



California Department of Public Health



Office of AIDS

ADAP Update for Stakeholders

December 18, 2017, Notice #56

Contact Information

ADAP Call Center

Open 8 a.m. to 5 p.m. Monday through Friday

Toll-Free Phone: (844) 421-7050

Fax: (844) 421-8008

Mailing Address:

CDPH

P.O. Box 997426

Mail Stop 7704

Sacramento, CA 95899

Magellan Call Center

Open 24 hours a day, 7 days a week.

Toll-Free Phone: (800) 424-5906

Pool Administrators Inc. (PAI)

Open 8 a.m. to 5 p.m. Monday through Friday.

Toll-Free Phone: (877) 495-0990

Updates

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

Partial Payment Requirement

As a reminder, Office of AIDS Health Insurance Premium Payment (OA-HIPP) clients that have a monthly premium over the OA-HIPP premium threshold, or are enrolled in a group policy that includes individuals who are not a client's spouse, registered domestic partner or dependent, must submit a Partial Payment Agreement Form (attached). ADAP can only pay for premiums that are

cost-effective, which is mandated by our federal funder. Below is the policy and submission requirements for clients who require a partial payment agreement.

OA-HIPP Program Premium Threshold

The OA-HIPP program's monthly premium threshold for medical, dental, and dental/vision premiums is a combined total of \$1,938.00. This threshold was deemed cost-effective for our program. If a client's total monthly premium amount exceeds the premium threshold, the client must complete and submit a Partial Payment Agreement Form (attached). As part of the Partial Payment Agreement, the client is required to submit a check or money order made payable to the insurance company (payee) to Pool Administrators Inc. (PAI) by the first of each month, for the difference owed between the monthly premium amount and the program threshold. PAI will then send the client's check or money order along with the OA-HIPP check to the client's insurance company.

Group Health Insurance Policies

If a client is enrolled in a group policy that includes individuals who are not the client's spouse, registered domestic partner or dependent, the client must complete and submit a Partial Payment Agreement Form. The client is required to send PAI a check or money order made payable to the insurance company (payee) in the amount of the other individual(s)' premium amount. PAI will then send the client's check or money order along with the OA-HIPP check to the client's insurance company.

Clients who meet the criteria below must complete, sign and fax/email a Partial Payment Agreement Form to CDPH:

- 1) Client has a premium above OA-HIPP's monthly premium threshold.
- 2) Client is enrolled in a group health insurance policy that includes individuals who are not the client's spouse, registered domestic partner, or dependent.

The client must also send their check or money order to PAI. Clients who do not provide their portion of the payment will be at risk of being dis-enrolled from the OA-HIPP program. Clients will be provided with written notification of this requirement prior to being dis-enrolled from the program if their portion is not received.

Enrollment Worker Question & Answer Session

CDPH will conduct a question and answer session via WebEx on January 9, from 1:30 – 3:00 p.m. The session will provide an opportunity for enrollment workers to ask questions regarding enhancements to the AES. Although the session is optional, it is highly recommended that all enrollment workers attend so they can correctly and efficiently navigate the system. An invitation will be sent from Esteban Lopez next week.

Reminder: Covered California and Off-Exchange Open Enrollment Periods

The Covered California open enrollment period for 2018 coverage is November 1, 2017, through January 31, 2018. **Clients who would like coverage starting January 1, 2018 have until December 22, 2017 to enroll in a plan through Covered California.**

Clients who are uninsured and ineligible to purchase insurance through Covered California are encouraged to purchase insurance directly through health insurance plans. ADAP has established an off-exchange process with the following plans: Anthem Blue Cross, Blue Shield of California, Health Net, and Kaiser Permanente. The open enrollment period for Anthem Blue Cross, Blue Shield of California, and Health Net off-exchange plans is November 1, 2017, through January 31, 2018. The open enrollment period for Kaiser Permanente off-exchange plans is November 1, 2017, through December 15, 2017. In order for a client's coverage to begin on January 1, 2018, the client must submit a complete application to the health insurance plan no later than December 15, 2017. ADAP strongly recommends that clients contact the health plan directly regarding open enrollment dates, if enrolling in a plan other than the ones listed above. Different plans may have different open enrollment dates.

Enrollment workers will need to ensure enrollment in OA-HIPP 24 to 48 hours after enrollment in the health plan. For existing OA-HIPP clients, updated documents must be provided as soon as possible.

Enrollment workers were provided with Management Memorandum 2017-08 and Management Memorandum 2017-09 which contain information regarding the Covered California open enrollment period, off-exchange open enrollment period, and OA-HIPP program requirements. Enrollment workers also received a copy of the client letters regarding Covered California open enrollment that were sent to existing OA-HIPP clients enrolled in Covered California and ADAP clients that do not have health coverage. On December 14, the letters were mailed to clients in both English and Spanish.

For More Information

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

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