Health care access for people with HIV: policy updates and implementation approaches

Molly Tasso, ACE TA Center Policy Analyst, JSI

Amy Killelea, Senior Director, Health Systems & Policy, NASTAD

Meredith Heckmann, ADAP Coordinator, Iowa Department of Public Health

Today's presenters

Molly
Tasso

Amy
Killelea

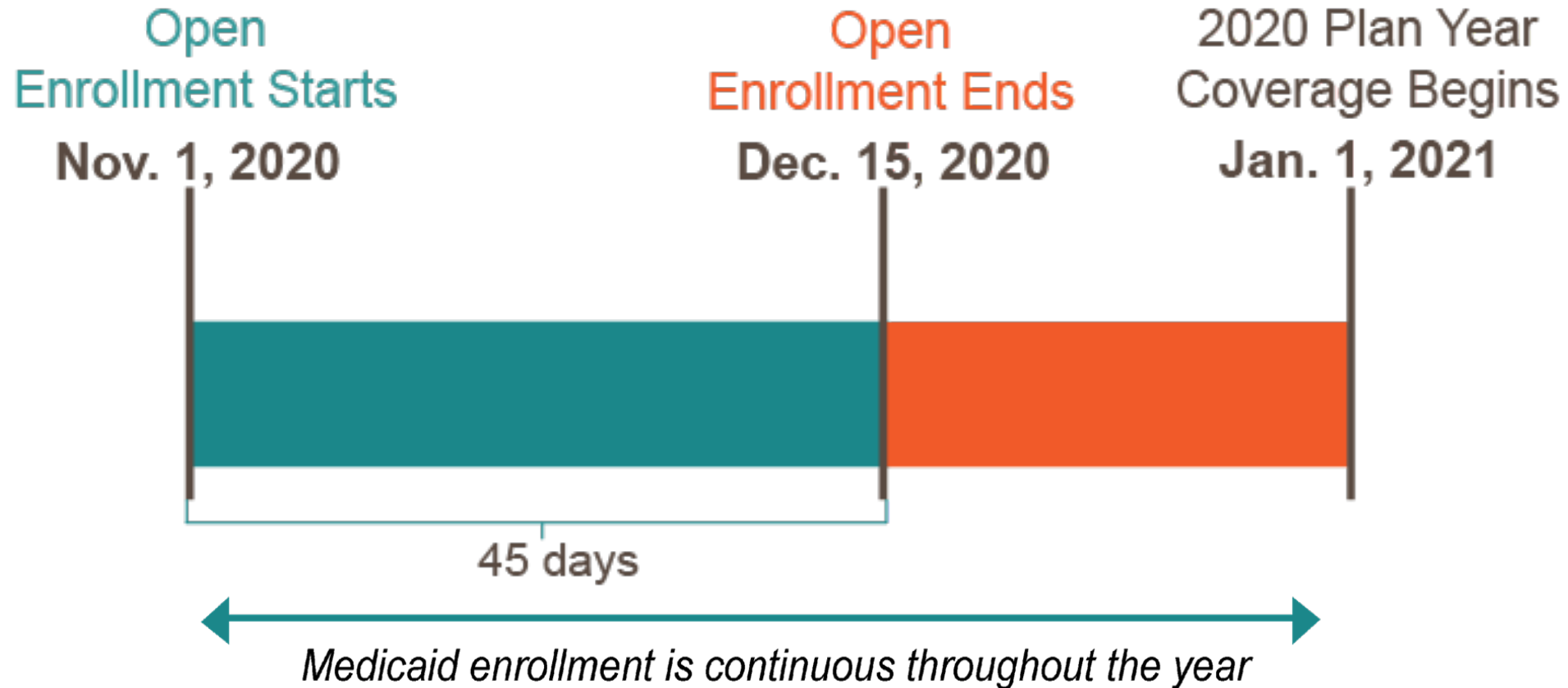**Meredith**
Heckmann

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Session agenda

1. Policy updates impacting 2021 Open Enrollment (Molly Tasso)

2. Health policy updates impacting RWHAP recipients and clients (Amy Killelea)

3. Health care access for people with HIV: Iowa's implementation approach (Meredith Heckmann)

Policy updates impacting 2021 Open Enrollment

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Standard Open Enrollment timeline for 2021 plans

Open Enrollment Starts
Nov. 1, 2020

Open Enrollment Ends
Dec. 15, 2020

2020 Plan Year Coverage Begins
Jan. 1, 2021

45 days

Medicaid enrollment is continuous throughout the year

State-specific Open Enrollment periods

- States that run their own Marketplace exchanges have the ability to extend the Open Enrollment dates.

- Permanently extended:
  - CA: Nov. 1, 2020 – Jan. 31, 2021
  - CO: Nov. 1, 2020 – Jan. 15, 2021
  - Washington, D.C.: Nov. 1, 2020 – Jan. 31, 2021

- Other states with state-based exchanges that have flexibility to extend their Open Enrollment period (exact dates TBD)
  - CT, ID, MD, MA, MN, NV, NY, RI, VT, WA

Co-pay accumulator policies

- Policies adopted by some insurance companies that no longer count the value of a manufacturer's co-pay card towards an enrollee's deductible or out-of-pocket maximum.

- Individuals would be required to pay full deductible themselves, after the value of the co-pay card is used.

- Can result in unexpected high pharmacy costs for clients.

- CMS has issued rules and guidance on co-pay accumulators, including for 2020 and 2021.

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New co-pay accumulator policies

- Final rule for 2021:
  - Insurers are allowed to adopt co-pay accumulator policies, but are not required to do so - they have full discretion to make that decision.

- However, states have the flexibility to prohibit co-pay accumulator policies, which would impact insurers ability to implement these policies.

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Bottom line

- Case managers or program staff responsible for reviewing plans ahead of Open Enrollment should check to see if their state regulates copay accumulator policies.

- Insurers are encouraged to publicize this information on websites, plan information documents, and brochures.

Individual health insurance mandate

- Currently, the federal tax penalty for not having health coverage is $0.

- However, a number of states have implemented their own individual mandate, including tax fees for not having coverage.

State individual mandates

- **CA, D.C., MA, NJ, and RI** have state-level individual mandates which include a financial penalty.
  - **VT** also has a mandate, but no penalty.

- If you live in one of these states or territories, visit the websites of your departments of insurance to learn more about the specifics of each mandate.

COVID-19 Updates

- 11 states (**CA**, **CO**, **CT**, **MD**, **MA**, **MN**, **NV**, **NY**, **RI**, **VT**, **and WA**) and **Washington**, **D.C.** have established Special Enrollment Periods (SEP) due to the COVID-19 public health emergency.

- Individuals who enrolled through a SEP in 2020 must re-enroll during the Fall 2020 Open Enrollment (OE) period for 2021 coverage.

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Health care access during the COVID-19 public health emergency

- Medicare enrollment and coverage under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act")

- HRSA HAB Coronavirus 2019 (COVID-19) Frequently Asked Questions
  - Visit https://hab.hrsa.gov/coronavirus-frequently-asked-questions for frequent updates

- Sign up for email updates through the HRSA HAB information email

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COVID-19 legislative updates

- H.R. 6074 – **Coronavirus Preparedness and Response Supplemental Appropriations Act**
  - Signed into law March 6th
  - "Phase 1"
  - $8.3 billion

- H.R. 6201 – **Families First Coronavirus Response Act**
  - Signed into law March 18
  - "Phase 2"
  - $192 billion

- H.R. 748 – **Coronavirus Aid, Relief, and Economic Security (CARES) Act**
  - Signed into law March 27
  - "Phase 3"
  - $1.8 trillion

- H.R. 226 – **Paycheck Protection Program and Healthcare Enhancement Act**
  - Signed into law April 24
  - "Phase 3.5"
  - $484 billion

COVID-19 legislative updates

H.R. 6074 – **Coronavirus Preparedness and Response Supplemental Appropriations Act**

- Signed into law March 6th

- $2.2 billion to the CDC "to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus"

- $100 million for Community Health Centers

- Replenished $800,000 that had been reprogrammed from CDC/NCHHSTP

COVID-19 legislative updates

H.R. 6201 – **Families First Coronavirus Response Act**

- Signed into law March 18

- COVID-19 Testing
  - Medicaid, Medicare, and private insurance (individual and small group market) to cover COVID-19 related testing free to the consumer.
  - Gives states the option to expand Medicaid to cover COVID-19 testing to uninsured individuals for the duration of the public health emergency via a State Plan Amendment.

- The Federal Medical Assistance Percentage (FMAP) for Medicaid was temporarily raised by 6.2 percent for the duration of the COVID-19 public health emergency.

- Other Items Included: Expanded Unemployment, Paid Sick Leave, Medicare Telehealth Fix

COVID-19 legislative updates

H.R. 748 – **CARES Act**

- Signed into law March 27
- $4.3 billion "CDC-Wide Activities and Program Support"
  - $500 million to invest in state and local public health data infrastructure
  - Available through September 30, 2024
- $90 million for the RWHAP
  - 581 total grants across A,B,C,D, F
  - Grant year: April 1, 2020 - March 31, 2021
    - Can bill for allowable services starting on January 20, 2020
- $65 million for HOPWA
- $425 million for SAMHSA
- Requires Medicare Part D plans to provide 90-day prescriptions for beneficiaries.
- Other CARES Act items: Paycheck Protection Program (PPP), Direct Payments, Federal Student Loan Interest and Payment Freeze

COVID-19 legislative updates

H.R. 226 – **Paycheck Protection Program and Healthcare Enhancement Act**

- Signed into law April 24
- $75 billion for hospitals and health care providers for health care related expenses or lost revenues attributable to COVID-19
- $25 billion for COVID-19 testing:
  - $11 billion for states, localities, territories, and tribes
  - $1 billion for CDC surveillance, epidemiology, testing, and contact tracing expansion
  - $600 million for Community Health Centers to support COVID-19 testing
  - $225 million for Rural Health Clinics to support COVID-19 testing

COVID-19: Insurance impact

Table 1: Estimated Impact to Health Insurance Coverage due to COVID-19 Economic Downturn

Scenario	Unemployment Rate	US Population (in millions)			
		Medicaid	Marketplace[1]	Employer-Sponsored	Uninsured
Pre-COVID	3%	71	13	163	29
Low	10%	82	12-13	151	30-31
Medium	17.5%	88	13-14	140	34-35
High	25%	94	13-15	128	39-40

Source: Health Management Associates, May 2020

- States are preparing for influx of uninsured, causing flux across payers and RWHAP
- 340B financing models could be disrupted

COVID-19: Economic impact

Total state budget shortfall in each fiscal year, in billions of 2020 dollars

2001 Recession				Great Recession					COVID-19*		
'02	'03	'04	'05	'09	'10	'11	'12	'13	'20	'21	'22
-$60	-$105	-$110	-$60	-$130	-$230	-$150	-$120	-$60	-$120	-$315	-$180

* Estimated based on CBPP calculations

Source: Pre 2014: CBPP survey; 2020 and following: CBPP calculations

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

COVID-19: Economic impact

Stimulus Payment

One-time payment up to $1200/ single filers

Tax-free

Not included in Medicaid income

Not included in Marketplace income

Not typically included in ADAP income

Unemployment Insurance

$600 per week UI increase; 13 wks of additional benefits

Taxable

Boost not included in Medicaid income

Included in Marketplace income

Whether included in ADAP income varies

Employee Protections

PPE procedures

Infection control procedures; CDC guidelines

Screening policies

Accommodations for people with disabilities

RWHAP programmatic responses

Financial Forecasting	• Modeling impact of state budget cuts and shifts in insurance on RWHAP budget and clients
Insurance Enrollment Assistance	• Ensuring clients maintain access to insurance • Providing a safety net to ensure no gaps in access
Medication Access	• 60 or 90 day fills; home delivery; early refills
Streamlined Eligibility & Recertification	• Relaxed documentation requirements • Verbal self-attestation and/or remote signatures
Service Delivery Innovation	• Telehealth investment

Iowa Ryan White HIV/AIDS Program

North Iowa Community Action

Cedar AIDS Support System

Dubuque Visiting Nurses Association

Siouxland Community Health Center

Linn County Community Services

The Project Quad Cities

Nebraska AIDS Project

Genesis Medical Center

University of Iowa

University of Nebraska Medical Center

Great River Health System

The Project at Primary Health Care

River Hills Community Health Center

Part B & C
Part B
Part B Subcontract
Part C
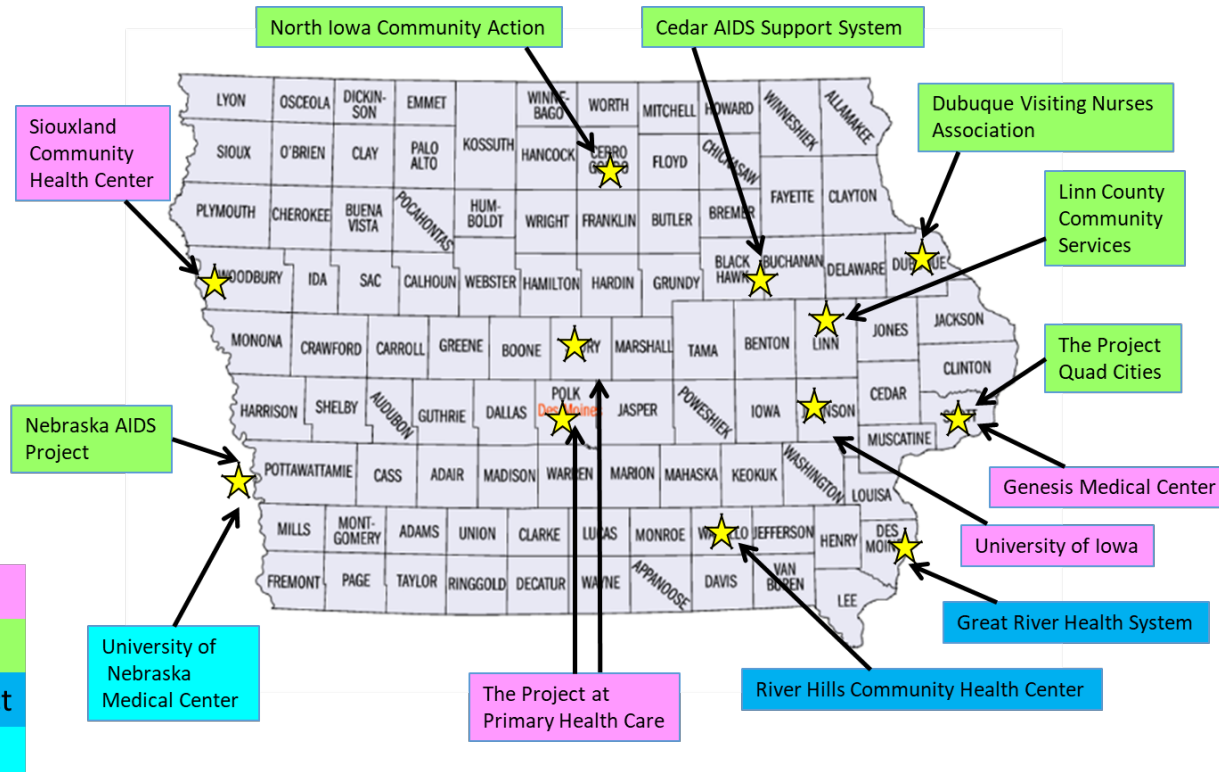
- 10 Part B subrecipient agencies + 2 subcontracted agencies
- 5 Part C clinics
  - 3 Part C clinics are co-located with a Part B sub recipient
  - Most clients seek HIV medical care at a Part C clinic
- About 50 total HIV providers in 16 locations throughout the state
- Estimated 1800 clients enrolled in Part B case management

Iowa ADAP structure

- Case Management is a requirement of ADAP

- Case Managers prepare and submit all ADAP applications

- ADAP utilizes one mail order pharmacy which also acts as Pharmacy Benefit Manager (PBM)/Insurance Benefit Manager (IBM)

- Part B agencies employ a Field Benefit Specialist (FBS) to assist with Insurance enrollment and troubleshooting

Iowa ADAP structure, con't.

- Iowa ADAP utilizes an open formulary

- Iowa's expanded Medicaid covers full cost of medications so clients with Medicaid are not enrolled in ADAP

- Iowa ADAP office staffed by three individuals
  - ADAP Coordinator
  - Two Benefit and Enrollment Specialists

Iowa ADAP programs

- **Medication Assistance**
  - For clients with no insurance
  - Typically temporary
  - Meds purchased at 340B pricing
  - 2019: 399 clients utilized program at least once during the year

- **Insurance Assistance**
  - For clients with any type of insurance
  - Rebate model
  - 2019: 681 clients utilized program at least once during the year

- **Jail Assistance**
  - Initiated by jails and separate from Medical/Insurance Assistance programs

Iowa ADAP insurance program

- **Iowa ADAP pays for:**
  - Medication copays/coinsurances/deductibles
  - Eligible premiums

- **ADAP purchases insurance for clients who are:**
  - Not eligible for Medicaid/Medicare
  - Not offered employer sponsored insurance (ESI)
  - Cannot afford ESI

- **ADAP Sponsored Insurance (ASI)**
  - Iowa purchases unsubsidized premiums (no tax credits)

- **Goal is for all clients to enroll in a Health Benefit Home**

Insurance premium payments

- **Most insurance premiums paid semi annually (Jan-June, July-Dec)**

- **Premium payments are:**
  - requested by case managers/FBS
  - approved by ADAP office
  - paid through contract pharmacy

- **ADAP is currently paying for:**
  - 311 ASI plans
  - 58 Medicare Part D plans
  - 9 COBRA plans
  - 3 ESI plans

- **If a client becomes Medicaid eligible during the semi annual period, they are allowed to remain on ASI until next payment is due. This reduces churn and ensures continuous coverage for RWHAP clients.**

Iowa's individual insurance market, 2018 plan year

- **All but one insurance company, Medica, dropped out**
  - 55% increase in premiums
  - New enrollees required to purchase plans through the Marketplace
  - Members who had previously enrolled directly through Medica required to make changes through Medica
  - Categorically ineligible clients allowed to enroll through a Medica paper application

- **Medica sold 3 plans but only 1 plan was sold per county**
  - Provider networks varied by plan
  - 1/3 ASI clients lived in a county where the only available plan was out of network with their HIV provider.
  - Medica listed 1,000+ HIV providers, however only 53 in practice
    - Medica allowed for 1 year of "out-of-network exceptions"

- **ADAP started tracking clients' HIV provider and client's mode of enrollment (HealthCare.gov vs. Medica) in CAREWare**

2019-2020 plan years

- **Blue Cross Blue Shield re-entered the market but Medica offered the most cost-effective plans**

- **Medica expanded point of sale for plan with the largest provider network (YAY!!!)**
  - Gold tier is still restricted to one plan per county
  - Silver and Bronze tiers of broad network plan sold in every county

- **New enrollees still required to enroll through Marketplace**

- **Members who previously enrolled through Medica continue to make changes via Medica and categorically ineligible clients continue to enroll via paper application**

- **Focused on enrolling clients into a plan that is in-network with their HIV provider**

- **Not all HIV meds were covered by Medica plans so some clients had to adjust their regimen**
  - Contract pharmacy assisted with provider notification

2020 plan selection

- **Goal of Iowa ADAP is to enroll clients in a plan that:**
  - Is cost effective (i.e., maximize rebates)
  - Is in-network with client's HIV provider

- **With current plans, we try to enroll clients into a Gold tier, when possible.**
  - If the gold tier of a plan is not sold in that client's county, they are enrolled on the Silver tier of the broad network plan.

This takes a lot of coordination!!!

Insure Gold

Insure Silver

Inspire Gold
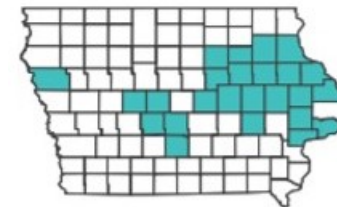
Elevate Gold
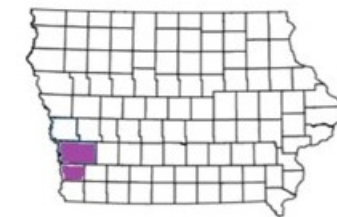
Open enrollment logistics

- **Iowa ADAP office provides client specific plan recommendations to FBS**

- **Only the FBS at each agency are allowed to assist clients with enrollment into a plan**
  - Enrollments for clients new to ASI done in-person
    - Benefits counseling is just as important as enrollment!
  - Email addresses are created for enrollment on the Marketplace to save time
  - FBS sign up to be an "authorized representative" on the client's Medica account
  - ADAP Coordinator and FBS have 1:1 calls to discuss their client list and plan recommendations

- **Iowa ADAP hosts two plan release webinars**
  - FBS receive a plan release webinar tailored to logistics and plan details
  - Case Managers receive a high level summary of plans and logistics

Open enrollment logistics, con't.

- **FBS and Case Managers work together to get clients scheduled with FBS and to collect premium statements for payment requests**
  - Clients have the option to sign a release to allow the FBS to have access to their Medica account for premium statement retrieval

- **Each year's Open Enrollment strategy is adjusted depending on current situation**
  - Ex. Most clients in 2019 OE were auto enrolled due to the same plans being available as the previous year

- **Clients who are Medicaid eligible at time of OE are enrolled into Medicaid and their ASI plans are cancelled**

OE master spreadsheet

- **Spreadsheet is dynamic and grows throughout October and November**
- **Acts as the main repository of all plan and client specific info**
- **Serves as an enrollment tool as well as documentation of cost effectiveness**

COVID-19 response

- **Due to COVID-19 and fluctuating job situations ADAP allowed all ASI clients to remain on ASI through the end of 2020**
  - Reduces churn
  - Reduces stress on clients most impacted by COVID-19
  - Reduces chance of clients going uninsured during pandemic

- **During OE, clients who are eligible for Medicaid will need to transition to Medicaid**
  - FBS will start reaching out to clients in late September for updates

Iowa's Tips for Open Enrollment

- **Communication is key!**

- **Dig around on your Insurance Division website to see what info you can find before plans go live November 1.**

- **Find a balance between streamlined processes and agency specific processes.**

- **Have a specialized group of people nuanced in insurance benefits available to help with enrollment.**

- **Be as involved and helpful as possible!**
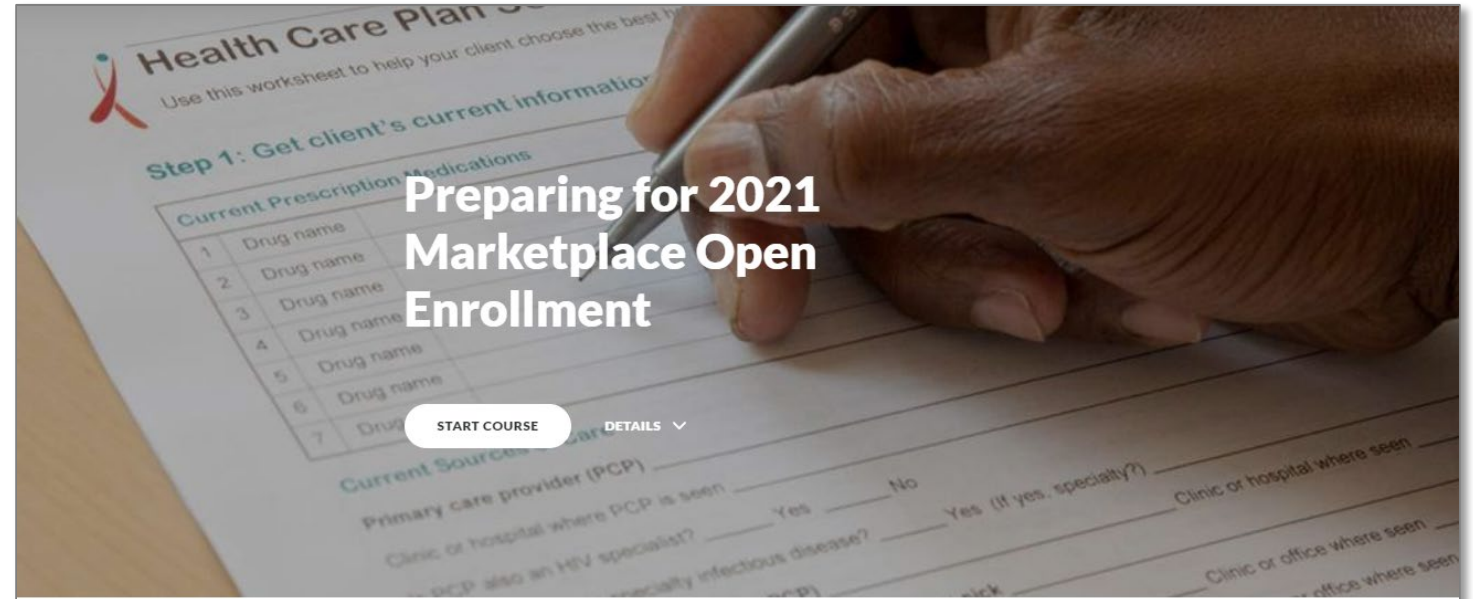
Train staff to become Certified Application Counselors

- Certified Application Counselors (CACs) are trained individuals able to help consumers seeking health coverage options through the Marketplace.

  - Free training from CMS is available to individuals in Federally Facilitated Marketplace states.

    - To serve as a CAC, an individual must be affiliated with a Certified Designation Organization (CDO

    - If your state has a State-based Marketplace, contact your Department of Insurance.

- Organizations should encourage all staff to be trained and certified as enrollment assisters.

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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 Enrolment.

ACE Webinars

Get Ready to Enroll: Remote Enrollment Strategies, Open Enrollment Updates, and Tips for Working with Clients
Watch the recorded webinar from July 15, 2020

Basics of Health Coverage Enrollment: Strategies and Resources for New Program Staff
September 23, 2020, 2pm
For staff that are new to enrollment and/or ACE TA Center

targethiv.org/ace/webinars

TargetHIV   NEWS   CALENDAR   LIBRARY   COMMUNITY   HELP
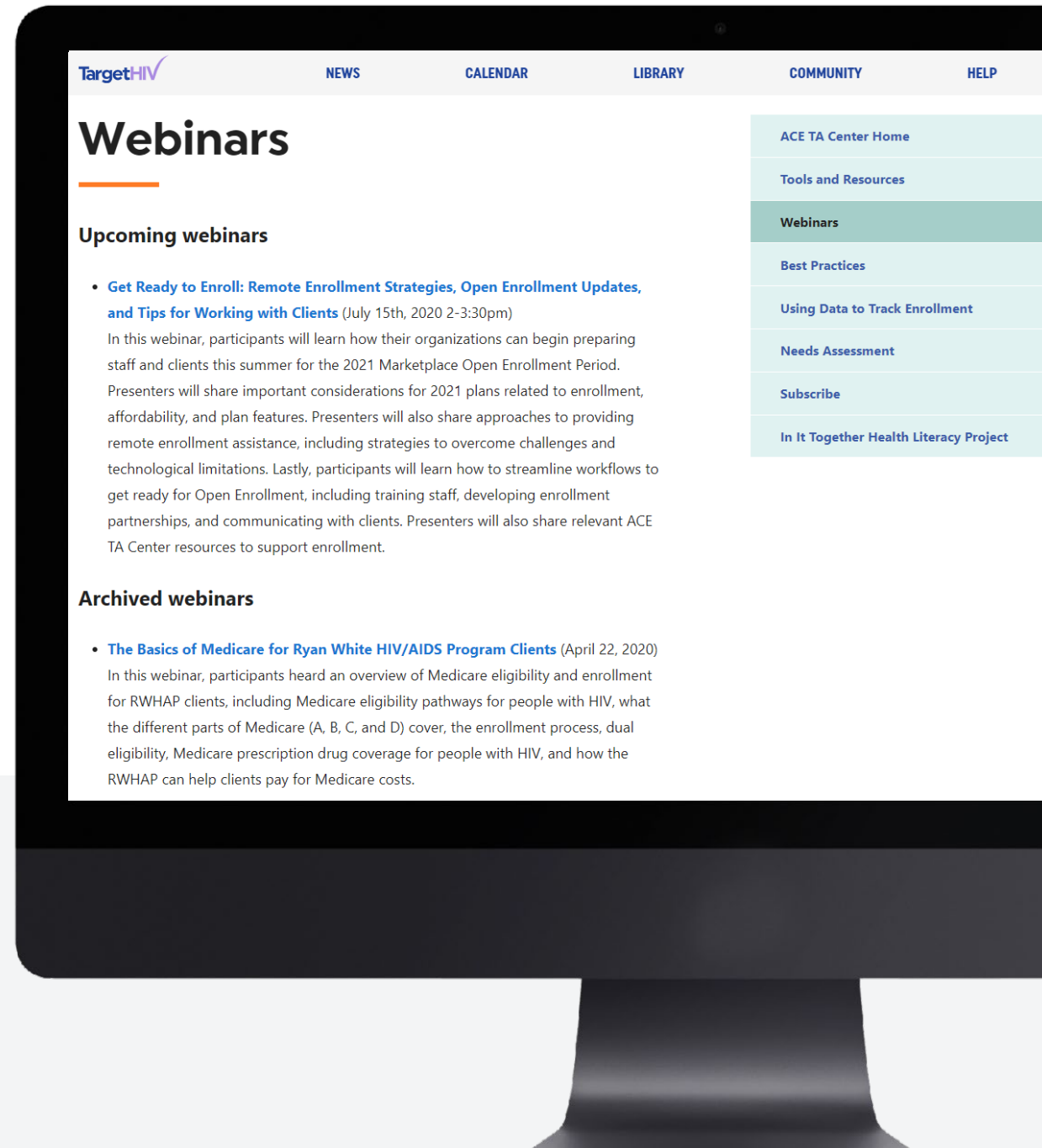
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Webinars

Best Practices

Using Data to Track Enrollment

Needs Assessment

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In It Together Health Literacy Project

Upcoming webinars

- **Get Ready to Enroll: Remote Enrollment Strategies, Open Enrollment Updates, and Tips for Working with Clients** (July 15th, 2020 2-3:30pm)
In this webinar, participants will learn how their organizations can begin preparing staff and clients this summer for the 2021 Marketplace Open Enrollment Period. Presenters will share important considerations for 2021 plans related to enrollment, affordability, and plan features. Presenters will also share approaches to providing remote enrollment assistance, including strategies to overcome challenges and technological limitations. Lastly, participants will learn how to streamline workflows to get ready for Open Enrollment, including training staff, developing enrollment partnerships, and communicating with clients. Presenters will also share relevant ACE TA Center resources to support enrollment.

Archived webinars

- **The Basics of Medicare for Ryan White HIV/AIDS Program Clients** (April 22, 2020)
In this webinar, participants heard an overview of Medicare eligibility and enrollment for RWHAP clients, including Medicare eligibility pathways for people with HIV, what the different parts of Medicare (A, B, C, and D) cover, the enrollment process, dual eligibility, Medicare prescription drug coverage for people with HIV, and how the RWHAP can help clients pay for Medicare costs.

ACE at the National Ryan White Conference

- **HRSA Aging Institute:**
  - Understanding the medical conditions and psychosocial needs of people aging with HIV in the Ryan White HIV/AIDS Program; **8/11 from 3:15-4:45pm**

- **ACE Sessions:**
  - Basics of Medicare and Open Enrollment For Clients; **8/12 from 2:30-4pm** (#15039, Group #39)

  - Health care access for people with HIV: policy updates and implementation approaches; **8/13 from 4:30-5:30pm** (#16192)

- **ACE in other sessions:**
  - Resource Round-up: Effective Care Engagement Interventions; **8/14 from 12:45-2:15pm** (#16070)

Contact us!

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Thank you.

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

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Questions?