



# Kaiser Permanente Community Health Care Program (CHCP)

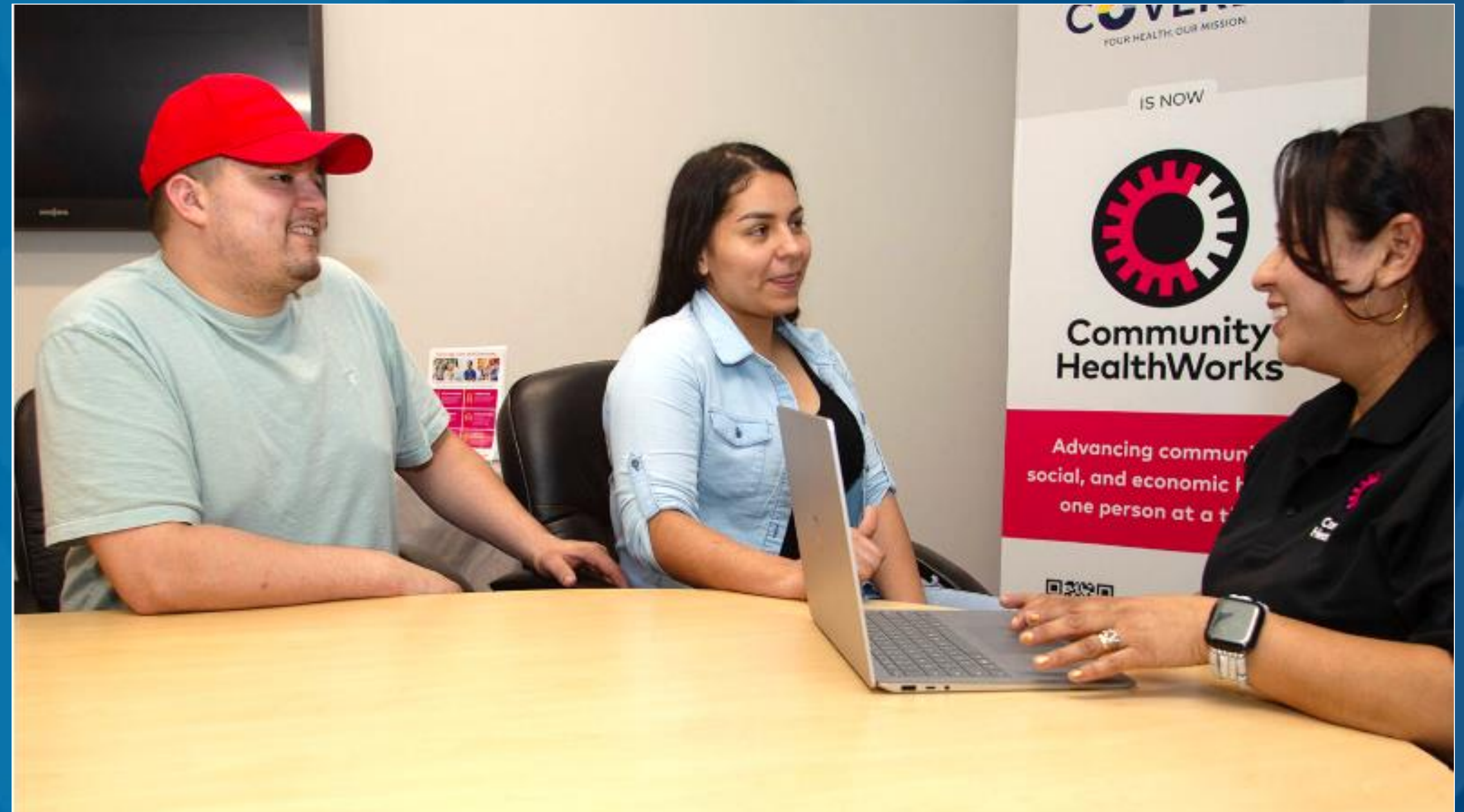
Open Enrollment 11/1/2024-1/31/2025  
Enrollment Trainings will be recorded

Presented by Nancy Waring and Victoria Herrera



# Overview

1. What is CHCP?
2. CHCP Eligibility Criteria
3. Benefit Information
4. Application Process
5. Screening Tips
6. Resources for Enrollment Partners
7. Q&A
8. Appendix



“We never thought we’d have insurance before we found this.”

# Community Health Care Program Overview

# Community Health Care Program (CHCP) NCAL Child Health Program (CHP) SCAL

- On November 1, 2023, Kaiser Permanente (KP) relaunched its Charitable Health Coverage (CHC) programs in Northern California and Southern California as a single statewide program named the **Community Health Care Program (CHCP)**.
- CHCP provides high quality health care to community members without access to any other health coverage, such as Medi-Cal, Medicare, through a job-based health plan, or through Covered California.
- CHCP is now available to qualified applicants of any age.





# Program Overview (Continued)

- CHCP members are enrolled in the Kaiser Permanente for Individuals and Families (KPIF) Kaiser Permanente Platinum 90 HMO plan.
- Monthly premiums are paid for by a KP subsidy, as are most out of pocket costs for covered services at KP facilities.
- There are two CHCP application forms:
  - One application is for health coverage.
  - The other is the application for the subsidy.



Approved Application Received By	Coverage Start Date
December 31, 2024	January 1, 2025
January 31, 2025	February 1, 2025

**Note:** Applications will be publicly available as of November 1, 2024.

# CHCP Eligibility Criteria

# CHCP Eligibility Criteria

Applicants must:

- Live in a California Kaiser Permanente service area.
- Have a total household income no more than 3 times the federal poverty level:
  - Up to \$45,180 for a single person in 2024.
  - Up to \$93,600 for a family of four in 2024.
- Not have access to other health coverage such as Medi-Cal, Medicare, a job-based health plan, or coverage through Covered California.
- U.S Citizenship/legal status is not a requirement.
- A SSN is not a requirement



# CHCP Eligibility (Continued)

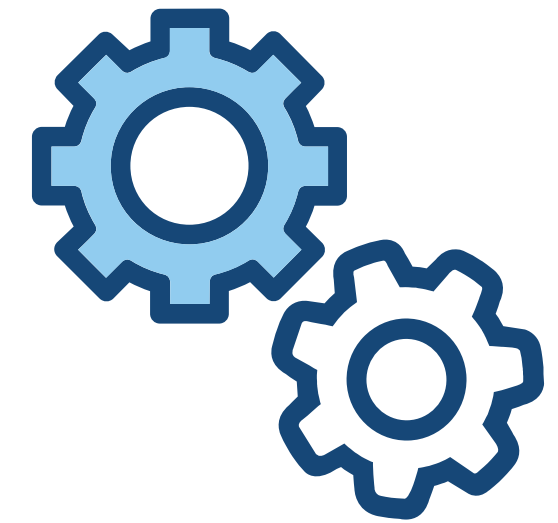
- Medi-Cal continues to expand to cover more community members.
  - Children under 19 with a household income at or below 266% of the federal poverty level are eligible for Medi-Cal (\$40,061 for an individual or \$82,993 for a family of four in 2024).
    - Children under 19 with a total household income under 300% of the federal poverty level who were denied Medi-Cal may be eligible for CHCP.
  - Starting January 1, 2024, California residents 19 or older, may be eligible for Medi-Cal if their total household income is at or below 138% of the federal poverty level (up to \$20,783 for an individual or \$43,056 for a family of 4 in 2023).





## CHCP Eligibility (Continued)

- As of November 1, 2024, DACA recipients are eligible for Covered CA.
- Medi-Cal recipients with a Share Of Cost may qualify for CHCP, assuming they meet the other CHCP eligibility criteria.
- CHCP is not a public benefit program. It is a Kaiser Permanente sponsored program to help pay for health coverage for qualified families and individuals that don't have access to public/private health coverage.
- Kaiser Permanente keeps all applicant information private, as required by law, and uses the information to determine eligibility for other programs.





# CHCP Eligibility Comparison

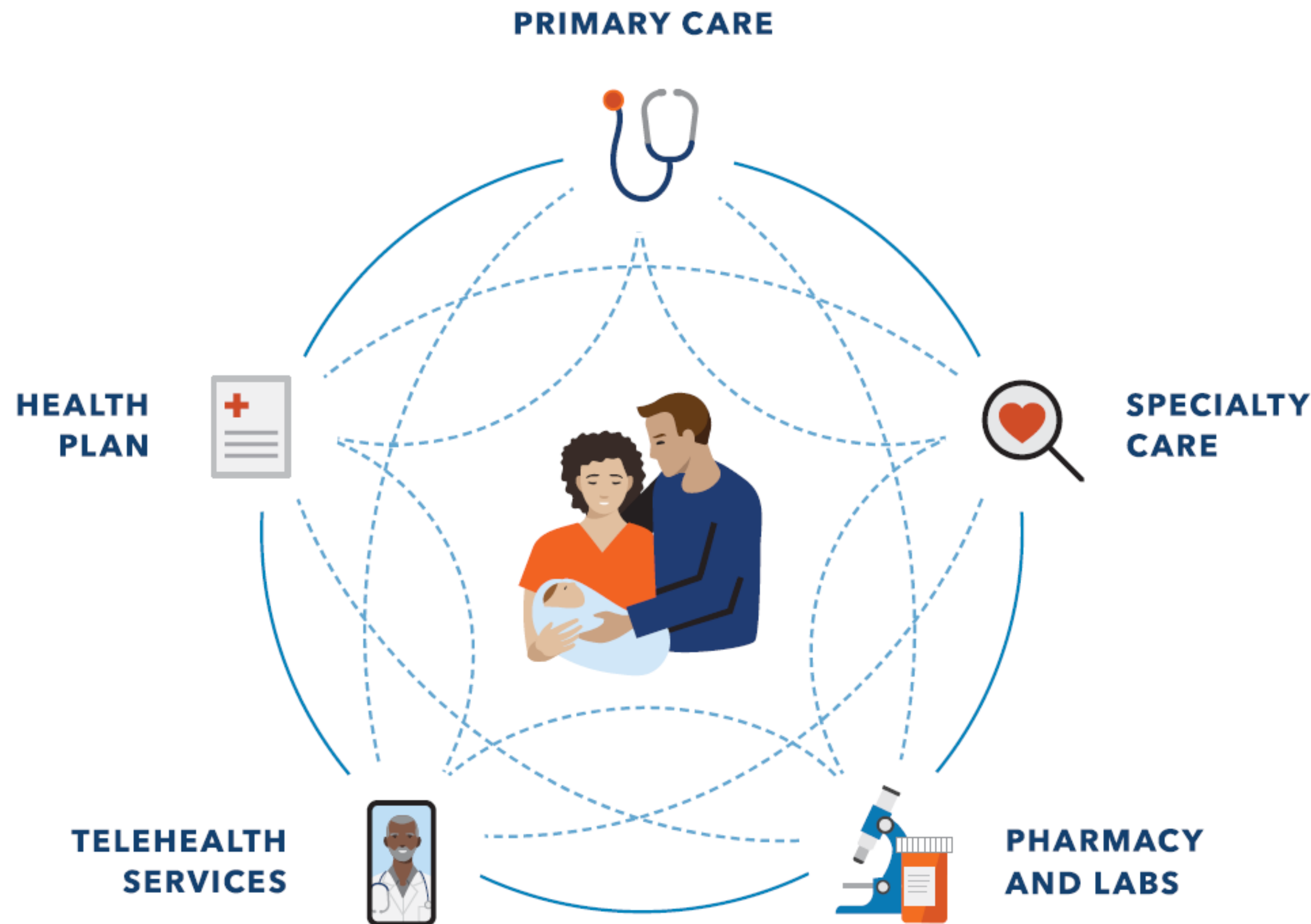
		Medi-Cal		Community Health Care Program		Covered California
Income		Adults up to <b>138%</b> FPL	Kids up to <b>266%</b> FPL	Adults: <b>&gt;138% - 300%</b> FPL	Kids: <b>&gt;266% - 300%</b> FPL	<b>&gt;138% - 400%</b> FPL qualifies for subsidy
Household Size	1	\$20,783	\$40,060	\$20,784 - \$45,180	\$40,061 - \$45,180	\$20,784 - \$60,240
	2	\$28,208	\$54,371	\$28,209 - \$61,320	\$54,372 - \$61,320	\$28,209 - \$81,760
	3	\$35,632	\$68,682	\$35,633 - \$77,460	\$68,683 - \$77,460	\$35,633 - \$103,280
	4	\$43,056	\$82,992	\$43,057 - \$93,600	\$82,993 - \$93,600	\$43,057 - \$124,800
	5	\$50,481	\$97,303	\$50,482 - \$109,740	\$97,304 - \$109,740	\$50,482 - \$146,320
US Citizenship Status		Not required		Not required		Must be lawfully present in the U.S. to qualify



# Benefit Information



# What's covered under the Kaiser Permanente Platinum 90 HMO plan?



## Some of the health plan benefits covered

### **\$0 Out-Of-Pocket Costs**

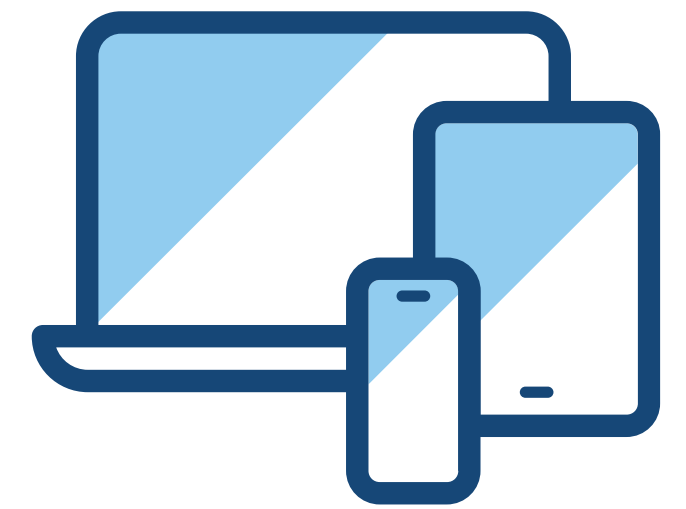
for KP Platinum 90 HMO members for covered services at KP facilities:

- Chat, Email, Phone and Video Visits
- Preventive Care, Screening, Immunizations
- Primary Care Office Visit
- Specialty Care Office Visit
- Most X-rays & Lab Tests
- Prescription Drugs (up to a 30-day supply at KP plan pharmacy or through mail order)
- Mental Health Services
- Emergency and Urgent Care
- Inpatient Hospital Stay



## For Benefit Information

- To learn more about the Kaiser Permanente Platinum 90 – HMO health plan benefits, see the Summary of Benefits and Coverage (SBC) for key features of the plan. Visit [kp.org/sbc](https://kp.org/sbc), choose Individual & Family, 2025 plans offered by Kaiser Permanente, then select Platinum 90 HMO.
- [Combined Membership Agreement, Evidence of Coverage, and Disclosure Form](#) (EOC) for the Kaiser Permanente Platinum 90 – HMO plan provides detailed plan information.
- All links are available on our CHCP website. Individual applicants can get printed copies of these materials through Member Service 1-800-464-4000.



### Note:

- The SBC, EOC and other KPIF materials reference copays, deductibles and coinsurance.
- **Most out-of-pocket medical costs do not apply to CHCP members for covered services at KP facilities.**

# Application Process



# CHCP Application:

## What we need to process an application

- A completed **KPIF Application**.
  - An Instruction guide is available.
  - Complete all required fields and signature lines.
- A completed **Application for Subsidy Form**.
  - The form includes instructions and supporting documentation requirements.
  - Complete all required fields and signature lines.
- Include income documentation (as applicable) and supporting documents as outline in the Application for Subsidy.



All materials are available online as of November 1, 2024, including fillable applications.

# CHCP Application Overview

## Kaiser Permanente Individuals and Families (KPIF) Application Platinum 90 HMO Plan

- Regulated health plan filed with the state
- Off exchange plan
- Application form is used to collect information needed to enroll in health coverage
- Plan coverage renews automatically the next year unless member requests termination
- Plan coverage renewal materials sent mid-October and includes information about plan benefit information changes.
- Renewal does not include information about the CHCP and no response needed from member unless they want to terminate.

## Kaiser Permanente Application for Subsidy Form

- Subsidy is administered separately from KPIF health plan
- Subsidy eligibility form is used to collect information to determine qualification for the KP subsidy that eliminates monthly premium and most out of pocket costs for the Platinum 90 HMO plan
- Eligibility determined annually- usually late summer
  - Member loses eligibility if no response and will be billed for the full premium effective 1/1 of the following year unless they request termination



# Review Sample Application

# Section 4 of the Application for Subsidy Form

## Supporting Documents: Household Income



Attach copies of the most current proof of household gross income. Only most recent documentation will be used for income calculation. Some examples are listed below:

### EMPLOYER PAID

- Submit Paystubs:
  - Last 2 paycheck stubs **or** W2 **or** 1040 tax form.

### SELF-EMPLOYED

- Schedule C & page 1 (the adjusted gross income page) of last year's federal income tax return or profit and loss form.
  - **Note: If a 1040 tax form is submitted, no other proof of income is required.**
- Self-Employed applicants providing Bank/Debit Card Statements that note direct deposit or payroll **must** indicate the name of their business on the documentation and the gross income and **frequency**.

### CASH

- Include a signed letter of income from employer stating gross income and frequency.



# Section 4 of the Application for Subsidy Form

## Common Issues: Reporting Household Income

- Income documentation does not match income reported in the table – provide an explanation if there is a reason or we will calculate based on provided documentation.
- Missing income information or reporting \$0 income when the applicant submits supporting income documentation.
- Payment frequency is missing.
- Supporting income documentation is required for all people contributing to income.
- Credit Card statements are not considered supporting documents.
- Tell us about any special circumstances around income documentation to help us understand reported income. Examples: Changed jobs during the year, work seasonally only, hours vary depending on work available, etc.

# Common Issues:

## Required Signatures



- **KPIF Application:**
- **Step 5:** Applicant signature is required to choose an authorized representative.
- **Step 6:** Applicant must sign the application agreement.
- **Step 7:** Applicant must sign the Kaiser Foundation, Health Plan, Inc Arbitration Agreement.
  
- **Subsidy Application:**
- **Section 5: Write out the full name of your organization and sign**
- **Section 6:** Write out the full name of your organization as the authorized representative.
  - Applicant signatures (both sections) are required to approve an authorized representative.
- **Section 7:** Applicant must sign the application agreement to certify information is accurate.

### NOTE:

- Applications with missing signatures will be returned.
- Signatures must match applicant name as written in both applications.



# CHCP Application:

## Additional Information

- Notes written in English will expedite processing times.
- Preferred written and spoken language is needed to ensure correct correspondence and bi-lingual representative if a follow-up call is needed.
- Monetary gifts are not considered income.
- Preference is to have a Medi-Cal denial letter as part of documentation.
- Please allow 6 weeks for us to process the application. The applicant will receive a letter via U.S. mail letting them know if the application has been approved or denied.
- Our processing team may reach out to the applicant, in the case of missing information.
- Please provide the applicant e-mail address if available.



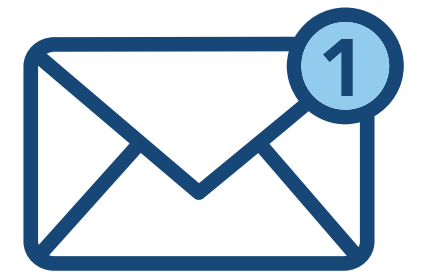
# CHCP Application: Submission Information

**NOTE:** Please send applications as soon as they are ready. Holding applications to batch them will cause processing delays.

**Preferred:** Send questions and completed applications to: [CHC-Applications@kp.org](mailto:CHC-Applications@kp.org)

**Subject line must include:**

1. **CHCP Application Questions OR**
2. **CHCP Application Submission**



**Or send new applications to:**

**MAIL:** California Service Center

Attn: CHC

PO Box 939095

San Diego, CA 92193-9095



**FAX:** 1-855-355-5334



# Contact Information

## **Community Partner Questions about the status of a member application or a problem:**

Call the Medicaid & Charitable Health Coverage (M&CHC) Membership Administration team Monday through Friday from 8am to 5pm PST at: 800-731-4661 Option 8, option 2.

**This number is for the exclusive use of our Community Partners.**

**Please do not provide this number to members and applicants.**



## **Members and applicants with questions:**

Call Member Services at 1-800-464-4000. (TTY users call 711). They are available 24/7 except for certain holidays. Any questions Member Services can't answer will be escalated to the M&CHC team. You can also direct applicants interested in learning more about the program to: [kp.org/chcp](https://kp.org/chcp) or [kp.org/chcp/es](https://kp.org/chcp/es).

**For general program information, web site problems, or application questions contact:**

Nancy D. Waring or Victoria Herrera at [chco@kp.org](mailto:chco@kp.org)

# CHCP Screening Tips



# Screening Tips

## Applicants must meet all eligibility requirements for CHCP:

- Client is NOT eligible for Medi-Cal, Medicaid/CHIP, coverage through a job-based health plan, or through Covered California
- Client reports household income between 139% and 300% FPL
- Client lives in a KP service area (CHCP is currently not available in Monterey County)



# Screening Tips (continued)

Client Criteria	CHCP Denial Reason
Client reports 0 household income	Access to other coverage: Medi-Cal eligibility
Client reports household income under 138% FPL - Up to 266% for youth under age 19	Access to other coverage: Medi-Cal eligibility
Client has satisfactory immigration status	Access to other coverage: Covered California eligibility
Client is offered health coverage through a job-based health plan	Access to other coverage: Job-based coverage
Client reports household income over 300%	Over CHCP income limit
Client lives outside of KP Service Area	Not in Service Area





# Potential Scenarios

Family Member Household size 1	Health Coverage Options	Supporting income documentation
<b>Primary Applicant</b> 38 year old California resident without satisfactory immigration status, earns approximately \$15,000 per year from Job 1, and \$15,000 per year from Job 2.	CHCP	Signed and dated attestation with explanation of income. Must include frequency of payment.  Example: I, Primary Applicant, work 2 jobs (list jobs), paid in cash. I earn \$575 per week.

**Disclaimer:** These scenarios are fictitious and health care eligibility rules and FPL may change and impact available choices.

## Potential Scenarios (continued)

Family Member Household size 3- Total Household Income \$70,000	Health Coverage Options	CHCP Supporting income documentation
<b>Primary Applicant</b> California resident without satisfactory immigration status, unemployed	CHCP	None, submit spouse/household income documentation
<b>Primary Applicant Spouse</b> U.S. Citizen, earns \$70,000 per year, is offered employee only job-based coverage	Job-based coverage OR Covered California (Not included in CHCP application)	At least 2 pay stubs, or W2 form, or 1040 tax form
<b>Dependent</b> California resident without satisfactory immigration status, 1 year old	CHCP	N/A

## Potential Scenarios (continued)

Family Member Household size 4- Total Household Income \$80,000	Health Coverage Options	CHCP Supporting income documentation
<b>Primary Applicant</b> California resident without satisfactory immigration status, works part time as housekeeper. Earns approximately \$10,000 per year paid in cash.	CHCP	Signed and dated attestation with explanation of income. Example: I, Primary Applicant, work part time as a housekeeper, paid in cash. I earn \$400 every two weeks.
<b>Primary Applicant Spouse</b> Legal Permanent Resident with employee only job-based health coverage, earns \$70,000 per year	Job-based coverage OR Covered California (Not included in CHCP application)	At least 2 pay stubs, or W2 form, or 1040 tax form
<b>Dependents</b> Twins- 11 years old	Medi-Cal (Not included in CHCP application)	N/A



# CHCP Resources for Enrollment Partners

# CHCP Resources

- All application documents and information will be available as of November 1, 2024: [kp.org/chcp](https://kp.org/chcp) or [kp.org/chcp/es](https://kp.org/chcp/es)
- CHCP Outreach Flyers, FAQs, CHCP Enrollment Trainings and more will be posted on the Kickoff Webinar website as available: <https://virtualconnect.kaiserpermanente.org/chcp-briefing/>
- **Weekly Office Hours** will be hosted virtually:
  - 2-3pm every Tuesday as of November 5, 2024
  - The link to join will be emailed after Enrollment Trainings
  - If needed, Office Hours in Spanish will be offered.



# Review CHCP Flyer and Instruction Guide



**Q&A**

**Thank you!**

# Appendix



# Special Enrollment Period (SEP)

## Qualifying Life Events

- You may be eligible for health coverage if you have a qualifying life event outside of Open Enrollment.
- Examples of qualifying life events include:
  - Loss of minimum essential health coverage.
  - Gaining, becoming or losing a dependent.
  - Child support order or other court order to cover a dependent.
  - Permanently relocating with access to new plans (moving).
  - Determination by Covered CA of exceptional circumstances.
- Must have proof of qualifying life event.
- Must apply within 60 days of qualifying life event.
- In some cases, you may be able to apply 60 days before the qualifying life event.



# Special Enrollment Period (SEP)

## How to Apply

- For more information about enrolling during an SEP, review our Special Enrollment Period Guide and Form on our website or visit [kp.org/chcspecialenrollment](http://kp.org/chcspecialenrollment). The website has more information about qualifying life events.
- The information about Financial Assistance and Tax Assistance on the special enrollment website does not apply to our program.
- Submit the following documents for eligibility determination:
  - Proof of qualifying life event.
  - KPIF Application for Health Coverage.
  - Application for Subsidy Form.
  - Income and other information identified in the eligibility form.
- All eligibility rules still apply during SEP.
- Members who only want to add a dependent to their account should not use SEP forms. Use the [CHC Account Change Form](#) available on the website.