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Basics of Health Coverage Enrollment: Strategies and Resources for New Program Staff

Mira Levinson: Good afternoon everyone and welcome to today's ACE TA Center webinar. I'm Mira Levinson the ACE TA Center principal investigator and the co-director of JSI's Center for HIV & Infectious Diseases. We are so glad to have so many of you here today, so thanks for making the time to learn about the basics of health coverage enrollment. We want to offer a special welcome to those of you that are new to the ACE TA Center.

Mira Levinson: So here at the ACE TA Center our goal is to build the capacity of the Ryan White community to navigate the changing healthcare landscape and help people with HIV to access and use health coverage to improve health outcomes. Specifically we support Ryan White Program recipients and subrecipients to engage, enroll and retain clients in Medicare, Medicaid and individual health insurance options, build organizational health insurance literacy to improve client's capacity to use the healthcare system, communicate with clients about how to stay enrolled and use healthcare coverage, and use treatment of prevention principles to support confident and informed decision-making about coverage and care.

Mira Levinson: Our key audiences include program staff, clients, program managers and administrators, as well as people who help enroll Ryan White Program clients, such as navigators and certified application counselors.

Mira Levinson: Today's webinar is going to be archived on TargetHIV at targethiv.org/ACE. All participants in today's webinar will receive an email when it's posted so you can share it with your colleagues. We've also posted a list of links for all the tools we're going to present today and we're going to chat those links out to you all again right now.

Mira Levinson: I'm joined on today's webinar by Molly Tasso and Stacey Moody. Molly Tasso is the policy analyst for the ACE TA center and specializes in health reform and its implications for the Ryan White HIV/AIDS Program as well as people living with HIV. She's experienced at developing and disseminating TA projects, products nationally. Stacey Moody is a senior consultant at JSI. Stacey has expertise in healthcare policy as well as outreach and enrollment support to increase access to affordable healthcare coverage options. Stacey's knowledge of federal health coverage programs and policies has informed numerous policy and practice publications, including many of our own ACE TA Center resources.

Mira Levinson: So here's what you can expect during today's presentation. First, Molly is going to provide an overview of coverage options. Then we'll hear from Stacey, who is going to talk specifically about health insurance coverage through the

marketplace. After that, Molly is going to talk about some resources to help clients avoid coverage gap and manage transitions between coverage options. Then, Molly and I are going to tag team to walk through coverage options for older adults with a particular focus on Medicare eligibility and enrollment. Finally, before we get to the Q&A session Stacey is going to share some best and promising practices for supporting enrollment. So, I hope you all enjoy the session and now I'll turn it over to Molly to get us started.

Molly Tasso: Great. Thank you so much, Mira. So, we're going to start today before we sort of get into the coverage types, if you want to go to the next slide. We're going to begin with a quick sort of overview of the benefits of health insurance for people with HIV. We think this is really important as this discussion really sort of sets the stage for everything else that we are going to cover today. Excuse me.

Molly Tasso: So looking back a handful of years, legislation passed in 2010, created the Health Insurance Marketplace. This legislation expanded health coverage options and instituted protections related to eligibility for a health insurance. So for people with HIV this meant that they could no longer be denied health coverage due to having a preexisting condition, which was often the case before these protections were in place. Of course, before then the Ryan White Program was providing excellent HIV care to these individuals. But like everyone, we all have healthcare needs beyond just one diagnosis including complex health conditions such as diabetes and heart disease. The Ryan White Program really wasn't designed to address all of these complex issues.

Molly Tasso: So with increased access to health insurance, people with HIV can now access medical care for any number of health conditions that they may experience. Similar to medical care, medication access was also expanded. Access to medication was also expanded rather, and people with HIV are now able to access meds for health issues beyond, again, just their HIV diagnosis. Of course, we know the benefit of continuous antiretroviral therapy is that it results in viral suppression for individuals, which keeps those individuals with HIV healthy and also prevents new infections.

Molly Tasso: Finally, benefits of insurance include the ability to access preventative care. People don't need to wait until they're sick to access their health benefits, and there's also protections against high and unexpected healthcare costs, such as a trip to the emergency room when someone is uninsured. So as a result of these protections and expanded access to care, really not an exaggeration to say that having access to this full spectrum of medical care has really been life-changing for many people with HIV.

Molly Tasso: So with that foundation, let's move forward and start to discuss the different types of health coverage available. So there are public options such as Medicare, Medicaid and the Children's Health Insurance Program, which is also known as CHIP, and there are also private options, which include plans purchased from private issuers, both on and off the Marketplace. We will go into much more detail on many of these coverage types in today's presentation, but we're going to before doing that take a quick moment and discuss a particular type of plan, which is called the qualified health plan, which are sold on the Marketplace.

Molly Tasso: So qualified health plans or QHPs are plans that have been certified by the Health Insurance Marketplace. They provide essential health benefits, including doctors visits, hospital care, prescription drug coverage and more. They follow established limits on cost sharing, so things such as deductibles, copays and out-of-pocket maximum amounts. Per the definition, all qualified health plans meet the Affordable Care Act's requirements for having health insurance, which is also known as minimum essential coverage.

Molly Tasso: For people with HIV, QHPs are really the preferred type of private health plan to enroll into, as you can't be denied coverage for any health related reason, including HIV. The benefits associated with the plan are expansive. So for example, QHPs provide coverage for a network of medical providers, including specialists for complex health conditions, coverage for mental health and substance use treatment services, and coverage for injury and hospitalization. Also QHPs can't drop a person from their coverage if they have an existing medical condition or get one after enrolling into a plan.

Molly Tasso: Then, the final type of health coverage that I'm going to discuss in this section quickly is the Medicaid program, which many of you may be familiar with already. The Medicaid program is a public health coverage option that is unique to each individual's state and is actually the largest source of insurance coverage for people with HIV. So as part of the healthcare legislation that I mentioned earlier, the Medicaid program was expanded and to date 39 states, including Washington D.C. have adopted this expansion. So in these states individuals are eligible for Medicaid if they have incomes at or below 138% of the federal poverty line, even if they don't have a disability or have children. In states that have not expanded Medicaid access, eligibility for adults is at 40% of the federal poverty level, and sort of broadly speaking eligibility is limited to specific low-income groups.

Molly Tasso: On the slide here is a map that shows Medicaid expansion decisions in each state and DC. The states in orange have not expanded their Medicaid program and the states in dark blue have done so. You'll see Nebraska, Missouri and Oklahoma are sort of shaded. That just means that those three states have adopted the Medicaid expansion but they haven't yet implemented the changes to their actual program yet.

Molly Tasso: So here's a slide that shows us in a little bit more detail what Medicaid eligibility looks like for consumers in states that haven't expanded their Medicaid program. So we're going to start by looking at the far left, the dark part, the far left of the umbrella, the dark blue part. So at a minimum in these states Medicaid has to cover low-income children and some of their parents, pregnant women, some individuals with disabilities, and certain low-income seniors. Taking a look at the light blue part of the umbrella on the far right side, this part represents individuals who because of their income qualify for financial assistance through Marketplace coverage. So as you can see there is help or subsidies available for folks who are between 100 and 400% of the federal poverty level. Even in states that have not expanded Medicaid, everyone in this income group ... Sorry, in states that have expanded Medicaid or have not expanded Medicaid everyone in this income group, the 100 to 400% of FPL can get help paying for Marketplace insurance through reduced premiums and lower out-of-pocket costs.

Molly Tasso: So then the middle part there, the orange umbrella, is what we call the Medicaid gap. So, in states that have not expanded or implemented expanded Medicaid, there are people who don't qualify for Medicaid either because their income isn't low enough or they don't qualify as having a disability. Then if they also earn less than 100% of the federal poverty level, that makes them ineligible for Marketplace subsidies and likely unable to afford to purchase a Marketplace plan. This reality can be very challenging for folks living in non expansion states, but this is where financial help options from the Ryan White Program are really important to keep in mind.

Molly Tasso: So with that said, in addition to financial assistance through the Marketplace, Ryan White Program clients can often get help paying for the cost of insurance through the Ryan White HIV/AIDS Program. The options really vary between states in terms of whether all plans are covered or specific plans, and also whether the support is handled directly through a state's Part B ADAP program or through a part A or contracted provider agency. The assistance often includes help with paying monthly premiums as well as out-of-pocket costs such as copays. Also, the Ryan White Program remains available to clients that are not

eligible for health coverage through the Marketplace and those that are eligible but have not enrolled yet. This can provide access to medications as well as outpatient HIV medical services. Lastly, the Ryan White Program remains available to ensure coverage completion for insured clients. So services that help clients stay in care like medical case management and transportation. All of that is still available through the Ryan White Program.

Molly Tasso: So, just to sort of recap, what I've provided is a basic overview of why health insurance for people with HIV is important, a high level overview of the different types of coverage that exist, and a brief explanation of the Medicaid program. So with this foundation, I'm going to hand it over to my colleague, Stacey, who is going to get us into a more detailed discussion about insurance through the marketplace.

Stacey Moody: Great. Thank you, Molly, and hello to everybody who has joined us today. Before I begin I'm going to provide a quick overview of the Health Insurance Marketplace. The Marketplace is an online platform where people can compare health insurance options as well as enroll into affordable quality health insurance plans. The Health Insurance Marketplace was established as part of the Affordable Care Act, and the federal government operates the federally facilitated Marketplace, which is also known as HealthCare.gov. There are a dozen states, plus DC, that run their own state based Marketplace, and each year both the federal and the state-based exchanges have open enrollment periods, although the dates aren't always aligned for those open enrollment periods. As a quick reminder, this year's open enrollment period runs from November 1st to December 15th in the states that do use HealthCare.gov.

Stacey Moody: So to be eligible to enroll in health coverage through the Marketplace you must live in the United States, you must be a US citizen or national or be lawfully present, and you also can not be currently incarcerated. When applying for Marketplace coverage individuals are automatically screened for Medicaid and CHIP eligibility, and if they're found to be eligible for another health coverage option, they're going to be routed to that particular application. Generally, enrollments are done online by the individual, but people can get assistance from case managers, certified application counselors, and certified navigators.

Stacey Moody: So let's take a quick moment to look at a case study together. I'd like to introduce you to Keith, who you see on the screen. Keith lives in New Mexico and is a US citizen. His income is $35,000 a year, which is approximately 290% of the federal poverty level for a single person household. In his home state ADAP

provides financial support for some, but not all, plans. Today, Keith is applying for coverage for the first time.

Stacey Moody: So now that you know a little bit about Keith, let's do a quick knowledge check just based on what we've covered so far on today's webinar. On your screen you should see a poll, and you can go ahead and answer the question. I'll read it as well. It's up on the slide. The following question, which of the following makes Keith eligible for a Marketplace plan? He lives in the United States, he is a US citizen or national or is lawfully present, he is not incarcerated or all of the above. So I'll give you a few seconds there. Go ahead and select your answer of what you think can make Keith eligible for a Marketplace plan. All right. I'm not seeing the answers come in. Oh, they might be coming up now. So I'm not able to see what everybody is answering. There we go. Hopefully everybody has had a chance to answer the question. I see some coming in through chat as well. It looks like a vast majority, 95% who did answer did put D, all of the above, which is correct, or the answer all of the above. Each of these things must be true in order for Keith to be eligible. He's a US citizen, he lives in the United States, he's not incarcerated. So all of those are factors around his eligibility. Great, thank you for your participation in that one.

Stacey Moody: Let's move forward onto financial assistance that's going to be available through the Marketplace. Financial assistance through the Marketplace is available to eligible individuals who enroll into a qualified health plan through the Marketplace. There are two types of financial assistance. First, there's premium tax credits, and second, there's cost sharing reductions. I'll cover these in more detail in the following slides. The eligibility for and the amount of financial assistance that a person qualifies for is determined using the income information that they provide during the application process.

Stacey Moody: In addition to financial assistance through the Marketplace, many Ryan White Programs provide additional financial assistance to help with premiums and out-of-pocket costs, which could be copays and cost sharing amounts. Eligibility for any amount of assistance is determined by the local Ryan White Program jurisdiction, and we definitely encourage you to look for more information about your local Ryan White Program or from your ADAP office on that.

Stacey Moody: So as I mentioned earlier, we're going to talk a little bit more about the types of financial assistance that are available through the Marketplace. First are the premium tax credits or the PTCs for short. This is a financial assistance from the federal government that is given in the form of tax credit that are used to lower the cost of premiums. Premiums are the monthly bill that we pay every month

to keep our coverage. Individuals between 100 and 400% of the federal poverty level are eligible to receive a PTC, and there are two ways to get a PTC. First, during open enrollment clients can apply to get the credit in advance and have some or all of that credit paid in advance directly to the insurer by the Marketplace every month. So the person or family then pays less for their monthly premium. This is also known as advanced payment of the premium tax credit or APTC. In most cases Ryan White Program clients are required to take the APTC to avoid owing any money to the program. The advantage of APTCs to the client is they don't have to pay as much out of pocket and then wait for the tax credit to be applied at the time that they file their taxes.

Stacey Moody: The second option to get a PTC is for clients who wait to get the lump sum credit after they file their federal income tax return. The person or family pays their full premium each month and then they get money back at the end of the year. This option is not recommended by most Ryan White Programs. One important thing to know about PTCs is that they are tied to an individual's federal taxes. So after the calendar year ends, all clients who receive an advanced premium tax credit, which again, stands for APTC, they must file their federal tax return to make sure they received the amount of financial help that they were eligible for, which is based on their actual income that they had during the year.

Stacey Moody: This process is called tax reconciliation. So clients who do not receive an advanced payment tax credit or APTC may still be eligible to get the credit as a lump sum at the end of the year, especially if their income changed during the year, but they will need to file their tax return to find out. It's also important to file a tax return as the cost of coverage as well as eligibility for financial assistance through the Marketplace for future years is based on the income filed on the tax return.

Stacey Moody: Another type of marketplace financial assistance is called cost sharing reductions or CSRs. Cost sharing reductions come in the form of discounts instead of tax credits, and they're applied to existing silver level Marketplace plans to reduce the out-of-pocket costs. So out-of-pocket costs could be the deductibles, copays or coinsurance. So individuals between 100 and 250% of the federal poverty level are eligible for these cost sharing reductions and the discounts are automatically applied to the services. Cost sharing reductions are not connected to taxes in any way, so there's not a reconciliation process at the end of the year.

Stacey Moody: ACE has two helpful resources to help you on the PTCs and the CSRs that we just spoke about that you can use for your references. The first, which is shown on the left, is an FAQ document and it provides an overview of PTCs and CSRs and it's useful in helping to better understand the distinction between these two types of financial assistance. We also have an e-learning resource that can provide information about PTCs and CSRs, and it details the process of how clients apply for these types of financial assistance. The course also covers and discusses financial assistance that's available through the Ryan White Program, including ADAP, and it talks about how clients who receive these advanced premium tax credits file and reconcile their taxes.

Stacey Moody: So let's take a look back for a moment at Keith for another quick knowledge check. So you should see the poll once again up on your computer, and I'll read the question here. Is Keith, who is at 290% of the federal poverty level for his income eligible for a PTC and/or a CSR? So is he eligible for a PTC or a CSR? You'll see the options here. PTC only, CSR only, both, or neither. A reminder, PTC is premium tax credit and CSR is cost sharing reduction. All right, and I'll give you a few seconds to answer. I see some answers coming in the chat, and if you're able to you can also put those on the poll that's on the webinar.

Stacey Moody: All right, let's look and see what the answers are here. Oh, it looks like we have a wide variety here. About half picked PTCs only and the other half picked both. The actual answer is PTC only. Just as a reminder, premium tax credit eligibility is for individuals with incomes between 100% and 400% of the federal poverty level, which Keith qualifies with, since his income is at 290%. Cost sharing reductions, the eligibility is for individuals between 100 and 250% of the federal poverty level. So thank you for your answer on that. I know it's a little bit tricky and it was a little, this information that you just received on the webinar.

Stacey Moody: All right. Another resource to help you determine which health coverage option your client may be eligible for is called the ACE TA Center's eligibility decision tree. This is a resource that's intended to help you and your clients decide if you should apply for Medicaid, Medicare or Marketplace coverage, or whether they just need to stick with the traditional Ryan White HIV services. The eligibility decision tree will take you through a series of yes or no questions, which will then help you assess what each client may or may not be eligible to apply for.

Stacey Moody: Some jurisdictions also enroll clients into off-market plans, which are simply commercial health insurance plans that are not sold on the Marketplace. So in some cases these plans may be more cost effective for the jurisdiction. So in general, these plans follow the same rules and timelines as Marketplace plans,

however, these plans are not eligible for premium tax credits or cost sharing reductions. So check with your state ADAP program to learn more about how they are supporting private insurance for the Ryan White Program clients in your community.

Stacey Moody: So after a person has determined what health coverage option they're eligible for and what types of and how much financial assistance they have available to them, they'll need to make a decision about which health plan is going to be best for them. There's a number of questions a person should consider when choosing a plan. Some of these are, is the individual's preferred doctor and/or their pharmacy in network? Does the local Part B or ADAP recommend or support any specific plans? What are the costs of HIV medications under this plan or the cost of other medications? What financial help is available for this individual? To aid in this process, the ACE TA Center has developed a healthcare plan selection worksheet, which was space to list an individual's medications, their preferred providers, as well as income information. Then the user can do a side by side comparison of the different health insurance plans that they're looking at.

Stacey Moody: So after selecting and enrolling into a plan and then paying the first month's premium, an individual will be all set to use their coverage. They'll receive their insurance card in the mail, which they can then use at in-network providers as well as pharmacies. So in order to avoid being dropped from the plan a monthly plan premium needs to be paid on time each month, and individuals will need to re-enroll each year during open enrollment. If enrolled into a Marketplace plan, individuals may be auto and re-enrolled into that same plan or to a similar plan at the beginning of the open enrollment period. However, we really encourage people to actively compare their plans and to re-enroll so they can make sure that they're getting the best plan that fits their current health and financial needs.

Stacey Moody: To help clients use and maintain their coverage throughout the year, there's this resource here that we're showing on the screen called Get Covered for a Healthy Life, which was created specifically for consumers, and it goes over everything from how to use a health insurance card and contact and insurer, to the basics of different healthcare costs like premiums and out-of-pocket expenses. It also talks about where to go for care and how to prepare for a medical visit.

Stacey Moody: So at this point I'm going to hand it back to Molly, who is going to talk more about churning or transitioning between the different types of healthcare coverage.

Molly Tasso: Great. Thank you so much, Stacey. Before I go into this I just wanted to acknowledge we are seeing all of your questions and chats coming in and we will answer as many as we can at the end of today's presentation, but keep those questions coming in.

Molly Tasso: Life can be unpredictable. It may be the case that certain life events sort of cause your health insurance needs to change. So for these situations the Marketplace has established special enrollment periods or SEPs. These allow for enrollment on the Marketplace outside of normal open enrollment dates, which is typically from November 1st to December 15th in most states. So some examples of life events include change in income, loss of health insurance including loss of employer sponsored coverage, getting married or divorced, moving to a new zip code or county, or being impacted by a natural disaster, such as a hurricane or wildfire.

Molly Tasso: One thing to note is that if you do enroll into a plan through an SEP during the year you'll need to re-enroll during open enrollment. So think of open enrollment as a sort of reset for everyone who was enrolled in coverage.

Molly Tasso: So turning back to Sandra, or I don't think we've introduced Sandra yet. This is Sandra and she's going to be another case study who we sort of follow through this presentation. I think we've only met Keith. So Sandra is 64 and lives by herself. Her work hours were recently reduced, so her income is now $24,000 a year, which is approximately 200% of the federal poverty level. Because her work hours were reduced, she lost her employer coverage. She is currently enrolled in ADAP, and she also receives services through the Ryan White Part A program in her city.

Molly Tasso: So a question here that we have, is Sandra eligible for a special enrollment period, for an SEP to enroll into a Marketplace plan? So there's three options. Yes, because she is enrolled in ADAP she's eligible. B, yes because she lost employer coverage due to reduced hours she's eligible, or C, no, she is not able to be eligible for an SEP. So go ahead and answer. It looks like answers are coming in swiftly, which is great. I'll just give a little bit more time for folks to respond. So about half of you have responded, but overwhelmingly, like 90% of you agree that yes, she is eligible for an SEP, and this is because B, she lost her employer coverage due to reduced hours. So A is technically correct in that she

is eligible for SEP, but it's not tied to her enrollment to ADAP, just her employer coverage situation.

Molly Tasso: So moving on, to request a Marketplace SEP you can either if you're a new consumer to the marketplace you can create an account and apply to see if you qualify, or if you are already a Marketplace consumer you can log into your account and update your application, and it will let you know once you entered this new information whether or not you may qualify for an SEP. Regardless, it is important to remember that depending on the SEP type you may have 60 days before or 60 days following after the life event that you've experienced to report the change and enroll into a plan. So there is a sort of timeframe that you do need to be mindful of.

Molly Tasso: To help you and your clients navigate these qualifying life events and SEPs we at the ACE TA Center have created this helpful fact sheet, which helps consumers understand if and when they qualify for an SEP and also questions to the common ... Or some answers to some common questions as well as a list of the most common SEPs that people experience, including some that do require verification, and we will be chatting out a link to that resource as well.

Molly Tasso: There are also options for managing coverage changes outside of the Marketplace. So Medicaid and CHIP enrollment are open throughout the year for eligible clients, meaning there's no annual open enrollment period for these programs. In expansion states, Medicaid expansion states, some clients may be newly income eligible for Medicaid coverage depending on their exact life event. As a reminder, the Ryan White Program can provide HIV medications and services for people that may not be eligible for other coverage.

Molly Tasso: Medicare is also another option, although eligibility will likely be determined by age or disability, but we are going to be covering Medicare in an entire section later on. So we will get to that today. Then finally, COBRA is a coverage option that is available to people, however COBRA can be quite expensive and it really may not be the best fit for a person's coverage needs. So we strongly encourage people to speak with their case manager or a benefits coordinator before opting into COBRA coverage.

Molly Tasso: For some individuals transitioning between coverage types might mean transitioning from marketplace to Medicare coverage. For these individuals who are enrolled into a Marketplace plan at age 64 but then become eligible for Medicare age 65. They should enroll into Medicare during their initial enrollment period, and this will help them avoid late enrollment penalties. It's

very important to know that people are not automatically terminated from the Marketplace plan once they enroll into Medicare. They'll likely get a notice from the Health Insurance Marketplace saying that they may soon be eligible for Medicare and that they can change their Marketplace plan because of that, but we really encourage folks not to wait for this notice and should actively terminate their Marketplace plan if they choose that they decide that they don't want to keep it. If someone does opt to keep their Marketplace plan and is also enrolled into Medicare Part A coverage they won't be eligible for a premium tax credit or other savings for a Marketplace plan. So in other words, they will be paying full price for that Marketplace plan. For this reason in most cases a person will want to end their Marketplace coverage once they're eligible for Medicare.

Molly Tasso: As a helpful just sort of tip, HealthCare.gov does include a questionnaire with step-by-step instructions for canceling your Marketplace plan when transitioning to Medicare. So we can chat out that link now.

Molly Tasso: Then, to help clients understand this process we've created this new resource that is focused exclusively on transitioning from Marketplace to Medicare health coverage. This resource includes an overview of the entire process and provides answers to a set of frequently asked questions about the process. That is also of course available on our website and we will chat out that link.

Molly Tasso: Finally, regardless of what type of health coverage you may be transitioning out of or into, continuity of care is incredibly important. So to help clients maintain coverage the Stay Covered All Year Long resource, which is shown here on the slide, helps educate people on strategies to maintain coverage such as paying premiums on time, reporting income and household changes and also what to do if they happen to lose coverage. The section on premiums provides clear basic information about how often premiums need to be paid and what to keep in mind if the Ryan White Program is paying that premium. This section also goes over what happens if a payment is missed and also there's a section on what a consumer should do if they lose coverage.

Molly Tasso: I'm going to transition it now over to Mira, who is going to introduce the topic of basics of health coverage for older adults, including Medicare.

Mira Levinson: Thanks, Molly. Hi again, everyone. Okay, so let's switch gears just a little bit and get into a conversation about Medicare. With the exception for Medicare, health coverage options for older adults are generally similar to those available to all adults in the US, including the whole range of public and private options.

That said, a lot more people are aging into Medicare than ever before, and in 2018 46.1% of Ryan White Program clients were age 50 or older. This is projected to rise to two thirds by 2030. In addition, 69% of Medicare beneficiaries with HIV are dually eligible for Medicare and Medicaid. Medicare is the largest source of federal funding for HIV/AIDS care in the United States, and as of right now about a quarter of people with HIV who are in care get their health coverage through Medicare.

Mira Levinson: So before I continue, I'd like to learn a little bit about all of your experiences related to Medicare. This part is interactive. Are you ready? Using the chat option, please share the biggest challenges you experience at your organization related to supporting Medicare enrollment and coverage. This isn't a poll, it's just a chance to share your challenges directly with us using the chat. So, what are your main challenges? For example, are you, your staff, or your clients having trouble understanding the different Medicare parts? Are you finding it complicated to assist clients with Medicare enrollment? What about dual eligibility and what about referrals to external Medicare enrollment support if you need it?

Mira Levinson: So, I'm seeing lots of good stuff coming in through the chat. We really appreciate you sharing with us. I'm going to read a few of these to you, but keep them coming because this is also going to inform a variety of other resources that we continue to develop over time in addition to the ones that we've already covered. So I love one person chatted, "I just have to say that our clients living 50 years and older is wonderful." Other people wrote in that understanding the different parts is very confusing. Some people said all of the above. Challenges with mental health providers, making sure people are signed up for the right plan, dual eligibility. Some questions about Part D coverage. So this is great. We're going to get into all of this in the next few minutes. So go ahead and keep those chats coming and we'll go ahead and continue the webinar.

Mira Levinson: So let's start with how people with HIV typically become eligible for Medicare. Historically, most Medicare beneficiaries living with HIV have been under 65 and qualified for Medicare because of a disability, but this is changing and it's now more important than ever to understand the basics of age based Medicare eligibility. So to enroll in Medicare an individual must be a US citizen or a legal resident for at least five years. There are some exceptions there. The pathways for legal permanent residents who have not been here for at least five years can be complicated. So in that particular case we recommend checking in with your local Social Security Administration office about your client's particular

situation. But generally speaking, there are three primary ways that people with HIV can qualify for Medicare. Being at least 65 years old, being under 65 with a qualifying disability, or having end stage renal disease. CMS actually has some great calculators you can use with your clients to determine Medicare eligibility and calculate premiums. So we're going to chat out that link now, and I'm going to get into the first two pathways.

Mira Levinson: So as I just noted, US citizens and eligible legal residents qualify for Medicare when they turn 65. Molly is going to walk through the different parts of Medicare in just a moment. So for now just note that Medicare part A is hospital coverage, and in order to qualify for Medicare Part A hospital services without paying a monthly premium individuals need to have at least 40 quarters of Social Security work credit. People earn work credits while working in a job and paying Social Security taxes. Work credits are based on your total yearly wages or self-employment income. In general, people earn about four credits each year, but that amount needed for a work credit changes from year to year. So 40 quarters of credit equal about 10 years worth of work.

Mira Levinson: There are four primary ways that people may enroll into Medicare based on their eligibility. First, anyone who claims Social Security benefits before the age of 65 will be automatically enrolled in Medicare Parts A and B when they're eligible for Medicare at age 65. Their Medicare will come in the mail three months before their 65th birthday. The earliest someone can start receiving Social Security retirement benefits is age 62. The second way to enroll is for people who are about to turn 65 but have not yet started to receive Social Security retirement benefits. These individuals can enroll in Medicare during their initial enrollment period or IEP. The IEP is a seven month period that starts three months before someone turns 65, includes the month they turn 65 and ends three months after they turn 65. If someone signs up for Medicare during the first three months of their IEP, in most cases their coverage will start the first day of the month they turn 65. The third option is for people that are still covered by employer insurance, typically their own or a spouse's.

Mira Levinson: Individuals that are still covered by employer insurance are not required to sign up for Medicare at age 65. These individuals will instead qualify for an eight month special enrollment period when their employer coverage ends. Finally, there is a general enrollment period for people who missed their initial enrollment period or did not qualify for a special enrollment period. The general enrollment period runs from January 1st to March 31st annually and coverage does not start until July 1 of that year. It's very important to know that some

individuals may have to pay a higher Medicare Part A premium and may face a Part B late enrollment penalty in this category.

Mira Levinson: So certain people under the age of 65 are eligible for Medicare if they have a medical condition that meets the Social Security requirements for disability insurance or SSDI and have worked in jobs covered by Social Security. After someone receives SSDI payments for at least 24 months they're automatically eligible for Medicare Parts A and B. In general, to qualify for SSDI Social Security requires that a person's disability be severe enough to prevent them from doing any sort of substantial gainful employment for at least a year or more. While HIV is one of the medical conditions that Social Security considers for a disability, HIV status alone generally does not qualify someone for SSDI. A person may qualify when they have either a serious HIV related condition, a qualifying CD4 count, repeated hospitalizations or repeated manifestations of HIV that result in functional limitations. Also, a person with HIV who does not qualify for SSDI under these HIV rules can still qualify by meeting the medical requirements for another physical or mental condition.

Mira Levinson: So, let's pause for a couple of knowledge checks just to see how you all are doing and we're going back to meet Sandra. Now a year has gone by and Sandra is 65 and she's still working. So the question here is, what additional criteria does she need to meet to be eligible for Medicare? So in order to be eligible for Medicare does she need to have 24 quarters of work credit, 40 quarters of work credit or none of the above? I'm just going to give you all another second or two to respond, because lots more responses are coming in. Almost ready to close the poll. All right, so there are actually two possible answers here. Sorry. If Sandra wants premium free Medicare Part A, then she needs those 40 quarters. Of course, that's probably what she does want. However, she does technically qualify already because she's 65, but if she doesn't have those 40 quarters she would have to pay a part A premium. So the big takeaway here is that people need those 40 quarters in order to qualify for premium free Part A.

Mira Levinson: Now let's go onto another knowledge check about Sandra. So, Sandra missed her initial enrollment period and does not qualify for an SEP. She must wait for the general enrollment period next January. So if someone enrolls during the general enrollment period, when will their Medicare coverage start? Take a look at the pop up on your screen and let's give everyone just a moment to put in your responses. Will her Medicare coverage start in February 2021, April 2021, or July 2021? I'm going to give you all just about another two seconds to answer. The answer is C, the general enrollment period runs from January 1 to

March 31 annually, but no matter when you enroll during that period of time, the coverage for everyone begins on July 1 of that year.

Mira Levinson: All right, let's continue. To the ACE TA Center has developed a variety of Medicare basics resources for staff. For example, this one, The Basics of Medicare for Ryan White HIV/AIDS Program Clients covers the common Medicare eligibility pathways for people with HIV, the different parts of Medicare, how you can support Ryan White Program clients to enroll in Medicare and how the Ryan White Program helps clients with Medicare costs.

Mira Levinson: So, now I'm going to turn it over to Molly to walk through the different Medicare parts and also to share some information about how eligible clients can get financial help for Medicare.

Molly Tasso: Great. Thank you so much, Mira. So let's dive into the actual parts of Medicare. So there are four parts to Medicare. The first is Medicare Part A, which is hospital coverage, and this covers inpatient hospital care, surgery, lab tests, skilled nursing facility care, hospice care and home healthcare among other things. Medicare Part B includes medical coverage for services from doctors and other healthcare providers including outpatient care, some preventive services and home healthcare. Medicare Part B also covers medications administered by a physician as well as durable medical equipment. Medicare Part D provides coverage for outpatient prescription drugs including HIV antiretroviral medication, and we'll talk a little bit more about this throughout the session.

Molly Tasso: Even though there are multiple parts to Medicare, clients will only enroll in one of two ways. So the first main Medicare enrollment option is through original Medicare, which includes Medicare Parts A, hospital coverage, and Part B, medical coverage. Some people also call this traditional Medicare, and original Medicare does not include prescription drug coverage. People must purchase supplemental Part D prescription drug coverage in order to have that coverage available. Original Medicare plans are administered by the federal government.

Molly Tasso: While Original Medicare pays for most of the covered services and supplies, supplemental insurance plans known as Medigap policies can help cover some costs of Medicare Part B, A and B coverage, such as copays and deductibles. Medigap policies are sold by private insurance companies and they are standardized by state and federal law and must be clearly identified to consumers as Medicare supplemental insurance. A person must have Original Medicare, so parts A and B, to enroll into a Medigap policy. You cannot be enrolled into both a Medicare Advantage plan, which I'll talk about next, and the

Medigap policy. These policies do not cover costs for Medicare Part D prescription drug coverage, such as copay, coinsurance and deductibles.

Molly Tasso: So Medicare Advantage plan. These are also now called, they're Part C. These are plans that bundle Part A hospital coverage, Part B medical coverage and Part D prescription drug coverage, and collectively this has been called Medicare Advantage, also known as Medicare Part C. These plans may or may not have a monthly premium and your ADAP may be able to help pay for this. Unlike original Medicare, these plans are administered by private insurance companies that contract with the federal government. Plans are generally either an HMO or a PPO plan with a specific network of preferred providers. Enrollees may need to get some services approved ahead of time or get a referral to see a specialist, and Medicare Advantage plans are permitted to implement step therapy to manage drug coverage. In addition to bundling hospital, medical, and prescription drug coverage these plans may offer extra benefits that original Medicare plans do not, such as dental services or vision services.

Molly Tasso: Most Ryan White programs recommend that clients enroll into original Medicare, although this decision really depends on the Medicare advantage plans in your area. So we strongly encourage folks to review the Medicare Advantage plans that you might be able to enroll into, and determine whether or not it might be good for an individual to enroll into.

Molly Tasso: There are some gaps in original Medicare coverage that again, are important to cover. So the current Part A deductible is $1,408, which is based on a 90 day benefit period. A beneficiary could face this deductible more than once a year if they have multiple hospitalizations. So that's something to keep in mind. Once the Part A deductible is met, beneficiaries could face additional charges for hospitalizations that exceed 60 days, skilled nursing care that exceeds 20 days, and blood products in excess of three pints. Additionally, the current Part B deductible is $198, which is an annual deductible, which is once a year. After the Part B deductible is met, Medicare will pay 80% of Medicare approved charges and then the beneficiary will be responsible for the remaining 20%.

Molly Tasso: Given these gaps, some people may choose instead to opt then for a Medicare Advantage plan, and there are some considerations to keep in mind when shopping for these plans too. So first, beneficiaries shopping for Medicare Advantage plans may not be able to find a plan that works with all of their providers, meaning making sure all of their providers are in a plan's network. They could face higher out-of-pocket costs to see an out of network provider or if they travel to different states at any point during the year that could be the

case as well. Also, keep in mind that all these plans have copays or coinsurance that a beneficiary is responsible for. When shopping for a plan we encourage folks to visit the Medicare.gov website, which allows beneficiaries to compare advantage plans to find the plan that best works for them and has the least number of restrictions. Like Part B plans, these restrictions include a medication not being on formulary or not being covered by a particular plan, or quantity limit issues that would require provider outreach to get a prior authorization or an exception for certain medications.

Molly Tasso: Given these types of restrictions, Medicare Advantage plan is maybe a better option for clients with less complex medical needs and also for those who don't often travel outside of their state, as costs for high level care and hospitalizations can certainly add up.

Molly Tasso: Lastly, a key component of Medicare coverage is dual eligibility, which is eligibility for both the Medicare and Medicaid program. Most Medicare beneficiaries with HIV, close to 70%, are dually eligible for these two programs. For dual eligible beneficiaries Medicare pays for covered medical services before Medicaid. The Medicaid may cover medical services or costs that Medicare cannot cover or partially covers. I know this can be quite confusing, but we're going to be introducing some helpful resources later that ACE has put together to help you through all of this.

Molly Tasso: For Ryan White Program clients, the Ryan White Program will continue to be the payer of last resort and will continue to pay for Ryan White Program services that are not covered or partially covered by Medicaid. Many dual eligible clients also qualify for extra help paying for Medicaid Part D prescription drug coverage if they're eligible for a low-income subsidy also called the Extra Help program, which I will talk about next.

Molly Tasso: The Medicare Savings Programs, MSPs, are also known as Medicare buy-in programs or Medicare premium payment programs. These are programs administered by each individual state for income eligible Medicare beneficiaries. These programs help pay for some or all of an enrollee's Medicare premiums and their out-of-pocket expenses and they help people with limited income and assets. The Extra Help program, which is also known as the Part D Low-Income Subsidy program helps pay for some or most of the out-of-pocket costs associated with Medicare prescription drug coverage, again, also known as Medicare Part D. Medicare Savings Programs are paid for my state Medicaid programs, and with one exception, clients who are approved for a Medicare Savings Program are automatically eligible then the Extra Help program

Molly Tasso: So like I said, to help Ryan White Program staff and program administrators understand new types of financial assistance available for Medicare we put together this resource shown on the slide called Financial Help for Medicare. It provides an overview of the Medicare Savings Program, the Extra Help program and other sources of financial help for Medicare costs, including the eligibility criteria for this program and how to support clients to get help paying the Medicare premiums and out-of-pocket costs.

Molly Tasso: Lastly, the alphabet soup of Medicare can be confusing, so for consumers we've created this great resource called the ABCDs of Medicare Coverage. It really goes through, it provides really what I've just walked through, a great explanation of the different parts of Medicare, including the difference between Original Medicare and Medicare Advantage plans that should be taken into account when enrolling into Medicare.

Molly Tasso: So, I'm going to hand it back now to Mira, who is going to walk us through the topic of Medicare prescription drug coverage for people living with HIV.

Mira Levinson: Great. Thanks, Molly.

Mira Levinson: So, as Molly explained, there are a couple of different ways to get Medicare prescription drug coverage, either by purchasing an optional Medicare Part D prescription drug coverage plan after enrolling in original Medicare Parts A or B, or by enrolling in a Medicare Advantage plan that bundles the prescription drug coverage along with the Part A and B hospital and medical coverage. All Medicare prescription drug plans must provide a standard level of coverage by Medicare, but they may offer different combinations of coverage and cost sharing. Medicare drug plans may differ in the prescription drugs they cover, how much individuals have to pay, and which pharmacies they can use. That said, all Medicare prescription drug plans are required to cover all or nearly all drugs in what are called six protected drug classes. This includes antiretroviral treatments for HIV. All Medicare prescription drug plans must cover HIV drugs without any utilization management such as prior authorization or step therapy.

Mira Levinson: Similar to the Medicare Part B late enrollment penalty, there's also a late enrollment penalty for people who choose not to enroll in prescription drug coverage when they are first eligible at any age. The penalty will be in addition to their monthly premium for as long as they have a Medicare drug plan. Although over time the Part D penalty does become significantly smaller than the Part B penalty. There is an exception to the Medicare Part D late enrollment penalty. People that already have other creditable prescription drug coverage

when they apply for Medicare, such as through an employer sponsored plan can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later. Other creditable prescription drug coverage is coverage that provides at least as much as Medicare's standard prescription drug coverage. It's important to know that ADAP is not considered creditable prescription drug coverage. If clients have questions about whether their current prescription drug coverage is creditable, they should speak to someone at Social Security, Medicare or their employer's human resources department.

Mira Levinson: So, now you may have heard about the Medicare donut hole or coverage gap for prescription drug coverage. The donut hole refers to the gap when a Medicare beneficiary's initial Medicare prescription drug coverage has ended but they don't yet qualify for what's called catastrophic coverage. You enter the donut hole when your total drug cost, including what you and your plan have paid for your drugs, reaches a certain limit. In 2020 that limit is $4,020. When someone is in the donut hole, the amount they pay for prescription drugs will be higher until they've met the limit for true out-of-pocket costs, which is $6,350 in 2020. Once you and your plan meet that limit you reach this catastrophic coverage threshold and you pay significantly lower costs for the remainder of the year. The plan resets again each year. The good news is that ADAP expenditures for clients with Medicare Part D coverage do count towards their true out-of-pocket costs, and that can help clients reach their catastrophic coverage level and get past the donut hole factor. So check with your local ADAP about how they can help clients pay for drug coverage in the Medicare donut hole.

Mira Levinson: Now, let's do another knowledge check. What happens to a person's prescription costs when they enter the donut hole? Will those costs go up, down, or will those costs stay the same? So I'm going to give you all just a moment to respond. I see answers coming in quickly. Again, when the person enters that donut hole do you expect that their costs will go up for prescription, down, or stay the same? So the answer here is A. When someone is in the donut hole the amount they pay for prescription drugs will be higher until they've met the limit for true out-of-pocket costs. Again, be sure to check with your local ADAP about how they can help clients pay for drug coverage in the donut hole. This ACE TA Center resource called Medicare Prescription Drug Coverage for Ryan White HIV/AIDS Program Clients provides an overview of Medicare prescription drug coverage for Ryan White clients and other people with HIV, including everything I just talked about and more.

Mira Levinson: So we're almost ready to start taking questions. Please, keep those coming, but first I'm going to turn it over to Stacey to share some enrollment best practices.

Stacey Moody: Great. Thanks Mira and Molly for all that great information that you shared on the webinar as well as the resources that were chatted out. I think those will help address some of the challenges that webinar participants raised in their chat. Like Mira said, we've also been monitoring your questions throughout the webinar and we will have time at the end to address questions. But before we wrap up, we did want to share some best practices for supporting enrollment, whether that's into the Marketplace or Medicare or other types of healthcare coverage.

Stacey Moody: First, we strongly encourage individuals to receive one-on-one enrollment assistance, especially if this is their first time enrolling into health coverage. We strongly encourage Ryan White Program jurisdictions and their organizations to have enrollment assisters or benefit specialists on staff who are able to answer the questions not only about health coverage, but who understand the unique health coverage needs for people with HIV. For people who work in states that use a federally facilitated HealthCare.gov Marketplace, we encourage HIV programs staff to take the free certified application counselor training to become a CAC themselves. For individuals that are enrolling into Medicare there's also the SHIP, which stands for the State Health Insurance Assistance Program. This provides free one-on-one insurance counseling to Medicare eligible individuals, families, or caregivers. We encourage case managers and other program staff to research the SHIP options that are available in their state and be ready to refer clients as needed. Hey, or even better yet, consider having a staff member trained as a SHIP counselor themselves.

Stacey Moody: So depending on the size of your HIV program, it may make more sense for you to establish a strong relationship with an external enrollment partner or to refer your clients out for enrollment services. If this is a more realistic position for your program there's a number of considerations to think about when you're establishing this relationship, and which we'll cover in the next slide. But before moving on I wanted to just refer you to some resources that you can check out that are training resources provided by CMS, which includes links to the recently released 2021 CAC training.

Stacey Moody: All right, so if your HIV program does decide that it's better to partner with an external organization, remember that they may be the experts on health [inaudible 01:05:56] enrollment but you're the experts on HIV and the Ryan White Program, and as such you should take the time to educate your

enrollment partners even if it's offering a training on the unique healthcare needs of people with HIV as well as how the Ryan White Program intersects with and supports health coverage for Ryan White Program clients. So this may include any financial help or plan recommendations that the local Ryan White Program or ADAP might provide. External partners may include CAC organizations or larger health centers that have enrollment specialists already on staff, or even insurance agents or brokers.

Stacey Moody: So regardless of who you partner with, really as with any relationship, it's important to build trust between all the parties and to offer support, especially during those busy times of year which open enrollment is definitely one of those busy times of year. To help train external enrollment partners the ACE TA Center has a few resources that were specifically designed for enrollment specialists who are new to enrolling people with HIV.

Stacey Moody: The first one is a one page fact sheet about medications and care needs as well as enrollment concerns and how the Ryan White program may be able to provide financial assistance for health coverage. Then the second resource is a short animated video that provides essential tips to assisters who may be new to supporting people with HIV.

Stacey Moody: So at this point I think we've covered many of the basics of health coverage enrollment and strategies and resources, especially if you're a new program staff. At this point I'd like to turn it back over to Mira who is going to help facilitate us through our question and answer period.

Mira Levinson: All right. Thank you, Stacey. Thanks also to Molly for her great presentation. So let's go ahead and take some questions. As a reminder, if you do have questions, please go ahead and submit them to us using the chat feature now.

Mira Levinson: So let's go ahead and start with a couple of questions related to ADAP and premium tax credit. So these questions, I'm going to read both of them and they Stacey maybe you can take them. The first is, should we choose for a client to receive a premium tax credit if our ADAP program is paying their premium? The second question is, if someone uses the advanced premium tax credit and their income at the end of the year is higher than what was reported during application of the Marketplace, does the individual have to pay back a portion of their APTC?

Stacey Moody: Great. Yeah, Mira. I'm happy to answer those. In regards to the first question of whether they should choose for a client to receive the premium tax credit if

their ADAP is already paying their premium, this is a great question. The answer to this is really up to the individual state ADAP program. However, we have found that most ADAPs do encourage people to take the advanced premium tax credit, especially if they're getting financial help from the Ryan White Program. This makes it more likely that the clients will not owe money at the end of the year.

Stacey Moody: In regards to the second question around someone using the advanced premium tax credit in their income at the end of the year, if it's higher than it was reported on the application to the Marketplace if they're going to have to pay back a portion. Yes, this is true, that a person may owe money if their income did increase during the year and they got too much advanced premium tax credit. So in order to avoid that situation, one best practice that we recommend is having the client update their Marketplace application with any income changes during the course of the year. That way that it can adjust and they may not be in that situation where they do owe at the end of the year because of a change in their income.

Mira Levinson: All right, great. Thank you, Stacey. So our next question is related to special enrollment periods for people that lost their jobs in 2020. So Molly, can you talk a little bit about the limitations and sort of expanded opportunities around special enrollment periods for 2020?

Molly Tasso: Yeah. So thank you to some very astute webinar participants who noted that there is currently a FEMA special enrollment period right now that allows people who lost coverage at any point this year, so since January 1st, 2020, not just within the last 60 days, to enroll into health coverage if they one, resided in an area affected by a FEMA declared emergency such as COVID-19, and also if they were eligible for an SEP such as loss of coverage and they were unable to enroll during that, with that SEP during the 60 days because they were impacted by the FEMA declared emergency.

Molly Tasso: So right now the entire country is under a FEMA declared emergency due to COVID-19. So practically everyone who does qualify for this sort of extended period of time to enroll into a new plan if because of COVID they were unable to access and enroll into a plan during the sort of time right after they may have lost their jobs or experienced income changes.

Molly Tasso: I see someone had chatted earlier that they're now helping people enroll folks who lost coverage back in February, which is wonderful to hear that that work is being done. So thank you so much for pointing that out everyone. We do have

more information on that I believe on our website that we can probably chat out a link or maybe perhaps we can include in the follow-up email some additional information after this webinar, some additional information about the specific FEMA SEP.

Mira Levinson: All right. Thank you, Molly, for that. All right, we're going to take some more questions here. We had a question from someone who is facing some additional challenges related to some of the sort of social and physical distancing practices that people are putting into place. This person is asking currently they're trying to figure out how to do enrollment through special enrollment periods as well as initial enrollment periods and they're doing that over the phone. So they're asking whether patients need to find other pieces of documentation consenting to assist in plan selection over the phone. For this there's a lot of different strategies that people are employing. You can get permission for all of these things remotely. They don't have to be joining you in person, and I would encourage everyone who is wondering about remote enrollment practices to check out our July 15th webinar. We can chat a link out to that right now. The title of that webinar was called Get Ready to Enroll: Remote Enrollment Strategies, Open Enrollment Updates, and Tips for Working with Clients. On that webinar we had a guest presenter that shared a whole variety of different remote enrollment practices and we highly encourage everyone to check that out. If you're on our email list, the ACE TA Center will also be sending out some more information about this very soon in terms of processes for remote enrollment.

Mira Levinson: We also had a person ask if they ... How to manage the fact that their patient had a baby a couple of weeks ago and they're wondering if they should add the baby to their current insurance or wait for enrollment or apply for Medicaid. So the answer there is definitely you're going to want to have coverage from the beginning, and this will give you a special enrollment period. The reason this is an important question to think about is special enrollment periods are going to give you 2020 coverage. If you wait until open enrollment, that open enrollment period that opens in November is not going to give you coverage until the 2021 calendar year. So it's really two different things. Anybody who applies during a special enrollment period for 2020 coverage still needs to go ahead and enroll during 2021 open enrollment coverage that starts in November.

Mira Levinson: So let's go ahead and take a look to see if there is any other questions that are coming in. We have one that is asking about ADAP and whether ADAP can help pay for Medicare Part D coverage. So according to HRSA HAB PCN 18-01 and we can shout a link out for that shortly. Yes, everyone should know that Ryan White

Program funds may be used to pay for Medicare premiums and cost sharing associated with Medicare Parts B, C, and D coverage when doing so is determined to be cost effective and coverage includes outpatient services and prescription drug coverage. So check out that PCN 18-01 for detail. Check with your ADAP program to find out exactly how they are able to help with Medicare Part D coverage assistance.

Mira Levinson: All right [crosstalk 01:16:16].

Molly Tasso: Mira, can I pop in with ... Mira, this is Molly. Can I pop in with an answer to a question around FEMA declared emergencies and other-

Mira Levinson: Yes, please.

Molly Tasso: Yes. So I realized too, and we got a couple questions about this, in addition to COVID-19 unfortunately there are also individuals experiencing wildfires and hurricanes. So there are in terms of natural disasters there are oftentimes cases where individuals living in counties or states who have been impacted by natural disasters, such as wildfires and hurricanes, will have access to a special enrollment period. So on the marketplace website, HealthCare.gov, you can actually on the website they list sort of current natural disaster or declarations of emergency that are in place. The website does have information about whether or not that provides individuals access to an SEP and also usually specifically what counties a person would have to live in that have been declared emergency. So I just wanted to acknowledge that in addition to Covid there are other life circumstances that may impact the availability of an emergency declaration SEP.

Mira Levinson: Thanks, Molly. Yeah, feel free to jump in any time Molly and answer questions as we go. So, another question we have, actually we had two people ask about what to do with clients who move between one state and another. These folks are asking whether the client will still qualify or whether they will newly qualify if they didn't have insurance in the state they moved from or even if they did. So in most cases moving to another state would actually qualify someone for a new special enrollment period. If someone moves, it's definitely a good idea to check and see what they're eligible for in their new state. That state may have different and more expansive or more limited coverage options, and certainly this is a window during which the client can explore those options.

Mira Levinson: So, I'm just looking through to see if there's any other questions coming in. Just bear with me a moment, please. Molly, do you feel like you've answered all of these questions regarding the different kinds of FEMA emergencies?

Molly Tasso: Yes. I believe so. In the follow-up email that we'll send after this webinar let's plan to include a link to a couple websites that people can check to see if they may live in an area that's been declared under an emergency.

Mira Levinson: Okay, great. I think maybe we can get to this question related to a qualifying CD4 count for Medicare eligibility. So basically a couple of different people are asking sort of how does somebody qualify for Medicaid based on disability if HIV isn't enough. There's a lot of sort of complexities to that answer, but at its most basic what you need to keep in mind is that individuals need to have received SSDI, Social Security Disability Insurance payments for at least 24 months. Remember that HIV status alone generally does not qualify someone for SSDI. So they basically need to either have had or have a serious HIV related condition, a qualifying CD4 count, repeated hospitalizations or repeated manifestations of HIV that result in functional limitation. Also, please remember that people with HIV who don't qualify under those HIV rules can still qualify by needing medical requirements for another physical or mental condition.

Mira Levinson: So let's look and see if any more questions are coming in. I know that we've also been able to respond to a number of people privately and it also looks like we're running pretty tight on time here. So I think Molly, unless you have anything urgent that you would like to respond to, we can go ahead and wrap up for today. For folks who have questions that you submitted that you didn't quite get an answer to, if you'd like to email us, let us know, we can correspond. Just email us at acetacenter@jsi.com.

Mira Levinson: Before we wrap up I just want to remind everyone to please keep your webinar window open to complete the evaluation when it pops up after the webinar so that we can learn how today's webinar went and how we might be able to improve what we do for you going forward. Please be sure to sign up for our email list if you haven't already and ask your colleagues to do the same, especially if they are new to this work. You can sign up for our email list, download materials, access archived webinars and more at targethiv.org/ace. Email us any time at acetacenter@jsi.com. Thanks everyone for joining us and have a great afternoon. Goodbye.