

EQUAL ACCESS TO HEALTHCARE PROGRAM

EAHP

POSITIVE RESOURCE CENTER | ANNUAL REPORT 2015-2016



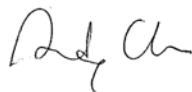
WE BELONG

In its second year, the Equal Access to Healthcare Program (EAHP) made significant progress to further enhance healthcare access for San Francisco's HIV-positive community. The program grew by 50 percent and expanded services to include enrollment assistance with the AIDS Drug Assistance Program (ADAP) and the CA Office of AIDS Health Insurance Premium Payment program (OA-HIPP). In addition, EAHP collaborated with more than 10 community-based organizations to deliver over 20 healthcare access trainings for providers and consumers. Fittingly, this year's report goal is to empower our community by sharing information on how to stay covered and maximize health benefits.

The following pages contain helpful, yet simple tips and tools clients and providers may use to access health insurance and maximize benefits. One of the main features of this year's report is the ADAP enrollment site map on page 2, which identifies all ADAP enrollment sites in San Francisco. The map is overlaid with data that shows where our clients reside to convey enrollment site proximity to client locations. The purpose of the map is to provide an easy-to-read and useful guide to help clients find a convenient and appropriate enrollment site.

The report also contains important information about changes to ADAP and OA-HIPP that took effect on July 1, 2016. Changes include the shift from RAMSELL to Magellan Rx for pharmacy benefits management and the launch of a new OA-HIPP benefit that pays out-of-pocket medical costs.

Finally, we take this opportunity to thank countless friends and partners that have supported EAHP. We expressly thank S.F. Department of Public Health, Gilead, La Shenna Sirles (Department of Health Care Services), Elaine Wong Eakin (CA Healthcare Advocates), Bay Area Legal Aid, and all the organizations involved with the Front Line Organizing Group.



Andy Chu, Esq.
Managing Legal Director



Chuan Teng, Esq.
Supervising Attorney

Mission Statement:

The mission of Positive Resource Center is to assist people affected by or at risk for HIV/AIDS through culturally appropriate counseling, education, training, and advocacy. As a result, our clients can make more informed choices that maximize available benefits and employment opportunities.

VALUES:

WE ASPIRE TO PROVIDE SERVICE THAT:

- gives clients the knowledge needed to make their own choices.
- serves all clients in a culturally appropriate way.
- utilizes a harm reduction and client-centered model, emphasizing one-on-one relationships.
- is easy to access.

WE ASPIRE TO BE AN ORGANIZATION THAT:

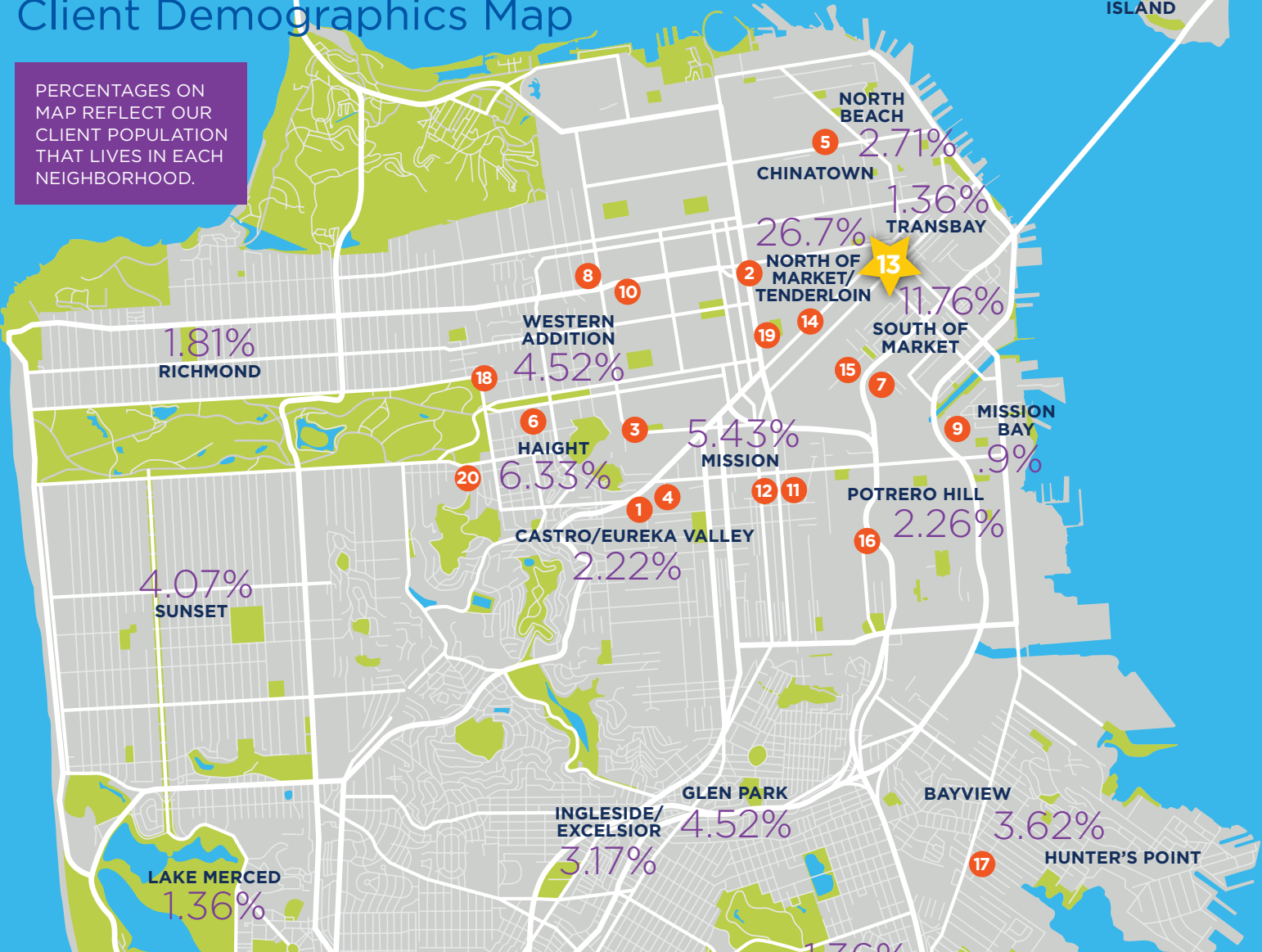
- is culturally competent and diverse at the volunteer, staff and Board levels.
- respects and seeks participation from all agency stakeholders, including people living with HIV, in all areas of the organization.
- operates at all levels with accountability, honesty and integrity.

WE ASPIRE TO MEET THE NEEDS OF ALL PERSONS AFFECTED BY OR AT RISK FOR HIV.

ADAP Enrollment Sites and Client Demographics Map

.9%
TREASURE ISLAND

PERCENTAGES ON MAP REFLECT OUR CLIENT POPULATION THAT LIVES IN EACH NEIGHBORHOOD.



1. AIDS Healthcare Foundation
518-A Castro Street
415.552.2814
2. API Wellness Center
730 Polk Street, 4th Floor
415.292.3400
3. CA Pacific Medical Center
45 Castro Street, North Tower,
Office L-162
415.600.5045 x 1
4. Castro Mission Health Center
3850 17th Street
415.934.7771
5. Chinatown Public Health Center
1490 Mason Street
415.364.7640
6. Health Right 360
558 Clayton Street
415.746.1950
7. HIV Integrated Services
798 Brannan Street
415.581.3141
(incarcerated or newly released clients only)

8. Kaiser Hospital
2238 Geary Blvd, 1st Floor
415.833.4238
(Kaiser members only)
9. Kaiser Hospital Mission Bay
1600 Owens Street
628.242.6406
(Kaiser members only)
10. Maxine Hall Health Center
1301 Pierce Street
415.292.1300
11. Mission Neighborhood Health Center
240 Shotwell Street
415.522.3870 x 293
12. Native American Health Center
160 Capp Street
415.621.8054
13. **Positive Resource Center**
785 Market Street, 10th Floor
415.777.0333
14. S.F. AIDS Foundation
1035 Market Street, 4th Floor
415.487.8023

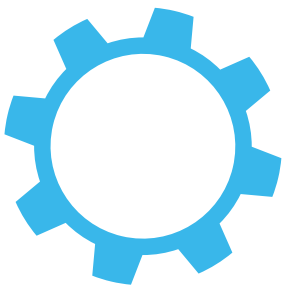
15. S.F. City Clinic
356 7th Street
415.487.5526
(clinic patients only)
16. S.F. General Hospital
995 Potrero Avenue
Bldg 80, Ward 86
415.206.2425
17. Southeast Health Center
2401 Keith Street
415.671.7033
18. Sr. Mary Philippa Health Center
2235 Hayes Street, 5th Floor
415.750.5918
19. Tom Waddell Clinic
50 Ivy Street
415.355.7400
20. UCSF 360 Wellness Center
400 Parnassus, ACC Bldg
415.353.2983 (last names A-L)
415.353.3428 (last names M-Z)

What is EAHP?

THE EQUAL ACCESS TO HEALTHCARE PROGRAM (EAHP) aims to identify and overcome healthcare access barriers for San Francisco residents living with HIV/AIDS. EAHP serves the community by providing client consultations, legal advocacy, enrollment services for ADAP and OA-HIPP, technical assistance to community partners, and community trainings and outreach events. Counselors use a harm reduction model to deliver culturally appropriate services in English, Spanish, and Chinese. Translation services are available in other languages.



Services & Accomplishments



350+ total clients served

250+ clients received consultation and advice

75 clients received legal advocacy and representation

53 consultations for community partners

20+ outreach and training events for community partners

89% of clients with closed cases obtained, preserved, or increased healthcare access.

Top Five Presenting Issues

- 1 ADAP
- 2 Income/Asset Problems
- 3 No Insurance
- 4 Traditional Medi-Cal
- 5 Insurance Ending Soon

What Do Our Clients Have to Say?



I want to extend my gratitude to the staff of the Equal Access to Healthcare Program who, without any diminishing factors, were open, encouraging, and compassionate in every way.

My advocates stayed by my side throughout the entire appeal process and helped me fight to get my Extra Help reinstated.

This process to regain Extra Help from Medicare, although very stressful, became easier because of the attention to detail and follow-up by my advocates.



New ADAP and OA-HIPP Services

In February 2016, EAHP added ADAP and OA-HIPP enrollment assistance to program services.

All EAHP counselors are certified enrollment workers with expertise on systems interactions between ADAP, Medi-Cal, and Medicare. Now, clients may access comprehensive enrollment, counseling, and advocacy assistance at a single-stop, convenient location. See page 4 for information on major changes to ADAP and OA-HIPP.



Helpful Phone Numbers

Positive Resource Center:
415.777.0333

AJ Boggs: 1.844.550.3944

Anthem Blue Cross (for Medi-Cal managed care beneficiaries): 1.800.407.4627

CA Office of AIDS: 1.844.421.7050

Covered CA: 1.800.300.1506

Denti-Cal: 1.800.322.6384

Health Care Options: 1.800.430.4263

Magellan Rx: 1.800.424.5906

Medicare: 1.800.633.4227

Medi-Cal Hotline (S.F. County): 415.863.9892

Social Security Administration
(S.F. 7th Street Office): 1.866.964.5051

San Francisco Health Plan: 1.800.288.5555



Important Changes to ADAP and OA-HIPP

EFFECTIVE JULY 1, 2016

Ramsell has been replaced by Magellan Rx to administer pharmacy benefits.

Magellan Rx prescription benefit cards were issued in June 2016. Ramsell prescription benefit cards were deactivated as of July 1, 2016.

ADAP client ID numbers remain the same.

Clients should be able to access medication without a Magellan Rx prescription benefit card if they use a pharmacy in the Magellan Rx network.

Magellan Rx has a large pharmacy network and most clients will not need to change pharmacies. Find out if your pharmacy is within Magellan Rx's network by calling Client Services at 1.800.424.5906 or check online at <https://cdph.magellanrx.com>.

OA-HIPP now pays out-of-pocket medical costs (deductibles, co-pays, and coinsurance) up to an insurance plan's annual maximum amount.

Enrollment in ADAP, OA-HIPP, and the Medicare Part D Premium Payment programs are now done through a central web-based portal provided by AJ Boggs.

For more information, contact your enrollment worker or PRC at 415.777.0333.

Characteristics of EAHP Clients 2015-2016

GENDER



92%.....Male
5%.....Female
1.8%.....Transgender

RACE / ETHNICITY



62.4%...White
10.9%...African American
11.3%....Latino
4.5%....Asian
10.9%...Other or Unknown

SEXUAL ORIENTATION



74.7%... Gay
8.1%.....Heterosexual
2.3%.....Bisexual
.5%.....Unsure
14.9%...Decline to state or Unknown

AGE



29%.....60+
33%.....50-59
25.8%... 40-49
10%.....30-39
2.3%.....0-29

7 Common Scenarios and Tips to Stay Covered

See page 6 for a glossary of program names and health access terms.

1 I got a notice that my Medi-Cal is ending.

You may have missed your annual **Medi-Cal redetermination**, which must be completed every year.

TIP: Appeal the termination and ask for “**Aid Paid Pending**” (**APP**) within 10 days of the termination notice. APP allows an individual to continue benefits while pursuing an appeal. Instructions on how to appeal appear on the back of the termination notice.

3 I have Medi-Cal, but I still have to pay for doctor visits and medications.

You are probably on a Medi-Cal program with a **share of cost**, which requires you to pay a monthly **deductible** before Medi-Cal will pay any medical expenses.

TIP: If you are disabled, you could qualify for the **Working Disabled 250% Medi-Cal program (WDP)**, which provides free, full-scope Medi-Cal, but requires you to work and pay a monthly **premium**.

5 I have Medi-Cal and Medicare, but my prescription co-pays suddenly skyrocketed!

You probably lost your **Low Income Subsidy/Extra Help (LIS)**, which helps pay **premiums, deductibles, and copays** for **Medicare Part D** or **Medicare Advantage plans**.

TIP: If you can show your pharmacist that you are entitled to the LIS – because you have Medicare and full-scope Medi-Cal, for example – your prescription drug plan must honor the LIS price of your medications.

7 I can't afford my Medicare premiums and co-pays.

Depending on your income, you might qualify for a **Medicare Savings Program**, which can pay for Medicare premiums and lower copays.

TIP: Call the county Medi-Cal office at 415.863.9892 to request to be screened for a **Medicare Savings Program**.

2 I recently got onto Medi-Cal, but my doctor doesn't participate in a Medi-Cal managed care plan.

If your doctor participates in **Medi-Cal fee-for-service** or is willing to establish a temporary contract with a Medi-Cal managed care plan, you may be able to continue seeing your doctor. If your doctor only accepts private insurance, **Medi-Cal HIPP** may be able to assist with paying monthly premiums.

TIP: Find out if your doctor works with Medi-Cal at all, and then call PRC for help with identifying a method that might allow you to continue seeing your doctor.

4 I've been on the Working Disabled 250% Medi-Cal program (WDP) since I started receiving Social Security disability benefits. Will I be kicked off the program at age 65 when my disability benefits convert to retirement benefits?

You should continue to be eligible for the WDP. As with your disability benefits, your retirement benefits should not be counted as income under the WDP.

TIP: Provide Medi-Cal with verification of the conversion of your disability benefits to retirement benefits via fax (415-558-2432) or over the phone (415-863-9892).

If you receive a termination notice, appeal the termination (see Tip #1) and call PRC for help.

6 I need help paying for my HIV treatment.

You may qualify for programs that help pay insurance premiums or out-of-pocket costs such as **AIDS Drug Assistance Program (ADAP)**, **CA Office of AIDS Health Insurance Premium Payment program (OA-HIPP)**, and **Medi-Cal Health Insurance Premium Payment program (Medi-Cal-HIPP)**.

TIP: Contact Positive Resource Center for enrollment assistance.

Contact
Positive Resource Center
at 415.777.0333
for help with any of
these or other matters.

Healthcare Access Terms

The following terms may be defined in many different ways. We define them here in a way that is most helpful for the reader to understand the contents of this report.

AIDS Drug Assistance Program (ADAP):

CA Office of AIDS program that pays out-of-pocket costs associated with HIV-related medications for uninsured or under-insured people living with HIV/AIDS.

AID Paid Pending (APP): Legal term of art that means to continue the same level of benefits while pursuing an appeal through the administrative appeal process.

Best Available Evidence Rule: Federal rule that requires Medicare Part D plans to honor lower prescription drug prices for individuals who show proof that they are eligible for the Low Income Subsidy (LIS).

Copay: Payment obligation defined in an insurance policy and paid by an insured individual each time a medical service is accessed.

Co-insurance: Percentage of covered health care service costs an insured individual must pay even after the deductible has been met.

Deductible: Amount paid by an insured individual for covered health care services before the insurance plan starts to pay for any medical expenses.

Low Income Subsidy/Extra Help (LIS): Federal program that helps pay premium, deductible, copay, and coinsurance for Medicare Part D or Medicare Advantage plans. Individuals automatically receive LIS if they have Medicare and free, full-scope Medi-Cal or are enrolled in a Medicare Savings Program. Individuals not automatically enrolled may apply for LIS through the Social Security Administration.

Medi-Cal: California's version of Medicaid, a government program that provides healthcare for categorically eligible low-income individuals. Some Medi-Cal programs have a Share of Cost (SOC) while others are free.

Medi-Cal Fee-for-Service: Medi-Cal services delivery system in which providers render services and submit claims directly to Medi-Cal for payment.

Medi-Cal Health Insurance Premium Payment Program (Medi-Cal HIPP): Medi-Cal program that pays private health insurance premiums for qualified beneficiaries with high-cost medical conditions.

Medi-Cal Managed Care Plan: Healthcare plan contracted by Medi-Cal to provide health insurance coverage to its members through formalized networks of healthcare providers. Most Medi-Cal recipients are

required to use a managed care plan, but some are allowed to use fee-for-service Medi-Cal. San Francisco's managed care plans are San Francisco Health Plan and Anthem Blue Cross.

Medi-Cal Redetermination: Annual review conducted by the county to determine continued eligibility for Medi-Cal benefits.

Medicare: Federal healthcare program that provides hospital care, outpatient treatment and prescription drug coverage for eligible individuals who are 65 years and older, under 65 and disabled, and people with certain other medical conditions.

Medicare Advantage Plan: Type of Medicare health plan offered by a private company contracted with Medicare to provide Part A and Part B benefits. Most Medicare Advantage Plans offer prescription drug coverage as well.

Medicare Part A: Medicare hospital insurance that covers most inpatient hospital care, certain inpatient skilled nursing facility care, certain home health care, and certain hospice care.

Medicare Part B: Medicare medical insurance that covers a portion of outpatient medical services such as doctor's visits, lab tests, ambulance services, and certain medical equipment and supplies. Most Part B recipients must pay a monthly premium.

Medicare Part D: Medicare prescription drug coverage benefit. Most Part D recipients must pay a monthly premium.

Medicare Savings Programs: Programs that help pay Medicare premiums, deductibles, coinsurance, and copayments.

Office of AIDS Health Insurance Premium Payment Program (OA-HIPP): Program administered by the CA Office of AIDS that pays monthly health insurance premiums and out-of-pocket costs for eligible California residents with an HIV/AIDS diagnosis.

Out-of-Pocket Costs: Medical costs that must be paid for covered medical expenses in a plan year through co-pay, deductible, and coinsurance before the insurance plan begins to pay 100 percent of covered medical expenses.

Premium: Fixed amount paid by an insured individual to stay enrolled in a health insurance plan.

Share of Cost (SOC): Amount of out-of-pocket expenses an individual must pay every month before Medi-Cal starts to pay for medical expenses.

Working Disabled 250% Medi-Cal Program: Medi-Cal program for disabled individuals who work and have countable income at or below 250% of the federal poverty level. Beneficiaries of this program must pay a modest monthly premium, but receive help paying for Medicare Part B and D premiums and automatically qualify for the Low Income Subsidy/Extra Help (LIS).

The Equal Access to Healthcare Program is made possible by the San Francisco Department of Public Health.

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Adrienne Mendle, Esq. is a Staff



Attorney in the Equal Access to Healthcare Program. She enjoys acting as a healthcare detective for her clients, troubleshooting high costs and other barriers to access. Adrienne earned her JD from Harvard Law School in 2015, where she worked for Planned Parenthood and Harvard's Public Health Law and Policy Clinic.

Andy Chu, Esq. is the Managing Legal



Director of the Benefits Counseling Program at Positive Resource Center, and has been with the organization since 2003. In 2013, as healthcare

reform unfolded, Andy conceptualized a new type of benefits counseling program for people living with HIV/AIDS that would work in tandem with the ACA. With the support of the HIV community and the San Francisco Department of Public Health, his concept grew into today's Equal Access to Healthcare Program. His wish is that all people have free and unencumbered access to quality healthcare.

Beth Mazie, Esq. is a Senior Staff



Attorney in the Equal Access to Healthcare Program. Beth was previously a Staff Attorney at Rubicon Legal Services in the Social Security disability advocacy program. She has worked as a supported living specialist for Golden Gate Regional Center, as an attorney at Disability Rights Education and Defense Fund, and as a volunteer at Community Alliance for Special Education. She is currently a volunteer mediator with Community Boards. She is committed to empowering people to learn about and access resources and benefits that enable them to stabilize and improve their lives.

Chuan Teng, Esq. is the Supervising



Attorney for the Equal Access to Healthcare Program. She previously worked at the National League of Cities on issues related to Medi-Cal and the Children's Health Insurance Program. She was a health access attorney at Bay Area Legal Aid and a staff attorney in Positive Resource Center's Benefits Counseling Program.

Jeff Kosbie, Esq. is a Staff Attorney



in the Equal Access to Healthcare Program. He has committed his career to identifying and overcoming legal obstacles that affect the LGBTQ

communities and people with HIV/AIDS. He enjoys empowering clients to resolve health access issues. Prior to joining Positive Resource Center, Jeff completed his JD and PhD at Northwestern University where he researched LGBTQ legal activism.

Karina Palomera is a bilingual benefits



advocate in the Equal Access to Healthcare Program. Karina most enjoys working on Medi-Cal related cases and believes healthcare access is a basic human right, not a privilege. Karina graduated from UC Davis in 2011. Previously, she worked for a nonprofit that assisted disabled agriculture workers and as a case manager at a homeless shelter.

Tuquan Harrison is a legal assistant



in the Equal Access to Healthcare Program. He has a strong commitment to HIV/AIDS education and community work that began early in his

life. While in high school, he began interning at Manual Arts Teen Clinic in South Los Angeles providing peer-based sex education and counseling to LGBTQ students of color. During college, he created university programming focused on HIV/AIDS awareness and (de) stigmatizing mental health issues in the LGBTQ community. He currently volunteers for the Black Brothers Esteem Group at the San Francisco AIDS Foundation.