



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

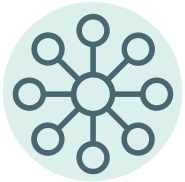
The RWHAP Access, Care, and Engagement TA Center

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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.



ACE TA Center webinars



- **The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients**, April 22, 2020
- **Get Ready to Enroll: Remote Enrollment Strategies, Open Enrollment Updates, and Tips for Working with Clients**, July 15, 2020
- **Basics of Health Coverage Enrollment: Strategies and Resources for New Program Staff**, Sept. 23, 2020 at 2pm (ET)

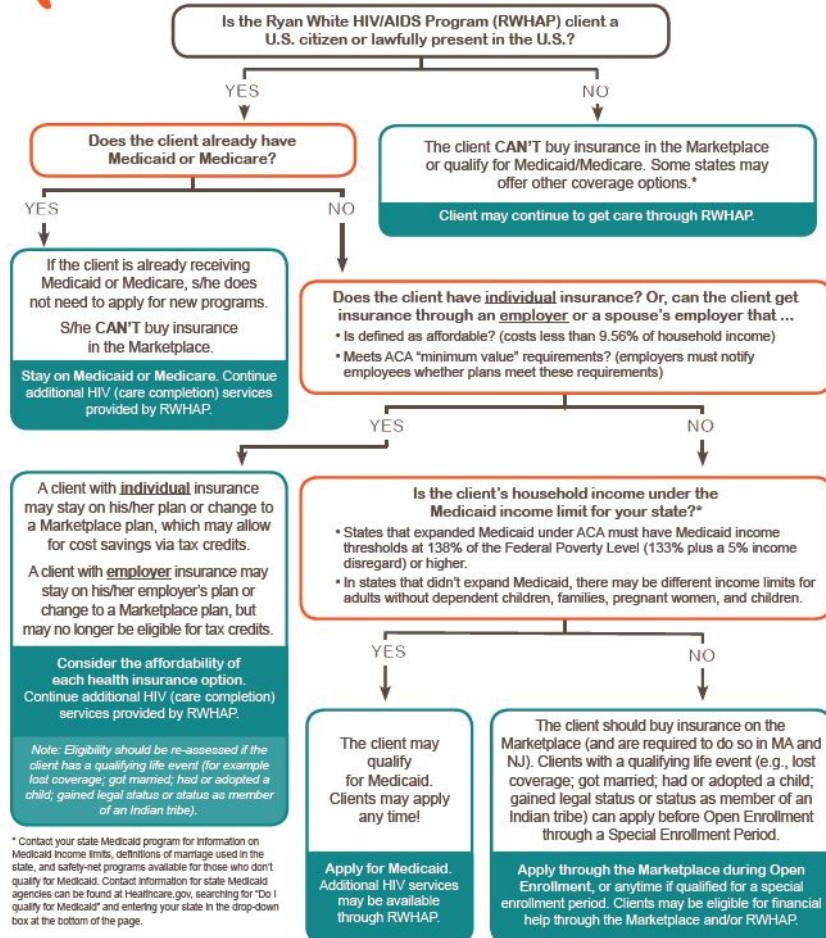
Register and view archived webinars at:
targethiv.org/ace/webinars

Tools for Open Enrollment



Eligibility Decision Tree

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



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

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



Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2020 Marketplace health coverage.

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

1. Check paperwork, accounts, and payments.

It's important that clients' insurance payments and Marketplace accounts are up-to-date.

- Review insurance documents and identify any outstanding payments or credits.
- Help clients organize insurance and Marketplace paperwork.
- Make sure clients can log into the Marketplace and help them update account details. If needed, help clients set up their Marketplace account.

2. Review finances.

A client's income and tax filing history help determine eligibility for financial assistance through the Marketplace.

- Make sure that clients who received Advance Premium Tax Credits (APTCs) have filed and reconciled their federal taxes so that they remain eligible for this financial assistance.
- Help clients estimate their income and report any changes to the Marketplace.

3. Confirm enrollment in the Ryan White HIV/AIDS Program (RWHAP), including ADAP.

Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.

- Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
- Re-certify a client's RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

4. Help clients prepare for enrollment and schedule enrollment appointments.

Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.

- Know what plans are being offered in their area.
- Help clients identify their coverage priorities including medication access and continuity with preferred providers.
- Dedicate time to educate clients on the importance of health coverage and answer questions.
- Schedule enrollment appointments.



Tools for Enrollment Assisters

targethiv.org/assisters

I'm new to supporting people with HIV.

How do I help them enroll in health coverage?

Revised May 2019



Know that the Ryan White Program supports access to HIV care.

Most low-income people can access HIV care, medications, and support services through the Ryan White HIV/AIDS Program (RWHAP).

- The RWHAP, including the AIDS Drug Assistance Program (ADAP), provides access to critical medications.
- The program helps all consumers - insured, underinsured, and uninsured.



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. People tolerate HIV medications differently, so switching medications may not be an option.
- Some health plans may only cover certain HIV drugs or combinations, or may require increased cost-sharing for certain HIV drugs.



Contact your state's RWHAP, including ADAP, to learn how the Program can provide financial help for health coverage.

Find a RWHAP provider: locator.HIV.gov

- The RWHAP encourages eligible consumers to enroll in comprehensive health coverage to access both HIV and non-HIV services.
- The RWHAP can help eligible consumers pay for health insurance premiums and out-of-pocket expenses.
- The RWHAP in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.



Support continuity of care.

This means consumers see the same provider regularly and maintain a consistent medication supply.

- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- If they need to change providers, ask about possible barriers such as transportation or affordability, and if they have concerns about a particular provider. Ensure continued access to other medical and support services.



Understand why continuous HIV medication coverage is essential.

Medication can help people living with HIV live a healthy life.

- Taking HIV medication every day can lower the level of HIV in a person's blood to an undetectable level (viral suppression).
- Missed doses of medication can quickly lead to increased levels of HIV in the blood.
- People with HIV who have consistent viral suppression do not sexually transmit HIV.



Listen to consumers' needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.

- People with HIV need health care providers who understand their needs and life experiences.
- People with HIV may have additional health conditions and concerns.



Explain insurance terms and benefits.

Insurance and enrollment terms are confusing for everyone.

- Consumers need to understand the basics of health insurance to avoid coverage gaps and to make the most of their coverage.
- Explain insurance terms and concepts in plain language and provide real-world examples when possible. Encourage consumers to ask questions, or ask them to state what they need to know or do in their own words.



Show compassion & cultural sensitivity.

People with HIV may not want to disclose their HIV status to an enrollment assister.

- Many consumers, particularly people of color and LGBTQ people, have experienced stigma and discrimination. Some may fear prejudice.
- People may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.

Visit targethiv.org/assisters for more helpful enrollment resources.

Posters



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.

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.
The persons shown in photographs on this website/tool/resource are models and are being used for illustrative purposes only.



My health insurance works for me.
My plan won't be offered next year.

I got help finding a plan that still covers my medications.

We can help.
Ask us about health insurance today.



My health insurance works for me.
My plan was going to cost more next year.

I got help finding an affordable new plan.

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.
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Tools for Consumers

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

Take the next step for a healthy life.

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

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

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

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

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

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



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.



Tools for Consumers

Stay Covered All Year Long

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

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

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

TIP

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



Special Enrollment Periods

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

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

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

TIP

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



ACE TA Center Medicare Resources

ACE TA CENTER MEDICARE TOOL

The Basics of Medicare for Ryan White HIV/AIDS Program Clients

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.* Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.

Historically, most Medicare beneficiaries living with HIV have been under age 65 and qualified for Medicare because of a disability. However, there are more older adults living with HIV, and served by the RWHP, than ever before.

50+ Of the more than half a million clients served by the RWHP, 44.4 percent are aged 50 years and older.†

Medicare Beneficiaries Living with HIV‡

- 79% are under age 65 and qualify due to disability (compared to 17% of Medicare beneficiaries overall)
- 21% are aged 65+ (83% of these clients became eligible based on age alone)
- 69% are dually eligible for Medicare and Medicaid

Find the answers to these questions:

1. What are the common Medicare eligibility pathways for people with HIV?
2. Learn about the different parts of Medicare, including their coverage and costs.
3. How can you support RWHP clients to enroll in Medicare?
4. How can the RWHP help clients with Medicare costs?

Refer to the Social Security Administration's Benefits Planner for more information: www.ssa.gov/planners/disability

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHP clients and other people with HIV.

ACE TA CENTER MEDICARE TOOL

Medicare Prescription Drug Coverage for Ryan White HIV/AIDS Program Clients

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can get Medicare prescription drug coverage in two ways:†

1. Purchasing a Medicare Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.
2. Enrolling in a Medicare Advantage Plan, which includes prescription drug coverage.

However, if a Medicare enrollee is enrolled in Original Medicare and chooses not to enroll in drug coverage when they are first eligible, they will likely have to pay a late enrollment penalty to join later, unless they have other creditable prescription drug coverage. This penalty is in addition to their monthly premium for as long as they have a Medicare drug plan.

Clients with creditable drug coverage should receive a written notice each September from their health plan. If clients are unsure, they should ask their health plan administrator for a copy of the notice.

+ Creditable prescription drug coverage is prescription drug coverage that provides (i.e., pays for) at least as much as Medicare's standard prescription drug coverage, on average. People who have other creditable prescription drug coverage when they apply for Medicare, such as through an employer, can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later.†

Standard Level of Coverage for All Medicare Drug Plans

All Medicare drug plans must provide a standard level of coverage set by Medicare, but may offer different combinations of coverage and cost sharing. Medicare drug plans may differ in the prescription drugs they cover, how much individuals have to pay, and which pharmacies they can use. For all diseases, plan formularies (the list of drugs a health insurance provider or plan covers) must include a minimum of two drugs in each drug class.

Find the answers to these questions:

1. How do clients get Medicare prescription drug coverage?
2. Are clients required to enroll in Medicare prescription drug coverage?
3. Does Medicare prescription drug coverage cover HIV medications?
4. How can the RWHP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "donut hole" period for prescription drug coverage?

This resource provides an overview of Medicare prescription drug coverage for Ryan White HIV/AIDS Program (RWHP) clients and other people with HIV.

ACE TA CENTER MEDICARE TOOL

How Medicare Enrollment Works

Enrolling in Medicare Based on a Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Insurance (SSDI) will be automatically enrolled in Medicare Part A and Part B after they receive disability benefits for 24 months. The beneficiary will still need to enroll in Part D prescription drug coverage and other supplemental coverage (for Original Medicare enrollees).

Enrolling in Medicare at Age 65

Signing up for Medicare at age 65 requires proactive steps to avoid problems.

Individuals must have at least 40 quarters of work credits (which is equal to about 10 years of work) to qualify for Medicare Part A without having to pay a premium. People earn work credits when they work in a job and pay Social Security taxes. Learn more at www.ssa.gov/planners/disability.

- People who turn 65 without having the necessary work credits to qualify can sign up for Medicare Part A coverage, but they will have to pay premiums. They must also be a U.S. citizen or have been a permanent resident for at least five years.
- People can sign up for Medicare Part B at age 65 regardless of how many work credits they have.

For individuals that have claimed Social Security benefits before their 65th birthday:

- Enrollment in Medicare Parts A and B is automatic. Their Medicare card will arrive in the mail three months before their birthday and coverage begins the first day of the month in which they turn 65.

For individuals that have not yet signed up for Social Security benefits, Medicare offers an Initial Enrollment Period around their 65th birthday.

- They can sign up for Part A once their Initial Enrollment Period starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months of delay—a penalty that continues forever.

Find the answers to these questions:

1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for Medicare?
2. When do clients need to enroll in Medicare to avoid late enrollment penalties?
3. What should clients enrolled in a Marketplace plan do when they enroll in Medicare?
4. How can clients make changes to their Medicare coverage?

Medicare Parts At-a-Glance

- H Medicare Part A: Hospital coverage
- + Medicare Part B: Medical coverage
- 100 Medicare Part D: Prescription drug coverage

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHP clients and other people with HIV.

Medicare resources: eligibility and enrollment basics

Three resources:

1. The basics of Medicare for RHWAP clients
 - a. Eligibility pathways
 - b. The four parts of Medicare (A, B, C, and D)
 - c. Dual eligibility for Medicare and Medicaid
2. Medicare prescription drug coverage for RWHAP clients
 - a. The “donut hole” for coverage
 - b. How the RWHAP/ADAP can help
3. The Medicare enrollment process
 - a. The three different enrollment periods
 - b. How to support clients

NEW! Medicare resources

1. Transitioning from Marketplace to Medicare
 - a. People enrolled in Marketplace coverage should **enroll in Medicare when they are first eligible** (e.g., during their Initial Enrollment Period) to avoid late enrollment penalties.
2. Medicare parts consumer fact sheet
 - a. This plain language consumer tool explains the different parts of Medicare (Parts A, B, C, and D) and how they make up **Original Medicare and Medicare Advantage.**

Thank you.



targethiv.org/ace

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

Contact us: acetacenter@jsi.com

