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

Molly Tasso, *ACE TA Center, JSI Research & Training Institute*

Amy Killelea, *Killelea Consulting*

Nadeen Israel, *AIDS Foundation of Chicago*

2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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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.

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

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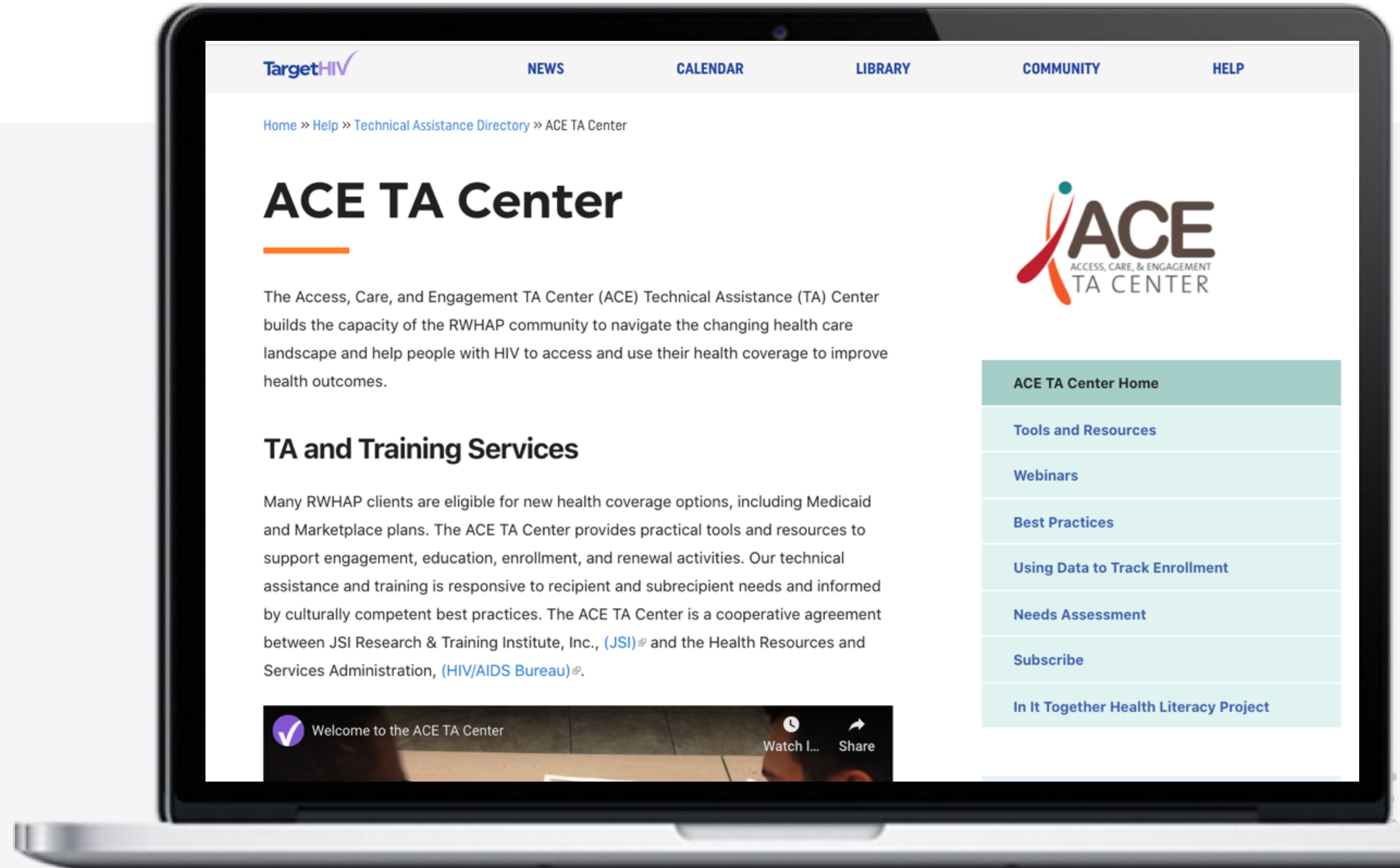

Learning Objectives

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At the conclusion of this activity, participants will be able to:

1. Describe the implications of recent and upcoming changes to health care policy as they relate to enrolling and retaining people with HIV into health coverage
2. Discuss considerations for implementing new policies within organizations and RWHAP programs
3. Identify culturally appropriate strategies and resources to help consumers decide to get covered, find a health plan, use their benefits, and stay covered throughout their lifespan.

Looking Ahead: The 2023 Plan Year and Preparing for Open Enrollment

Amy Killelea

2023 Notice of Benefit and Payment Parameters (NBPP)

- What's new in the Notice of Benefit and Payment Parameters (NBPP) for 2023?
  - Stronger non-discrimination standards
  - Stronger network adequacy and Essential Community Provider (ECP) requirements
  - Standardized plan designs

NBPP: Stronger Non-Discrimination Standards

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- New framework includes five examples of presumptively discriminatory designs, one of which is **adverse tiering** for prescription drugs used to treat chronic conditions

Adverse tiering *= the practice of placing all or substantially all drugs used to treat a certain condition on the highest cost-sharing tier*

- The final rule clarifies that a non-discriminatory health plan design must be clinically based
- Additional protections based on sexual orientation and gender identity will be included in revisions to section 1557, the ACA's broad non-discrimination provisions

NBPP: Stronger Network Adequacy and ECP Requirements

- The final rule adopts quantitative time and distance standards (starting in 2023) and appointment wait-time standards (starting in 2024)
  - This includes specific time and distance requirements for infectious disease providers
- The final rule also revises the requirements that Qualified Health Plans (QHPs) contract with a certain number of ECPs
  - Reminder: ECPs are safety net providers and the federal definition of ECP includes RWHAP recipients.
- Starting in 2023, HHS will increase the required threshold from 20 percent to 35 percent of available ECPs in the plan’s service area

NBPP: Standardized Plan Design

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- Starting in 2023, QHP issuers that sell plans on healthcare.gov will have to offer standardized plan options that include the following plan designs:
  - Standard deductibles (ranging from $0 for the platinum plan and 94 percent silver CSR plan to $9,100 for the bronze plan)
  - Standard annual out-of-pocket maximums (ranging from $1,700 for the 94 percent silver CSR plan to $9,100 for the bronze plan)
  - Four-tier drug formularies
  - Deductible-free services (including urgent care, primary care visits, specialist visits, and some drugs)
  - Copays instead of coinsurance for all prescription drug tiers

2023 Open Enrollment updates

- Open enrollment starts November 1, 2022 and ends December 15, 2022, with a January 1, 2023 coverage effective date
- Unless Congress acts, the enhanced ACA subsidies that were made available for 2021 and 2022 through the American Rescue Plan Act will expire at the end of the year
  - This means many Ryan White HIV/AIDS Program (RWHAP) clients could face higher premiums and out-of-pocket costs in 2023
  - RWHAP insurance assistance programs should prepare to ensure clients maintain access to affordable insurance plans and should communicate with clients about potential changes to their plan options

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Federal & State Policy and Health Care Access Updates

Molly Tasso
ACE TA Center, JSI

Low-income Special Enrollment Period

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- Starting January 1, 2022, there has been a broad “Low-Income Special Enrollment Period (SEP)” available in states that use healthcare.gov (and most state-based Marketplaces have opted to adopt this SEP)
  - Allows individuals with incomes under 150% FPL and who are eligible for advance premium tax credits to enroll in Marketplace coverage at any time during the year
  - Allows individuals already enrolled in Marketplace coverage and whose income is below 150% FPL to switch plans (to silver level plan only) monthly

Long-Acting Injectable Antiretroviral Therapy (LAI-ART)

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- LAI ART is a form of HIV treatment that is available as an injection, received routinely by an individual (often monthly or bi-monthly), and administered by a clinician or other health care professional.
- The first LAI ART product was approved by the FDA in January, 2021, and others are currently in the development pipeline.
- Access to this type of HIV treatment is especially important for people living with HIV who experience barriers related to adherence to once-daily pill regimens, and prefer monthly or bi-monthly injections.

LAI ART, continued

- This administration route has a number of cost and access considerations:
  - People with HIV interested in this new regimen must have access to the medication itself, as well as the provider/clinician who will administer the drug.
  - The process for ordering, receiving, and billing for this injectable medication is different than prescribing oral ART.
  - Procurement and distribution requirements for LAI ART often vary by payer, and public and private payers may treat LAI ART differently than oral medications when it comes to coverage, utilization management, and cost sharing.

Determining if LAI ART is covered

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	Private Insurance	Medicaid	Medicare	RWHAP/ADAP
Drug benefit or medical benefit?	Depends on the plan	Typically only uses one list for both drug and medical benefit medications	Usually medical benefit under Medicare Part B (but it can vary depending on how a provider bills)*	ADAPs typically have one formulary that includes all medications, whether they are physician administered or not ***
How do I determine if it's covered?	**Drug benefit:** Drug benefits are listed on a plan's formulary, available on the plan's Summary of Benefits and Coverage. Clients should check this formulary first. **Medical benefit:** Often plans will have a separate list from their standard formulary called "specialty medical benefit drugs" or "medical benefit injectable drugs" where LAI ART products may be found.	State Medicaid programs tend to cover injectable products as specialty medications. They are found on a state Medicaid fee-for-service formulary (called a Preferred Drug List or "PDL") or a Medicaid managed care organization's formulary or PDL.	Traditional Medicare Part B generally covers all "reasonable and necessary"** medications that must be delivered in a medical provider's office. For Medicare Advantage plans, plan documents will often include a medications list for "outpatient/Part B" drugs.	Check with your state RHWAP Part B/ADAP for coverage of the drug for uninsured clients and coverage of insurance costs for insured clients.

Cost considerations for LAI ART

- The amount of cost-sharing for LAI ART depends on the payer.
  - Generally will consist of medication copay or co-insurance and office visit copay or co- insurance.
- RWHAP may be able to cover many of the costs related to LAI ART for insured clients.

Costs to consumer and how the RWHAP may assist clients with cost-sharing

	Private Insurance	Medicaid	Medicare	RWHAP Insurance Assistance*
Lead-in oral ART	Usually specialty tiering co-insurance (a percentage of the cost of the drug) *Manufacturers may provide oral lead-in ART for free*	Nominal for those under 150% FPL (no more than $8) *Manufacturers may provide oral lead-in ART for free*	Medicare Part D covers all oral HIV medications with co-pay or co-insurance depending on tier. *Manufacturers may provide oral lead-in ART for free*	ADAP may cover the cost of medication copays and/or co-insurance. RWHAP Parts B, A, C, and D may also cover these costs. Some states prohibit RWHAP assistance for Medicaid beneficiaries.
LAI ART	Usually specialty tiering co-insurance (a percentage of the cost of the drug)	Nominal for those under 150% FPL (no more than $8)	For Medicare Part B medications, 20% co-insurance (a percentage of the cost of the drug); cost-sharing varies for Medicare Part B drugs covered by Medicare Advantage plans	ADAP may cover the cost of medication copays and/or co-insurance even when administered or billed through a provider office; RWHAP Parts B, A, C, and D may also cover these costs. Some states prohibit RWHAP assistance for Medicaid beneficiaries.
Office visit	Co-pay and/or co-insurance depending on plan	Nominal for those under 100% FPL (no more than $4); for those 100-150% FPL, can be 10% of what the state pays for the service	20% of the cost of the service	ADAP may cover the office visit copay and/or co-insurance. RWHAP Parts B, A, C, and D may also cover these costs. Some states prohibit RWHAP assistance for Medicaid beneficiaries.

How RWHAP can support uptake of LAI ART

- Given the cost and access complexities associated with LAI ART, RWHAP recipients and subrecipients will play an important role in helping RWHAP clients accessing this treatment.
- RWHAP case managers and assisters should:
  - Advise clients to speak to their doctor about whether injectable LAI ART is right for them.
  - Assist clients to evaluate their public or private insurance coverage to find out if injectable LAI ART is covered, whether it is covered as a medical or drug benefit, and what the client cost-sharing obligations may be.
  - Make sure clients know how the RWHAP and LAI ART manufacturers may be able to help with insurance cost-sharing (for insured clients) and access to the LAI ART (for uninsured clients).

New resource from the ACE TA Center!

Long-Acting Injectable (LAI) Antiretroviral Therapy (ART): Coverage and Cost-Sharing Considerations for Ryan White HIV/AIDS Program (RWHAP) Clients

Find answers to these questions:

- **How can RWHAP clients access LAI ART?**
- **How is injectable LAI ART covered by insurance and billed by providers?**
- **Can RWHAP help cover the costs of LAI ART?**

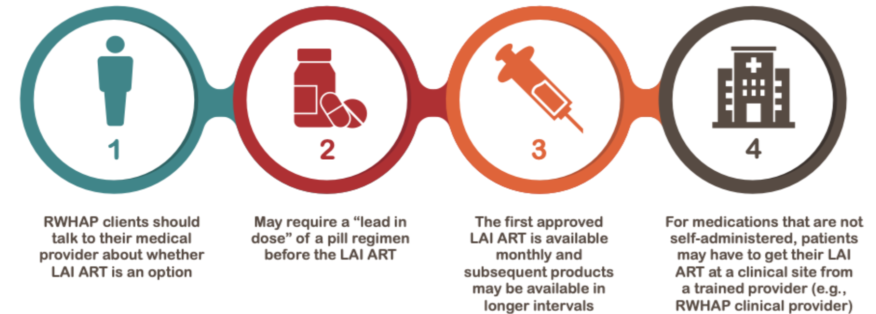
The first LAI ART product was approved by the U.S. Food and Drug Administration in January 2021 and others are in the treatment (and prevention) pipeline. LAI ART could be an important treatment option for people with HIV, particularly people for whom daily pill regimens pose adherence barriers. However, there are specific public and private insurance coverage and cost-sharing considerations for an injectable product that are different from oral antiretroviral medication. For instance, LAI ART is given intramuscularly, requiring a medical visit for administration of the medication, which has a separate cost from the medication itself. It can also be difficult to tell if an injectable product is covered by public and private insurance because it may be categorized as a medical benefit instead of a pharmacy benefit.

LAI ART in order to understand how to determine if LAI ART is covered by public and private insurance and what cost-sharing may be associated with it. **Figure 1** below walks through each component of LAI ART. RWHAP clients should check with their medical provider about whether LAI ART is the right medication for them and where they can access LAI ART.

How do I know if LAI ART is covered by an insurance plan or RWHAP AIDS Drug Assistance Program (ADAP)?

A public or private insurance plan typically lists all medications that are covered on its formulary, along with any cost-sharing or utilization management requirements. Injectable products that are not self-administered, however, are sometimes covered as a medical benefit instead of a pharmacy benefit. Especially in the case of private insurance plans, this means that LAI ART may not show up on a plan's regular drug formulary, and consumers may have to look at other plan documents to determine if the product is covered and how much it will cost them. In addition, the process for adding a new drug to a formulary takes time; public and private insurance plans and ADAPs

Figure 1: LAI ART: Breaking Down the Intervention



Now available at Targethiv.org/ACE

Proposed rule to eliminate the "Family Glitch"

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- The ACA provides subsidies for Marketplace plans when individuals do not have access to "affordable" health coverage.
  - In 2022, "affordable" was defined as an employer plan that is less than 9.61% of household income.
  - BUT, under current regulations, only an *individual's* costs for employer coverage are taken into account, even when the employee is pursuing coverage for a *family* plan.
  - This is the **"family glitch"** - families are often forced to pay over 9.61% of their annual income for an employer-based plan, purchase an unsubsidized Marketplace plan, or forego providing coverage for family members through their employer sponsored plan.

Proposed rule to eliminate the "Family Glitch", cont.

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- The Biden Administration has proposed a new rule that would eliminate the "family glitch," and expand access to coverage for ~5 million consumers.
- The proposed rule:
  - Changes the way affordability of employer plans is determined for family members, and includes cost of family coverage in an affordability determination.
  - If the cost of family coverage does not meet the marketplace affordability standard, family members could get a marketplace plan with a premium tax credit, if otherwise eligible.
  - If finalized as proposed, would likely go into effect in 2023

No Surprises Act

- The No Surprises Act (NSA) established new federal protections against surprise medical bills which took effect in January, 2022.
- The NSA protects consumers from surprise medical bills by restricting excessive out-of-pocket costs in situations where consumers were not aware of and did not consent to receiving out-of-network services (e.g., emergency services delivered by out-of-network providers).
- NSA also bans out-of-network charges and balance bills for supplemental care, like radiology or anesthesiology, by out-of-network providers that work at an in-network facility.

The Public Health Emergency & Medicaid Unwinding process

Medicaid Continuous Eligibility and the Public Health Emergency

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- As part of the federal response to COVID-19, states were given a bump in their federal Medicaid funding in March 2020, and in return, states suspended Medicaid redetermination activities for the duration of the federal Public Health Emergency (PHE)
- Because of this “continuous eligibility” requirement, the Medicaid rolls have swelled over the past two years
- Once the PHE ends, state Medicaid programs will restart regular redetermination processes and many individuals (some estimate up to 16M nationwide) could lose coverage

Medicaid Continuous Coverage and the PHE: Federal Guidance

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

SHO# 22-001
RE: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency

March 3, 2022

Dear State Health Official:

The ongoing Coronavirus Disease 2019 (COVID-19) outbreak and implementation of federal policies to address the public health emergency (PHE) have disrupted routine Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) eligibility and enrollment operations. Over the course of the PHE, states have made policy, programmatic, and systems changes to respond effectively to COVID-19 and qualify for the temporary Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127), including by satisfying a "continuous enrollment condition" for most Medicaid beneficiaries who were enrolled in the program as of or after March 18, 2020.

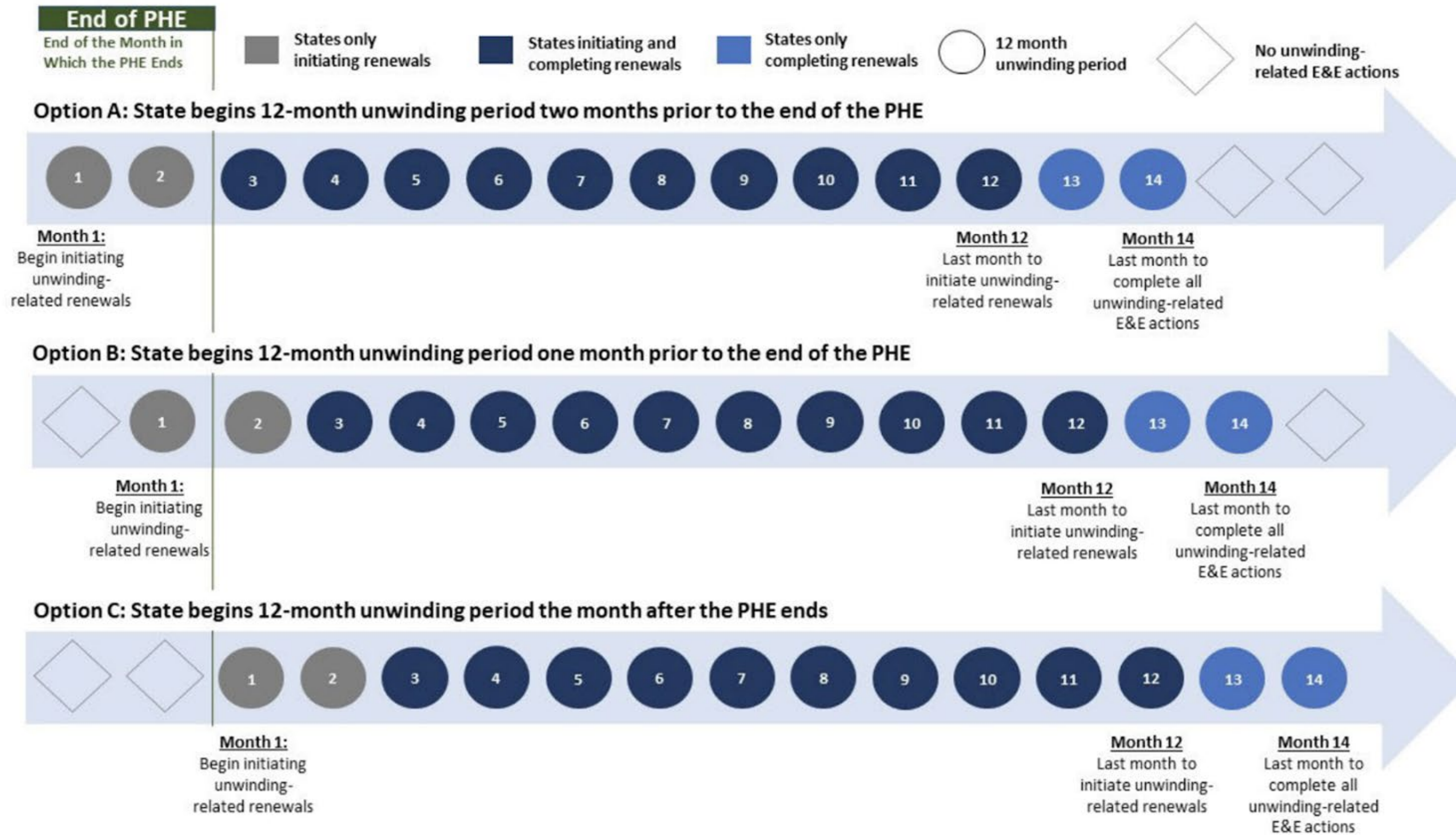
It has been a top priority for the Centers for Medicare & Medicaid Services (CMS) to ensure, when the PHE eventually ends and states resume routine operations, including terminations of eligibility, that renewals of eligibility and transitions between coverage programs occur in an orderly process that minimizes beneficiary burden and promotes continuity of coverage. This State Health Official (SHO) letter expands on the guidance released in SHO #21-002, "Updated Guidance related to Planning for the Resumption of Normal State Medicaid, CHIP, and BHP Operations Upon Conclusion of the COVID-19 Public Health Emergency," published on August 13, 2021 ("August 2021 SHO"), by describing how states may distribute eligibility and enrollment work when states restore routine operations, mitigate churn for eligible beneficiaries, and smoothly transition individuals between coverage programs, including coverage through the Federally-facilitated Marketplace or a State-Based Marketplace (SBM).

As with previous SHO letters issued by CMS regarding the PHE, this SHO letter is intended to assist states in their planning efforts whenever the federal PHE declaration eventually ends and does not presuppose a specific time frame in which that will occur. The Department of Health and Human Services (HHS) will determine when the federal PHE declaration will end, and CMS will share with states any communication released by HHS.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

- CMS guidance to states:
  - Requires every state to develop a detailed unwinding operational plan
  - Requires state Medicaid agencies to conduct a full renewal for all individuals
  - Highlights strategies for Medicaid agencies to coordinate with the Marketplace to ensure smooth transitions
  - Provides recommendations for staggering renewal activities based on eligibility group
  - Details the 12-month timeline for unwinding activities

Medicaid Continuous Coverage and the PHE: Federal Guidance



Source: CMS, State Health Official Letter, March 3, 2022

How RWHAP can prepare for end of PHE

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1. Educate RWHAP staff on PHE implications for Medicaid enrollees.
2. Establish relationships with enrollment organizations who can help educate and enroll RWHAP clients into other forms of health coverage.
3. Communicate with RWHAP clients proactively.

1. Educate RWHAP staff on PHE implications for Medicaid enrollees

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- State ADAPs can provide information to recipients and subrecipients about the PHE and forthcoming redetermination process.
- Process and timeline of unwinding PHE will be different in each state, so RWHAP should seek detailed information from state Medicaid office.
- Use available data to compile list of RWHAP clients who are enrolled into Medicaid.
  - Depending on data available, may be done at the state ADAP level, or recipients and subrecipient level.

2. Establish relationships with enrollment organizations

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- Depending on staff capacity, RWHAP recipients and subrecipients may need to collaborate with local enrollment organization to conduct education and enrollment of RWHAP clients into other forms of health coverage.
- Navigator entities, Certified Application Counselor (CAC) organizations, or SHIP counselors can provide assistance.
- Make sure these partners are aware of RWHAP, including role of ADAP, in health coverage. (Reminder: The RWHAP is not health insurance!)

Training for external partners

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.

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.

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.

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.

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.

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.

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.

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.

Targethiv.org/assisters

3. Communicate with RWHAP clients

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- RWHAP recipients and subrecipients should proactively engage RWHAP clients who are enrolled in Medicaid.
  - Use ADAP eligibility redetermination process as opportunity to provide education.
- **Key messages to convey:**
  - Ensure mailing address and contact information is up to date with the state Medicaid office.
  - Be sure to open any mail from state Medicaid office and respond in a timely manner.
  - Don't worry! If no longer Medicaid eligible, there are other health coverage and RWHAP options available to ensure continued access to medication.

Preparing for the Medicaid Unwinding: The Illinois Experience

Nadeen Israel, Vice President Policy & Advocacy
AIDS Foundation Chicago

4-Part Unwinding PHE Communication Plan

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- Fall 2021: Medicaid member advocates, including HIV advocates, began advocating with IL Department of Healthcare and Family Services (HFS) (i.e. IL State Medicaid Agency) about unwinding PHE plans

- December 2021/January 2022: IL Medicaid agreed to get feedback from stakeholders re: unwinding PHE messaging to Medicaid members

- Spring 2022: IL Medicaid created and presented to stakeholders 4-Part Communication Plan

4-Part Unwinding PHE Communication Plan

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- **Phase 1**: Update your information
  - Timing: Continuous
- **Phase 2**: Change is coming (enrollment will start on XX date; update your address, make sure you know how to re-enroll)
  - Timing: Once we know PHE end date
- **Phase 3:** Time to re-enroll (Call to action and explanation of how to re-enroll)
  - Timing: After PHE ends, especially targeted to people whose redetermination is coming
- **Phase 4:** Transition those ineligibles to ACA Marketplace
  - Timing: after redetermination, if ineligible, redirect to Get Covered Illinois.

4-Part Unwinding PHE Communication Plan

- **IL is currently in Phase 1** of its communication plan right now

DO YOU GET HEALTH INSURANCE THROUGH MEDICAID?

Don't risk losing your health insurance. To keep your insurance, Illinois Medicaid needs to be able to send you paperwork. Give them an address where mail can always reach you.

UPDATING YOUR ADDRESS IS EASY, FAST AND FREE!

CALL 877.805.5312 OR TTY: 877.204.1012
MON-FRI 7:45AM - 4:30PM

WWW2.ILLINOIS.GOV/HFS/ADDRESS

HFS Illinois Department of Healthcare and Family Services

HIV and Medicaid Advocates' Role

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- **AIDS Foundation Chicago (AFC) has advocated and participated in IL's unwinding PHE efforts in a number of ways:**
  - Providing HFS with feedback from Medicaid members and enrollment assisters on the messaging used in the *Update Your Address* messaging toolkit
  - Disseminating information to Medicaid members through AFC's eCommunications – Blog and Social Media (posts and short video)
  - Disseminating information to RWHAP medical and non-medical case managers, as well as supportive housing/HOPWA case managers

Advocacy to make temporary PHE policies permanent

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- **AFC and a coalition of Medicaid member advocates have also engaged in advocacy to make permanent some policies that were put in place temporarily during COVID, including:**
  - 12-month Continuous Eligibility for Adults
  - Ex-Parte (i.e. automated) Medicaid Redetermination process for people on Medicaid without income
  - Codifying telehealth access improvements into state law and/or rule

What you can do in your state today and moving forward?

- **Questions to ask your Medicaid agency…**
  - What is the agency's staffing plan for handling a large increase in casework, especially processing renewals and handling phone calls?
  - Are there certain groups they plan to renew first?
  - What is the state doing to collect and update new contact information for Medicaid enrollees before the PHE ends?
  - Is the state partnering with MCOs to update enrollees' contact information?
  - Is the state partnering with other organizations, such as community health centers, to update enrollees' contact information?

What you can do, cont.

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- What data will the state be tracking during the unwinding process? How will the data be shared with stakeholders?
- What is the state's communication plan for informing advocates, providers, and other partners about the unwinding process?
- Will the state use the full 12 months allowed by CMS to initiate renewals?
- How will the state use information it already has from other programs (for example, SNAP) to keep eligible people enrolled?
- How will the state help people connect to other sources of coverage, such as the Children's Health Insurance Program (CHIP) and marketplace plans?

Questions courtesy of Center on Budget and Policy Priorities

What you can do in your state today and moving forward?

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- **Spread the word!**
  - Educate RWHAP program staff, case managers, and clients on the PHE ending and unwinding process.
  - Encourage Medicaid enrollees to update their address

- **Stay abreast of the decisions your state is making related to the unwinding process.**
  - Guidance from federal government (Medicaid.gov)
  - Resources from Center for Budget and Policy Priorities (CBPP), including this report, *Time to Get It Right: State Actions Now Can Preserve Medicaid Coverage When Public Health Emergency Ends*

How To Claim CE Credit

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targethiv.org/ace

Contact Us

acetacenter@jsi.com