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EDMUND G. BROWN JR.
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**Office of AIDS
HIV Care Program**

**Management Memorandum
Memorandum Number 14-01**

April 3, 2014

TO: HIV CARE PROGRAM CONTRACTORS

SUBJECT: CLIENT ENROLLMENT INTO COMPREHENSIVE HEALTH CARE
COVERAGE

References: HRSA Policy #13-04 – [Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)

UPDATES - This document was updated on August 21, 2014.

- Open Enrollment dates for 2015
- Answer to Question #2 in FAQ
- Client Acknowledgement Form had been updated and translated into multiple languages

I. Purpose

The purpose of this Management Memo is to inform HIV Care Program contractors, who receive Ryan White (RW) Part B, of the Office of AIDS' (OA) expectations regarding pursuit of enrollment with clients who are eligible for comprehensive health care coverage (e.g., Medi-Cal, Children's Health Insurance Program (CHIP), Medicare, employer-sponsored health insurance coverage, and/or other private health insurance) and the documentation requirements of those activities.

These activities are critical in ensuring RW funds are not used for services that could reasonably be paid for by another funding source. The requirements for documentation and reporting are to show that all reasonable steps have been taken to vigorously pursue enrollment into comprehensive health care coverage for all eligible clients.

II. Enrollment and Documentation Requirements

Contractors are required to evaluate eligibility for other payer sources with all clients at intake and at six month recertification. New requirements are:

1. Contractors must provide the following information to their clients who do not have comprehensive health care coverage:
 - a. The benefits of comprehensive health care coverage, including that purchased through Covered California;¹
 - b. Medi-Cal and Covered California eligibility including possible eligibility for federal premium assistance and cost sharing subsidies;²
 - c. Open enrollment dates for Covered California including special enrollment periods due to a qualifying life event such as marriage, divorce, birth or adoption of a child, or loss of a job.³ Medi-Cal enrollment is on-going;
 - d. Fines for failure to obtain comprehensive health insurance as well as information on the qualifications for exemption from fines;⁴
 - e. Premium assistance offered through the Office of AIDS' Health Insurance Premium Payment program ([OA-HIPP](#));⁵
 - f. How to find a Covered California Certified Enrollment Counselor for assistance with completing the application for Medi-Cal or Covered California;^{6,7}
 - g. If they receive medical, mental health or substance abuse services from your agency, inform the client whether their current provider is a member of a Covered California provider network or a Medi-Cal Managed Care plan.
2. Documentation – Contractors must ensure that detailed client notes are maintained, which capture all activities taken in pursuing enrollment into comprehensive health care coverage over a period of time.
3. Contractors must update their policy and procedures to include all requirements defined in this memo.
4. Contractors will be required to ensure all subcontractors/providers are in compliance with the activities defined in this memo.

III. Delayed or Declined Enrollment / Client Acknowledgement

In order for contractors to be in compliance with the Health Resources and Services Administration (HRSA) policy that RW be the payer of last resort, OA is requiring that additional steps be taken with clients who, while eligible, may either delay or decline enrollment in health insurance coverage and have not received an IRS exemption. Contractors must continue to provide the information defined in Section II.1.a-g at every encounter with particular attention focused on the

benefits of receiving comprehensive health care coverage. Contractors should also assist their clients in addressing any barriers which might be delaying their enrollment. While there are limitations when a client can sign up for Covered California as defined by Open Enrollment dates, contractors should be aware that there are special enrollment periods³. There are no restrictions when a person can sign up for Medi-Cal as that is on-going.

For those clients not yet enrolled in comprehensive health care coverage, contractors must have the client sign or initial an acknowledgement that they have received, at a minimum, all the information listed in Section II.1.a-g and are aware that they may incur a fine for not having health insurance. The CDPH Office of AIDS "Private Health Care Coverage Available through Covered California" form meets this requirement, although you may use your own form, if you prefer (located on the HCP webpage in multiple languages - <http://www.cdph.ca.gov/programs/aids/Pages/OAHCP.aspx>.) In order to show that you have met the HRSA standard of vigorously pursuing enrollment for your clients, contractors should have the client sign a copy of the client acknowledgement form at intake and at their six-month recertification. Additionally, contractors must include documentation in client files of their efforts to address the identified barriers for enrollment of those clients over a period of encounters.

IV. Quarterly Reporting Requirements

In order to show compliance with these required activities, contractors will need to describe successes and challenges in assisting clients with pursuing enrollment in comprehensive health care coverage in the quarterly narrative report.

V. Monitoring

During the annual monitoring site visits, Care Program Advisors will be reviewing evidence of compliance with policy and procedures required in Section II.3 of this memo. Care Program Advisors will also confirm that client level documentation is thorough and meets all the above requirements.

Contractors must require and monitor compliance of these enrollment and documentation requirements with all of their subcontractors/providers as applicable. During the annual monitoring site visits, Care Program Advisors will review contractor documentation, which must demonstrate that all subcontractors and providers are in compliance with these requirements.

VI. Continuation of Ryan White Services

If an eligible client does not have comprehensive health care coverage, the client may continue to receive services through RW and efforts to "vigorously pursue enrollment into health care coverage for which clients may be eligible" must

continue and be documented. “Ryan White will continue to be the payer of last resort and will continue to provide those RW services not covered, or partially covered, by public or private health insurance plans.” (HAB Policy Notice #13-04)

VII. *Ryan White Service Categories for Enrollment Activities*

For information on which RW service categories can be used to support outreach, benefits counseling and enrollment activities see the HRSA information located at - [Ryan White and Affordable Care Act Outreach, Enrollment and Benefits Counseling](#). If adjustments need to be made to existing budgets please talk to your Care Program Advisor.

Current Care Program Advisor assignments can be found at on the OA website: [Care Program Advisors](#)

Sincerely,

A handwritten signature in blue ink, appearing to read "Jill Michel".

Jill Michel, Chief
Ryan White Part B Section
HIV Care Branch
Office of AIDS

References and Resources

References

- 1 For more information on the benefits of comprehensive health care coverage from Covered California see Covered California's Website [Information for Individuals and Families](#).
- 2 Covered California eligibility - Covered California's Website – [Getting Yourself and Your Family Covered](#).
- 3 Healthcare.gov – [Key dates for open enrollment and information on special enrollment periods](#).
- 4 Healthcare.gov – [Information on fines](#) and [Information on exemptions](#).
- 5 Information on enrollment into OA-HIPP [OA-HIPP/ Covered California Policy and Procedures \(PDF\)](#)
- 6 Locating a Covered California Certified Enrollment Counselor – Go to <https://www.coveredca.com/> and click on *Find Help Near You* or call 1-800-300-1506.
- 7 For a list of certified entities that reach out to members of the HIV/AIDS community see - http://www.cdph.ca.gov/programs/aids/Documents/DirectoryofCEEsReachingHIV_AIDSCommunity.pdf
- 8 OA Website – New Laws to Assist Ryan White HIV/AIDS Program Clients to Access Health Coverage – [Senate Bill 249 Information Sheet 01-2014](#)
- 9 Healthcare.gov – [Essential Health Benefits](#)

Resources

HRSA website - [Ryan White & the Affordable Care Act: What You Need to Know](#)
[Health Consumer Alliance \(HCA\)](#)

Frequently Asked Questions

1. **Questions:** What are some of the things we can do to assist clients in getting signed up for Medi-Cal or Covered California?

Answer:

- a) Help the client connect with a Covered California Certified Enrollment Counselor. For a list of Covered California Certified Enrollment Counselors who understand the needs of the HIV community go to the OA website at:

<http://www.cdph.ca.gov/programs/aids/Documents/DirectoryofCEEsReachingHIV/AIDSCommunity.pdf>.

** Please contact Daniel Coronado at the CDPH Office of AIDS (Daniel.Coronado@cdph.ca.gov) if you would like to add additional HIV-experienced Covered California Certified Enrollment Counselors from your community to this list.

- b) Confirm that, if eligible, the client has signed up with ADAP for medication co-pay assistance and OA-HIPP for premium assistance. If they have not, assist the client in contacting the local ADAP Enrollment Worker and OA-HIPP Enrollment Worker. Please note that in order for an ADAP or OA-HIPP Enrollment Worker to share ADAP/OA-HIPP client information with a RW contractor, the RW contractor or RW subcontractor must be Health Insurance Portability and Accountability Act (HIPAA) covered and be one of the following qualified entities: California Department of Health Care Services, Covered California, Medi-Cal managed care plan, or a county health department delivering HIV/AIDS health care services.⁸

2. **Question:** What do we need to do once a client signs up for Medi-Cal or Covered California?

Answer: Once they have coverage, a client must use the Essential Health Benefits available to them through Medi-Cal or Covered California prior to accessing RW services. If it is determined and documented in a treatment plan that additional services not covered or only partially covered elsewhere are necessary, RW services can then be utilized. Remember, detailed client notes must be maintained.

3. **Question:** What are our responsibilities after open enrollment closes?

Answer: Continue to screen for other payer sources, including insurance purchased through Covered California, at intake and six month recertification. Provide the information defined in Section II.1.a-g at every encounter. Discuss Covered California with your clients when you see them so clients are aware that there are special open enrollment periods and that there is another open enrollment period November 15th through February 15th, 2014. If they do not have comprehensive health care coverage

or received an IRS exemption, have them sign the client acknowledgement form. Again, document all interactions in the client's case file.

4. **Question:** How much detail do we need to include in our client notes?

Answer: You want to be able to demonstrate that you did your due diligence in vigorously pursuing enrollment into health care coverage for your clients. You should document all referrals provided and a list of handouts you may have provided. You must also keep copies of all documents signed or initialed by the client. In addition, you should document any barriers to enrollment identified by the client and your efforts to assist the client to overcome these barriers.

5. **Question:** What do we need to include in our client acknowledgement form?

Answer: The client acknowledgement form needs to show that you have discussed with the client, at a minimum, all the required elements from Section II.1.a-g. Clients must sign or initial the form acknowledging they have received all the information and the form must be kept in the client file. The CDPH Office of AIDS "Private Health Care Coverage Available through Covered California" form meets this requirement, although you may use your own form, if you prefer (located on the HCP webpage in multiple languages - <http://www.cdph.ca.gov/programs/aids/Pages/OAHCP.aspx>.)

6. **Question:** How can we ensure that the time spent on outreach is time that we can invoice to our RW Part B grant?

Answer: HRSA has prepared a table that shows what service categories allow for the following enrollment activities: Benefits Counseling, Enrollment and Outreach Education. [Ryan White and Affordable Care Act Outreach, Enrollment and Benefits Counseling](#)