Webinar Transcript
October 17, 2023

What You Need to Know About Medicare and Marketplace: Enrollment Considerations for 2024

Molly Tasso: Good afternoon, everyone. We're just at the top of the hour. We're going to go ahead and give folks a few more moments to join, and then we'll get started shortly.

All right, I think that we are going to go ahead and get started. I know some folks are still trickling in, but we've got a lot of great information to cover today, so we're going to go ahead and get started. So good afternoon, everyone, and welcome to today's ACE TA Center webinar. Thank you for joining us today for this presentation focused on open enrollment considerations for both the Medicare open enrollment and the Marketplace open enrollment period. We're going to chat out a link to download today's webinar slides. I think that's already been chatted, so you can go ahead and download those and follow along if you're interested in that.

So just a few quick technical pieces for anyone who might be new to our webinars. So first of all, attendees, you all are in listen-only mode, but we encourage you to ask lots of questions using the chat box. You could submit questions for the chat at any time during today's presentation, and we will take as many of these questions as we can at the end of the session. If we don't get to your question or if you think of a question later on or want to get in touch with us, you can always email us at acetacenter@jsi.com.

Okay. So the easiest way to listen to our webinar is through your computer. If you can't hear very well, do check to make sure that your audio is turned on and the volume is turned up. If you're still having issues, try closing out and rejoining the Zoom and if you continue to have problems, you can go ahead and dial in using your phone, using the call call-in number and the webinar ID and password that is there on the slide and also has been shared in the chat.

So again, for those of you who may be new to our webinars, welcome, we'd like to take a moment and introduce ourselves. So the ACE TA Center is a HRSA supported technical assistance center that helps build the capacity of the Ryan White community to navigate the changing healthcare landscape and help people with HIV access and use their health coverage to ultimately improve health outcomes.

So specifically, our project supports Ryan White recipients and sub-recipients to engage in, enroll and retain clients in Medicare, Medicaid, and individual health insurance options. Build organizational health insurance literacy, thereby improving client's capacity to use the healthcare system and communicate with clients about how to stay enrolled and how to use health coverage. And we do all of this by developing and disseminating best practices and supporting

resources and by providing technical assistance and training through national and localized activities. Our audiences include Ryan White program staff, clients, program managers and administrators, as well as people who help enroll Ryan White clients such as navigators and certified application counselors as well. And also SHIP counselors who specialize in Medicare enrollment.

And all of our resources, including our archived webinars, can be found on our website at targethiv.org/ace. All participants in today's webinar will receive an email when today's webinar is archived and posted, so you can share that with your colleagues and all of the resources, and tools that we are going to share and talk about today can also be found on our websites.

Okay, so a brief overview of what we're going to be tackling today. We're going to start off with an update related to Medicaid unwinding and then move into updates on both marketplace and Medicare open enrollment, including enrollment and financial assistance considerations for Ryan White clients.

We'll then wrap up by sharing a handful of resources and then as I mentioned, we will then facilitate a Q and A with the time that we have left.

And finally, I'm pleased to introduce to you my co-presenters today, Christine, Amy, and Anne. Christine is a consultant here at JSI and the research and policy associate for the ACE TA Center. She specializes in mixed methods research, health policy analysis, GIS and data visualization and materials development for Ryan White recipients, clients, and a variety of other audiences.

Amy Killelea is an independent consultant providing public health policy and financing expertise to governmental public health agencies, nonprofits, payers and providers. Amy's focus areas include HIV and hepatitis programs, public and private insurance coverage, public health and healthcare financing strategies and medication access and pricing.

And Anne Callachan is the BRIDGE team project manager at Access Health MA, which administers the Massachusetts ADAP program, also known as HDAP. She has years experience navigating health insurance for Massachusetts HDAP clients through her leadership of the benefits resources, infectious disease guidance and engagement, the BRIDGE health insurance enrollment team. And Anne is a certified Medicare SHIP counselor for the Massachusetts insurance and a certified application counselor for the Massachusetts Insurance Marketplace.

So with that, I'm again, so happy to welcome you all to this presentation and I'm going to hand it over to Christine.

Christine Luong: Thank you so much, Molly. Hi everyone. So glad to be here. So I'm going to kick us off by talking about health coverage for Ryan White clients specifically within the context of the Medicaid unwinding. So as most of you are probably aware of by now, we're currently going through this process called Medicaid unwinding. If you're not familiar with that or about how we got to where we are, I'll just give us a quick overview on this slide.

So during the Covid-19 pandemic, states were required to keep individuals who were on Medicaid continuously enrolled since March of 2020 if they wanted to receive enhanced funding from the federal government. And this was what is called the continuous coverage requirement. This requirement ended on March 31st, 2023, three years after it started. And as of April 1st of this year, states could begin terminating Medicaid coverage for people who are no longer eligible for that program. And this collectively is called the Medicaid unwinding process. The states have 12 months to redetermine eligibility for enrollees and to return to their normal renewal operations. So we're also going to chat out some resources that you can take a look at to learn a bit more about the unwinding.

Now, not all states are operating on the same unwinding timeline. So on this slide you can see that the majority of states started their unwinding processes this summer around May and June, but as of right now, in October, all states have started their unwinding activities. We'll chat out a link to a state tracker if you want to dig a bit deeper into the data and see how your state compares to others.

Now, why is the Medicaid unwinding important? There are three years worth of redeterminations that are happening in a relatively short timeframe, and as we're seeing several months worth of that unwinding data come in, we're seeing three important things. So the first thing that we're seeing is that a very large proportion of Medicaid enrollees are losing their Medicaid coverage for procedural reasons. And what this means is that they're still eligible for the Medicaid program, but their coverage was terminated because they didn't complete the required documentation. And this actually accounts for 70% of all terminations that we're aware of to date.

The second thing that we're finding out is that states are really struggling to keep up with processing all of these renewals within the timeline that they've

set for themselves. And in many cases, we are seeing a growing backlog of renewal applications.

The third thing that we're seeing is that many states aren't using what's called ex parte renewals. And ex parte renewals are a tool that allows the state to use existing data sources to verify a client's eligibility for renewal instead of relying on the enrollee to follow up by providing documentation. 29 states self-reported errors when using the ex parte process 'cause they were actually using household income instead of individual income to determine eligibility, and as a result, they were erroneously terminating people from coverage. So what all of this means essentially, is that we are seeing an unnecessary burden on Medicaid enrollees with many individuals getting lost in the cracks of the system. So folks are losing their Medicaid coverage when they really shouldn't be. Some folks are having their Medicaid renewals in limbo due to processing delays, and there's just general uncertainty about whether and when to transition to other forms of health coverage.

So I want to take a few minutes now to really get a pulse check from all of you in the audience. You may have different experiences with the unwinding in your state and we want to hear about them. So we're going to start with a poll. Let us know which of these emojis reflect how you are feeling about the Medicaid unwinding. So these aren't actually emojis, they're emoticons, technically, which is a throwback to the nineties instant messaging. So let us know, do you feel like a smiley face, a tired face, a frustrated face, or a confused face? And if you're feeling a totally different way entirely, you can let us know in the chat as well.

So we'll give folks a few more seconds to answer this poll. Alrighty, let's go ahead and close the poll and share our results. Okay, so I'm seeing that most of you are sort of neck and neck between feeling tired, frustrated, and confused, and 11% of you are feeling that smiley face. I'd love to talk to those of you who are feeling smiley about this. All right, so let's stop sharing and we'll go to the next slide. So we'll just do one more quick poll. So take a look at this question as it's popping up on your screen. We really want to know what is your organization's top challenge related to the Medicaid unwinding? So is it identifying Ryan White clients who are losing Medicaid coverage? Is it building staff capacity to support transitions in care? Is it determining client eligibility for other coverage options? Or is one of your challenges something else that's not listed here? You can feel free to let us know in the chat.

We'll give folks another five to 10 seconds or so and I'm seeing a number of you are chatting in some responses, so that's fantastic. A few more seconds.

All right, so we can go ahead and close the poll. Let's see what you all have answered. Okay. Wow. So almost half of you who responded said, your organization's top challenge is identifying Ryan White clients who are losing Medicaid coverage. 31% of you face a challenge related to determining client eligibility for other coverage options. A few of you face a challenge about building staff capacity. Well, I'm really glad that everyone here is joining our webinar today. We're going to talk about a lot of these challenges and hopefully find some ways to support you so that you all can support your clients. All right, let's go on to the next slide.

All right, so no matter how you specifically are feeling about the unwinding or where your organization is at specifically in terms of challenges and strategies, on this slide, we just want to offer four tips for supporting your clients through this unwinding process.

So the first thing is to understand your state's process for Medicaid renewals. So if you're not already familiar with where to find that information from your state's Medicaid website, feel free to check out some of those resources that we just chatted out a few minutes ago.

Second, conduct outreach to clients and support enrollment into other coverage options. And today's webinar is really focus on helping clients transition off of Medicaid to another form of coverage if they're truly no longer eligible for Medicaid.

The third is to prepare for a possible Ryan White and AIDS Drug Assistance Program, ADAP enrollment surge. And many of you are in the middle of this already.

And lastly, educate broader enrollment networks about the Ryan White program and we'll be touching on this a little bit later as well.

All right, so this slide basically summarizes some of the different client specific scenarios that you could encounter throughout this on the winding process. And on this slide, wherever you see an arrow, that's going to be what we'll focus on today in this webinar.

So just really quickly, scenario one is when the client remains eligible for Medicaid and their coverage is renewed. If that's the case, that's awesome, that's great, and no action is needed.

Scenario two is when the client is still eligible for Medicaid, but they're improperly dis-enrolled, which is that procedural termination that I was talking about earlier. If this happens, the client should appeal that decision since they should have remained enrolled in the program.

Now, scenario three, which we're going to explore in a lot of detail today, is when the client is actually no longer eligible for Medicaid and they were terminated or will soon be terminated from Medicaid coverage. So in that case then it's time to identify another form of coverage. And today we're going to focus specifically on the transition to either Marketplace or Medicare coverage.

Scenario four is when the client is still eligible for Medicaid, but they also became newly eligible for Medicare too, which means they're now duly eligible.

Scenario five is when the client was duly eligible but is now losing their Medicaid coverage. And for these last two scenarios, that gaining or losing dual eligibility, Anne is going to explain what client should do and how the Ryan White Program can support those particular clients.

Okay, one more quick poll here, poll number three. So take a look at the question that's popping up on your screen right now. We want to know what coverage types are your clients most likely to transition to? And this is in the context of the Medicaid unwinding, right? So are your clients typically transitioning from Medicaid to Marketplace, transitioning from Medicaid to Medicare, transitioning from Medicaid to employer sponsored insurance, or are they transitioning from Medicaid to another form of health coverage that's not listed here? If that's the case, feel free to let us know what that other form of health coverage might be.

All right, we'll give maybe five to 10 more seconds for folks to place their answers. And folks are sharing in the chat as well, which is great. All right, 73% of you, the vast majority of you say that your clients are most likely to transition from Medicaid to Marketplace. And that is great because my colleague Amy is going to be talking about that. A smaller percentage, 12%, say to transition to Medicare and 7% each from Medicaid to corresponded insurance or to another coverage type as you all are sharing in the chat. All right, thank you for indulging us in these polls. Let's go to the next slide.

So recognizing that this is a time of change and confusion for many clients, we just want to emphasize that the Ryan White program plays a crucial role as a safety net for clients. So regardless of their insurance status or what coverage type they have, Ryan White clients can receive support from medications and

medical coverage, including premium and cost sharing assistance. We're going to chat out a link to Policy Clarification Notice 18-01, this basically outlines exactly what the Ryan White Program and ADAP can help clients to pay for. So again, the Ryan White program can support clients when they're experiencing gaps in health coverage to help ease those health coverage transitions and also to help minimize any issues with medication adherence.

All right, and so now I'm going to pass it over to Amy to talk about Marketplace coverage.

Amy Killelea: Perfect. Thank you Christine. And hi everybody. So yes, this is the great transition to all the folks who noted that the transition from Medicaid to marketplace coverage was going to be most significant for your clients. I'm going to talk about the Marketplace open enrollment period, which is just a few short weeks away and things to keep an eye out for that are going to have a particular impact on clients, some new and some newish. So next slide.

So just to start with review, and then I recognize this is probably an old hat for many of you, but we know that there are new folks entering Ryan White programs every day. A little review, the Affordable Care Act set up marketplaces where folks can compare and shop for individual market insurance plans. So at the time, and I recently told a group that the comparison was to Expedia and I got a lot of blank stares 'cause I think maybe Expedia is not a thing anymore, so think about it like any sort of platform that lets you compare options and sort of make an informed decision. So like hotels.com, kayak, those are probably more relevant in 2023. But marketplaces, like most pieces of the ACE TA, there's some variation depending on what state you live in. So you've got three different types of marketplaces.

So the first type is the federally facilitated marketplace. You sometimes see that shorthanded just to FFM. That's the marketplace that's run solely by the federal government. So that is healthcare.gov, and that's the most prevalent one. It's one marketplace, it looks the same, and all of those light blue states on that map. And most states have chosen to use healthcare.gov. And the federal government runs that website.

The darker sort of middle blue color, those are the states that have opted to run their own state-based marketplace. So there's some incentive to do this, it's more work for a state, but some states opt to do that so that they have more control. They can do cool things with their portal and sometimes can do more innovative things than the federal government is able to do. And they also have a bit more flexibility on how regulate plans in their states.

And then the third is sort of like a hybrid where you've got a...

PART 1 OF 4 ENDS [00:23:04]

Amy Killelea: And then, the third is sort of like a hybrid, where you've got a state that may use healthcare.gov, but take on some of the oversight of the plans in the market, and those are reflected in the dark, dark blue. One thing to note here is that these categories can and do change. So for instance, the state that I live in, Virginia, is actually moving to a state-based Marketplace from healthcare.gov this year, and then, Georgia is slated to move next year. So for folks that live in these states, what you want to note is that coverage doesn't change, but how you get coverage changes.

So I'm a Marketplace enrollee in Virginia, and I just received an email two days ago that said, hey, we're moving to a state-based Marketplace, all of your data is going to be transferred from healthcare.gov to the state-based Marketplace, and you're going to go to the state-based Marketplace to compare your options for the 2024 plan year. So it should be a smooth transition, but that's just something to note. So Virginia this year, Georgia next year, and there are about a handful of states sort of waiting in the wings. All right, next slide?

So in terms of why Marketplace coverage matters, how it's different than employer coverage, for instance, it's private insurance plans, but these products sold through the Marketplaces are fairly regulated, moreso than employer plans, with lots of consumer protections that the ACA put in place, and that's really to ensure that the coverage is comprehensive, and particularly, that people with preexisting conditions aren't discriminated against. So this is I think one of the things that makes this market a really good choice for many people living with HIV and Ryan White clients.

So for instance, one of the hallmark protections is the requirement that plans cover 10 essential health benefits, and there are a host of other consumer protections that, again, make the Marketplace plans good options for, and comprehensive options, for people living with HIV. In addition to those sort of consumer protections, there's also ... And I think this really speaks to why there's a sort of natural transition, and it goes both ways, but right now, we're talking about Medicaid Unwinding, that there's this natural transition from Medicaid to Marketplace, and that's because the Marketplace coverage for those who are eligible, there are very generous financial assistance options to help with the premium and cost sharing obligations associated with the coverage.

So this is different than we see in the employer market, it's what makes the Marketplace market special, and again, a good option for people living with HIV, particularly, low income people living with HIV. So for people who are eligible, and these are available for folks who are eligible for Marketplace coverage, which we'll talk about in a second, and then, meet income thresholds, you've got two ways that the federal government helps with costs. One is to provide premium tax credits, so that is, as the name suggests, a way to lower the monthly premiums, and those are available for folks with low income, starting at 100% of the federal poverty level. And then, it's sliding scale, so as your income goes up over 100% federal poverty level, the amount of premium support you get from the federal government goes down.

And the other piece about the premium tax credits is that they can be and are available in advance. You don't have to wait until tax time to get them, they are available right when you enroll in coverage. In addition to the premium tax credits, you also have consumers who are lower income or eligible for cost sharing reductions, and this just makes their plans more generous in terms of the out-of-pocket max, deductible, co-payments, and co-insurance. And those two things are automatically calculated when somebody's applying through the Marketplace, so you say, I want to be assessed for financial assistance, every Ryan White client, unless you are for sure, for sure that they are not eligible for anything, should be assessed for financial assistance. And then, the Marketplace does that calculation to say, you are eligible for X in premium tax credits, X in cost sharing reductions, and then you can choose a plan that comes with more generous cost sharing.

I'm going to talk in a minute about how these subsidies actually got even more generous last year, and continuing into this year, so stay tuned from that, but really important components of Marketplace coverage for Ryan White clients. So next slide? So I've said a couple of times, if you are eligible for Marketplace coverage, eligible for cost sharing, so we just went through, for premium tax credits and cost sharing, there is an income threshold, and the amount of subsidies you get for premium tax credits is sliding scale. And then, for cost sharing reductions, that's available for folks up to 250% of the FPL. But then, for Marketplace eligibility, sort of writ large, to step back, folks who can are allowed to purchase in the Marketplace, it's fairly broad, but there are some limitations. Folks have to actually live in the United States, and there is a citizenship requirement, or the person must be lawfully present.

So that speaks to a sort of gaping hole in US healthcare system and federal programs in particular that do not allow access for folks who are undocumented. And a note there, too, this also, for the moment, includes

individuals who are here and part of the DACA program, Deferred Action for Childhood Arrivals, which was a protection put in ... one second ... put in place to allow folks who came to this country with undocumented parents to stay in this country. So it sort of puts a hold on any deportation efforts. Watch this space, because there is a regulation that would open up Marketplace coverage and subsidies for this population, but right now, undocumented folks, DACA folks, not eligible for Marketplace coverage. And then, folks also cannot be incarcerated. So next slide?

So as I said, we're on ... I used to have a countdown, like a little calendar that counted down the days to open enrollment, and now it just exists in my heart. And we have about two weeks, open enrollment starts on November 1, and it runs all the way to January 15. So this chart in front of you kind of is a color coded, quick look at the dates to be watching. And the dates to be watching, obviously, November 1, start going in, looking at options, and that's the time when folks can actually choose and switch plans, that will begin coverage in January 1, which is the beginning of the next plan year for 2024. Folks need to enroll by December 15 if they want their new coverage to start on January 1, so that's important.

But open enrollment goes all the way to January 15, so folks who enroll between December 15 and January 15, coverage will begin on February 1. And then, just a quick note, one of the flexibilities that state-based Marketplaces have is to elongate their open enrollment periods, and states have taken that flexibility over the years. So you'll want to check with your state Marketplace website, and the best way to do that is just to, if you're not sure exactly what it is, type in ... So if I were looking for mine, I would say like, Virginia state-based Marketplace, it'll pop up. And that's where you want to look, they will say right on that website, exactly what your state's special enrollment period. For anyone in healthcare.gov, the chart in front of you applies to you. Next slide?

So the next couple of slides, I want to review some of the things that are either new for this year, or that were in place last year, so we'll call them new-ish, but are so important that we're going to cover them for you once again. So let's start with special enrollment periods, because these become even more important when we're in this space of Medicaid Unwinding. We just have more churn than usual, folks who are going to be losing their Medicaid coverage, who are going to be looking for a place to go, potentially during open enrollment, but also, potentially outside of open enrollment, after open enrollment ends. So a couple of new things for special enrollment periods. And again, just as review, special enrollment periods, those are the exceptions to the general requirement

that people have to enroll in the Marketplace coverage only during open enrollment.

That's why we spend so much time and attention on open enrollment, that's the time that is slated for folks to enroll in coverage. And then, there are these exceptions provided through special enrollment periods that specify circumstances under which people can enroll outside of that open enrollment period. So there are a couple ones that I want to walk through, the first has been in place for a little bit now, but is of just so much importance to the folks that you all serve that we want to flag it again, and that's known as the low income special enrollment period. So this is particularly ... It's very broad, and it's for low income folks, as the name would imply, who qualify for advanced premium tax credits, and who have incomes at or below 150% federal poverty level. So this SEP basically opens up enrollment on a monthly basis for folks who have income at or below 150% FPL.

They can enroll in new coverage, they can also make changes to their coverage during the year. So for Ryan White programs, this is incredibly important because so many of the clients you serve are under this income threshold, and so, during the year, if you have clients who are approaching you who don't fit into one of those standard SEPs that have existed since the beginning of the ACA, this SEP is really meant to catch those folks and allow them access to coverage well outside of open enrollment in a very broad way. The other SEP that's particularly important, given the Unwinding, is the Unwinding SEP.

So the Marketplaces in any state, whether you are a federally facilitated Marketplace state, or state-based Marketplace state, or hybrid, the Marketplaces should be working in tandem with Medicaid. And that should give everybody some sense of, relief is potentially strong, but we should all be heartened by that, given that we're talking about, you all just said, over 70% of your clients, you are anticipating moving from Medicaid to subsidized Marketplace coverage, so it makes sense that there would be really tight connections between those two programs. So this Unwinding SEP recognizes the moment that we're in, and that many people are going to be losing Medicaid as the renewals continue over this 12-month period, and allows anyone who's losing Medicaid or CHIP coverage between March 31, 2023, all the way through July 31, 2024, to access an SEP, and to access Marketplace coverage via that SEP. Next slide?

So the other thing that goes hand in hand with the Unwinding SEP, and this actually is new, starting in January, the folks who lose Medicaid are going to get a bit of extra time to enroll in a Marketplace plan. So historically, it's been 60

days, you have 60 days since you lose Medicaid coverage to enroll in a Marketplace plan, and now, the rule will say you have 90 days to enroll in a Marketplace plan. So this builds off of the Unwinding SEP, and what's happening here makes good policy sense, you're just trying to really make it as easy as possible for people to have a place to go if they lose Medicaid coverage. So really loosening some of the historic restrictions around enrollment outside of open enrollment, and allowing pathways for folks to get into the coverage that makes sense for them.

And then, finally, there was a small, but I think important change starting in January, the coverage effective date, Marketplaces can make the time that coverage starts effective on the first day of the month in which the triggering event occurs. So for instance, if someone attests that they will lose Medicaid on August 15, and then they picked a plan by July 31, the QHP effective date would be August 1. So instead of having to wait a whole extra month because your event occurred with not a lot of notice, there is more flexibility to allow for more immediate start of coverage, and again, with the hope that you are narrowing any windows where someone might go without coverage. So again, small, it's probably not going to affect that many people, but important, it's going to reduce the number of clients who will rely on ADAP or Ryan White to sort of take them through a period of uninsurance, or just be uninsured for that period.

All right, next slide? And then, a few more things to note. And I will say, in preparing for this presentation, I just want to note, Unwinding is hard, and I don't want to minimize that, but the fact that we have so many safeguards that have been put in place by this administration, and that continue to be put in place, makes this a lot less painful than I think that it could be. So a few things to underscore, and again, these aren't new starting this year, they started last year, but very, very important, last year and the year before. First, enhanced subsidies. So again, we talk about people moving from Medicaid to Marketplace. That works best when you make the coverage as equivalent as you can. And one of the ways that Marketplace coverage historically has differed from Medicaid is that it costs more money, but because of Congress upping the premium subsidies that people get via legislation, and then, extending that all the way through 2025, that means that the subsidies are much more generous.

So now, anyone under 150% federal poverty level is eligible for $0 premium plans. That was not the case prior to this enhanced subsidy going into effect. So that's big. And even folks who are a bit above 150% federal poverty level, they're still eligible for very, very low premium plans. This has made a huge impact, and I think even before the Medicaid Unwinding started, has really

increased the folks who are in Marketplace coverage right now. And then, the other piece that affects folks on the higher income thresholds is that, you notice when I said eligibility for premium tax credits, that I said they started at 100% FPL, and then increase ... I'm sorry, then the amount of premium tax credit somebody's eligible for will decrease based on income, so it's sliding scale.

It used to be that that only went up to 400% federal poverty level, so once somebody was over 400% federal poverty level, they were eligible for nothing in premium tax credits. And for a long time, there was sort of this advocacy building, well, nothing magical happens from 400 to 401, that having a cliff that that finite is actually hurting people. So the cliff was eliminated, and that means that folks with incomes over 400% FPL can get premium tax credits. They're going to be a much lesser amount than folks at the lower income threshold, but they will still help to offset the cost of premiums. And those phase out, the protection there is that folks will not have to pay any more than eight and a half percent of their income for a silver plan premium. So that's a big change.

And then, we've seen a protection for a while now, and that still exists, and that's, as folks are enrolling in coverage, we've had this requirement that folks have to file their taxes in order to reconcile their past year's advanced premium tax credits. There's a lot that we can say, and the ACA center has lots of resources on tax reconciliation. The takeaway point here is that nobody can be denied for advanced premium tax credits for this next plan year, starting in January, if they fail to reconcile advanced premium tax credits. So right now, we have this sort of grace period, this safeguard. Again, there's lots of safeguards in place right now that probably won't be here forever, so let's enjoy them while they're here, that really put the thumb on the scale of people getting coverage, people staying in coverage, people staying in their subsidies. So next slide?

So now let's just run through a list of what Ryan White programs and folks gearing up for this open enrollment period can do. And one is really what you're doing now if you're on this webinar, which is engaging in training and building your enrollment staff capacity. This is true every year, I think it's particularly true this year, as Unwinding is happening in concert with open enrollment. And it's more important than ever to have your assister workforce prepared, ready on all fronts, not just open enrollment, but also, ensuring that folks losing Medicaid coverage have a place to go. Partnerships, every year, important, especially this year. And that includes not just other navigators and community-based organizations and assisters, but also brokers, in particular, and agents. They're becoming a bigger and bigger part of our enrollment support ecosystem, and I know many Ryan White programs are making inroads and have new and unique partnerships with those folks. So next slide?

So account tuneups, the ACA center has been talking about account tuneups for some time, and it is a great thing to do, it is something that can be started early that can be in place now, even before open enrollment begins, where really, you're getting ready, you're making sure that clients have all of their finances, their financial documents. If they're going to be reassessed for support, they have all of those things on hand, their application is updated, and they are ready to go ahead and renew or apply for coverage once that open enrollment starts. Next slide?

And then, as always, assessing health plans. So some of the state-based Marketplace, and healthcare.gov, they have plan browsing features, so you can see the plans ahead of when open enrollment starts. I think it's listed on healthcare.gov as planned window shopping, or something like that. So you can get a sense. I don't anticipate major changes in terms of policies that have federal policies, or state policies that will cause major changes in coverage, but it's good to keep an eye on plans that are no longer offered, changes in provider networks, formulary changes, all that stuff. That stuff can change every year, so an assessment is really important.

And it's especially important if ADAP is supporting insurance, because there are many states that ADAP is helping with premiums and/or cost sharing, where ADAP, they limit the plans that ... Folks can enroll in any plan, but if they want and need ADAP support, ADAP will only support a smaller number of plans. Next slide? And then, we'll end with a poll, and this one, you can just go ahead and answer in the chat. And that's really, what specific tips are you finding useful in transitioning clients from Medicaid to Marketplace? All right, these are great, keep them coming, and I'll let the JSI folks close this out when you are ready, and thank you.

Christine Luong: Thank you so much, Amy. Yeah, folks, keep chatting in your responses. Yeah, so thanks so much, Amy, that was actually really, really thorough, and we've received a lot of questions coming in through the chat about the Marketplace piece, so keep those questions and comments coming. So now, I'm going to walk us through the basics of Medicare and what is new for 2024. All right, so some of you are probably already really familiar with this, that's just going over the basics. So Medicare is a federal health insurance program that provides coverage in the form of three different parts, and these are called Part A, Part B, and Part D.

Part A is hospital coverage, that includes inpatient hospital stays, skilled nursing facility care, hospice care, home healthcare, among other things, Medicare Part B is medical coverage that includes outpatient services from doctors and other

healthcare providers. It includes preventive services, physician administered medications, home healthcare, durable medical equipment, for example. And then, Medicare Part D is prescription drug coverage for outpatient drugs, which includes all HIV ARVs. Each of these Medicare parts have their own premiums and associated cost sharing, and we'll also chat out some links with some more detail about what each of those parts covers. Okay, so you've got these three parts of Medicare, which each cover different things, but there are two different ways that someone can get Medicare coverage, so that's either through original Medicare, or through Medicare Advantage. So today, I'm not going to get into the nitty-gritty on this, but just provide a high level overview. So on the left side of the table here, we have original-

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Christine Luong: So on the left side of the table here we have Original Medicare. This includes Part A hospital insurance and Part B medical insurance. And depending on the individual's specific healthcare and health coverage needs, they might need a little bit more coverage. So if that's the case, people with Original Medicare have the option to add on Part D prescription drug coverage, and they also have the option of adding on what's called Medigap Supplemental Coverage if needed, to help with some of those extra costs related with Part A and Part B. Original Medicare is administered by the federal government. So what that means is that those benefits are going to basically look the same no matter which state you live in. And then on the right side of the table is Medicare Advantage. Folks also know this as Medicare Part C. So those terms are interchangeable. Medicare Advantage, this is a single plan that bundles Part A and Part B coverage, and more often than not also includes Part D prescription drug coverage as well.

Advantage plans can sometimes have lower out-of-pocket costs for some services compared to Original Medicare, and they will also often offer these extra benefits that Original Medicare doesn't like dental, vision, and hearing coverage. Medicare Advantage plans are administered by private insurance companies that contract with the government. And so what this means essentially is the plan provider network, the coverage, and the costs can look a bit different depending on where you live. We'll chat out a link now to medicare.gov where you can shop and compare Original Medicare and the Medicare Advantage plans that are available in your area. And as a reminder, the Ryan White Program, including ADAP, can help clients pay for most Medicare premiums, deductibles, and copayments.

All right. So to be eligible for Medicare, you have to be a U.S. citizen or a legal resident for at least five years with some exceptions. And there are three potential pathways. So the first is if you're age 65 or older, that's called aging into Medicare. The second pathway is if you're under age 65, but have a qualifying disability. And just a quick note about that. HIV on its own is not considered a qualifying disability for the purposes of Medicare eligibility, but lots of folks with HIV can still qualify through this pathway by meeting the criteria for another qualifying disability. And then the third potential pathway is folks of any age who have end-stage renal disease or ALS, also known as Lou Gehrig's disease.

Next slide. Thank you. Okay, so this slide and the one after that are going to highlight all the different Medicare enrollment periods that are out there. I acknowledge this can probably look a little intimidating, but I encourage you all to approach this not with fear, but through the lens of, oh my God, there are so many opportunities to support my clients to enroll in Medicare. Okay? This slide, in particular, we're going to focus on enrollment periods for people who are newly eligible for Medicare. And we've broken these up into two categories: event-based and date-based enrollment periods. So event-based enrollment periods at the top of this slide, these are centered around a particular life event that is going to vary depending on the individual. So when you're turning 65, for example, your age makes you newly eligible for Medicare, and you can sign up during your Initial Enrollment Period or IEP, which is a seven-month period that's centered around the month of your 65th birthday.

When you experience certain life changes, like you choose to leave your employer-sponsored insurance and enroll in Medicare instead, there will be enrollment opportunities under a Special Enrollment Period or SEP. That's sort of on the top right of the slide. When you have a qualifying disability before the age of 65 and you've received Social Security Disability Insurance payments (SSDI) for at least 24 months, you can get auto-enrolled into Medicare. And if you retire and claim Social Security retirement benefits before age 65, you can also get auto-enrolled into Medicare. And then on the bottom of this slide, so there's these date-based enrollment periods. So these are enrollment periods that are available at the same time each year for everyone. So the one I want to highlight here is the General Enrollment Period or GEP from January 1st to March 31st every year, which is for people who miss their IEP at age 65, who don't qualify for an SEP, and who want to enroll in Medicare Part B.

Okay. And then on this slide now we're going to shift to talking about enrollment periods for people who are already enrolled in Medicare coverage, but who wants to make changes to that coverage. So similar to before, we've

broken this down into event-based and date-based enrollment periods. So for the event-based enrollment periods, there's also Special Enrollment Periods if you experience certain life events like moving, losing your current coverage, and other special situations. And this would include if a person is dually eligible for both Medicare and Medicaid, for example, and then they lose their Medicaid coverage during the unwinding.

For date-based enrollment periods, happening right now is the open enrollment period from October 15th to December 7th annually. This enrollment period is for people with existing Medicare coverage who want to make changes to either their Original Medicare or their Medicare Advantage plans. And then the last one I'll talk about is called the Medicare Advantage Open Enrollment Period from January 1st to March 31st. So this is the same timeframe as the GEP for new enrollees that I talked about on the previous slide. And this is for people who currently have Medicare Advantage specifically and who wants to make changes to their Advantage coverage.

Okay, so looking ahead for the 2024 plan year, I want to share a few exciting updates. So the first update is, for folks who are losing or have already lost their Medicaid coverage and who didn't enroll in Medicare when they first became eligible because they were still on Medicaid, those people can take advantage of the new six-month Special Enrollment Period without worrying about any late enrollment penalties. So this SEP begins either on the date that the person is no longer eligible for Medicaid or the date they're notified they're no longer eligible, whichever is later. And they can also choose when they want their new Medicare coverage to start. So it can be either the first of the month after they've enrolled or it can be retroactive back to the month that they lost their Medicaid coverage.

Individuals who otherwise would be eligible for this SEP but ended up enrolling in Medicare during the public health emergency before January 1st of this year, those folks are eligible to have any Medicare late enrollment penalties reimbursed and any ongoing penalties removed. We'll chat out a link to a page that describes all of the available Medicare SEPs as well. And the other exciting thing that's happening in 2024 is the expansion of the federal Extra Help program. So we'll chat out a link now that explains the basics of Extra Help. But basically, this program helps people who have Part D prescription drug coverage. It helps them with the cost of their prescription drugs like the copays and deductibles. Right now there are two tiers of Extra Help, it's called the partial subsidy or the full subsidy. But starting January 1st, 2024, the Extra Help program is expanding this full subsidy to all eligible individuals with incomes below 150% FPL. So instead of those two tiers, it's just going to be one tier.

Also related to Part D, don't forget that insulin is available in Medicare Part D plans without a deductible for just $35 a month. And vaccines that are recommended by the advisory committee on immunization practices are also available without cost sharing. And with that now I'm going to pass it over to Anne to talk about transitioning to Medicare as well as some of the considerations for your dually eligible clients. Anne?

Anne: Hi, Christine. Thank you. And thank you all for joining us today. So I'm going to talk a little bit more about the unwinding and transitioning people. So clients who became Medicare eligible during the public health emergency but did not enroll because they had Medicaid coverage will qualify for a six months Special Enrollment Period to enroll in Medicare after the loss of their Medicaid eligibility. Those enrolling during the six-month SEP after loss of Medicaid will have their Medicare late enrollment penalties waived. They can also wait and enroll during the Medicare General Enrollment Period that runs from January 1st to March 31st. Well, they don't really want to wait. Excuse me for saying that. So for people who have already sort of lost that eligibility for the six-month SEP because their Medicaid coverage ended earlier, they could enroll during the Medicare General Enrollment Period that runs every year from January 1st through March 31st.

It is always a best practice when you're working with clients who are becoming Medicare eligible to help them enroll in Medicare during their seven-month Initial Enrollment Period. This includes people who have Medicaid but could be at risk for losing that Medicaid coverage when they turn 65. Enrolling clients in Medicare, so their Medicare starts the month they turn 65 is ideal and will help them to avoid any gaps in coverage. So that normally involves starting the enrollment process into Medicare with clients at least one month prior to the month in which they turn 65. Next slide. So our next poll is just a request for folks to type into the chat, any specific tips they find useful in transitioning clients from Medicaid to Medicare. And we'll give you a few seconds to start putting those answers into the chat.

And while we're waiting for those ship counselors, I love that. Sorry for my commentary there. So I'm going to move on to the next slide. So people who are Medicaid eligible, but also became eligible for Medicare since March of 2020 are now dually eligible. Dually eligible individuals have benefits from both Medicare and Medicaid and should always enroll in any parts of Medicare they are eligible for as soon as they become eligible for Medicare coverage to avoid any late enrollment penalties. As part of the Medicaid unwinding process, anyone with Medicaid benefits should be looking out for any renewal requests from their

state Medicaid program or any requests for information and should respond to these requests promptly.

Renewal applications should screen them for continued Medicaid eligibility, which is typically an eligibility that changes when people turn 65 and over. Medicaid renewal applications will also screen beneficiaries for programs that help with Medicare costs, like the Medicare Savings Programs and Extra Help. It is possible to lose Medicaid eligibility but to remain or become newly eligible for a Medicare Savings Program that helps with your Medicare costs. And we are going to be chatting out a link that talks some more about the Medicare Savings Programs. Next slide.

Oh. Losing dual eligibility. It is also possible that someone who was or became dually eligible during the continuous coverage protections will lose this eligibility as part of the unwinding. They may also lose eligibility for any Medicare Savings Program if they have income or assets that are too high for them to qualify for the Medicare Savings Programs. And that while there is a federal eligibility for the Medicare Savings Programs, it may also be expanded in your state, so always completing those renewal applications or working to understand that Medicaid Savings eligibility in your state so you can help clients is really a best practice. So losing eligibility for either Medicaid or the Medicare Savings Programs could mean that the clients you're working with may suddenly have an increase in their out-of-pocket costs for their Medicare. These beneficiaries should consider enrolling into Medicare Advantage or Medigap plans to offset some of these costs.

This can be done as soon as the beneficiary is notified that their Medicaid coverage has or will end during a three-month Special Enrollment Period. After enrollment, their new coverage will begin the month after the month in which they enroll in that coverage. They can also enroll in Medicare Advantage plans during the Medicare Open Enrollment Period that started on Sunday. So it runs October 15th through December 7th, but their coverage would not be effective until January 1st of 2024. So certainly anybody who has had a recent loss in their Medicaid coverage could conceivably enroll during this month into a Medicare Advantage plan to decrease sort of those Medicare out-of-pocket costs, and that plan would be effective on November 1st. So they don't really need to wait, but there is that Medicare Open Enrollment Period that just started as well. Next slide.

So best practices to support clients who are becoming Medicare eligible include ensuring continuity of coverage, active enrollment into Medicare, which helps to avoid gaps in coverage and late enrollment penalties, and providing one-on-

one enrollment support to clients. Next slide. So as clients become Medicare eligible, help them confirm that their existing healthcare providers accept Medicare coverage. This is especially important if you're working with a client who's enrolling into a Medicare Advantage plan that may have a specific provider network. You also want to make sure their medications are on the formulary for any Medicare drug coverage a client is enrolling in. So that would be either the standalone Medicare Part D plans or the Medicare Advantage plans that include drug coverage. And check to see if any of their medications require prior authorization so they're sort of well-prepared for that.

Comparing and shopping can be easily done on the medicare.gov website. We're going to chat out a link to this website. But just a reminder, it's always a best practice for Medicare beneficiaries to create a unique medicare.gov login that saves their medication and other information and makes plan changes in the future easier. Remember that Ryan White Programs and including ADAPs may be able to help clients with Medicare out-of-pocket costs like premiums, deductibles, and copayments. And checking with your local ADAP to understand what they can help to pay is always a great idea. Next slide.

Another reminder is that most people must actively enroll into Medicare through the Social Security Administration when they turn 65. After enrollment into Original Medicare Parts A and B. They can then choose to either stick with Original Medicare, enroll in a Part D drug plan, and an optional Medigap plan that will help cover some of the things that A and B don't cover at a hundred percent, or they can replace their Original Medicare with a Medicare Advantage plan. Medicare Advantage plans are Medicare-approved plans run by private insurance carriers that typically combine the benefits of Part A hospitalization, Part B medical, and the Part D drug coverage into one plan that often includes extra benefits like vision, dental, and hearing. There are pros and cons to both choices, so just consider all the options carefully with a client when they're making these choices.

Remember that only a small subset of people will get automatically enrolled into Original Medicare. Those people include people collecting Social Security income prior to age 65 and people collecting Social Security Disability for 24 plus months prior to age 65. People with end-stage renal disease and ALS may also get automatically enrolled into Original Medicare Parts A and B, but even those people who are getting automatically enrolled into Medicare will still-

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Anne: ... Automatically enrolled into Medicare will still need to make choices about enrollment into a Part D plan and a Medigap or Medicare Advantage. Next slide. Another best practice is to help clients enroll in Medicare as soon as they are eligible. This will ensure that they avoid any late enrollment penalties and minimize any gaps in coverage. People working with Ryan White clients should consider creating some sort of reminder or flag system to outreach to clients approaching Medicare eligibility. These reminders could be set to flag people who are approaching their 65th birthday or who are about to hit their 25th month of Social Security disability benefits prior to age 65.

Next slide. Connect with your local State Health Insurance Assistance Program known as SHIP in many states. As was mentioned by Molly at the beginning of this webinar, I'm a SHIP counselor in the state of Massachusetts and it has really helped me to help clients of the Massachusetts HSTEP program get a better handle on their Medicare coverage. So SHIP counselors provide local and unbiased Medicare counseling to Medicare eligible individuals, their families and caregivers. They're well-trained counselors who are able to review health and drug plan options and assist with enrollment. Pretty well versed in discussing eligibility for state-based programs like Medicaid, Medicare savings program and extra help that can help Medicare beneficiaries with their Medicare costs. In one of the polls we did, somebody had mentioned that one of the things they struggle with is determining people's eligibility for programs. So certainly when you're working with Medicare beneficiaries, becoming a SHIP counselor really helps you to better understand the eligibility for programs in your state.

SHIP counselors can also explain how Medicare works, including how it works with other health insurance coverage, like employer group health insurance or VA. And SHIP counselors can assist beneficiaries with more complex Medicare issues, such as understanding dual eligibility. Next slide. Ryan White HAP staff and ADAP staff who become SHIP counselors have a unique understanding of the coverage needs of people living with HIV. They also understand their state specific Ryan White and ADAP programs and what Medicare costs these programs can cover. And as a result of all of this, it makes them ideal staff to become SHIP counselors. So please contact your local SHIP to ask about the SHIP counselor training programs available in your state. And we just chatted out a link for locating your state SHIP. and I am going to pass this back to Christine now.

Christine Luong: Thank you so much, Anne, for sharing that great information. We really do love SHIPs and we encourage everyone on the call today to reach out to your local SHIP program if you don't already have a working relationship with them. So I'm

just going to take a few minutes now to highlight some ACE TA center resources that can help you and your clients with coverage transitions during the Medicaid unwinding. And we're going to chat out the links to each resource as I introduce them. So first, I really want to share this eligibility decision tree with you all, which we actually recently updated on the first page. As you can see on the slide, there's a series of yes no questions that can help you determine whether your Ryan White client is eligible for Medicaid, Medicare, private or employer sponsored insurance or marketplace coverage. We'll chat out that link.

On this slide, we have our account tuneups tool, which will walk you through all of the steps of an account tuneup in order to get ready for marketplace open enrollment starting November 1st, which is what Amy was talking about earlier. So we'll chat out that link as well. On this slide, you can see three of our Medicare tools, including the basics of Medicare for Ryan White clients, Medicare prescription drug coverage and how Medicare enrollment works. These are great introductory materials to help you understand what the Medicare program covers and how folks can enroll. We'll drop those links in the chat.

Here we have our ABCDs of Medicare coverage tool, which is designed to be client facing. This is a easy to understand two pager resource that basically summarizes those three different Medicare parts that I was talking about and explains the high level differences between original Medicare and Medicare Advantage, so we'll chat out that link. On this slide, we have our Medicaid 101 for Ryan White recipients and providers tool. I really like this tool. It gives an overview of the Medicaid program, which as you know varies by state. This talks about eligibility and enrollment rules, what services tend to be covered by Medicaid and the programmatic differences between states that have expanded Medicaid and those that have not expanded Medicaid. And near the end there's also a really helpful section about how the Ryan White program specifically compliments Medicaid coverage, so we'll chat that.

And then finally, we have our fundamentals of Medicare Medicaid dual eligibility for Ryan White clients tool. This resource explains how people become dually eligible, enrollment considerations and best practices, financial health and more. And we'll chat out the link to that as well. And with that, I'm going to pass it back to Molly who is going to kick off our Q&A. Thank you.

Molly Tasso: Great. Thanks, everybody. That was a wonderful presentation with a ton of great information. Thank you, everyone. We've received a lot of great questions and we have about 15 minutes, so we're going to go ahead and jump in.

Christine, while I have you, if you want to come back, can you tell us where a person can learn more about what qualifying disabilities are?

Christine Luong: Yes. So the qualifying disability, so this is in the context of Medicare eligibility and receiving SSDI benefits. So these are actually called listings. So we can chat out a link to the SSA website that has that. I'll do that real quick. And then as I said before, HIV on its own is not considered a qualifying disability. And I'm going to chat out a resource from Duke University that talks specifically about how to navigate that, which parts of an HIV diagnosis would be considered as a qualifying disability. So hopefully that helps.

Molly Tasso: Great. Thanks, Christine. I will just note, too, I've seen a handful of questions about the links that we chatted out, too. Again, those will be sent out via email to you all, so you don't need to worry about pasting them into your browser now. And you'll also get a copy of the slides once they are archived and on our website. So all of this information will be sent to you in an easily accessible manner. We had a handful of questions related to both how Medicare plans, including Parts A and B, D and Advantage, both how those premiums can be paid. So whether they can be billed directly to a client or deducted from social security and then also how the Ryan White Program can support and possibly provide assistance for those premiums. So Anne, I'm wondering if you can tackle on that first piece, so whether Advantage plans can be billed to the patient or if premiums will always be deducted from Social Security.

Anne: Yeah, so certainly for Medicare Advantage plans, when you are actively enrolling into those plans, you are asked whether or not you want to be billed directly every month or whether or not you want that premium deducted from your social security income.

Molly Tasso: Great, thank you. And then Anne or Amy, can you talk a little bit about how the Ryan White Program and in what ways they can support Medicare premiums? So it's A, B, D and then Advantage plans.

Amy Killelea: Go ahead. You want me to do it? Okay. I'll do it. If I miss anything ...

Molly Tasso: Go right ahead.

Amy Killelea: If I miss anything, you jump in with how it works in real life. I'll talk about how it's supposed to work. Yeah, and I would urge you all to take a look at, and I think we can chat out, the HRSA HIV AIDS Bureau policy clarification note is 1801. There is a somewhat confusing, but it is a policy notice that is out there, chart at the end of that PCN that walks through the exact things that Ryan

White recipients can pay for with regard to Medicare. So in terms of the question asked about premiums in particular, so Ryan White cannot pay for Medicare Part A premiums and that's because the Ryan White statute prohibits use of Ryan White funds for inpatient services. So just like Ryan White can't pay a hospital for providing inpatient services, it can't pay for a premium that's for hospital inpatient services.

So that's out. Ryan White can pay for Medicare and does pay for Medicare Part D premiums as well as Medicare Part D cost sharing and Medicare Advantage premiums as long as there's a prescription component. And the extent to which your Ryan White program is assisting with any of these Medicare premiums or cost sharing will vary by state. So you're going to want it to check with your part A, your part B, your ADAP. It is very state variable, but it is known information. You can check to see what's available in your jurisdiction. Ryan White is allowed to pay for Medicare Part B premiums, but as Anne just alluded to, because the Part B premiums come out of your social security, there is not a good mechanism for Ryan White to pay that premium because it's automatically deducted.

And there's not a good mechanism or any mechanism for Ryan White to cut a check to the Social Security Administration for that premium amount. So TBD on whether we can get that to change. There's advocacy efforts to do so, but right now, with some very, very limited exceptions, that's just not a possibility. But Ryan White programs can pay for Medicare Advantage premiums, especially when a client opts to have it bill directly to them and not taken out of their social security, so more leeway there. Anne, did I miss anything?

Anne: You didn't really miss anything, but just sort of stressing, again, checking with your own state ADAP. We pay for as many Medicare plans as we're able to pay for clients who are active in our program, but that might not be the same in your state. Generally, any coverage that includes Medicare drug coverage I think is pretty easily paid by an ADAP. And just to sort of piggyback on that last comment that Amy said, we have a small subset of clients who are not yet collecting social security income. So they get billed quarterly for their Medicare Part B premium, which does give our program the ability to pay that for them now. But unless those advocacy efforts change something, once they opt into monthly social security income, we will have to step out of being able to pay for Part B.

Molly Tasso: Great. Thanks, Anne and Amy. We're going to take a few, shift over to some marketplace sort of questions. So this just came in the chat, but just sort of transitioning from Ryan White support and payment of Medicare. Amy, can you

comment on Ryan White payment of off exchange plans? An off exchange plan would be an individual health insurance plan purchased off of the marketplace, so directly from a carrier such as Humana, Blue Cross, what have you.

Amy Killelea: Yeah. I mean, Ryan White programs can and do purchase off exchange plans. Really, the requirements that HRSA has in place for Ryan White recipients to use their funds to help with premium support and cost sharing support are fairly broad. It has to be cost effective, meaning that it has to be no more expensive for the Ryan White program to buy premiums than it is to buy drugs. And that's usually a very easy test to meet, even if there aren't any subsidies involved. So they can. You see some limitations here. Most of the time it's going to make sense for somebody who's eligible for a premium tax credit to go through the marketplace, so I want to make that really clear. Most of the time, that's going to be in the client's best interest because they're getting a reduced premium, but they're also getting reduced cost sharing.

Where I have seen it happen off marketplaces for folks who aren't eligible for the marketplace, so we talked about undocumented folks in particular. They cannot purchase through a marketplace. So if Ryan White's supporting them, that is all happening off marketplace. So that's a really good way to make sure that population has insurance, but you don't have subsidies. So it's more expensive for a Ryan White program to purchase off marketplace. So you don't see it as much as you see purchase in the marketplace.

Molly Tasso: Great. Thanks, Amy. Sticking with the marketplace for a few moments, just looking at my watch. Okay, so we've got a couple of moments, so a handful of questions around the low income SEP, which I know when it was first rolled out we had some questions because it's a new sort of structured type of SEP and in some ways feels like a little too good to be true in some ways. So Amy, can you just sort of walk us through that low-income SEP again. Folks are again curious about the eligibility, sort of what that is, and then also just reiterate the monthly piece of it. There were some questions around is it quarterly, monthly, annually, whatnot?

Amy Killelea: Yeah, so these are all good questions and everybody's right to kind of do a little bit of a head shake at it because it's a different way to structure an SEP, but it is very flexible for folks. So it is available monthly and that's different. We think about SEPs as something happens to you, there's an event and then you're eligible to enroll in coverage. This is kind of assuming that your event is ongoing and it's your income is low. And so it's as broad as you can be. Your event is that you are a person with a low income. And as long as you still have that low income, you are eligible for this SEP on a monthly basis. So it's a different way of

thinking about SEPs, but it's very protective for people with low income who have a harder time enrolling in coverage, even when they are eligible.

So it's opening up more pathways to coverage for those folks. It is eligible for folks with income below 150% federal poverty level. And I should just underscore it's not an end run around that 100% FPL start threshold for APTC. So as I said in the beginning of the slides, APTCs are available for folks with some exceptions, but for most people they're starting at 100% FPL. And this is where you get the Medicaid coverage gap for states that didn't expand Medicaid because they might not be eligible for Medicaid in their states. But in many cases if they're under 100% FPL, they're too poor to qualify for APTCs because the 100% FPL is where it starts. The exception being for lawfully present immigrants who are in that five-year Medicaid band. They can get coverage even if their marketplace subsidies, even there if they're under 100%.

So it's monthly, it's available for most folks 100% to 150% of the federal poverty level. And then in terms of this question of that requirement that you have to be eligible for APTCs, that speaks to the requirement that people are meeting the APTC criteria of not being eligible for Medicaid or other federal programs and not having an offer of affordable employer sponsored coverage. So that stands that you have to have that eligibility. In terms of do you have to choose the APTC, no. Nobody has to choose an APTC and certainly not in advance. It's in somebody's best interest, even if they don't choose it in advance when they file taxes, to get it as a refund. So you could do that, but I would just say two things on that. It's not advised for anyone getting ADAP or Ryan White premium support to not take that APTC in advance.

It's a logistic mess to go because the ADAP or the Ryan White recipient who's paying the premiums for the client then has to go back at refund time and have to work it out with the client to recoup the refund that the client gets that should go to ADAP because ADAP paid all the premiums for the year. But there's a more practical question or issue, that most people of that income level, that they're going to be choosing to take the APTs in advance. That is going to reduce your monthly premium by a lot. So no, there's not a federal requirement that you have to choose APTC, but in practicality it makes really good sense.

Molly Tasso: Great. Thank you, Amy. Christine, I'm going to try to roll through this question quickly because I think it is important and then we're going to wrap up. So this question is around the extra help program. So do people need to apply for Medicare Savings Programs and the extra help program or does that happen automatically?

Christine Luong: So for some people this can happen automatically and for some people they'll have to actively apply. So I think, Anne, probably you can provide maybe some more specific examples of when someone's auto enrolled.

Anne: Yeah, so if somebody is eligible for Medicaid in their state, they become duly eligible or duly eligible maybe through eligibility for one of those Medicare savings programs. Usually extra help is then an automatic benefit of those two programs, either having Medicaid and Medicare or being eligible for one of the Medicare savings programs with your Medicaid. And a lot of times I find maybe when a client has in practice, when I'm working with somebody who's recently lost their Medicaid eligibility, sometimes then Social Security actually sends them an application to reapply for extra help. So I hope that helped a little to tag onto the end of that.

Molly Tasso: Awesome. Thank you everyone so much. We're going to go ahead and wrap up. We're a few seconds over, but thank you everyone for joining us today. Please keep your webinar window open to complete the evaluation that pops up. It really helps us to have that feedback so we can understand what needs are existing on the ground so we can tailor our TA appropriately and ultimately to help support the work that you all are doing. So please fill out that evaluation. Please visit our website, targethiv.org/ace, to sign up for our mailing Listserv and download all the tools and resources that we talked about. And again, if you have any further questions after today's session ends, never hesitate to reach out to us at acetacenter@jsi.com. So thanks, everyone. Have a great afternoon.

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