Educational objectives

• At the end of this workshop, participants will be able to:
  – Explain the basic concepts of Covered California, (the Marketplace) focusing on Los Angeles County.
  – Review the rights, responsibilities, and decisions of impacted consumers in 2013, 14, and 15.
  – Consider the decision-making process for impacted consumers living with HIV.
  – Discuss the role of the Commission on HIV.
Agenda

• Overview and update of ACA/Covered California
• Rights, Responsibilities and Decisions of impacted consumers
  – Case Discussions (Pedro, DeWayne and Tonya)
  – Your Opinions
  – Timelines and HRSA Policy Guidance/Clarifications
• Review ACA/Covered California Implementation Roles
  – Los Angeles County Commission on HIV
  – Division of HIV/STD Programs (DHSP)
  – State Office of AIDS (SOA)
  – RW Clinics/Clinicians/Staff
  – AIDS Education and Training Centers (AETCs)
  – You
Share your ideas, stories, questions, concerns

Contact:

– Maya Gil Cantu, MPH, DREW PAETC

Maya@hivtrainingcdu.org

Your ACA implementation concerns for HIV patients in Los Angeles County will also be shared with the Commission on HIV, the State Office of AIDS, and HRSA.
We’d like to thank:

- **UCLA**
  - Uyen Kao
  - AJ King

- **UCLA PAETC**
  - Kiesha McCurtis
  - Joel Peisinger

- **Drew PAETC**
  - Phil Meyer
  - Maya Gil-Cantu

- **UCSD PAETC**
  - Susan Benson

- **DHSP**
  - Carlos Vega-Matos

- **Policy/Advocacy**
  - Aaron Fox, LA GLC
  - Courtney Mulhern-Pearson, SFAF
  - Anne Donnelly, Project Inform

- **Benefits Counselors**
  - John Riley, APLA
  - Carlos Estrada, UCSD Owen Clinic

- **RW Clinicians**
  - Derrick Butler, T.H.E., DREW PAETC
  - Ardis Moe, NEVHC, UCLA PAETC

- **Consumer**
  - Michael Kelley

- **Consultants**
  - Alan Gambrell, Public Ink
  - Nicolé Mandel, TARGET Center
Which best describes WHERE you work?

- 8% a. Clinic
- 45% b. Community-based organization
- 5% c. Health department
- 11% d. University
- 4% e. Hospital
- 7% f. Not presently working
- 19% g. Other
Which best describes WHAT you do?

11%  a. Clinician (MD, PA, NP, nurse, dentist, etc)
8%   b. Case manager/benefits counselor
20%  c. Health education (peer educator, promotora)
22%  d. Administrator
6%   e. Researcher
16%  f. Consumer representative
17%  g. Other
How many Covered California trainings or informational sessions have you already attended (last 12 months)?

- 41% a. 0
- 29% b. 1-2
- 18% c. 3-4
- 13% d. 5 or more
I feel I can explain **Covered California** to a friend

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>Yes---100%</td>
</tr>
<tr>
<td>15%</td>
<td>Yes---75%</td>
</tr>
<tr>
<td>12%</td>
<td>Yes---50/50</td>
</tr>
<tr>
<td>16%</td>
<td>A little bit</td>
</tr>
<tr>
<td>45%</td>
<td>No</td>
</tr>
</tbody>
</table>
National Continuum of Care...our “North Star” (formerly ‘treatment cascade’)

Continuum of Care in Los Angeles County

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number of Individuals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Infected</td>
<td>61,700</td>
<td></td>
</tr>
<tr>
<td>HIV Diagnosed</td>
<td></td>
<td>79%</td>
</tr>
<tr>
<td>Linked to HIV Care</td>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>Retained in HIV Care</td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>On ART</td>
<td>Unknown at the County-level</td>
<td></td>
</tr>
<tr>
<td>Undetectable VL</td>
<td></td>
<td>26%</td>
</tr>
</tbody>
</table>

Note: Using Gardner et al treatment cascade criteria. Los Angeles County HIV Surveillance Data 2009-2010
Ryan White “in Care”
LAC 2009

Number of Individuals

- 5,000 10,000 15,000 20,000

RW System of Care: 18,345
RW Medical Care: 12,752
On ART: 90%
Retained in HIV Care: 74%
Undetectable VL: 65%

Ryan White Casewatch Data, January – December 2009 (CY2009)
Ryan White “in Care”
LAC 2010

Number of Individuals

- 5,000 10,000 15,000 20,000

RW System of Care 19,228
RW Medical Care 14,753
On ART 90%
Retained in HIV Care 87%
Undetectable VL 75%

Ryan White Casewatch Data, March 2010 – February 2011 (Year 20)
PATIENT PROTECTION AND AFFORDABLE CARE ACT
Health Reform from the Beginning...

1965
Medicare & Medicaid established

2010
Affordable Care Act (ACA) signed into law

2011
Supreme Court upholds ACA
Where We Are Now & Where We Are Going

2013
- Outreach/Education
- Assistors/Navigators
  Marketplaces
  *Sign-up starting October 1, 2013*

2014
- Health Insurance (Marketplaces & MediCal expansion)
  *Coverage begins January 1, 2014*

2019
- ACA fully implemented
Affordable Care Act (ACA) & HIV Services

- Elimination of pre-existing condition exclusions
- Expansion of Medicaid to non-disabled adults with incomes of up to 138% of FPL
- Subsidies to purchase insurance through exchanges for people with income 100-400% FPL
- MORE PEOPLE WITH HIV (PWH) ARE ELIGIBLE FOR MEDICAID/MARKETPLACE EXCHANGES
State-Based Marketplace Exchange: Covered California (CoveredCA.com)

Covered California marketplace opens

YOUR DESTINATION FOR HIGH-QUALITY HEALTH COVERAGE

Welcome to the official website of Covered California™ – a new marketplace for affordable, private health insurance. Your health matters – to all of us. Read More →

DAYS 6 HRS 27 MINS

Covered California marketplace opens

Health care coverage begins January 1, 2014

COST-ESTIMATE CALCULATOR

Starting in 2014, most people will be required to have health insurance. Find out how much your health insurance might cost by using our calculator.

NEED HELP NOW?

If you need coverage before 2014, click below.

ESTIMATE YOUR COST

COVERAGE NOW
### 2013 Federal Poverty Level

#### 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Family Size</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>81%</th>
<th>100%</th>
<th>133%</th>
<th>175%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,873</td>
<td>$5,745</td>
<td>$8,618</td>
<td>$9,307</td>
<td>$11,490</td>
<td>$15,282</td>
<td>$20,108</td>
<td>$22,980</td>
<td>$28,725</td>
<td>$34,470</td>
</tr>
<tr>
<td>2</td>
<td>$3,878</td>
<td>$7,755</td>
<td>$11,633</td>
<td>$12,563</td>
<td>$15,510</td>
<td>$20,628</td>
<td>$27,143</td>
<td>$31,020</td>
<td>$38,775</td>
<td>$46,530</td>
</tr>
<tr>
<td>3</td>
<td>$4,883</td>
<td>$9,765</td>
<td>$14,648</td>
<td>$15,819</td>
<td>$19,530</td>
<td>$25,975</td>
<td>$34,178</td>
<td>$39,060</td>
<td>$48,825</td>
<td>$58,590</td>
</tr>
<tr>
<td>4</td>
<td>$5,888</td>
<td>$11,775</td>
<td>$17,663</td>
<td>$19,076</td>
<td>$23,550</td>
<td>$31,322</td>
<td>$41,213</td>
<td>$47,100</td>
<td>$58,875</td>
<td>$70,650</td>
</tr>
<tr>
<td>5</td>
<td>$6,893</td>
<td>$13,785</td>
<td>$20,678</td>
<td>$22,332</td>
<td>$27,570</td>
<td>$36,668</td>
<td>$48,248</td>
<td>$55,140</td>
<td>$68,925</td>
<td>$82,710</td>
</tr>
<tr>
<td>6</td>
<td>$7,898</td>
<td>$15,795</td>
<td>$23,693</td>
<td>$25,588</td>
<td>$31,590</td>
<td>$42,015</td>
<td>$55,283</td>
<td>$63,180</td>
<td>$78,975</td>
<td>$94,770</td>
</tr>
<tr>
<td>7</td>
<td>$8,903</td>
<td>$17,805</td>
<td>$26,708</td>
<td>$28,844</td>
<td>$35,610</td>
<td>$47,361</td>
<td>$62,318</td>
<td>$71,220</td>
<td>$89,025</td>
<td>$106,830</td>
</tr>
<tr>
<td>8</td>
<td>$9,908</td>
<td>$19,815</td>
<td>$29,723</td>
<td>$32,100</td>
<td>$39,630</td>
<td>$52,708</td>
<td>$69,353</td>
<td>$79,260</td>
<td>$99,075</td>
<td>$118,890</td>
</tr>
</tbody>
</table>

138% FPL=$15,856
Market Place = Covered California

Medicaid Expansion
(MediCal) **138% of Federal Poverty Level (FPL)**

$15,856 (Individual)
$32,500 (Household of 4)

$11,490 (Individual)
$23,550 (4)

$45,960 (Individual)
$94,200 (4)

100% **138%** Immediate (or deferred) Premium Tax Credits 400%

Subsidies 250%

Silver Plan

$11,490 (Individual)
$23,550 (4)

$28,725 (Individual)
$58,875 (4)
Income status of individuals who receive Ryan White-funded services in the U.S.

- 100% FPL: 70%
- 101-200% FPL: 21%
- 201-300% FPL: 6%
- >300% FPL: 3%


FPL = Federal Poverty Level
State-Based Marketplace Exchange: Covered California (CoveredCA.com)

Covered California marketplace opens

YOUR DESTINATION FOR HIGH-QUALITY HEALTH COVERAGE
Welcome to the official website of Covered California™ – a new marketplace for affordable, private health insurance. Your health matters – to all of us. Read More ➤

53 DAYS 6 HRS 27 MINS
Covered California marketplace opens
Health care coverage begins January 1, 2014

COST-ESTIMATE CALCULATOR
Starting in 2014, most people will be required to have health insurance. Find out how much your health insurance might cost by using our calculator.

ESTIMATE YOUR COST

NEED HELP NOW?
If you need coverage before 2014, click below.

COVERAGE NOW
I have already visited the Covered California website and used the premium calculator

23%  a. Yes

77%  b. No

0%  c. I can’t remember
What is the penalty for someone who should have had health insurance in 2014 but didn’t get it?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>24%</td>
<td>a. A tax penalty of $95 or 1% whichever is greater</td>
</tr>
<tr>
<td>15%</td>
<td>b. A tax penalty of $95 or 1% whichever is smaller</td>
</tr>
<tr>
<td>32%</td>
<td>c. There is no penalty the first year</td>
</tr>
<tr>
<td>29%</td>
<td>d. I don’t know</td>
</tr>
<tr>
<td></td>
<td>Percentage of Income</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------</td>
</tr>
<tr>
<td>2014</td>
<td>1%</td>
</tr>
<tr>
<td>2015</td>
<td>2%</td>
</tr>
<tr>
<td>2016</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Whichever is **GREATER**
Counties and Rating Regions

The previous pages highlight which counties are within each rating region, below is a breakdown of where the rating regions reside.
Los Angeles County: Rating Region 16

Plans/monthly$ -- 40 YO Single (Silver, unsubsidized)

- HealthNet (HMO)/$242
- Anthem (HMO)/$259*
- Molina Healthcare (HMO)/259*
- L.A. Care (HMO)/$265
- Blue Shield (PPO)/$287
- Anthem (EPO)/$299
- Kaiser Permanente (HMO)/$325

Note: HealthNet PPO/Bronze-only/$301
Los Angeles County: Rating Region 15

Plans/monthly$ -- 40 YO Single (Silver, unsubsidized)

- HealthNet (HMO)/$222
- Anthem (HMO)/$254
- Molina Healthcare (HMO)/$259
- L.A. Care (HMO)/$253
- Blue Shield (PPO)/$252*
- Anthem (EPO)/$274
- Kaiser Permanente (HMO)/$294

Note: HealthNet PPO/Bronze-only/$248
## Rating Region 16
### Impact of immediate tax credit

<table>
<thead>
<tr>
<th>Metal</th>
<th>FPL</th>
<th>Tax Credit?</th>
<th>Plan</th>
<th>$$</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 Year Old</td>
<td>Silver</td>
<td>&gt;400%</td>
<td>No</td>
<td>HeathNet HMO</td>
</tr>
<tr>
<td>40 Year Old</td>
<td>Silver</td>
<td>200%</td>
<td>Yes</td>
<td>HeathNet HMO</td>
</tr>
<tr>
<td>40 Year Old</td>
<td>Silver</td>
<td>150%</td>
<td>Yes</td>
<td>HeathNet HMO</td>
</tr>
</tbody>
</table>
### Rating Region 15

**Impact of immediate tax credit**

<table>
<thead>
<tr>
<th>Metal</th>
<th>FPL</th>
<th>Tax Credit?</th>
<th>Plan</th>
<th>$$</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 Year Old</td>
<td>Silver</td>
<td>&gt;400%</td>
<td>No</td>
<td>HeathNet HMO</td>
</tr>
<tr>
<td>40 Year Old</td>
<td>Silver</td>
<td>200%</td>
<td>Yes</td>
<td>HeathNet HMO</td>
</tr>
<tr>
<td>40 Year Old</td>
<td>Silver</td>
<td>150%</td>
<td>Yes</td>
<td>HeathNet HMO</td>
</tr>
</tbody>
</table>
## 2014 Standard Benefits for Individuals

<table>
<thead>
<tr>
<th>KEY BENEFITS</th>
<th>Bronze</th>
<th>Silver (Lower Cost Sharing Available on Sliding Scale)</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (if any)</td>
<td>$5,000 Deductible for Medical and Drugs</td>
<td>$2,000 Medical Deductible</td>
<td>No Deductible</td>
<td>No Deductible</td>
</tr>
<tr>
<td>Preventive Care Copay</td>
<td>No Cost – at least 1 yearly visit</td>
<td>No Cost – at least 1 yearly visit</td>
<td>No Cost – at least 1 yearly visit</td>
<td>No Cost – at least 1 yearly visit</td>
</tr>
<tr>
<td>Primary Care Visit Copay</td>
<td>$60 – 3 visits per year</td>
<td>$45</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Specialty Care Visit Copay</td>
<td>$70</td>
<td>$65</td>
<td>$50</td>
<td>$40</td>
</tr>
<tr>
<td>Urgent Care Visit Copay</td>
<td>$120</td>
<td>$90</td>
<td>$60</td>
<td>$40</td>
</tr>
<tr>
<td>Generic Medication Copay</td>
<td>$19</td>
<td>$19</td>
<td>$19</td>
<td>$5</td>
</tr>
<tr>
<td>Lab Testing Copay</td>
<td>30%</td>
<td>$45</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>X-Ray Copay</td>
<td>30%</td>
<td>$65</td>
<td>$50</td>
<td>$40</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$300</td>
<td>$250</td>
<td>$250</td>
<td>$150</td>
</tr>
<tr>
<td>High cost and infrequent services like Hospital Care and Outpatient Surgery</td>
<td>30% of your plan’s negotiated rate</td>
<td>20% of your plan’s negotiated rate</td>
<td>HMO Outpatient Surgery – $600</td>
<td>HMO Outpatient Surgery – $250</td>
</tr>
<tr>
<td>Imaging (MRI, CT, PET Scans)</td>
<td>30%</td>
<td>$250</td>
<td>PPO – 20%</td>
<td>PPO – 10%</td>
</tr>
<tr>
<td>Brand medications may be subject to Annual Drug Deductible before you pay the copay</td>
<td>$50-$75 after meeting deductible</td>
<td>meet $250 deductible then pay the copay amount</td>
<td>No Deductible</td>
<td>No Deductible</td>
</tr>
<tr>
<td>Preferred brand copay after Drug Deductible (if any)</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$15</td>
</tr>
<tr>
<td><strong>MAXIMUM OUT-OF-POCKET FOR ONE</strong></td>
<td>$6,350</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$4,000</td>
</tr>
<tr>
<td><strong>MAXIMUM OUT-OF-POCKET FOR FAMILY</strong></td>
<td>$12,700</td>
<td>$12,700</td>
<td>$12,700</td>
<td>$8,000</td>
</tr>
</tbody>
</table>
## 2014 Sliding Scale Benefits

**Silver Plan (Eligible for Federal Subsidy)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer Portion of Monthly Premium for Silver Plans</strong> (Balance paid by Federal subsidy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible (if any)</td>
<td>No Deductible</td>
<td>$500</td>
<td>$1,500 Medical Deductible</td>
<td>$2,000 Medical Deductible</td>
</tr>
<tr>
<td>Preventive Care Copay</td>
<td>No Cost</td>
<td>No Cost</td>
<td>No Cost</td>
<td>No Cost</td>
</tr>
<tr>
<td>Primary Care Visit Copay</td>
<td>$3</td>
<td>$15</td>
<td>$40</td>
<td>$45</td>
</tr>
<tr>
<td>Specialty Care Visit Copay</td>
<td>$5</td>
<td>$20</td>
<td>$50</td>
<td>$65</td>
</tr>
<tr>
<td>Urgent Care Visit Copay</td>
<td>$6</td>
<td>$30</td>
<td>$80</td>
<td>$90</td>
</tr>
<tr>
<td>Lab Testing Copay</td>
<td>$3</td>
<td>$15</td>
<td>$40</td>
<td>$45</td>
</tr>
<tr>
<td>X-Ray Copay</td>
<td>$5</td>
<td>$20</td>
<td>$50</td>
<td>$65</td>
</tr>
<tr>
<td>Generic Medication Copay</td>
<td>$3</td>
<td>$5</td>
<td>$19</td>
<td>$19</td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$25</td>
<td>$75</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>High cost and infrequent services like Hospital Care and Outpatient Surgery</td>
<td>10%</td>
<td>15%</td>
<td>20% of your plan’s negotiated rate</td>
<td>20% of your plan’s negotiated rate</td>
</tr>
<tr>
<td>Brand medications may be subject to Annual Drug Deductible before you pay the Copay</td>
<td>No Deductible</td>
<td>$50 then pay the copay amount</td>
<td>$250 then pay the copay amount</td>
<td>$250 then pay the copay amount</td>
</tr>
<tr>
<td>Preferred brand Copay after Drug Deductible</td>
<td>$5</td>
<td>$15</td>
<td>$30</td>
<td>$50</td>
</tr>
</tbody>
</table>

**MAXIMUM OUT-OF-POCKET FOR ONE**
- $2,250
- $2,250
- $5,200
- $6,350

**MAXIMUM OUT-OF-POCKET FOR FAMILY**
- $4,500
- $4,500
- $10,400
- $12,700
Remember!

- The income figure we are using for calculations is PROJECTED INCOME FOR 2014.

- If consumers underestimate this figure now, they may end up owing money back to the Federal government when they report their 2014 taxes (in 2015.)
Covered California Network

Organizations may have multiple roles with Covered California:

- Community Outreach Network
- Grants
- Assisters
“more patients use Google for health. I had to change my name to Dr Google just to keep the practice open!”

Los Angeles Times

FOX NEWS

twitter
In-Person Assister Certification Process
(Process is being refined)

1. Individual Assister must be affiliated with Assister Enrollment Entity (AEE)
2. AEE ensures that Assister eligibility requirements are completed for affiliated individuals. Assister is eligible to attend training.
3. Training dates are provided to individual and individual signs up to attend training.
4. Individual attends and must successfully complete training.
5. Upon successful completion of training individual must take and pass certification exam.
6. Upon passing certification exam individual is certified Assister, receives certification number.
Health Insurance Terminology I

- Premium
- Deductible
- Co-pay/Co-insurance
- Total out of pocket expense
- Premium assistance/tax credit
- Cost-sharing subsidies (Silver Plan)

Tax Time: “Reconciliation”
# Health Insurance Terminology II

## Qualified Health Plans (QHPs) by Metal Group

<table>
<thead>
<tr>
<th>Metal</th>
<th>% Total Costs Covered</th>
<th>Deductible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>No deductible</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>No deductible</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td></td>
</tr>
</tbody>
</table>

### Plan Types

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>EPO</td>
<td>Exclusive Provider Organization</td>
</tr>
</tbody>
</table>
Ryan White Core Services vs. Essential Health Benefits (EHB)

**Ryan White Core Services**
- Ambulatory & outpatient care
- AIDS pharmaceutical assistance
- Mental health services
- Substance abuse outpatient care
  - Home health care
  - Medical nutrition therapy
  - Hospice services
  - Home and community-based health services
  - Medical case management, including treatment adherence services
  - Oral health care (not standard)

**ACA “Essential Health Benefits”**
- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity & newborn care
- Mental health & substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative & habilitative services & devices
- Laboratory services
- Preventive and wellness services & chronic disease management
- Pediatric services, including oral & vision care
Ryan White Funds: Payer of Last Resort

Ryan White Program funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made by another payment source.”
July 31 HRSA/HAB Policy Clarifications
Listening call to take place August 14

**Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid**

*Policy Clarification Notice (PCN) #13-06*
*Relates to HAB Policy #'s 10-02 and 7-05*

**Scope of Coverage:** Ryan White Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

**Purpose of PCN**
This policy clarification notice reiterates HRSA policy regarding the use of Ryan White HIV/AIDS Program (RWHAP) for premium and cost-sharing assistance for clients eligible for Medicaid. It also provides RWHAP grantees and subgrantees with additional guidance on using RWHAP funds for premium and cost-sharing assistance in the context of the Affordable Care Act.

**Background**
Under the Affordable Care Act, beginning January 1, 2014, options for health care coverage for PLWH will be expanded through new private insurance coverage options available through Health Insurance Marketplaces (also referred to as Exchanges) and the expansion of Medicaid in States that choose to expand. Additionally, health insurers will be prohibited from denying coverage because of a pre-existing condition, including HIV/AIDS. An overview of these health care coverage options may be reviewed at [http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf](http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf).
Case Study: Pedro

Pedro is a 28 year phone sales representative who estimates he will make ($12,065 or 105% FPL) in 2014. He lives and receives his HIV care at a Ryan White clinic in rating region 16. He has been in the U.S. legally for 7 years. He also receives HIV dental care and case management services through the Ryan White program. He wants to stay at his HIV clinic.
Under the ACA, will Pedro be required to purchase health insurance or pay a penalty?

- 19% a. Yes
- 47% b. No he qualifies for MediCal
- 20% c. Yes but he will get help with his payment
- 14% d. I’m not sure
Case Study: Dewayne

Dewayne is a 40 year phone sales representative who estimates he will make $19,000 (or 165% FPL) in 2014. He lives and receives his HIV care at the same Ryan White clinic as Pedro in rating region 16, where he was born. He also receives HIV dental care and case management services through the Ryan White program. He wants to stay at his RW HIV clinic.
Under the ACA, will Dewayne be required to purchase health insurance or pay a penalty?

- 18% a. Yes
- 13% b. No he qualifies for MediCal
- 63% c. Yes but with help with payment/co-pays
- 7% d. I’m not sure
Case Study: Dewayne

SILVER (eligible for Federal Subsidy)
Premium: $75/month
(of a $294/month premium--as per Covered California calculator)

Copays:
Primary Care Visit: $15
Generic Drugs: $5
Lab Test: $15
Imaging: 15%
Deductible: $500
Out of pocket maximum: $2250
Silver Plan copays at different income levels, page 4

Copays by Metal Group, page 5

Northern LA County (15) premiums by age, start page 81

Southern LA County (16) premiums by age, start page 87
What other help can someone living with HIV expect to get with health insurance premiums and co-pays???
Office of AIDS

OA-Health Insurance Premium Payment (OA-HIPP)

OA-HIPP is a program that pays the monthly health insurance premiums for eligible Californian residents with an HIV/AIDS diagnosis. This program is available to individuals with health insurance who are at risk of losing it, as well as to individuals currently without health insurance who would like to purchase it.

Eligibility

To be eligible for the OA-HIPP program, you must:

1. Have an HIV/AIDS diagnosis
2. Be a California resident
3. Be 18 years old or older
4. Have an adjusted gross income of no more than $50,000
5. NOT be enrolled in Medicare, Medi-Cal, or the Low Income Health Program
6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits

This program is not available to individuals whose insurance premiums are all or partially paid for by their employer.

How to Apply

There are two options:

1. Locate an enrollment site near you (PDF) for help enrolling. Or call the Office of AIDS hotline at (800) 357-2457 to find an enrollment site in your area. An enrollment worker will help you with the application process and submit the completed application to OA on your behalf.

2. Enroll directly with OA. If you cannot reach an enrollment site or prefer to enroll directly with OA, you can access the application and supporting documentation, or you can call the OA hotline at (800) 357-2457 and you will be referred to someone who can help you obtain an application packet and/or receive help completing the application over the phone. You will need to submit completed forms with original signatures and documentation directly to OA at:

   Insurance Assistance Section
   California Department of Public Health
   PO Box 997426, MS 1704
   Sacramento, CA 95899-7426

About this Program

OA-HIPP clients can remain on the program as long as the services are needed and they continue to meet all the program requirements. Once approved and enrolled in the program, each OA-HIPP client will be required to reenroll annually and to certify six months later. If you would like to learn more about the program, please refer to the program.
I am familiar with OA-HIPP

- 9% a. Yes 100%
- 20% b. Yes Somewhat
- 8% c. Yes a little
- 63% d. No
OA-HIPP – Current Eligibility

To be eligible for the OA-HIPP program, you must:

1. Be enrolled in the AIDS Drug Assistance Program (ADAP)
2. Be a California resident
3. Be 18 years old or older
4. Have an adjusted gross income of no more than $50,000
5. NOT be enrolled in Medicare, Full-Scope (free) Medi-Cal, or the Low Income Health Program
6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits.
Case Study: Tonya

Tonya is a single 52 year old hotel worker born and living in south LA. She thinks she will make $21,027 in 2014 (183% FPL), but has no health insurance. She says she always wanted it, but could never afford the rates for “someone my age.” She has not seen a doctor for years, but sometimes goes to an Urgent Care clinic to get antibiotics. She would especially like health insurance now as she recently inherited a home from her parents and worries that just one visit to the ER/hospital could bankrupt her or cause her to lose this home. She believes she is in good health and she feels great.

However, Tonya does not know that she is living with HIV and hepatitis C.
Tonya signs up & chooses a QHP and PCP in Covered California. Do you think she will be tested for HIV as part of her routine care with her provider in 2014?

- 54% a. Yes
- 40% b. No
- 6% c. Not sure
Will Tonya will be tested for hepatitis C as part of her routine care with her provider in 2014?

- a. Yes (22%)
- b. No (70%)
- c. Not sure (8%)
I can explain **Covered California** to a friend

- **18%** a. Yes---100%
- **19%** b. Yes---75%
- **21%** c. Yes---50/50
- **34%** d. A little bit
- **8%** e. No
Resources
Ryan White & the Affordable Care Act: What You Need to Know

Potential impacts of the Affordable Care Act on Ryan White Providers in 2014 webcast Tuesday, May 7, 1 pm ET

The Affordable Care Act (ACA) is an historic opportunity for people living with HIV (PLWH), including those currently receiving services through the Ryan White Program, to increase their access to affordable, quality health care. Many Ryan White clients will gain access to health insurance or see their current health insurance improve. These changes will require thoughtful and careful coordination between the federal government, state and local governments, Ryan White Program grantees, and clients.

HRSA will continue partnering with you to ensure uninterrupted comprehensive care for our clients. We invite you to use this site as a resource to help guide your approach full implementation of the law in 2014. We hope that you will find the information provided on this site useful and if you don't find an answer to your question, let us know by emailing RWP-ACAQuestions@hrsa.gov

Guidance

Key Provisions of the Affordable Care Act for the Ryan White Program (PDF - 900 KB)

Outreach, Enrollment and Benefits Counseling

Essential Community Providers

New Coordination between Medicaid and Ryan White HIV/AIDS Programs (PDF - 113 KB)

Eligibility 101 on-demand webinar

Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program (PDF - 18 KB)

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements (PDF - 37 KB)

For additional tools, go to the TARGET Center 

Learn More

How the Affordable Care Act Helps People Living with HIV/AIDS: 2011 and Beyond

Insurance Enrollment Options - Current

Get Ready to Enroll

Education and Outreach Materials (ZIP - 83 KB)

Medicaid Managed Care Technical Assistance Center for States

E-mail Updates

To sign-up for updates, please enter your contact information below.

*E-mail Address

Submit
Share your ideas, stories, questions, concerns

Contact

– Maya Gil Cantu, MPH, Drew PAETC
Maya@hivtrainingcdu.org

Your ACA implementation concerns for HIV patients in Los Angeles County will also be shared with the Commission on HIV, the State Office of AIDS, and HRSA.
Thank you!