Ryan White HIV/AIDS Program
Moving Forward and Preparing for the Next Open Enrollment

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Pathways of Coverage for PLWH After the Affordable Care Act

PLWH eligible for health coverage

- Employer-Based Insurance
- Medicaid
- Medicare
- Other Public
- Health Insurance Marketplace
- Other Private

Ryan White HIV/AIDS Program

Cover comprehensive HIV medical and support services not covered by public programs or private insurance

PLWH who remain uninsured

Cover comprehensive HIV medical and support services not covered by public programs or private insurance
Policy Clarification Notices

- **13-01** Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program
- **13-02** Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements
- **13-03** Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act
- **13-04** Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program
- **13-05** Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance
- **13-06** Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid
- **13-07** Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C
- **14-01** Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advance Premium Tax Credits Under the Affordable Care Act
Recent Updates

Revised Policy Clarification Notice (PCN) 13-05 on formulary equivalency

- On June 6th, HRSA released a revised PCN 13-05 and 13-06 that changes the formulary requirement that it, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS as well as appropriate primary care services.

- Please note that grantees still need to do a cost-effectiveness analysis.
New Policy Clarification Notice (PCN) 14-01 on reconciliation of Advance Premium Tax Credits

• On June 6th, HRSA released PCN 14-01, which clarifies HRSA policy regarding the use of Ryan White HIV/AIDS Program funds to purchase health insurance for clients in the Marketplace and the reconciliation of advance premium tax credits

• RWHAP grantees and sub-grantees must vigorously pursue any excess premium tax credit a client receives from the Internal Revenue Service (IRS) upon submission of the client’s tax return
  o Collect excess premium tax credit attributed to individual client
PCN 14-01, continued

- HRSA is considering allowing RWHAP grantees and sub-grantees to use RWHAP funds to pay the IRS any additional income tax liability a client may owe to the IRS solely based on reconciliation of the premium tax credit.

- HRSA sought comments from the public regarding this proposed policy in a Federal Register Notice; comments are being reviewed.

New FAQ 4.38

• Can the Ryan White HIV/AIDS Program funds be used to pay for drugs, including combination medications, which are not included on a Qualified Health Plan’s formulary?

  • Yes. RWHAP may pay after a client has pursued an “expedited exceptions process.”
• May a RWHAP grantee, including an AIDS Drug Assistance Program (ADAP), pay for a combination antiretroviral medication for a RWHAP-enrolled client who has a health insurance plan that does not cover a combination antiretroviral medication, but does cover all of the single medication components of the combination medication?

• Yes. RWHAP may pay after a client has pursued an “expedited exceptions process.”

• Must demonstrate that the individual components covered by the client’s insurance are not equivalent to the combination antiretroviral medication in regard to medical impacts, such as side effects or patient adherence.
Preparing for the Next Open Enrollment

November 15, 2014- February 15, 2015

https://www.healthcare.gov
When You Can Enroll

• Next annual open enrollment period:
  – November 15, 2014 – February 15, 2015

• Special enrollment periods available in certain circumstances during the year.
  – Visit http://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment to learn more

• Can apply for Medicaid and CHIP at any time.
The following slides outline the process for renewal and re-enrollment process for 2015 in the Federally-facilitated Marketplace (FFM) or State Partnership Marketplace (SPM).

Processes in State-Based Marketplaces (SBM) may differ.
- For specific instructions on SBM re-enrollment please contact your state.
Open Enrollment for 2015

• During Open Enrollment:
  – New applicants will be able to apply and select plans.
  – Current enrollees are strongly encouraged to come back to the Marketplace to ensure they receive the accurate amount of financial assistance and either select the same plan (if available) or select a new plan if they wish to do so.
  – However, current enrollees will be automatically enrolled in plans whenever possible if they do not return by December 15, 2014.
Key Dates

• Consumers have until December 15, 2014 to actively select and enroll in a plan if they want to have coverage starting January 1, 2015.

• Most enrollees who do not proactively select a plan for 2015 coverage by December 15, 2014 will be automatically enrolled in coverage starting January 1, 2015.

• If an enrollee returns after December 15 and selects a new plan, they will have coverage through the automatically enrolled plan until the new coverage takes effect.

Example: Mary is enrolled in plan A for 2014 and receives a letter from her issuer stating that in 2015 she will be automatically renewed into plan B. On December 23, 2014, Mary selects a new plan, plan C.

  – She will be enrolled in plan B for January and plan C for February.
• Current enrollees are strongly encouraged to return to the Marketplace to make sure their Marketplace application has the most up-to-date information about their income and family size.

• Enrollees who proactively update their Marketplace application information will receive an updated eligibility determination for 2015.

• Enrollees with updated 2015 eligibility determinations MUST confirm plan selection in either the same plan or a new plan. If the enrollee doesn’t do this step they will be automatically enrolled with their most recent Marketplace eligibility determination (e.g. 2014).
Key Messages to QHP Consumers

• Come back to the Marketplace to update your information and make a plan selection. You may be eligible for more financial assistance!

• If you don’t come back and report changes, the Marketplace does **not** redetermine your eligibility. Your 2014 eligibility will continue, which may not reflect the financial assistance you are entitled to.

• Even if you are automatically enrolled because you did not actively select a plan by **12/15/2014**, you should still make updates to your application information and shop for a plan which best fits your needs before the end of open enrollment (2/15/2015).
Questions for RWHAP Clients

• Did you read all the notices you received from your issuer and the Marketplace?

• Were you satisfied with your plan last year?

• What has changed for you since last year? Have you experienced any changes in your health care needs or life circumstances? (e.g. did you move, did your income change, did you get married or have a baby?)

• Does your current plan still cover everything you need it to cover? Is your doctor still in your plan’s network? Is the hospital you want to receive care at still in your network? Does your plan still cover your prescription drugs?
Role of RWHAP Grantees

- **Assist clients in applying for and enrolling** in health care coverage

- **Educate patients** about what it means to have health insurance

- **Get “in-network”** with Qualified Health Plans and Medicaid Managed Care Organizations ASAP
  - TARGET Center Provider Network Resources: [https://careacttarget.org/category/topics/contracting-health-plans-provider-networks](https://careacttarget.org/category/topics/contracting-health-plans-provider-networks)
• HRSA/HAB continues to work closely with CMS to address challenges being faced by newly insured people living with HIV in accessing HIV care and treatment.

• We strongly encourage grantees to continue to share both your successes and challenges with enrolling clients in coverage.
  – Contact your project officers and/or e-mail RWP-ACAQuestions@hrsa.gov
Healthcare.gov: https://www.healthcare.gov/


HIV/AIDS Bureau Affordable Care Act and Ryan White Resources: http://hab.hrsa.gov/affordablecareact/

Target Center Affordable Care Act Resources: https://careacttarget.org/library/affordable-care-act-ryan-white-hivaids-program