

Preparing for Open Enrollment, Part II: Policy Updates and Account Tune Ups

Access, Care, and Engagement (ACE) TA
Center

September 22, 2022

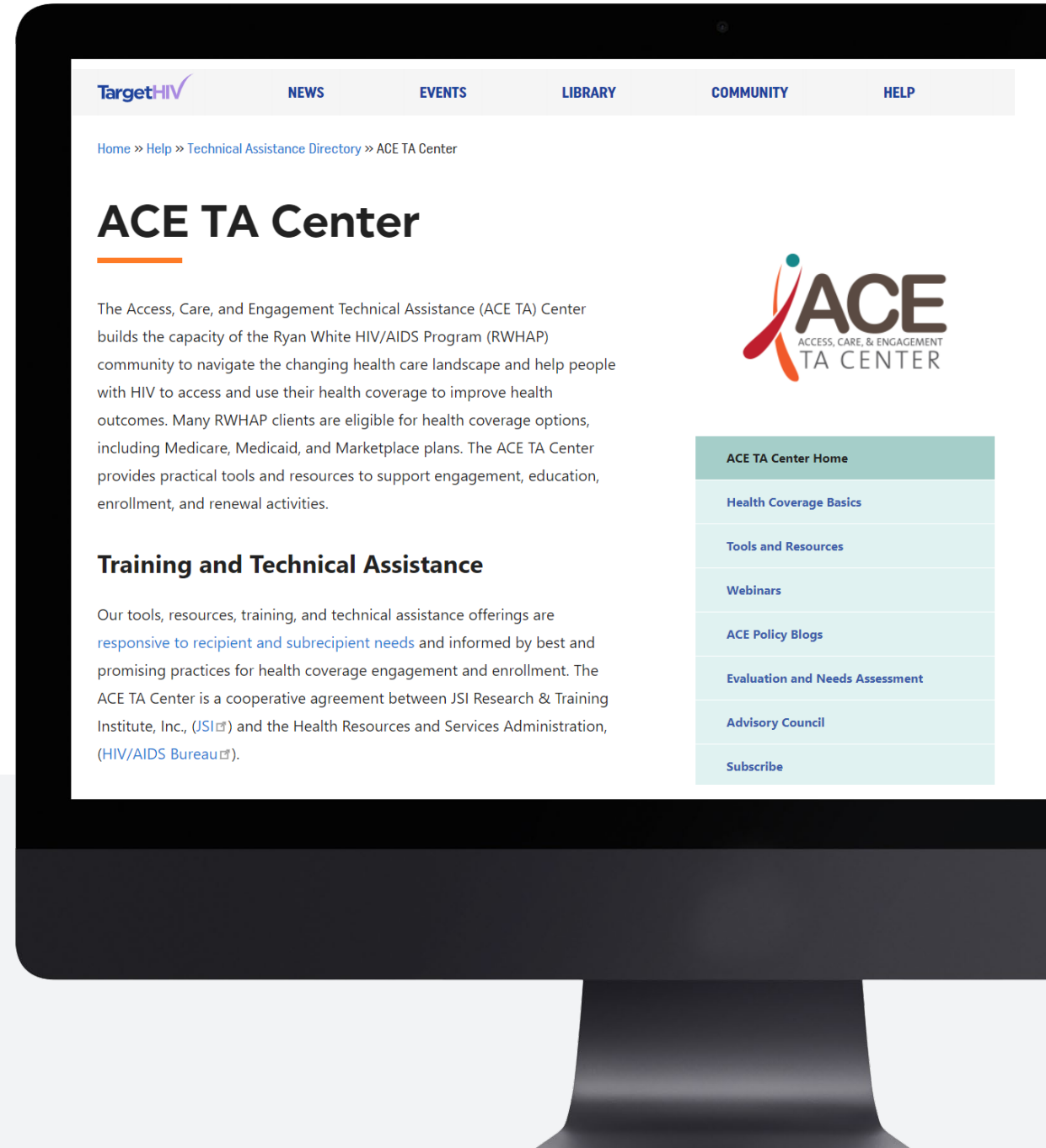


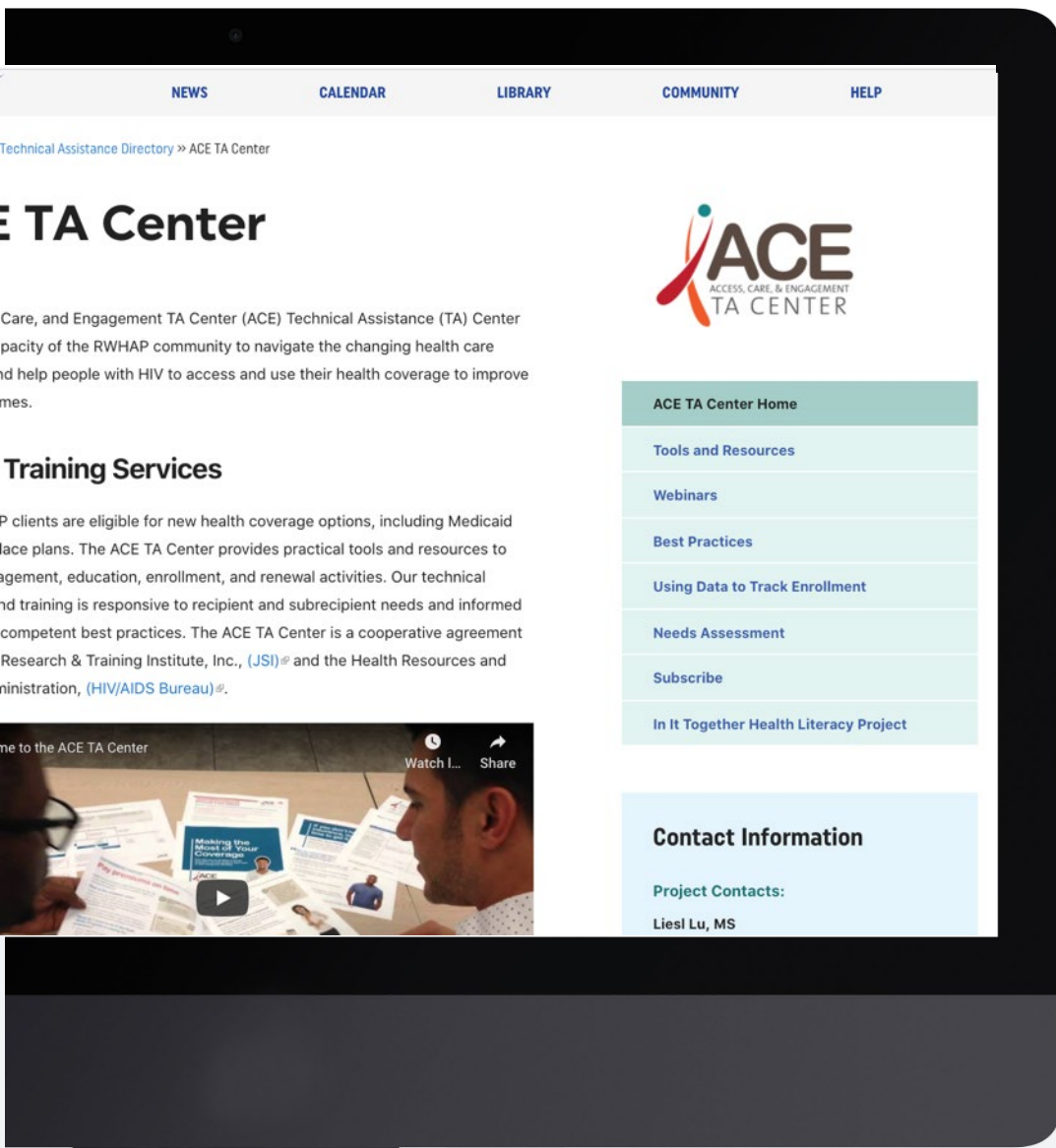
How to ask questions

Attendees are in **listen-only mode**.

To ask a question, **use the chat box** at the lower-right of your screen to chat with the presenter.

You may also **email questions** to acetacenter@jsi.com after the webinar.

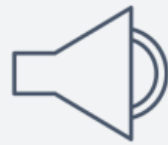




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The ACE TA Center helps organizations



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.

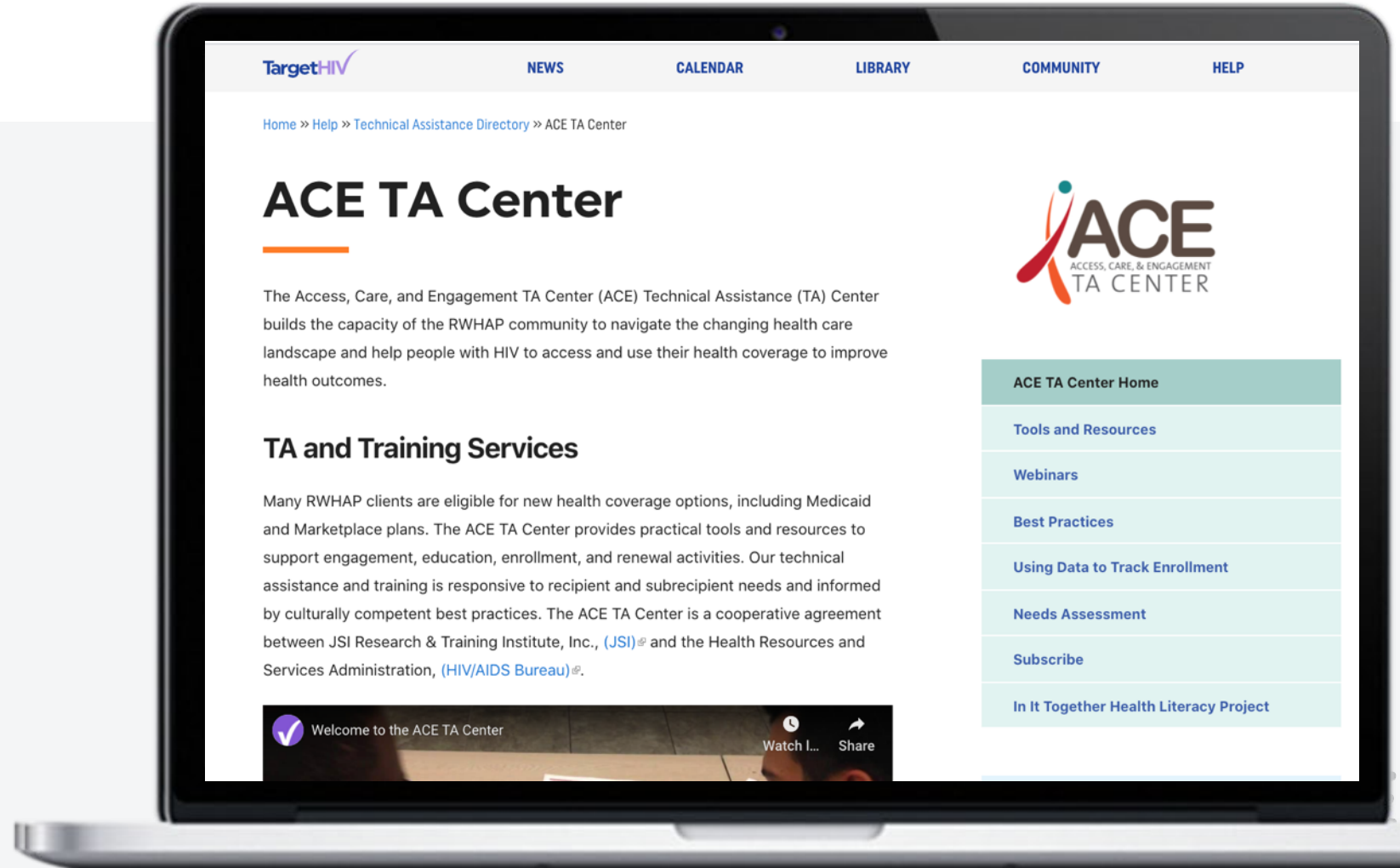


Audiences

- 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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targethiv.org/ace



Today's presenters



Amy
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Christine
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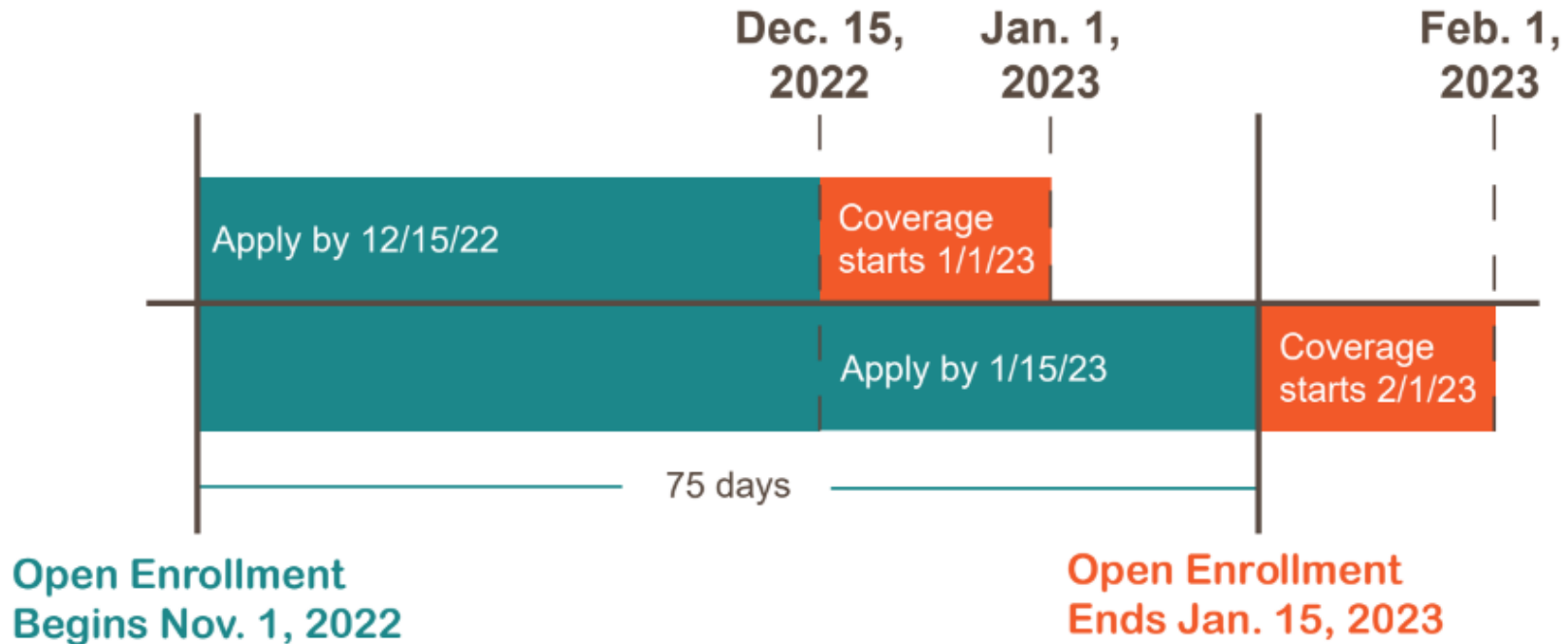
Roadmap for today's webinar



What's new for 2023: Open enrollment updates



Dates for 2023 Open Enrollment



Coverage for clients who enroll between November 1 and December 15 will begin January 1, 2023. Coverage for clients who enroll between December 16 and January 15 will begin February 1, 2023.

Impact of Inflation Reduction Act (IRA) on Marketplace Open Enrollment

- Enhanced Marketplace **premium subsidies** are extended through 2025
 - Millions of consumers will remain eligible for \$0, or very low cost, Marketplace plans
- IRA also continues to eliminate the “subsidy cliff” through 2025
 - People do not lose eligibility for Marketplace subsidies (i.e., fall off the “subsidy cliff”) if they earn more than 400% FPL
 - People with higher incomes do not pay more than 8.5% of their income for a silver plan premium

2023 Notice of Benefit and Payment Parameters (NBPP)

- The Notice of Benefit and Payment Parameters (NBPP) for 2023 includes:
 - Stronger non-discrimination standards
 - Stronger network adequacy and Essential Community Provider (ECP) requirements
 - Standardized plan designs

NBPP: Stronger Non- Discrimination Standards

- The 2023 NBPP provides **examples** of discriminatory plan designs.
- One of these examples is focused on **adverse tiering** for prescription drugs used to treat a particular conditions.
 - **Adverse tiering** = the practice of placing all or substantially all drugs used to treat a certain condition on the highest cost-sharing tier
- RWHAP clients and program staff should report potential discriminatory plan designs to state insurance regulators.

NBPP: Stronger Network Adequacy and ECP Requirements

- New **time and distance** requirements for provider access (e.g., requirements for in-network providers to be geographically accessible to consumers)
 - Specific time and distance requirements for infectious disease providers
- Stronger requirements for Qualified Health Plans (QHPs) to contract with a certain number of **Essential Community Providers (ECPs)**
 - Reminder: ECPs are safety net providers and the federal definition of ECP includes RWHAP recipients.
 - RWHAP providers should consider becoming an ECP.

NBPP: Standardized Plan Design

- Starting in 2023, QHP issuers that sell plans on **HealthCare.gov** will have to offer standardized plan options. These plan options must include:
 - 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
- Standardized plan options will be **displayed differently** than non-standardized options, and can be easier to compare when shopping on the Marketplace.

Federal and state policy and health care access updates



Low-income Special Enrollment Period

- Since January 1, 2022, there has been a “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

No Surprises Act

- The No Surprises Act (NSA) established new federal protections against surprise medical bills which took effect in January, 2022.
- The NSA restricts 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.

Monkeypox update

- Monkeypox officially declared a public health emergency in August, 2022.
- RWHAP recipients, subrecipients, and clients should stay up to date on vaccine and treatment news.
- Visit HRSA HAB Monkeypox website for latest news and updates:
<https://ryanwhite.hrsa.gov/resources/monkeypox>

Public Health Emergency (PHE) and Medicaid coverage

- As part of the federal response to COVID-19, states were given a bump in their federal Medicaid funding in March 2020.
 - In return, states were not allowed to terminate Medicaid coverage while PHE remains in place, also known as **continuous coverage requirement**.
- Once PHE ends, states will have to resume full eligibility redeterminations and renewals for all enrollees.
 - This process will require enrolled individuals to respond to requests for information or risk losing coverage.
- Clients may have moved, lost jobs, or experienced other disruptions during the pandemic which may impact ability to respond to information requests.

Preparing for the end of the PHE

**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



- Date of the end of PHE is unknown, but the RWHAP should begin preparing clients for the Medicaid renewal process now to avoid gaps in coverage.
 - 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.

Long-Acting Injectable Antiretroviral Therapy (LAI ART)

- 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 with HIV who experience barriers related to adherence to once-daily pill regimens, and prefer monthly or bi-monthly injections.

Differences between Injectable and Oral ART

- The injectable treatment has a number of cost and access considerations:
 - The intervention includes the medication itself as well as the provider/clinician who will administer the drug via injection.
 - The process for ordering, receiving, and billing for this injectable medication is different than 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.

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.

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 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?

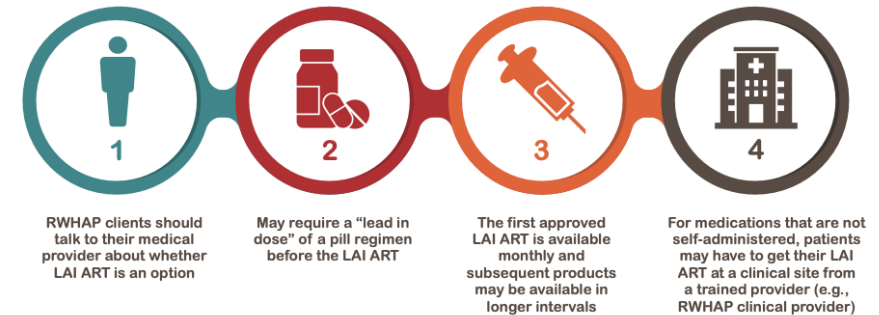
The first LAI ART product was approved by the U.S. Food and Drug Administration in January 2021 and others are in the treatment (and prevention) pipeline. LAI ART could be an important treatment option for people with HIV, particularly people for whom daily pill regimens pose adherence barriers. However, 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 periodically review their formularies and make decisions

Figure 1: LAI ART: Breaking Down the Intervention

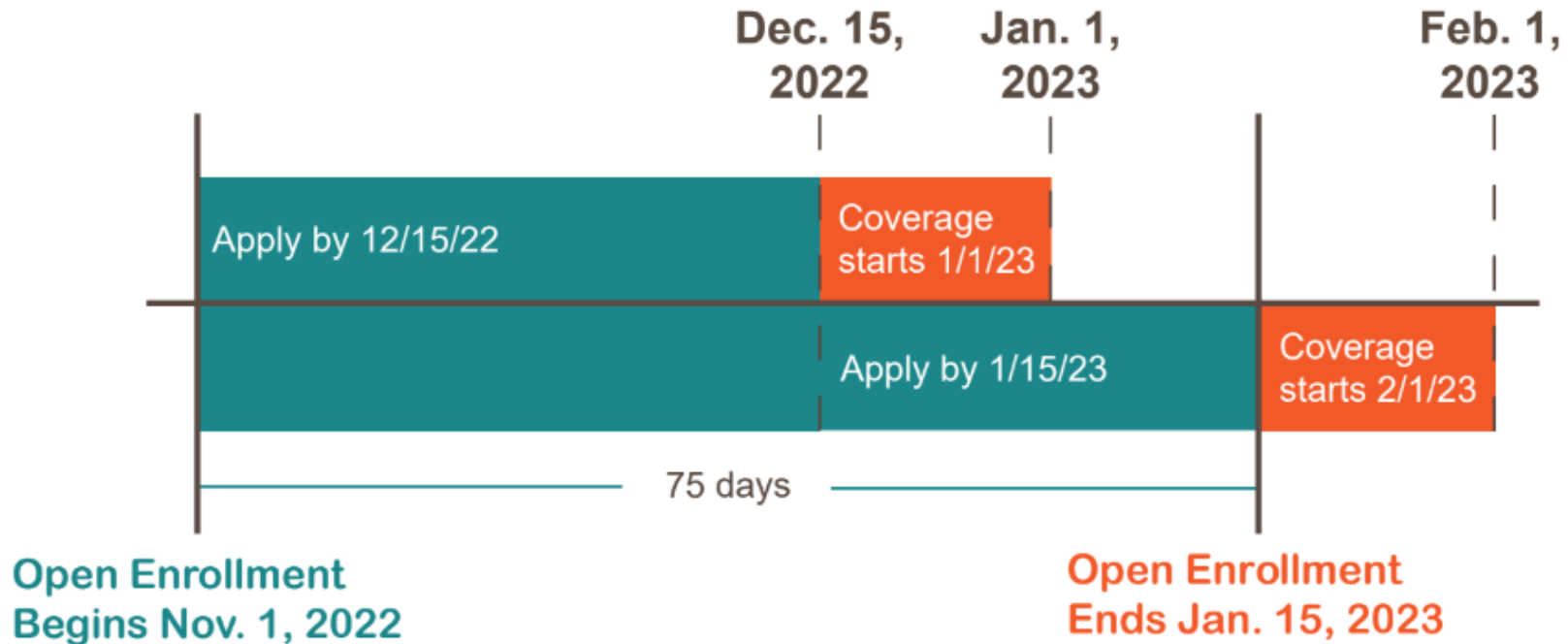


Now available at
TargetHiv.org/ACE

Preparing for Open Enrollment: What can be done now



Dates for 2023 Open Enrollment



Coverage for clients who enroll between November 1 and December 15 will begin January 1, 2023. Coverage for clients who enroll between December 16 and January 15 will begin February 1, 2023.

What can you do now to make sure your program is ready for Open Enrollment?

1. Conduct training and build enrollment staff capacity
2. Build enrollment partnerships
3. Conduct Account Tune-Ups
4. Assess health plans and conduct client outreach

1. Build health insurance literacy and enrollment capacity among staff

- Train staff on health insurance enrollment basics.
 - Focus on specific plan considerations for people with HIV.
 - Consider getting staff trained as Certified Application Counselors (CACs).
- Provide health insurance literacy training.
- Train staff to conduct ‘Account Tune-ups’ for all insurance-eligible clients.

Train staff who conduct enrollment

- Certified Application Counselors (CACs) are trained individuals able to help consumers seeking health coverage options through the Marketplace.
 - Free training from the Centers for Medicare & Medicaid Services (CMS) is available to individuals in Federally Facilitated Marketplace states.
 - 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.

2. Build enrollment partnerships

- If needed, identify and establish partnerships with Navigators, CACs, and other enrollment assisters.
 - Assisters may be found at partner organizations or within your health system.
 - Train your program staff to refer clients to these partners before and during Open Enrollment.
- Make sure partners are aware of RWHAP, including role of AIDS Drug Assistance Program (ADAP) in health coverage.

Training for external enrollment partners

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.



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



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.

How Assisters Can Help People Living with HIV Get Affordable Coverage



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3. Conduct Account Tune-Ups

An account tune up is an in-person or virtual pre-enrollment appointment 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.

Account Tune-Ups

Step 1: Check paperwork, accounts & payments

- Help clients organize insurance and Marketplace paperwork.
- Help clients update their Marketplace account details.
 - If needed, help clients set up a Marketplace account.
- Review insurance documents and identify any outstanding payments or credits.

Account Tune-Ups

Step 2: Review finances

- Ensure that clients who received Advance Premium Tax Credits (APTCs) have filed their federal taxes so that they remain eligible for this financial assistance.
- Estimate client income and report any changes to the Marketplace to avoid under- or over-payments.

Account Tune-Ups

Step 3: Confirm RWHAP/ADAP enrollment

- Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
 - If the client's certification is due within the Open Enrollment period, re-certify early.

Account Tune-Ups:

Step 4: Help clients prepare for enrollment

- Help clients identify their coverage priorities including HIV medications and preferred providers.
- Dedicate time to educate clients on the importance of health coverage and answer questions.

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 2021 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.

Open Enrollment Dates and Tips

Apply by 12/15/22 | Dec. 15, 2022 | Coverage starts 1/1/23 | Jan. 1, 2023 | Feb. 1, 2023

Apply by 1/15/23 | Coverage starts 2/1/23

Open Enrollment Begins Nov. 1, 2022 | 75 days | Open Enrollment Ends Jan. 15, 2023

Coverage for clients who enroll between November 1 and December 15 will begin January 1, 2023. Coverage for clients who enroll between December 16 and January 15 will begin February 1, 2023.

Staff can conduct Account Tune-Ups with clients during:

- RWHAP/ADAP certification appointments
- Routine medical appointments
- Case management or benefits counseling activities
- Separate scheduled sessions

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The ACE TA Center helps Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy. For more information, visit: www.targethiv.org/ACE

Resource was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

4. Assess health plans and conduct client outreach.


- For RWHAP recipients purchasing insurance:
 - Assess all plan options, including off-Marketplace plans.
 - Consider locating a third-party to do a plan assessment once plan information becomes available.
 - Train subrecipient staff on plan options as soon as they have been assessed.
- For RWHAP-funded direct service providers:
 - Check with ADAP and/or other RWHAP insurance purchasing programs on plan options available to clients.
 - Train program staff on plan options as soon as they have been assessed.

Tips for working with insurance companies

- Develop working relationships with insurance companies to:
 - Receive assistance reviewing plans to identify which ones could be sponsored by RWHAP and ADAP.
 - Set up process to make emergency premium payments via credit-card.

Preparing for OE eLearning package

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



Use this worksheet to...

Step 1: Get client's current information

Current Prescription Medications

1	Drug name
2	Drug name
3	Drug name
4	Drug name
5	Drug name
6	Drug name
7	Drug name

START COURSE

Current Sources of Care

Primary care provider (PCP) _____

Clinic or hospital where PCP is seen _____ Yes _____ No _____ Yes (if yes, specialty?) _____

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Open Enrollment for Marketplace health coverage begins November 1 and ends January 15 in states that use HealthCare.gov.

This resource outlines a timeline and key steps your program can take in the months leading up to Open Enrollment to prepare your organization and your clients for an efficient, successful enrollment period.

- Navigation tutorial

PREPARE YOUR ORGANIZATION

- Assess staff workload (July–August)
- Conduct staff training (July–August)

Questions?



New ACE Resource Coming Soon: User Testing Opportunity!

- User testing opportunity involves:
 1. Downloading and using the new tool (5-10 minutes).
 2. Providing feedback via online form (5-10 minutes).
- Interested in volunteering?
 - You can sign up via today's webinar evaluation form (see question #1).
 - Look for an email with instructions from the ACE TA Center in October.
 - Reach out to acetacenter@jsi.com with questions!

Thank you!

