



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

OFFICE OF AIDS
AIDS Drug Assistance Program (ADAP)

Management Memorandum
Memorandum Number: 2014-14

Date: November 14, 2014

TO: ADAP COORDINATORS
ADAP and OA-HIPP ENROLLMENT WORKERS

SUBJECT: COVERED CALIFORNIA OPEN ENROLLMENT PERIOD FOR 2015 AND
REQUIREMENTS FOR OA'S HEALTH INSURANCE PREMIUM
PAYMENT ASSISTANCE (OA-HIPP) CLIENTS ENROLLED IN A
COVERED CALIFORNIA HEALTH PLAN

The purpose of this memo is to remind enrollment workers that the Covered California open enrollment period for 2015 health coverage begins on **November 15, 2014 and continues through February 15, 2015**. However, clients must apply by December 15, 2014 in order for your coverage to be in place on January 1, 2015. In addition, the purpose of this memo is to provide enrollment workers with information regarding Covered California's renewal process and OA's requirements for OA-HIPP clients enrolled in a Covered California health plan.

On November 5, 2014, OA sent letters to ADAP-only clients potentially eligible for Medi-Cal Expansion or Covered California health care coverage informing them how to apply and the tax penalties for not having coverage. OA also sent letters to OA-HIPP clients enrolled in a Covered California health plan informing them of Covered California's renewal process and OA-HIPP requirements listed below. These informational letters are attached for your reference.

Covered California Health Plan Renewal

If the client authorizes Covered California to obtain tax data from the Internal Revenue Service to verify income and re-determine eligibility, then the client will automatically receive a **passive renewal**. If the client did not give authorization at the time of initial enrollment but would like to be passively renewed during this coming open enrollment period (November 15, 2014 through February 15, 2015), the client can call (800) 300-1506 or visit www.coveredca.com.

If the client does not give Covered California such authorization by December 1, 2014, then the client will be automatically enrolled into a plan with full premium, without the Advanced Premium Tax Credit (APTC), if applicable. If the client is eligible for APTC, then the client must renew the plan or choose a new plan by December 15, 2014 for coverage to begin on January 1, 2015 (**active renewal**). To continue to be eligible for OA-HIPP, clients must elect to take 100 percent of the APTC amount that is available.

OA-HIPP Requirements for clients enrolled in a Covered California Health Plan

To ensure that OA-HIPP has the 2015 health plan, premium amount, and APTC (if applicable) clients must submit the following documents by the deadline listed below:

- A Covered California coverage renewal notice or summary page.
 - **Passive renewal clients** – If clients stay with the same plan, clients should receive an annual renewal notice from Covered California between November 14 and December 16, 2014. OA-HIPP must receive this notice that lists the 2015 health plan, premium amount and APTC by **December 20, 2014**.
 - **Active renewal clients** – Clients can re-enroll online, in person, by telephone, or by mail. If clients re-enroll on Covered California's website, they must take a screen print of the summary page. On the client's online Covered California account, the summary page is under "Plan Enrollment by Program." If clients re-apply in-person, by phone, or mail, they will need to set-up an online account in order to obtain a screen print of their 2015 health plan, premium amount and APTC. OA-HIPP must receive the screen print by **December 1, 2014**.

Failure to submit the documents by the above due dates may result in a delay in payment made on your client's behalf to their health plan or a potential loss of health insurance coverage.

Health Plan/Policy Not Participating in the 2015 Covered California Marketplace

Contra Costa Health Plan will not be part of the 2015 Covered California Marketplace. Although Health Net is part of the 2015 Covered California Marketplace, the Health Net PPO policy will not be part of the 2015 Health Net plan options. If the client is currently enrolled in either Contra Costa Health Plan or Health Net PPO policy, the coverage will end on December 31, 2014. The client must enroll in a different health plan by December 15, 2014; otherwise, the client will not have health insurance coverage effective January 1, 2015.

November 14, 2014

Assistance

If your clients have questions about or need assistance in renewing your Covered California health plan, they may call (800) 300-1506 or visit www.coveredca.com.

If your clients are experiencing issues with their Covered California health plan that adversely affects the client's continuity of care, please work with the client's health plan. If the issues persist, the client may file a formal grievance or complaint with the health insurance company. If their issue still does not get resolved to their satisfaction, the client may contact the California Department of Managed Health Care's Help Center at (888) 466-2219 for help.

If your client needs assistance in working through continuity of care issues, they may contact The Health Consumer Alliance at (888) 804-3536 or visit <http://healthconsumer.org/>.

Please contact your OA ADAP Advisor if you have any questions regarding the content of this memo. The most current "OA/ADAP Staff Assignments by LHJ" list is available on the OA website at: <http://cdphinternet/programs/aids/Documents/ADAP-LHJStaffAssignments.pdf>.



Niki Dhillon, Chief
ADAP Branch
Office of AIDS

Attachments



RON CHAPMAN, MD, MPH
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State of California—Health and Human Services Agency
California Department of Public Health



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November 5, 2014

Dear Client:

The purpose of this letter is to inform you of health care coverage available to eligible legal California residents, how to apply, and tax penalties for not having health coverage.

Health Care Coverage Options

1. Medi-Cal Expansion – Free health care coverage for individuals between the ages of 19 to 64 years, regardless of disability status, with income up to 138 percent of the federal poverty level (FPL) (annual income of \$16,105 for individuals).

If you are eligible for Medi-Cal Expansion, you must apply. Once enrolled into Medi-Cal Expansion, you will be dis-enrolled from our program.

2. Covered California – Affordable private healthcare coverage from a variety of plans for individuals with income over 138 percent FPL. Health insurance plans can no longer deny coverage because of a pre-existing condition. Individuals with income from 138 percent FPL up to 400 percent FPL (approximately \$46,680 for individuals) may be eligible for tax credits that will reduce the cost of the monthly premium. Also, individuals who from 138 percent FPL up to 250 percent FPL (approximately \$29,175 for individuals) may be eligible for subsidies that will reduce out-of-pocket costs including copays and deductibles.

If you are eligible for Covered California we strongly encourage you to enroll in a Covered California health plan. However, if you do not enroll, CDPH will continue to provide medication services to you.

How to Apply

You can apply for coverage in Medi-Cal Expansion or Covered California via a combined application. You can apply in three ways, including:

1. In-person – Please visit www.coveredca.com and click on the “Find Help Near You” link. You will then be able to search for in-person assistance. If you are

potentially eligible for Medi-Cal Expansion, the fastest way to enroll is in-person. If you are potentially eligible for Covered California, it is recommended that you seek enrollment assistance from a certified enrollment worker or a benefits specialist with knowledge of your specific health condition.

2. Online – Please visit www.coveredca.com and click on the “Apply Now” button. Then click on the “Log In” link at the top of the page and create an account. After you create an account, you will be able to enroll in coverage. If you are enrolling in Medi-Cal Expansion, please be aware that you cannot pick your provider online; you will need to submit a paper application.
3. Telephone (800) 300-1506 – Representatives will answer your questions and submit your application for you.

You can apply for Medi-Cal Expansion at any time. The Covered California open enrollment period is from November 15, 2014 through February 15, 2015. However, you must apply by December 15, 2014 in order for your coverage to be in place on January 1, 2015. After the open enrollment period, you can enroll in a health plan through Covered California 60 days after a life changing event such as loss of a job.

During the application process, you may authorize Covered California to obtain your tax data from the Internal Revenue Service (IRS) to verify your income and determine your eligibility for subsidies. Authorization may be given for up to five years, during which re-enrollment in your current plan and re-determination of your subsidies will occur automatically. If you choose not to allow Covered California to obtain your tax information from the IRS, you will have to actively reapply for health coverage every year during the open enrollment period.

Premium Payment Assistance

If you qualify for Medi-Cal Expansion, there are no monthly premiums to pay. If you do not qualify for Medi-Cal Expansion but do qualify for insurance coverage through Covered California, the California Department of Public Health (CDPH) may be able to pay your monthly insurance premium through our Health Insurance Premium Payment (HIPP) Program. To enroll for premium payment assistance, you will be required to take the maximum monthly tax credit, if eligible and submit the following documents:

- Health Insurance Premium Payment Application;
- Both Insurance Assistance Section Consent Forms;
- Billing statement from your Covered California plan; and
- Covered California Welcome Letter or coverage summary page.

You will need to submit the initial premium payment directly to your health plan in order to secure coverage. For coverage to start January 1, 2015, you will need to submit the initial payment by December 15, 2014. You must continue to make premium payments on your own until it has been confirmed that a HIPP payment has been sent and posted to your account with your health plan. Once the HIPP Program has received the required documents, a payment to your new health plan will be submitted on your behalf

starting on the 2015 coverage effective date, as long as your application is received by March 31, 2015. For HIPP applications that are received on or after April 1, 2015, HIPP will pay premiums starting the month the application is received and not retroactively to the 2015 coverage effective month. In order to minimize the need to pay your Covered California premiums on your own, you should submit the documents listed above to HIPP as soon as you enroll in the health plan. For complete HIPP applications received by December 1, 2014, HIPP will pay the February premium payment and the retroactive January premium. To receive reimbursement from the health plan for premium(s) you have paid out of pocket, please contact your health plan.

Please visit www.cdph.ca.gov/Documents/HIPPEWListByCity.pdf to access the list of our HIPP enrollment workers. They will be able to answer your questions and help you apply.

For eligible clients who enroll in Covered California, CDPH will pay the prescription drug deductibles and co-pays for drugs on our program's formulary that are dispensed from a pharmacy that is in-network for the Covered California health insurance plan and our program. These prescription drug costs will count towards the out-of-pocket maximum. However, **clients will be responsible for any other medical or drug out-of-pocket costs** such as copays for doctor visits and lab tests. Clients who earn between 139 percent and 200 percent FPL (\$16,212 - \$23,340 for individuals) can minimize their out-of-pocket costs by choosing a "Silver" plan. Those who earn between 201 percent FPL (\$23,457 for individuals) and \$50,000 annually and qualify for our HIPP Program can minimize their out-of-pocket costs by choosing a "Platinum" plan. Please call (800) 300-1506 or visit www.coveredca.com for more information on Covered California health plans and out-of-pocket costs. Before selecting a health plan, contact your provider to identify which Covered California plan they may be participating in. In addition, you may want to consult with a benefits counselor knowledgeable about your specific health condition when selecting a plan.

Tax Penalties

Individuals without health insurance coverage (including Medi-Cal) may have to pay a fee that will increase every year: from 1 percent of income (or \$95 per adult, whichever is higher) in 2014 to 2.5 percent of income (or \$695 per adult) in 2016. In 2015, the annual penalty is \$325 for each adult or 2 percent of the annual household income. The fee will be paid when you file your taxes. For more information regarding potential fees, please call (800) 300-1506.



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Dear Client:

The purpose of this letter is to inform you of the renewal process requirements for Covered California and the California Department of Public Health's (CDPH) Health Insurance Premium Payment (HIPP) Program to maintain access to your healthcare coverage.

Covered California Health Plan Renewal

If you have authorized Covered California to obtain your tax data from the Internal Revenue Service (IRS) to verify your income and re-determine your eligibility for subsidies during the annual renewal period, re-enrollment in your current plan and re-determination of your subsidies will occur automatically (**passive renewal**). You will not need to take any action with Covered California unless you would like to change your plan. If you did not give authorization at the time of initial enrollment but would like to be passively renewed during this coming open enrollment period (November 15, 2014 through February 15, 2015), please call (800) 300-1506 or visit www.coveredca.com. Authorization may be granted for up to five years.

If you do not give Covered California such authorization by December 1, 2014, you will be automatically enrolled into your plan with full premium, without the Advanced Premium Tax Credit (APTC), if applicable. You will need to actively renew your plan in order to take the full APTC that is available to you (**active renewal**). The Covered California open enrollment period for coverage year 2015 is November 15, 2014 through February 15, 2015. If you are eligible for APTC, you must renew your plan or choose a new plan by December 15, 2014 for coverage that begins on January 1, 2015. You must elect to take 100 percent of the APTC amount that is available to you. If you are unhappy with your current health plan, now is your opportunity to switch to a different plan. Before selecting a health plan, contact your provider to identify which Covered California plan they may be participating in. In addition, you may want to consult with a benefits counselor with knowledge about your specific health condition when selecting a plan.

HIPP Program Renewal

Through the Covered California renewal process, your premium amount, APTC, and/or health plan may change. To ensure that the HIPP Program pays the correct 2015

premium payment rate and/or health plan, you must provide HIPP with the Covered California renewal documentation which includes the monthly premium amount and APTC amount, if applicable. If you are automatically enrolled into your plan with full premium, without the applicable APTC, you will no longer be eligible for HIPP assistance. To continue to be eligible for the HIPP program, you must elect to take 100 percent of the APTC that is available to you.

To ensure that HIPP has your 2015 health plan, premium amount, and APTC (if applicable) you must submit the following documents:

- A Covered California coverage renewal notice or summary page.
 - **Passive renewal clients** – If you are staying with the same plan, you should receive an annual renewal notice from Covered California between November 14 and December 16, 2014. HIPP must receive this notice that lists your 2015 health plan, premium amount and APTC by **December 20, 2014**.
 - **Active renewal clients** – You can re-enroll online, in person, by telephone, or by mail; however, online re-enrollment is quickest and most efficient. If you re-enroll on Covered California's website, you must take a screen print of the summary page. On your online Covered California account, you will find the summary page under "Plan Enrollment by Program." If you re-apply in-person, by phone, or mail, you will need to set-up an online account in order to obtain a screen print of your 2015 health plan, premium amount and APTC. HIPP must receive the screen print by **December 1, 2014**.

Failure to submit the documents by the above due dates may result in a delay in payment made on your behalf to your health plan or a potential loss of health insurance coverage.

Please fax all required documents to the HIPP program's secure fax line at (916) 440-5490.

You may also mail documents to:

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

If you are enrolling in a new plan and do not submit the required documents listed above by December 1, 2014, you will need to submit the initial premium payment directly to your health plan in order to secure coverage. You must continue to make premium payments on your own until it has been confirmed that a HIPP payment has been sent and posted to your account with your health plan. Once the HIPP Program has received the required documents, a payment to your new health plan will be submitted on your behalf starting on the coverage effective date. To receive reimbursement from the health plan for premium(s) you have paid out-of-pocket, please contact your health plan.

When renewing your current coverage or enrolling in a new plan, keep in mind there are ways to minimize your out-of-pocket costs, depending on your income. If you earn between 139 percent and 200 percent FPL (\$16,212 - \$23,340 for individuals), you can minimize your out-of-pocket costs by choosing a “Silver” plan. If you earn between 201 percent FPL (\$23,457 for individuals) and \$50,000 annually and qualify for our HIPP Program, you can minimize your out-of-pocket costs by choosing a “Platinum” plan.

Tax Penalties

Per federal law, the penalty for not having minimum essential coverage is either a flat dollar amount, or a percentage of your household income, whichever is greater. In 2015, the annual penalty is \$325 for each adult or 2 percent of the annual household income, whichever is greater. In 2016 and beyond, the annual penalty is the greater of \$695 for each adult or 2.5 percent of income. The fee will be paid when individuals file their federal taxes.

Assistance

If you have questions about or need assistance in renewing your Covered California health plan, you may call (800) 300-1506 or visit www.coveredca.com.

If you are experiencing issues with your Covered California health plan that adversely affects your continuity of care, please work with your health plan. If the issues persist, you may file a formal grievance or complaint with the health insurance company. If your issue still does not get resolved to your satisfaction, you may contact the California Department of Managed Health Care’s Help Center at (888) 466-2219 for help.

If you need assistance in working through continuity of care issues, you may contact The Health Consumer Alliance at (888) 804-3536 or visit <http://healthconsumer.org/>

If you have questions about or need assistance in recertifying in the HIPP Program, please contact your enrollment worker. To find an enrollment worker near you, please visit <http://www.cdph.ca.gov/Documents/HIPPEWListByCity.pdf>.

If you are eligible for Covered California but do not re-enroll in a Covered California health plan or enroll in a health plan outside of the Covered California Marketplace, CDPH will continue to provide medication assistance to you.

California Department of Public Health Notice



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California Department of Public Health



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November 5, 2014

Dear Client:

You are receiving this letter because your current health plan through Covered California is not part of the 2015 Covered California health plan options and you must choose a new plan.

Contra Costa Health Plan will not be part of the 2015 Covered California Marketplace. Although Health Net is part of the 2015 Covered California Marketplace, the Health Net PPO policy will not be part of the 2015 Health Net plan options. If you are currently enrolled in either Contra Costa Health Plan or Health Net PPO policy, your coverage will end on December 31, 2014. You must enroll in a different health plan by December 15, 2014; otherwise, you will not have health insurance coverage effective January 1, 2015.

Covered California Health Plan Renewal

The Covered California open enrollment period for coverage year 2015 is November 15, 2014 through February 15, 2015. You may apply for coverage in three ways, including:

1. In-person – Please visit www.coveredca.com and click on the “Find Help Near You” link. You will then be able to search for in-person assistance. It is recommended that you seek enrollment assistance from a certified enrollment worker or benefits specialist with knowledge of your specific health condition.
2. Online – Please visit www.coveredca.com and click on the “Apply Now” button. Then click on the “Log In” link at the top of the page and create an account. After you create an account, you will be able to enroll in coverage.
3. Telephone (800) 300-1506 – Representatives will answer your questions and submit your application for you.

When enrolling in a new plan, keep in mind there are ways to minimize your out-of-pocket costs, depending on your income. If you earn between 139 percent and 200 percent FPL (\$16,212 - \$23,340 for individuals), you can minimize your out-of-pocket costs by choosing a “Silver” plan. If you earn between 201 percent FPL (\$23,457 for individuals) and \$50,000 annually and qualify for our Health Insurance Premium Payment (HIP) program, you can minimize your out-of-pocket costs by choosing a “Platinum” plan. Before selecting a health plan, contact your provider to identify which Covered California plan they may be

participating in. In addition, you may want to consult with a benefits specialist with knowledge about your specific health condition when selecting a plan.

HIPP Program Re-enrollment

To continue to be eligible for HIPP, you must elect to take 100 percent of the Advanced Premium Tax Credit (APTC), if applicable. To ensure that HIPP has your 2015 health plan, premium amount, and APTC (if applicable), you must submit a screen print of the Covered California summary page from your online account. You will find the summary page under "Plan Enrollment by Program." If you re-apply by phone or mail, you will need to set-up an online account in order to obtain a screen print of your 2015 health plan information (plan name, premium amount, and APTC). You must submit the screen print and a new HIPP Program application by December 1, 2014. Please fax all required documents to the HIPP program's secure fax line at (916) 440-5490.

You may also mail documents to:

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

You will need to submit the initial premium payment directly to your health plan in order to secure coverage. For coverage to start January 1, 2015, you will need to submit the initial payment by December 15, 2014. Once the HIPP Program has received the required documents, a payment to your new health plan will be submitted on your behalf starting on the coverage effective date, as long as your application is received by March 31, 2015. For complete HIPP applications received by December 1, 2014, HIPP will pay the February premium payment and the retroactive January premium. You must continue to make premium payments on your own until it has been confirmed that a HIPP payment has been sent and posted to your account with your health plan. To receive reimbursement from the health plan for premium(s) you have paid out-of-pocket, please contact your health plan.

Tax Penalties

Per federal law, the penalty for not having minimum essential coverage is either a flat dollar amount, or a percentage of your household income, whichever is greater. In 2015, the annual penalty is \$325 for each adult or 2 percent of the annual household income, whichever is greater. In 2016 and beyond, the annual penalty is the greater of \$695 for each adult or 2.5 percent of income. The fee will be paid when individuals file their federal taxes.

Assistance

If you have questions about or need assistance in renewing your Covered California health plan, you may call (800) 300-1506 or visit www.coveredca.com.

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If you need assistance in working through continuity of care issues, you may contact The Health Consumer Alliance at (888) 804-3536 or visit <http://healthconsumer.org>.

If you have questions about or need assistance in recertifying in the HIPP program, please contact your enrollment worker. To find an enrollment worker near you, please visit <http://www.cdph.ca.gov/Documents/HIPPEWListByCity.pdf>.

If you are eligible for Covered California but do not re-enroll in a Covered California health plan or enroll in a health plan outside of the Covered California Marketplace, CDPH will continue to provide medication assistance to you.

California Department of Public Health Notice