

ADAP Considerations After Open Enrollment: Tax Filing, Medicare Eligibility, Special Enrollment Periods, and More

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March 4, 2019



Presentation Outline

- Overview of Premium Tax Credit Reconciliation
- 2019 Marketplace Updates
 - New rule for Special Enrollment Periods
 - New rule for same-day voluntary termination
 - Analyses of new non-ACA-compliant coverage options
- Medicaid and Medicare Periodic Data-Matching Notices
- Resolving Income Data-Matching Issues
- JSI ACE TA Center Resources

Overview: Premium Tax Credit Reconciliation

Advance Premium Tax Credit (APTC) Life Cycle

Step One: Marketplace Application

- Demonstrate financial eligibility for premium tax credit in Marketplace application Individuals may apply for **advance** premium tax credit based on projected annual income

Dates: November 1 – December 15 in FFM states (SBM states may have an extended Open Enrollment period)

Step Two: Report Income Changes

- Report changes in income to Marketplace that will impact APTC amount
- Report changes in tax household size that will impact APTC amount

Dates: January 1 – December 31 (tax year)

Step Three: File Your Federal Taxes!

- Individuals receiving APTC MUST file federal taxes for year in which they received the tax credit
- IRS will determine if individual received the right amount of APTC during the year

Dates: By April 15

Tax Forms Relevant to ADAPs

Tax Form	Description
Form 1095-A	Form generated by the Marketplace and sent to anyone receiving APTC
Form 1095-B	Form sent by the insurer to the insured verifying individual had coverage
Form 1095-C	Form sent by employer to the employee verifying whether the individual had coverage
Form 8962	Addendum to tax return documenting APTC reconciliation
Form 8965	Addendum to tax return documenting any exception to the requirement to have minimum essential coverage

Putting it Together: Determining if There was an APTC Under or Overpayment

The 1095-A: Tells you how much the individual actually received in APTCs throughout the year (by month)

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January			
22 February			
23 March			

Putting it Together: Determining if There was an APTC Under or Overpayment

The Form 8962: Tells you how much the individual should have received in APTCs and allows for calculation of any overpayment or underpayment

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 5 (Form 1040), line 70, or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	REFUND OWED TO INDIVIDUAL
Part III Repayment of Excess Advance Payment of the Premium Tax Credit			
27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 46, or Form 1040NR, line 44	29	LIABILITY OWED TO IRS

Putting it Together: The 1040

SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Tax

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **02**

Name(s) shown on Form 1040

Your social security number

Tax	38-44	Reserved	38-44
	45	Alternative minimum tax. Attach Form 6251	45
	46	Excess advance premium tax credit repayment. Attach Form 8962	46
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71478U

Schedule 2 (Form 1040) 2018

Schedule 2:
Enter excess
PTC from
Form 8962

Schedule 5:
Enter net
PTC from
Form 8962

SCHEDULE 5 (Form 1040)

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Name(s) shown on Form 1040

Your social security number

Other Payments and Refundable Credits	65	Reserved	65
	66	2018 estimated tax payments and amount applied from 2017 return	66
	67a	Reserved	67a
	b	Reserved	67b
	68-69	Reserved	68-69
	70	Net premium tax credit. Attach Form 8962	70
	71	Amount paid with request for extension to file (see instructions)	71
	72	Excess social security and tier 1 RRTA tax withheld	72
	73	Credit for federal tax on fuels. Attach Form 4136	73
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17.	75

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

Putting it Together: The 1040

Form 1040 (2018)

Page **2**

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	
8	Standard deduction or itemized deductions (from Schedule A)	8	
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	
11	a Tax (see inst.) _____ (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11	Schedule 2
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		
12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____	17	Schedule 5
	Add any amount from Schedule 5 _____		
18	Add lines 16 and 17. These are your total payments	18	
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	
b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number _____		
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions)	23	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2018)

Putting it Together: The 1040

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial Last name Your social security number

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial Last name Spouse's social security number

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here

Schedule 4:
Individual
Responsibility
Payment

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Other Taxes

- 57 Self-employment tax. Attach Schedule SE
- 58 Unreported social security and Medicare tax from: Form a 4137 b 8919
- 59 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required
- 60a Household employment taxes. Attach Schedule H
- b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required
- 61 Health care: individual responsibility (see instructions)
- 62 Taxes from: a Form 8959 b Form 8960

Your social security number

57		
58		
59		
60a		
60b		
61		
62		

2018 Tax Form Changes

- Forms 1040-A and 1040-EZ are no longer available
- Form 1040 has been redesigned and new schedules have been added – information about PTCs goes on new Schedules 2 and 5
- Form 8962 has been revised to reflect elimination of Form 1040-A and 1040-EZ, as well as new Schedules and Line numbers on Form 1040

Repayment Amounts Are Capped

Income	Single filers	All other filers
< 200% FPL	\$300	\$600
At least 200% FPL and < 300% PFL	\$775	\$1,550
At least 300% FPL and < 400% FPL	\$1,300	\$2,600
400% FPL or more	N/A	N/A

Source: IRS Form 8962 Instructions, Table 5

Consumer Notices: Failure to File and Reconcile

- Marketplaces no longer have to send a notice to consumers before discontinuing Advance Premium Tax Credit (APTCs) for failure to reconcile the previous year's APTCs through federal tax filing
- Individual mandate is \$0 for 2019. Clients will still need to demonstrate that they had coverage in 2018 in order to avoid paying a penalty on their 2018 taxes.

Bottom line: *Remind clients to file and reconcile their APTCs using IRS Form 8962, and stress the importance of filing taxes and reporting income changes.*

HRSA/HAB Guidance

HRSA/HAB PCN 14-01

In the event of APTC tax refund to the client

Recipients must “vigorously pursue” any excess premium tax credit a client receives from the IRS upon submission of federal tax return

Recovered premium tax credit refunds are not considered program income; recipients must use recovered refunds in the Health Insurance Premium and Cost-sharing Assistance service category in the grant year when it’s received

Helpful Tip: include the client’s name, SSN, tax year, and portion of tax liability to which the Ryan White/ADAP payment should be designated

In the event of APTC liability owed to the IRS by the client

Recipients may cover client tax liabilities associated with an overpayment of the premium tax credit.

The payment to the IRS must be made from funds available in the year when the tax liability is due

Recipients must develop processes to coordinate payments directly to IRS (*payments to clients are prohibited*) and may only pay the amount directly attributed to the reconciliation of the premium tax credits

Things to Keep in Mind for 2019

- Make sure to send reminders to clients to file their taxes and reconcile their APTCs using IRS Form 8962
- Provide education about the importance of filing federal taxes and reporting income changes *at the point of enrollment and throughout the benefit year*
- Develop policies and procedures for how ADAP will approach potential APTC overpayments and underpayments
- Clients will still need to demonstrate that they had coverage in 2018 in order to avoid paying a penalty on their 2018 taxes
- ADAPs can refer clients for professional tax advice

2019 Marketplace Updates

Special Enrollment Periods

- **New rule:** Most current enrollees who qualify for an SEP may only choose between plans in the same metal level.
- Applies to healthcare.gov and SBM states
- Applies to enrollees who:
 - Already have a Marketplace plan OR are joining family member's existing plan,
 - Become eligible for certain SEPs, and
 - Want to switch plans

Same-Day Termination

- **Old rule:** Enrollees must provide 14 days notice to cancel a Marketplace policy for all enrollees on application. Termination date must be at least 14 days in the future.
- **New rule:** 14 days notice no longer required. Enrollees can choose to terminate plan immediately or may pick another date in the future.
 - SBM states may choose to implement this policy but are not required to do so

Federal Regulations Expanding the Non-ACA Compliant Market

Association Health Plan (AHP) Rule	Short-Term Limited Duration (STLD) Plan Rule
Expansion of AHPs to more people (e.g., self-employed or individuals connected only by geography)	Expands STLDs to plans that last for as long as 364 days; makes it easier to renew these plans
AHPs do not have to comply with most ACA rules	STLD plans do not have to comply with most ACA rules
Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive	Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive

- **Bottom line:** *Consumers will need assistance to avoid plans that aren't going to meet their care and treatment needs.*

Recent Analyses: AHPs and STLDI

- Kevin Lucia and Sabrina Corlette, *It's All About the Rating: Touted "Benefits" of Association Health Plans Ignore Key Facts*, Georgetown University Health Policy Institute Center on Health Insurance Reforms (Feb. 4, 2019), <http://chirblog.org/its-all-about-the-rating/>
- Sabrina Corlette et al., *The Marketing of Short-Term Health Plans: Industry Practices Create Consumer Confusion*, Georgetown University Health Policy Institute Center on Health Insurance Reforms (Jan. 31, 2019), <http://chirblog.org/short-term-insurance-marketing-consumer-confusion/>
- Robert King, *States face 'blind spots' in short-term plans*, Modern Healthcare (Jan. 31, 2019), https://www.modernhealthcare.com/article/20190131/NEWS/190139979?utm_source=modernhealthcare&utm_medium=email&utm_content=20190131-NEWS-190139979&utm_campaign=dose

Medicaid and Medicare Periodic Data-Matching

Periodic Data-Matching (PDM)

- Notices go to consumers who receive APTCs and are also enrolled in MEC Medicare or Medicaid/CHIP
- Consumers enrolled in MEC Medicare or Medicaid/CHIP are **ineligible for APTCs**
 - Consumers **eligible for but not enrolled in** MEC Medicaid/CHIP or premium-free Medicare Part A are also ineligible for APTCs
- Consumers should read notices carefully and take necessary steps to avoid or mitigate financial consequences

Medicare and Medicaid/CHIP as MEC

- Types of Medicaid that may not be MEC
 - Pregnant Women Medicaid (MEC in all states except AR, ID, SD)
 - Medically Needy Medicaid (MEC in all states except FL, IA, LA, NJ, VA)
 - Section 1115 demonstrations (limited benefits, family planning waivers, etc.)
 - Limited benefit packages
- MEC Medicare – Parts A and C are considered MEC
 - Eligibility for APTC depends on whether consumer is required to pay a premium for Part A

Medicare Periodic Data-Matching (PDM)

If the consumer receives APTCs for a Marketplace plan and:

The consumer should:

has premium-free Medicare Part A but NOT Part B

terminate APTCs immediately. They may have to repay APTCs for months when they also had Part A. They are encouraged to enroll in Part B ASAP.

has premium-free Medicare Part A AND either Part B or Part C

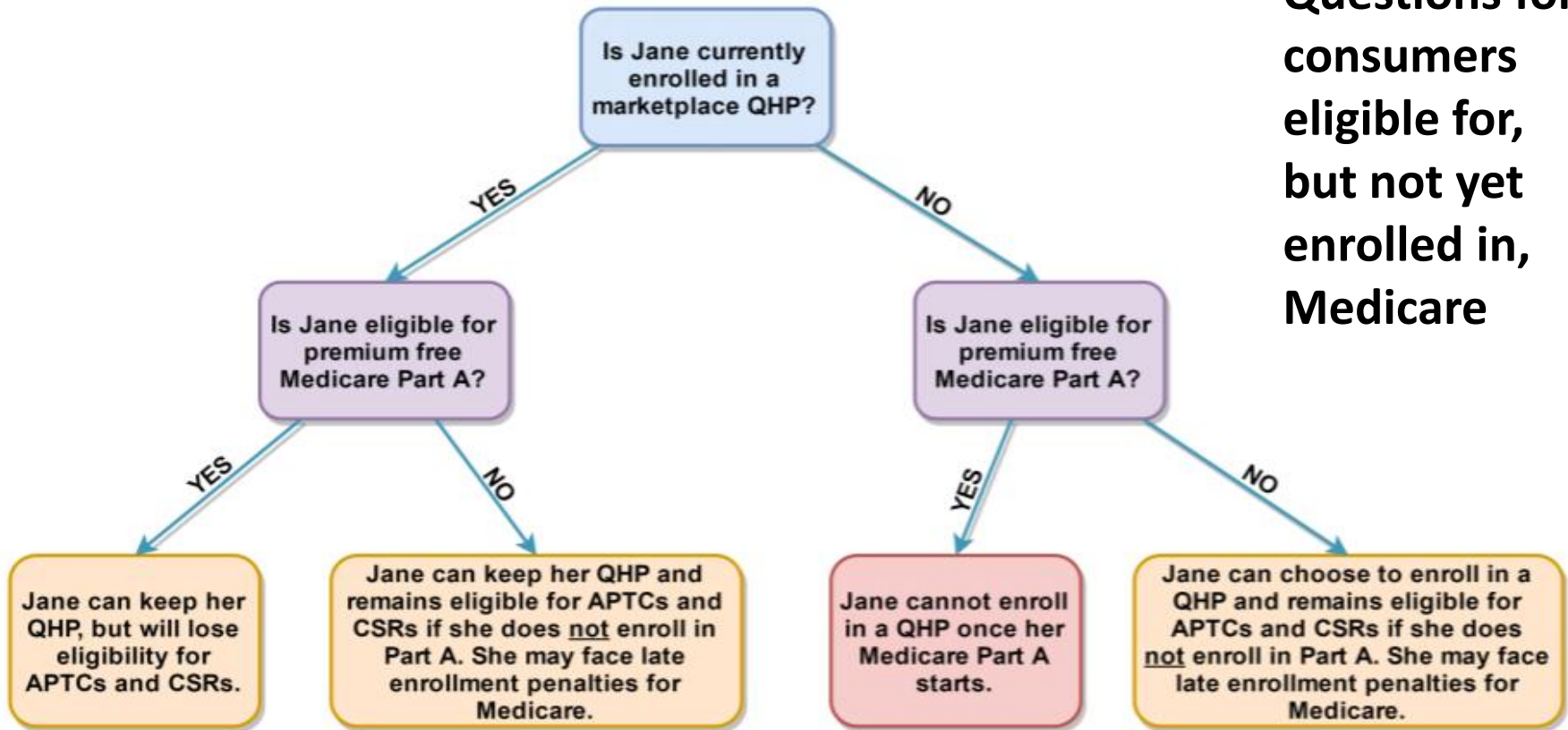
terminate APTCs immediately. They may have to repay APTCs for months when they also had Part A or C.

pays a premium for Medicare Part A

compare their Medicare premiums (for Parts A and B or C, if applicable) to their Marketplace plan to see which meets their needs and budget. They have the option to terminate Medicare and keep APTCs, or keep Medicare and terminate APTCs. They may have to repay APTCs for months when they also had Part A or C.

Eligibility: Medicare & the Marketplace

Questions for consumers eligible for, but not yet enrolled in, Medicare

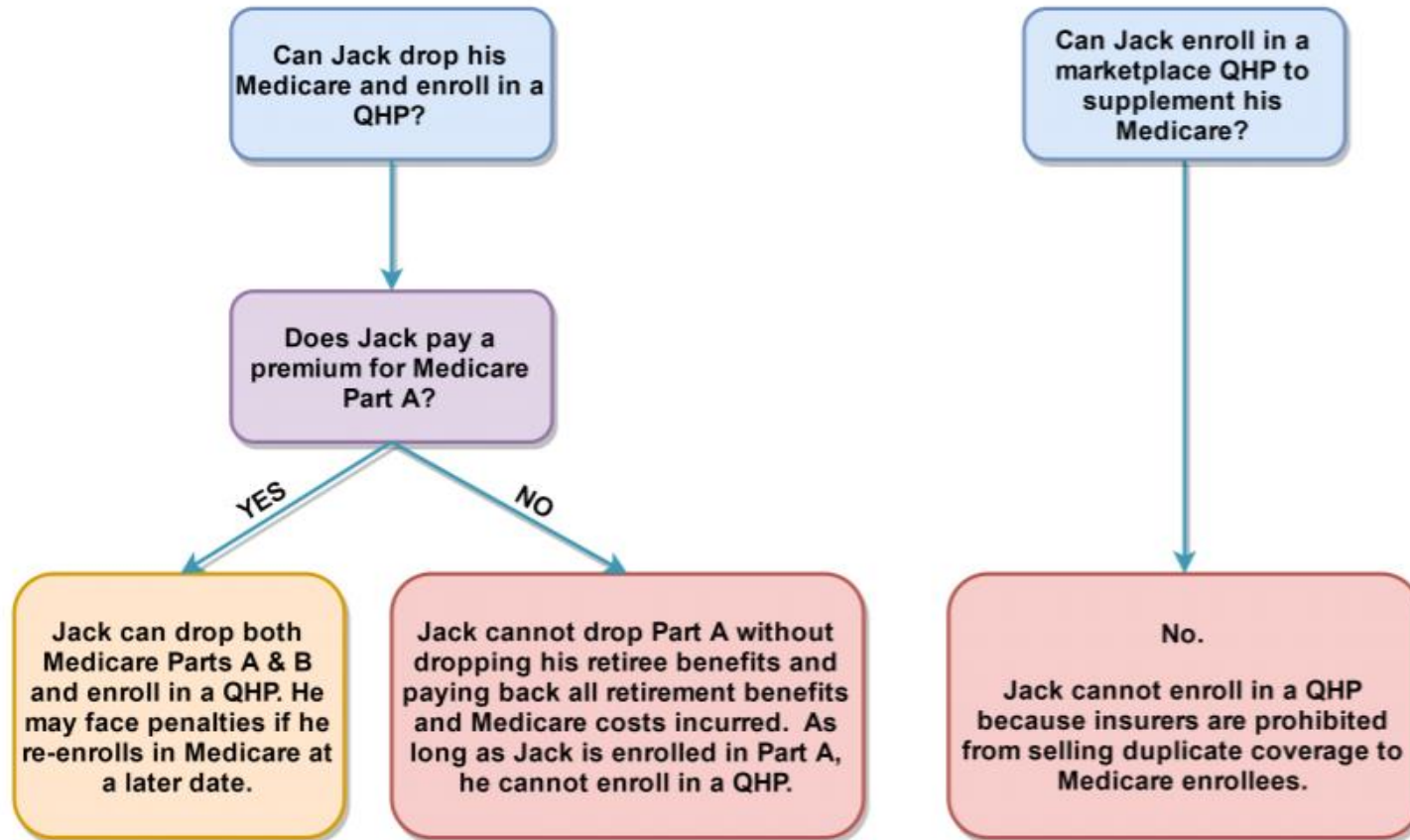


Source: In the Loop, *Medicare & the Marketplace*,

<http://www.enrollmentloop.org/sites/default/files/helpimages/Medicare%20and%20the%20Marketplace%20June%202017.pdf>

Eligibility: Medicare & the Marketplace

Questions for consumers enrolled in Medicare, but not a Marketplace plan



Source: In the Loop, *Medicare & the Marketplace*,

<http://www.enrollmentloop.org/sites/default/files/helpimages/Medicare%20and%20the%20Marketplace%20June%202017.pdf>

Medicare PDM: Other Considerations

- If the consumer is going to cancel their Marketplace coverage and enroll in Part B, they should wait to cancel the Marketplace plan until they get notice that their Part B coverage is going to start.
- Postponing Part B enrollment can result in very significant late penalties—the longer a consumer waits to enroll, the higher the penalty will be
 - Depending on the situation, the penalty could be as much as **40% of the consumer's Part B premiums** for as long as they have Part B

Medicare: Equitable Relief

Eligible consumers are those who:

- are entitled to premium-free Medicare Part A
- turned age 65 on or after July 1, 2013
- have had Marketplace coverage at any time since January 2014 (with or without tax credits)

Deadline: September 30, 2019

If the consumer is NOT currently enrolled in Medicare Part B...

...they may be eligible for a Part B SEP. Consumers who do not act by the deadline will have to wait until January 1 to sign up for Part B and their coverage won't start until July. They may also face a steep late enrollment penalty.

If the consumer is enrolled in Part B and paying a late enrollment penalty...

...they may be eligible to have their late enrollment penalty reduced or eliminated.

Medicaid Periodic Data-Matching

1

- Check deadline



2

- Answer yes/no for each person to indicate whether they are enrolled in Medicaid/CHIP

3

If everyone listed in notice has Medicaid/CHIP and there is no one else on the application...	... end Marketplace coverage with financial help.
If no one listed in the notice has Medicaid/CHIP...	... report a life change.
If only some people listed in notice have Medicaid/CHIP, or if there are people on the application that are not listed in the notice...	... update your application and remove anyone who has Medicaid/CHIP.

Image source: <https://www.healthcare.gov/downloads/marketplace-medicaid-chip-guide.pdf>

Periodic Data-Matching Resources

- Healthcare.gov, *How to take action when you have both Marketplace & Medicaid/CHIP coverage* (Jan. 2018),
<https://www.healthcare.gov/downloads/marketplace-medicaid-chip-guide.pdf>
- In the Loop, *Time-Limited Opportunity for Equitable Relief FAQ* (Mar. 2017),
http://www.enrollmentloop.org/sites/default/files/helpimages/Time-LimitedOpportunityforEquitableReliefFAQ_0.pdf
- CMS, *Medicare Periodic Data Matching (PDM)* (May 2017),
<https://marketplace.cms.gov/technical-assistance-resources/medicare-pdm-presentation.pdf>
- Medicare Rights Center, *Equitable relief for Marketplace enrollees*,
<https://www.medicareinteractive.org/get-answers/medicare-health-coverage-options/original-medicare-enrollment/time-limited-equitable-relief-for-enrolling-in-part-b>
- Sample Notices: <https://marketplace.cms.gov/applications-and-forms/notices.html>
- MEC Medicaid programs:
<https://www.medicaid.gov/medicaid/benefits/downloads/state-mec-designations.pdf>

Resolving Income Data- Matching Issues

Income Inconsistencies

Previous Rule

If a consumer attests to income that exceeds federal income data, Exchanges must accept the consumer's attestation without further verification

New Rule

Consumers who attest to income between 100-400% FPL may need to verify income if federal data shows income below 100% FPL

Lawfully present immigrants ineligible for Medicaid are exempt and do not need to provide additional verification.

This is especially important for clients that are self-employed or have multiple sources of income.

Documenting Income

- Tax return (state or federal)
- W-2 or 1099
- Pay stub
- Self-employment ledger documentation
- Social Security Benefits Letter
- Unemployment Benefits Letter
- Bookkeeping records
- Receipts for all allowable expenses
- And [more](#)...

Bottom line: *Make sure all clients come to their enrollment appointment prepared with necessary documentation to prove income and immigration/citizenship status.*

Other Considerations

- “Safe harbor” for consumers receiving APTC whose actual income ends up under 100% FPL
- Married consumers must file jointly in order to receive APTCs
 - May require determining client’s allocation of refund
- “Gap-filling”: if consumer’s monthly income is too high for Medicaid but annual income is below 100% FPL (too low for APTCs), states must use Marketplace methodology to determine Medicaid eligibility
 - 42 CFR 435.603(i)

JSI ACE TA Center Resources



Tax filing resources for RWHAP direct service providers

Access, Care, and Engagement (ACE) TA Center
Molly Tasso, Policy Analyst



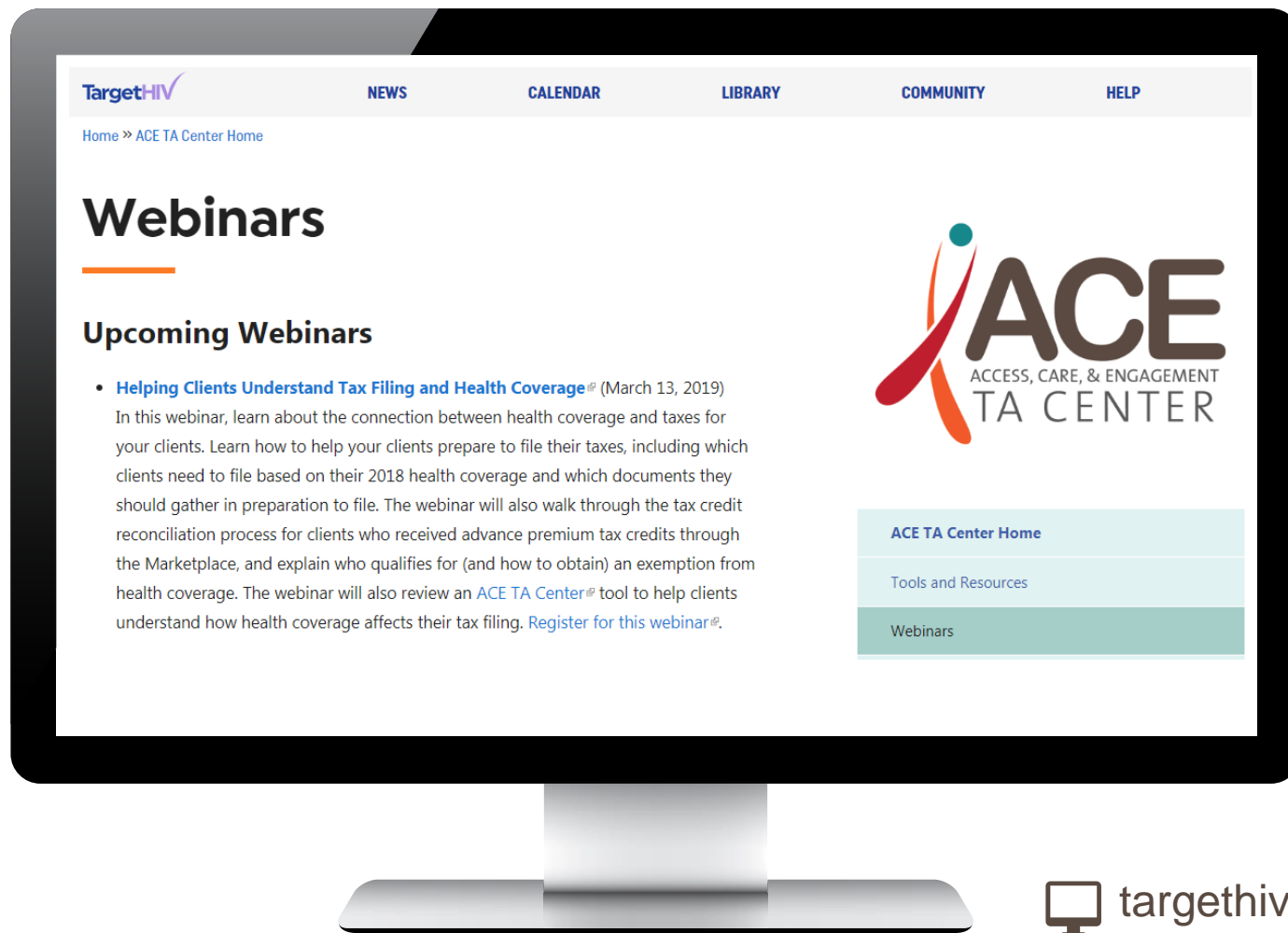
The ACE TA Center

Target Audiences:

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



Upcoming webinar: Tax filing and health coverage



March 14
3 PM ET

Helping
Clients
Understand
Tax Filing and
Health
Coverage

 targethiv.org/ace/webinars

March 13 webinar topics

- ✓ Who is required to file taxes
- ✓ How to file and reconcile
- ✓ How to reconcile under/overpayment of APTCs
- ✓ How to provide proof of health coverage
- ✓ Exemptions
- ✓ Typical APTC policies among RWHAP/ADAP insurance assistance programs
- ✓ Case studies
- ✓ ACE TA Center resources
- ✓ Tax assistance resources



FAQ: PTCs and CSRs

Tools for HRSA's Ryan White HIV/AIDS Program



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FAQ: Premium Tax Credits (PTCs) and Cost-Sharing Reductions (CSRs)

July 2018

ACE TA Center

Financial support is available for many consumers who get health coverage through the Marketplace. Learn how **Premium Tax Credits** (PTCs) and **Cost-Sharing Reductions** (CSRs) can help Ryan White HIV/AIDS Program (RWHAP) clients pay for health insurance.



Premium Tax Credit (PTC)

Premium tax credits help lower the cost of premiums for health coverage purchased through the Health Insurance Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

Cost-Sharing Reduction (CSR)

A discount that lowers the amount individuals and families have to pay out-of-pocket for deductibles, coinsurance, and copayments. CSRs are NOT used to pay premiums.

We'd like your feedback

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- No

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targethiv.org/ace/tools-and-resources



Case manager tax resources

Tools for HRSA's Ryan White HIV/AIDS Program



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Help Clients Prepare for Tax Time

August 2018

ACE TA Center

Tax time is here, and some of your clients will need to file for the first time!

Share these key messages with your clients to help them get ready. They may also be eligible for free tax help.

If clients were enrolled in a 2018 Marketplace health plan:

- They should receive **IRS Form 1095-A** (Health Insurance Marketplace Statement) in the mail by early February. This form contains important information to help consumers complete their 2018 federal income tax return. Remind them to keep an eye out for this important document!
- Some clients must file a tax return. If they received premium assistance in 2018

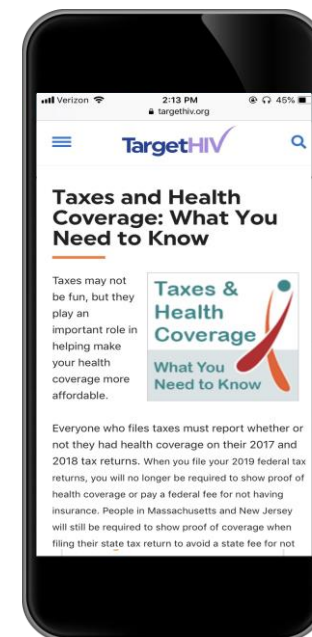
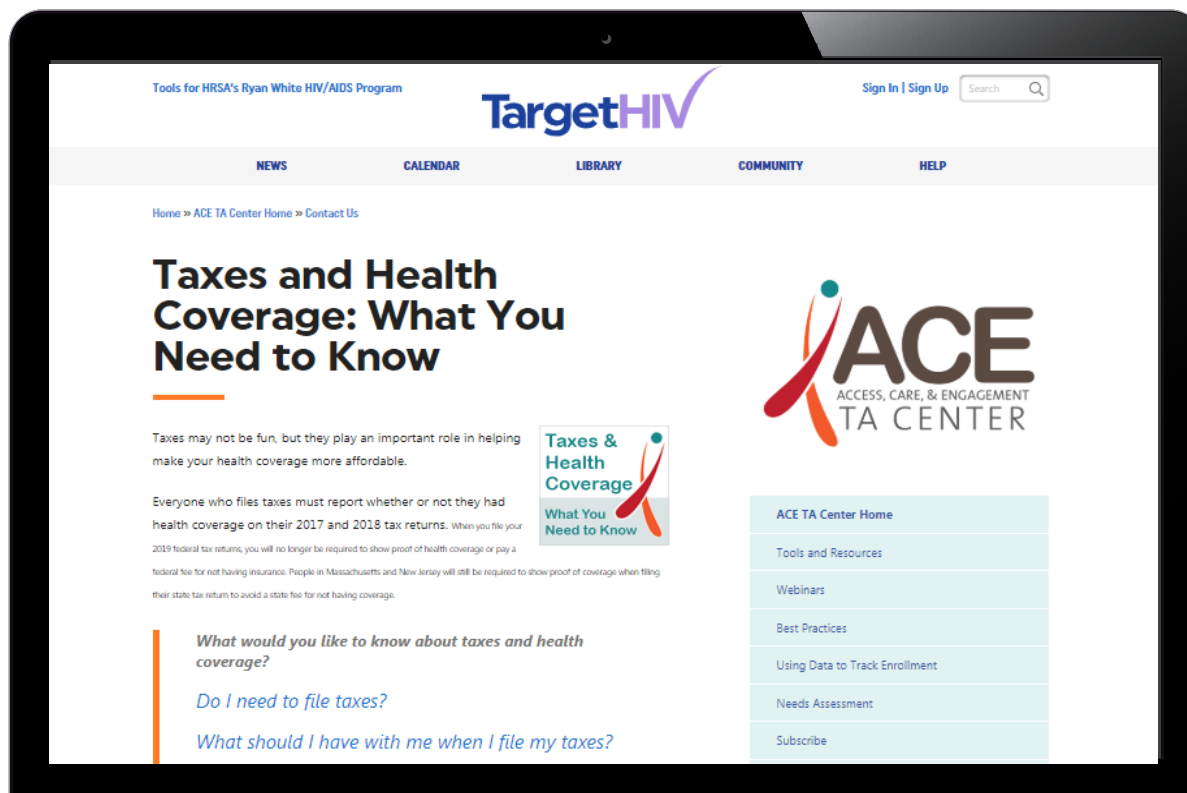
We'd like your feedback

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SUBMIT

ACE consumer tax tool



Taxes and Health Coverage

What you need to know if you enrolled through the Health Insurance Marketplace

Taxes may not be fun, but they play an important role in helping make your health coverage more affordable. This fact sheet helps you understand what you need to know about filing your taxes if you enrolled in a health plan via the Health Insurance Marketplace, such as HealthCare.gov or your state's marketplace website.

Did you choose to get a premium tax credit when you enrolled in coverage?


Premium tax credits help lower the cost of coverage purchased through the Health Insurance Marketplace for people with incomes that qualify. **Premiums** are the monthly bill you pay for health insurance. The premium tax credit can work in two ways:

- **Get it now.** Get the credit each month you have Marketplace coverage. This is called an advanced premium tax credit. The Marketplace sends the money directly to your health insurance company, and you pay a lower monthly premium.
- **Get it later.** You pay the total premium every month, but you get a refund on your taxes after the calendar year is over.

Get this information online:
targethiv.org/taxes



Marketplace Coverage



Help clients stay
covered throughout the
year

Enrollment is just the beginning

- **Build health insurance literacy to help clients avoid gaps and make the most of their coverage.**
- **Help clients:**
 - Understand **how their coverage works**
 - Understand how to **stay covered** all year long
 - Determine if they are eligible for a **Special Enrollment Period (SEP)**



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.



MAKING THE MOST OF YOUR COVERAGE Check your mail.

Once you've enrolled in a health insurance plan, check your mail for important documents from your insurance company. You will need these to start using your coverage.

- **Look for your welcome packet or your first bill.** To start your coverage someone must pay the first bill, whether that is you, the Ryan White Program, your employer, or someone else.
- **Look for your insurance card once the first bill, or premium, has been paid.** Put the card in your wallet so that you have it when you go to your doctor's appointments. Call your insurance company if you do not receive your card.

TIP
If you don't know your insurance company's phone number, call Healthcare.gov at 1-800-318-2596. If your state does not use the Healthcare.gov website, the person you speak to will give you the phone number for your state's website.

Sample Insurance Card. Your actual card may look slightly different.

INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: J. CHEN DOB: 12/15/1980 MEMBER ID NUMBER: 100-456-7890	EFFECTIVE DATE: 01/01/2017
GROUP #: 1000-XXXXXX	PRESCRIPTION GROUP #: 8000
POP COVERED BY: 100 SPECIALIST CO-PAY \$35 GENERIC CO-PAY \$10 MEMBERSHIP SERVICES: 1-800-400-XXXX	PRESCRIPTION CO-INSURANCE: 10% NAME BRAND \$10



MAKING THE MOST OF YOUR COVERAGE Know your costs.

Health insurance helps you pay for a wide range of health care needs, but it is important to know what your plan covers **before** you need to see a doctor. Use these tips to understand your potential health care costs.

1. Ask your Ryan White provider how the Ryan White Program, including ADAP, might help pay for some of the costs associated with insurance, such as **premiums, co-pays** and HIV medications.
2. Call your health insurance company if you have questions about a bill or think your insurance should have covered a service you received.
3. Review the **Explanation of Benefits** letter that will be mailed to you after any visit. The letter tells you what services you got during your visit and the total cost. **THIS IS NOT A BILL.** If you have to pay any money, you will receive a separate bill from your doctor.
4. Pay medical bills on time and keep your insurance paperwork in one place in case you need them in the future.
5. Ask someone at your doctor's office for help if you receive forms or letters and are not sure what to do with them.

Continue taking your medications.
It's important to keep taking your medications as prescribed, particularly for HIV.

If your health insurance plan does not cover your HIV medication, you have the right to ask them to make an exception. ADAP might be able to help if you are switching from ADAP to a new insurance plan.

If there is a short time that you are not covered, some pharmacies offer a short-term supply of medications (15 or 30-day refills) until your new coverage begins.

WHAT IS A "CO-PAYMENT"? People with health insurance usually have to pay for part of their health care services. This is called a **co-payment, or co-pay**, and the amount may be listed on your insurance card.



Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year and renew for next year.

Pay premiums on time	2
Report income and household changes	4
What to do if you lose coverage	6

TIP

Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.



Stay Covered All Year Long

Special Enrollment Periods

Can I enroll in a Marketplace health insurance plan outside of Open Enrollment?

Sometimes you experience a big life change that also changes your health coverage needs—like having a child, losing your job, or losing your health coverage. Usually Open Enrollment is the only time you can sign up for a new health insurance plan through the Health Insurance Marketplace (e.g., HealthCare.gov) or change your current plan. But if you have a big life change—or “life event”—you may qualify for a Special Enrollment Period.

A Special Enrollment Period lets you enroll in a new health plan or change your plan outside of Open Enrollment. You may also qualify for a Special Enrollment Period if something happened during Open Enrollment that prevented you from getting the right coverage. This is called a “special circumstance.” See the full list of life events and special circumstances on the next two pages.

TIP

If you think you may be eligible for a Special Enrollment Period, or if you have any changes to your income, household size, or health coverage, you should report this information as soon as possible. Talk with an enrollment assister or Ryan White Program case manager, or contact the Marketplace Call Center at 1-800-318-2596.



Special Enrollment Period Fact Sheet

Thank you!

targethiv.org/ace

Sign up for our mailing list, download tools and resources, and more

Contact Us

acetacenter@jsi.com



Resources

- National Alliance of State & Territorial AIDS Directors (NASTAD), www.NASTAD.org
 - Dori Molozanov, dmolozanov@nastad.org
- JSI ACE TA Center, <https://careacttarget.org/ace>
- HRSA/HAB Ryan White HIV/AIDS Program Guidance <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>
- IRS The Health Insurance Premium Tax, <https://www.irs.gov/affordable-care-act/individuals-and-families/premium-tax-credit-claiming-the-credit-and-reconciling-advance-credit-payments>
- Center on Budget and Policy Priorities, Beyond the Basics, <http://www.healthreformbeyondthebasics.org/>