RWHAP ADAP Considerations for the 2021 Plan Year

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Dori Molozanov
Manager, Health Systems Integration

Amy Killelea
Senior Director, Health Systems & Policy

Molly Tasso
ACE TA Center

Mira Levinson
ACT TA Center
Presentation Overview

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

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

- March 2020: first nationwide enrollment uptick since March 2017

Nationwide Medicaid/CHIP enrollment growth

- Feb. – May 2020: 3.2%
  - Adult enrollee growth: 4.3%
- Mar. – Apr. 2020: 1.7%
  - Adult enrollee growth: 2.1%
- Apr. – May 2020: 1.0%
  - Adult enrollee growth: 1.5%

Medicaid/CHIP Enrollment: Feb. – May 2020

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

COVID-19 Enrollment Updates

Why might Medicaid enrollment *increase* in a state?
- Job and income losses caused by COVID-19 economic downturn
- Increased federal matching rate for states that pause disenrollments during COVID-19

Why might Medicaid enrollment *not increase* in a state?
- CARES Act boost in unemployment benefits (+$600/week) puts families in APTC range (expired July 31)
- Partial income losses for household
- Paycheck Protection Program may help keep workers enrolled in ESI
- Restrictions on immigrant eligibility

Why might Medicaid enrollment *vary* state to state?
- Medicaid expansion vs. non-expansion states
- Unemployment rates vary by state
  - National unemployment rate (July): 10.2%
  - State unemployment rates (July) vary from 4.5% (UT) to 16.1% (MA)
COVID-19 Enrollment Updates

Marketplace enrollment has seen significant spikes in many states.

- Highlights the important role Marketplaces play for millions of individuals and families experiencing job losses and income fluctuations
- Filling the gap between ESI and Medicaid coverage

Why might Marketplace enrollment increase significantly?
- COVID-19 Special Enrollment Periods (SBM states only)
- Other Special Enrollment Periods, e.g., loss of coverage, changes in income
- CARES Act boost in unemployment benefits (+$600/week) puts families in APTC range (expired July 31)
Federal Extension of Public Health Emergency

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

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

- Even if COBRA is available, clients may enroll in Marketplace coverage through an SEP within **60 days of losing their pre-COBRA coverage**
- Voluntary termination of COBRA more than 60 days after losing pre-COBRA coverage does not trigger a new SEP
- However, clients may be eligible for an SEP if their **COBRA costs change** because their former employer stopped contributing
Special Enrollment Periods (SEPs). Consumers may change plans or enroll in coverage outside of the annual Open Enrollment Period (Nov. 1 – Dec. 15 in most states) if they experience a “qualifying life event” such as:

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

New SEP for insured individuals whose incomes drop within APTC range

<table>
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<th>Current Rule</th>
<th>New Rule</th>
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<tr>
<td>Only consumers with Marketplace coverage could get an SEP if their income dropped below 400% FPL</td>
<td>Anyone with minimum essential coverage whose income drops below 400% FPL is eligible for an SEP</td>
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- This SEP is currently **optional** for state-based Marketplaces
- **Old rule** still in effect in healthcare.gov states; nationwide implementation expected in the future
- Access to affordable ESI is **still a bar to APTC eligibility** – this SEP is likely most helpful for off-Marketplace enrollees who experience a drop in income
COVID-19 Special Enrollment Periods (SEPs). States with state-based exchanges may create an SEP allowing uninsured residents to apply for health coverage.

- **CA**: August 31
- **CO**: April 30
- **CT**: April 17
- **DC**: September 15
- **MD**: December 15
- **MA**: July 23
- **MN**: April 21
- **NV**: May 15
- **NY**: September 15
- **RI**: April 30
- **VT**: August 14
- **WA**: May 8

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

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

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

- Clients with reductions in income may be eligible for increased APTCs, CSRs, or Medicaid
  - Must update Marketplace application

- Ensure clients are not terminated from Medicaid
  - Confirm whether your state has taken up increased FMAP and help clients reinstate coverage if terminated after March 18
  - Make sure clients meet redetermination deadlines
  - Ensure state is properly implementing unemployment disregard
Clients who lose coverage should exercise caution in considering non-traditional, non-ACA compliant products like health care sharing ministries and short-term limited duration insurance (STLDI).

- **House Energy & Commerce Committee Report on STLDI**
  - Enrollment is increasing, including among consumers with existing health needs
  - Plans engage in post-claims underwriting, plan rescissions, and outright discrimination
  - Plans impose severe coverage limitations (i.e., caps on benefits, pre-existing condition exclusions)
  - Clients do not always know what they are buying because of deceptive marketing

- **24 states** have taken action to regulate STLDI, but marketing strategies and lack of information about available plans makes **effective regulation difficult**

- STLDI marketing will likely increase as more people lose coverage and face financial hardship during COVID-19, since premiums tend to be fairly low
Unemployment Insurance (UI) Overview

- Eligibility guidelines vary by state
  - General guidelines:
    - Unemployed or experienced reduction in income through no fault of your own
    - Meet work and wage requirements for your state
    - Meet additional state requirements

- Duration varies by state
  - Most states provide 26 weeks
  - Additional weeks available in periods of high unemployment (“extended benefits”)

- Amount paid varies by state
  - Average weekly benefit nationwide is $378/week
    - Lowest → MS, $235/wk max
    - Highest → MA, $823/wk max
CARES Act Unemployment Programs

- **Federal Pandemic Unemployment Compensation (FPUC):** additional $600/week in benefits, **through 7/31**
  - Congress is considering extending enhanced unemployment, but current proposals would significantly reduce the supplemental benefits

- **Pandemic Emergency Unemployment Benefits (PEUC):** additional 13 weeks of benefits after state benefits exhausted, **through 12/31**

In states with high unemployment rates, workers can receive up to 13 weeks (or up to 20 weeks in some states) of “extended benefits” (EB) after exhausting regular state UI and PEUC (but before applying for Pandemic Unemployment Assistance (PUA)).
Pandemic Unemployment Assistance (PUA): up to 39 weeks of benefits for individuals not otherwise eligible for UI whose employment is affected by COVID-19, through 12/31
- If not eligible for state or federal benefits (e.g., self-employed, contractors):
  May receive up to 39 weeks of benefits
- If exhausted all state and federal benefits: PUA = 39 minus weeks of regular state UI and extended benefits received
Executive Order: Lost Wages Supplement

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

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

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

AK, AL, AR, AZ, CA, CO, CT, GA, IA, ID, IN, KY, LA, MA, MD, ME, MO, MI, MS, MT, NC, NH, NM, NY, OK, PA, RI, TN, TX, UT, VT, WA
Regular state UI benefits
• Taxable
• Included in Medicaid income
• Included in Marketplace income
• ADAP eligibility criteria may vary

Additional $600/week FPUC authorized by the CARES Act
• Taxable
• Not included in Medicaid income
  • Note: only the additional $600/week is excluded – base state UI amount is included
• Included in Marketplace income
• ADAP eligibility criteria may vary
Stimulus Payments and Eligibility for Health Coverage

▪ First stimulus payment under CARES Act:
  o Eligibility: all households with incomes under $99,000 ($198,000 for joint filers)
  o Amount: one-time payment up to $1200 for single filers / up to $2400 for married filers (amount depends on income) plus $500 per child
  o Tax-free
  o Not included in Medicaid income
  o Not included in Marketplace income
  o ADAP eligibility criteria may vary

▪ Second stimulus payment?
  o Congress is considering a second round of stimulus payments, likely with lower income cutoff
Preparing for Open Enrollment
2021 Plan Landscape

- Based on preliminary rates in 11 states:
  - Rate changes range from 12% decrease to 31.8% increase, with more than half showing a 2-6% increase
  - 37% of filings attribute at least some increase to COVID-19

- Rates finalized in late Summer, publicly available in early/mid-Fall
  - Insurers will continue monitoring pandemic and potentially revise proposed rates based on experience and availability of more data

- COVID-19 may put both upward and downward pressure on rates
  - Upward: increased testing, widespread vaccination, pent up demand from delayed care
  - Downward: continued avoidance of care if there is another wave of COVID-19 infections
Case Study: California 2021 Rates

▪ **March:** Covered California projected 2021 premium increases of up to 40%

▪ **Actual rate increase in CA Marketplace will average 0.6%** – this is the lowest increase in its history

  - Hospitals and doctors were not overwhelmed due to “flattening the curve”
  - Impact of COVID-19 on insurers offset by decrease in elective procedures and non-urgent appointments
    - NOTE: even as more people now return to seek care, market has proven stable enough to handle the change

Case Study: California 2021 Rates

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

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

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

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

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

- Consider the net costs of both insurance and drug purchase, inclusive of discounts and rebates
  - If you include discounts in your drug cost estimate, need to include rebates in your insurance cost estimate

- Rule of thumb – if anticipated rebates exceed the cost of the insurance, plan is clearly cost-effective
  - These rebates can offset higher-cost plans
  - Do not prohibit higher-cost plans without looking at total program costs in the aggregate

- ADAP Cost-Effectiveness tool estimates rebates relative to the premium and cost-sharing payments
ADAP/Part B Considerations for OE

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

Before, during, and after OE:
- Continue assessing client eligibility for different coverage programs as financial circumstances change during pandemic
- Monitor state and federal policies affecting coverage and access during pandemic
Contact information: Dori Molozanov (dmolozanov@nastad.org)

- NASTAD COVID-19 Updates & Resources

- OnTAP Resource Bank COVID-19 resources
  - [https://ontap.nastad.org](https://ontap.nastad.org)
  - Share materials from your state via email directly to Mahelet Kebede (mkebede@NASTAD.org)

- HRSA/HAB COVID-19 Frequently Asked Questions:
  - [https://hab.hrsa.gov/coronavirus/frequently-asked-questions#aids-drugs](https://hab.hrsa.gov/coronavirus/frequently-asked-questions#aids-drugs)

- HRSA/BPHC COVID-19 Frequently Asked Questions:

- ACE TA Center
  - [https://targethiv.org/ace](https://targethiv.org/ace)
Today’s presenters

MOLLY TASSO

MIRA LEVINSON
The ACE TA Center helps organizations

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

Communicate with RWHAP clients about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.

Improve the clarity of their communication around health care access and health insurance.
Audiences

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

• According to CMS, navigators and CACs no longer need to be in-person to provide enrollment assistance.

• Consumers can provide consent themselves, or through an authorized individual.

• Consent can be given over the phone, in writing, or both.

• Key considerations:
  • Safeguarding consumer privacy in staff physical and online work space.
  • Securely sign and send documents.
When communicating online:

• Adhere to your organization’s policies and the Health Insurance Portability and Accountability Act (HIPAA) requirements when exchanging personal health information.

• Use a secure email with features such as end-to-end encryption, two-factor authentication, and an SSL certificate.

• Encrypt and password protect documents for added security. Share passwords separately, such as phone or email.

Physical space:

• If possible, set-up a private space to protect the caller’s personal information.

• Securely store printed materials containing PHI. Limit the amount of paper with PHI.

• Make sure you are the only person that can see any paper or electronic client information, including while you are working.
Signing and sending documents

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

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

1. Check client paperwork, accounts and payments.
2. Review finances.
3. Confirm enrollment in relevant RWHAP insurance assistance, including ADAP.
4. Help clients prepare for their enrollment appointment.
Clarify expectations and goals of enrollment appointment

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

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


Tools for Consumers

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

Take the next step for a healthy life.
Health insurance helps you pay for the health care you need to stay healthy. Changes in health care laws have made it much easier to get health insurance now. Over 15 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.


Making the Most of Your Coverage
Now that you’ve enrolled in health insurance, use this guide to learn how to start using your benefits.

Preparing for OE eLearning package

- Tool outlines the timeline with key steps your program can take to prepare in the months leading up to Open Enrollment.

  - https://targethiv.org/sites/default/files/ace-open-enrollment/index.html#/

Preparing for 2021 Marketplace Open Enrollment

Open Enrollment for 2021 Marketplace health coverage begins November 1 and ends December 15 in states that use HealthCare.gov.
Thank you.

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

• Contact us: acetacenter@jsi.com