Resources to Support Open Enrollment for 2019
ACE TA Center

The Access, Care, and Engagement TA Center (ACE) Technical Assistance (TA) Center helps Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy.

Check out our guide for preparing for 2019 Open Enrollment.

TA and Training Services

Many RWHAP clients are eligible for new health coverage options, including Medicaid and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities. Our technical assistance and
Supports Ryan White HIV/AIDS Program (RWHAP) health care service providers to:

1. Engage, enroll, and retain clients in health coverage
2. Communicate with clients about how to stay enrolled and use health coverage
3. Build organizational health insurance literacy, thereby improving clients’ capacity to use the health care system.
Preparing for Open Enrollment
Open enrollment timeline for 2019 plans

Open Enrollment Starts
Nov. 1, 2018

Medicaid enrollment is continuous throughout the year

Open Enrollment Ends
Dec. 15, 2018

2019 Plan Year Coverage Begins
Jan. 1, 2019

45 days

*The above Open Enrollment timeline applies to all states that use healthcare.gov and most state-based exchanges.
Conduct training and build enrollment staff capacity

- Train staff on health insurance enrollment basics
  - Focus on specific plan considerations for PLWH
  - Consider getting staff trained as Certified Application Counselors
  - Use the ACE TA Center
- Train staff to conduct ‘Account Tune-ups’ for all insurance-eligible clients
What is an Account Tune-Up?

A pre-enrollment appointment to:

1. Check client paperwork, accounts and payments
2. Review finances
3. Confirm enrollment in relevant RWHAP insurance assistance, including ADAP
4. Help clients prepare for their enrollment appointment
Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2019 Marketplace health coverage.

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

1. Check paperwork, accounts, and payments.
   - It’s important that clients’ insurance payments and Marketplace accounts are up-to-date.
   - Review insurance documents and identify any outstanding payments or credits.
   - Help clients organize insurance and Marketplace paperwork.
   - Make sure clients can log into the Marketplace and help them update account details. If needed, help clients set up their Marketplace account.

2. Review finances.
   - A client’s income and tax filing history help determine eligibility for financial assistance through the Marketplace.
   - Make sure that clients who received Advance Premium Tax Credits (APTCs) have filed and reconciled their federal taxes so that they remain eligible for this financial assistance.
   - Help clients estimate their income and report any changes to the Marketplace.

3. Confirm enrollment in the Ryan White HIV/AIDS Program (RWHAP), including ADAP.
   - Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.
   - Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
   - Re-certify a client’s RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

4. Help clients prepare for enrollment and schedule enrollment appointments.
   - Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.
   - Know what plans are being offered in their area.
   - Help clients identify their coverage priorities including medication access and continuity with preferred providers.
   - Dedicate time to educate clients on the importance of health coverage and answer questions.
   - Schedule enrollment appointments.
Eligibility Decision Tree

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

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

YES

Does the client already have Medicaid or Medicare?

YES

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

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

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

NO

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

Client may continue to get care through RWHAP.

NO

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

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

YES

A client with individual insurance may stay on his/her plan or change to a Marketplace plan, which may allow

NO

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

* See state ADAP program website or call 1-800-HIV-AIDS (1-800-448-2437).
Build enrollment partnerships

- If needed, identify and establish partnerships with Navigators, Certified Application Counselors, and other enrollment assisters
  - Assisters may be found at partner organizations or within your health system
  - Train your program staff to refer clients to these partners before and during open enrollment
- Make sure partners are aware of RWHAP, including role of ADAP in health coverage
I’m new to supporting people living with HIV. How do I help them enroll in health coverage?

Listen to consumers’ needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.
- People living with HIV need health care providers who understand their needs and life experiences.
- People living with HIV may have other health concerns, such as Hepatitis B or C, mental health issues, or substance use.

Encourage continuity of care.

This means seeing the same provider regularly and maintaining a consistent supply of medication.
- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- Let them know they don’t have to start over with someone new, and their information will be confidential.

Understand why continuous medication coverage is essential.

It can help people living with HIV live a healthy life.
- Taking HIV medication every day helps lower the level of HIV in your blood.
- People with less HIV in their blood are much less likely to get sick or pass HIV to others.

Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.
- Consumers work closely with their doctor to find the HIV treatment plan that works best for them.
- Some health plans may only cover certain HIV drugs or combinations or may require increased cost-sharing for certain HIV drugs.

Show compassion & cultural sensitivity.

People living with HIV may not want to disclose their HIV status to an enrollment assister.
- They may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.
- Many consumers, particularly people of color, have experienced stigma and discrimination in the past. Some may fear negative attitudes and prejudice.

The Ryan White Program provides HIV care and support.

Its AIDS Drug Assistance Program (ADAP) also provides access to critical medications.
- Most low-income people have been able to get free or low-cost HIV care, medications, and support services through the Ryan White Program.
- The Ryan White Program only covers HIV-related services and strongly encourages eligible clients to enroll in comprehensive health coverage.

Know how to contact your state’s Ryan White Program and ADAP.

The Ryan White Program helps all consumers — insured, underinsured, and uninsured.
- In many cases, Ryan White Program funds can be used to buy health insurance or pay for premiums and out-of-pocket expenses.
- The Ryan White Program in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.

Explain insurance terms and benefits.

Many people living with HIV are new to health insurance.
- An estimated 30% of people living with HIV have never had insurance, compared with 15% of the general population.
- Before the ACA, some people were denied insurance coverage or charged more because of a pre-existing condition.
- Explain insurance terms and concepts in plain language.

The ACE TA Center helps Ryan White HIV/AIDS Program grantees and service providers to enroll diverse clients in health insurance.

Visit targethiv.org/assisters for more helpful enrollment resources.
Video: How Assisters Can Help People Living with HIV Get Affordable Coverage
careacttarget.org/assisters
Pre-Enrollment Worksheet: Preparing for Your First Appointment

Are you ready to enroll in a health insurance plan through the Marketplace? This worksheet helps you gather all the information you will need for your enrollment appointment.

1. Complete the first two sections with your Ryan White Program case manager. Then bring this sheet to your enrollment appointment.
2. Complete the third section during your enrollment appointment. Then bring the sheet back to your case manager.

1. Before you apply.

Complete this section with your Ryan White Program case manager.

Does the Ryan White Program support any health insurance plans in your area?

Some Ryan White Programs, including the AIDS Drug Assistance Program (ADAP), recommend certain health plans for people living with HIV. Write each plan name below and note if you are eligible for financial assistance for that plan through the Ryan White Program.

<table>
<thead>
<tr>
<th>Health Insurance Plan Name</th>
<th>Are you eligible for Ryan White Program financial assistance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
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<td>□ Yes □ No</td>
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<td>□ Yes □ No</td>
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<td></td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

How do you use health care?

Write down the health care services, providers, and medications you currently use. If something does not apply to you, leave the line blank. Your case manager can help you think about what you have used in the past and what services and medications you may need in the coming year.

My primary care provider (PCP) is: ________________________
I see him/her at ____________________ clinic/hospital about ____ times per year.

My HIV specialist is (if different than PCP): ________________________
I see him/her at ____________________ clinic/hospital about ____ times per year.
Communicate with staff, partners, and consumers
Health plan assessment and purchasing

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

- For RWHAP-funded direct service providers:
  - Check with ADAP and/or other RWHAP insurance purchasing programs on plan options available to clients.
  - Train program staff on plan options as soon as they have been assessed.
- If no one is analyzing plans in your area, use existing plan assessment tools and templates.
  - ACE Health Care Plan Selection Worksheet
Client engagement and preparation

- Use ADAP re-certification or scheduled medical visits to:
  - Incorporate conversations about health coverage and enrollment
  - Schedule and conduct account-tune ups
  - Schedule enrollment appointments
- Identify and engage clients who do not have a scheduled visit before November 1
Outreach and enrollment: key messages for clients

- Importance of health coverage
- RWHAP is not insurance!
- Importance of one-on-one enrollment assistance
- Explain importance of actively comparing plans
  - Avoid short term plans
- When reviewing plans, check for preferred HIV medications and providers
- Availability of financial assistance
- Remember: Cheaper isn’t always better!
If you don’t have health insurance, now is a good time to get it.

Take the next step for a healthy life.

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

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

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

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

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

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

“GET COVERED FOR A HEALTHY LIFE”

“Health insurance can be expensive. How will I pay for it?”

You can get help paying for health insurance depending on how much money you make. In many places, the Ryan White Program, including the AIDS Drug Assistance Program (ADAP), can help with insurance and medication costs — even after you get covered.

“Will I still be able to see the doctor or nurse who provides my HIV care?”

There’s no guarantee that your current doctor or nurse will be part of a health insurance plan that is available to you, but there’s a good chance. And all plans will have an HIV doctor that you can see, even if it’s not your current doctor.

Your case manager or an enrollment assistant can work with you to compare plans and choose one that is right for you. As you compare plans, you can also see which doctors are covered by each one.

“What about my HIV medications? Will health insurance pay for them?”

All health insurance plans must cover HIV medications. When you’re choosing a plan to apply for, you can check to see if your specific HIV medications are covered by that plan.

Most plans require a co-pay for medicines and doctor visits. This means you pay a small amount when you see your doctor.

“Can I still get services and help from the Ryan White Program and ADAP?”

Yes, you will still be able to get services from the Ryan White Program that are not covered by your insurance — like having a case manager or dental care.

In many places, the Ryan White Program, including ADAP, can help you pay for health insurance premiums and co-pays. Check with your case manager or the Ryan White Program about how that would work for you.

“GET COVERED FOR A HEALTHY LIFE”

“If some reasons you are not eligible for health insurance, you can still get HIV care and medications through the Ryan White Program.

“What if I don’t enroll in health insurance?”

If you don’t have health insurance but choose not to enroll, you may have to pay a fee — up to $2,000 or more. And you’ll be missing out on all sorts of things that can make you healthy.

If you don’t have quality health insurance, you may also have to pay the tax. This will be an additional:

- You cannot find an affordable plan
- You are not your own and do not need to pay for levels
- You have a large gap in coverage
- You are not partially dependent in the U.S.

ACE TA Center | Get Covered for a Healthy Life | Page 1
My health insurance works for me. I thought I couldn’t afford coverage, but the Ryan White Program helps pay my monthly health insurance premium.

HIV-positive? Find a health insurance plan that works for YOU. You can get in-person help to fill out the application and find out if you’re eligible. You may qualify for financial help.

We can help. Ask us about health insurance today.
ACE Open Enrollment Twitter toolkit

#GetCovered
#EnrollByDec15  #OpenEnrollment

"I thought I couldn't afford coverage"

C: Thought you couldn’t afford health insurance? Think again! The Ryan White HIV/AIDS Program can help. Talk to a case manager at our program.

P: Did you know the Ryan HIV/AIDS White Program can help consumers pay for health insurance premiums and #GetCovered? Contact us to learn more.
October 24: Everything You Want to Know About Financial Assistance for 2019 Health Plans

Upcoming Webinars

- Everything You Want to Know About Financial Assistance for 2019 Health Plans
  October 24, 2018 (2:00 - 3:30 PM ET)

In this webinar, learn how you can help clients apply for financial assistance to help lower health insurance costs, and the role that taxes play in maintaining eligibility for this assistance. ACE TA Center presenters will provide case managers, benefits and enrollment staff, and other RWHAP program staff with an orientation to Premium Tax Credits (PTCs) and Cost Sharing Reductions (CSRIs), including information on eligibility requirements for each subsidy. Presenters will use case studies to demonstrate how PTCs and CSRIs work in practice, and underscore the importance of updating income and household information throughout the year to avoid under- and over-payments. Presenters will also explain how the RWHAP, including ADAP, can help clients pay...
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.

If eligible, a person may receive both a PTC and a CSR. People who apply for PTCs are automatically assessed for CSRs.

Frequently Asked Questions
1. Who is eligible?
2. How much financial help is available?
3. What income is considered?
Consumer Tool: Taxes and Health Coverage

targethiv.org/ace/taxes
Thank you!

targethiv.org/ace
Sign up for our mailing list, download tools and resources, and more…

Contact Us:
acetacenter@jsi.com
Increasing Access to Care & Improving Health Outcomes for PLWH through Centralized data & data sharing

COLORADO RYAN WHITE PART B PROGRAM
Data Sharing & Recertification
Increasing Adherence and continuous eligibility determined to be critical

- Recertification frequently late (up to 41%)
- Endangered payment of insurance premiums and timely access to medications (as well as services)
- ADAP members with Medicaid opting to drop ADAP due to reporting burden, complicating CHURN
- Over 85% of complaints to ADAP are regarding the burden of recertification
- Clients then had to recertify at all Ryan White providers
Discussions about data sharing took some time

- The Task Force on Data Sharing and Client Privacy consists of advocates, shareholders and the Department met for over 3 years.
- The Task Force principles strive to balance client privacy concerns, legal rights, and improving client experiences and outcomes.
- In the meantime:
  - Both HRSA and CDC have encouraged wider data sharing
  - Clients are experiencing more data expectations and burdens
Data Sharing agreement signed 2015:

Client data elements are shared with other Ryan White funded providers:

✓ Date of birth, Race, Ethnicity
✓ Gender, Transgender status, HIV / vs. AIDS, etc.
✓ The beginning and ending dates of the current ADAP certification period
✓ Client’s most-recently reported income level and household size
✓ Client insurance enrollment status (“vigorous pursuit”)
✓ Housing Status
✓ current residential and mailing address & current phone number
✓ CD4/ VL count quarterly

ADAP clients can OPT OUT if they don’t want to share info, but would still need to recertify with each agency at which they seek Ryan White services.
Results of Data Sharing Agreement

- All providers agree to allow clients to use current (non-expired) ADAP ID card as proof of Ryan White eligibility if they make a photocopy of that card.
- Date of expiration, region of the state, and FPL are on the card, as well as Rx and medical billing info
- Weekly eligibility files are downloaded to secure FTP site for pick-up to import to other data systems
Part B Eligibility Team & workflow

- Healthcare Access Unit Supervisor
- Healthcare Access Specialist (Team Lead)
- 2 Eligibility Technicians
- 1 Temporary FTE Eligibility Technician
- Regional and Institutional contractors who work directly with insurance clients once eligibility is determined (approx. 18)

✓ Includes enrollment into on and off-marketplace plans
✓ Coordination of benefits, premium payment, etc.

- Department Surveillance Staff confirm HIV positive status in EHARS or seek information from other states
- EHARS ID is entered into database to accommodate CD4 / VL numbers upload
- Updates to system of CD4/VL quarterly
- PBM data system serves as eligibility / enrollment platform, including online application process
Prior to accessing COEnroll member portal functionality, the member must complete an account registration process.
Expedited application processing = expedited access to medication
You must complete all fields marked with an (*).

Please complete all of the information requested on this form. If approved, federal legislation requires the Colorado Department of Public Health and Environment (CDPHE) to review client eligibility twice a year.

Demographics

Full Legal Name (Last) * Patient

Name you prefer to be called?

What is your date of birth? * 09/01/1960

What is your social security number (if you have one)?

What is your current gender? *

What was your gender at the time of birth?

What is your ethnicity? *

What is your race? *

What is your preferred language?

Residential Information

At what phone numbers can we reach you during daytime hours?

Phone Type | Phone Number | Extension | May we leave a message on this phone?
---|---|---|---
Home | | | 
Mobile | | | 
Work | | | 

Which email do you prefer for electronic communication?

What is your current living situation? *
Once enrolled, registered members can view eligibility information, access Program data, and complete reenrollment applications.
Member Portal Functionality
Recertification/ Applications

The member has access to Program data, such as printing a temporary benefit card or other Program data as available.
Enrollment card holds eligibility dates, Rx and medical billing information, FPL% and region of the state.
Member Portal Functionality - Secure Messaging

Members have access to communicate with Program designated staff through a secure messaging process.
Member Portal
Mobile Phone Access
CDPHE’s future: Integrating data from multiple platforms and sources to improve outcomes

Eligibility Look up using unique data elements for smaller contractors to confirm eligibility and permit access
- Psychosocial Groups
- Food Bank/Home Delivered Meals
Eligibility look up for Medical and other providers to confirm ability to provide a covered service
Ability to look up missing data for Ryan White-required reporting
Safe + Sound

Text and email reminder system

TESTING

MEDICATION

REFILL

RE-CERTIFICATION
Contact information:

Todd Grove  Healthcare Access Unit Lead,  ADAP Coordinator

todd.grove@state.co.us  303-692-2783

4300 Cherry Creek Drive South –A3

Denver, Colorado 80246

www.stdhivco.org
Overview of Presentation

1. Review of Insurance Purchasing Cost-Effectiveness Requirements
2. Preview of NASTAD 2019 ADAP Cost Effectiveness Tool
3. ADAP experiences: Illinois and Arizona
Review of Insurance Purchasing Cost-Effectiveness Requirements
Insurance Cost-Effectiveness

- RWHAP recipients may assist eligible low-income clients with insurance premiums and cost sharing if:
  1) The insurance plan includes at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS and
  2) The cost of paying for the health care coverage (premiums and cost sharing) is less in the aggregate compared to:
     - Paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (RWHAP Part A, RWHAP Part B, RWHAP Part C, and RWHAP Part D)
     - Paying for the full cost for medications (RWHAP ADAP)

See: [HRSA/HAB PCN 18-01](https://www.hrsa.gov), consolidating several previous policy notices related to insurance purchase.
Insurance Cost-Effectiveness (ctd.)

- Insurance purchasing must be cost-effective in the aggregate, meaning that lower cost clients may balance out higher cost clients.
- Consider the net costs of both insurance and drug purchase, inclusive of discounts and rebates.
- Rule of thumb – if anticipated rebates exceed the cost of the insurance, plan is clearly cost-effective.
- ADAP Cost-Effectiveness tool estimates rebates relative to the premium and cost-sharing payments.
Preview of NASTAD Cost Effectiveness Tool
What’s New This Year

- A new data source that pulls data from every state and the District of Columbia for on and off-Marketplace plans
- Simplified the tool by removing extraneous data points and moving some of the calculation explanations to the user guide
- Added the ability to compare costs for smokers and non-smokers
- Updated net ADAP costs/savings per plan per client with STR cost averages and rebate averages
# How It Works:
State Specific Plan Options

- Scroll to your state and review plan options

<table>
<thead>
<tr>
<th>Plan ID</th>
<th>State</th>
<th>Metal Level</th>
<th>Issuer Name</th>
<th>Plan Marketing Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>38344AK0540008</td>
<td>AK</td>
<td>Bronze</td>
<td>Premera BlueCross BlueShield of Alaska</td>
<td>Premera Blue Cross Preferred Plus Bronze 6350</td>
</tr>
<tr>
<td>38344AK0540003</td>
<td>AK</td>
<td>Gold</td>
<td>Premera BlueCross BlueShield of Alaska</td>
<td>Premera Blue Cross Preferred Plus Gold 1500</td>
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<tr>
<td>38344AK0540006-05</td>
<td>AK</td>
<td>Silver</td>
<td>Premera BlueCross BlueShield of Alaska</td>
<td>Premera Blue Cross Preferred Plus Silver 4500 CSR2</td>
</tr>
</tbody>
</table>
How It Works: Plan Type

- Look to see which plans have CSRs and which are sold off-Marketplace

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Plan Marketing Name</th>
<th>Marketplace</th>
<th>CSR Plan</th>
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</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>Premera Blue Cross Preferred Plus Bronze 6350</td>
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<td>No</td>
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<tr>
<td>Gold</td>
<td>Premera Blue Cross Preferred Plus Gold 1500</td>
<td>Both_markets</td>
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<tr>
<td>Silver</td>
<td>Premera Blue Cross Preferred Plus Silver 4500 CSR2</td>
<td>On_market</td>
<td>CSR-87</td>
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How It Works: Premium and OOP Costs

- Look at plan premium and OOP costs

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Prem. 40</th>
<th>Prem. 40 Tobacco</th>
<th>APTC</th>
<th>Med. Deductible</th>
<th>Drug Deductible</th>
<th>Medical MOOP</th>
<th>Drug MOOP</th>
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<tbody>
<tr>
<td>PPO</td>
<td>$539.67</td>
<td>$580.33</td>
<td>$494.67</td>
<td>$5,250</td>
<td>Included in medical</td>
<td>$6,600</td>
<td>Included in medical</td>
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How It Works: Drug Coverage

- Assess coverage and tier placement for commonly prescribed HIV and HCV medications

<table>
<thead>
<tr>
<th>HIV ARVs</th>
<th>HCV DAAs</th>
</tr>
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<tbody>
<tr>
<td>Genvoya</td>
<td>Daklinza</td>
</tr>
<tr>
<td>Odefsey</td>
<td>Zepatier</td>
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<tr>
<td>Descovy</td>
<td>Mavyret</td>
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<tr>
<td>Tivicay</td>
<td>Harvoni</td>
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<tr>
<td>Triumeq</td>
<td>Sovaldi</td>
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<tr>
<td>Stribild</td>
<td>Epclusa</td>
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<tr>
<td>Atripla</td>
<td>Vosevi</td>
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<td>Truvada</td>
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<tr>
<td>Isentress</td>
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<tr>
<td>Biktarvy</td>
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<td>Juluca</td>
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<tr>
<td>Symtuza</td>
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### Estimating ADAP Net Savings/Cost

<table>
<thead>
<tr>
<th>Composite STR &amp; Rebate</th>
<th>Average Drug Tier</th>
<th>Average Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using five most</td>
<td>Using five most commonly prescribed STRs, we identified average formulary tier</td>
<td>40-year old with an income of 200% of the federal poverty level (FPL).</td>
</tr>
<tr>
<td>commonly prescribed</td>
<td>for our composite STR. We calculated number of fills needed to hit MOOP for each plan.</td>
<td>Includes individuals who use and don’t use tobacco products.</td>
</tr>
<tr>
<td>STRs, we created</td>
<td></td>
<td>The average premium and Advanced Premium Tax Credit (APTC) amounts are calculated by state and using the average client demographics described above.</td>
</tr>
<tr>
<td>composite wholesale</td>
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<tr>
<td>acquisition cost</td>
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<td>(WAC)</td>
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<tr>
<td>and composite ADAP</td>
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<tr>
<td>rebate.</td>
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</tbody>
</table>
The Formula

\[(\text{Premium} - \text{APTC}) \times 12 + \text{Plan deductible} + \text{Cost-sharing to MOOP} - \text{Total number of fills} \times \text{composite rebate amount}\]

= \text{Annual ADAP net savings/cost}
Putting it Together in the Tool

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Expected Net (Savings) or Costs based on One Year of STR</th>
<th>Number of Fills to MOOP</th>
<th>Monthly Premium (with APTC)</th>
<th>Deductible</th>
<th>MOOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver CSR-73</td>
<td>$3,396</td>
<td>8</td>
<td>$232</td>
<td>$2,700</td>
<td>$3,800</td>
</tr>
<tr>
<td>Bronze off-Marketplace</td>
<td>$10,000</td>
<td>3</td>
<td>$563</td>
<td>$7,350</td>
<td>$7,350</td>
</tr>
<tr>
<td>Silver CSR-94</td>
<td>($10,412)</td>
<td>4</td>
<td>$247</td>
<td>$100</td>
<td>$600</td>
</tr>
</tbody>
</table>

- **Plan design matters**
  - Low deductible plans with cost-sharing instead of co-insurance are far more cost-effective

- **ADAP net cost/savings should not be sole criteria**
  - CSR plans may result in less net rebate savings, but are the better option for clients with non-HIV expenses
  - Off-Exchange plans are often far more expensive because of high premiums, but can be balanced out with less expensive plans
Other Considerations

- Only includes data for on and off-Marketplace individual health insurance plans. ADAPs should also assess the cost-effectiveness of other insurance (e.g., Medicare and employer-sponsored insurance)

- Only takes into account Rx costs for one STR; if clients have other healthcare utilization, the time it takes for them to hit their deductible and MOOP will change

- Includes a “state entry” tab to allow ADAPs to change any of the cost assumptions (e.g., average client age, premium amount, STR composite cost, etc.)

- Cost-effectiveness review does not replace the need for financial forecasting
Coming in time for open enrollment, PrEPcost.org is a plan assessment tool that compares on and off-Marketplace plan options for PrEP.

- Estimates premiums and out-of-pocket costs, taking into account federal subsidies and the Gilead co-pay assistance program.
- Allows for comparison across plans based on monthly and annual costs and provider network.
ADAP Cost-Effectiveness Review Experiences: Illinois and Arizona
Insurance Enrollment Landscape for OE6

NASTAD National HIV and Hepatitis Technical Assistance Meeting
October 10, 2018
Presentation Roadmap

- Enrollment policy landscape (Amy Killelea, NASTAD)
  - Coverage and cost trends
  - Enrollment policy changes

- Enrollment strategies (Mira Levinson & Liesl Lu, JSI)
Enrollment Policy Landscape

Carrier Entry for 2019 on the ACA Individual Market

Source: Data from the Robert Wood Johnson Foundation
Data as of August 15th, 2018
# Premium Changes (not Including Subsidy)

<table>
<thead>
<tr>
<th>State (F = Final)</th>
<th>Major City</th>
<th>2nd Lowest Cost Silver Before Tax Credit</th>
<th>Lowest Cost Gold Before Tax Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2018</td>
<td>2019*</td>
</tr>
<tr>
<td>California</td>
<td>Los Angeles</td>
<td>$325</td>
<td>$338</td>
</tr>
<tr>
<td>Colorado (F)</td>
<td>Denver</td>
<td>$413</td>
<td>$439</td>
</tr>
<tr>
<td>Connecticut (F)</td>
<td>Hartford</td>
<td>$484</td>
<td>$428</td>
</tr>
<tr>
<td>DC (F)</td>
<td>Washington</td>
<td>$324</td>
<td>$393</td>
</tr>
<tr>
<td>Georgia</td>
<td>Atlanta</td>
<td>$421</td>
<td>$462</td>
</tr>
<tr>
<td>Idaho (F)</td>
<td>Boise</td>
<td>$463</td>
<td>$479</td>
</tr>
<tr>
<td>Indiana</td>
<td>Indianapolis</td>
<td>$366</td>
<td>$377</td>
</tr>
<tr>
<td>Maine (F)</td>
<td>Portland</td>
<td>$513</td>
<td>$485</td>
</tr>
<tr>
<td>Maryland (F)</td>
<td>Baltimore</td>
<td>$456</td>
<td>$419</td>
</tr>
<tr>
<td>Michigan (F)</td>
<td>Detroit</td>
<td>$332</td>
<td>$333</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Minneapolis</td>
<td>$327</td>
<td>$302</td>
</tr>
<tr>
<td>Missouri</td>
<td>St Louis</td>
<td>$465</td>
<td>$421</td>
</tr>
</tbody>
</table>

*Premiums based on 40-year old non-smoker  
Source: Kaiser Family Foundation
Premium Trends

- Most states will not experience the premium increases they saw in 2018
  - Some states are even seeing rate reductions in 2019

- Even in states with premium increases, most consumers receiving advance premium tax credits are protected
  - Individuals with higher incomes or individuals who purchase off-Marketplace may feel premium increases the most

- Rates should be finalized in every state by now
Federal Regulations Expand the Non-ACA Compliant Market

<table>
<thead>
<tr>
<th>Association Health Plans (AHPs)</th>
<th>Short-Term Limited Duration (STLDs) Plans</th>
<th>Transitional “Grandmothered” Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHPs recently expanded to more people (e.g., self-employed or individuals connected only by geography)</td>
<td>STLDs recently expanded to include plans that last for up to 364 days; makes it easier to renew these plans</td>
<td>Individual and small group plans issued between March 2010 and December 2013 and can be renewed through 2019</td>
</tr>
<tr>
<td>AHPs do not have to comply with most ACA rules</td>
<td>STLD plans do not have to comply with most ACA rules</td>
<td>Transitional plans do not have to comply with most ACA rules</td>
</tr>
<tr>
<td>Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive</td>
<td>Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive</td>
<td>Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive</td>
</tr>
</tbody>
</table>
Short-Term Plan Options Being Sold in Many States as of October 1

Enroll in short term to handle temporary gaps in coverage.
Get peace of mind, knowing you have insurance if the unexpected happens.

**APPLICANT:** Date of Birth [mm/dd/yyyy] Gender [Male] [Female]

**DATES:** Coverage start date [10/04/2018]

**OPTIONAL:** +Add spouse +Add child

Your best bet outside of open enrollment.

Unless you have a qualifying event, you cannot buy an ACA-compliant health plan (Obamacare) outside of the Open Enrollment Period (OEP). The next OEP begins Nov. 1, 2018.

Apply today, be insured tomorrow.

Your answers to a few simple questions will determine your eligibility to buy a short term plan. You could begin to use your new insurance as soon as tomorrow.

Choose the doctors you want.

Short term plans are far less expensive than major medical plans, and do not impose restrictions on going “out of network.”
Short-Term Plan Marketing

Young Adult

Unemployed

Independent Contractor

Prefer Non-Obamacare Options

Retired But Not Yet Medicaid Eligible
Short-Term Plan Marketing

About Pivot Health

Launched in 2015, Pivot Health provides health insurance products that fill a need in the short term to help you better afford your health care. Pivot Health gives you the freedom to transition through any stage of life and not be caught without health insurance coverage.

Pivot Health plans:

- Cost 50% less than Obamacare plans, if not more
- Allow you to choose any doctor or hospital
- Are open for enrollment year-round
- Are underwritten by a carrier rated A+ (Excellent) by A.M. Best
Short-term plans historically have:

- Excluded coverage for pre-existing conditions, specified services and conditions (e.g., HIV, cancer, substance use)
- Imposed high out-of-pocket costs on consumers, including annual and lifetime limits on coverage
- Not covered prescription drugs
- Utilized post-claims underwriting

Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? - National General, IL

Source: Kaiser Family Foundation
New Products Being Marketed to Individuals with Pre-existing Conditions

- At least one carrier is marketing a specific pre-existing condition short-term plan

Connect Plus is a short-term medical (STM) insurance policy with a limited benefit for pre-existing conditions. STM, sometimes called short-term medical limited duration insurance, is designed to provide coverage during transitions or gaps in major medical coverage. Most STM plans do not cover healthcare expenses for pre-existing medical conditions. Connect Plus provides a benefit up to a maximum of $25,000 for eligible pre-existing healthcare expenses.

- BUT
  - Caps coverage at $25,000
  - Only covers “eligible” pre-existing conditions and individuals are still subject to underwriting questions
  - Exempts a number of services, including substance use services
Report Deceptive Marketing Practices to Your Department of Insurance

FOR IMMEDIATE RELEASE:
August 29, 2018 (#100)

MEDIA INQUIRIES ONLY:
Media Relations: 916-492-3566
After Hours media only: 916-599-1320
Email inquiries:
cdipress@insurance.ca.gov

Department takes action to stop deceptive automated marketing calls to health insurance consumers

Order issued to end false claims about health insurance coverage and deceitful sales practices
Monitor How Your State Regulates Non-ACA Compliant Plans

- Limit or prohibit availability of short-term plans
- Ban transitional plans
- Enact state individual mandates
- Use 1332 waiver authority to implement reinsurance programs to combat premium increases

COMING SOON!!

NASTAD Private Insurance
State Policy Tracker
Consumer Assistance Changes

- Changes to the Patient Navigator Program:
  - Navigators no longer have to have a physical presence in the state in which they are working
  - States are no longer required to have at least one consumer-focused non-profit organization as a Navigator and could choose just one Navigator to serve the entire state
  - Federal funding drastically reduced for Navigators this year

- Greater role for brokers
  - Web brokers can do direct enrollments into subsidized plans
Check with Your State on Open Enrollment Dates

For most states (including all FFM states), open enrollment is November 1 to December 15

<table>
<thead>
<tr>
<th>State</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>California*</td>
<td>October 15 – January 15</td>
</tr>
<tr>
<td>Colorado*</td>
<td>Not yet announced</td>
</tr>
<tr>
<td>Connecticut*</td>
<td>Not yet announced</td>
</tr>
<tr>
<td>District of Columbia*</td>
<td>November 1 – January 31</td>
</tr>
<tr>
<td>Idaho</td>
<td>November 1 – December 15</td>
</tr>
<tr>
<td>Massachusetts*</td>
<td>November 1 – January 23</td>
</tr>
<tr>
<td>Maryland</td>
<td>Not yet announced</td>
</tr>
<tr>
<td>Minnesota*</td>
<td>November 1 – January 13</td>
</tr>
<tr>
<td>New York*</td>
<td>Not yet announced</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>November 1 – December 31</td>
</tr>
<tr>
<td>Vermont</td>
<td>Not yet announced</td>
</tr>
<tr>
<td>Washington*</td>
<td>November 1 – December 15</td>
</tr>
</tbody>
</table>

* These states previously extended OEP for the 2018 plan year