

Part II: Medicare Enrollment and Coverage for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center
June 9, 2021





Resource Links | June 9th, 2021

Medicare Basics Part II: Medicare Enrollment and Coverage for Ryan White HIV/AIDS Program (RWHAP)

Slide 6:

Visit us at www.targethiv.org/ace

Slide 12:

View the on-demand recording at www.targethiv.org/ace/webinars

Slide 14:

Compare Medicare coverage options in your area: <https://www.medicare.gov/plan-compare>

NASTAD ADAP directory: <https://www.nastad.org/resource/adap-coordinator-directory>

Slide 16:

When to join, switch, or drop a plan - <https://www.medicare.gov/sign-up-change-plans/joining-a-health-or-drug-plan>

Slide 20:

Where to go to enroll: <https://www.ssa.gov/benefits/assets/materials/medicare/medicare-flyer.pdf>

Slide 24:

One-On-One Medicare Enrollment Assistance for RWHAP Clients:

<https://targethiv.org/library/ace-one-one-medicare-enrollment-assistance-ryan-white-hiv-aids-program-clients>

Slide 34:

Transitioning from Marketplace to Medicare Health Coverage:

<https://targethiv.org/library/ace-transitioning-marketplace-medicare-health-coverage-ryan-white-hiv-aids-program-clients>

Slide 36:

PCN 18-01 Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance:

<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>

Slide 41:



Resource Links | June 9th, 2021

Medicare Basics Part II: Medicare Enrollment and Coverage for Ryan White HIV/AIDS Program (RWHAP)

Low Income NET (LINET) program: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET>

Slide 42:

Financial Help for Medicare: <https://targethiv.org/library/ace-financial-help-medicare-medicare-savings-programs-and-extra-help-program-rwhap-clients>

Slide 45-47:

ACE Medicare Tools: <https://targethiv.org/ace/medicare>

Slide 48:

View the on-demand webinars: <https://targethiv.org/ace/webinars>

Slide 49:

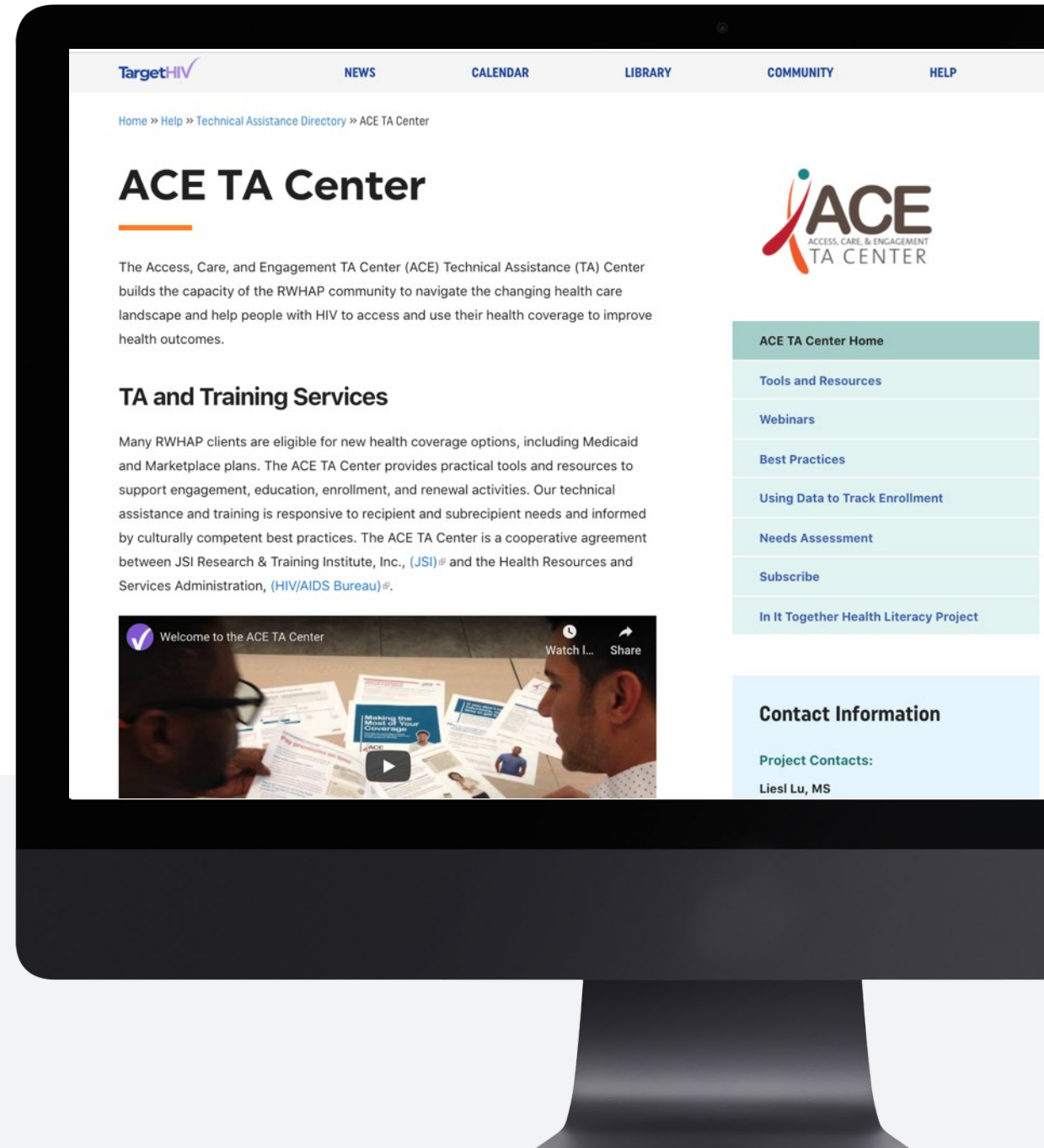
ACE blog on expanded eligibility and financial subsidies:
<https://targethiv.org/blog/american-rescue-plan-affordable-insurance>

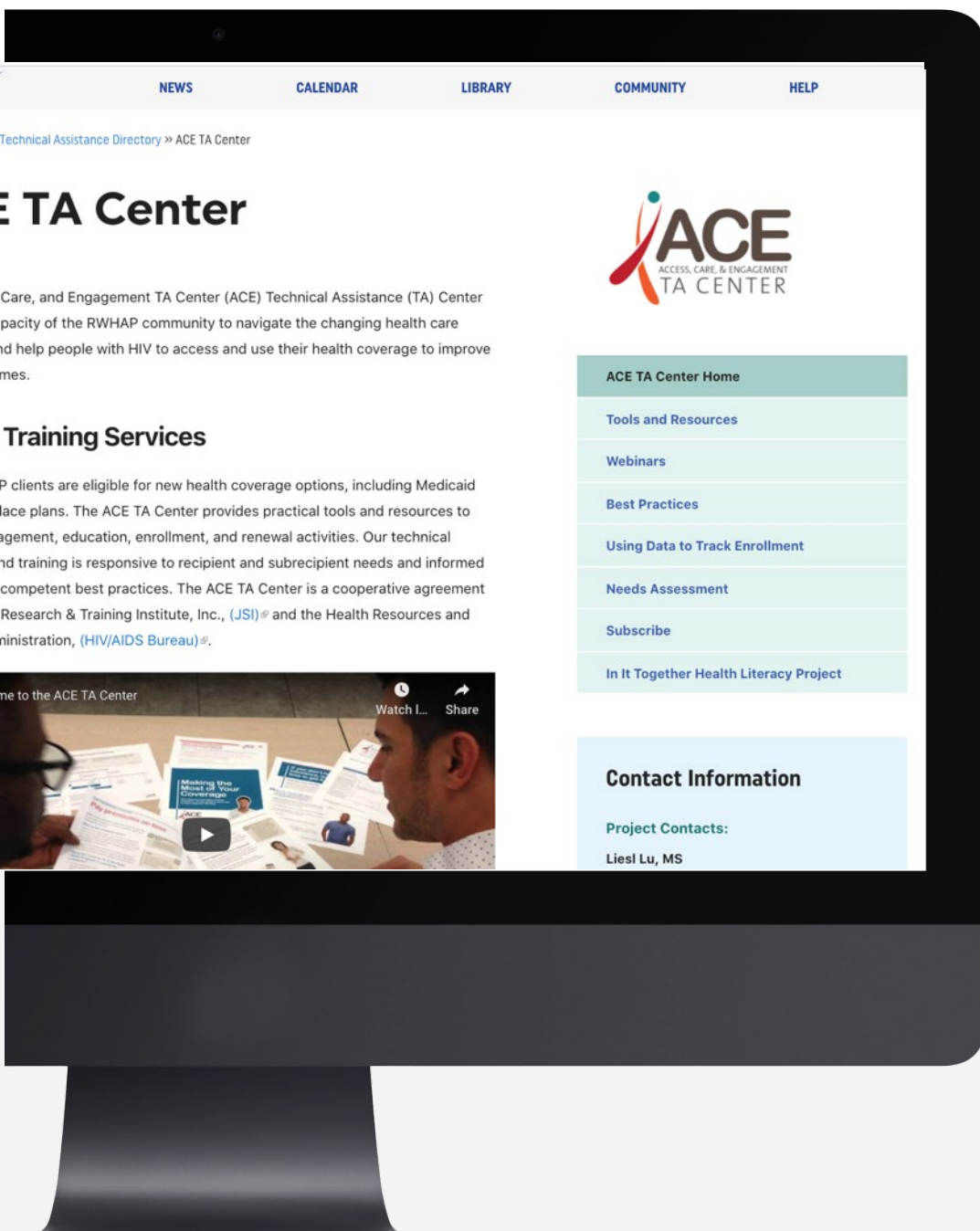
How to ask questions

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

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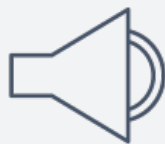




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Password: ACE0609





The ACE TA Center

helps organizations



Engage, enroll, and retain

clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).



Communicate with RWHAP clients

about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.



Improve the clarity

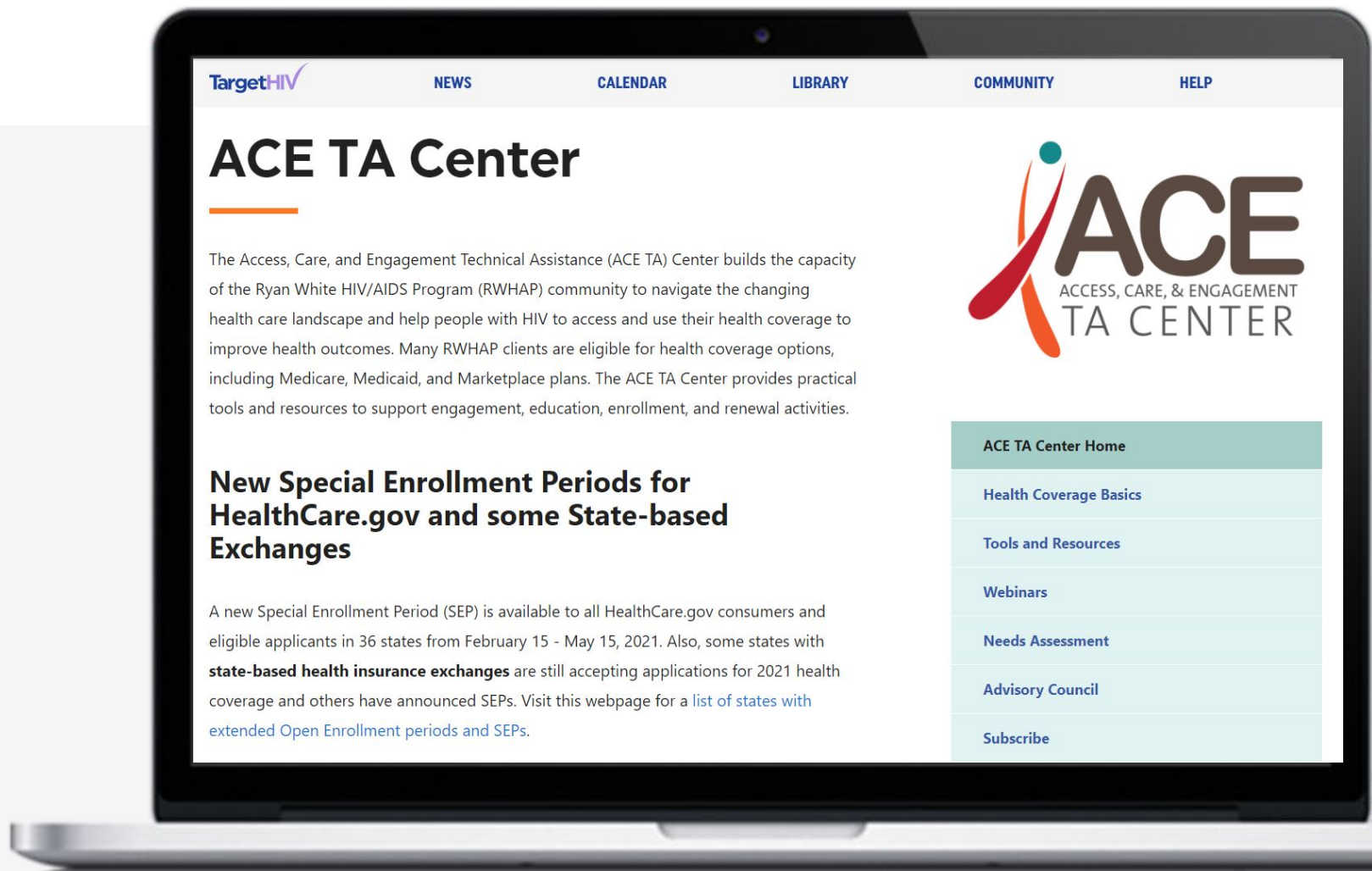
of their communication around health care access and health insurance.



- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators and other in-person assisters that help enroll RWHAP clients

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Roadmap for today's webinar



Today's presenters



Liesl
Lu



Christine
Luong



Rosalyn
Murga



Rachelle
Brill



Amy
Killelea

Audience Poll #1

How ready is your organization to assist clients with Medicare enrollment?

- We are experts and we stay up-to-date on enrollment best practices.
- We have some experience and we partner with external enrollment specialists.
- We have some experience and we are building our in-house capacity.
- We have little experience and are exploring ways to improve.
- Other (chat in your response)

Audience Poll #2

Are you working on building your in-house Medicare enrollment capacity? If so, what areas do you need help with?

Let us know in the chat!

Recap: Medicare basics



Recap: Part I

- In Part I, we covered:
 - The changing demographics of RWHAP clients
 - Medicare eligibility for people with HIV
 - The different parts of Medicare
 - Medicare prescription drug coverage for people with HIV
 - Medicare enrollment pathways
- View the recording at targethiv.org/ace/webinars

Primary criteria for Medicare eligibility




To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).

Three potential pathways:

- Age 65 or older
- Under 65 with a qualifying disability
- Have end stage renal disease

Comparing coverage and costs

- The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.
- Shop and compare Original Medicare and Medicare Advantage Plans at www.medicare.gov

| Original Medicare (Parts A and B)   | Medicare Advantage (also called Part C)  |
|---|---|
| <p>Includes:</p> <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) <p>Clients can purchase:</p> <ul style="list-style-type: none"><input type="checkbox"/> Part D (prescription drug coverage)<input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy <p>Plans administered by:</p> <ul style="list-style-type: none">▪ The federal government | <p>Includes:</p> <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) <p>Most plans include:</p> <ul style="list-style-type: none">▪ Part D (prescription drug coverage) <p>Some plans also include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Lower out-of-pocket costs<input type="checkbox"/> Extra benefits <p>Plans administered by:</p> <ul style="list-style-type: none">▪ Private insurance companies that contract with the government |



Claiming Social Security Disability Insurance (SSDI) – under age 65

A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.



Claiming Social Security Retirement Benefits – age 62 to 65

A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare at 65.



Initial Enrollment Period (IEP) - turning 65

3 months before they turn 65

the month they turn 65

3 months after they turn 65

65



Special Enrollment Period (SEP) - age 65+

8 month window to apply after losing employer sponsored coverage.



General Enrollment Period (GEP) - age 65+

Runs January 1 to March 31 annually for those who missed the IEP. Coverage starts on July 1 of that year.



Overview of Medicare enrollment pathways

Changing Medicare plans after enrollment

Change Medicare health or prescription drug coverage for 2022



October 15–December 7, 2021

Change Medicare health or prescription drug coverage for 2022. This includes returning to Original Medicare or joining a Medicare Advantage Plan.

New coverage begins January 1, 2022.

Change from Medicare Advantage Plan to a different plan



January 1–March 31, 2022

Change from Medicare Advantage Plan to a different plan or switch back to Original Medicare.

Any changes will be effective the first of the month after the plan gets the request.

Audience Poll #3

What are the top challenges at your organization related to Medicare enrollment and coverage? (Check all that apply.)

- Determining whether clients are eligible for Medicare
- Assisting clients with deciding when to enroll
- Assisting clients who are eligible for both Medicare and Medicaid
- Helping clients transition to Medicare from another type of coverage
- Referring clients for external Medicare enrollment support
- Other (chat in your response)

Enrollment support



Best practices to support Medicare enrollment

- **Ensure continuation of coverage:**
 - Confirm with clients that their current providers accept Medicare:
www.medicare.gov/physiciancompare
 - Help clients compare Medicare drug plans in their area and choose one that covers their HIV medications and other medications.
 - The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.

Best practices to support Medicare enrollment

- **Actively enroll** at www.ssa.gov/medicare
 - A small subset of people are automatically enrolled. This is a unique situation and most people need to actively enroll.
- **Avoid penalties:** Create automated reminders in EHR or ask medical case managers to flag clients approaching their 65th birthday.

Best practices to support Medicare enrollment

- **Provide one-on-one enrollment support:**
 - Establish a relationship with your local State Health Insurance Assistance Program (SHIP).
 - Support staff to become trained SHIP counselors.

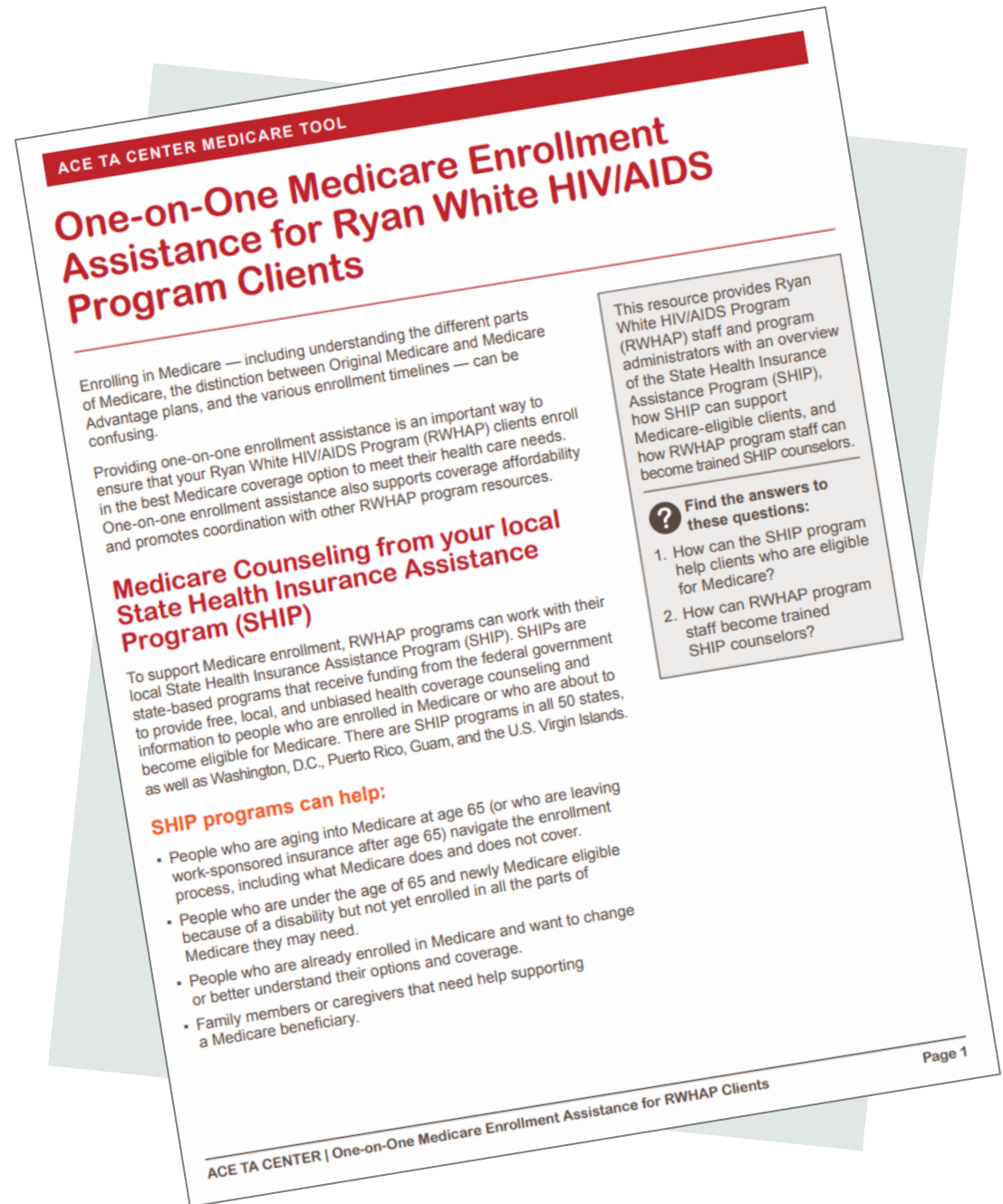
State Health Insurance Assistance Programs (SHIP)

- State-based programs that provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.
 - Review health or prescription drug plan options
 - Explore financial assistance options
 - Explain how Medicare works with supplemental policies, retiree coverage, Medicaid, and other insurers.
 - Help with complex issues such as dual eligibility for Medicaid and Medicare.
- Find a SHIP location near you:
<https://www.shiptacenter.org>

Train RWHAP staff as SHIP counselors

- Consider having a staff person trained as a SHIP counselor.
- **RWHAP and ADAP program staff are ideal SHIP counselors.**
 - They understand the eligibility requirements for both programs and the coverage needs of people with HIV.
- Training programs and certification requirements may vary by state.
 - Typically a blend of self-paced online training, webinars, and virtual or in-person group sessions.
 - Contact your local SHIP to learn more: <https://www.shiptacenter.org>

Tool: One-on-One Medicare Enrollment Assistance



Enrollment challenges



COMMON ENROLLMENT
CHALLENGE 1:

Avoiding penalties if deferring enrollment

- **Make sure RWHAP clients enroll in Medicare Part A and/or B when they are first eligible**, unless they have a legitimate reason to defer, such as:
 - Client is still working and has employer-sponsored insurance
- Help clients avoid the Part B late enrollment penalty (10%) and late enrollment coverage gap.
 - This is likely a lifetime penalty.

COMMON ENROLLMENT
CHALLENGE 1:

Avoiding penalties if deferring enrollment

- **Part D enrollment deferral** is generally easier to resolve and the penalty is significantly smaller.
- Beneficiaries under the age of 65 may be able to have their late enrollment penalties forgiven when they turn 65 .

Knowledge Check #1

Which of the following is a legitimate reason to defer enrollment in Medicare Part B?

- A. Having COBRA coverage
- B. Having employer-sponsored coverage
- C. Having retiree insurance
- D. All of the above

COMMON ENROLLMENT
CHALLENGE 2:

Medicare and employer insurance

- Are your clients considering deferring their Medicare enrollment to keep employer-sponsored insurance?
 - Make sure they talk with their employer's Human Resources (HR) department first.
 - The employer's HR department may be able to provide guidance.
- Clients on employer-sponsored insurance (through their own or a spouse's employer) can generally enroll into Part A and keep their employer-sponsored plan.
- A retiree plan or COBRA coverage does not protect an individual from the Part B late enrollment penalty.

Knowledge Check #2

What steps should RWHAP clients take if they are considering deferring Medicare enrollment in favor of employer-sponsored insurance?

- A. Contact their employer's Human Resources department to identify any potential conflicts
- B. Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- C. Time their Medicare Part B deferment during their Initial Enrollment Period
- D. All of the above

Recap: Transitioning from Marketplace coverage to Medicare

- People enrolled in Marketplace should enroll in Medicare during their **Initial Enrollment Period** to avoid late enrollment penalties.
- People are **NOT automatically terminated** from their Marketplace plans once they enroll in Medicare.
- Some Medicare beneficiaries **do NOT qualify for Marketplace plans** and will be dropped from coverage.

COMMON ENROLLMENT
CHALLENGE 3:

Medicare and Marketplace plans

- **Clients who are Medicare-eligible will likely lose eligibility to enroll in or continue Marketplace coverage.**
- Clients could have their Marketplace coverage terminated.
 - *Communications are often missed by clients who do not always open or understand their mail.*
- Depending on timing, clients could still enroll during their Medicare IEP, through a program called “equitable relief,” or during the next Medicare GEP.
- Encourage clients to visit SSA to troubleshoot problems.

Knowledge Check #3

True or false? Clients who are currently enrolled in Marketplace coverage will automatically be terminated from their plans once they enroll in Medicare coverage.

- A. True
- B. False

Tool: Transitioning from Marketplace to Medicare

ACE TA CENTER MEDICARE TOOL

Transitioning from Marketplace to Medicare Health Coverage for Ryan White HIV/AIDS Program Clients

Helping people enrolled in Marketplace health plans to transition smoothly to Medicare coverage once they become eligible can be a complicated process.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with the information to help their clients navigate the transition from Marketplace to Medicare and includes answers to the most frequently asked questions on this topic.

Key Takeaways:

1. Clients should enroll in Medicare when eligible.

When clients who are enrolled in Marketplace health coverage become eligible for Medicare, it's important that they enroll in Medicare for several reasons that are discussed in detail throughout this resource. Delaying enrollment or dropping Medicare coverage may result in financial penalties, and clients may miss out on more comprehensive and/or affordable coverage.

2. Enrollees may be able to keep their Marketplace coverage after transitioning to Medicare.

If a Marketplace enrollee wants to keep their Marketplace coverage in addition to Medicare, they can do so, but they need to terminate any Marketplace financial assistance (advance premium tax credits/cost-sharing reductions) they receive.

3. Medicare enrollees should drop Medicare coverage before enrolling in Marketplace.

It is not recommended for Medicare enrollees with HIV to change over to Marketplace coverage. They will need to drop their Medicare coverage first, and therefore will experience a gap in coverage. Also, if they receive premium-free Medicare Part A (hospital coverage), they will also have to repay the government for all the health care services they received while enrolled in Medicare, as well as their Social Security or Railroad retirement benefits.

4. Provide assistance with Medicare enrollment questions before assisting with Marketplace enrollment.

Overall, if someone is enrolled in or eligible for Medicare or does not know if they are eligible for Medicare, enrollment assisters should address any Medicare enrollment questions first, before assisting with Marketplace enrollment. Each state has a State Health Insurance Program (SHIP) that provides free help with Medicare enrollment.

Visit [TargetHIV.org](https://targethiv.org) for more Medicare resources for RWHAP clients and other people with HIV:

- The Basics of Medicare for RWHAP Clients
- Medicare Prescription Drug Coverage for RWHAP Clients
- How Medicare Enrollment Works

targethiv.org/ace/medicare

Financial Help



How the RWHAP can help

- According to HRSA HAB **PCN #18-01**, RWHAP 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/ambulatory health services (**Medicare Part B**)



- Prescription drug coverage (**Medicare Part D**) that includes at least one drug in each class of core antiretroviral therapeutics

- Note: RWHAP funds **cannot** be used to pay for Medicare Part A premiums.

Tips for helping clients use RWHAP with Medicare coverage

- Remind clients Medicare is their primary insurance. ADAP is always the payor of last resort.
- For clients with Medicare Advantage or Medicare Part D deductibles:
 - Clients should direct pharmacies to bill their Medicare prescription drug plans, not ADAP, in order to meet their deductible requirements.
- Premium amounts can change throughout the year. To avoid coverage termination or accruing past due amounts:
 - Clients and case managers should keep an eye out for notices in the mail about changes to their premiums so that RWHAP can help clients pay their premiums in full and on time.

Medicare Savings Program for Dually Eligible Clients

- Dually eligible people are eligible for both Medicare and Medicaid.
- Some dually eligible individuals qualify for Medicare Savings Programs (MSPs).
- MSPs are federally-funded, state-administered programs for **income-eligible Medicare beneficiaries** that help pay for some or all of an enrollee's Medicare premiums and out-of-pocket expenses.
- 4 types of MSPs (varies by state):
 - Qualified Medicare Beneficiary
 - Specified Low-Income Medicare Beneficiary
 - Qualifying Individual
 - Qualified Disabled and Working Individuals

Extra Help Program: Part D Low-Income Subsidy (LIS)

- A federal program that helps individuals pay for **some or most of the out-of-pocket costs** associated with **Medicare Part D** prescription drug coverage.
- Individuals can qualify for either full or partial assistance depending on their income and assets.
- Enrolling in the Extra Help program will **eliminate any Medicare Part D late enrollment penalties** that an individual may have incurred.

Other sources of financial help

- **State Pharmacy Assistance Programs** can help eligible people pay for their prescription drugs based on financial need, age, or medical condition.
- Some major drug manufacturers offer **Pharmaceutical Assistance Programs**, aka **Patient Assistance Programs**, for people with Medicare drug coverage who meet certain requirements.
- **Programs of All-Inclusive Care for the Elderly** for some dually eligible individuals who require a nursing home-level of care.

Other sources of financial help

- **LINET** – Medicare Limited Income Net program that provides temporary Part D coverage for those who were on Medicaid and are waiting for Part D to start.
- Other state and local resources.

Tool: Financial Help for Medicare

Financial Help for Medicare Medicare Savings Programs and the Extra Help Program for Ryan White HIV/AIDS Program Clients

What is a Medicare Savings Program?

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment programs, are federally funded 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 out-of-pocket expenses. MSPs help people with limited income and assets.^{1,2}

Clients who are approved for an MSP (with one exception, described below), are then automatically eligible for **Extra Help**, a federal program that helps pay for some or most of the out-of-pocket costs associated with Medicare prescription drug coverage (Medicare Part D).^{1,2}

Medicare Savings Programs are paid for by state Medicaid programs.

What Types of Medicare Costs Are Covered?

Medicare Savings Programs may be able to pay the monthly premium for Original Medicare (Medicare Parts A and B) and other out-of-pocket costs (such as deductibles, co-insurance, and copayments), depending on the specific program.^{1,3}

Most enrollees may already qualify for **premium-free Medicare Part A** coverage if they or their spouse paid Medicare taxes while working for a certain amount of time (roughly 10 years of full-time work).

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of Medicare Savings Programs and Extra Help eligibility and coverage for RWHAP clients.

? Find the answers to these questions:

1. What are the different Medicare Savings Programs?
2. What is the Extra Help program?
3. How can you support RWHAP clients to enroll in Medicare Savings Programs?
4. What are other sources of financial help for Medicare premiums and out-of-pocket expenses?

+ Learn more about the Medicare Savings Program:
www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs

Audience Poll #4

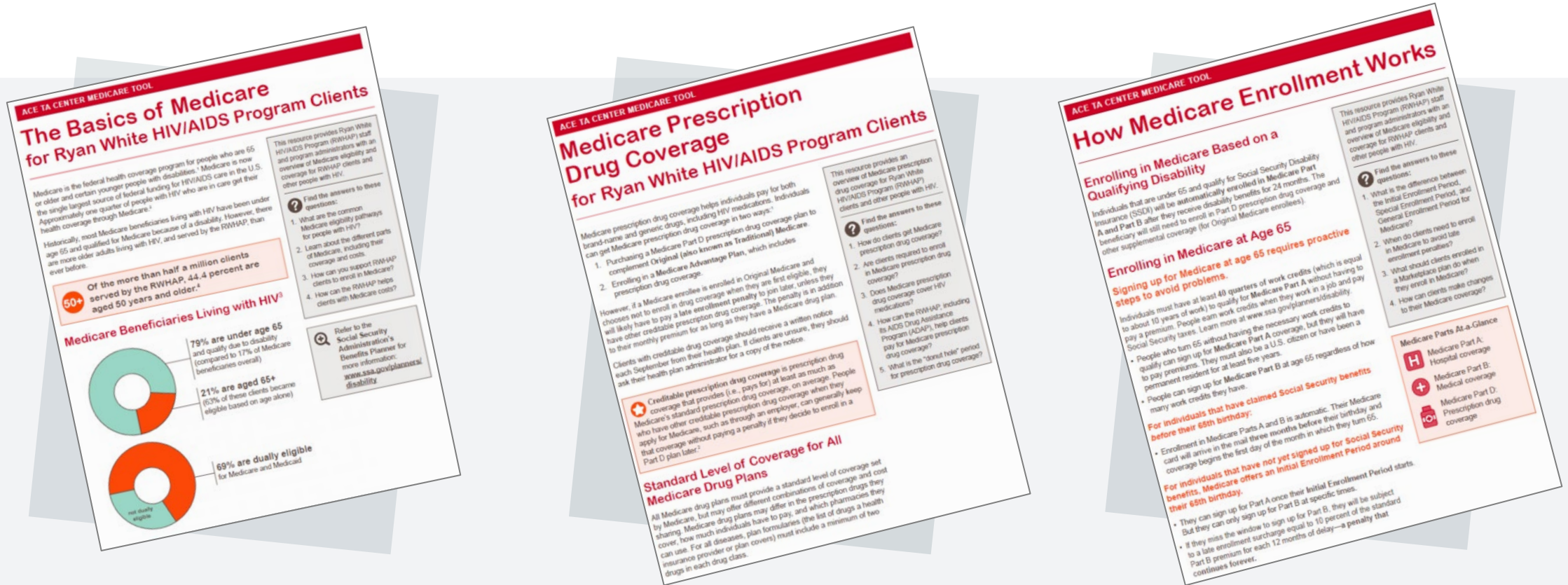
What information would be most helpful for staff in your program to understand about dual eligibility for Medicaid and Medicare? Check all that apply.

- Basics (eligibility criteria, benefits and coverage, etc.)
- Integrated care options
- Financial assistance programs
- Billing and payor requirements
- Role of RWHAP/ADAP
- State-level variations
- Other (chat in your response)

Resource round-up



ACE TA Center Medicare Resources



ACE TA Center Medicare Resources

ACE TA CENTER MEDICARE TOOL

One-on-One Medicare Enrollment Assistance for Ryan White HIV/AIDS Program Clients

Enrolling in Medicare — including understanding the different parts of Medicare, the distinction between Original Medicare and Medicare Advantage plans, and the various enrollment timelines — can be confusing.

Providing one-on-one enrollment assistance is an important way to ensure that your Ryan White HIV/AIDS Program (RWHAP) clients enroll in the best Medicare coverage option to meet their health care needs. One-on-one enrollment assistance also supports coverage affordability and promotes coordination with other RWHAP program resources.

Medicare Counseling from your local State Health Insurance Assistance Program (SHIP)

To support Medicare enrollment, RWHAP programs can work with their local State Health Insurance Assistance Program (SHIP). SHIPs are state-based programs that receive funding from the federal government to provide free, local, and unbiased health coverage counseling and information to people who are enrolled in Medicare or who are about to become eligible for Medicare. There are SHIP programs in all 50 states, as well as Washington, D.C., Puerto Rico, Guam, and the U.S. Virgin Islands.

SHIP programs can help:

- People who are aging into Medicare at age 65 (or who are leaving work-sponsored insurance after age 65) navigate the enrollment process, including what Medicare does and does not cover.
- People who are under the age of 65 and newly Medicare eligible because of a disability but not yet enrolled in all the parts of Medicare they may need.
- People who are already enrolled in Medicare and want to change or better understand their options and coverage.
- Family members or caregivers that need help supporting a Medicare beneficiary.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of the State Health Insurance Assistance Program (SHIP). SHIP can support how SHIP can support Medicare-eligible clients, and how RWHAP program staff can become trained SHIP counselors.

Find the answers to these questions:

1. How can the SHIP program help clients who are eligible for Medicare?
2. How can RWHAP program staff become trained SHIP counselors?

ACE TA CENTER | One-on-One Medicare Enrollment Assistance for RWHAP Clients

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Key Takeaways:

1. **Clients should enroll in Medicare when eligible.** When clients who are enrolled in Marketplace health coverage become eligible for Medicare, it's important that they enroll in Medicare for several reasons that are discussed in detail throughout this resource. Delaying enrollment or dropping Medicare coverage may result in financial penalties, and clients may miss out on more comprehensive and/or affordable coverage.
2. **Enrollees may be able to keep their Marketplace coverage after transitioning to Medicare.** If a Marketplace enrollee wants to keep their Marketplace coverage in addition to Medicare, they can do so, but they need to terminate any Marketplace financial assistance (advance premium tax credits/cost-sharing reductions) they receive.
3. **Medicare enrollees should drop Medicare coverage before enrolling in Marketplace.** It is not recommended for Medicare enrollees with HIV to change over to Marketplace coverage. They will need to drop their Medicare coverage first, and therefore will experience a gap in coverage. Also, if they receive premium-free Medicare Part A (hospital coverage), they will also have to repay the government for all the health care services they received while enrolled in Medicare, as well as their Social Security or Railroad retirement benefits.
4. **Provide assistance with Medicare enrollment questions before assisting with Marketplace enrollment.** Overall, if someone is enrolled in or eligible for Medicare or does not know if they are eligible for Medicare, enrollment assistants should address any Medicare enrollment questions first, before assisting with Marketplace enrollment. Each state has a State Health Insurance Program (SHIP) that provides free help with Medicare enrollment.

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Clients who are approved for an MSP (with one exception, described below), are then automatically eligible for **Extra Help**, a federal program that helps pay for some or most of the out-of-pocket costs associated with Medicare prescription drug coverage (Medicare Part D).^{1,2}

Medicare Savings Programs are paid for by state Medicaid programs.

What Types of Medicare Costs Are Covered?

Medicare Savings Programs may be able to pay the monthly premium for Original Medicare (Medicare Parts A and B) and other out-of-pocket costs (such as deductibles, co-insurance, and copayments), depending on the specific program.^{1,2}

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Learn more about the Medicare Savings Program:
www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs

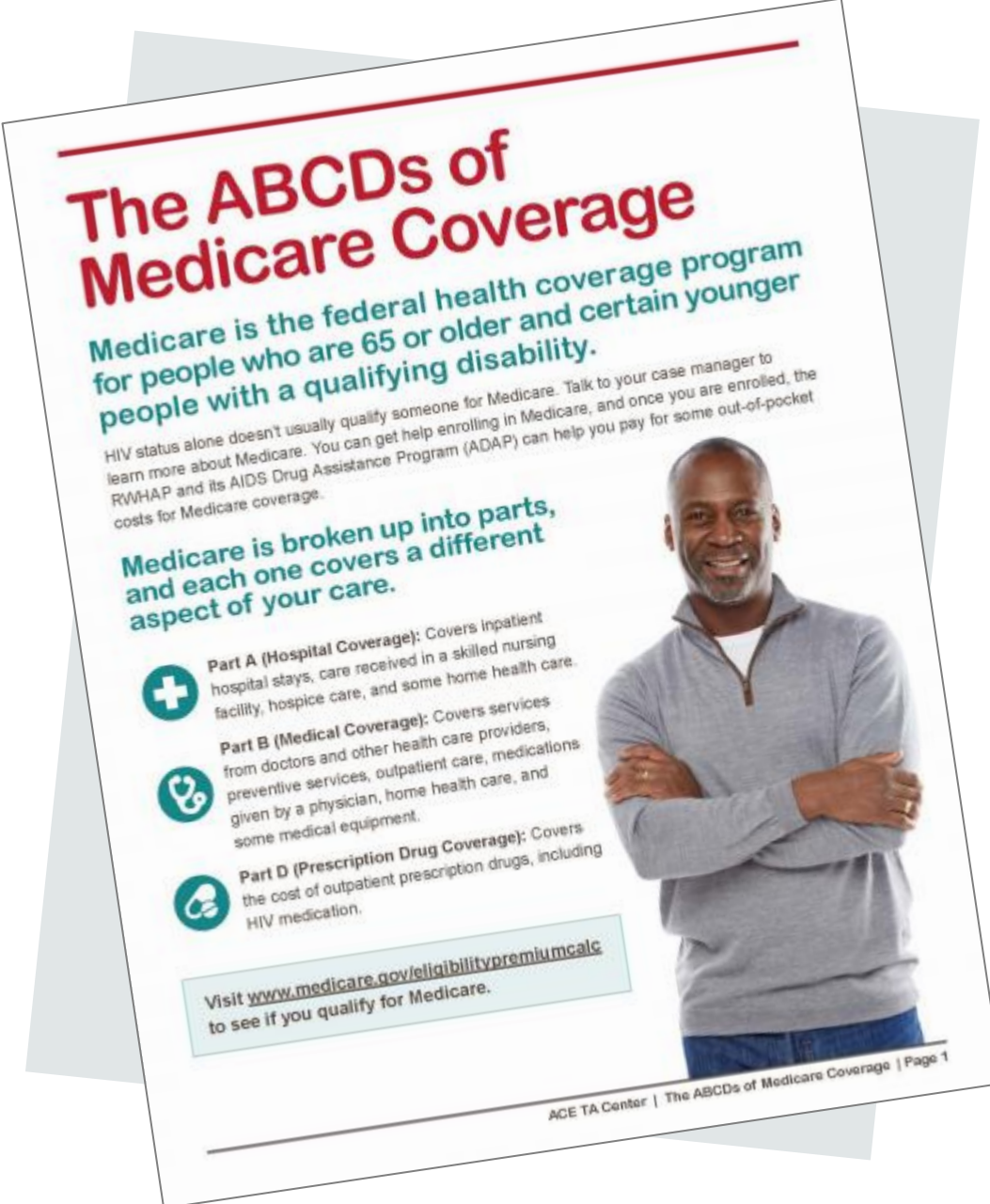
ACE TA CENTER | Financial Help for Medicare for RWHAP Clients

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ACE Resource for Clients

targethiv.org/ace/medicare






The ABCDs of Medicare Coverage

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with a qualifying disability.

HIV status alone doesn't usually qualify someone for Medicare. Talk to your case manager to learn more about Medicare. You can get help enrolling in Medicare, and once you are enrolled, the RWHAP and its AIDS Drug Assistance Program (ADAP) can help you pay for some out-of-pocket costs for Medicare coverage.

Medicare is broken up into parts, and each one covers a different aspect of your care.

-  **Part A (Hospital Coverage):** Covers inpatient hospital stays, care received in a skilled nursing facility, hospice care, and some home health care.
-  **Part B (Medical Coverage):** Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.
-  **Part D (Prescription Drug Coverage):** Covers the cost of outpatient prescription drugs, including HIV medication.

Visit www.medicare.gov/eligibilitypremiumcalc to see if you qualify for Medicare.

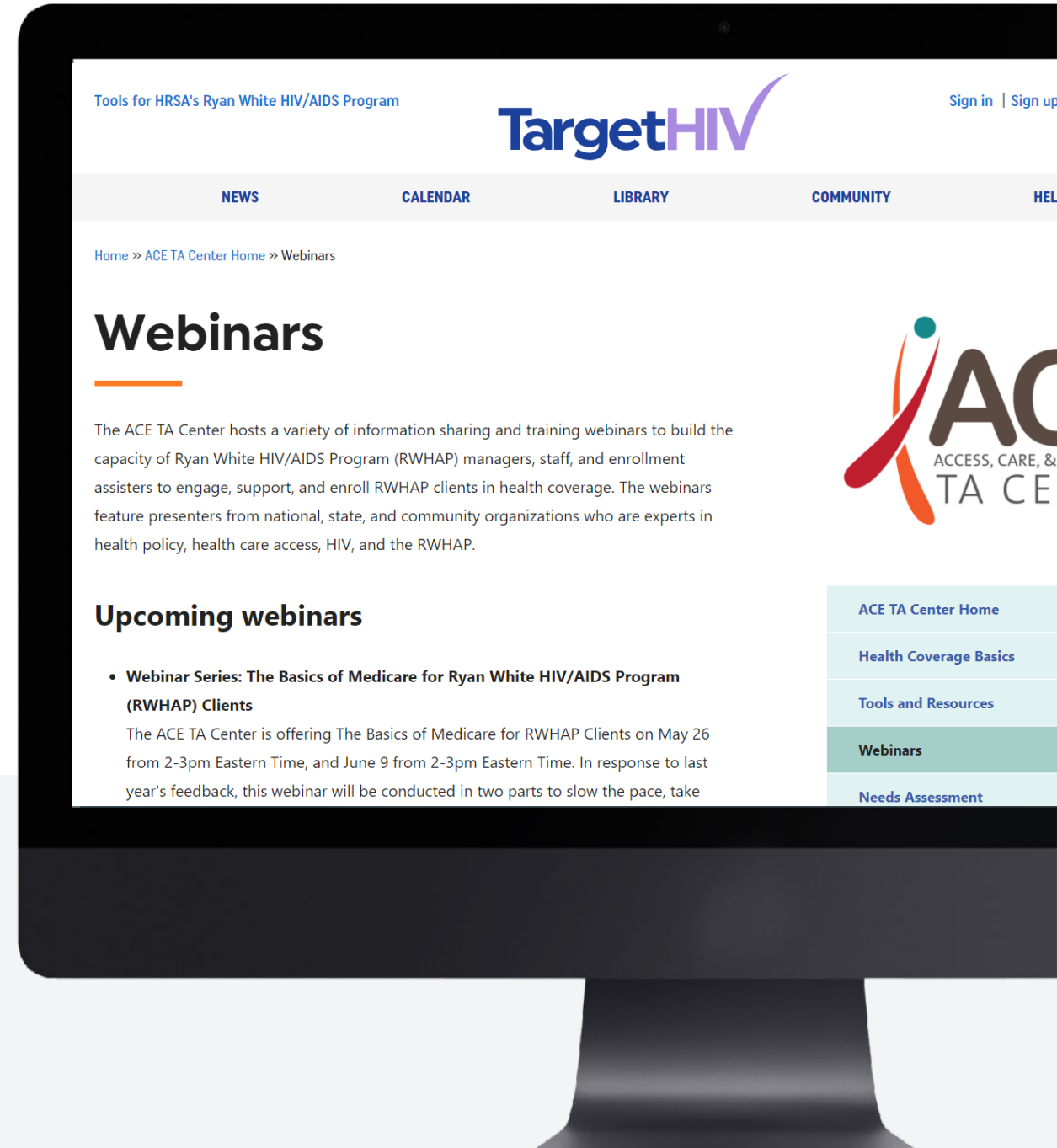
ACE TA Center | The ABCDs of Medicare Coverage | Page 1

Medicare Basics Series On-Demand

Part I: The Basics of Medicare
Eligibility for RWHAP Clients

Part II: Medicare Enrollment and
Coverage for RWHAP Clients

View the recordings:
targethiv.org/ace/webinars



Health care access updates

- Marketplace COVID-19 SEP is open until August 15.
 - Many state-based Marketplaces are providing similar extensions.
- Expanded eligibility and financial subsidies for Marketplace plans under the American Rescue Plan Act (2021 and 2022 plans).
- COBRA premium subsidies available April 1 – September 30, 2021

Q&A Panel



Liesl
Lu



Christine
Luong



Rosalyn
Murga



Rachelle
Brill



Amy
Killelea

Thank you.



Please complete the evaluation!

Sign up for our mailing list, download tools and resources, and more

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Contact Us

acetacenter@jsi.com