

WEBVTT

1

00:00:43.220 --> 00:00:51.469

Dori Molozanov (she/her) NASTAD: Hi, everyone. Thank you for attending our webinar today about tax season considerations and continuity of health coverage.

2

00:00:52.032 --> 00:00:58.340

Dori Molozanov (she/her) NASTAD: In 2024. We're going to give folks another minute to get situated, and then we will get started.

3

00:01:21.200 --> 00:01:27.290

Dori Molozanov (she/her) NASTAD: Okay, I think it's a good time to get started while folks are still, a few folks might still trickle in

4

00:01:27.741 --> 00:01:47.659

Dori Molozanov (she/her) NASTAD: my name is Dori Mozano. I'm here from Nastad. I'm joined today by a Molly Tasso from the aca center. As always, this webinar is going to be recorded. I'll share slides and a recording with everyone within a day or so, and I'm also going to share feedback survey, which I would greatly appreciate if everyone could complete

5

00:01:48.047 --> 00:01:57.749

Dori Molozanov (she/her) NASTAD: also, as a small disclaimer, I suffer pretty severely from allergies. So if there's like a pause at some point, I'm still here, probably just paused it to drink. Take a drink of water, or

6

00:01:58.210 --> 00:02:03.840

Dori Molozanov (she/her) NASTAD: suffer for a second. So with that, let's get started.

7

00:02:06.870 --> 00:02:15.550

Dori Molozanov (she/her) NASTAD: Here is a brief overview of today's topics. First, we'll have a refresher on premium tax credit reconciliation along with some tips and tricks from peers

8

00:02:16.783 --> 00:02:22.239

Dori Molozanov (she/her) NASTAD: Molly from the Sta. Center will talk about easy enrollment programs available in a growing number of States.

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00:02:22.380 --> 00:02:43.789

Dori Molozanov (she/her) NASTAD: I'll give some updates on Medicaid unwinding. We'll share some changes happening in the Medicare program, and Molly will share resources from the Sta. Center. After that we'll

have time for QA. At the end. If you have any questions, please use the QA. Feature you can use chat for comments or other information that you want to share with the group.

10

00:02:45.441 --> 00:03:04.380

Dori Molozanov (she/her) NASTAD: but questions for the present, for the presenters should be submitted using the QA feature. Otherwise we could miss your question. So the QA. Feature looks like 2 talking bubbles, and the chat feature looks like one talking bubble. Gonna drop this reminder into the chat feature.

11

00:03:07.770 --> 00:03:18.400

Dori Molozanov (she/her) NASTAD: So first, let's talk about premium tax credit, reconciliation. More seasoned folks on the call may be familiar with a lot of this already. But hopefully, there's something new here for something here for everyone.

12

00:03:20.300 --> 00:03:25.369

Dori Molozanov (she/her) NASTAD: So let's walk through the life cycle of advanced premium tax credits or apt seats.

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00:03:25.920 --> 00:03:30.250

Dori Molozanov (she/her) NASTAD: These are tax credits to offset the cost of health insurance premiums in the marketplace.

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00:03:30.900 --> 00:03:41.030

Dori Molozanov (she/her) NASTAD: Unlike most of the tax credits that you are familiar with already, people don't have to wait until they file their taxes to receive a premium tax credit.

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00:03:41.100 --> 00:03:56.249

Dori Molozanov (she/her) NASTAD: Instead, they can receive it in advance, distributed evenly throughout the year as a discount on monthly premiums. This allows a consumer or a third party payer like adap to realize the savings right away. This is what we call advanced premium tax credits or Aptcs.

16

00:03:57.320 --> 00:04:21.450

Dori Molozanov (she/her) NASTAD: When clients apply for marketplace coverage, they apply for Aptc's based on their estimated income, since they won't know their actual income until the end of the year. Enrollment staff help clients make an educated guess based on known factors. No factors include current current income anticipated changes in pay, like promotions or seasonal work, and anticipated household changes like marriage, or having a child

17

00:04:22.247 --> 00:04:36.659

Dori Molozanov (she/her) NASTAD: but of course the client circumstances could change at any time, and the income or household size, they originally estimated, no longer matches reality. So after they've enrolled in coverage clients should report any changes so that their aptcs stay up to date.

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00:04:38.640 --> 00:04:45.769

Dori Molozanov (she/her) NASTAD: and then, when tax season comes around, clients file their taxes and claim any applicable tax credits, including the premium tax credit.

19

00:04:46.960 --> 00:05:06.410

Dori Molozanov (she/her) NASTAD: If they received Aptcs in 2023. That means that some or all of the tax credit has already been paid to them in advance as a discount on monthly premiums. So now the Irs has to settle up the difference between the amount of aptcase the client already received and the amount that they're actually entitled to based on their year end income.

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00:05:06.460 --> 00:05:08.789

Dori Molozanov (she/her) NASTAD: That's on their Federal tax return.

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00:05:08.830 --> 00:05:21.860

Dori Molozanov (she/her) NASTAD: This is called tax credit Reconciliation. If there's a difference between the Aptcs already received and the premium tax credit the client should actually receive. Then the client could either ow money to the Irs or get a refund.

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00:05:22.433 --> 00:05:42.920

Dori Molozanov (she/her) NASTAD: I know that that seem can seem like a lot hopefully, it'll make more sense as we continue to talk through the process. If you feel that a primer on Aptcs would be helpful to you or your staff. We're not going to address that today. But I'm going to follow up with everyone over email, with the recording and some additional resources, and there will be some great resources there about Aptcs

23

00:05:43.750 --> 00:05:57.270

Dori Molozanov (she/her) NASTAD: on the coming sides. We're going to talk about how the Irs reconciles premium tax credits, how adap can determine the amount of a client's refund or liability, and what to do next, depending on whether a client receives a refund or owes money.

24

00:05:59.510 --> 00:06:08.219

Dori Molozanov (she/her) NASTAD: So here are some tax forms that you need to know about. First is form 1095, a, which is for anyone who had marketplace coverage. I'll return to that. One shortly

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00:06:08.370 --> 00:06:16.290

Dori Molozanov (she/her) NASTAD: forms 1095 B and 1095 c. Are for clients who had coverage outside the marketplace like Medicaid or an employer plan.

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00:06:16.450 --> 00:06:25.820

Dori Molozanov (she/her) NASTAD: These come directly from the insurance company program or employer that provided the coverage. So if they're missing, this is also where you would go to try to try to get them.

27

00:06:25.890 --> 00:06:35.189

Dori Molozanov (she/her) NASTAD: and the Irs uses this information to make sure that the clients didn't get Aptcs in a month when they already had some other type of duplicate coverage.

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00:06:38.533 --> 00:06:46.380

Dori Molozanov (she/her) NASTAD: Clients don't actually file these 1095 forms, but they use the information that's on them to complete their taxes

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00:06:47.112 --> 00:07:01.500

Dori Molozanov (she/her) NASTAD: clients could get more than one of these forms that they had more than one type of coverage during the year, and the information from the forms is used to complete form 8, 9, 6, 2. The last one listed here, which is what you use for premium tax credit, reconciliation.

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00:07:02.330 --> 00:07:19.850

Dori Molozanov (she/her) NASTAD: So let's look closer at form 1095. A clients who had a marketplace plan get this directly from the marketplace. It has information about household members that had coverage, the months they were covered, how much they paid in premiums, and how much they received in Aptcs, if anything at all.

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00:07:20.190 --> 00:07:28.959

Dori Molozanov (she/her) NASTAD: If the client received Aptcs, or if anyone in their household received aptcase, they'll use this form to calculate any applicable refund or liability.

32

00:07:29.110 --> 00:07:39.310

Dori Molozanov (she/her) NASTAD: If the client didn't get Aptcs during the year, they can still use this form along with the the process that we'll talk about to claim the tax credit as a lump sum.

33

00:07:40.580 --> 00:07:53.060

Dori Molozanov (she/her) NASTAD: Clients should have gotten their 1095 a forms by now. Some folks might get it in the mail, depending on their marketplace account preferences, but everyone should receive it digitally through their online marketplace account.

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00:07:53.500 --> 00:08:01.079

Dori Molozanov (she/her) NASTAD: and if a client hasn't yet received it, or if it contains errors, it should call the marketplace call center as soon as possible.

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00:08:01.750 --> 00:08:10.139

Dori Molozanov (she/her) NASTAD: They can still file taxes without it, but that requires some tricky manual calculations. So getting the correct form is ideal, if possible.

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00:08:17.820 --> 00:08:23.189

Dori Molozanov (she/her) NASTAD: This is the bottom of form 8, 9, 6, 2, which is used for tax credit, reconciliation.

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00:08:24.650 --> 00:08:27.320

Dori Molozanov (she/her) NASTAD: It's filed as an addendum to the tax return.

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00:08:27.900 --> 00:08:54.529

Dori Molozanov (she/her) NASTAD: It has, step by step, instructions for how to figure out the actual amount of tax credit the client should have received, based on their actual income, and then reconciling it with the amount of Apcs they received during the year, and by reconciling these 2 amounts you can determine a client's refund or liability. Again, the information on those 1095 forms from the previous couple of slides, or needed to do that calculation.

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00:08:55.100 --> 00:09:03.689

Dori Molozanov (she/her) NASTAD: All that calculation is done on the upper part of this form which is not pictured here. After that you end up with a number on line 26, or line 29.

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00:09:04.070 --> 00:09:10.689

Dori Molozanov (she/her) NASTAD: So a question that I get fairly often is, how could adap parse out the amount of a client's total tax, refund

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00:09:11.920 --> 00:09:23.529

Dori Molozanov (she/her) NASTAD: or how, or their total liability? How much of that is related to their premium tax credits, and how much of it is attributable to other things in their taxes that adap cannot pay for

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00:09:23.910 --> 00:09:48.270

Dori Molozanov (she/her) NASTAD: form 8, 9, 6, 2 will tell you exactly that. So if the client gets a refund, there will be amount. There will be some amount greater than 0 online 26. This is the amount of the refund and line 29 will be blank. There will be nothing written there alternatively. If the client owes money to the Irs. Then the amount owed will be online 29, and there will be nothing written on line 26. So

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00:09:48.350 --> 00:10:00.110

Dori Molozanov (she/her) NASTAD: if if you if you need to figure out. You know, client has this total tax bill, and only some amount of it is attributable to tax credits, and that's the only part that adap can pay. How do we figure out how much

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00:10:00.530 --> 00:10:07.329

Dori Molozanov (she/her) NASTAD: that is? This is how you would figure it out on form 8, 9, 6, 2, either line 26, or line 29.

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00:10:08.880 --> 00:10:19.300

Dori Molozanov (she/her) NASTAD: After completing, form 8, 9, 6, 2. That information goes on either schedule 2, or schedule 3 of the Federal tax return, depending on whether the client owes money or gets a refund.

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00:10:24.320 --> 00:10:29.209

Dori Molozanov (she/her) NASTAD: and that information then goes on, form 1040, which is the Federal tax return form.

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00:10:33.680 --> 00:10:51.270

Dori Molozanov (she/her) NASTAD: So after the form 8, 9, 6, 2 is complete. It's really just a matter of putting the information on the rest of the tax return in the place where it needs to go. The the hard part of doing that that math, and figuring out how much the client owes or is going to receive back, is the the most difficult part of the process.

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00:10:52.410 --> 00:11:01.449

Dori Molozanov (she/her) NASTAD: Most clients who receive excess aptcs will not need to repay the entire excess amount. Their liability is capped under law

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00:11:02.400 --> 00:11:19.119

Dori Molozanov (she/her) NASTAD: clients with incomes over 400 fpl. Might have been eligible for some amount of tax credits in 2023. It's not typically the case, but temporarily for 2024 and 2025 as well. They might be eligible for some amount of tax credits.

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00:11:19.902 --> 00:11:30.070

Dori Molozanov (she/her) NASTAD: Over 400% fpl. If a client over this range receives excess Aptcs, they would need to repay the entire excess amount

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00:11:30.651 --> 00:11:50.270

Dori Molozanov (she/her) NASTAD: the repayment caps don't apply to them, but in most cases clients with incomes. This high are not gonna receive much in aptcase, to begin with, if they receive anything at all. So there usually isn't going to be a lot to repay. That being said, unusual situations can arise. Where a client is unfortunately stuck with a large tax bill

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00:11:51.410 --> 00:12:07.060

Dori Molozanov (she/her) NASTAD: clients with incomes below 100% Fpl are not technically eligible for tax credits. However, sometimes a person is found eligible. When they first applied for coverage they got Aptcs, and then they ended up with an income below 100% Fpl. When they filed their taxes.

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00:12:07.180 --> 00:12:34.880

Dori Molozanov (she/her) NASTAD: Most likely this will happen to a client if their income is already very close to that lower limit of 100 fpl, if they're just like a little bit above. But clients who experience drastic Midi changes like losing a job could also end up in this situation. So if they applied for Aptcs honestly and in good faith, and they were found eligible by the marketplace. They will not be on the hook for repaying the entire amount just because they ultimately ended up outside of the tax credit range.

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00:12:35.000 --> 00:12:42.760

Dori Molozanov (she/her) NASTAD: The Irs will just plug their actual income into the tax credit formula, and typically, they will end up getting a refund.

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00:12:43.350 --> 00:12:49.323

Dori Molozanov (she/her) NASTAD: The formula will give you, you know, a positive number for every income range.

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00:12:49.830 --> 00:12:56.109

Dori Molozanov (she/her) NASTAD: and in the case of someone under a hundred percent Fpl, probably will, they will have a refund, or if not always.

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00:12:56.250 --> 00:13:01.989

Dori Molozanov (she/her) NASTAD: This is referred to as a safe harbor. It's a protection for lower income clients.

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00:13:02.000 --> 00:13:09.519

Dori Molozanov (she/her) NASTAD: so they don't have to repay tax credits that they received in error, but in good faith, in which they simply just cannot afford to pay back.

59

00:13:10.290 --> 00:13:22.239

Dori Molozanov (she/her) NASTAD: and they would also be subject to this cap of \$350 for a single filers. They're under 200 fpl. However, again, I would

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00:13:22.320 --> 00:13:29.010

Dori Molozanov (she/her) NASTAD: doubt most, if not all people under 100 fpl. Will end up with a refund, not a liability.

61

00:13:31.200 --> 00:13:50.480

Dori Molozanov (she/her) NASTAD: This is a review of Hrsa. Have Pcn. 1,401. It's Hrsa's policy clarification notice on marketplace tax, credit, reconciliation. I invite everyone to review it at your leisure. I'll just summarize some key points for today. First, the Irs does not issue tax refunds to third party payers only to the taxpayer themselves.

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00:13:50.550 --> 00:13:55.420

Dori Molozanov (she/her) NASTAD: So any refund from the Irs is going to go back to the client, since they're the taxpayer.

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00:13:55.500 --> 00:14:01.680

Dori Molozanov (she/her) NASTAD: However, if adap paid the premiums, Hirsas's policy is that the refund should go back to adap

64

00:14:01.870 --> 00:14:07.559

Dori Molozanov (she/her) NASTAD: so adapts paying marketplace premiums must vigorously pursue those refunds from clients.

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00:14:07.890 --> 00:14:14.340

Dori Molozanov (she/her) NASTAD: Programs also may, but are not required to cover tax liability attributable to premium tax credits.

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00:14:14.889 --> 00:14:19.500

Dori Molozanov (she/her) NASTAD: As always, direct reimbursement to clients using Federal Ryan white funds is not permitted.

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00:14:19.540 --> 00:14:36.140

Dori Molozanov (she/her) NASTAD: So that means that if a jurisdiction is covering premium tax if a recipient is covering premium tax liabilities, it must have a process for making that payment that doesn't require reimbursing the client, and we'll talk more about that in a moment. It can definitely be done with Irs payments.

68

00:14:37.090 --> 00:14:46.400

Dori Molozanov (she/her) NASTAD: So now let's put all that together and look at some typical policies, and best practices that we've seen among Ryan white recipients and subrecipients providing marketplace premium assistance.

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00:14:46.910 --> 00:14:55.440

Dori Molozanov (she/her) NASTAD: The vast majority of jurisdictions providing this assistance have policies and procedures in place for what needs to be done throughout the year, and at tax time

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00:14:55.950 --> 00:15:01.929

Dori Molozanov (she/her) NASTAD: these policies vary by jurisdiction. But here's an overview of some typical policies that we see

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00:15:02.210 --> 00:15:09.309

Dori Molozanov (she/her) NASTAD: when the client applies for coverage programs will typically require them to take the full amount of Aptc that they're awarded.

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00:15:09.410 --> 00:15:27.439

Dori Molozanov (she/her) NASTAD: Of course, strongly encouraged forpts to only be taken after a thorough look at the clients current and anticipated circumstances to ensure that those Aptcs are as a are, accurate and that their estimated income on their application is as close to

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00:15:27.530 --> 00:15:29.879

Dori Molozanov (she/her) NASTAD: anticipated reality as possible.

74

00:15:30.370 --> 00:15:45.140

Dori Molozanov (she/her) NASTAD: and enrollment is also a good opportunity to educate clients on the need to file taxes and report changes throughout the year that could affect their eligibility. These

are things like changes in income or household size or eligibility for other insurance. They're also just

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00:15:45.280 --> 00:16:04.670

Dori Molozanov (she/her) NASTAD: other types of major life changes that might affect the clients, eligibility for coverage that not necessarily directly related to cost. But they might be able to switch plans. So really, any kind of major life change is worth sharing. If if adap is pay is worth the client sharing, if adap is receiving.

76

00:16:04.670 --> 00:16:19.680

Dori Molozanov (she/her) NASTAD: is I paid up as paying premiums rather. But the changes related to tax credit eligibility are especially important because they impact the amount of money that adap is paying out every month, and the amount of money that adap could potentially have to recoup or pay later

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00:16:21.262 --> 00:16:42.220

Dori Molozanov (she/her) NASTAD: after the initial application, and throughout the rest of the year. Programs continue to check in with clients about reporting changes and enrollment staff support clients with navigating any midyear changes to coverage that do arise. So this can include adjusting tax credits, switching marketplace plans. If a client has a life change or transitioning between other types of coverage like Medicaid Medicare or an employer plan.

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00:16:42.850 --> 00:16:48.240

Dori Molozanov (she/her) NASTAD: and then at tax time programs, direct clients to tax resources if they need tax advice.

79

00:16:48.420 --> 00:16:56.789

Dori Molozanov (she/her) NASTAD: Some programs opt to use Ryan white funds to offer tax prep services to clients which is allowable under Hrsa, Pcn. 1,602

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00:16:56.980 --> 00:17:06.019

Dori Molozanov (she/her) NASTAD: programs, pursue tax refunds that clients receive and jurisdictions that opt to cover client tax liabilities have policies in place to pay the irs.

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00:17:08.619 --> 00:17:18.730

Dori Molozanov (she/her) NASTAD: So here are some tips and tricks that jurisdictions, jurisdictions have shared with fast Ad. Which can help facilitate smooth reconciliation in compliance with Hrsa. Pcn. O. One.

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00:17:20.606 --> 00:17:22.040

Dori Molozanov (she/her) NASTAD: Excuse me.

83

00:17:22.829 --> 00:17:25.210

Dori Molozanov (she/her) NASTAD: 8 apps generally require clients

84

00:17:26.430 --> 00:17:32.650

Dori Molozanov (she/her) NASTAD: to provide completed and file tax returns to provide copies of completed and file tax returns.

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00:17:32.660 --> 00:17:40.450

Dori Molozanov (she/her) NASTAD: including formed 8, 9, 6, 2, so that adap can know exactly how much they're paying to the Irs or recouping from the client.

86

00:17:41.010 --> 00:17:48.959

Dori Molozanov (she/her) NASTAD: Many programs will send clients a couple letters throughout the year, reminding them about filing their taxes on time and submitting documents to adap

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00:17:50.350 --> 00:17:56.349

Dori Molozanov (she/her) NASTAD: programs typically advise clients to file their taxes and get those documents to adap as early as possible.

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00:17:56.490 --> 00:18:14.880

Dori Molozanov (she/her) NASTAD: This is especially important for clients that owe money and and have to pay by April fifteenth. So getting, if adap is making that payment for them, getting the tax documents as early as possible helps ensure that adap can make that payment on time, or else the client could have a late filing penalty from the Irs.

89

00:18:15.170 --> 00:18:23.750

Dori Molozanov (she/her) NASTAD: If the timing doesn't work out for adap to make a full payment. By April fifteenth. There are a couple ways for the client to avoid a late fee

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00:18:25.430 --> 00:18:34.430

Dori Molozanov (she/her) NASTAD: one option is that the the Irs can deduct the tax credit liability from the clients. Total tax refund

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00:18:34.990 --> 00:18:39.090

Dori Molozanov (she/her) NASTAD: or the client can make the payment themselves. Now, if the client gets a

92

00:18:39.360 --> 00:18:52.220

Dori Molozanov (she/her) NASTAD: like what if the client is getting a refund? But they owe money for tax credits like that. Refund is all the our Irs is automatically going to make that deduction and reduce their refund amount accordingly.

93

00:18:52.725 --> 00:19:01.009

Dori Molozanov (she/her) NASTAD: Alternatively, the client can just directly make the payment themselves in either of these 2 scenarios. The client is essentially paying the irs.

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00:19:01.280 --> 00:19:02.919

Dori Molozanov (she/her) NASTAD: The amount that they owe

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00:19:04.300 --> 00:19:10.579

Dori Molozanov (she/her) NASTAD: adap can't reimburse the client, of course, but adap can make a duplicate payment to the Irs.

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00:19:10.760 --> 00:19:17.750

Dori Molozanov (she/her) NASTAD: So the Irs has already taken the money, either by reducing the clients tax refund, or because the client made the payment themselves

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00:19:18.557 --> 00:19:21.739

Dori Molozanov (she/her) NASTAD: adap sends a duplicate payment to the Irs.

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00:19:22.301 --> 00:19:32.189

Dori Molozanov (she/her) NASTAD: If that duplicate payment creates a an over payment on the client's account. Then the client will get a refund from the Irs if the client still owes

99

00:19:32.515 --> 00:19:38.940

Dori Molozanov (she/her) NASTAD: still has outstanding tax that still owes money, then their remaining debt will be reduced by the amount that adap paid.

100

00:19:39.813 --> 00:19:58.380

Dori Molozanov (she/her) NASTAD: So that's the first option adap makes a duplicate payment which generates a refund to the client, or reduces the clients. Total tax bill the second option. If the client can't afford to cover the liability which most clients will not be able to they will not be able to afford to wait for adap to make that duplicate payment so they can get their money back

101

00:19:58.779 --> 00:20:08.359

Dori Molozanov (she/her) NASTAD: the client can set up a payment plan with the Irs, and they can start making small payments right away. Once adap makes its payment, the payment plan will be adjusted accordingly.

102

00:20:08.693 --> 00:20:14.749

Dori Molozanov (she/her) NASTAD: If the client, already a A has other taxes that they owe. That payment plan might be a good option for them anyway.

103

00:20:15.090 --> 00:20:23.439

Dori Molozanov (she/her) NASTAD: But if Adap makes the payment. The clients plan will be adjusted. Maybe they'll get some money back. Maybe their future, you know, their outstanding debt will be reduced.

104

00:20:24.281 --> 00:20:29.529

Dori Molozanov (she/her) NASTAD: But it will. That's how they will realize the impact of, you know, covering that liability for them.

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00:20:29.820 --> 00:20:35.419

Dori Molozanov (she/her) NASTAD: Irs payment plans are available at no cost or for a small fee depending on the client situation and needs

106

00:20:36.270 --> 00:20:46.050

Dori Molozanov (she/her) NASTAD: programs have also reported that they send clients documentation, that the payment was made to the Irs. So the client has it for their records. Also good practice.

107

00:20:46.260 --> 00:21:06.159

Dori Molozanov (she/her) NASTAD: and if adap is pursuing a refund from a client, but the client can't pay it. Upfront adap can set up a payment plan with the client. Now we know that ad apps have varying success with recouping these refunds, we encourage all programs to document efforts made to pursue refunds even in cases where recruitment is unsuccessful.

108

00:21:06.550 --> 00:21:19.510

Dori Molozanov (she/her) NASTAD: and that's that is available to support you with developing fair recruitment policies that meet hers's requirements while accommodating the realities of clients, financial situations. So please don't hesitate to reach out to us for that.

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00:21:20.697 --> 00:21:31.349

Dori Molozanov (she/her) NASTAD: There are a few ways to make payments to the Irs if paying online with a bank account or a credit card make sure to use the clients information, since the client is the taxpayer, and the payment is for their account.

110

00:21:31.680 --> 00:21:34.059

Dori Molozanov (she/her) NASTAD: Payment can also be made by paper check.

111

00:21:34.090 --> 00:21:37.530

Dori Molozanov (she/her) NASTAD: Irs form 1040 v. Explains how to do that

112

00:21:39.362 --> 00:21:49.990

Dori Molozanov (she/her) NASTAD: the Irs requires a social security number or a tin to be written on a paper check. So it's important to make sure that this complies with your agent agency's hipaa policy.

113

00:21:50.671 --> 00:22:05.589

Dori Molozanov (she/her) NASTAD: You do not have to write on the check that this is for premium tax credits. The Irs will just automatically apply the payment to the clients account. It's kind of like when you make a payment towards your credit card. It doesn't knock out individual charges off your bill. It just adjusts your total balance.

114

00:22:06.380 --> 00:22:15.690

Dori Molozanov (she/her) NASTAD: Form 1040 v. It tells you exactly what should be on the remittance to make the written on the remittance. To make sure the payment is applied properly, and it also tells you where to send the check

115

00:22:16.244 --> 00:22:32.600

Dori Molozanov (she/her) NASTAD: and programs have shared, and, in fact, stressed that individual checks for each client are better than manage making a bulk payment because programs, experience has been that Irs, is a lot more likely to make a mistake with applying the payments, if there may. If it's a bulk payment

116

00:22:34.226 --> 00:22:40.250

Dori Molozanov (she/her) NASTAD: there's a new tax filing tool available this year. It's being piloted in the 12 States that are listed here.

117

00:22:40.370 --> 00:22:54.949

Dori Molozanov (she/her) NASTAD: It allows tax filing for free directly with the Irs with free guidance and support along the way. Unfortunately, one major limitation of this tool is that it's currently not suitable for clients who received marketplace tax credits.

118

00:22:54.950 --> 00:23:17.290

Dori Molozanov (she/her) NASTAD: So it's not especially helpful for tax credit reconciliation. Her so wanted us to share the information with you. So we're sharing it here, not helpful for tax credit,

reconciliation, but clients with other types of coverage and simple tax situations. Might find this to be a good resource. So it's something that you all can still share with clients. As they're getting ready to file their taxes.

119

00:23:18.452 --> 00:23:22.659

Dori Molozanov (she/her) NASTAD: And with that I will pass it off to Molly to talk about easy enrollment program.

120

00:23:22.850 --> 00:23:35.760

Molly McAndrew Tasso: Great thanks. So much. Dory. So given. We're in tax season. We wanted to take this opportunity to highlight a promising program model called easy enrollment programs. Dory, you can go to the next slide.

121

00:23:36.200 --> 00:23:58.469

Molly McAndrew Tasso: So easy enrollment programs allow uninsured tax filers to apply for Medicaid and marketplace coverage when they file their state tax return. So this marries together. This ties together the annual tax filing process, and then the process of health coverage enrollment. So how this works? Is that the State can offer in marketplace Sep special enrollment period

122

00:23:58.620 --> 00:24:26.290

Molly McAndrew Tasso: to individuals who seek covers through an easy enrollment program, but are not eligible for Medicaid. And so this at the potential really to also beyond extend beyond tax filing and include leveraging unemployment filings and other sort of benefit filings. To again identify locate folks who remain uninsured and connect them to a marketplace. So currently, this can only be implemented in States that operate a State based exchange

123

00:24:26.629 --> 00:24:50.709

Molly McAndrew Tasso: and the Federal marketplace saps are regulated and set by the Federal Government. But States do have the flexibility to to set sort of own standards and own seps. And so that's where you see. This easy enrollment program, Sep, coming into play. So we're going to take a look at Maryland, on the next slide which implemented the first in Nation program in 2020

124

00:24:50.920 --> 00:24:57.309

Molly McAndrew Tasso: and sort of walk through this process and a little bit about the the results that they've seen in the last couple of years.

125

00:24:57.520 --> 00:25:13.729

Molly McAndrew Tasso: So simply you can see on the slide there. It's a box that a person can check. So a tax filer is filing their taxes. A

question on the state tax form asks if that person wants to share some of their information. Like household size and income.

126

00:25:14.000 --> 00:25:26.289

Molly McAndrew Tasso: the tax dialer can check that box, and then the Maryland health connection on the back end is then checking to see if they may be eligible for marketplace or medicaid coverage, based on the information provided in their tax return

127

00:25:28.510 --> 00:25:29.570

Molly McAndrew Tasso: next slide.

128

00:25:30.140 --> 00:25:51.029

Molly McAndrew Tasso: So after that sort of eligibility, process is happening in the background. A person would then receive a letter. So for example, the Maryland health connect would mail them a letter explaining their eligibility for marketplace or medicaid coverage, and then a person has 35 days from the date on that letter to sign up for a health plan.

129

00:25:51.030 --> 00:26:04.425

Molly McAndrew Tasso: and how they're doing that is through a special enrollment period that is called a tax time, Sep, and so that person can go into the marketplace. They can enroll or create an account on the marketplace.

130

00:26:05.104 --> 00:26:14.736

Molly McAndrew Tasso: Their state based exchange. And then the new scp question asks if they are a household member. If they or a household member received a tax time scp,

131

00:26:15.240 --> 00:26:41.390

Molly McAndrew Tasso: they can. Also, they can move through this process. I would say. You know, on their own working. You know, through the online portal. They're also certified navigators. For example, from the Maryland health connection that should that, that would be incredibly helpful to folks. It's a free enrollment service. They can find a navigator in their county. So there's there's enrollment support out there that can help folks move through this process.

132

00:26:44.610 --> 00:27:08.570

Molly McAndrew Tasso: So Marilyn has seen some really promising results. So during the first year of implementation more than 60,000 people check the box if you will. More than 53,000 were found eligible for marketplace or medicaid coverage, and over 4,000 people enrolled in coverage. So 15% found eligible for Medicaid, and 11% found eligible for subsidized marketplace plans.

133

00:27:09.195 --> 00:27:33.999

Molly McAndrew Tasso: As of September of 2023, of marketplace enrollees who signed up through the program were black compared to fewer than 17 of Enrollees who signed up during the recent open enrollment period. So this program really also, is an avenue to to address disparities that show up in health coverage enrollment and also health outcomes and health. You know, health insurance and utilization.

134

00:27:35.590 --> 00:27:55.669

Molly McAndrew Tasso: So states are in the varying stages of implementation. On the next slide. You'll see. A number of states that have an enacted legislation to create easy enrollment programs. This does need to be done, as I understand it, through a a legislative process. And so a number of States have passed laws that direct

135

00:27:55.963 --> 00:28:07.699

Molly McAndrew Tasso: the State to to develop a a program like this. So again, sort of in varying stages of implementation. But we wanted to share this information with you all, to let you know that. These programs are growing.

136

00:28:08.010 --> 00:28:35.939

Molly McAndrew Tasso: And more states are adopting them. And it's a really great opportunity to to again leverage leverage the the systems and the work that folks are already doing right. So filing taxes to make that connection to health coverage. And so I'm sharing this with your sub recipients and others, I think, is a great way to just grow the knowledge. Make sure that folks understand, maybe, why this information is being asked on their tax filing their tax returns, too. Is another helpful tip

137

00:28:36.255 --> 00:28:41.299

Molly McAndrew Tasso: and looking forward to seeing how this can can continue to be successful for folks.

138

00:28:41.570 --> 00:28:46.069

Molly McAndrew Tasso: so that I'm going to hand it back to Dory to shift us to Medicaid online, beating

139

00:28:51.840 --> 00:28:52.330

Molly McAndrew Tasso: great.

140

00:28:52.330 --> 00:29:15.199

Dori Molozanov (she/her) NASTAD: Thank you, Molly. Now we're going to talk about some updates about Medicaid on winding. I'm sure by now folks are very familiar with what I'm referring to. We have plenty of prior

webinars from nastad talking about medicaid on winding. I invite folks to review those as needed, or reach out to me. If you need some guidance on where to find

141

00:29:15.270 --> 00:29:21.180

Dori Molozanov (she/her) NASTAD: find them. Just gonna dive in without the background here and provide some updates.

142

00:29:22.009 --> 00:29:39.469

Dori Molozanov (she/her) NASTAD: As of March fourth, 2024, 17.7 million people have been disenrolled from Medicaid and CHIP during the unwinding process which started on April first, 2023. So this is a mass disenrollment of almost 18 million people just under a year, which is really unprecedented and staggering.

143

00:29:40.196 --> 00:29:48.990

Dori Molozanov (she/her) NASTAD: Of those 71% could still be eligible for Medicaid they lost Medicaid because they failed to comply with the renewal process.

144

00:29:49.284 --> 00:30:11.049

Dori Molozanov (she/her) NASTAD: Which is what we call a procedural termination. So this could be because, you know, Medicaid didn't know how to reach them. They didn't know what they were supposed to do, because the instructions were confusing. They didn't have adequate language access for their notices. They missed deadline. Some part of the renewal process was not done properly, or deadline was missed and they were terminated, even if they still qualified for the program.

145

00:30:12.207 --> 00:30:20.889

Dori Molozanov (she/her) NASTAD: The remaining almost 30 30% of disenrollments are people who actually went through a full renewal and were found no longer eligible for Medicaid.

146

00:30:20.900 --> 00:30:34.300

Dori Molozanov (she/her) NASTAD: which will usually happen. Because someone's income or household composition is changed since the last time that they went through a medicaid application which could have been as year long ago as 2020. At this point.

147

00:30:34.933 --> 00:30:44.939

Dori Molozanov (she/her) NASTAD: A lot of folks 40% have needed to actually return information to Medicaid to complete their renewal. So this is where procedural terminations are most likely to happen.

148

00:30:45.302 --> 00:30:56.939

Dori Molozanov (she/her) NASTAD: For the other 60 Medicaid was able to renew coverage based on available data without asking for any documentation from the client. This is referred to it as as an ex parte renewal.

149

00:30:57.860 --> 00:31:01.659

Dori Molozanov (she/her) NASTAD: This slide in the next few include data that's from March Fourth.

150

00:31:01.820 --> 00:31:13.660

Dori Molozanov (she/her) NASTAD: This data has since been updated as of about a week ago. So if you follow the link here, you might see some slightly different figures than what I I'm showing here, but they're still pretty close and give an accurate impression.

151

00:31:14.630 --> 00:31:34.419

Dori Molozanov (she/her) NASTAD: So those nearly 18 million disenrollments were not distributed evenly across the country. On the top. Here I have the States with the 10 highest disenrollment rates, and on the bottom, or the 10 lowest disenrollment rates. So the the green part of the line for each State shows the portion of all completed renewals that resulted in disenrollment.

152

00:31:34.420 --> 00:31:52.949

Dori Molozanov (she/her) NASTAD: And the dark blue is how many people maintained coverage of all the people who've already gone through a renewal. There is still about 34 million people who haven't even gone through a renewal yet, but of those that have here are the States with the highest and lowest rates of disenrolling folks at the end of that process.

153

00:31:53.200 --> 00:31:58.180

Dori Molozanov (she/her) NASTAD: So in some states you have more than half of renewals completed to date have resulted in coverage loss.

154

00:31:58.210 --> 00:32:04.980

Dori Molozanov (she/her) NASTAD: And then on the other end, there are states where more than 80% of people offer renewal so far have kept their coverage.

155

00:32:06.280 --> 00:32:20.849

Dori Molozanov (she/her) NASTAD: Procedural terminations are also not distributed evenly. In all but 3 States more than half of disenrollments thus far have been procedural, so that means that no matter where you live, procedural disenrollments are still a high risk.

156

00:32:23.700 --> 00:32:28.960

Dori Molozanov (she/her) NASTAD: So if someone loses medicaid because they miss their renewal deadline, it may not be too late.

157

00:32:29.030 --> 00:32:42.430

Dori Molozanov (she/her) NASTAD: They, don't necessarily have to apply for Medicaid all over again. If they submit their renewal form within 90 days after losing coverage Medicaid must reconsider their eligibility without requiring a whole new application.

158

00:32:42.530 --> 00:32:52.430

Dori Molozanov (she/her) NASTAD: However, unfortunately, this does not apply to all medicated enrollees. States are only required to reconsider eligibility for what's called magi groups

159

00:32:53.028 --> 00:32:59.170

Dori Molozanov (she/her) NASTAD: this includes purse pregnant persons and people in the adult Expansion group.

160

00:32:59.540 --> 00:33:11.855

Dori Molozanov (she/her) NASTAD: But other eligibility groups, non magi groups which include people age 65 plus. And people with disabilities States can require a whole new application. So the reconsideration there is

161

00:33:13.480 --> 00:33:24.210

Dori Molozanov (she/her) NASTAD: optional. I mean, they have to implement it consistently for everybody, but they can choose to allow or not allow reconsideration for entire groups.

162

00:33:26.594 --> 00:33:51.460

Dori Molozanov (she/her) NASTAD: There's a of clients at this time are going to be transitioning to other types of coverage. So again, in past webinars we've talked extensively about all of these. I encourage folks to review those or reach out to me if you need any support with understanding. Some more context for what's here? Just some quick reminders. There is a special enrollment period or Sep in the marketplace for people who lose Medicaid during unwinding.

163

00:33:51.460 --> 00:33:59.039

Dori Molozanov (she/her) NASTAD: We call it the unwinding scp. As a reminder. It's available. Until July 30, first, 2024

164

00:33:59.707 --> 00:34:16.489

Dori Molozanov (she/her) NASTAD: anyone who loses Medicaid between March 30, first, 2023, and July 30, first, 2024. Can use the scp to enroll in a

marketplace plan. They just have to check a box on their application self attesting they lost Medicaid. There's no documentation needed.

165

00:34:17.330 --> 00:34:22.449

Dori Molozanov (she/her) NASTAD: There are also 2 other Seps for clients transitioning to the marketplace during unwinding

166

00:34:22.840 --> 00:34:32.020

Dori Molozanov (she/her) NASTAD: the low income scp which allows clients with incomes below 150% of the Federal poverty level to enroll or switch plans once per month

167

00:34:32.570 --> 00:34:37.139

Dori Molozanov (she/her) NASTAD: it's available across healthcare.gov, and in most State-based marketplace States.

168

00:34:37.480 --> 00:34:49.020

Dori Molozanov (she/her) NASTAD: This. So clients, that that means that clients within 150 fpl. In all healthcare.gov States and most S State based marketplace states can enroll or switch plans once per month.

169

00:34:50.833 --> 00:35:12.400

Dori Molozanov (she/her) NASTAD: If you're in a state that doesn't have either the unwinding Sep or the low income Sep available, there's always the loss of coverage sep, that's always been available. That's always been there. Some state based marketplaces have extended the deadline for that scp during unwinding and healthcare Gov has permanently extended that deadline to 90 days after Medicaid termination.

170

00:35:12.840 --> 00:35:25.479

Dori Molozanov (she/her) NASTAD: There's also a new Medicare part Bcp. For clients who delayed Medicare because they were enrolled in Medicaid. It can apply for Medicare when their medicaid ends. There's no gap in coverage and no late enrollment penalty.

171

00:35:25.820 --> 00:35:50.260

Dori Molozanov (she/her) NASTAD: and finally, transitioning to employer coverage. A clients with an offer of employer coverage through their own job, or through a spouse or through a parent, can enroll in that coverage after they lose medicaid or chip the supply for 60 days after they lose medicate or chip. This applies to all types of employer plans, big and small. We have heard reports of employer plans not following these rules potentially because they don't want to, or because they're not aware of them.

172

00:35:50.707 --> 00:35:53.630

Dori Molozanov (she/her) NASTAD: So if you have clients who've had

173

00:35:53.780 --> 00:36:03.020

Dori Molozanov (she/her) NASTAD: challenges or have been told. No, when they, you know, try to seek coverage through their employer plan. After losing Medicaid, please reach out to us. We are happy to help

174

00:36:04.820 --> 00:36:11.820

Dori Molozanov (she/her) NASTAD: since a lot of clients are going to transition to private insurance. I just wanted to offer a quick refresher on some important rules to keep in mind.

175

00:36:13.148 --> 00:36:40.670

Dori Molozanov (she/her) NASTAD: Hiv medications must be covered by private plans in a non discriminatory way. When assessing plans pay close attention to formulary adequacy. These are things like exclusions, utilization, management or high tearing. And if you're seeing widespread access issues, please, or even non widespread, but even more case by case. If you're seeing access issues, please let, of course, especially if the problems are affecting. You know.

176

00:36:40.680 --> 00:36:47.679

Dori Molozanov (she/her) NASTAD: of multiple clients, or involving really big employers really big plans where they could be affecting folks and other

177

00:36:48.260 --> 00:36:50.080

Dori Molozanov (she/her) NASTAD: other jurisdictions as well.

178

00:36:53.180 --> 00:37:02.069

Dori Molozanov (she/her) NASTAD: under the Federal third party payment regulation insurance companies and their downstream entities must accept payments from Ryan, white recipients and subrecipients.

179

00:37:02.100 --> 00:37:05.559

Dori Molozanov (she/her) NASTAD: This includes programs that are based in hospitals.

180

00:37:06.159 --> 00:37:12.949

Dori Molozanov (she/her) NASTAD: So under this regulation, third party payment. Regulation insurance companies must accept premium payments from Ryan White.

181

00:37:13.250 --> 00:37:22.679

Dori Molozanov (she/her) NASTAD: and entities that are associated with the insurance company like a Pbm or an in network pharmacy, must accept copays and coinsurance payments from Ryan White.

182

00:37:22.930 --> 00:37:26.160

Dori Molozanov (she/her) NASTAD: but it's not enough to just accept these payments.

183

00:37:26.629 --> 00:37:45.599

Dori Molozanov (she/her) NASTAD: Nasa's interpretation. Is that there also can't be unnecessary barriers. So if clients are having to go through all kinds of additional steps and jumping through extra hoops just for adap payments to be accepted by their plan. Or if plans, if payments aren't counting towards a deductible.

184

00:37:45.820 --> 00:38:01.900

Dori Molozanov (she/her) NASTAD: these are just a couple of examples. Any kind of a barrier to adap payments being accepted and applied properly, could be a violation of the third party payment rule. So please do let us know if you're experiencing issues like this. And we are happy to help.

185

00:38:04.380 --> 00:38:12.180

Dori Molozanov (she/her) NASTAD: And finally, the mail order opt out. Rule says that insurance companies must allow enrollees to access prescriptions at any network pharmacy.

186

00:38:12.230 --> 00:38:24.989

Dori Molozanov (she/her) NASTAD: Now the plan can encourage use of mail order by charging higher cost, sharing for brick and mortar pharmacies, but ultimately the client must have the option to use a brick and mortar pharmacy, and any amount that they pay

187

00:38:25.020 --> 00:38:28.830

Dori Molozanov (she/her) NASTAD: must count towards their deductible and out of pocket, Max as appropriate.

188

00:38:29.030 --> 00:38:53.849

Dori Molozanov (she/her) NASTAD: I've seen situations where plans have charged 100 coinsurance at a brick and mortar pharmacy. So that's like the entire cost of the medication. That's technically allowed, because they are allowed to change cost, sharing to encourage use of mail order. However, even if 100 coinsurance is paid, every dollar of that must count towards the deductible and out of pocket. Max, as appropriate.

189

00:38:54.449 --> 00:38:58.400

Dori Molozanov (she/her) NASTAD: A hundred percent coinsurance sorry is not the same as not covered.

190

00:38:59.510 --> 00:39:27.150

Dori Molozanov (she/her) NASTAD: Now it is true that many employer. Plans are going to be exempt from these rules. But programs have had success. Resolving issues with insurance companies. Even when these rules don't precisely apply. There's still advocacy that can be done. There might be other rules implicated that we call upon. So please do let us know if you're running into any of these issues. Even if A. Cl. You know a client's plan isn't subject to these rules. Or you're not sure we would love to help you, you know, figure that out and address the issue.

191

00:39:28.266 --> 00:39:45.600

Dori Molozanov (she/her) NASTAD: Now, I will pass this off to Molly from the Ata center. To talk about some Medicare updates in the meantime, I just wanna remind folks, please go ahead and submit any questions using QA. Or share things with your Co. Attendees in the chat.

192

00:39:46.230 --> 00:40:15.579

Molly McAndrew Tasso: Great thanks, Dory, so just a few medicare updates before. I give a very brief overview of some A/C center resources we have, and then we'll move into the QA. So first story touched on this. Briefly. Next slide, please. Around a special enrollment period for loss of Medicaid for folks transitioning into Medicare, so just wanted to provide a little bit more information on that. So for folks who are losing or have already lost Medicaid, and who didn't enroll into Medicare when they were first eligible.

193

00:40:15.911 --> 00:40:30.160

Molly McAndrew Tasso: Because, of course, they were still on Medicaid they can. They can take advantage of an Sep without worrying about any of the late enrollment penalties. So this Sep begins when the individual is notified of the loss of Medicaid coverage.

194

00:40:30.470 --> 00:40:51.339

Molly McAndrew Tasso: and then it ends 6 months after Medicaid ends, and so they can choose when they want their new medicare coverage to start. So either the first of the month after enrolling or they can be retroactive to the month that they lost medicaid coverage up to them. But individuals who would otherwise be eligible for this sep

195

00:40:51.691 --> 00:41:17.009

Molly McAndrew Tasso: if they went ahead and enrolled prior to January. So if individuals who otherwise would be eligible for this scp if during the public health emergency. So before medicaid and winding sort of started, and continuous coverage requirements were in place if they went ahead and and enrolled into Medicare and are receiving receiving late

penalties. They can have those late penalty, those late enrollment penalties reimbursed.

196

00:41:17.010 --> 00:41:38.210

Molly McAndrew Tasso: and then, any ongoing penalties removed. And so that's for folks. Again, if they lost Medicaid and enrolled in Medicare prior to January 1, 2023, which is when this Sdp took place again. They can have those led's removed, and then they can be reimbursed for any for prior led's that they had been they had paid

197

00:41:41.180 --> 00:41:54.489

Molly McAndrew Tasso: on the next. There we go. Thank you. So there's also in terms of financial help for for Medicare. There's also the extra help program. And this is also known as the part D low income subsidies or part d. Lis

198

00:41:54.690 --> 00:42:19.880

Molly McAndrew Tasso: party. La S is a federal program that helps individuals pay for some or most of the out of pocket costs associated with medicare, part d, prescription, drug coverage. The program itself is not prescription drug coverage, just like adap is not health insurance or the Ryan white program is not health insurance. La, is not prescription drug coverage, and the client must already be enrolled in a part D plan in order to apply for extra help with these costs.

199

00:42:21.230 --> 00:42:28.450

Molly McAndrew Tasso: as a reminder enrolling in extra help will eliminate any Medicare party penalties that your client may have incurred.

200

00:42:29.060 --> 00:42:44.074

Molly McAndrew Tasso: And then on the next slide I wanted to share some exciting and exciting update that happens. January 1, 2024 this year. It's the expansion of the Federal extra help program. So the program used to have

201

00:42:45.031 --> 00:43:12.469

Molly McAndrew Tasso: so the program used to be broken out into partial or full lis. Now everyone is expanded into the full benefit. Lis it. The full subsidy is available to all eligible individuals with incomes below 150 of the Federal poverty line and then individuals eligible for extra help, are again entitled to, partly plays, with no premiums or deductibles, and modest modest co-pays

202

00:43:12.974 --> 00:43:29.629

Molly McAndrew Tasso: on the bottom there. Just a few don't forget tips around Medicare. So insulin is now available in partly plans without

deductible for \$35 a month. Vaccines recommended by the Advisory Committee on Immunization practices are available without cost, sharing and partly cost sharing

203

00:43:29.630 --> 00:43:43.369

Molly McAndrew Tasso: is capped. And so those are just a few other great sort of new, relatively new benefits and expansion of benefits that have come. Come about recently. For some changes. In Congress. So that's a wonderful update to share.

204

00:43:45.680 --> 00:43:50.449

Molly McAndrew Tasso: And then, Dory, do you want to take this next slide around the expanded behavioral health under Medicare.

205

00:43:51.120 --> 00:43:52.192

Dori Molozanov (she/her) NASTAD: Great thanks. Molly.

206

00:43:53.018 --> 00:44:12.690

Dori Molozanov (she/her) NASTAD: Yeah. A quick update on behavioral health services in Medicare before Molly talks about some Hta resources for a few minutes, and then we'll have a QA. Time. So medicare behavioral health services have been expanded effective this year. Intensive outpatient program or Iop services are now covered.

207

00:44:13.150 --> 00:44:19.160

Dori Molozanov (she/her) NASTAD: Before now Medicare paid for inpatient care, partial hospitalization, and outpatient care

208

00:44:19.190 --> 00:44:21.579

Dori Molozanov (she/her) NASTAD: for mental health and substance use disorders.

209

00:44:22.010 --> 00:44:37.770

Dori Molozanov (she/her) NASTAD: but there are also a lot of people who need more support than what's offered an outpatient day treatment, but in patient care or partial hospitalization are still, you know, more than what they need more intensive than what they need. So iop services kind of meet that

210

00:44:38.079 --> 00:44:51.549

Dori Molozanov (she/her) NASTAD: in between need and can now be covered for medicare clients in a variety of care settings. So it kind of expands services that are needed by, you know, a wider range of people, and that need a wider range of health needs

211

00:44:52.051 --> 00:45:09.470

Dori Molozanov (she/her) NASTAD: mental health counselors and family therapists can, now enroll as Medicare providers, which is another way of expanding access to behavioral health, because there are hundreds of thousands of licensed mental health professionals that can now offer services to medicare enrollees and get coverage, get reimbursed for them

212

00:45:09.770 --> 00:45:22.839

Dori Molozanov (she/her) NASTAD: and Medicare advantage. Plans also have some changes related to behavioral health. These plans will need to ensure that newly covered providers are included in provider networks to ensure meaningful access

213

00:45:22.880 --> 00:45:30.030

Dori Molozanov (she/her) NASTAD: and medicare manage plans can no longer require proper prior authorization for emergency, behavioral health.

214

00:45:30.370 --> 00:45:39.280

Dori Molozanov (she/her) NASTAD: emergency, behavioral health specifically and plans must provide care, coordination to advance whole person care for enrollees that need behavioral health services

215

00:45:40.030 --> 00:45:41.539

Dori Molozanov (she/her) NASTAD: back to Molly.

216

00:45:41.800 --> 00:45:43.040

Molly McAndrew Tasso: Great thanks Tori.

217

00:45:43.290 --> 00:46:05.903

Molly McAndrew Tasso: So just a few things to wrap up. Just wanted to briefly sort of introduce myself in the A/C center. I know Dory's been referencing me, but my name is Molly Tas. I'm the consultant at Jsi and the project director of the Aca Center. So on the next slide you can see the Aca center. Is a Hrsa funded cooperative agreement, I would say, like a sister coag to to Nastas.

218

00:46:06.507 --> 00:46:15.080

Molly McAndrew Tasso: adap project and our our job is to engage, enroll and retain clients and health coverage. Dory, can you go in the next slide.

219

00:46:15.080 --> 00:46:15.979

Molly McAndrew Tasso: Thank you.

220

00:46:16.810 --> 00:46:34.980

Molly McAndrew Tasso: Whether that be marketplace or other health and other private health insurance, as well as Medicare and Medicaid help folks communicate with Ryan white clients about how to stay enrolled and use health coverage and also improve clarity. So improve the clarity of information shared with clients around healthcare access and health insurance.

221

00:46:36.732 --> 00:46:39.130

Molly McAndrew Tasso: You can go forward 2 slides, Dory.

222

00:46:39.450 --> 00:47:03.080

Molly McAndrew Tasso: Thank you. So just a few. Given the very important intersection and relationship between tax filing and health coverage. We have a number of resources both for Ryan white subvers, you know, recipients sub recipients, and also clients that help explain this process and help folks sort of walk through the process. So on the next slide you'll see. We have an understanding Ptc's and Csrs.

223

00:47:03.180 --> 00:47:06.590

Molly McAndrew Tasso: An e-learning, an on-demand e-learning module.

224

00:47:06.978 --> 00:47:32.289

Molly McAndrew Tasso: This resource is a self paced interactive course that provides information about Ptc's and Csrs and details the process of how clients both apply for these types of financial assistance, and then also how folks receive Aptcs, how they file and reconcile their taxes, and I'll be sharing dory will send out a follow up email, and I'll share all the links to these resources. So don't worry about navigating to them

225

00:47:32.440 --> 00:47:40.863

Molly McAndrew Tasso: now. On the next slide is a helpful, searchable FAQ, again on Ptc's and Csrs.

226

00:47:42.150 --> 00:47:53.570

Molly McAndrew Tasso: there we go. Thanks, Dorie. And again, just helps folks understand the distinction between the 2 types of financial resources. Ptc, Csrs, and what they mean for a person's tax filing process.

227

00:47:54.066 --> 00:48:16.870

Molly McAndrew Tasso: On the next slide. You'll see we also have consumer resources. So these are especially helpful. We found for folks who might not have Internet access, or maybe uncomfortable, using a web-based tool, so this printable resource can be shared with Orion. Like client, it explains in plain language again, the intersection between health coverage and taxes, and reiterates the importance of filing taxes. And how to go about that.

228

00:48:17.340 --> 00:48:26.749

Molly McAndrew Tasso: and then finally just wanted to share with you all that there are some external tax filing assistance options available to folks. On the next slide.

229

00:48:27.260 --> 00:48:51.960

Molly McAndrew Tasso: So the volunteer income tax assistance program, the Vita program is available for folks who make about \$64,000 or less persons with disability as well as limited English speaking taxpayers. The tax counseling for the elderly or tce program is available to people aged 60 or older, and they specialize in questions around pensions, retirement, and other issues related to to seniors.

230

00:48:52.286 --> 00:49:11.220

Molly McAndrew Tasso: And then the Irs free file program which provides free tax filing software for people with incomes below 79,000 and in some cases they might also even be able to assist with state taxes, which is great. So on the next slide you'll see our website. We're on target hiv.org slash ace

231

00:49:11.220 --> 00:49:25.689

Molly McAndrew Tasso: again, I will share with Dory some links to share with you all after the fact, please check out our website and all the resources. And with that I will hand it over to Dory to move us through the QA. Looks like we've got some great questions.

232

00:49:28.800 --> 00:49:33.056

Dori Molozanov (she/her) NASTAD: Yes, great thanks, Molly. We do have some questions. I'm gonna put up our

233

00:49:33.720 --> 00:49:41.190

Dori Molozanov (she/her) NASTAD: our contact information on on this slide here, too. Folks can go ahead and take it down or we will share it

234

00:49:41.290 --> 00:49:51.000

Dori Molozanov (she/her) NASTAD: around in my follow up email. So be on lookout for that we do have some great questions here. I'm going to

235

00:49:51.220 --> 00:50:14.790

Dori Molozanov (she/her) NASTAD: that. We have. We have a couple here. If I don't answer your question. It doesn't mean I didn't see it. It could mean that. It's just kind of a really individualized situation that I want to address with you, Offline, and of course, I'll share with the group over email anything you know of of use that come anything of

interest to the group that could come out of that. But these seem kind of fax specific. So if I don't answer your question, that could be, why.

236

00:50:15.484 --> 00:50:21.009

Dori Molozanov (she/her) NASTAD: so I have a question here about refunds. When clients get refund checks from the irs.

237

00:50:21.630 --> 00:50:27.159

Dori Molozanov (she/her) NASTAD: Is there Aptc refunds separate from the rest of their tax refunds?

238

00:50:27.444 --> 00:50:39.080

Dori Molozanov (she/her) NASTAD: I've had clients receive a check from the Irs and ask if they can sign it over to us and mail it to us. But I'm wondering if if this is their entire refund, or just the portion that came from the tax credits.

239

00:50:39.200 --> 00:50:42.399

Dori Molozanov (she/her) NASTAD: So the the client is gonna get like one.

240

00:50:42.780 --> 00:50:57.559

Dori Molozanov (she/her) NASTAD: If they if they have a refund, they're gonna get one payment for their entire refund. It's gonna include all the different tax credits and liabilities and refunds from all over their their taxes, including but not limited to the premium tax credits. So

241

00:50:58.465 --> 00:51:02.110

Dori Molozanov (she/her) NASTAD: if you know if the amount that they

242

00:51:02.170 --> 00:51:11.420

Dori Molozanov (she/her) NASTAD: got back, so step back for a second. If they owe a certain amount of money in tax credits, but then they get a refund somewhere else

243

00:51:11.690 --> 00:51:14.389

Dori Molozanov (she/her) NASTAD: on their taxes. You know they're

244

00:51:15.040 --> 00:51:30.849

Dori Molozanov (she/her) NASTAD: where they've maybe owed \$1,000 in tax credits at first. Now their total bills only gonna come out to, let's say 800, because there was \$200 from somewhere else at where they got a refund right? So everything kind of like a credit card bill. It all just kind of gets put together in one single resulting balance.

245

00:51:31.186 --> 00:51:34.560

Dori Molozanov (she/her) NASTAD: So that's kind of how the irs refund is as well.

246

00:51:35.110 --> 00:51:48.270

Dori Molozanov (she/her) NASTAD: But the I walked through the i the forms earlier. To share kind of how adap can figure out the amount of tax credit refund that's included in the clients. Whole refund. So

247

00:51:48.738 --> 00:51:53.919

Dori Molozanov (she/her) NASTAD: if there's a number on form 8, 9, 6, 2, line 26.

248

00:51:54.020 --> 00:51:59.829

Dori Molozanov (she/her) NASTAD: Then the client got a refund, and that number will tell you the amount of the refund. Now let's say that

249

00:51:59.930 --> 00:52:05.910

Dori Molozanov (she/her) NASTAD: the refund that they're due. Is lower than the amount that they actually get in

250

00:52:06.385 --> 00:52:12.484

Dori Molozanov (she/her) NASTAD: it. In from the irs, like because of other areas and their taxes.

251

00:52:13.820 --> 00:52:36.869

Dori Molozanov (she/her) NASTAD: If if the if the total pay, if the total check they get back from the Irs is less than their aptc refund, they could theoretically do what's described here and give this entire payment over to adap, because it's not more than what they owe adap. It's actually less than what they owe adap. So theoretically, they would have you know, a outstanding balance that they still owe to adap.

252

00:52:36.870 --> 00:52:54.490

Dori Molozanov (she/her) NASTAD: I don't. I wouldn't see. I don't see any problem with that. I don't think the fact that the Irs hasn't, you know, itemized all of those items in the refund. I don't think that that makes a difference here. It's just about the amount. The amount online 26 is the amount that the client gets back for tax credits. That's the amount that adap pursues.

253

00:52:55.070 --> 00:53:01.469

Dori Molozanov (she/her) NASTAD: If if part of that means signing over the tax refund to adap, then that that also works.

254

00:53:01.869 --> 00:53:14.590

Dori Molozanov (she/her) NASTAD: Of course, that only we're if if the finds a refund check is more than what they owe to adap. Then, you know, they would have to be some reconciliation that happens there. But, there's no, I don't see any other issue with

255

00:53:15.410 --> 00:53:19.930

Dori Molozanov (she/her) NASTAD: the client. Just kind of handing over their entire refund to adap. If if that

256

00:53:20.030 --> 00:53:21.310

Dori Molozanov (she/her) NASTAD: makes sense

257

00:53:21.370 --> 00:53:24.639

Dori Molozanov (she/her) NASTAD: given, what's online? 26, a 4, 8, 9, 6, 2.

258

00:53:25.370 --> 00:53:27.853

Dori Molozanov (she/her) NASTAD: Okay. So it was a little long winded. But

259

00:53:28.830 --> 00:53:31.169

Dori Molozanov (she/her) NASTAD: think, I hopefully answered that question.

260

00:53:31.870 --> 00:53:35.424

Dori Molozanov (she/her) NASTAD: we I also. We also had a question about the

261

00:53:41.240 --> 00:53:49.889

Dori Molozanov (she/her) NASTAD: employer about standards for formulary inclusion. So this person here I'm not going to read the whole thing because it's kind of long. But to summarize.

262

00:53:50.451 --> 00:53:56.930

Dori Molozanov (she/her) NASTAD: This person is is a highlighting some, you know, employer plans that have poor skimpy coverage of

263

00:53:57.746 --> 00:54:04.180

Dori Molozanov (she/her) NASTAD: HIV medications. Unfortunately, in, you know, a lot of situations, there's

264

00:54:05.205 --> 00:54:15.179

Dori Molozanov (she/her) NASTAD: employer plans have a lot more flexibility with what they're gonna cover in terms of prescription drugs compared to marketplace plans.

265

00:54:15.586 --> 00:54:21.529

Dori Molozanov (she/her) NASTAD: Even if there's no rule. That's precisely on point. Like, I said, we have

266

00:54:21.650 --> 00:54:31.530

Dori Molozanov (she/her) NASTAD: successfully helped programs do advocacy to a plan, anyway. So reach out to us. We're happy to help with those kinds of issues.

267

00:54:31.888 --> 00:54:36.349

Dori Molozanov (she/her) NASTAD: That this person had a follow up question, though, that if the employer plan

268

00:54:36.360 --> 00:54:42.760

Dori Molozanov (she/her) NASTAD: doesn't meet minimum essential coverage, can the client drop that plan and switch to the marketplace?

269

00:54:42.870 --> 00:54:47.810

Dori Molozanov (she/her) NASTAD: So if the plan does not meet minimum essential coverage.

270

00:54:48.950 --> 00:54:51.089

Dori Molozanov (she/her) NASTAD: Believe there is an Sep for that.

271

00:54:55.000 --> 00:54:57.670

Dori Molozanov (she/her) NASTAD: I will double check, but I'm almost certain that there is.

272

00:54:58.204 --> 00:55:15.175

Dori Molozanov (she/her) NASTAD: However, I should note here, though, that that's a pretty high standard, and unfortunately, really poor coverage of HIV medication does not automatically lead to a finding that a plan does not provide minimum essential coverage or minimum value. Rather.

273

00:55:15.750 --> 00:55:21.609

Dori Molozanov (she/her) NASTAD: So if the employer plan truly is not up to the standards, I believe

274

00:55:21.880 --> 00:55:29.163

Dori Molozanov (she/her) NASTAD: there is an Sep for that. If I end up being wrong about that, I'll clarify that in my follow-up email.

275

00:55:30.960 --> 00:55:37.155

Dori Molozanov (she/her) NASTAD: But again, a lot of the time. This plan is probably going to meet minimum value, and

276

00:55:37.540 --> 00:55:43.969

Dori Molozanov (she/her) NASTAD: that would not trigger an scp to switch to the marketplace. That being said, the next time the client has an opportunity to switch to the marketplace.

277

00:55:44.070 --> 00:55:59.689

Dori Molozanov (she/her) NASTAD: They can net definitely do so. They might not be eligible for tax credits. But we've definitely seen programs have clients enroll in full cost full cost marketplace plans because the employer plan available to them just was not providing the coverage that they needed for their HIV needs.

278

00:56:00.710 --> 00:56:09.029

Molly McAndrew Tasso: Dory, I just wanna you are correct. There is an scp. If a person loses minimum essential coverage to your point, though that threshold is pretty high. So.

279

00:56:09.350 --> 00:56:09.960

Dori Molozanov (she/her) NASTAD: Yeah.

280

00:56:11.120 --> 00:56:28.839

Dori Molozanov (she/her) NASTAD: so generally, when we've seen programs come to us with like some really skimpy plan, the ultimate conclusion is that like this, unfortunately, is minimum value. But let's see if we could find some other way to improve this situation this, this coverage, or find something that's better.

281

00:56:31.520 --> 00:56:34.220

Dori Molozanov (she/her) NASTAD: yeah. So I think we probably have time

282

00:56:38.410 --> 00:56:41.340

Dori Molozanov (she/her) NASTAD: for one more.

283

00:56:43.250 --> 00:57:02.639

Dori Molozanov (she/her) NASTAD: There was a question here about part D programs that do not cover HIV meds. I assume this means medicare part d if the person who submitted this wants to reach out to me directly to

talk more about what they're seeing I would really like to hear from you. But, General, if I understand this question correctly.

284

00:57:03.040 --> 00:57:15.069

Dori Molozanov (she/her) NASTAD: Medicare part D plans are required to cover HIV medication. Someone here asked about part D plans that don't cover them. Party plans are required to cover HIV anti retroviral therapies.

285

00:57:16.690 --> 00:57:18.100

Dori Molozanov (she/her) NASTAD: so we'll

286

00:57:18.417 --> 00:57:28.180

Dori Molozanov (she/her) NASTAD: if you're seeing plans that are not covering this at all. Please do reach out to us. Molly, I think so. Is there anything that you wanted to add on this question.

287

00:57:30.410 --> 00:57:42.599

Molly McAndrew Tasso: No, but just also recognizing that there can be. And I think it's the sort of follow up question that there are situations where the Co. The copays are so high that they it becomes a sort of cost prohibitive situation. Then for a client.

288

00:57:46.375 --> 00:57:53.990

Dori Molozanov (she/her) NASTAD: But this person who per submitted this question, I would love to talk to you more about the issues that you're encountering. So please do. Please do reach out.

289

00:57:54.606 --> 00:58:01.200

Dori Molozanov (she/her) NASTAD: I see a couple of other questions here. I'm gonna follow up with these folks over email, either

290

00:58:01.350 --> 00:58:09.810

Dori Molozanov (she/her) NASTAD: today or tomorrow. So stay tuned. I've not forgotten about you. I just want to get some more information before I can answer these questions.

291

00:58:10.473 --> 00:58:26.980

Dori Molozanov (she/her) NASTAD: So that being said. I think we're ready to to wrap up again. Our contact information is here on the screen. I will follow up with recording slides. Follow up resources from the Sta. Center, from NASA, from other places.

292

00:58:27.200 --> 00:58:31.769

Dori Molozanov (she/her) NASTAD: And we'll provide any additional information based on the questions.

293

00:58:31.820 --> 00:58:38.259

Dori Molozanov (she/her) NASTAD: And if folks, any other questions. Come up. Please don't hesitate to reach out, and I hope everyone has a great rest of your Tuesday.