

California Department of Public Health



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Office of AIDS (OA)

Management Memorandum

AIDS Drug Assistance Program (ADAP)

Memorandum Number: 2017 – 09

DATE: October 31, 2017

TO: ADAP ENROLLMENT WORKERS

SUBJECT: OFF-EXCHANGE HEALTH PLAN OPEN ENROLLMENT AND OFFICE OF AIDS HEALTH INSURANCE PREMIUM PAYMENT (OA-HIPP) PROGRAM REQUIREMENTS

The purpose of this memorandum is to inform enrollment workers about the open enrollment period for off-exchange plans.

Clients who are uninsured and not eligible to purchase insurance through Covered California are strongly encouraged to purchase insurance directly through the 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, as different plans may have different open enrollment dates.

For individuals who must choose a new health insurance plan due to their existing plan leaving the health insurance market, Senate Bill 133 extends continuity of care protections. This bill will go into effect on January 1, 2018 and will apply to a number of health conditions, including HIV. For individuals with a serious chronic health condition, care will be provided for no more than 12 months to allow time for individuals to transfer care to another health care provider.

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Important information regarding Anthem Blue Cross, Blue Shield of California, Health Net, and Kaiser Permanente is outlined below. Anthem Blue Cross, Blue Shield of California, and Kaiser **will accept** applications for clients without a Social Security Number. Health Net **does not accept** clients without a Social Security Number.

The payment deadlines below are provided as a reference. Enrollment workers will need to ensure enrollment in OA-HIPP 24 to 48 hours after enrollment in the health plan to ensure payments are sent timely to the health insurance plans.

Anthem Blue Cross

Anthem Blue Cross of California is withdrawing from 16 of California's 19 regions. Anthem will continue to be offered in Region 1, Region 7, and Region 10. Region 1 includes Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties. Region 7 includes Santa Clara County. Region 10 includes Mariposa, Merced, San Joaquin, Stanislaus, and Tulare counties.

When applying for an Anthem Blue Cross off-exchange plan, clients must submit a paper application. ADAP is unable to make a binder payment for online submissions.

Blue Shield of California

When applying for a Blue Shield of California off-exchange plan, clients may submit a paper or online application. Online applications are the preferred method of submission. Blue Shield of California uses a unique 6-digit alpha-numeric billing ID, which is found at the bottom right hand corner of a client's billing statement to post payments. A client's billing ID is generated within 24 hours from receipt of an application. In order for ADAP to make a payment to Blue Shield, we must have the client's billing ID. Clients can call 800-600-3007 to request their 6-digit billing ID and include it with their OA-HIPP application to expedite the binder payment process.

Health Net

Health Net processes payments within 24 hours. If a plan has an effective start date of January 1, 2018, the client's plan will be canceled on January 20, 2018, if Health Net has not posted a payment or if Health Net is not notified by our contractor, Pool Administrators Inc. that a payment has or will be made for a client.

Kaiser Permanente

In order to make a binder payment on behalf of a client enrolled in a Kaiser off-exchange plan, the enrollment worker and/or client must submit a completed paper Kaiser application to the ADAP Data Processing Center. Once the ADAP advisor processes the application, a check will be issued and sent to Kaiser. The ADAP advisor will write the check number on the completed Kaiser application and fax it to Kaiser for processing. If the application received by Kaiser is incomplete, Kaiser will reach out to the client to obtain the information. Once the missing information is provided, the plan

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effective start date will be determined by the date the application was submitted. If the client does not provide Kaiser with the missing information in one month and the plan is not effectuated, it will be the client's responsibility to resubmit another application to ADAP. Please see attached for an example of a completed open-enrollment and special enrollment Kaiser application with highlighted required fields.

New Off-Exchange OA-HIPP Enrollment

Once clients have enrolled in coverage through the health plan, they may apply for OA-HIPP assistance.

To apply for OA-HIPP, the following must be completed:

- 1) In the ADAP Enrollment System (AES), under the Insurance Tab, indicate that the client would like premium assistance.
- 2) Upload a complete and signed Client Attestation Form in the Attachments Tab of the AES. On the Client Attestation Form, select all programs the client is applying for.
- 3) Provide the client's health insurance plan billing statement. The documentation should include the client's name (name of the persons enrolling and covered by the plan), the premium amount, name of the health plan, plan effective start date, and a health plan billing address (if available).
- 4) Complete the fax coversheet. Under the "Insurance Assistance Related" section, select all options that are relevant to the client
- 5) Fax the completed fax coversheet and supporting documentation to the ADAP Data Processing Center at (844) 421-8008.

Enrollment workers will need to ensure enrollment in OA-HIPP 24 to 48 hours after enrollment in the health plan. ADAP clients that are requesting a binder payment/initial premium payment are required to sign a Binder Payment Agreement Form in order for CDPH to make an insurance binder payment on behalf of a client. You will find a copy of the Binder Payment Agreement Form attached. The Binder Payment Agreement Form will need to be submitted with all health and dental binder payment requests. Enrollment workers will need to fax the Binder Payment Agreement Form with the completed fax coversheet and supporting documentation to the ADAP Data Processing Center.

The ADAP Advisor will ensure that applications requiring a binder payment are prioritized for review/approval.

In order for OA-HIPP to pay a client's initial premium for an off-exchange health plan, the client must be enrolled in the health plan and supporting documentation must be submitted to OA-HIPP. In addition, the client and/or enrollment workers must submit enrollment to OA-HIPP 24-48 hours after enrollment into the health plan.

If enrolling in OA-HIPP more than 48 hours after enrollment in the health plan, CDPH does not guarantee the first premium payment will arrive by the due date to secure insurance plan enrollment

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and activation. For this reason, CDPH recommends that the client make the initial premium payment on their own to secure their health insurance, if the client is able.

For complete OA-HIPP applications received by February 28, 2018, OA-HIPP will pay back to the 2018 coverage effective month. For applications that are received on or after March 1, 2018, OA-HIPP will pay starting the month the complete application is received.

Off-Exchange Renewal for Existing OA-HIPP Clients

To ensure that OA-HIPP pays the updated 2018 premium and/or health plan, it is critical that the client's health coverage information is updated with ADAP as soon as possible. To update a client's health coverage information, the following must be completed:

- 1) In the AES, under the Insurance Tab, indicate that the client would like premium assistance.
- 2) Upload a complete and signed Client Attestation Form in the Attachments Tab of the AES. On the Client Attestation Form, select all programs the client is applying for. Existing OA-HIPP clients that are providing their 2018 premium **do not need** to sign a Client Attestation Form. A Client Attestation Form is only needed if the client is completing an ADAP and OA-HIPP re-enrollment.
- 3) Provide an updated health insurance billing statement.
- 4) Complete the fax coversheet. Under the "Insurance Assistance Related" section, select all options that are relevant to the client.
- 5) Fax the completed fax coversheet and supporting documentation to the ADAP Data Processing Center at (844) 421-8008.

Please submit health plan documents upon client's re-enrollment in his or her health plan. **Updated documents must be provided by November 28, 2017 to ensure that OA-HIPP pays the correct health plan and rate starting January 1, 2018. CDPH will begin processing January 2018 premium payments beginning December 1, 2017.**

If you have any questions about anything covered in this memorandum, please contact your ADAP Advisor.

Thank you,



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