AIDS Drug Assistance Program (ADAP) Considerations for the 2023 Plan Year

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Presentation Overview

- Open Enrollment Period updates

- Policy updates

- Addressing churn and maintaining access

- Medicaid eligibility during and after COVID-19 PHE

- Preparing for Open Enrollment

- ACE TA Center updates
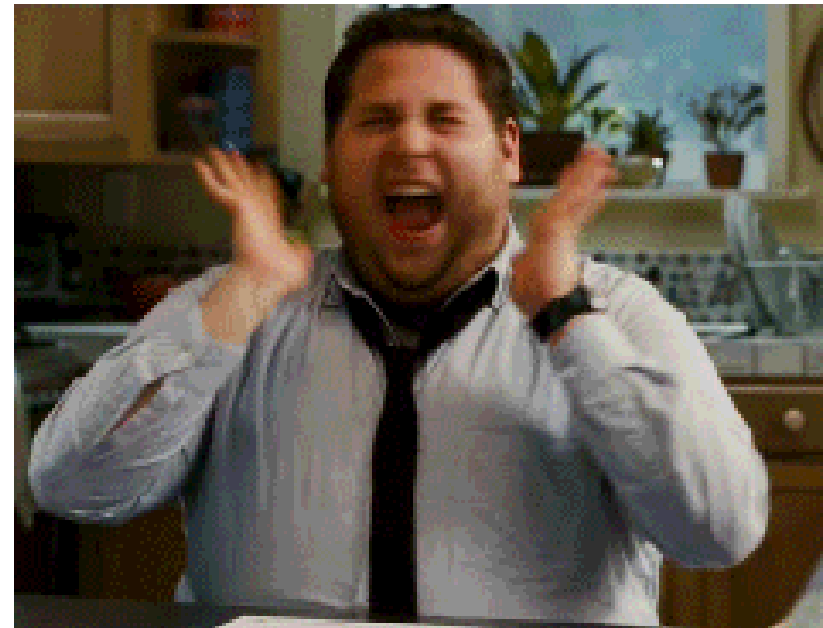
Open Enrollment Period Updates

Annual Open Enrollment Period (OEP)

Open Enrollment in healthcare.gov will run from November 1 through January 15.

Must enroll by December 15 for coverage to begin on January 1.

NOTE: Some State-Based Marketplaces have a later deadline for January 1 coverage.

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Open Enrollment Periods in SBMs

State-based Marketplaces (SBMs) may have shorter or longer Open Enrollment Period, but must run through at least December 15.

CA: Jan. 31

CO: Jan. 15

CT: Jan. 15*

DC: end of PHE

ID: Oct. 15 - Dec. 15

KY: Jan. 15*

ME: Jan. 15

MD: Jan. 15

MA: Jan. 23

MN: Jan. 15

NV: Jan. 15

NJ: Jan. 31

NM: Jan. 15

NY: end of PHE

PA: Jan. 15

RI: Jan. 31

VT: Jan. 15

WA: Jan. 15

* State has not announced end date. Dates listed are for 2021 OEP.

Policy Updates

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Inflation Reduction Act (IRA)

Inflation Reduction Act of 2022 (IRA) (signed into law August 16, 2022)

Marketplace financial assistance

- Extends American Rescue Plan Act (ARPA) enhanced Marketplace subsidies (through 2025)
  - Eliminates 400% FPL income cap on tax credit eligibility
    - Caps premiums at 8.5% of income
  - Increases tax credits for clients who are already eligible
    - Clients with incomes 100-150% FPL will have a zero-premium Silver option

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Inflation Reduction Act (IRA)

Medicare

- **Caps out-of-pocket costs for insulin ($35/mo)** (2023)
- **Penalizes drug companies if drug prices rise faster than inflation** (2023)
- **Improves vaccine** coverage (2023)
- Eliminates 5% coinsurance in Part D "catastrophic coverage" phase (2024)
- Expands eligibility for Part D low-income subsidy (150% FPL) (2024)
- Caps out-of-pocket costs for prescription drugs ($2,000/yr) (2025)
- Allows enrollees to spread out-of-pocket costs over the year (2025)
- Limits annual Part D premium increases (max 6%/yr) (2024)*
- Creates drug price negotiation program (2026)*

* This provision is temporary. The year listed is the year this provision first goes into effect.

New Marketplace Regulations

- Prohibits insurers from denying enrollment due to failure to pay past premium debt

- Expands access to standardized plans in the Marketplace

- Strengthens protections against discriminatory plan design

- Strengthens network adequacy standards

- Increases access to Essential Community Providers

- Eliminates pre-enrollment documentation requirements for most SEPs
  - Exception: SEP for loss of coverage

- Strengthens oversight of agents and brokers

Addressing Churn and Maintaining Access

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Special Enrollment Periods

Special Enrollment Periods (SEPs). Clients may change plans or enroll in coverage outside of the annual Open Enrollment Period if they experience a "qualifying life event."

- Must enroll within 60 days after the qualifying life event
  o Some SEPs are available 60 days prior to event
- <u>Most</u> SEPs limit switching plans to same metal level (e.g., gold to gold)
- <u>Most</u> SEPs require plan selection by 15th of the month for coverage to start the next month (SBMs may have different rules)

SEPs to Know During COVID-19 Pandemic

- **Loss of other coverage** (employer coverage, COBRA, Medicaid, etc.)

- Change in **COBRA** costs

- Change in **employer coverage** costs
  - Premium *(for employee only)* costs more than 9.12% of <u>household</u> income

- **Newly eligible for APTC/CSR** due to change in income

- **Moving out of Medicaid gap** *(non-expansion states only)*

- **Permanent move** to a new coverage area

- Missed SEP deadline due to COVID-19 **("FEMA SEP")**

New SEP: "Low-Income" SEP

New year-round SEP for low-income clients

Old Rule	New Rule
Clients must experience a **qualifying life event** to be eligible for an SEP	**Anyone with income below 150% FPL** can enroll or switch plans **once per month**, but only if eligible for maximal APTCs*

- *Only available during periods when Congress sets premium contribution to zero percent – this is the case in 2023-2025 under IRA
- Available only through Marketplace (not off-Marketplace)
- Optional for SBMs
- If switching plans, must stay at same metal level or switch to Silver
- Must be otherwise eligible for APTCs

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New SEP: "Low-Income" SEP

SBMs that choose to implement the SEP have several flexibilities, including but not limited to:

- Increasing the income cutoff

- Limiting the SEP only to new enrollees (current enrollees cannot switch plans)

SBMs implementing the new SEP

- CA
- CO
- CT
- KY
- ME
- NJ (200% FPL)

- NM (200% FPL)
- PA
- RI
- VT (200% FPL)

SBMs NOT implementing the new SEP

- DC (Medicaid available up to 215% FPL)
- ID
- MD
- MA (ConnectorCare available up to 300% FPL)
- MN (Basic Health Plan available up to 200% FPL)
- NV
- NY (Basic Health Plan available up to 200% FPL)
- WA (Cascade Care SEP available up to 250% FPL)

Addressing Churn and Maintaining Access

- **Screen clients who lose employer coverage for Medicaid, Medicare, or Marketplace eligibility**
  - **Medicaid:** year-round enrollment
  - **Marketplace:** Special Enrollment Periods (SEPs)
  - **Medicare:** Part B SEP for clients who delayed enrollment because they had ESI

- **Caution clients against non-traditional, non-ACA compliant products**
  - E.g., short-term limited duration insurance

- **Update Marketplace application if client's circumstances change**
  - Clients with reductions in income may be eligible for increased APTC/CSR or Medicaid
  - Clients who obtain other coverage should update their Marketplace application to avoid duplicate coverage or APTC repayment

- **Ensure clients are not terminated from Medicaid**
  - Help clients reinstate coverage if terminated after March 18, 2020
  - Make sure clients meet redetermination deadlines

Medicaid Eligibility After the COVID-19 Public Health Emergency (PHE)

Unwinding Medicaid PHE Requirements

The COVID-19 Public Health Emergency (PHE) is expected to end no earlier than mid-January.

- States are prohibited from **involuntarily** disenrolling clients during PHE
  - Exception: "not validly enrolled" or moving out of state
- Clients will maintain coverage until **at least the end of the month** in which the PHE ends
  - Some clients will maintain coverage for much longer
- States must have an "unwinding operational plan"

Unwinding Medicaid PHE Requirements

- As many as 45 percent of Medicaid enrollees may lose coverage despite still being eligible

- Every Medicaid enrollee must complete a renewal

- If PHE is <u>not</u> extended again, and expires in mid-January of 2023:
  - States can begin sending renewal notices as early as December 2022
  - States can begin terminating coverage as early as February 1, 2023
  - States must finish processing all renewals and terminations within 14 months

Unwinding Medicaid PHE Requirements

States must complete another renewal before terminating coverage.

- Medicaid may renew eligibility based on available data sources (*ex parte*), without requesting additional information from client
  - Must send the client a notice explaining eligibility determination and information relied upon

- If Medicaid cannot renew *ex parte*, must send a proper renewal form requesting more information from the client
  - Medicaid may request further verification if information on returned form is not "reasonably compatible" with data sources

- Client is entitled to maintain coverage until renewal process is complete and pending any appeals

PHE Unwinding: Medicaid Terminations

Permissible grounds for termination:

- Client does not respond to request for information
- Client determined no longer eligible after **proper renewal process**

Before terminating a client, Medicaid must:

- Assess eligibility for other Medicaid categories
- Assess eligibility for other insurance affordability programs, such as Marketplace, and transfer client's online account if eligible
  - EXCEPTION: Termination was due to failure to return requested information
- Send a **proper advance notice of termination**

Unwinding Medicaid PHE Requirements

- Did Medicaid begin my client's renewal at the permissible time?

- Did Medicaid perform a proper renewal for my client?

- Did Medicaid properly terminate my client?

- Did Medicaid provide proper notices to my client about their renewal and termination?

State Operational Plans for PHE Unwinding

- Each state Medicaid agency must develop operational plan for how it will process pending actions, including:
  - Timeline for completing all renewals
  - Approach for prioritizing renewals
  - Process for updating Medicaid info (by phone, online)
  - Outreach and communication strategies (e.g., text messaging, sample notices)

Georgetown Health Policy Institute's 50-State Unwinding Tracker includes links (at the bottom of the page) to each state's posted materials.

Preparing for PHE Unwinding

- Identify your state's process and timeline
  - Most states will complete renewals over 9-12 months, but some may take as little as 3-6 months
  - Process for updating contact information

- Prepare clients for upcoming renewals
  - Updating mailing address and other information with Medicaid agency
  - Signing up for text message communications from Medicaid

- Outreach to Medicaid clients about upcoming renewals
  - Open all mail received from Medicaid
  - Complete renewal forms on time
  - RW staff are here to help!

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Preparing for Open Enrollment

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Insurance Cost-Effectiveness

- Insurance cost-effectiveness is assessed at the aggregate program level, not the individual plan level
  - Is the average cost per client for all insured clients lower than the average cost per client of all full pay clients?

- Less expensive insured clients (Medicare Part D, younger clients with lower premiums) can offset higher expenditures for other insured clients

See: HRSA/HAB PCN 18-01, consolidating several previous policy notices related to insurance purchase.

Insurance Cost-Effectiveness

- Consider the net costs of both insurance and drug purchase, inclusive of discounts and rebates
  - If anticipated rebates exceed the cost of the insurance, plan is clearly cost-effective
- If you include discounts in your drug cost estimate, need to include rebates in your insurance cost estimate
- ADAP Cost-Effectiveness tool estimates rebates relative to the premium and cost-sharing payments

ADAP/Part B Considerations for OE

- Continue flexible application and recertification policies that have helped individuals enroll remotely (e.g., virtual signatures, remote attestation)
- Prepare enrollment workforce as early as possible
- Assess cost-effectiveness of plans and rebate generation impact

Before, during, and after OE:

- Continue assessing client eligibility for different coverage programs as client circumstances change
- Monitor state and federal policies affecting coverage and access during pandemic

The ACE TA Center

helps organizations

Engage, enroll, and retain
clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).

Communicate with Ryan White HIV/AIDS Program (RWHAP) clients
about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.
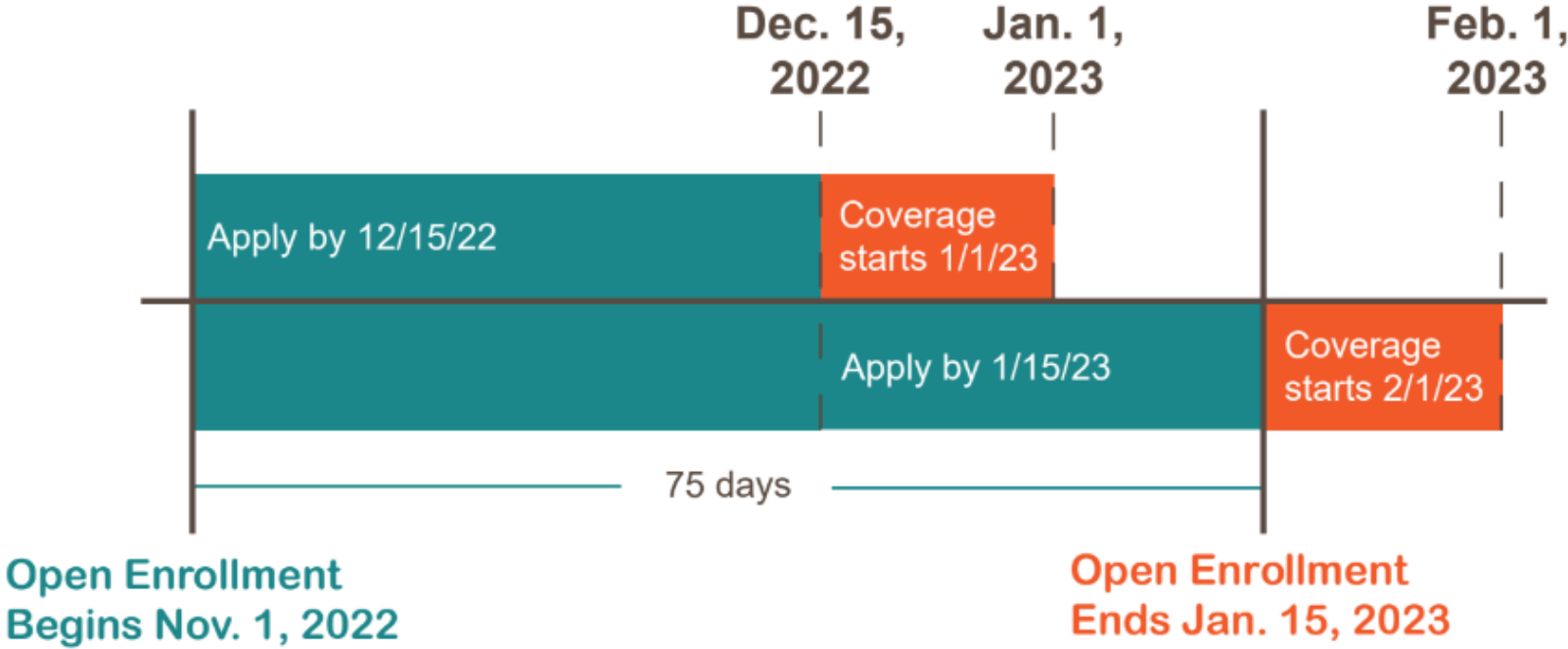
Improve the clarity
of their communication around health care access and health insurance.

Preparing RWHAP recipients and subrecipients for Open Enrollment

Dates for 2023 Open Enrollment

Dec. 15, 2022   Jan. 1, 2023   Feb. 1, 2023

Apply by 12/15/22

Coverage starts 1/1/23

Apply by 1/15/23

Coverage starts 2/1/23

75 days

Open Enrollment Begins Nov. 1, 2022

Open Enrollment Ends Jan. 15, 2023

Coverage for clients who enroll between November 1 and December 15 will begin January 1, 2023. Coverage for clients who enroll between December 16 and January 15 will begin February 1, 2023.

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What RWHAP organizations can do to make sure they're ready for Open Enrollment

1. Conduct training and build enrollment staff capacity

2. Build enrollment partnerships

3. Conduct Account Tune-Ups

4. Assess health plans and conduct client outreach

1. Build health insurance literacy and enrollment capacity among staff

- Train staff on health insurance enrollment basics.
  - Focus on specific plan considerations for people with HIV.
  - Consider getting staff trained as Certified Application Counselors (CACs).
- Provide health insurance literacy training.
- Train staff to conduct 'Account Tune-ups' for all insurance-eligible clients.

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Train staff who conduct enrollment

- In states that use Healthcare.gov, RWHAP subrecipient organizations should be encouraged to apply for and become Certified application counselor designated organizations (CDOs)
  - CDOs oversee certified application counselors (CACs) who are trained individuals able to help consumers seeking health coverage options through the Marketplace.

  - If your state has a State-based Marketplace, contact your Department of Insurance.

- Organizations should encourage all staff to be trained and certified as enrollment assisters.

2. Build enrollment partnerships

- If needed, RWHAP subrecipient organizations should identify and establish partnerships with Navigators, CACs, and other enrollment assisters.

  - Establish a referral relationship with the funded Navigator entity in your state.

  - Train your program staff to refer clients to these partners before and during Open Enrollment.

- Make sure partners are aware of RWHAP, including role of AIDS Drug Assistance Program (ADAP) in health coverage.

Train staff to refer clients

- Once you've established trusting relationships with these partners, train your program staff to refer appropriate clients to your enrollment partner during Open Enrollment.

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Key OE messages for external enrollment partners

- If your state's ADAP or a Ryan White Part A program in your state will be assessing and reviewing plans prior to Open Enrollment, make sure external partners…
  - Enroll clients into plans that you have approved or recommended.
  - Enroll clients into plans that cover their medications and providers.
  - Understand the financial assistance available through the RWHAP, including premiums and/or other health insurance costs.
  - Know how to contact the RWHAP, including ADAP, with questions.

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Training for external enrollment partners

targethiv.org/assisters

I'm new to supporting people with HIV.

How do I help them enroll in health coverage?

Revised May 2019

Know that the Ryan White Program supports access to HIV care.

Most low-income people can access HIV care, medications, and support services through the Ryan White HIV/AIDS Program (RWHAP).

- The RWHAP, including the AIDS Drug Assistance Program (ADAP), provides access to critical medications.
- The program helps all consumers - insured, underinsured, and uninsured.

Contact your state's RWHAP, including ADAP, to learn how the Program can provide financial help for health coverage.

Find a RWHAP provider: locator.HIV.gov

- The RWHAP encourages eligible consumers to enroll in comprehensive health coverage to access both HIV and non-HIV services.
- The RWHAP can help eligible consumers pay for health insurance premiums and out-of-pocket expenses.
- The RWHAP in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a

Understand why continuous HIV medication coverage is essential.

Medication can help people living with HIV live a healthy life.

- Taking HIV medication every day can lower the level of HIV in a person's blood to an undetectable level (viral suppression).
- Missed doses of medication can quickly lead to increased levels of HIV in the blood.
- People with HIV who have consistent viral suppression do not sexually transmit HIV.

Explain insurance terms and benefits.

Insurance and enrollment terms are confusing for everyone.

- Consumers need to understand the basics of health insurance to avoid coverage gaps and to make the most of their coverage.
- Explain insurance terms and concepts in plain language and provide real-world examples when possible. Encourage consumers to ask questions, or ask them to state what they need to know or do in their own words.

How Assisters Can Help People Living with HIV Get Affordable Coverage
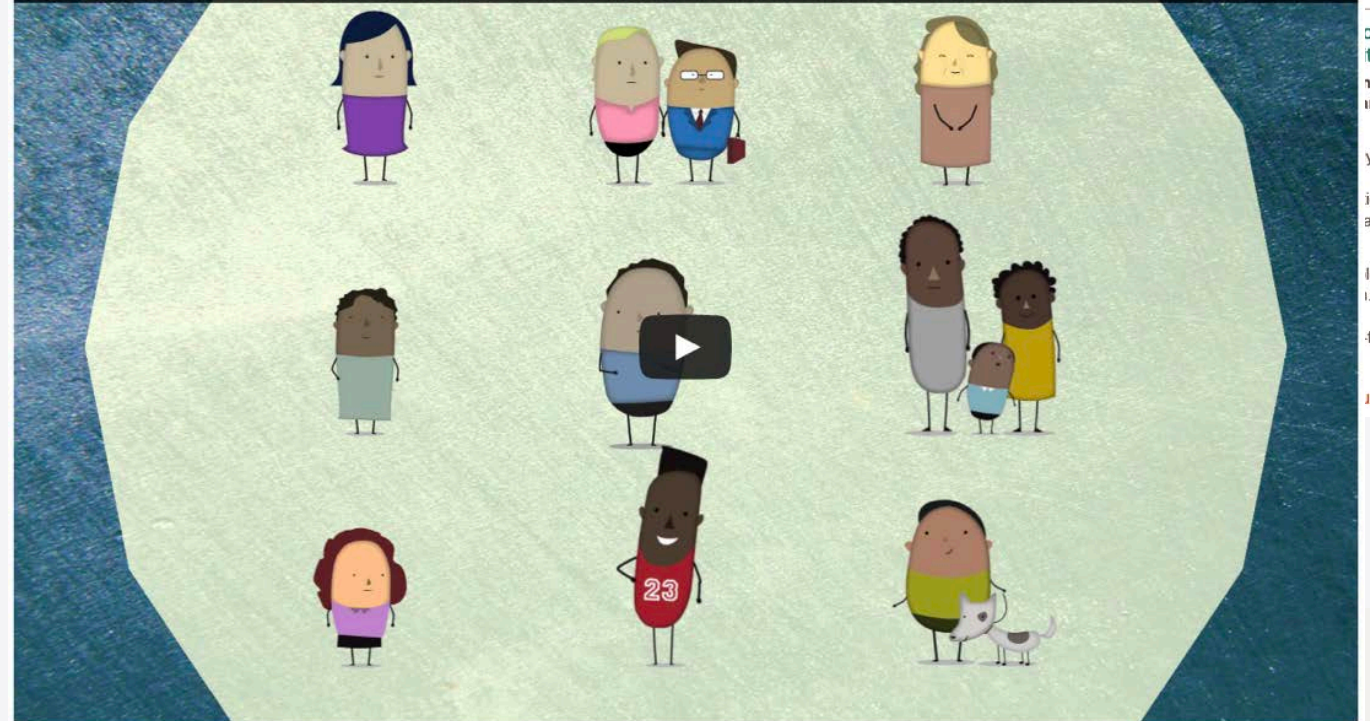
3. Conduct Account Tune-Ups

An account tune up is an in-person or virtual pre-enrollment appointment to:

1. Check client paperwork, accounts and payments.

2. Review finances.

3. Confirm enrollment in relevant RWHAP insurance assistance, including ADAP.

4. Help clients prepare for their enrollment appointment.

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Account Tune-Ups

**Step 1:
Check paperwork,
accounts & payments**

- Case managers at subrecipient organizations should:

  - Help clients organize insurance and Marketplace paperwork.

  - Help clients update their Marketplace account details.

    - If needed, help clients set up a Marketplace account.

  - Review insurance documents and identify any outstanding payments or credits.

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Account Tune-Ups

Step 2: Review finances

- Case managers at subrecipient organizations should:

  - Ensure that clients who received Advance Premium Tax Credits (APTCs) have filed their federal taxes so that they remain eligible for this financial assistance.

  - Estimate client income and report any changes to the Marketplace to avoid under- or over-payments.

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Account Tune-Ups

Step 3:
Confirm **RWHAP/ADAP** enrollment

- Case managers at subrecipient organizations should:

  - Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.

    - If the client's certification is due within the Open Enrollment period, re-certify early.

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Account Tune-Ups:

Step 4:
Help clients prepare for enrollment

- Case managers at subrecipient organizations should:

  - Help clients identify their coverage priorities including HIV medications and preferred providers.

  - Dedicate time to educate clients on the importance of health coverage and answer questions.

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Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2021 Marketplace health coverage.

There are four main steps in an Account Tune-Up:

1. Check paperwork, accounts, and payments.

It's important that clients' insurance payments and Marketplace accounts are up-to-date.

- ☑ Review insurance documents and identify any outstanding payments or credits.
- ☑ Help clients organize insurance and Marketplace paperwork.
- ☑ Make sure clients can log into the Marketplace and help them update account details. If needed, help clients set up their Marketplace account.

2. Review finances.

A client's income and tax filing history help determine eligibility for financial assistance through the Marketplace.

- ☑ Make sure that clients who received Advance Premium Tax Credits (APTCs) have filed and reconciled their federal taxes so that they remain eligible for this financial assistance.
- ☑ Help clients estimate their income and report any changes to the Marketplace.

3. Confirm enrollment in the Ryan White HIV/ AIDS Program (RWHAP), including ADAP.

Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.

- ☑ Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
- ☑ Re-certify a client's RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

4. Help clients prepare for enrollment and schedule enrollment appointments.

Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.

- ☑ Know what plans are being offered in their area.
- ☑ Help clients identify their coverage priorities including medication access and continuity with preferred providers.
- ☑ Dedicate time to educate clients on the importance of health coverage and answer questions.
- ☑ Schedule enrollment appointments.

Open Enrollment Dates and Tips

Apply by 12/15/22

Dec. 15, 2022

Coverage starts 1/1/23

Jan. 1, 2023

Feb. 1, 2023

Apply by 1/15/23

Coverage starts 2/1/23

Open Enrollment Begins Nov. 1, 2022

75 days

Open Enrollment Ends Jan. 15, 2023

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Staff can conduct Account Tune-Ups with clients during:

- RWHAP/ADAP certification appointments
- Routine medical appointments
- Case management or benefits counseling activities
- Separate scheduled sessions

4. Assess health plans and conduct client outreach.

- For RWHAP recipients purchasing insurance:
  - Assess all plan options, including off-Marketplace plans.
  - Consider locating a third-party to do a plan assessment once plan information becomes available.
  - Train subrecipient staff on plan options as soon as they have been assessed.

- For RWHAP-funded direct service providers:
  - Check with ADAP and/or other RWHAP insurance purchasing programs on plan options available to clients.
 - Train program staff on plan options as soon as they have been assessed.

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Tips for working with insurance companies

- Develop working relationships with insurance companies to:
  - Receive assistance reviewing plans to identify which ones could be sponsored by RWHAP and ADAP.
  - Set up process to make emergency premium payments via credit-card.

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Preparing for Marketplace Open Enrollment

On-Demand Module

Preparing for Open Enrollment
On-Demand Module
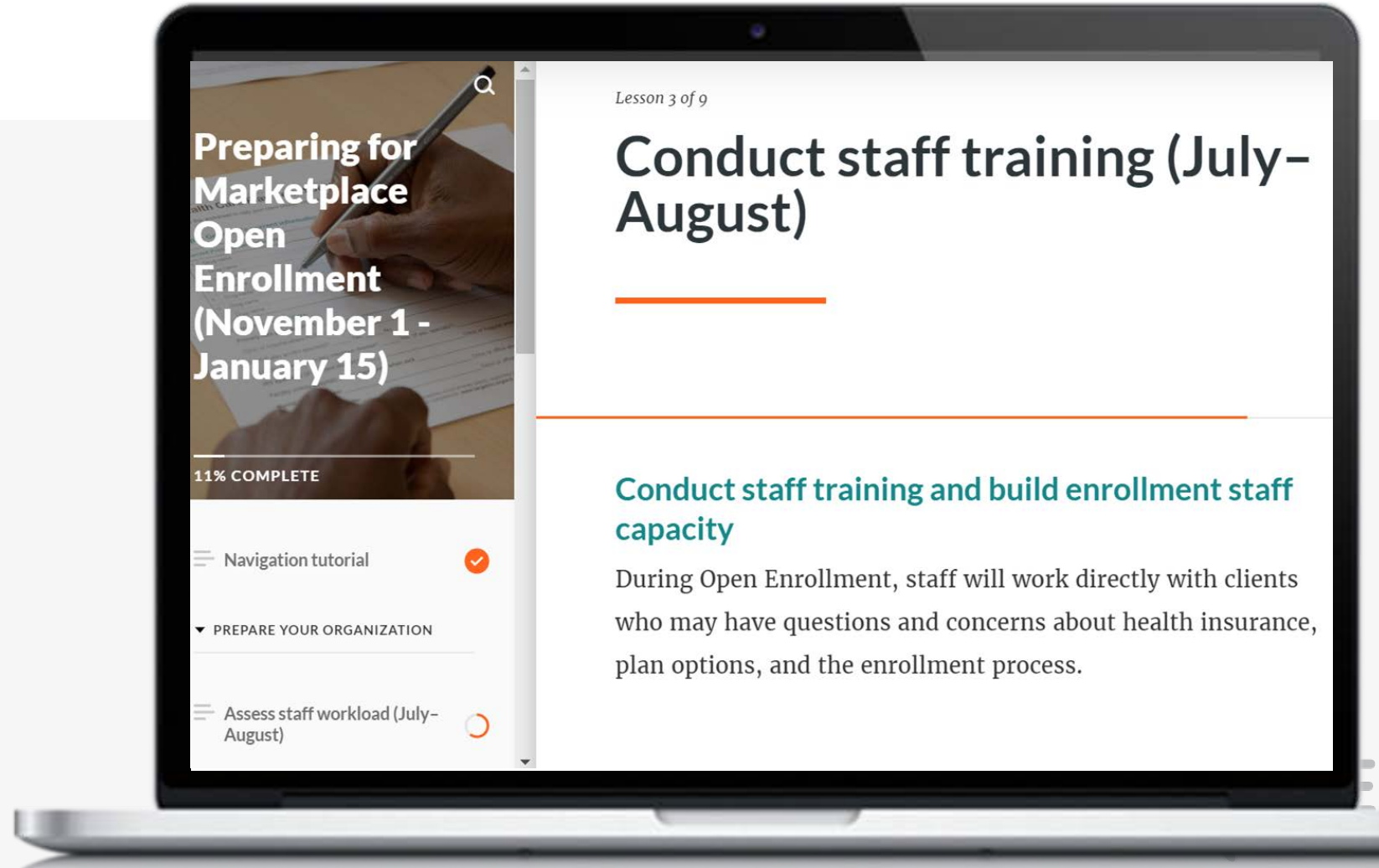
Resources

Dori Molozanov: dmolozanov@nastad.org

- NASTAD COVID-19 Updates & Resources

- COVID-19 resources in NASTAD's OnTAP Resource Bank
  - Share materials from your state via email directly to Mahelet Kebede (mkebede@NASTAD.org)

- Health Reform Beyond the Basics SEP Reference Charts

- Georgetown 50-State Unwinding Tracker with information about each state's "unwinding plan" for Medicaid after the COVID-19 PHE ends (links to state documents at the bottom of the page)

- CMS From Marketplace to Medicare

- Georgetown Center on Health Insurance Reforms Navigator Resource Guide

- HRSA/HAB COVID-19 Frequently Asked Questions

- ACE TA Center Resources

Questions?

Contact Information

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