

# California Department of Public Health



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## Office of AIDS (OA)

## Management Memorandum

### AIDS Drug Assistance Program (ADAP)

Memorandum Number: 2017 – 08

DATE: October 31, 2017

TO: ADAP ENROLLMENT WORKERS

SUBJECT: COVERED CALIFORNIA OPEN ENROLLMENT AND OFFICE OF AIDS HEALTH INSURANCE PREMIUM PAYMENT (OA-HIPP) PROGRAM REQUIREMENTS

The purpose of this memorandum is to inform enrollment workers that Covered California open enrollment period for 2018 coverage is **November 1, 2017, through January 31, 2018.**

Next week, the Office of AIDS (OA) will send letters to:

1. *ADAP-only clients* (those who have no health coverage and for whom ADAP is paying the full cost of their ADAP prescriptions) to inform them of their Covered California health care options and how to apply. Clients who are not eligible for Covered California may obtain insurance directly through the health insurance plans.
2. *OA-HIPP clients who are enrolled in a Covered California health plan* to inform them of Covered California's renewal process and subsequent OA-HIPP requirements.

Both letters are attached to this memo. Please read both letters as they contain details regarding Covered California eligibility criteria, how to apply, and how to ensure automatic Covered California renewal.

### Covered California Enrollment

Clients who are uninsured and are eligible to purchase insurance through Covered California are strongly encouraged to apply. Clients who are not eligible for Covered California may obtain insurance directly through the health insurance plans. For information regarding non-Covered California plans, please refer to Management Memorandum 2017-09.

Office of AIDS, MS 7704, P.O. Box 997426, Sacramento, CA 95899-7426

Telephone (844) 421-7050 / Fax (844) 421-8008

Internet Address: <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAadap.aspx>



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Please see the Covered California coverage effective timeline.

<b>Submit Application</b>	<b>Coverage Start Date</b>
By December 15, 2017	January 1, 2018
December 16, 2017 through January 15, 2018	February 1, 2018
January 16, 2018 through January 31, 2018	March 1, 2018

Although a client may enroll in OA-HIPP to have his/her premiums and outpatient medical out-of-pocket costs covered, CDPH does not cover all medical out-of-pocket costs, such as those incurred during hospitalization. Therefore, depending on the client's income, there are ways to minimize out-of-pocket costs:

- For individuals with an income between 139 percent and 200 percent of Federal Poverty Level (FPL) (\$16,764- \$24,120 for individuals), the “Silver” plan is usually most cost-effective. In some cases (based on income), clients may qualify for an “Enhanced Silver” plan. This plan offers enhanced out-of-pocket savings.
- For individuals with an income of 201 percent of FPL or higher (\$24,240 for individuals), the “Platinum” plan is usually the most cost-effective.

Clients who are eligible for an Advanced Premium Tax Credit (APTC) **must** accept the full APTC amount to be applied to their premium in order to qualify for OA-HIPP.

### **Changes for Covered California Consumers**

Anthem Blue Cross of California is withdrawing from 16 of California's 19 regions. Anthem will continue to offer plans in three regions, covering 28 counties: Region 1 (Redding/Far North), Region 7 (Santa Clara County), and Region 10 (Stockton/Modesto). Covered California encourages affected Anthem members to contact them at (800) 300-1506 or [www.coveredca.com](http://www.coveredca.com) to receive assistance in shopping and finding the right plan. Clients have been advised to work with an enrollment worker who is both a Covered California enroller and ADAP enrollment worker to receive assistance. Anthem consumers who need to select a new health insurance plan and do not do so will be renewed automatically into the lower-cost plan in their same metal tier. Anthem has provided a list of frequently asked questions for members. You will find the list here: <https://www.anthem.com/blog/member-news/anthem-to-discontinue-many-california-individual-aca-health-plans-in-2018/>.

For individuals who must choose a new health insurance plan due to their existing plan leaving the region, Senate Bill 133 extends continuity of care protections. This bill will go into effect on January 1, 2018 and will apply to a number of health conditions, including HIV. For individuals with a serious chronic health condition, care will be provided for no more than 12 months to allow time for individuals to transfer care to another health care provider.

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This document, [https://www.coveredca.com/news/PDFs/CoveredCA\\_Consumer\\_Choice\\_2018.pdf](https://www.coveredca.com/news/PDFs/CoveredCA_Consumer_Choice_2018.pdf), provided by Covered California, contains a list of health insurance plans that are offered in each region for 2018 as well as additional information regarding changes for Covered California consumers.

### **New OA-HIPP Enrollment**

Once clients have enrolled in coverage through Covered California, they may apply for OA-HIPP assistance.

To apply for OA-HIPP, the following must be completed:

- 1) In the ADAP Enrollment System (AES), under the Insurance Tab, indicate that the client would like premium assistance.
- 2) Upload a complete and signed Client Attestation Form in the Attachments Tab of the AES. On the Client Attestation Form, select all programs the client is applying for.
- 3) Provide supporting documentation for the client. Supporting documentation includes a Covered California welcome letter, Covered California enrollment summary page or eligibility results page and a health insurance plan billing statement, if available. The documentation should include the client's name (name of the persons enrolling and covered by the plan), the premium amount, name of the health plan, APTC taken, plan effective start date, enrollment confirmation number, and a health plan billing address (if available).
- 4) Complete the fax coversheet. Under the "Insurance Assistance Related" section, select all options that are relevant to the client
- 5) Fax the completed fax coversheet and supporting documentation to the ADAP Data Processing Center at (844) 421-8008.

Since the client may not have his/her health plan member/subscriber/policy ID number until after the billing statement is received, it is critical that the Covered California enrollment confirmation number is communicated to OA-HIPP. This number ensures that the payment is applied correctly with the health plan.

**Enrollment workers will need to ensure enrollment in OA-HIPP 24 to 48 hours after enrollment in Covered California.** ADAP clients that are requesting a binder payment/initial premium payment are required to sign a Binder Payment Agreement Form in order for CDPH to make an insurance binder payment on behalf of a client. You will find a copy of the Binder Payment Agreement Form attached. The Binder Payment Agreement Form will need to be submitted with all health and dental binder payment requests. Enrollment workers will need to fax the Binder Payment Agreement Form with the completed fax coversheet and supporting documentation to the ADAP Data Processing Center.

The ADAP Advisor will ensure that applications requiring a binder payment are prioritized for review/approval. Once the initial premium is paid by OA-HIPP, the client will receive a health plan

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billing statement from his/her health plan. It is important that the billing statement is submitted to ADAP so that we may obtain the client's health plan member ID/policy number.

If enrolling in OA-HIPP more than 48 hours after enrollment in Covered California, CDPH does not guarantee the first premium payment will arrive by the due date to secure insurance plan enrollment and activation. For this reason, CDPH recommends that the client make the initial premium payment on their own to secure their health insurance, if the client is able.

For complete OA-HIPP applications received by February 28, 2018, OA-HIPP will pay back to the 2018 coverage effective month. For applications that are received on or after March 1, 2018, OA-HIPP will pay starting the month the complete application is received.

### **Covered California Renewal for Existing OA-HIPP Clients**

Current Covered California clients should have received a notice from Covered California in mid-October. The notice will prompt clients to log in to their online Covered California account to renew their health plan for 2018 coverage. Clients are encouraged to renew their health plan as soon as they receive the Covered California letter.

To ensure that OA-HIPP pays the updated 2018 premium and/or health plan, it is critical that the client's health coverage information is updated with ADAP as soon as possible. To update a client's health coverage information, the following must be completed:

- 1) In the AES, under the Insurance Tab, indicate that the client would like premium assistance.
- 2) Upload a complete and signed Client Attestation Form in the Attachments Tab of the AES. On the Client Attestation Form, select all programs the client is applying for. Existing OA-HIPP clients that are providing their 2018 premium **do not need** to sign a Client Attestation Form. A Client Attestation Form is only needed if the client is completing an ADAP and OA-HIPP re-enrollment.
- 3) Provide updated supporting documentation for the client. Supporting documentation includes a Covered California welcome letter, enrollment summary page or eligibility results page and a health insurance plan billing statement, if available. The documentation should include the premium amount, health plan, APTC taken, enrollment confirmation number (a screenshot or screen-print(s) from the Covered California account is permissible).
- 4) Complete the fax coversheet. Under the "Insurance Assistance Related" section, select all options that are relevant to the client.
- 5) Fax the completed fax coversheet and supporting documentation to the ADAP Data Processing Center at (844) 421-8008.

Please submit health plan documents upon client's re-enrollment in his or her health plan. **Updated documents must be provided by November 28, 2017 to ensure that the HIPP program pays the correct health plan and rate starting January 1, 2018. CDPH will begin processing January 2018 premium payments beginning December 1, 2017.**

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**Reporting Changes to Covered California**

It is critical that clients report changes to Covered California throughout the year to avoid underpayment or overpayment of APTC. A client should notify Covered California if he/she gets married or divorced, gains or loses a dependent, has a change in income, or experiences other changes that may affect the household income or household size. Clients should report changes within 30 days of change by calling Covered California at (800) 300-1506. Subsequently, any change in premium and APTC must be reported to ADAP right away.

If you have any questions about anything covered in this memorandum, please contact your ADAP Advisor.

Thank you,

A handwritten signature in blue ink, appearing to read "Sandra Robinson", with a long horizontal flourish extending to the right.

Sandra Robinson, ADAP Branch Chief

California Department of Public Health