly - \$2,080 Annually - \$24,960	Payment of Medicare Part B Premium
Qualified Disabled and Working Individual (Lost Medicare Part A Because You Returned to Work and cannot also receive Medi-Cal)	Individual Monthly - \$4,615 Annually - \$55,380	Individual and Spouse Monthly - \$6,189 Annually - \$74,268	Payment of Medicare Part A premiums

Low Income Subsidy (LIS)

Extra Help

Federal program that pays all, or part of, prescription drug premiums, deductibles, & copays

- Individuals on full scope Medi-Cal are automatically eligible for LIS
- Pays for costs in the “donut hole”
- Can change plans at any time



AIDS Drug Assistance Program

- ADAP pays deductibles, copays and coinsurance for drugs on the ADAP formulary
- ADAP's Medicare Part D Premium Payment Program (MDPP) can pay:
 - Part D monthly premiums
 - Medigap monthly premiums
 - Medical, outpatient, out-of-pocket costs (MOOP)



OA-HIPP / EB-HIPP

Office of AIDS Health Insurance Premium Payment (OA-HIPP) program for eligible CA residents with an HIV/AIDS diagnosis.

Covers private insurance & employer based plans.

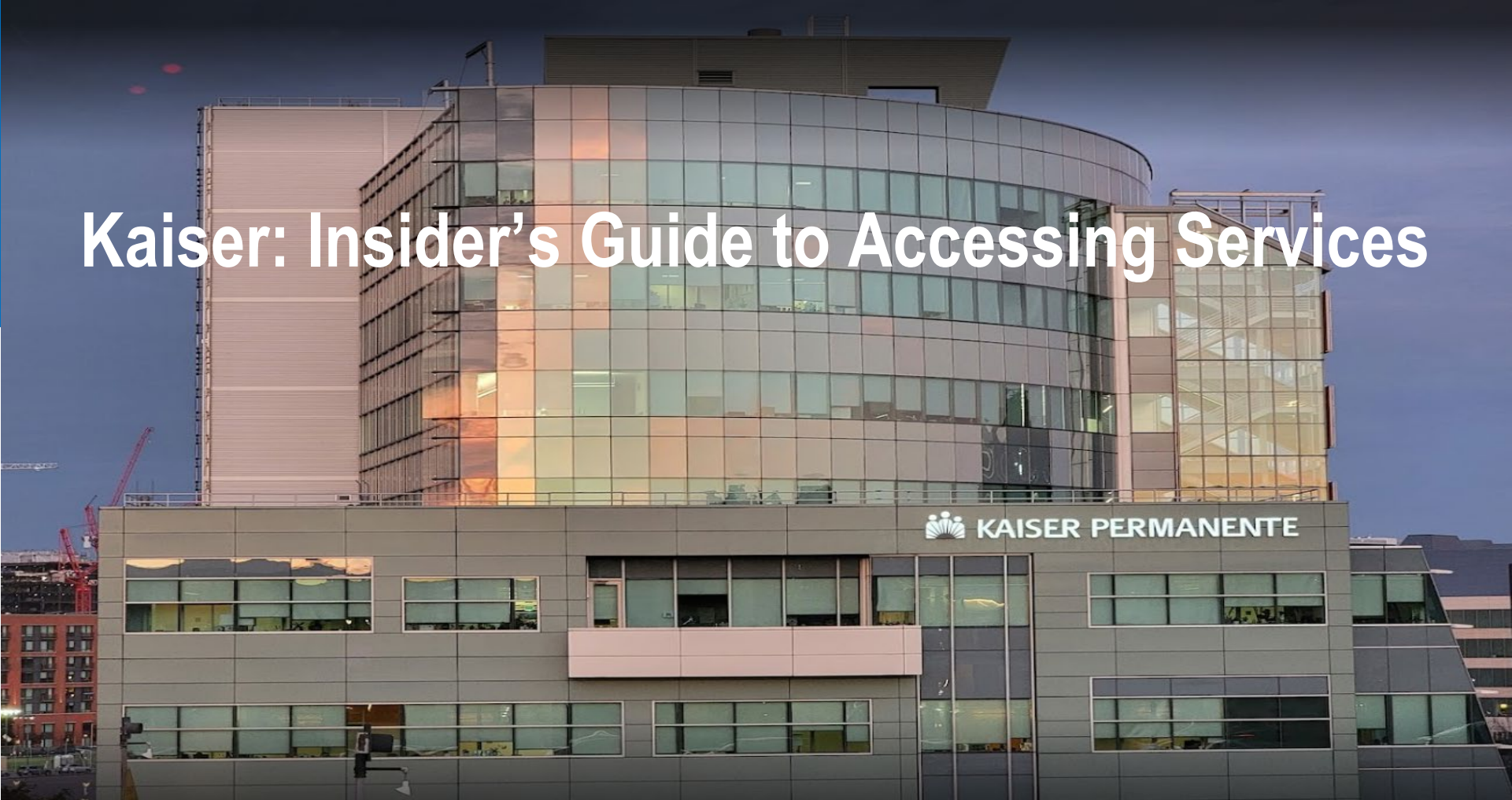
Eligibility

- Enrolled in ADAP
- Not enrolled in Medicare or Full-Scope (free) Medi-Cal
- Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits
- Employer must agree to participate in EB-HIPP

Medicare Resources

- 1-800-MEDICARE www.medicare.gov
 - Plan finder tool to find Part C and D plans
- SSA 1-800-772-1213 www.ssa.gov
- PRC Equal Access to Healthcare Program (EAHP) 415-777-0333
- HICAP 415-677-7520 <http://www.hicap.org>
- California Health Advocates 916-231-5110
www.cahealthadvocates.org

Kaiser: Insider's Guide to Accessing Services



Presented by David Gonzalez and Gabriel Lieu

Wednesday, October 18th, 2022

Presentation Content

- Kaiser HIV and Prevention Services
- How To Get Care At Kaiser
- Financial Assistance For Premiums, Medication, and Services
- How to Help Clients Navigate Benefits
- Questions and Answers
- Contact Information

Kaiser San Francisco HIV Prevention and Services San Francisco

- <https://thrive.kaiserpermanente.org/care-near-you/northern-california/sanfrancisco/departments/hiv-care-and-prevention/>

The HIV Care and Prevention Program at Kaiser Permanente San Francisco is a multidisciplinary specialty program within the Department of Adult and Family Medicine. Comprehensive care is provided by HIV specialist physicians, nurse practitioners, pharmacists, nurses, benefit coordinators, health educator and registered dietitian. Our Clinical Trials Unit offers cutting-edge HIV treatment and prevention research studies for members who are interested.

Members with HIV who are new to Kaiser San Francisco may contact the HIV program at 415-833-4638 to schedule an intake appointment.

Kaiser San Francisco HIV Prevention and Services San Francisco

- San Francisco Locations

2238 Geary Blvd, San Francisco CA 94115

Derek Blechinger, MD

Eric Capulla, MD

Elysia Engelage, MD

Matthew Fellows, MD

Brad Hare, MD

Katayon “Kat” Kochakzadeh, DO

Erica Metz, MD

Jonathan Volk, MD

1600 Owens, San Francisco CA 94158

Ryan Guinness, MD

Kenneth Leong, MD

John Quatannens, MD

HIV Fellowship Residents

Earl Clark, MD

Avani Dalal, MD

Kaiser San Francisco HIV Prevention and Services San Francisco

- Additional Services for People with HIV

HIV RN Case Manager

Coordinate/direct the health, safety, and psychological care of members living with HIV to ultimately promote quality of life. Serve as an advocate to ensure that they continue to receive individualized and unique quality care, maximizing their overall care experience and health outcomes.

HIV Care Navigation

Referrals, application support and coordination of collaborative services (Project Open Hand, Medi-Cal, IHSS, Case Management services). Help with emergency housing, grocery and meal programs, behavioral health services, and transportation assistance.

Kaiser San Francisco HIV Prevention and Services San Francisco

- Additional Services for People with HIV

HIV Benefit Coordination

Help HIV/AIDS positive members understand their health care cost and benefits at Kaiser Permanente.

Educate members regarding long term and short-term disability benefits and enrollment process (State Disability, Private Disability, FMLA, Social Security Disability). Enroll members into the ADAP Medication Assistance Program and HIPP Health Insurance Premium Payment Program.

HIV Clinical Pharmacists

Collaborate with HIV physicians to optimize pharmacologic treatment to manage or prevent HIV. The HIV Clinical Pharmacists strive to ensure that the most effective medications or injection treatments are prescribed, with minimal side effects; that drugs are dosed appropriately, are void of drug interactions, and are convenient.

Kaiser San Francisco HIV Prevention and Services San Francisco

- **Additional Services for People with HIV**

HIV Anal Dysplasia Program

Schedule a routine checkup or transfer of care for anal dysplasia (abnormal cell growth caused by HIV and HPV that may be cancerous).

Kaiser Advice Line

Call for medical advice, scheduling appointments or leaving phone messages for your provider.
Available 7 days a week 24 hours a day.

Kaiser San Francisco HIV Prevention and Services San Francisco

- Additional Services for People with HIV

Kaiser Online Access

Create an account if you're a current or former member or have received care at a Kaiser Permanente facility and want to receive your medical records. You can email your doctor, view labs, schedule appointments, and order medication online or through the Kaiser phone app.

Kaiser Release of Information (ROMI)

For completion of state disability, social security disability, private disability, and documents requiring physician signatures. The Release of Information Department can also provide copies of medical records, fees may apply.

Kaiser San Francisco HIV Prevention and Services San Francisco

- Services for People without HIV

Kaiser San Francisco PEP Treatment Program

If you are concerned you have been exposed to HIV in the last 3 days (72 hours), immediately call the 24 Hour Kaiser Appointment and Advice Line at 866-454-8855 to request PEP (Post-Exposure Prophylaxis). PEP is an effective 4 week treatment of medications to prevent getting HIV when taken as prescribed.

Kaiser San Francisco PrEP Treatment Program

Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy where individuals who do not have HIV takes a pill or injection treatment to stay HIV negative. When taken daily as prescribed, PrEP is highly effective in preventing HIV. PrEP is available by prescription from a Kaiser health provider.

:

How To Get Care at Kaiser

- COBRA/Cal-COBRA
- Covered CA
- Employer Plan
- Medi-Cal
- Medicare
- Private Insurance

Financial Assistance For Premiums, Medications, and Services

- **ADAP(AIDS Drug Assistance Program)** covers copays, coinsurance, and deductible cost of medications. No citizenship requirement.
- **HIPP (Health Insurance Premium Payment Program)** covers monthly insurance premium and copays, coinsurance, and deductible cost for outpatient medical services. No citizenship requirement
- **Medi-Cal** is a CA health care program that pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes. Limited citizenship requirement.

How To Help Clients Navigate Benefits

Assess Income.

Are they working and have access to employer health coverage?
Are they collecting Unemployment or State Disability?

Assess Existing Benefits.

Do they already have Health Insurance, Medi-Cal, Medicare, or VA Benefits?

Assess Program Eligibility.

Do they qualify for ADAP/HIPP or other HIV Community Programs?

Assess Their Functionality.

Are they able to call, email, or schedule appointments on their own?

**Encourage Self Advocacy
and Development**

How to Help Clients Navigate Benefits

- Different Structures of Care

Private Insurance

- Large Network of Providers
- Multiple Specialty Medical Care
- Electronic Management of Health Records
- Mail Order Pharmacy
- Limited or No Case Management
- Limited or No Walk In and Same Day Services
- Fee for Medication and Services

Community Clinic

- Walk In and Same Day Services
- Combination of Health and Social Services
- Case Management
- Community Support Groups
- No Fee for Service
- Limited or No Electronic Management of Health Records
- Limited or No Specialty Medical Care

Kaiser Referral Contacts

- After assessing client's benefits and helping them verify their Kaiser start date refer them to us.
- Please leave a message with Name, Kaiser ID#, and Phone Number.

Jesse White, RN

HIV Case Manager

Phone: 415-833-4258

HIV Community Benefits

Phone: 415-833-7737

PrEP Program

Phone: 415-833-7737

Kaiser 24 Hour Appointment and Advice Line

Phone: 866-454-8855

Questions?



Thank You For Doing What You Do!



Presenter Contact Information

David Gonzalez

Sr. Community Benefit Advocate

Phone: 415-833-3475

Email: david.p.gonzalez@kp.org

Gabriel Lieuw

Sr. Community Benefit Advocate

Kaiser Permanente San Francisco

Phone: 415-833-4238

Email: gabriel.lieuw@kp.org



SF HIV FOG MENTOR PROGRAM

Agenda

Agenda

- Intros!
- FMP background
- Need for the program
- Pilot findings
- Benefits
- Program structure
- How to get involved!



Intros!



Did you have a formal or informal mentor in your early career?

- What impact did this have?
- What qualities are important for a mentor?

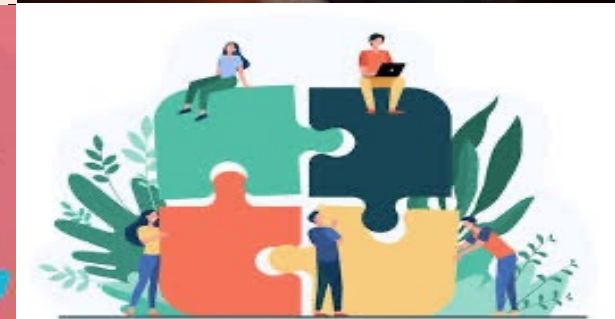
Why did you choose this breakout room?

Where did the FMP come from?

FOG Overarching Goals

- **Building the capacity** of HIV Frontline Workers to best support their clients
- **Stimulating professional relationships** in support of cross-agency collaboration
- **Investing in workers' professional development** and career growth

Developed to 'invest in new workers and refresh/honor experienced workers to keep strengthening our system of wrap-around support for clients living with HIV'



Need for the program

End the Epidemics Workforce Development focus

Facente's research findings highlighted the “**need for transformative changes in how the sector approaches workforce development**. [The research] highlighted the need for a shift in systemic and organizational practices that continue to be barriers to the creation of high-quality jobs in the sector and the recruitment, hiring, **retention, and advancement of people**”

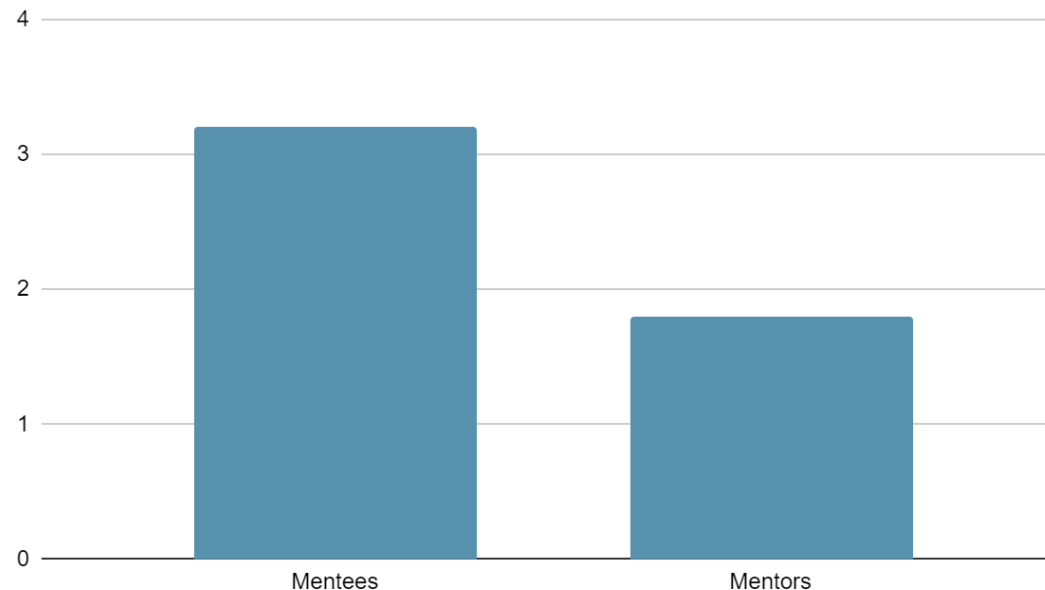
ETE funding for CHLI & FOG Mentor Programs



Need for program

I can't really do the work I believe I was hired to do because I waste too much time wrestling with overly complex and messy systems of care and wrap-around support.

(1 completely disagree / 5 agree wholeheartedly)



Mentee feedback

“It was like a class in SF HIV social services”



“I really loved connecting with my mentor and having access to him as a resource”

“I can’t believe this program exists, it’s exactly what I need”

“Having a relationship with someone in the community and the tasks were particularly helpful for me, being new to the field. The program guide is a brilliant resource that I still use now”

Mentor feedback

“It made me think I wish I had had someone when I was at their stage”



“[their] job success has nothing to do with me... **it allows them to be open and honest around difficulties they're having...an insight into what my staff are dealing with and what's impeding them**”

“I was able to provide hope, optimism, validate the struggles... it was another way I'm being of service...passing the torch to younger/ newer workers”

“I've enjoyed **reinvesting in the workforce** and helping people out. **I would've loved to have this when I started**”

UCSF Alliance
Health
Project

FIRST PLACE
FOR YOUTH
MORE IS POSSIBLE



SAN FRANCISCO
City Clinic
A landmark in prevention



San Francisco Health Network
Behavioral Health Services



SAN FRANCISCO
COMMUNITY
HEALTH CENTER

Maitri



Catholic Charities

MARIN ♦ SAN FRANCISCO ♦ SAN MATEO



San Francisco
Department of Public Health



St. Mary's
Medical Center™
A Dignity Health Member

SAN
FRANCISCO
AIDS
FOUNDATION



Women's HIV Program
AT UCSF



VETS HELPING VETS SINCE 1974



Program structure

Mentor- Mentee team

- Connect 2x/month for 60 mins
- Recommended time frame
- Mentoring conversations
- Reflect on learning from tasks
- Individual goals



Tiers & Tasks

- Three Tiers and tasks (building professional resource toolbox)
- Required tasks
- Elective tasks
- Alternate tasks



Networking with other mentees/ mentors

- Sharing experiences/ successes
- Group meetings
- Opportunities to connect



Task Categories

1.	Community-focus (Transgender, Latino/a, Black, Women, API, People Experiencing Homelessness et. al.)	10.	Medical Care (e.g HIV primary care clinics, navigating entry into care)
2.	Housing & Shelter (e.g. coordinated entry, shelter system, stabilization rooms, legal resources)	11.	Support Groups and Socialization (e.g. community-building opportunities, psychosocial support, process/support groups)
3.	Substance Use Harm Reduction & Recovery Resources (e.g. in/outpatient treatment, syringe exchange)	12.	Workforce Development (e.g. employment services programs)
4.	Mental Wellness and Recovery (e.g. therapy, psychiatry, drop-in centers)	13.	HIV Testing & Prevention (e.g. HIV testing sites, PrEP, PEP)
5.	Client-centered skills (e.g. Motivational Interviewing, Harm Reduction service delivery)	14.	Toolkit Development (e.g. having resources at your fingertips)
6.	Professional Development (e.g. networking, education & training, professional association membership)	15.	Community Organizing & Policy (e.g. policy evaluation, community organizing, advocacy)
7.	Crisis services (e.g. Dore Urgent Care, Westside Crisis, mobile crisis)	16.	Self-Care (sustaining yourself for the long term; burnout prevention)
8.	Healthcare Benefits (e.g. Medi-Cal, Medicare, ADAP, OA-HIPP)	17.	Immigration (e.g. legal support, public charge)
9.	Financial Benefits (e.g. SSI/SSDI, GA, Unemployment Insurance)	18.	Nutrition (e.g. access to food, nutritional counseling)
10.	Medical Care (e.g HIV primary care clinics, navigating entry into care)	19.	HIV & Aging (e.g. related medical and psychosocial issues)

Tier 1

Tier 1 – Groundwork

Learning about the key agencies, resources, and tools

Tasks:

- 13 Essential
- 4 Elective or Alternative
- Suggested guideline - 2 tasks per week

- researching agencies
- services provided
- eligibility criterias
- tool discussions
- discussions with mentor about client situations
- crises resources
- where to go for services
- support groups
- self-care
- advocacy

Tier 2

Tier 2 – Active Learning

Exposure to agencies and workers

Tasks:

- 11 Essential
- 4 Elective/Alternative

- Opportunity to visit agencies and meet with workers
- Meeting team at W86
- Engaging with listserv's
- Discussing materials and tools
- Visit to GLBT Museum - this will be funded
- Training
- Short videos
- Self-care/ burnout prevention plan

Tier 3

Tier 3 – Experiential Learning

Actively engaging with clients and providers to resolve clients' needs

Tasks:

- 5 Essential
- 7 Elective/Alternative

- Utilising the information learned during previous tiers to support clients
- Accompanying client to appointments
- Supporting clients with benefits reviews
- Support client with a housing need
- Attend community meetings/workgroup meetings

Incentives & Mentor-swap week

Incentives

- Please let the mentorship manager know when you have completed each Tier
- Incentives will be provided (by mail/ email)
- FOG swag, self-care items, gift cards

Mentor - swap week

- Chance for mentees to meet with a different mentor for a one-off session
- Based on interest areas
- Mentor with specialist skill/ different area
- Networking/ further learning

Hear from the participants!



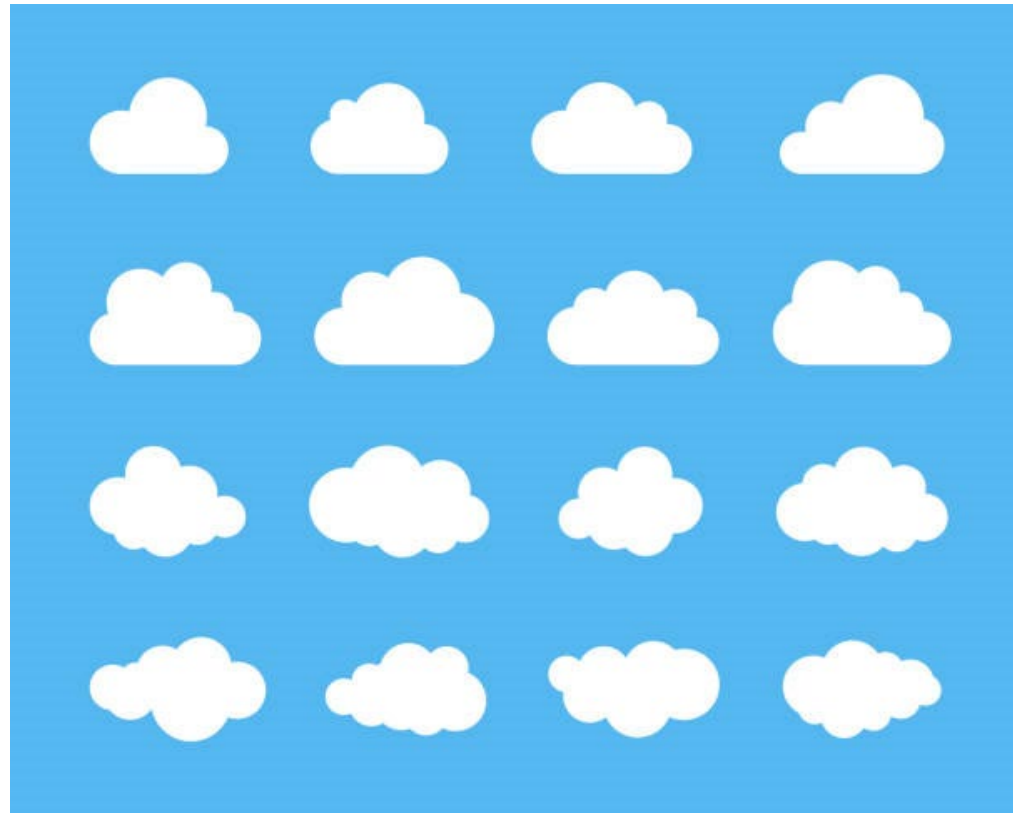
Word Cloud!

How do you think the mentor program could benefit HIV frontline work...

Mentees

Mentors

Agency



Clients

HIV services
workforce

How to get involved

How do I sign-up?

Katie Faulkner
Mentorship Manager
415-830-7677
kfaulkner@shanti.org



**We are recruiting Mentors
and Mentees!**

**The SF HIV
Frontline
Organizing Group
Mentor Program
will be launching
in April 2022!**

- Are you a new frontline worker in the HIV Services field in San Francisco?
- Want to develop your knowledge & skills?
- Learn from an experienced worker?
- Are you an experienced frontline worker?
- Would you like to give-back and guide the next generation of workers?

FOG MENTOR
PROGRAM
2022

Contact Katie
kfaulkner@shanti.org
for more information

Mentor sign-up:
<https://forms.gle/QZVTHqcmpnSyXoye6>

Mentee sign-up:
<https://forms.gle/uXD5zNJJa1t4oLT7>



FMP STEERING COMMITTEE

ANDY SCHEER, LCSW | SAN FRANCISCO CITY CLINIC, SFDPH

JESSICA PRICE | PAETC

KRISTINA GUNHOUSE-VIGIL | SFCHC

BETH MAZIE | PRC

ERIC SUTTER | SHANTI

DAVID JORDAN | SHANTI

KATIE FAULKNER | SHANTI



[DOWNLOAD THE PROGRAM](#)



[AGENDA](#) [VENUE](#) [HOTEL SHUTTLE SCHEDULE](#) [HALL FLOOR PLAN & EXHIBITORS](#) [FAQ](#) [EN ESPAÑOL](#)



OCT 8-11, 2022
San Juan, PR
Puerto Rico
Convention Center



**LUCHANDO POR
NUESTRAS VIDAS**
**FIGHTING FOR
OUR LIVES**



#2022uscha
uscha.life



HIV in Puerto Rico and Latinx Communities

- To end the HIV epidemic by 2030, the message was movement needs to not only understand, but also celebrate the cultures of the communities hardest hit by HIV.
- Latinx Gay men have surpassed White Gay men in the number of new cases of HIV.
 - They are second in numbers only to Black Gay men.
- The plenary was in Spanish, with simultaneous live English interpretation and subtitles.

Celebrating the Art of La Brega to Help End the HIV Epidemic

- “La Brega” loosely translates to “the hustle” or “the struggle.”
 - Speaks to the tenacity and ingenuity of the Puerto Rican people when responding to life’s challenges.
 - La Brega expresses a sense of solidarity and pride in the way Puerto Ricans face and overcome adversity.
- Even with the unprecedented challenges has responded with characteristic determination and innovation.

Love In Gravity

- The love we have. The love we give. The love we hold.
- Love In Gravity cast shared six original stories
 - Each of the stories forced what draw us together and sometimes push us apart.

NATIONAL PrEP PROGRAM NOW!

#NatlPrEPProgramNOW

Scan QR Code to read
and sign letter
supporting a
#NatlPrEPProgramNow





SHOW UP, SPEAK OUT, FIGHT BACK!

**HIV
ADVOCACY
NETWORK**



Have you ever heard of ACT UP?



OFFICIAL TRAILER
IFCFilms

HAN

San Francisco AIDS Foundation's 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



HARM REDUCTION



AGING JUSTICE



HOUSING JUSTICE



**INTERSECTIONAL
SOLIDARITY**

FUNDAMENTALS OF ORGANIZING

Methods of Addressing Social Problems

**Works within
Existing Power
Relationships**

**Challenges
Existing Power
Relationships**

Social Service

Self Help

**Research &
Education**

Advocacy

**Direct Action
Organizing**

Direct Action Organizing

The process by which **people impacted by injustice** take **collective action** to build **power to win meaningful change** in their lives and communities and **transform our society**.

Organizing often involved **winning changes in policy, practice, or resource distribution**, made by decision-makers of public and private institutions.

It is fundamentally about **justice, grassroots democracy and self-determination**.

Principles of Organizing

1

Win concrete improvements in people's lives.

2

Make people aware of their own power.

3

Alter the relations of power:

- Build strong organizations and groups
- Pass new laws and budgets that address structural inequality
- Build the movement by allying with others groups

SAN FRANCISCO BUDGET UPDATES

Recruitment & Outreach



- **Group Presentations:**
 - Presented to 7 groups in the HIV community
- **Canvassing in the Community:**
 - Organized 4 outreach initiatives in the community

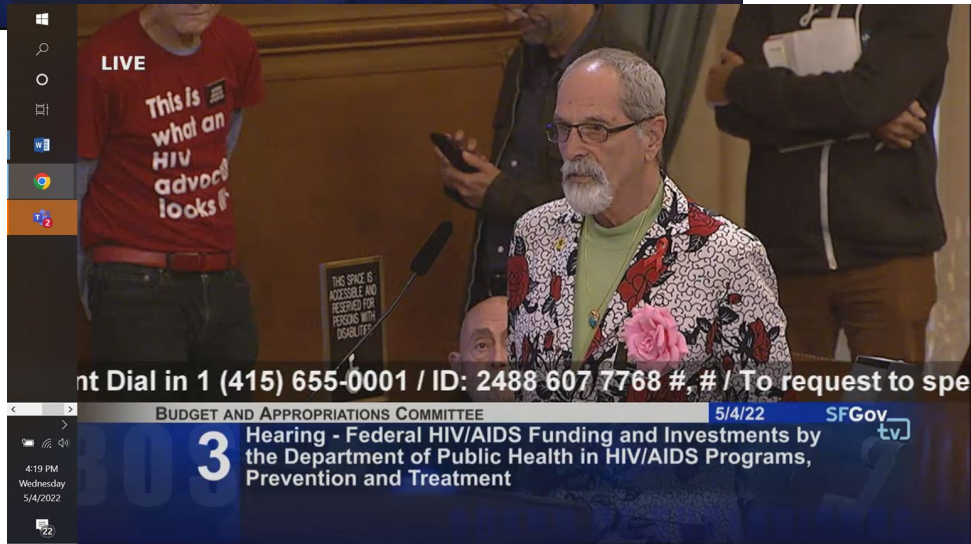
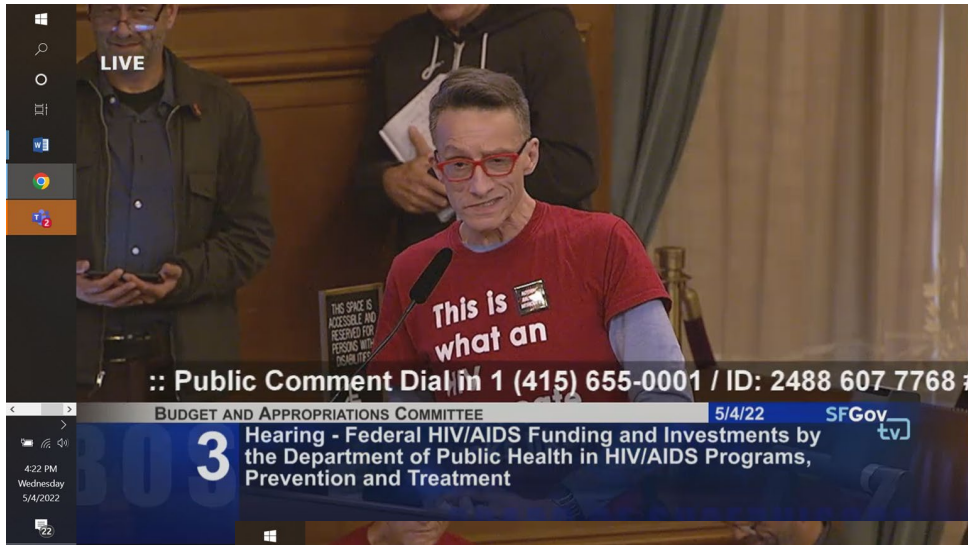
Building Knowledge

— — — —

- **Developed Tools:**
 - Developed a Budget Priorities Document
 - Developed Talking Points
- **Organized a Townhall:**
 - Hosted a SF HIV Budget Townhall



Activating Our Power!



- **Constituent Meetings:**
 - We held constituent meetings with every member of the board of supervisors
- **Action Alerts:**
 - Over 181 advocates sent in over 856 emails to elected officials
- **Public Comment:**
 - We gave public comment at 2 public hearings at city hall

HIV Community Budget Proposal



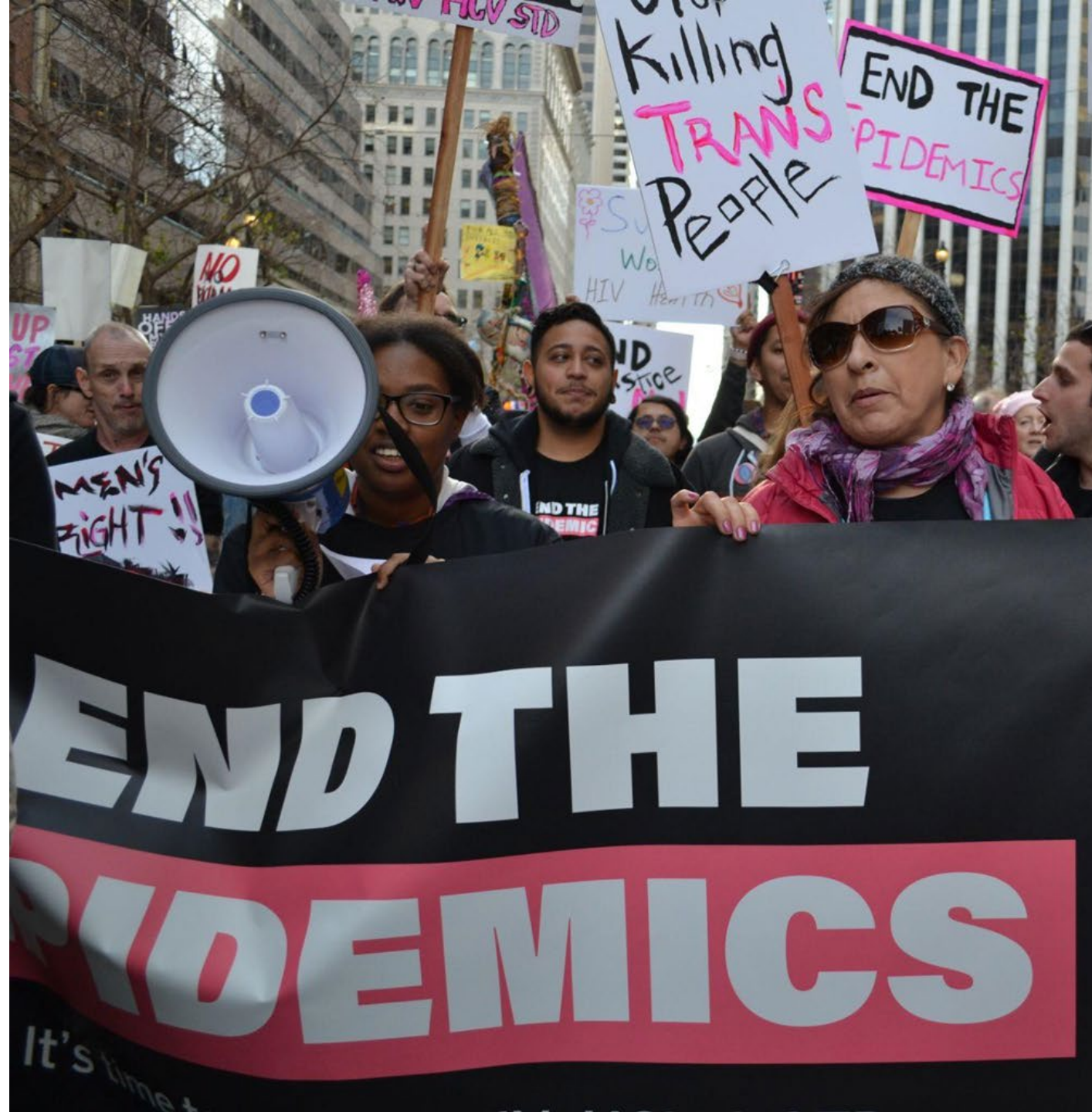
PRESERVE THE HIV CARE SAFETY NET	VICTORY!
MENTAL HEALTH FOR LONG TERM SURVIVORS	\$200 K
HOUSING SUBSIDIES FOR PWHA	\$500 K
SUPPORT CRITICAL HIV SERVICE ORGANIZATIONS	FIGHT CONTINUES
MAINTAIN THE HIV PREVENTION SAFETY NET	\$3 MILLION
INTENSIVE CASE MANAGEMENT FOR VULNERABLE PWHA	FIGHT CONTINUES
OVERDOSE PREVENTION SITES	FIGHT CONTINUES

CALIFORNIA BUDGET UPDATES

END THE EPIDEMICS


Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

End the Epidemics is a statewide coalition that advocates for anti-racist policies and funding priorities to eliminate health inequities and end the epidemics of HIV, STIs, viral hepatitis, and overdose in California.



EtE Week of Action 2022

- Events & Trainings
 - 2 Advocate Trainings
 - Racial justice workshop
 - Happy Hour Networking
- Legislative Visits
 - 127 Advocates
 - 39 CA Assembly Districts
 - 28 CA Senate Districts
- Emails
 - 117 Advocates took action
 - 6,038 Emails sent
- Social Media Actions

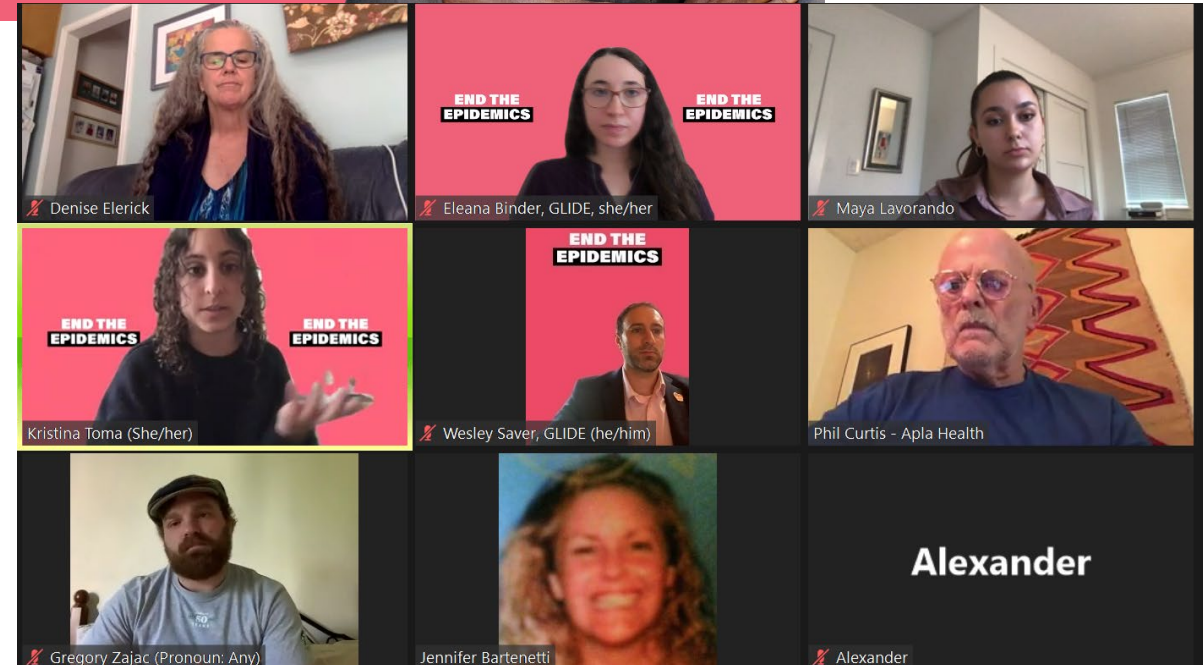


WEEK OF ACTION 2022

Join the fight to end the HIV, viral hepatitis, STI & overdose epidemics in CA.

Deadline to register: **Friday, April 15**
<https://bit.ly/3uxOTnE>

**END THE
EPIDEMICS**



EtE State Budget Proposal

END THE EPIDEMICS

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

INVEST IN HARM REDUCTION	FIGHT CONTINUES
ADDRESS THE SYPHILIS AND CONGENITAL SYPHILIS CRISIS	\$30 MILLION
CLOSE LGBTQ+ STI COVERAGE GAP	FIGHT CONTINUES
INCREASE CONDOM ACCESS FOR YOUTH	FIGHT CONTINUES
IMPROVE HEPATITIS C PREVENTION AND LINKAGE TO CARE	FIGHT CONTINUES
IMPROVE HEPATITIS B OUTREACH AND LINKAGE TO CARE	\$8 MILLION

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

QUESTIONS?

sfaf.org/HANBayArea