RWHAP ADAP Considerations for the 2021 Plan Year

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NASTAD

Presentation Overview

- COVID-19 coverage and policy updates
- Preparing for open enrollment
  - ADAP/Part B program considerations
  - NASTAD cost effectiveness tool
- Remote enrollment best practices and considerations

COVID-19 Coverage and Policy Updates

COVID-19 Enrollment Updates

Medicaid/CHIP enrollment has increased in most states and will likely continue to grow.

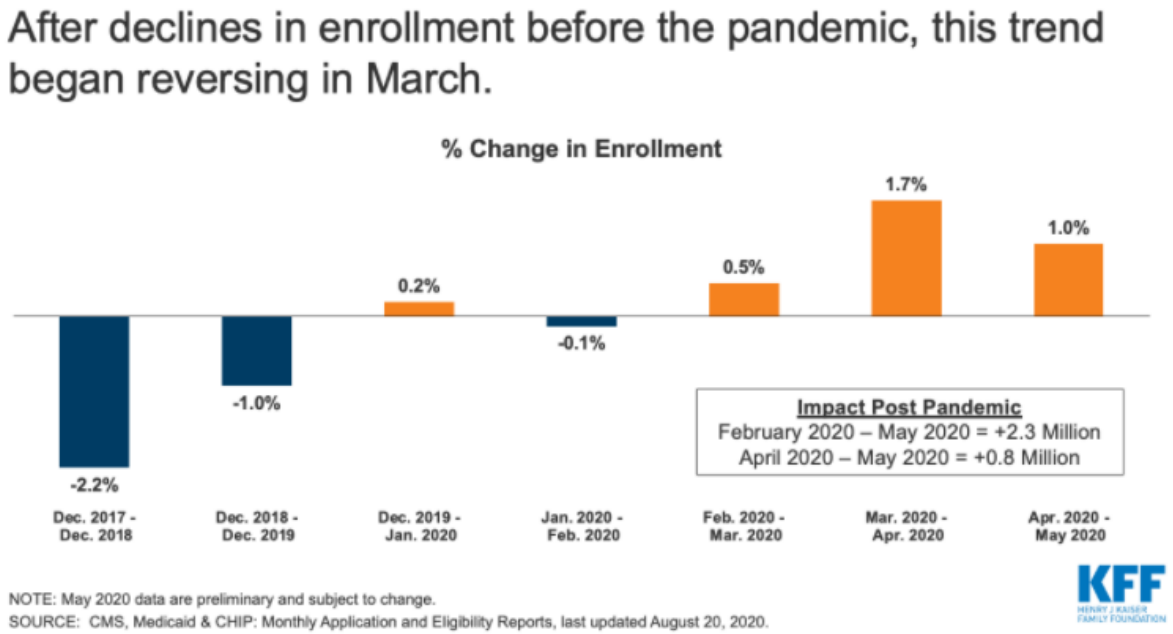
- March 2020: first nationwide enrollment uptick since March 2017

Nationwide Medicaid/CHIP enrollment growth

Feb. – May 2020: 3.2%

Adult enrollee growth: 4.3%

- Mar. – Apr. 2020: 1.7%
  - Adult enrollee growth: 2.1%
- Apr. – May 2020: 1.0%
  - Adult enrollee growth: 1.5%

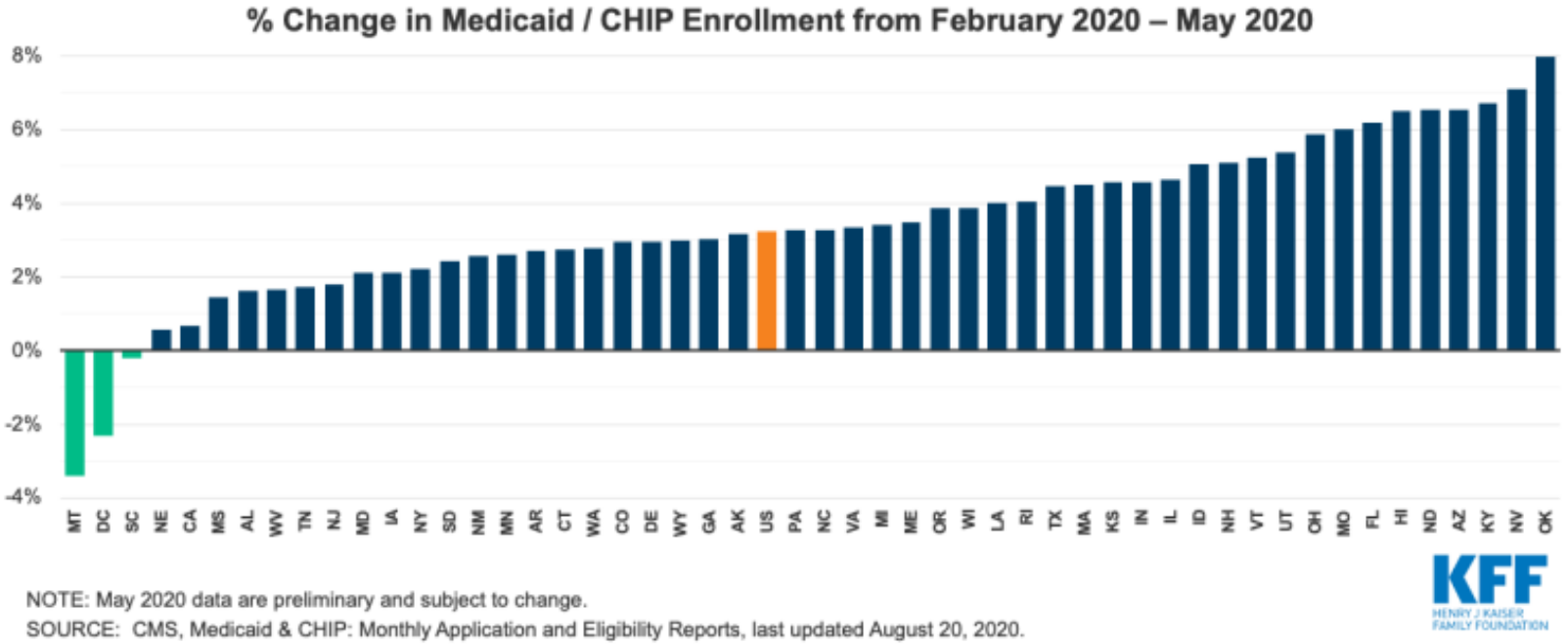


Source: Kaiser Family Foundation, https://www.kff.org/coronavirus-covid-19/issue-brief/data-note-analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/

Medicaid/CHIP Enrollment: Feb. – May 2020

Figure 2

Enrollment from February 2020 to May 2020 increased in all but 3 states.



NOTE: May 2020 data are preliminary and subject to change.
SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated August 20, 2020.

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- Nationwide growth: 3.2%
- Oklahoma had the most growth: 8%
- Enrollment decreased in 3 states: MT, DC, SC

Source: Kaiser Family Foundation, https://www.kff.org/coronavirus-covid-19/issue-brief/data-note-analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/

COVID-19 Enrollment Updates

- **Why might Medicaid enrollment increase in a state?**
  - Job and income losses caused by COVID-19 economic downturn
  - Increased federal matching rate for states that pause disenrollments during COVID-19
- **Why might Medicaid enrollment not increase in a state?**
  - CARES Act boost in unemployment benefits (+$600/week) puts families in APTC range (expired July 31)
  - Partial income losses for household
  - Paycheck Protection Program may help keep workers enrolled in ESI
  - Restrictions on immigrant eligibility
- **Why might Medicaid enrollment vary state to state?**
  - Medicaid expansion vs. non-expansion states
  - Unemployment rates vary by state
    - National unemployment rate (July): 10.2%
    - State unemployment rates (July) vary from 4.5% (UT) to 16.1% (MA)

COVID-19 Enrollment Updates

Marketplace enrollment has seen significant spikes in many states.

- Highlights the important role Marketplaces play for millions of individuals and families experiencing job losses and income fluctuations
- Filling the gap between ESI and Medicaid coverage
- **Why might Marketplace enrollment increase significantly?**
  - COVID-19 Special Enrollment Periods (SBM states only)
  - Other Special Enrollment Periods, e.g., loss of coverage, changes in income
  - CARES Act boost in unemployment benefits (+$600/week) puts families in APTC range (expired July 31)

Federal Extension of Public Health Emergency

U.S. Department of Health and Human Services (HHS) has extended the COVID-19 Federal Public Health Emergency (PHE) until October 23.

Coverage type	Policies
Medicaid	• Enhanced federal matching funds (FMAP) • State flexibilities: Section 1135 waivers, Section 1115 waivers, State Plan Amendments • COVID-19 testing for uninsured → **19 states have implemented** • No cost-sharing for COVID-19 testing and test-related services • State policies expanding access (e.g., telehealth, Rx access, prior authorization, relax network and referral requirements)
Medicare	• Relaxed Medicare telehealth restrictions • Section 1135 waivers
Private Insurance	• Federal requirements: no cost-sharing for COVID-19 testing (including out-of-network), no prior authorization for COVID-19 testing • State policies expanding access (e.g., telehealth, Rx access, prior authorization, relax network and referral requirements, premium relief) → **37 states have implemented** • Insurer policies expanding access

Loss of Employer Coverage and COBRA

- Even if COBRA is available, clients may enroll in Marketplace coverage through an SEP within 60 days of losing their pre-COBRA coverage
- Voluntary termination of COBRA more than 60 days after losing pre-COBRA coverage does not trigger a new SEP
- However, clients may be eligible for an SEP if their COBRA costs change because their former employer stopped contributing

Special Enrollment Periods

Special Enrollment Periods (SEPs). Consumers may change plans or enroll in coverage outside of the annual Open Enrollment Period (Nov. 1 – Dec. 15 in most states) if they experience a "qualifying life event" such as:

- Loss of coverage, including job-based coverage
- Change in income that affects eligibility for financial assistance
- Moving out of Medicaid gap
  - applies in non-expansion states
- Release from incarceration
- Permanent move to a new coverage area
- "FEMA SEP"
  - New SEP for consumers who qualified for an SEP but missed the deadline for a reason related to COVID-19
  - Some clients will have to apply through Marketplace call center

New SEP: Newly Eligible for APTC

New SEP for insured individuals whose incomes drop within APTC range

Current Rule	New Rule
Only consumers with Marketplace coverage could get an SEP if their income dropped below 400% FPL	Anyone with minimum essential coverage whose income drops below 400% FPL is eligible for an SEP

- This SEP is currently optional for state-based Marketplaces
- Old rule still in effect in healthcare.gov states; nationwide implementation expected in the future
- Access to affordable ESI is still a bar to APTC eligibility – this SEP is likely most helpful for off-Marketplace enrollees who experience a drop in income

Special Enrollment Periods

COVID-19 Special Enrollment Periods (SEPs). **States with state-based exchanges may create an SEP allowing uninsured residents to apply for health coverage.**

~~CA: August 31~~

~~CO: April 30~~

~~CT: April 17~~

DC: September 15

MD: December 15

~~MA: July 23~~

~~MN: April 21~~

~~NV: May 15~~

NY: September 15

~~RI: April 30~~

~~VT: August 14~~

~~WA: May 8~~

No SEP: Idaho + 38 states using federally-facilitated Marketplace (FFM), but some documentation requirements have been relaxed

Consumers in Idaho and FFM states can still become eligible for an SEP for another reason.

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 have Part A but delayed Part B enrollment because they had employer coverage
- **Clients with reductions in income may be eligible for increased APTCs, CSRs, or Medicaid**
  - Must update Marketplace application
- **Ensure clients are not terminated from Medicaid**
  - Confirm whether your state has taken up increased FMAP and help clients reinstate coverage if terminated after March 18
  - Make sure clients meet redetermination deadlines
  - Ensure state is properly implementing unemployment disregard

Addressing Churn and Maintaining Access

Clients who lose coverage should exercise caution in considering non-traditional, non-ACA compliant products like health care sharing ministries and short-term limited duration insurance (STLDI).

- House Energy & Commerce Committee Report on STLDI
  - Enrollment is increasing, including among consumers with existing health needs
  - Plans engage in post-claims underwriting, plan rescissions, and outright discrimination
  - Plans impose severe coverage limitations (i.e., caps on benefits, pre-existing condition exclusions)
  - Clients do not always know what they are buying because of deceptive marketing
- 24 states have taken action to regulate STLDI, but marketing strategies and lack of information about available plans makes effective regulation difficult
- STLDI marketing will likely increase as more people lose coverage and face financial hardship during COVID-19, since premiums tend to be fairly low

Unemployment Insurance (UI) Overview

- Eligibility guidelines vary by state
  - General guidelines:
    - Unemployed or experienced reduction in income through no fault of your own
    - Meet work and wage requirements for your state
    - Meet additional state requirements
- Duration varies by state
  - Most states provide 26 weeks
  - Additional weeks available in periods of high unemployment ("extended benefits")
- Amount paid varies by state
  - Average weekly benefit nationwide is $378/week
    - Lowest → MS, $235/wk max
    - Highest → MA, $823/wk max

CARES Act Unemployment Programs

- **Federal Pandemic Unemployment Compensation (FPUC):** additional $600/week in benefits, **through 7/31**
  - Congress is considering extending enhanced unemployment, but current proposals would significantly reduce the supplemental benefits
- **Pandemic Emergency Unemployment Benefits (PEUC):** additional 13 weeks of benefits after state benefits exhausted, **through 12/31**

In states with high unemployment rates, workers can receive up to 13 weeks (or up to 20 weeks in some states) of "extended benefits" (EB) after exhausting regular state UI and PEUC (but before applying for Pandemic Unemployment Assistance (PUA)).

CARES Act Unemployment Programs, cont.

- **Pandemic Unemployment Assistance (PUA):** up to 39 weeks of benefits for individuals not otherwise eligible for UI *whose employment is affected by COVID-19*, **through 12/31**
  - If not eligible for state or federal benefits (e.g., self-employed, contractors): May receive up to 39 weeks of benefits
  - If exhausted all state and federal benefits: PUA = 39 minus weeks of regular state UI and extended benefits received

Executive Order: Lost Wages Supplement

States may apply for federal funding to provide "Lost Wages Supplement" payments to UI claimants.

- **Eligibility:** UI claimants currently eligible for at least $100/week
- **Amount:** additional $300/week in federal dollars, **but only if:**
  - State contributes an additional $100/week, **OR**
  - State funds 25% of aggregate benefits paid to workers receiving Supplement
- **Duration:** available until December 27, unless (whichever happens first):
  - federal payments exceed certain threshold (experts estimate this threshold will be met by the end of September), **OR**
  - Congress passes legislation authorizing supplemental federal UI benefits

States that have received approval as of Aug. 25 (32):

AK, AL, AR, AZ, CA, CO, CT, GA, IA, ID, IN, KY, LA, MA, MD, ME, MO, MI, MS, MT, NC, NH, NM, NY, OK, PA, RI, TN, TX, UT, VT, WA

UI and Eligibility for Health Coverage

Regular state UI benefits

- Taxable
- Included in Medicaid income
- Included in Marketplace income
- ADAP eligibility criteria may vary

Additional $600/week FPUC authorized by the CARES Act

- Taxable
- Not included in Medicaid income
  - Note: only the additional $600/week is excluded – base state UI amount is included
- Included in Marketplace income
- ADAP eligibility criteria may vary

Stimulus Payments and Eligibility for Health Coverage

- **First stimulus payment under CARES Act:**
  - Eligibility: all households with incomes under $99,000 ($198,000 for joint filers)
  - Amount: one-time payment up to $1200 for single filers / up to $2400 for married filers (amount depends on income) plus $500 per child
  - Tax-free
  - Not included in Medicaid income
  - Not included in Marketplace income
  - ADAP eligibility criteria may vary
- **Second stimulus payment?**
  - Congress is considering a second round of stimulus payments, likely with lower income cutoff

Preparing for Open Enrollment

2021 Plan Landscape

- **Based on preliminary rates in 11 states:**
  - Rate changes range from 12% decrease to 31.8% increase, with more than half showing a 2-6% increase
  - 37% of filings attribute at least some increase to COVID-19
- **Rates finalized in late Summer, publicly available in early/mid-Fall**
  - Insurers will continue monitoring pandemic and potentially revise proposed rates based on experience and availability of more data
- **COVID-19 may put both upward and downward pressure on rates**
  - Upward: increased testing, widespread vaccination, pent up demand from delayed care
  - Downward: continued avoidance of care if there is another wave of COVID-19 infections

Case Study: California 2021 Rates

- March: Covered California projected 2021 premium increases of up to 40%
- Actual rate increase in CA Marketplace will average 0.6% – this is the lowest increase in its history
  - Hospitals and doctors were not overwhelmed due to "flattening the curve"
  - Impact of COVID-19 on insurers offset by decrease in elective procedures and non-urgent appointments
    - NOTE: even as more people now return to seek care, market has proven stable enough to handle the change

Image Source: Kaiser Health News, https://khn.org/news/covered-california-expects-12-5-percent-average-rate-rise-in-2018/

Case Study: California 2021 Rates

State policies increasing enrollment of lower-risk enrollees in CA:

- COVID-19 SEP was available until August 31 (at least 231,000 new enrollments since March)
- State-level individual mandate
- State-funded Marketplace financial assistance to supplement federal assistance
  - Advance premium tax credit (APTC) cap increased to 600% FPL
  - Additional premium assistance to enrollees between 200-400% FPL
  - Additional premium assistance for low-income immigrants in Medicaid "five-year bar"

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 you include discounts in your drug cost estimate, need to include rebates in your insurance cost estimate
- Rule of thumb – if anticipated rebates exceed the cost of the insurance, plan is clearly cost-effective
  - These rebates can offset higher-cost plans
  - Do not prohibit higher-cost plans without looking at total program costs in the aggregate
- 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 early to put in place remote enrollment plans
- Assess cost-effectiveness of plans and rebate generation impact

Before, during, and after OE:

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

Additional Resources

Contact information: Dori Molozanov (dmolozanov@nastad.org)

- NASTAD COVID-19 Updates & Resources
  - https://www.nastad.org/resource/covid-19-updates-and-resources
- OnTAP Resource Bank COVID-19 resources
  - https://ontap.nastad.org
  - Share materials from your state via email directly to Mahelet Kebede (mkebede@NASTAD.org)
- HRSA/HAB COVID-19 Frequently Asked Questions:
  - https://hab.hrsa.gov/coronavirus/frequently-asked-questions#aids-drugs
- HRSA/BPHC COVID-19 Frequently Asked Questions:
  - https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html#covid-19
- ACE TA Center
  - https://targethiv.org/ace

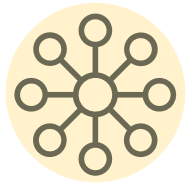
Today’s presenters

MOLLY TASSO

MIRA LEVINSON

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 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.

Audiences

- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators and other in-person assisters that help enroll RWHAP clients

Remote enrollment updates and considerations

Remote enrollment assistance

- According to CMS, navigators and CACs no longer need to be in-person to provide enrollment assistance.
- Consumers can provide consent themselves, or through an authorized individual.
- Consent can be given over the phone, in writing, or both.
- **Key considerations:**
  - Safeguarding consumer privacy in staff physical and online work space.
  - Securely sign and send documents.

Safeguarding consumer privacy

When communicating online:

- Adhere to your organization's policies and the Health Insurance Portability and Accountability Act (HIPAA) requirements when exchanging personal health information.
- Use a secure email with features such as end-to-end encryption, two-factor authentication, and an SSL certificate.
- Encrypt and password protect documents for added security. Share passwords separately, such as phone or email.

Physical space:

- If possible, set-up a private space to protect the caller's personal information.
- Securely store printed materials containing PHI. Limit the amount of paper with PHI.
- Make sure you are the only person that can see any paper or electronic client information, including while you are working

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Signing and sending documents

- Send documents needing a signature via a secure email or fax.
- Check with your organization about acceptable options for obtaining signatures.
  - DocuSign, Adobe Fill & Sign, SignNow are all free apps to help obtain electronic signatures
  - eFax app, FAX app, Fax Pro are free online fax programs.

Tips for communicating over phone

- If possible, have incoming calls to your work phone and voicemail forwarded to personal phone.
- To protect your personal phone number, use *67 prior to making a call, Google Voice or change your information to show as private.
- If not speaking directly with a client, make sure you are speaking with someone who’s authorized to speak on the client’s behalf.
- Use a language line/interpreter line for assisting clients in other languages.

Best practices: Remote and in-person enrollment

Prepare for Open Enrollment with Account Tune-Ups

Account tune-ups are in-person or virtual pre-enrollment appointments 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.

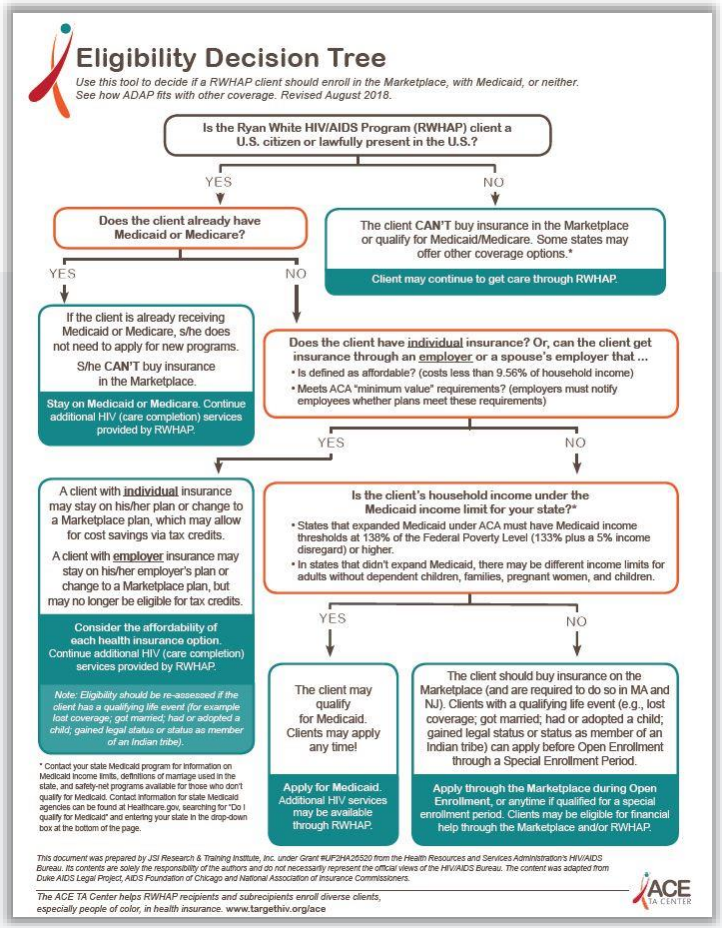
Clarify expectations and goals of enrollment appointment

- Set expectations for appointment
  - Appointment is to screen for coverage and not a guarantee of enrollment.
- Make sure client knows what to have prepared for appointment, including Marketplace login and income information.
- Provide client with all logistical meeting information ahead of time
  - If remote, provide phone number, link to teleconference video, etc.

Communicate key message to clients

- Importance of health coverage
- RWHAP is not insurance!
- Benefits of receiving enrollment assistance to find and select a plan
- Explain importance of actively comparing and enrolling into plans
  - Avoid short term plans
- When reviewing plans, check for preferred HIV medications and providers
- Availability of financial assistance
- Ensure no outstanding balance on current health plan
- Remember: Cheaper isn't always better!

Tools for Open Enrollment



Eligibility Decision Tree

Use this tool to decide if a RWHAP client should enroll in the Marketplace, with Medicaid, or neither. See how ADAP fits with other coverage. Revised August 2018.

Is the Ryan White HIV/AIDS Program (RWHAP) client a U.S. citizen or lawfully present in the U.S.?

YES

Does the client already have Medicaid or Medicare?

YES

If the client is already receiving Medicaid or Medicare, s/he does not need to apply for new programs.

S/he **CAN'T** buy insurance in the Marketplace.

Stay on Medicaid or Medicare. Continue additional HIV (care completion) services provided by RWHAP.

NO

Does the client have individual insurance? Or, can the client get insurance through an employer or a spouse's employer that ...

- Is defined as affordable? (costs less than 9.56% of household income)
- Meets ACA "minimum value" requirements? (employers must notify employees whether plans meet these requirements)

YES

A client with **individual** insurance may stay on his/her plan or change to a Marketplace plan, which may allow for cost savings via tax credits.

A client with **employer** insurance may stay on his/her employer's plan or change to a Marketplace plan, but may no longer be eligible for tax credits.

Consider the affordability of each health insurance option. Continue additional HIV (care completion) services provided by RWHAP.

Note: Eligibility should be re-assessed if the client has a qualifying life event (for example lost coverage; got married; had or adopted a child; gained legal status or status as member of an Indian tribe).

NO

Is the client's household income under the Medicaid income limit for your state?*

- States that expanded Medicaid under ACA must have Medicaid income thresholds at 138% of the Federal Poverty Level (133% plus a 5% income disregard) or higher.
- In states that didn't expand Medicaid, there may be different income limits for adults without dependent children, families, pregnant women, and children.

YES

The client may qualify for Medicaid. Clients may apply any time!

Apply for Medicaid. Additional HIV services may be available through RWHAP.

NO

The client should buy insurance on the Marketplace (and are required to do so in MA and NJ). Clients with a qualifying life event (e.g., lost coverage; got married; had or adopted a child; gained legal status or status as member of an Indian tribe) can apply before Open Enrollment through a Special Enrollment Period.

Apply through the Marketplace during Open Enrollment, or anytime if qualified for a special enrollment period. Clients may be eligible for financial help through the Marketplace and/or RWHAP.

NO

The client **CAN'T** buy insurance in the Marketplace or qualify for Medicaid/Medicare. Some states may offer other coverage options.*

Client may continue to get care through RWHAP.

* Contact your state Medicaid program for information on Medicaid income limits, definitions of marriage used in the state, and safety-net programs available for those who don't qualify for Medicaid. Contact information for state Medicaid agencies can be found at Healthcare.gov, searching for "Do I qualify for Medicaid" and entering your state in the drop-down box at the bottom of the page.

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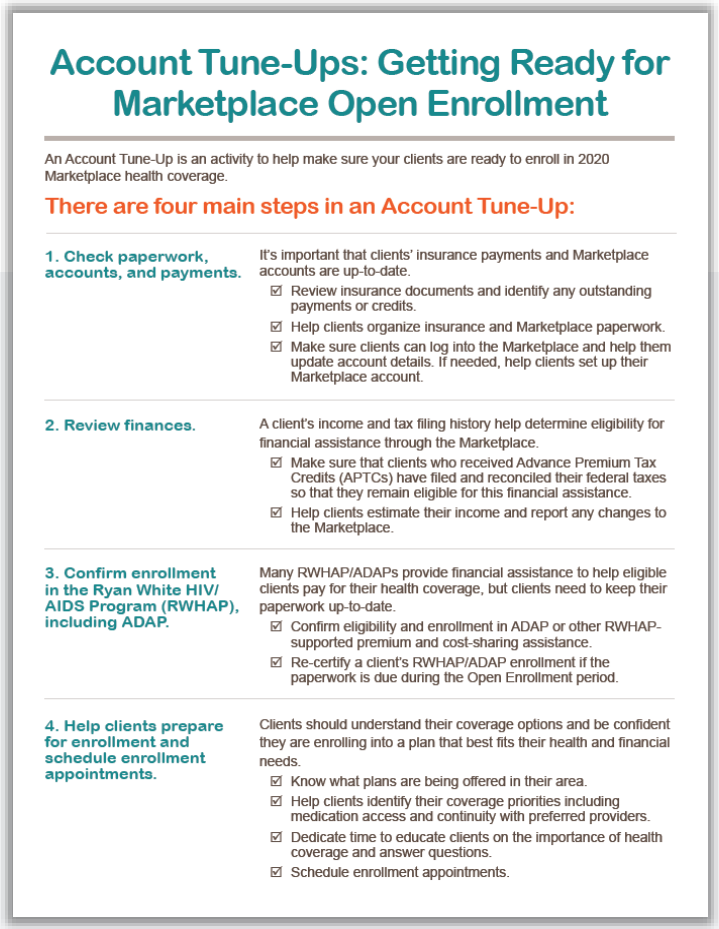
The ACE TA Center helps RWHAP recipients and subrecipients enroll diverse clients, especially people of color, in health insurance. www.targethiv.org/ace

ACE TA CENTER

https://targethiv.org/sites/default/files/file-upload/resources/eligibility_flowchart_072020_508.pdf



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 2020 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.

https://targethiv.org/sites/default/files/file-upload/resources/account_tuneups_July2020_508.pdf

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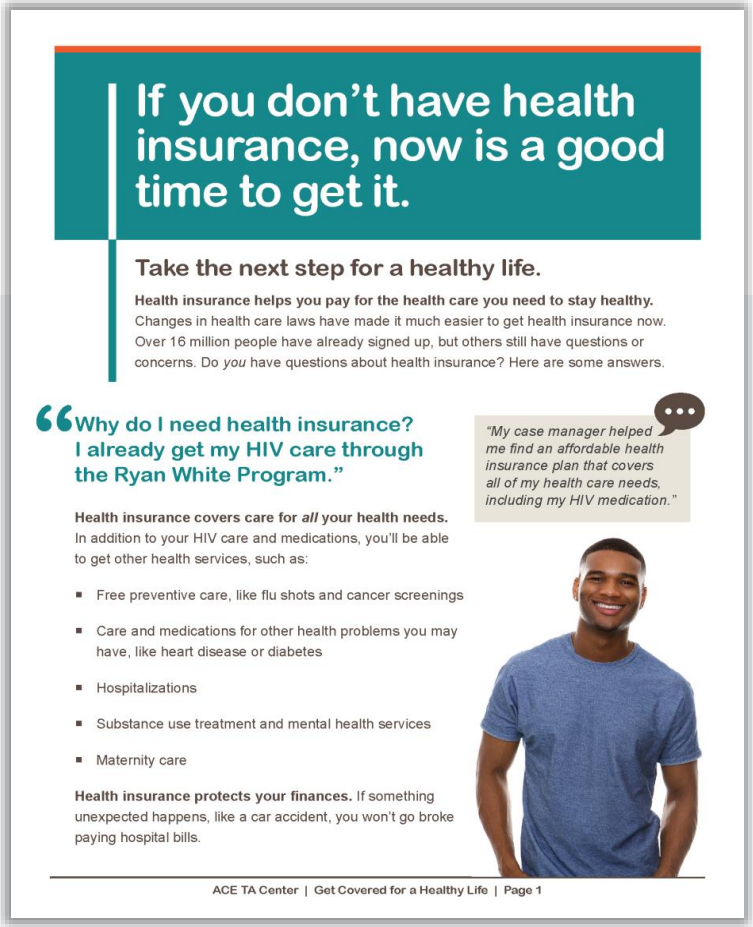
Tools for Consumers



If you don't have health insurance, now is a good time to get it.

Take the next step for a healthy life.

Health insurance helps you pay for the health care you need to stay healthy. Changes in health care laws have made it much easier to get health insurance now. Over 16 million people have already signed up, but others still have questions or concerns. Do *you* have questions about health insurance? Here are some answers.

"Why do I need health insurance? I already get my HIV care through the Ryan White Program."

"My case manager helped me find an affordable health insurance plan that covers all of my health care needs, including my HIV medication."

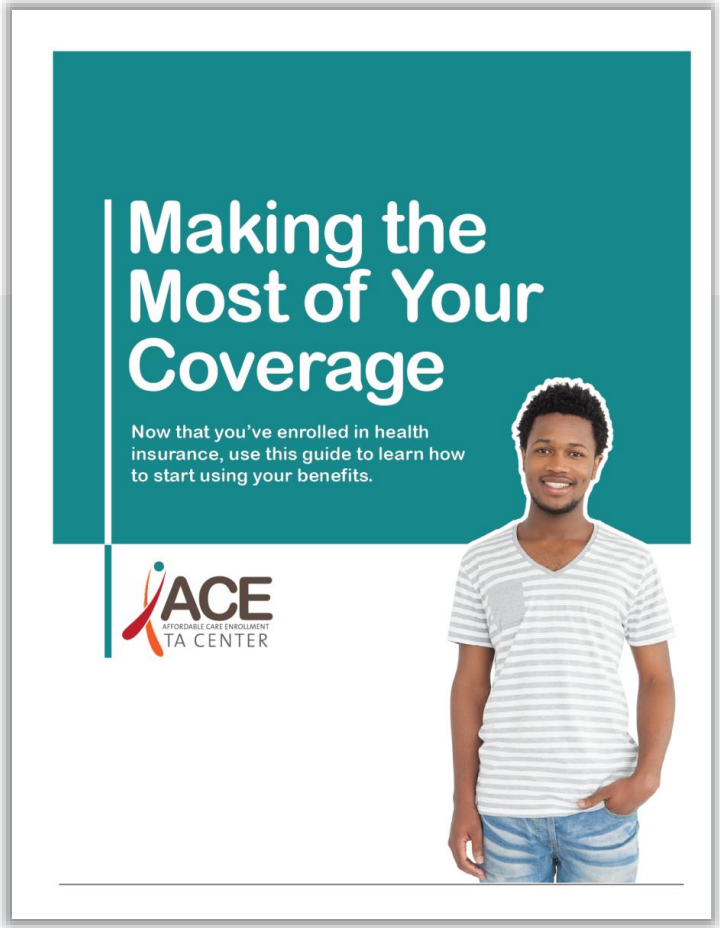
Health insurance covers care for *all* your health needs. In addition to your HIV care and medications, you'll be able to get other health services, such as:

- Free preventive care, like flu shots and cancer screenings
- Care and medications for other health problems you may have, like heart disease or diabetes
- Hospitalizations
- Substance use treatment and mental health services
- Maternity care

Health insurance protects your finances. If something unexpected happens, like a car accident, you won't go broke paying hospital bills.

ACE TA Center | Get Covered for a Healthy Life | Page 1

https://targethiv.org/sites/default/files/file-upload/resources/ACETACenter_GetCovered_QA_July2018.pdf



Making the Most of Your Coverage

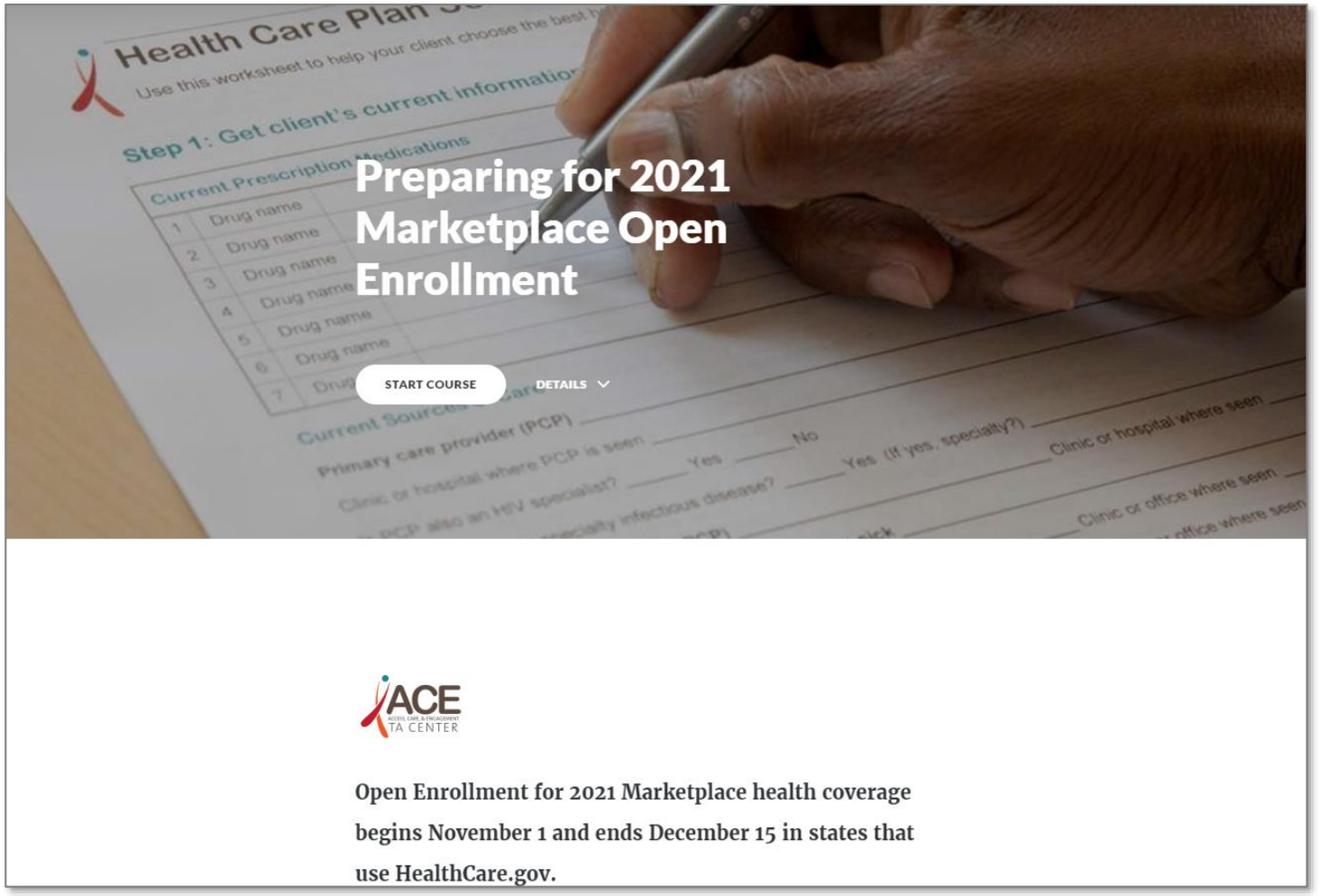
Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.

ACE AFFORDABLE CARE ENROLLMENT TA CENTER

https://targethiv.org/sites/default/files/file-upload/resources/ACE_MakingtheMostofYourCoverage_Feb%202019.pdf

Preparing for OE eLearning package

- Tool outlines the timeline with key steps your program can take to prepare in the months leading up to Open Enrollment.
- https://targethiv.org/sites/default/files/ace-open-enrollment/index.html#/



Thank you.

- Sign up for our mailing list, download tools and resources, and more at **targethiv.org/ace**
- Contact us: **acetacenter@jsi.com**