

AGENDA for October 09, 2013 (12:00Pm to 2:00PM)
Long Beach Comprehensive HIV Planning Group
Miller Family Health Education Center East Pavilion 3820 Cherry Ave, Long Beach, CA 90807

I. Welcome and Introductions:

II. Presentations:

Presentation: HIV Treatment and Prevention in Long Beach in the Affordable Care Act Era: Focus on MediCal Expansion and Covered California – Tom Donohoe, Director UCLA/PAETC

Under the Affordable Care Act, million of Californians will gain access to affordable coverage through a new health insurance marketplace called Covered California. Covered California will help people find out if they are eligible for sliding scale financial assistance that helps reduce their health care costs. If their income is very limited, they may be eligible for free coverage through Medi-Cal. Covered California will open enrollment on October 1, 2013 (with coverage beginning January 1, 2014). This is to meet the March 31, 2014 deadline for Californians to obtain insurance or face IRS penalties for the 2014 tax year. For individuals who do not enroll during this period, they will have to wait until October 1, 2014 to purchase coverage. OAHIPP (Office of AIDS Health Insurance Premium Program) which will cover Covered California health insurance premium for people making less than \$50,000/year will also be discussed

Presentation: How Will Your Organization be Impacted by the Mandates in the HIPAA Final Rule: Prepared? – Ali Pabrai, CEO ecfirst

“This Final HIPAA Omnibus rule marks the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented,” said HHS Office for Civil Rights Director Leon Rodriguez. “These changes not only greatly enhance a patient’s privacy rights and protections, but also strengthen the ability of my office to vigorously enforce the HIPAA privacy and security protections, regardless of whether the information is being held by a health plan, a health care provider, or one of their business associates.” Pabrai will “deep dive” into this topic matter to point out direction as to how your organization should best be prepared. Be audit ready! Your organization must have a very specific date, September 23, 2013, in mind. This is the designated date when the federal government will start enforcing these and other changes to HIPAA. Come October 9th, how will your organization be impacted by the HIPAA Final Rule?

III. Los Angeles Commission on HIV Update

IV. Announcements. Please bring flyers, brochures, etc. on your agency’s programs & services to share

V. Adjournment

ACA Implementation and HIV in Los Angeles County: Focus on Covered California

Tom Donohoe, MBA

Director, UCLA Pacific AETC

Associate Director, Center for Health Promotion and Disease Prevention

David Geffen School of Medicine at UCLA

Long Beach, California

October 9, 2013



ACA Messaging to HIV Patients

- **There is no reason to fall out of HIV care.** If you are *confused* about your options, *ask* your provider or case manager. **Keep coming back.**
- Your best option may be to stay in HIV care where you are now. Ask your provider/case manager how.
- **Slow down.** Take a deep breath. Just because the exchanges are open October 1, you have until December 15 to sign up for health insurance that begins January 1, 2014. Take your time to gather information, and make the best decisions for your health.

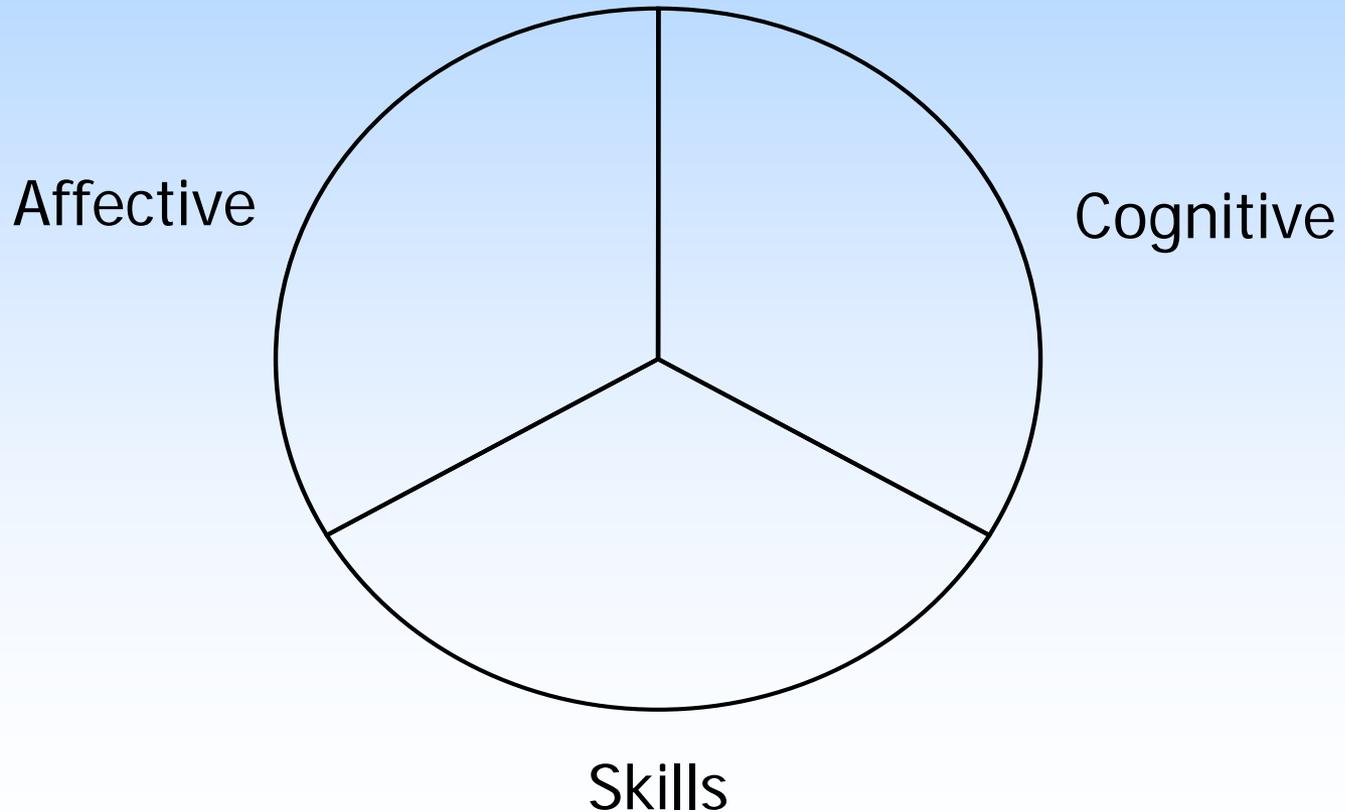
ACA Messaging to HIV Patients

- **Ryan White is not going away** and will still be able to provide HIV medical care and services for people who need them.
- If you are required to go to an exchange and purchase health insurance or pay a penalty, you will likely get help from subsidies. Additionally you will likely get help from Ryan White, ADAP, and maybe even your current HIV clinic. *Ask your provider and case manager what your options, rights, and responsibilities are.*

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 clinician as educator.

Learning/Teaching Domains



How many Covered California trainings or informational sessions have you already attended (last 12 months)?



I feel I can explain Covered California to a patient

13% a. Yes---100%

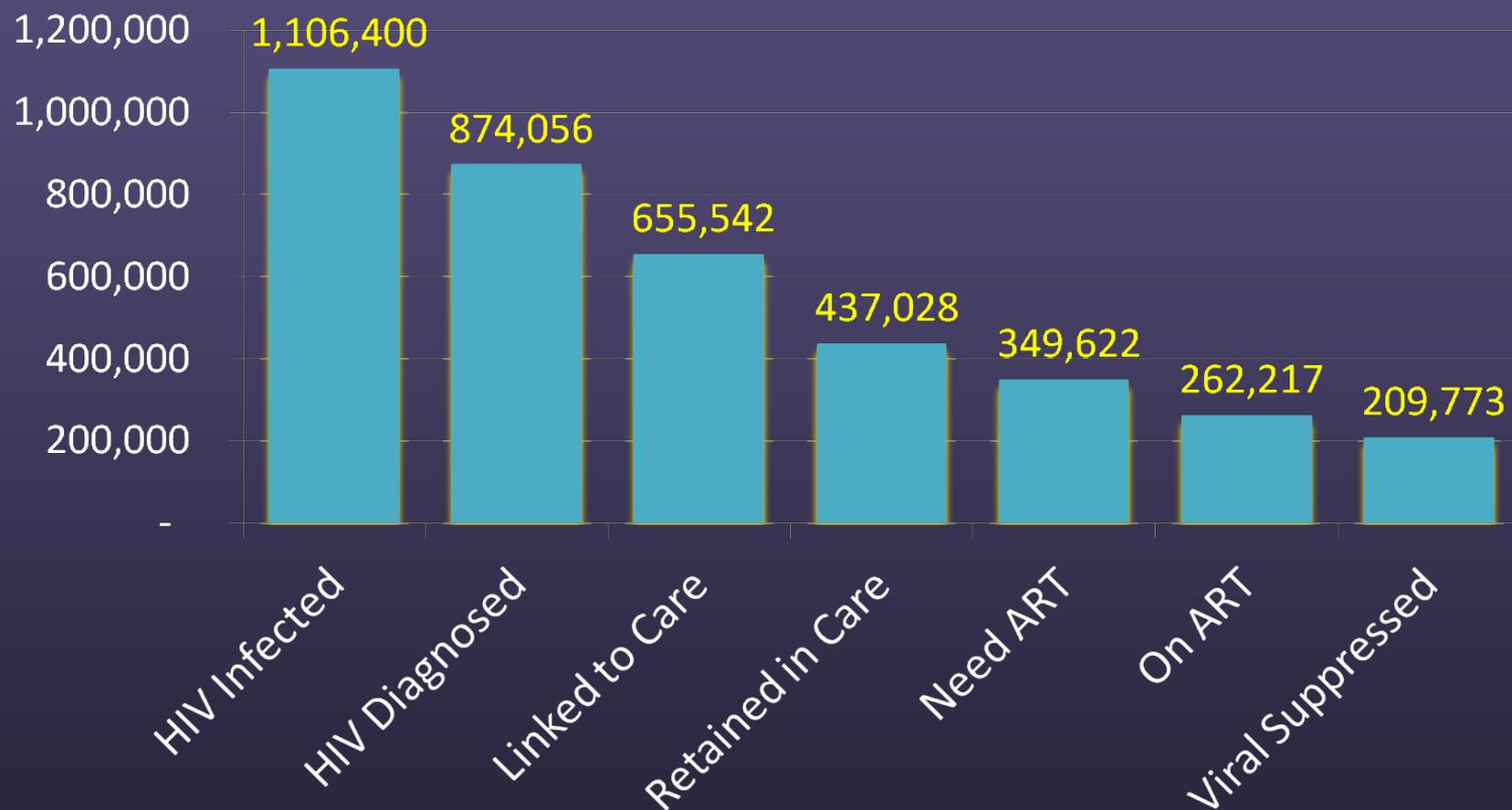
17% b. Yes---75%

20% c. Yes---50/50

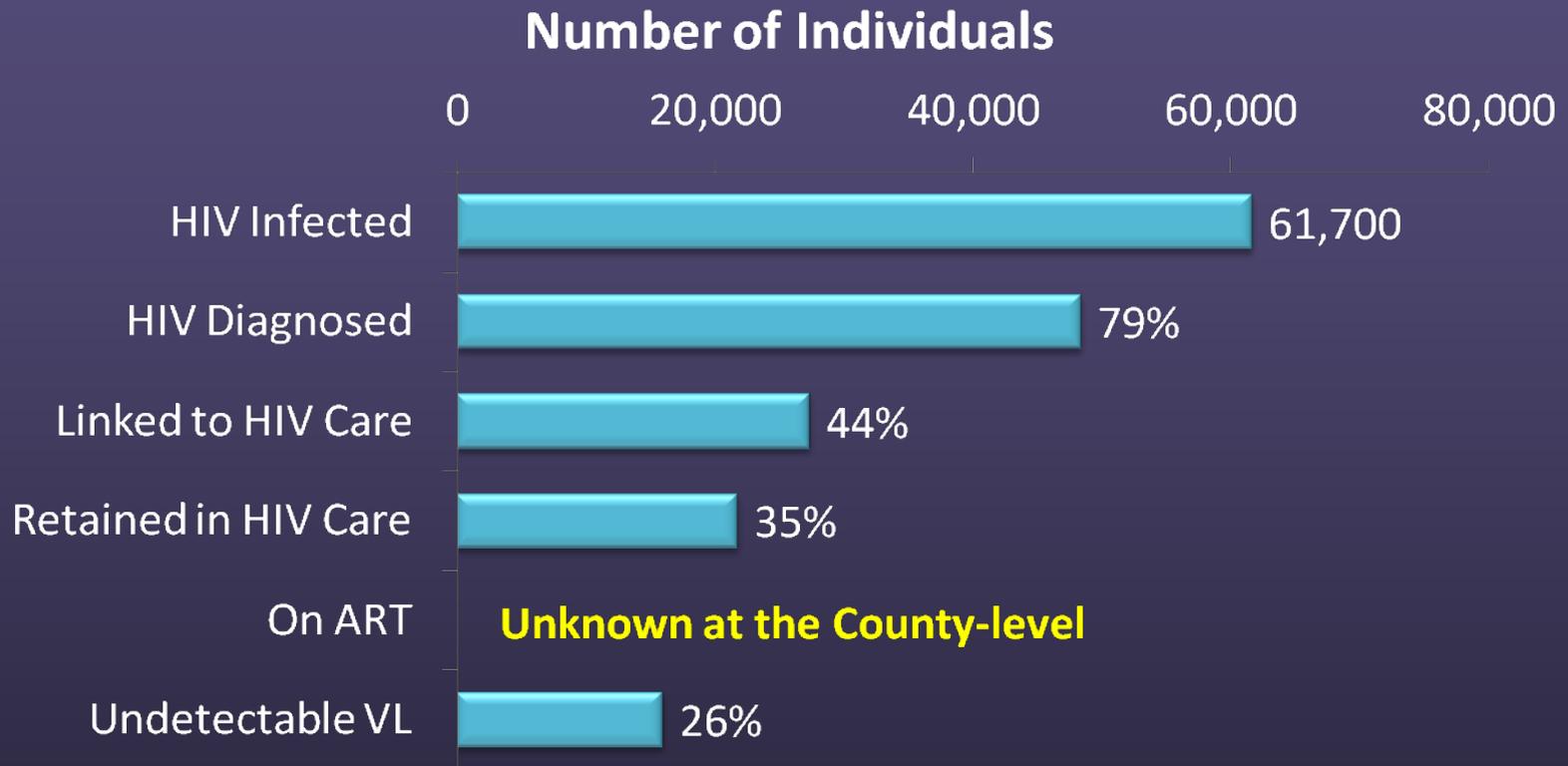
20% d. A little bit

30% e. No

National Continuum of Care...our “North Star” (formerly ‘treatment cascade’)



Continuum of Care in Los Angeles County



Note: Using Gardner et al treatment cascade criteria. Los Angeles County HIV Surveillance Data 2009-2010

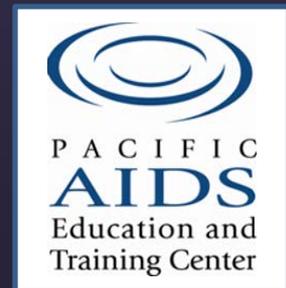
Ryan White “in Care” LAC 2010

Number of Individuals

0 5,000 10,000 15,000 20,000



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**

Patient Protection and Affordable Care Act



Full title	The Patient Protection and Affordable Care Act
Acronym	PPACA
Colloquial name(s)	Affordable Care Act, Health Insurance Reform, Healthcare Reform, Obamacare
Enacted by the	111th United States Congress
Effective	March 23, 2010 Most major provisions phased in by January 2014; remaining provisions phased in by 2020

State-Based Marketplace Exchange: Covered California (CoveredCA.com)

The image shows a screenshot of the Covered California website homepage. At the top left is the Covered California logo, which consists of three stylized human figures in blue and green. To the right of the logo is a navigation menu with links for HOME, ABOUT US, GETTING COVERED, and RESOURCES. Further right are social media icons for Facebook, Twitter, YouTube, and LinkedIn, and a language selector set to ENGLISH. The main content area features a large background image of a man in a light blue shirt looking at a laptop. Overlaid on this image is the text 'YOUR DESTINATION FOR HIGH-QUALITY HEALTH COVERAGE'. Below this is a welcome message: '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](#) ▶'. A prominent blue and red countdown timer displays '0 DAYS 6 HRS 27 MINS' and 'Covered California marketplace opens'. Below the timer, it states 'Health care coverage begins January 1, 2014'. At the bottom of the page, there are two white boxes. The left box contains a calculator icon and the heading 'COST-ESTIMATE CALCULATOR', with the text '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.' and a yellow button labeled 'ESTIMATE YOUR COST'. The right box contains an umbrella icon over two people and the heading 'NEED HELP NOW?', with the text 'If you need coverage before 2014, click below.' and a yellow button labeled 'COVERAGE NOW'. In the bottom right corner, there is a logo for the Pacific AIDS Education and Training Center, featuring a stylized 'AIDS' logo and the text 'PACIFIC AIDS Education and Training Center'.

COVERED CALIFORNIA

HOME ABOUT US GETTING COVERED RESOURCES

LANGUAGE: ENGLISH ▾

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](#) ▶

0 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

PACIFIC AIDS Education and Training Center

2013 Federal Poverty Level

138% FPL=\$15,856

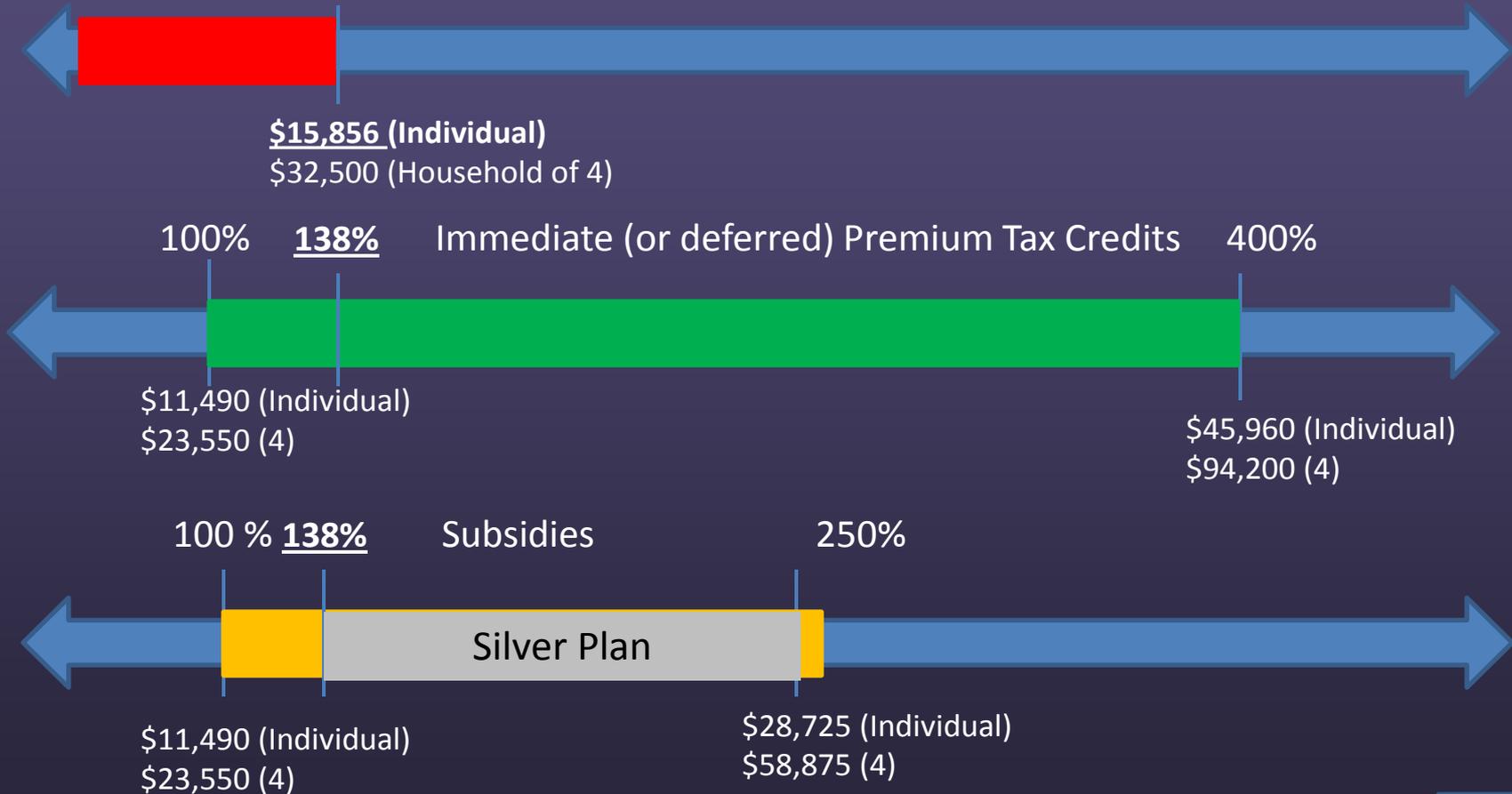
48 Contiguous States and the District of Columbia

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

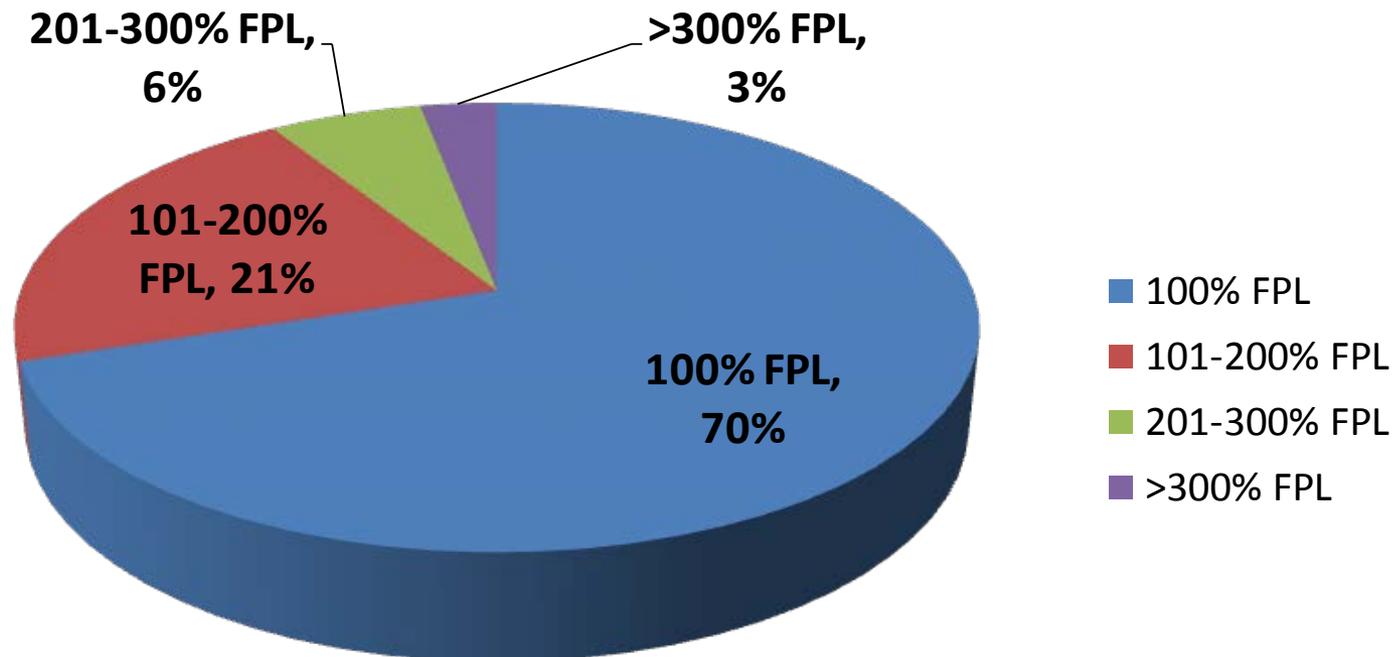
Market Place = Covered California

Medicaid Expansion

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



Income status of individuals who receive Ryan White-funded services in the U.S.



HIV/AIDS Bureau. 2009 RDR. Household Income Data.

FPL = Federal Poverty Level

State-Based Marketplace Exchange: Covered California (CoveredCA.com)

The screenshot shows the homepage of Covered California. At the top left is the logo, which consists of three stylized human figures in blue and green, with the text "COVERED CALIFORNIA" below it. To the right of the logo is a navigation menu with four items: "HOME" (highlighted in a yellow box), "ABOUT US", "GETTING COVERED", and "RESOURCES". Further right are social media icons for Facebook, Twitter, YouTube, and LinkedIn, and a language selector that says "LANGUAGE: ENGLISH" with a dropdown arrow.

The main content area features a large background image of a man in a light blue shirt sitting at a desk, looking at a laptop. Overlaid on the left side of this image is the text "YOUR DESTINATION FOR HIGH-QUALITY HEALTH COVERAGE". Below this is a paragraph: "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](#) ▶".

A prominent blue and red countdown timer is positioned in the lower-left of the main image, displaying "0 DAYS 6 HRS 27 MINS" and "Covered California marketplace opens". Below the timer, it states "Health care coverage begins January 1, 2014".

At the bottom of the page, there are two white boxes. The left box contains a calculator icon, the title "COST-ESTIMATE CALCULATOR", and the text "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." Below this is a yellow button labeled "ESTIMATE YOUR COST". The right box contains an icon of a family under an umbrella, the title "NEED HELP NOW?", and the text "If you need coverage before 2014, click below." Below this is a yellow button labeled "COVERAGE NOW".

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

34% a. Yes

66% 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?

- 40% a. A tax penalty of \$95 or 1% whichever is greater
- 17% b. A tax penalty of \$95 or 1% whichever is smaller
- 20% c. There is no penalty the first year
- 23% d. I don't know

TAX Penalty Phase In

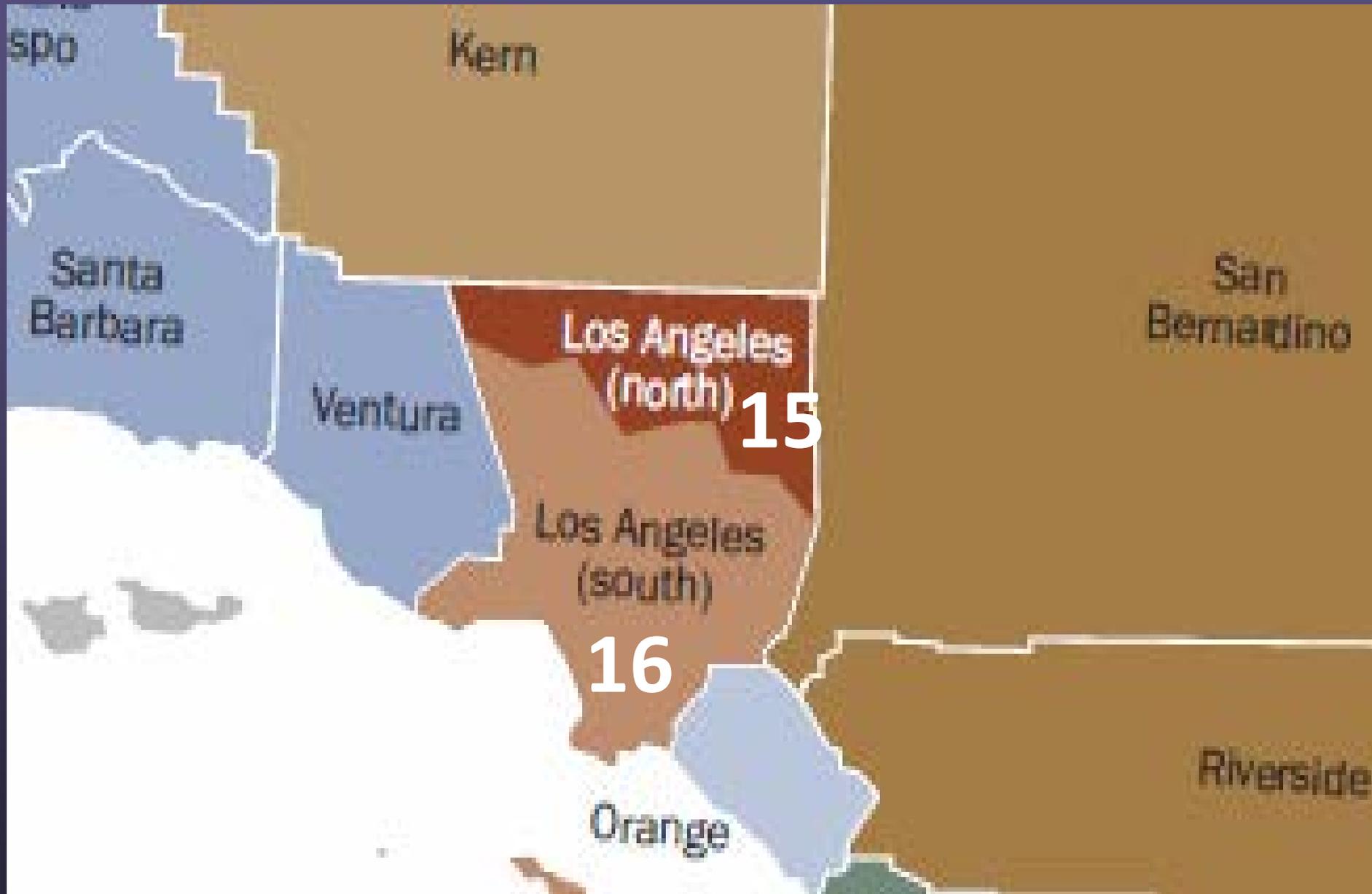
	<u>Percentage</u> <u>of Income</u>	or	<u>Set Dollar</u> <u>Amount</u>
2014	1%		\$95
2015	2%		\$325
2016	2.5%		\$695

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

	Metal	FPL	Tax Credit?	Plan	\$\$
40 Year Old	Silver	>400%	No	HeathNet HMO	\$242
40 Year Old	Silver	200%	Yes	HeathNet HMO	\$103
40 Year Old	Silver	150%	Yes	HeathNet HMO	\$40

Rating Region 15

Impact of immediate tax credit

	Metal	FPL	Tax Credit?	Plan	\$\$
40 Year Old	Silver	>400%	No	HeathNet HMO	\$222
40 Year Old	Silver	200%	Yes	HeathNet HMO	\$90
40 Year Old	Silver	150%	Yes	HeathNet HMO	\$27



2014 Standard Benefits for Individuals

KEY BENEFITS	Bronze	Silver <small>(Lower Cost Sharing Available on Sliding Scale)</small>	Gold	Platinum
	Benefits In Blue are Subject to Deductibles		Copays In the Yellow Sections are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Deductible (if any)	\$5,000 Deductible for Medical and Drugs	\$2,000 Medical Deductible	No Deductible	No Deductible
Preventative Care Copay	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit
Primary Care Visit Copay	\$60 – 3 visits per year	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Generic Medication Copay	\$19	\$19	\$19	\$5
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
High cost and infrequent services like Hospital Care and Outpatient Surgery	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery – \$600 Hospital – \$600/day up to 5 days PPO – 20%	HMO Outpatient Surgery – \$250 Hospital – \$250/day up to 5 days PPO – 10%
Imaging (MRI, CT, PET Scans)	30%	\$250	\$250	\$150
Brand medications may be subject to Annual Drug Deductible before you pay the copay	\$50-\$75 after meeting deductible	meet \$250 deductible then pay the copay amount	No Deductible	No Deductible
Preferred brand copay after Drug Deductible (if any)	\$50	\$50	\$50	\$15
MAXIMUM OUT-OF-POCKET FOR ONE	\$6,350	\$6,350	\$6,350	\$4,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$12,700	\$12,700	\$12,700	\$8,000

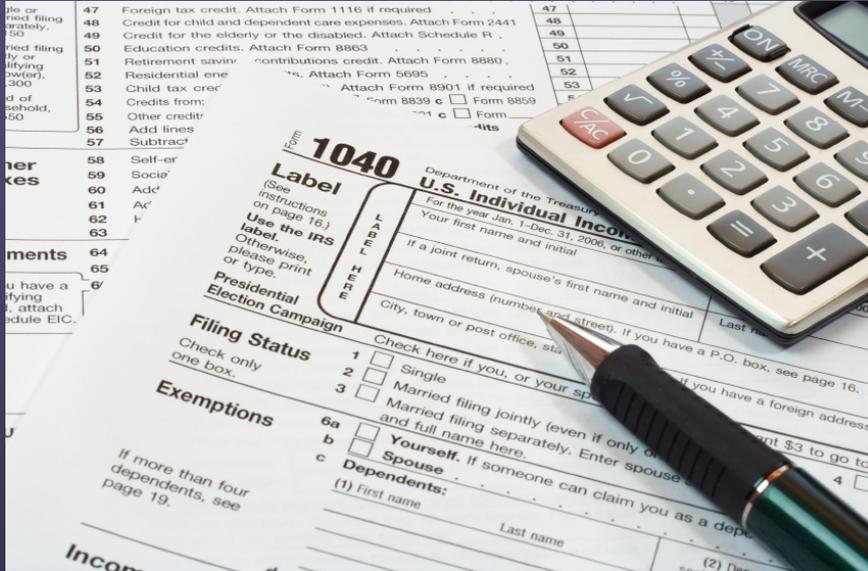


2014 Sliding Scale Benefits | SINGLE PERSON

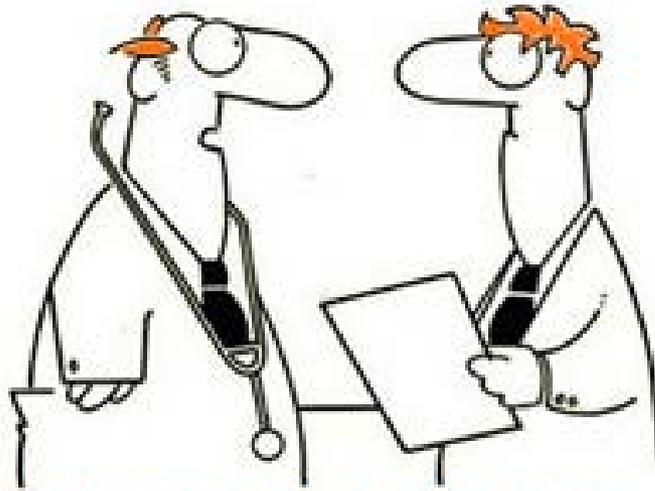
Silver Plan (Eligible for Federal Subsidy)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 – \$45,960
Consumer Portion of Monthly Premium for Silver Plans <i>(Balance paid by Federal subsidy)</i>	\$19 – \$57	\$57 – \$121	\$121 – \$193	\$193 – \$364
Copays in the Yellow Sections are Not Subject to ANY Deductible and Count Toward the Annual Out-of-Pocket Maximum			Benefits in Blue are Subject to Either a Medical Deductible, Drug Deductible or Both	
Deductible (if any)	No Deductible	\$500	\$1,500 Medical Deductible	\$2,000 Medical Deductible
Preventative Care Copay	No Cost	No Cost	No Cost	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$3	\$13	\$40	\$45
Specialty Care Visit Copay	\$5	\$20	\$50	\$65
Urgent Care Visit Copay	\$6	\$30	\$80	\$90
Lab Testing Copay	\$3	\$13	\$40	\$45
X-Ray Copay	\$5	\$20	\$50	\$65
Generic Medication Copay	\$3	\$5	\$19	\$19
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care and Outpatient Surgery	10%	15%	30% of your plan's negotiated rate	30% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the Copay	No Deductible	\$50 then pay the copay amount	\$250 then pay the copay amount	\$250 then pay the copay amount
Preferred brand Copay after Drug Deductible	\$5	\$13	\$30	\$30
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.)



"more patients use Google for health. I had to change my name to Dr Google just to keep the practice open!"



Los Angeles Times



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

Metal	% Total Costs Covered	Deductible?
Platinum	90%	No deductible
Gold	80%	No deductible
Silver	70%	Sliding Scale Deductible ...and co-pays
Bronze	60%	

Plan Types	
HMO	Health Maintenance Organization
PPO	Preferred Provider Organization
EPO	Exclusive Provider Organization

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>.



Case Study: Pedro

Pedro is a 28 year phone sales representative who estimates he will be 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?

18% a. Yes

54% b. No he qualifies for MediCal

18% c. Yes but he will get help with his payment

11% d. I'm not sure



Case Study: Dewayne

Dewayne is a 40 year phone sales representative who estimates he will be 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?

22% a. Yes

15% b. No he qualifies for MediCal

59% c. Yes but with help with payment/co-pays

4% 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

Without considering help from RW/other sources, do you think Dewayne will purchase health insurance or pay the penalty?

37% a. He will purchase health insurance

57% b. He will pay the penalty

7% c. I don't have an opinion

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](#)



**Health
Insurance
Companies
and
Plan Rates
for 2014**

**Making the
Individual Market
in California
Affordable**

May 23, 2013

What other help can someone living with HIV expect to get with health insurance premiums and co-pays???

Office of AIDS-Health Insurance Premium Program (OH-HIPP)



California Department of
Public Health



Skip to: [Content](#) | [Footer](#) | [Accessibility](#)

Search

This site California



[Home](#) [Programs](#) [Services](#) [Health Information](#) [Certificates & Licenses](#) [Publications & Forms](#) [Data](#)

en Español

→ [Su salud en su idioma](#)

Most Popular Links

→ [Birth, Death, & Marriage Certificates](#)

→ [Licensing and Certification](#)

→ [WIC](#)

Quick Links

→ [About Us](#)

→ [Decisions Pending & Opportunities for Public Participation](#)

→ [Diseases & Conditions](#)

→ [Job Opportunities](#)

→ [Local Health Services](#)

→ [Newsroom](#)

→ [Public Availability of Documents](#)

Related Links

→ [California Health and Human Services Agency](#)

→ [Department of Health Care Services \(includes Medi-Cal\)](#)

→ [State Agencies Directory](#)

[Home](#) > [Programs](#) > [Office of AIDS](#) > [OA-Health Insurance Premium Payment \(OA-HIPP\)](#)

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) 367-2467 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) 367-2437 and you will be referred to someone who can help you request 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 7704
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 re-enroll annually and re-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

24% a. Yes 100%

24% b. Yes Somewhat

14% c. Yes a little

38% 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
6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits.
7. NOT have health insurance through work

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?

24% a. Yes

66% b. No

10% c. Not sure

Will Tonya will be tested for hepatitis C
as part of her routine care with her
provider in 2014?

0% a. Yes

0% b. No

0% c. Not sure

I can explain Covered California to a patient

- 0% a. Yes---100%
- 0% b. Yes---75%
- 0% c. Yes---50/50
- 0% d. A little bit
- 0% e. No

Resources



[Home](#)

Ryan White & the Affordable Care Act: What You Need to Know

Share | [Print](#) [Email](#) [Facebook](#) [Twitter](#) [Google+](#) [1](#)

[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 transitions 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

[HealthCare.gov](#)

[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 - 8.3 MB)

[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

HRSA: TARGETHIV.org



Supporting HIV care through *education and innovation*

- Home
- Topics Library
- News and Events
- Ryan White Community
- Help Desk
- Search website



The Ryan White HIV/AIDS Program providing HIV care and services in the U.S. for those who cannot afford care

Choose a Part *A B C D F*

- for Clinicians
- for Case Managers
- for Consumers

New on TARGET News Events

- [Sharing Sample Job Descriptions](#)
TARGET Center, January 7, 2013
- [Live @ 2012 Ryan White Meeting](#)
TARGET Center, November 29, 2012
- [2012 Ryan White Grantee Meeting Slide Presentations](#)
HRSA HIV/AIDS Bureau, November 27, 2012 (Slide set)
- [Health Care Reform Updates: Jan 2013](#)
TARGET Center, January 8, 2013
- [Health Care Reform Updates: Dec 2012](#)
TARGET Center, December 21, 2012
- [Electronic Handbooks \(EHBS\) Overview for RSR](#)
HRSA HIV/AIDS Bureau, January 9, 2013 (Webcast)
- [X-ERT Package: 4.2.1](#)
HRSA HIV/AIDS Bureau, January 7, 2013 (Toolkit)
- [Best Practices for Designing and Delivering Webinars](#)
HRSA, December 21, 2012 (Tool)
- [Communications Toolkit](#)

Share this page
Like 38 Follow Subscribe

Search

- Manage your grants**
Reference manuals, guides, and timelines all in one place.
- Find & share ideas**
Topic pages with tools for Ryan White programs.
- Tune in & learn**
Calendar for webinars, meetings, & conferences.
- Connect**
Grantee lists, provider maps, & online communities.





Thank you!



How Will Your Organization be Impacted by the HIPAA Final Rule Mandate? **Prepared?**

Ali Pabrai, MSEE, CISSP (ISSAP, ISSMP)
ecfirst, chief executive



Key Facts

- Final Rule introduced Jan 17, 2013
- Modifies the following Rules:
 - ❑ HIPAA Privacy Rule
 - HIPAA Privacy Rule modified as required by the Genetic Information Nondiscrimination Act (GINA)
 - ❑ HIPAA Security Rule
 - ❑ HIPAA Enforcement Rule
 - ❑ HITECH Breach Notification for Unsecured PHI



Key Facts

- Key areas impacted include:
 - ❑ Business Associates (BA)
 - ❑ Breach Notification
 - ❑ HIPAA Privacy Rule
 - ❑ Enforcement & Penalties
- Key Timelines
 - ❑ Final Rule Publication: January 25, 2013
 - ❑ Effective Date: This final rule is effective on March 26, 2013
 - ❑ Compliance Date: CE/BA must comply by September 23, 2013.
 - ❑ BAA (Contracts): No later than September 22, 2014.



Business Associates



Business Associates

- The changes announced expand many of the privacy & security requirements to BAs that receive PHI, such as contractors and subcontractors
- BAs may also be liable for the increased penalties for noncompliance based on the level of negligence up to a maximum penalty of \$1.5 million
- The definition of a BA is expanded to include entities or individuals that maintain PHI on behalf of a CE, even if such entities or individuals never access PHI



Business Associate Modifications to the Definition

- The business associate definition now reflects the following updates:
 - ❑ Inclusion of Patient Safety Organizations (PSO)
 - ❑ Inclusion of Health Information Organizations (HIO), e-prescribing gateways, and other persons that facilitate data transmission services with respect to PHI to a covered entity and that requires access to such PHI on a routine basis
 - ❑ Inclusion of vendors of Personal Health Records (PHR) that require routine access to such PHI
 - ❑ Inclusion of subcontractors that create, receive, maintain, or transmit PHI on behalf of the business associate
- The term subcontractor is defined as “a person to whom a BA delegates a function, activity, or service, other than in the capacity of the member of the workforce of such BA”



Business Associate: Bottom-Line

- CEs need to assess who is a BA under the new expanded definition
- If an organization is *maintaining* PHI on behalf of a CE, even if it never accesses it, it is a BA
 - This would, for example, include cloud service providers
- BA's must comply with the technical, administrative, and physical safeguard requirements, as well as the policies and procedures and documentation requirements, for EPHI under the HIPAA Security Rule
- BA's are liable for compliance regardless of whether they have a contract in place with a CE
- BA's are liable for all of their subcontractors who also access, transmit, maintain, receive PHI

A key responsibility of a BA is to ensure it completes a comprehensive risk analysis on a regular, pre-defined schedule



Breach Notification



Breach Notification

- The changes to the Final Rule strengthen the HITECH Breach Notification requirements by clarifying when breaches of unsecured health information must be reported to HHS
- The changes remove the so-called "harm standard" in the interim final version of the breach notification rule & replaces it with clearer guidance about when a breach must be reported to authorities
- The Final Rule calls for CE, as well as BAs and their subcontractors, to use more objective standards in assessing the probability that the PHI has been compromised



Breach Notification

contd.

- The Final Rule says a risk assessment for determining the probability that PHI was compromised should consider these four factors:
 1. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification
 2. The unauthorized person who used the PHI or to whom the disclosure was made
 3. Whether the PHI was actually acquired or viewed, and
 4. The extent to which the risk to the PHI has been mitigated
- In the final breach rule, HHS notes: "We have added language to the definition of breach to clarify that an impermissible use or disclosure of PHI is presumed to be a breach unless the CE or BA, as applicable, demonstrates that there is a low probability that the PHI has been compromised"



Definition of “Breach”

HHS defines a “breach” to mean generally “the acquisition, access, use, or disclosure of PHI in a manner not permitted by HIPAA which compromises the security or privacy of the PHI”



Breach: Bottom-Line

- The bottom-line is that unauthorized use or disclosure of patient information is presumed to be a breach, unless there is a low probability that the information was compromised
- The new breach reporting requirements lowers the threshold for reportable breaches which will likely lead to more notifications than what we have seen in the past with the interim final breach notification rule since 2009
- Organizations, including CEs and BAs must conduct a thorough and accurate risk analysis activity to clearly establish risk and vulnerabilities to PHI and lay the foundation for a comprehensive risk management program (Corrective Action Plan (CAP))





HIPAA Privacy Rule: Bottom-Line

- The changes & updates to the HIPAA Privacy Rule will require organizations to review and update their policies and processes in several areas, including:
 - ❑ Notice of Privacy Practices (NPP)
 - ❑ Minimum Necessary Use and Disclosure
 - ❑ Copy of Electronic Health Information
 - ❑ Restriction on Disclosure to Health Plans
 - ❑ Sale of PHI
 - ❑ Research Authorization
 - ❑ Use of Genetics Information
 - ❑ Marketing
 - ❑ Fundraising



Bottom-Line

contd.

- ❑ Disclosure of Child Immunization Proof to School
- ❑ Decedents Disclosure of Information
- Further, individual rights are expanded in important ways.
 - Patients can ask for a copy of their electronic medical record in an electronic form
 - When individuals pay out of pocket in full they can instruct their provider not to share information about their treatment with their health plan
 - Also, the Final Rule sets new limits on how information is used and disclosed for marketing and fundraising purposes, and prohibits the sale of an individual's health information without the individual's permission



Penalties & Enforcement



Penalties & Enforcement

- The HIPAA Enforcement Rule now applies to CEs as well as BAs
- The Final Rule makes the BAs liable for the actions of the business associates, who are agents
- What is an agent? If the CE has the right to direct the activities of the business associate, there is then an agency relationship
- If the BA responsibilities are defined by a contract, the BAA, then the CE can sue for breach or amend the contract; in this scenario, the BA is an independent contractor
- The liability on BA is the same, for the conduct of their subcontractors
- Penalties are capped at a maximum of \$1.5 million per violation



Key Dates

Final Rule Publication: **January 25, 2013.**

Effective Date: This final rule is **effective on March 26, 2013.**

Compliance Date: Covered entities and business associates must comply with the applicable requirements of the **final rule by September 23, 2013. We are passed the deadline!**

BAA (Contracts): No later than **September 22, 2014**, all business associate and subcontractor business associate agreements will need to be amended to address the changes established in the Final Rule.



Preparing to Comply with the HIPAA Final Rule



Results of a Recent HIPAA Audit!

141 High Risk → 247 Medium Risk → 18 Low Risk → HIGH Probability of Successful Attack

THREAT	IMPACT
Remote Code Execution	Complete Control of the System
Unsecured EPHI	Breach
System configuration issues	Loss of Data
Buffer Overflow Vulnerability	Denial of Service Attack or Complete Control of the System



Cyber-attacks: Prepared for Unit 61398 in Shanghai?

Mandiant, a US-based computer security firm reported on February 19, 2013:

- APT1, a single organization in China focused on cyber espionage, is able to wage such a long-running and extensive cyber espionage campaign in large part because it receives direct government support
- Traced the hacking activities of APT1 to the site of 12-storey building in the Pudong area of Shanghai
 - It said that Unit 61398 of the People's Liberation Army "is also located in precisely the same area" and that the actors had similar "missions, capabilities and resources"
- Staffed by hundreds, possibly thousands, of proficient English speakers with advanced computer security and networking skills
- Hacked into 141 companies across 20 industries, 87% based in English-speaking countries, and is able to steal from dozens of networks simultaneously
- Stolen hundreds of terabytes of information including blueprints, business plans, pricing documents, user credentials, emails and contact lists

Stayed inside hacked networks for an average of 356 days, with the longest lasting 1,764 days



HIPAA Fines: Rising Risk

Date	Entity	Breach Description	Fine
September 17, 2012	MEEI	Stolen laptop containing EPHI of 3,500 individuals.	\$1.5 million
June 26, 2012	Alaska DHSS	Stolen USB hard drive possibly containing EPHI of 501 patients	\$1.7 million
April 13, 2012	Phoenix Cardiac Surgery	Public accessibility to Internet-based calendar of clinical and surgical appointments	\$100,000
March 13, 2012	BCBST	Stolen unencrypted hard drives containing EPHI of over 1 million patients	\$1.5 million
July 6, 2011	University of California at Los Angeles Health System	Unauthorized employee access to EPHI	\$865,500
February 14, 2011	General Hospital Corp. & Massachusetts General Physicians Organization, Inc.	Loss of PHI of 192 patients	\$1 million
February 4, 2011	Cignet Health of Prince George's County, MD	Denial of patient access to medical records	\$4.3 million
December 13, 2010	Management Services Organization Washington, Inc.	Disclosure of EPHI for marketing purposes	\$35,000
July 27, 2010	Rite Aid Corporation	Inappropriate disposal of PHI	\$1 million
January 16, 2009	CVS Pharmacy, Inc.	Inappropriate disposal of PHI	\$2.25 million
July 16, 2008	Providence Health & Services	Stolen tapes and disks containing unencrypted EPHI of over 386,000 patients	\$100,000



Fines for HIPAA Non-Compliance

Date	Entity	Breach Description	Fine
August 14, 2013	Affinity Health Plan	Fine for Copier Breach of 344,579 individuals PHI	\$1,215,780
July 11, 2013	WellPoint Inc.	E PHI of 612,402 individuals accessible to unauthorized individuals over the Internet	\$1.7 million
June 13, 2013	Shasta Regional Medical Center (SRMC)	Sent email to workforce about medical records of patients without authorization . Disclosed PHI of a patient to multiple media outlets .	\$275,000



HIPAA Checklist!

Establish an Enterprise Program!

The Seven Steps to Enterprise Security™



b i z S H I E L D tm



Pabrai's Laws of Information Security

Is Your security **Kismet** or **Karma**?

1. There is no such thing as a 100% secure environment
2. Security is only as strong as your weakest link
3. Security defenses must be integrated and include *robust* (passive) and *roving* (active) controls to ensure a *resilient* enterprise
4. Security *incidents* provide the foundation for security *intelligence*

Is Your Enterprise Security Program?

Kismet – A Reactive Security Framework
Karma – A Proactive Security Framework

U.S. Steps Up Alarm Over Cyberattacks
WSJ Headline Cover, March 13, 2013



Questions?

Are we excited?





CHP Certified HIPAA Professional
HIPAA Academy

Nov 5-6

From this training, you will learn the following about HIPAA:

- Overview of HIPAA legislation & its impact on business associates, providers & payers
- Understand changes that impact patient & medical records.
- Examine requirements for privacy of patient & payment information
- Analyse templates to get started with privacy compliance requirements
- Examine key steps such as Gap Analysis & Remediation to initiate Privacy Rule-related project activities



CSICS[™]
CERTIFIED SECURITY COMPLIANCE SPECIALIST

Nov 7-8

World's First Compliance & Cyber Security Program.

From this compliance and security training program you will:

- Examine HITECH & the HIPAA Security Rule, including new Final Rule updates
- Learn about FISMA, NERC CSS, & GLBA
- Step through the core requirements of PCI DSS.
- Analyse the international security standard, ISO's 27001, ISO 27002, ISO 27799 & others.
- Examine California's SB 1386, SB 541, AB 1950, AB 1298, AB 211 & other U.S. State information security related regulations.
- Understand NIST security standards



ecfirst
Compliance & Security

Industry leader delivering world-class services in Compliance & Information Security for over a decade

Recognized as an Inc. 500 Business in 1st year of eligibility

Minority Business Enterprise Certified

Unique, business-driven, compliance and security solutions; based on the proprietary *bizSHIELD™* methodology

Over 2,000 clients served including Microsoft, Cerner, HP, State of Utah, PNC Bank, Kaiser & hundreds of hospitals, government agencies, business associates

Ali Pabrai,
MSEE, CISSP (ISSAP, ISSMP)
Follow ecfirst for Daily Tips

Information Security & Compliance Expert

- Consults extensively with technology firms, government agencies and business associates
- Created *bizSHIELD™* – an *ecfirst Signature Methodology* - to address compliance and information security priorities
- Featured speaker at compliance and security conferences worldwide
- Presented at Microsoft, Kaiser, Intuit, E&Y, Federal & State Government agencies & many others
- Established the HIPAA Academy and CSCS Program– gold standard for HIPAA, HITECH compliance solutions
- Member InfraGard (FBI)
- **Daily Compliance Tips:** www.facebook.com/ecfirst
- Keep in touch, Pabrai@ecfirst.com and www.facebook.com/Pabrai.

Did you get information of value from this brief?
"Like" ecfirst on