Webinar Transcript | September 13, 2022

Preparing for OE, Part I: Strategies and Resources for New Program Staff

Molly Tasso: Good afternoon everyone. I think we're going to go ahead and get started this afternoon. Thank you everyone for joining us today. My name is Molly Tasso and I'm the ACE TA Center project director and a consultant at JSI. Again, thank you so much for joining us today for the first webinar in our two part series that's focused on preparing for the upcoming Marketplace open enrollment period.

So today we're going to be introducing new Ryan White Program staff or staff with new roles to the ACE TA Center. And we're going to provide an overview of health coverage and its importance for Ryan White clients and people living with HIV. And then next week in the second part of this series, we'll be discussing recent and upcoming federal and state's healthcare policy changes and their implications for Ryan White recipients, sub-recipients and clients.

So throughout today's presentation, we're going to be chatting out links to ACE resources and tools, as well as other helpful sources of information. So please keep an eye on the chat box. And right now, we're also going to be chatting out a link to download today's webinar slides.

So here at the ACE TA Center, we help build the capacity of the Ryan White community to navigate the changing healthcare landscape and help people with HIV access and use their health coverage to ultimately improve health outcomes. Specifically, we support Ryan White recipients and sub-recipients to engage, enroll and retain clients in Medicare, Medicaid and individual health insurance options, build organizational health insurance literacy, thereby improving client's capacity to use the healthcare system, and communicate with clients about how to stay enrolled and how to use health coverage. And this is done through developing and disseminating best practices and supporting resources, and by providing technical assistance and training through national and localized activities.

Our audiences include Ryan White Program staff, clients, program managers and administrators, but also people who help enroll Ryan White clients such as funded navigators and certified application counselors. Today's webinar will be archived on Target HIV at targethiv.org/ace. Everyone joining us today will receive an email when the archived webinar is posted on our website so you can share it with others. And our website on Target also houses all the resources and tools that we're going to be discussing and sharing today. So if you happen to forget or lose the direct link today, you can visit our website and search the library topic, again, at targethiv.org/ace.

So today I'm placed to be joined by my colleagues Christine Luong and Liesl Lu. Christine is the research and policy associate for the ACE TA Center. She specializes in mixed methods research, health policy analysis, GIS and data visualization and materials development for Ryan White recipients, clients and a variety of other audiences.

Liesl Lu is the ACE TA Center Senior Technical Advisor, and has been part of the ACE leadership team since 2016. She has extensive experience providing technical assistance to build the capacity of the Ryan White workforce to help their clients navigate the healthcare environment and stay engaged in care.

So you'll see on this slide the roadmap for today's presentation. Again, we're going to begin by describing the importance of health coverage for Ryan White clients. Then provide a high level overview of Marketplace, Medicare, Medicaid and dual eligibility. We'll then walk through enrollment strategies for working with clients, talk through common enrollment challenges and solutions, and then finish with a resource roundup and the Q&A.

So to kick us off, we thought it would be helpful to take a quick look at this chart as a way to understand how federal agencies, programs and TA centers work together. So at the top you can see that the US Department of Health and Human Services or HHS sits at the top and HRSA and CMS branch off from there.

Under HRSA or the Health Resources and Services Administration is the HIV Aids Bureau or HAB. And HAB administers the Ryan White Program. And then Ryan White service provider organizations, you can see there sit the Ryan White Program, which includes ADAP. And so many of you on today's call probably work or may work for a Ryan White service provider organization. Again, the ACE TA Center is a HRSA HAB funded cooperative agreement. And we are funded to provide national level technical assistance.

So looking at CMS on the right side, or CMS or the Centers for Medicare and Medicaid Services, you'll see that the Medicare and Medicaid programs are administered by CMS. And CMS also manages the federal health insurance marketplace. So we don't show this to you. And don't worry, there won't be a quiz on the sort of organizational charts of the federal government. But we just simply show this and present this as a way to visually demonstrate the relationship between the various entities that are involved in federal healthcare programs and where the ACE TA Center sits in that work.

So to kick us off, we're going to start with a couple polls to get a better sense of who's on the call today. So you'll see the poll pop up on your screen. And please let us know how long have you been in your current role at your organization.

Less than a year, one to two years, three to five, or five or more years. And we'll give folks a couple moments to answer.

All right, wonderful. So it looks like about almost 40% of folks have been in their role for less than a year. I guess maybe only a quarter of you all have been in your roles for five or more years. So this is really wonderful for us to know. Again, this presentation is one that is hopefully letting folks sort of get a lay of the land in terms of the ACE TA Center and to understand a bit how we can help your work in the Ryan White Programs in which you work.

Moving on to the next poll, let's see here. So what challenges have you experienced when enrolling clients into health coverage? And go ahead and check all options that apply. So addressing client concerns around health coverage such as mistrust as health systems or plan affordability, determining client eligibility for health coverage, completing enrollment applications, knowing when to enroll, developing partnerships with other enrollment assisters, or certainly if there's something else, please do chat it in using again the chat box to let us know what else you are experiencing.

All right. A lot of wonderful answers. Awesome. So it looks like over 60% of folks are experiencing challenges related to addressing client concerns about health coverage such as mistrust or plan affordability. And then over 50% is folks are working through challenges around determining client eligibility for health coverage, which is certainly something that we understand is definitely a challenge on the ground.

I see in the chat learning about enrollment outside of the exchange. So we talk about off Marketplace plans. We'll talk a little bit about that today. Formulary questions, making sure current medications are covered. That's a wonderful sort of point in consideration. Awesome. Well, thank you so much for this. And this is all really helpful. I think you'll see in today's presentation a lot of our resources and what we're hoping to talk with you all about today will touch on these concerns.

So let's get into it. So we're going to begin by revisiting the sort of basics of health coverage and discuss specifically why it's important for Ryan White clients and people living with HIV to have access to an enrollment into comprehensive health insurance, and also touch on the role of the Ryan White Program in health coverage.

So today, the health coverage types that we're going to cover in this presentation are bolded on this slide. And you'll see that they're broken into two categories, private and public. So private coverage refers to plans provided

through an employer or a union, purchased through a state or federal Marketplace, or purchased off Marketplace from a private health insurance. Private coverage programs are also referred to as commercial insurance. So if you hear that term, just know that that is what is being referenced, and that is private coverage. Public coverage programs are funded and administered by the state and/or the federal government. And these include Medicare, Medicaid, the Children's Health Insurance Program, or CHIP and TRICARE.

And so for people living with HIV, the benefits of health coverage are expensive. So health coverage provides individuals with affordable access to both HIV related and non HIV related healthcare services and medications. It offers protection against high and unexpected healthcare costs, such as a trip to an emergency room without insurance, which would certainly be unexpected and quite costly.

Another benefit of having health coverage is the ability to access preventive care, which means that clients don't have to get sick in order to receive health benefits. And finally, individuals can no longer be denied coverage for having preexisting conditions such as HIV. And this rule was really an important component of the Affordable Care Act, which was passed in 2010. And it's truly resulted in a shift in the way that people now access health coverage. And this is especially true for people living with HIV.

It's also important to think about health coverage through a person's lifespan, not just one point in time. A person's unique health conditions, their healthcare needs, of course their age, income, family size, they change over time. And they changes impact not just their coverage needs, but their eligibility for different types of coverage too.

So in response, we really encourage folks to remember this slogan that plans change and people change. And what this means in practice is that when someone is re-enrolling into health coverage each year, never assume that last year's health coverage remains the best option for this year. Plans being offered on the Marketplace, for example, may have changed, and there could be a better plan option for a client. So we really strongly support active plan renewal, which simply means reviewing all coverage options available each year and making an informed choice. And this is really the best way to ensure that the client is enrolling into a plan that best meets their current health and financial needs.

And then finally, the Ryan White Program provides essential assistance to support clients enrolling into and maintaining health coverage. So for insured clients, the Ryan White Program ensures HIV coverage completion and supports

them to stay in care through services such as medical case management, housing assistance and transportation.

The Ryan White Program also provides enrollment supports into health coverage, and may also provide financial assistance with health coverage costs, which we'll discuss in more detail later on. The Ryan White Program also assists with linking clients to additional local, state and federal assistance programs. And for clients who are not eligible for insurance or for any other reason otherwise remain uninsured, the Ryan White Program remains available as a safety net, especially for medication access.

And as a reminder, one of the things that the Ryan White Program is not is health insurance. Ryan White Program is not health insurance. So it's important to seek out comprehensive health coverage for all clients. And if you're interested in learning more about allowable uses of Ryan White and ADAP funds, you can reference the HRSA HA policy clarification Notice or PCN #16-02, which we'll chat out a link to now.

So we're going to dig into some eligibility enrollment details for specific types of health coverage now. I'm going to start us off with Marketplace, and then I'm going to hand it over to Christine and Liesl to cover Medicare, Medicaid and dual eligibility.

So what is the Marketplace? The Marketplace refers to an online platform, also referred to as an exchange, where you can shop around and enroll into health insurance. And so these were created as a part of the Affordable Care Act. And there are three types of Marketplaces.

There's a federally facilitated Marketplace, or more commonly known as healthcare.gov. There are state based exchanges which serve the same function as healthcare.gov, but are operated by a specific state and often branded to reflect that. So for example, Covered California is the name of California state based exchange. And then third, there are joint state based federally facilitated Marketplaces where the responsibility to manage and operate the exchange is shared between a state and the federal government.

So you can see on the slide here a map showing which type of exchange operates throughout the United States. So take a moment and find your state. We'll also chat out a link that you can click through in your browser to find your specific exchange type if you're interested.

But regardless of the type or the name of the Marketplace in your state, all Marketplace exchanges offer qualified health plans or QHPs that cover 10

essential health benefits that are required by law. And so these plans are broken into four metal levels. There's bronze, silver, gold and platinum. And by enrolling through the Marketplace, a person can also qualify for financial assistance in the form of premium tax credits and cost sharing reductions, which reduce a person's out of pocket expenses for health coverage.

So to be eligible to enroll into health coverage through the Marketplace, next slide, please, a person must live in the United States. They must be a US citizen, national or be lawfully present, and a person cannot be incarcerated. And I will note that immigrants who are not lawfully present can still purchase health insurance. It must be done through an off Marketplace plan, which means enrolling in a plan directly through an insurance company rather than through the Marketplace. And what this does mean though is that they wouldn't qualify then for premium tax credits or cost sharing reductions. We're going to chat out a link to a page on healthcare.gov that lists specifically the types of immigration statuses that do qualify for Marketplace coverage.

And as I mentioned earlier, the Marketplace provides financial assistance, again, in the form of premium tax credits or PTCs and cost sharing reductions, CSRs. So PTCs, they're are tax credits that are used to lower a person's monthly premium payment. And the amount of PTC a person is eligible for is based on their estimated income and household information. And it's automatically calculated during the Marketplace application process. PTCs are available to individuals with household incomes above 100% of the federal poverty level, and can be provided on an upfront basis in the form of an advanced premium tax credit, also known as an APTC.

Cost sharing reductions are discounts that lower the amount a person can pay, has to pay for deductible, co-pays and co-insurance. These are automatically calculated and applied during the application process, but they are only available for silver metal level plans.

So moving on to the enrollment piece of this. So each year, exchanges have open enrollment periods for individuals to apply for and enrollment coverage that starts the next calendar year. So the healthcare.gov open enrollment period takes place November 1st through January 15th.

The state-based exchanges aren't required to follow these exact open enrollment dates, but they do often overlap with the healthcare.gov open enrollment. I would say the one, if they do deviate, it's often to expand or extend the amount of time of that open enrollment. So if you live in a state that operates its own exchange, be sure to check out that website. So for example,

be sure to check out Covered California to confirm the exact open enrollment dates this year in your state.

And then in addition to the annual open enrollment period, there are also special enrollment periods that allow for enrollment into a Marketplace plan outside of the normal open enrollment dates. Special enrollment periods or SEPs, they're triggered by specific life events such as changes in household size, changes in residents or loss of other coverage. And you can request an SEP through the Marketplace website.

I will also note that there is currently an ongoing, it's called the low income SEP for individuals who qualify for APTCs and have incomes at or below 150% of the FPL, the federal poverty level. This SEP is available monthly, which means that qualifying low income individuals can enroll into or switch Marketplace plans at any time during the year. And this SEP is available in states that use healthcare.gov. However many state-based exchanges have also adopted this SEP.

This low income SEP also allows folks already enrolled in Marketplace coverage and whose income is below 150% of the federal poverty level to switch plans to a silver metal level plan only monthly, again, monthly. So this was new as of this year. If we have time and you have any questions, please chat them in and we can address those in the Q&A. But this is an exciting new SEP that we hope everyone is aware of.

And then finally, as I mentioned earlier, when discussing the relationship between health coverage and the Ryan White Program, many ADAP programs and some Ryan White Part A Programs do provide financial assistance to help eligible clients pay premiums and/or other out of pocket costs for certain health plans. Assistance may be available to clients who enroll into health coverage on or off the Marketplace. And these funds can be used to cover the cost of both HIV and non-HIV related services.

Again, it's worth reiterating that the Rhine White Program remains available as a safety net to individuals who are ineligible for Marketplace coverage or who otherwise remain uninsured. And if you're interested in learning more about HRSA's policy regarding the use of Ryan White funds for premium and cost sharing assistance for health coverage, check out the link we're going to chat now. It's PCN #18-01, which is, again, another politic clarification notice.

So before handing it over to Christine, I'm just going to share a couple slides that highlight ACE TA Center resources specifically around the Marketplace. So this slide features three of our eLearning modules that are focused on Marketplace

specific information. These modules are web-based, self-paced training packages that you can refer back to whenever needed.

So moving left to right, we have the Understanding PTCs and CSRs module, which contains information on financial assistance available to consumers to enroll into Marketplace coverage. In the middle is our health insurance literacy module, which is designed to build the health insurance literacy of Ryan White Program staff who provide direct support to Ryan White clients. I'll also note that that is not specific to Marketplace. So anyone sort of touching, working with, engaged at all in health coverage, that's a wonderful resource to check out. And then on the right hand side is our preparing for open enrollment module, which provides an overview of activities that your organization should prioritize between now and November 1st to make sure that you are prepared for a smooth and successful open enrollment period.

And then briefly, we also have a number of resources that are specifically for Ryan White consumers or Ryan White clients. On the left is the resource making the most of your coverage, which goes over everything from how to use the health insurance card and contact an insurer, to the basics of healthcare costs like premiums and out of pocket expenses.

In the middle is a resource called Stay Covered All Year Long, which provides clear basic information about topics such as how often a premium needs to be paid and what to keep in mind if the Ryan White Program is paying the premium. And then on the right is a resource that helps explain the relationship between taxes and health coverage.

So these are all really wonderful resources to share with the Ryan White clients that you're working with to help answer any questions, and to the challenges expressed earlier, perhaps answer some questions and remedy some discomfort around health coverage for folks. So with that, I'm going to hand it over to Christine, who is going to take us through Medicare health coverage.

Christine Luong: Thank you so much, Molly. Next slide. So what is Medicare? So Medicare is a federal public coverage program for seniors and people with disabilities. It provides health coverage for specific services in multiple Medicare parts, which you may be familiar with.

There's Medicare part A, which covers inpatient and hospital care. And that includes things like inpatient stays, surgery, lab visits, skilled nursing facility care, hospice care, and home healthcare, among other things. Medicare part B, that one covers outpatient and medical care. And that includes things like

outpatient care, some preventive services, durable medical equipment and medications that are administered by a physician.

Then there's Medicare part D, which covers prescription drugs, specifically outpatient prescription drugs including HIV antiretroviral medications. And then there's Medicare part C, which you may know as Medicare Advantage. And this is an alternative way that people can receive Part A, Part B and Part D benefits in one bundle plan.

Now there are premium and cost sharing requirements associated with each Medicare part. Medicare also is the main source of health coverage for 25% of all people with HIV in the US, and 10.6% of all Ryan White clients across the country.

So in order to be eligible to enroll in Medicare, the person must be either a US citizen or a legal resident for at least five years, with a few exceptions. And if they meet those citizenship requirements, the individual can qualify if they meet one of these three criteria.

So the first way is if they're age 65 or older. The second way is if they're under the age of 65, but they have a qualifying disability. And one important thing to note here is that the term qualifying disability is defined strictly by the Social Security Administration to assess whether someone should receive Social Security disability benefits. And then the third eligibility pathway is if the person has end stage renal disease or ESRD.

So once a client is determined to be eligible for Medicare, the first thing that they have to do is to decide how they want to receive those Medicare benefits. Could you go back just one slide, please? Yes, thank you very much.

Molly Tasso: Christine, what slide? This one?

Christine Luong: Yes. This is the right one. Thank you so much, Molly. So as I was saying, once a client is determined to be eligible for Medicare, the first thing to do is to decide how they want to receive those Medicare benefits. So the first option is called Original Medicare. And this is administered by the federal government, and includes either Medicare part A Hospital coverage or Medicare part B medical coverage, or both of them. With Original Medicare, you can also add on a separate Medicare part D prescription drug coverage plan, as well as a supplemental Medicare policy, which provides help with the cost of Original Medicare, if you'd like.

And then the other option to receive Medicare benefits is to enroll in a Medicare Advantage plan. So Medicare Advantage is administered by a private insurance company that bundles Part A, Part B, and very often Part D coverage all in one plan. However, you cannot add on any additional coverage options. Next slide. Great.

So the next step then is to decide when is the best time to enroll in Medicare coverage. So there are three enrollment periods that we're going to describe today. The first one, and perhaps the most important one, I would say is the initial enrollment period or IEP. You may have heard of this referenced as the 3-1-3 period. So this is a seven month period, and it's centered around a person 65th birthday month. So it's called 3-3-3 because it includes the three months before the birthday month, the birthday month itself, and then the three months after the birthday month.

So as an example, if you are working with a client and their birthday is on May 15th, their IEP is going to run from February 1st to August 31st. And then there is one exception though for folks whose birthdays fall on the first of the month. And in that case, the IEP is distributed in a 4-1-2 spread over the seven months rather than a 3-1-3 spread.

The second enrollment period is called the special enrollment period or SEP. And this is an eight month period that begins after someone loses employer sponsored coverage after they have turned 65. So not everyone will have access to this special enrollment period. For example, folks who have already enrolled during their IEP, or who stopped working before they turn 65, or who don't have employer sponsored insurance will not be eligible for the special enrollment period.

And then the third enrollment period is called the GEP, the general enrollment period. This is a three month period that takes place every year from January 1st to March 31st,.and it's available to individuals who were either unable to enroll during their IEP or who are otherwise ineligible for the SEP.

So one important thing to note is that we strongly encourage clients to actively enroll in Medicare when they first become eligible. And like I said, for many people this will be the IEP when they're first eligible. And the reason for this is because the longer that you delay enrollment into Medicare, the more likely it is that you will incur a late enrollment penalty. We will not be covering penalties during today's presentation, but we will share some resources and a few slides if you would like to learn more about them.

There are also some instances in which a client can be automatically enrolled into Medicare coverage outside of those three enrollment periods that we just covered on the previous slide. And this has to do with the receipts of social security benefits. So if an individual is receiving Social Security retirement benefits, which can happen as early as age 62, they will be automatically enrolled into Medicare parts A and B when they 65.

And then if an individual is under age 65 and has been receiving Social Security disability insurance or SSDI benefits for at least 24 months, they will be auto-enrolled into Medicare parts A and B when they received their 25th month of SSDI benefits. And keep in mind here that even if you are auto enrolled into Medicare coverage, you can choose to decline that coverage, with the caveat that you may incur late enrollment penalties if you decide to enroll at a later time. And if you choose to keep that coverage, you'll be responsible to for paying the monthly premium and the cost sharing associated with that particular Medicare part.

So the ACE TA Center has a handy graphic that shows how all these various Medicare enrollment periods are oriented along the lifespan. We'll chat out the link to our Medicare page right now. And there's an image at the top of that page that you can click on. You can look at that graphic for reference. It has information about these two Social Security pathways as well as the IEP, SEP and GEP.

In terms of how the Ryan White Program and ADAP interacts with Medicare, Ryan White and ADAP funds can be used to help with the cost of Medicare parts B, C, and D premiums and cost sharing. And this includes outpatient and ambulatory health services and prescription drug coverage that includes at least one drug and each class of core antiretroviral therapeutics.

One thing to keep in mind is that Ryan White and ADAP funds may not be used to pay for Medicare part A premiums or cost sharing. However, many people actually don't have to pay a part A premium. And that's because they have enough Social security work credits to qualify for what's called premium free part A or free Part A. So we won't be going into detail today about work credits. But we will share some resources and a few slides if you want to learn more. And again, if you would like to know more about the role of Brian White and ADAP, you can review HRSA HAB PCN #18-01 for more information. So we'll chat that out.

So the ACE TA Center has three tools that cover the nuts and bolts of Medicare coverage. So on this slide, on the left, you can see our Basics of Medicare for Ryan White Clients tool. And this one talks about the common eligibility

pathways for people with HIV and the different parts of Medicare. This resource is available in Haitian Creole and Spanish.

In the middle, you can see our Medicare Prescription Drug Coverage for Ryan White Clients. This tool will talk about how to get prescription drug coverage, the donut hole coverage for HIV medications, and how ADAP can help with costs. And then on the right you can see our How Medicare Enrollment Works tool, which goes into detail about the initial enrollment period, special enrollment period, and general enrollment period, as well as how to avoid those late enrollment penalties, and how to make changes to your existing health coverage. So those links are in the chat.

We also have a number of tools to support you and your clients in the Medicare enrollment process itself. So on the slide on the left, you can see our one-on-one Medicare enrollment assistance for Ryan White clients tool, which describes how to partner with your local ship program and how to become a certified ship counselor.

In the middle, you can see transitioning from Marketplace to Medicare coverage for Ryan White clients, which has a comprehensive FAQ and a decision tree to help you navigate various scenarios in that transition. And then on the right, you can see our financial help for Medicare tool, which describes the most common sources of financial assistance for Medicare costs. So that includes things like the Medicare Savings Programs and the Federal Extra Help Program. Those links are also in the chat.

I'd also like to share with you all our resource for clients. This is called The ABCDs of Medicare Coverage. It's a pretty short plain language tool that describes the different parts of Medicare and the difference between original Medicare and Medicare Advantage. You can print this tool out and you can give it to your clients to review before an appointment or during, and we'll chat out the link to that as well.

And finally, I'm excited to share our newest Medicare resource, which is a compilation of frequently asked questions from all of our Medicare webinars to date. This content is organized into six categories, and there's also a handy search function as well. So we'll chat out the link to this FAQ. You can find any and all of these Medicare tools that I've just talked about on our Medicare page at targethiv.org/ace/medicare. And lastly, we'll also share the links to two of our archived webinars about Medicare eligibility and enrollment from the spring. And those will go into much detail than I have today, followed by some extended Q&As.

so now let us talk about Medicaid health coverage. Next slide. Thank you. Next slide. Thank you. So what is Medicaid? Medicaid is a public coverage program which is administered at the state level according to federal requirements. Medicaid provides free or very low cost health coverage to eligible low income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is actually the largest source of insurance coverage for people with HIV in the US. It covers 40% of all adults with HIV, and 31% of all Ryan White clients across the country.

Now, states have a good deal of flexibility to structure their Medicaid program in various ways as long as they adhere to baseline federal requirements for their program. And what this means is that Medicaid program eligibility, benefits and costs will differ depending on what state you live in. And one of those flexibility is that states can choose to expand their Medicaid program by increasing the income eligibility limit for residents in their state. We will talk about this more on the next slide.

But for now, I'd like you all to just take a moment to find your state on this map. You'll see that there are two categories. So the states in dark blue have chosen to expand their Medicaid programs. They're called expansion states. And then states in orange have chosen not to expand their Medicaid programs, and they're known as non-expansion states. So it's important to know whether or not your state has expanded Medicaid because this is directly tied to program eligibility, and it's going to help you figure out if Medicaid is an appropriate health coverage option for your clients. So we'll chat out a link to this map with more information as well.

So now let's go over the eligibility criteria for Medicaid. So this slide provides kind of a general overview of eligibility by state's expansion status. But you should always consult your specific state Medicaid program for the most up to date information.

So in states that have expanded Medicaid, individuals can qualify for the program based on their income alone, and that is if their income is at or below 138% of the federal poverty level. On the other hand, in states that have not expanded Medicaid, individuals can qualify if they have income at or below a hundred percent FPL, and if they also fall into one of these specific population groups such as children, pregnant people, adults and families with dependent children, individuals with disabilities and elderly people. So as I mentioned before, you should contact your state Medicaid program for the exact eligibility criteria because there may be additional factors such as citizenship and residency requirements that will vary from state to state.

And one last note about Medicaid is that some states can call their Medicaid program different names. So for example, here in Massachusetts, our Medicaid program is called MassHealth. And then on the other side of the country in Arizona, it's called the Arizona Healthcare Cost Containment System, or also known as AHCCCS. So the program will have different names depending on where you live. So we'll chat out a link now to a page where you can find more information for your specific state.

So once you have determined that a client is eligible for Medicaid in your state, the next step is to help them enroll in the program. And there are two ways that you can do this. The first option is to fill out a Marketplace application. So earlier in our presentation, Molly explained that the Marketplace can refer to either the federal platform on healthcare.gov or state based platform. For the purposes of Medicaid enrollment, you can go to whichever Marketplace platform your state uses.

So when you complete that Marketplace application, the Marketplace will automatically assess applicants for Medicaid or CHIP eligibility based on the information you provided in that form. And if you're found to be eligible for Medicaid, the Marketplace will automatically send that application data directly to your state Medicaid agency, and then the Medicaid agency will contact the individual about enrollment.

The second option is to apply directly through the state Medicaid agency. This can usually be done online, by mail, by phone, or in person. But again, refer to your particular state program for the specifics. And what's great about Medicaid enrollment is that whichever one of these options that you choose, there is no wrong door when it comes to Medicaid, and there's also no penalty for applying if you end up not being eligible later on.

And lastly, unlike Marketplace on Medicare, Medicaid does not have any specific open enrollment periods. And what that means is you can apply at any time during the year. And if you're eligible, you can enroll in the program year round.

So when it comes to paying for Medicaid coverage, the Ryan White Program and ADAP can help to cover the costs of Medicaid coverage, including premiums, deductibles, and co-payments. But one thing to keep in mind here is that not all state Medicaid programs will charge beneficiaries for premiums and/or cost sharing. And there are also a few exemptions for certain vulnerable populations and for certain categories of services. So we will chat out a link where you can learn more about the Medicaid premium and cost sharing requirements on a state by state basis.

And then in terms of paying for services, Medicaid and the Ryan White Program actually they're both considered payers of last resort by law. So a payer of last resort is an entity that pays after all other programs have pursued payment. So for the purposes of health coverage for the Ryan White population, the Ryan White Program and ADAP is considered the final payer. So this means that if a client still has a balance to pay after Medicaid has provided a partial payment, then the Ryan White Program and ADAP can pick up the tab for any remaining costs that they are allowed to cover. So again, see policy clarification notice 18-01 for more information.

I am excited to share that we will be releasing a new tool very soon, Medicaid 101 for Ryan White Recipients and Providers. We hope to have this tool available in the next week or so. So make sure you've signed up for our emails to receive an update when it's officially released. But for now, please feel free to browse our Medicaid page on Target HIV, and also view our archived Medicaid 101 webinar recording from this June. So we'll chat out the links to that now.

And now that we have gone over Medicare and Medicaid, let's put them both together and talk about dual eligibility. Next slide. Thank you. So we're going to start with just the basics of dual eligibility for today. If you haven't heard of this concept ,at the simplest level, dual eligibility is when a person is eligible for both the federal Medicare program and the state Medicaid program at the same time. This means that this person will have two forms of health coverage rather than just one. And you may have heard of the term dual or dual eligible or dual eligibles to refer to someone who is eligible for or enrolled in both programs at once.

Now, a growing number of brain white clients are becoming dually eligible for the first time, either due to age, aging into Medicare at age 65, either due to disability, income changes or really any combination of these factors. In general, dually eligible people tend to have more complex health needs compared to non dually eligible people. And then among dually eligible people with HIV specifically, they are more likely to have multiple chronic illnesses or functional disabilities that may limit their ability to care for themselves independently.

I also want to take a moment here and just emphasize that dual eligibility is not inherently a bad thing, but many people tend to be intimidated by this topic and may view it as a challenging population to work with. So I kind of want us to reframe the discussion a little bit and just briefly talk about the benefits of dual eligibility, the first being dually eligible means that the individual has access to more comprehensive health coverage that will need to bear more complex health needs. So for example, Medicare can cover services that Medicaid doesn't cover and vice versa.

And then secondly, being dually eligible also means that the individual's able to receive more financial assistance to maintain their health coverage. The exact amount of that financial assistance is going to depend on that individual's income, and the level of Medicaid benefits that they're eligible to receive in their state.

So if you have a client who is dually eligible for Medicare and Medicaid, there are a few enrollment considerations to keep in mind. The first option, and perhaps the most common, I would say, is that the client can enroll in both programs separately. So this means either actively enrolling in Medicare and Medicaid by submitting an application or by becoming auto enrolled into one or both programs if they meet those eligibility criteria. So remember from the previous sections that Medicare auto enrollment can happen if the person is receiving social security retirement benefits or social security disability insurance, SSDI, benefits.

The second enrollment option that I want to talk about today is enrolling in an integrated care plan or an ICP. So if you haven't heard of this term before, ICP refers to a single health plan that's managed by a single entity that coordinates with both Medicare and Medicaid to manage things like admin, financing, care management and service delivery under one product. There are a few different types of ICPs, which we will not get into today. But there availability varies by location. There are also some times when an individual is auto enrolled into a specific type of ICP, and also times when they can actively enroll by submitting an application.

So on the payment side, dually eligible people who are also Ryan White clients will usually have most or all of their healthcare costs covered between Medicare, Medicaid and the Ryan White and ADAP programs. So Medicare is the first payer. And Medicare will always pay first for medically necessary Medicare covered services that are also covered by Medicaid such as inpatient and outpatient care.

And then Medicaid will pay next for any Medicaid cover services that Medicare either doesn't cover or only partially covers. So just long term services and supports. And then finally, the Ryan White Program and ADAP as the payer of last resort will pay for any HIV related services that Medicare and Medicaid either do not cover or only partially cover.

So if you would like to learn more about the ins and outs of dual eligibility, you can check out the HTA Center tool on the fundamentals of Medicare, Medicaid, dual eligibility for Ryan White Clients. We'll chat out the link to this resource, which goes into much more detail about the various types of dual eligibility,

integrated care options, best practices for enrollment and sources of financial help and enrollment support. And we will also chat out a link to our archived webinar on dual eligibility from this spring.

So before we transition to the next section, let's do a quick knowledge check to reinforce a key concept. So please answer the question that pops up on your screen. True or false, The Ryan White HIV/AIDS Program and the AIDS Drug Assistance Program is considered health insurance? So true or false. I will give folks just a few more seconds to put in their responses.

So 95% of you chose false, and that is the correct answer. So the Ryan White Program and ADAP is not considered health insurance. It does not provide any health coverage or benefits per se, but rather it serves as a safety net for uninsured clients and ensures HIV coverage completion for clients who are insured. So this is a very important concept to keep in mind. So with that, I will now turn it over to Liesl.

Liesl Lu: Great, thanks everyone. And thanks Christine, and good afternoon everyone. So now I will share a few best practices for supporting enrollment in health coverage, whether that's into Marketplace, Medicare, or other types of health coverage.

So providing one on one enrollment assistance is a longstanding best practice that we've talked about over the years. And we strongly encourage programs to provide this kind of assistance, especially for clients enrolling into health coverage for the first time.

Providing one-on-one assistance allows time for clients to understand the unique HIV related or, sorry, allows time for you to understand a client's unique HIV related and non HIV related health coverage needs, including taking into consideration a client's culture, language, their level of health literacy, and their past experiences with the healthcare system, when determining the best way to approach the enrollment conversation with them, and how to tailor messaging to reflect their needs and their concerns.

One-on-one assistance also allows for time to discuss client's questions and concerns that they may have about health coverage and the different options that are available to them. And during any enrollment in health coverage conversation, it's important to use plain language to describe complicated health insurance terms and concepts. And these appointments also give time to staff to individually assess each client to ensure that they're enrolled in the appropriate coverage option for their specific circumstances.

So to facilitate one-on-one assistance, we strongly encourage Ryan White Programs to have enrollment assisters or benefit specialists on staff who can answer questions about health coverage, and also understand the unique health coverage needs of people with HIV.

If that's not possible, to have enrollment staff in your program, the next best thing is to develop strong external enrollment partnerships. And these can include partnering with CACs navigators, health insurance agents and/or brokers to assist with enrollment into Marketplace plans. And for Medicare, the best partner is your area Aging Agency and State Health Assistance Program, otherwise known as SHIP. These two programs, the Area Aging Agency and SHIP are often the same program or organization in your area.

So with any of these external enrollment partners, it's important to explain the unique needs of your clients. So just comparing plans that include the client's preferred providers and medications. And we've heard from programs over the years that facilitating a cross training with your staff and your enrollment partners can establish a good working relationship and an open exchange of information to smooth the enrollment process for the client.

So for individuals that are enrolling into Medicare, SHIP provides free one-on-one insurance counseling to Medicare eligible individuals, family or caregivers. We strongly encourage case managers and other program staff to research ship options in your state and be ready to refer clients as needed. Or even better yet, consider having a staff member trained as a SHIP counselor.

So in order to do this, Ryan White Programs must become SHIP certified organizations first. And then once the organization is certified, then Ryan White Program staff can become SHIP certified counselors. And we've heard that having SHIP counselors sitting on staff is a great advantage to being able to help clients navigate enrollment into Medicare.

And so to help prepare both your eligible clients and your organization for the start of open enrollment on November 1st, we encourage you to begin scheduling account tuneup appointments as soon as you can. An account tuneup appointment is a pre-enrollment appointment, which can take place in person or remotely. In states that use healthcare.gov, clients have a small window to enroll in a health plan during open enrollment. And so conducting account tuneup appointments now will help eligible clients navigate open enrollment quickly and efficiently.

There are four more main steps that we've outlined in an account tuneup. The first is to check paperwork accounts and payments. The second is to review

finances to determine eligibility for financial assistance and estimate income for the plan year, confirm enrollment in the Ryan White Program, including ADAP, and help clients prepare for enrollment and schedule enrollment appointments. So an account tune up can be done before open enrollment begins to get all of these things in order.

So part two in this webinar series next Thursday at 2:00 PM we'll go in much more detail about account tuneups. So I encourage you to register for that and I will share details about how to register at the end of presentation.

So now let's review some of the common enrollment challenges and how to address them, which I know many of you mentioned as a challenge at the top of the webinar. So we're going to go through five challenges. So your clients may have a lot of questions when they're considering enrolling in health coverage or switching from their current coverage to new health insurance. And it's really important to have the answers that you can help build their trust and confidence in the enrollment process.

So some of the main concerns include whether they can keep their current doctors or they have to find new ones and if their medications will be covered and how much it will cost with a new plan. So these concerns arise because plan networks and benefits can change year to year. And for instance, a client's preferred providers may no longer be in network or their medications may no longer be covered, or they may have additional cost share requirements.

So a solution to help ease these concerns is to help your client understand their current costs and their providers, and then help them compare new plans by searching for their preferred providers and their frequently used medications on the plan. So you can do this on a health insurance plan website using the find a doctor tool or a similar tool that are available to find out if doctors are included in the plans that you're considering, and also find the plan formulary.

Clients are also often concerned about how much a plan is going to cost, such as premiums, deductibles, co-payments. Co-payments and co-insurance amounts can change from year to year. So you can help your clients compare new plans by calculating the premium and out of pocket costs for each potential plan.

So you'll need to review their household income in size and help them understand that financial assistance depends on these types of eligibility criteria. And their household income in size can change over time. So it's also important to stress that they keep them up to date. And it can be helpful to share stories, such as how you or a colleague may have successfully helped a

client in a similar situation find an affordable plan in the past can ease their concerns.

It can also help to ease their concerns by letting them know that the Ryan White Program, including ADAP, can help clients with premiums and other health coverage costs. This does vary state to state. So it's important to find out what kinds of financial help are available from the Ryan White Program in your area.

And in addition to providing financial help, Ryan White Programs in your area may also be able to provide helpful information about the plans being offered in your area, including cost for premiums and co-payments and a list of medications that each plan covers. So doing some of that work that I just talked about on these first two challenges. So prior to open enrollment, you can contact your ADAP and/or part A program to see if they're reviewing plans and also to see if there are specific plans that they support for the upcoming plan year.

The next challenge is that it's also important to remember that talking about health insurance and understanding specific terminology can be difficult to understand and lead to confusion. Clients may have limited English proficiency or limited literacy or health literacy, a disability or a behavioral health condition that affects their ability to understand health insurance information and to communicate with healthcare providers. So taking into consideration the health literacy, health insurance literacy and English proficiency of your client is a great place to start.

Whether you're talking about print materials or just talking one on one with clients, it's important to practice having these conversation in a way that is clear, uses plain language and simple terms, and gives you, as the case manager or provider, an opportunity to make sure the client is getting the information that they need. You can do this by providing information in plain language, both verbally and giving them something to read, and when possible, communicating with clients in their preferred language, either by working with an interpreter or having staff members who are bilingual or multilingual join your meeting with them.

It's also really important when talking about healthcare access to be mindful that clients, and this is on the next slide, clients are often coming into care with a lot of lived experience and often coming from communities that may have faced historical mistreatment by the healthcare system and by society. This can include being denied coverage in the past due to a preexisting condition. They may have experienced financial difficulty paying for coverage, or may have been treated disrespectfully when enrolling in health coverage or accessing care.

So this knowledge is core to what makes the Ryan White system of care special and is the reason why many clients have been able to build trusting relationships with their provider. However, it also means that clients may have significant concerns about enrolling in a new or unfamiliar program, particularly one that might result in a change of how they access their care. You can gain your clients trust by listening and emphasizing with their concerns, referring them to providers who are culturally and linguistic competent, and always being clear, honest, and respectful in your communication with them.

And finally, the fifth challenge is in regards to immigrants. Many immigrants clients often think that they are not eligible for health coverage because of their immigration status, or they fear that enrolling in coverage will put their family members immigration status at risk. So it's important to explain that non-citizens are not automatically barred from all forms of health coverage and that each program has a different set of residency and citizenship or immigration requirements. For example, the Marketplace lists specific immigration statuses that qualify for coverage, and we'll chat out that link. And some state Medicaid programs provide coverage for non-citizens and/or undocumented individuals.

Also, as many of you are already aware, the public charge policy no longer affects eligibility requirements for public benefits. In addition, many immigrants do not face a public charge test in their immigration applications at all. So it's really important to look at the eligibility requirements for each type of health coverage separately in case your client may be eligible. It's important to help your clients understand that there's no longer a relationship between health coverage and the public charge test.

So let's take a quick break and do a quick poll to hear about your experiences. So which of the following enrollment challenges have your clients encountered? Finding a plan that fits their health care needs, including provider, network and medications, concerns about plan affordability, understanding complex health coverage terms and concepts, mistrust of health systems, immigration related concerns, or something else. You can chat in your response. So I'll just give you another moment to respond to the poll.

So it's looking about, and this is a multiple choice. So the top three challenges that most of you are facing are finding a plan that fits their healthcare needs, concerns about plan affordability and understanding complex health coverage terms and concepts are the top three. So hopefully, some of the tools that I'm going to go over in just a minute will help address some of these challenges, and then hopefully also some of the solutions that I provided to the challenges will be helpful as well.

So before we move to the Q&A, I'm going to share a number of resources with you that will support many of the enrollment strategies I just discussed and can help address the enrollment challenges as well. So the first main resource is our website on Target HIV at targethiv.org/ace. And from the ACE homepage, you can access all of our resources from the side menu on the right hand side. That is teal or mint colored.

So you can start with the health coverage basics, the first option in the menu to give you an overview. And then you can browse our tools and resources section, which is the next button. And once you click on it, it's organized by coverage type, including Marketplace, Medicare and Medicaid. And then back on the main menu, you can also access our archive webinars, our ACE TA Center policy blogs, as well as subscribe to our mailing list.

And the ACE TA Center has developed a plain language quick reference guide for program staff to reference when explaining confusing enrollment terms and phrases to clients. It's a glossary and it's available in both English and Spanish. The information is also available for download and it's also in a web based clickable format. So two different options. And in the Spanish version, there's a complete list of terms on the last page that provides, or I guess in the Spanish and the Haiti Creole version, they provide the sort of English and then Spanish or Haitian Creole equivalence for each term.

So I think there's a balance to strike when talking about health insurance. On the one hand, we want everyone to understand what we're talking about. So using plain language is essential. On the other hand, is important not to change important health insurance terms that clients need to learn so that they can understand all the forms and notices and summaries that come in the mail. So this tool will hopefully help you explain insurance terms in plain language to your clients.

The next tool I want to highlight is how to help train external enrollment partners, which we talked about. And so we have a few resources that are specifically designed for enrollment specialists who are new to enrolling people with HIV. And these are, like I said, great resources to give to your external enrollment partners such as SHIP counselors, CACs, navigators or brokers.

The first pictured on the left is a short animated video that provides essential tips to assisters who may be new to supporting people with HIV. It's a nice overview, particularly if you're going to do a cross training. It might be a good way to sort of kick off some of the activities. The second resource on the right is a one page fact sheet for enrollment partners that are new to supporting people with HIV and provides details on medication and care needs, enrollment

concerns, and how the Ryan White program may be able to provide financial assistance for health coverage.

The next resource is one that can help you prepare to talk with your clients. And this is our discussion guide. It's designed for case managers and other staff that work closely with clients. The formal title is Common Questions and Suggested Responses for Engaging Clients and Health Coverage. It's designed to help you talk with your clients about the five challenges that I just went over a few minutes ago.

And we've heard over the years that programs use this tool in a number of ways, including using it to help role play enrollment conversations with other staff members. So to do in a training. The tool's definitely not a script. But hearing yourself use some of the sample responses or playing around with how you might respond to a certain question or concern can be a good way to get comfortable with some of the more challenging questions and conversations that may come up.

And so finally, here are a number of additional resources that can support your work to help clients enroll and stay enrolled and use their insurance to access services. So I encourage you to check these out.

And then just want to put in a final plug for our webinar next Thursday. That's part two in this series, Preparing for Open enrollment: Policy Updates and Conducting Account Tune-Ups. So we'll chat out the link to register for that now, and we hope you'll join us.

And finally, we're excited to share that we have a new resource coming soon that will help Ryan White Program staff determine which types of health coverage a client is eligible for. And we'd actually like to user test this resource to make sure it's useful to you and your work with clients. So we have a user testing opportunity. If you'd like to get involved, it's not a heavy lift, we hope. And we'll involve downloading and using the new tool, which we anticipate would take about five to 10 minutes. And then you would provide your feedback to us via an online form. And this would take five to 10 minutes.

So if you're interested in volunteering, you can sign up by providing your information in the webinar evaluation form when the webinar ends. The evaluation form will automatically pop up when the webinar ends, so please wait for it. And the first question in the evaluation form asks if you're interested in being a user tester. And you can indicate your interest there.

And then you can look for an email with instructions from the ACE TA Center in October if you volunteered, and can reach out to us with questions at any time. And of course, if you're interested, after this you decide you're interested or have a colleague you think we would be interested in user testing, you can always email us at acetacenter@jsi.com. And so now I'll hand it back to Molly to start the Q&A.

Molly Tasso: Great, thank you so much Liesl and Christine, both wonderful presentations with a lot of good information. And we have received a number of really awesome questions. So I think we're just going to dive in here. So I will put these next couple to you, Liesl and Christine. So I will hop in whenever you're ready. So this first question, do Medicare and Medicare Advantage mostly operate similarly?

Liesl Lu: I'll get started and Christine can chime in. But there are some similarities and differences. Original Medicare is operated by the federal government and includes part A hospital insurance, part B medical insurance. But part D is optional. Clients can opt to purchase an additional standalone part D prescription drug plan, and can also opt to purchase a Medigap, supplemental coverage policy to help with costs.

And then Medicare Advantage plans include a bundle of Medicare part A, B and D. Medicare Advantage plans are managed by a private insurance carrier. So oftentimes people may not even know they have Medicare Advantage because they think that they have Blue Cross or Aetna or something else. Christine, do you have anything to add?

Christine Luong: Yeah. Thanks for that overview, Liesl. I would say we wouldn't recommend one option over the other, that one's obviously better than the other. I think just keep in mind that some clients may find it helpful to enroll in, let's say, Medicare Advantage if they think it's easier to just have one Medicare plan to keep track of. And other clients may prefer to do original Medicare plus some add-ons because they want to build of the exact type of health coverages that they need and not have anything extra.

So it really depends on the client's specific circumstances. They will all provide pretty much the same benefits. Just the way that they're delivered will look a little bit differently. And then the only other thing I would add is just nationwide across all Medicare beneficiaries right now, it's about a 50/50 split between folks who choose original Medicare and folks who choose Medicare Advantage, although Medicare Advantage is starting to become a more popular option. So I hope that's helpful.

Molly Tasso: Yes. Thank you so much, Christine. That is helpful. Sort of staying in this lane of Medicare, a question about Medigap. So can you inform how access to Medigap policy works? Who and when persons are qualified to apply?

Liesl Lu: I'll go first, and you can chime in Christine again. So depending on a person's age and the kind of health coverage that they have, there may be certain times a year that they can sign up for a Medigap plan. A person can also sign up for Medigap when they're first enrolled in a Medicare part B plan. So we can share a link with more info.

Some Medigap plans are sold by private insurance companies. Medicare.gov does have a tool that can help you find one in your area, but you must purchase Medigap plans directly from the insurer. And in most states, you'll find the Medigap policies are named by letters. So like Medigap Plan F or Medigap Plan G.

But if you live in Massachusetts, Minnesota or Wisconsin, Medigap plan to have a different name. So we'll share information on that. And as a reminder, you can only purchase a Medigap policy if you have original Medicare. It doesn't work with Medicare Advantage. You can't purchase it with Medicare Advantage.

Christine Luong: I have nothing else to add other than it is an optional add-on. So you'll probably hear me saying this a lot. It's just important to talk with your clients to see what their unique health coverage and healthcare needs are to see if it makes sense for them to add on that option.

Molly Tasso: Thanks Christine. And I'll note that, Christine, you also chatted out to everyone a couple resources. So both from medicare.gov, one is when to buy Medigap and then Medigap plan comparison website. So definitely check out those. Thanks Christine for sending those.

Christine Luong: Quickly, just for that second link I sent out, the Medigap plan compare. That's where you can put in your zip code. It'll show you what's available in your area. But you do have to ... Once you've, let's say, landed on a plan that you would like to purchase, you have to actually go through that insurer to purchase it. And then just on that page, there's this hyperlink that's called see benefits of each plan under step one. You can click on that and there's a nice popup that'll summarize all those Medigap plans by letter and what they cover. So I've found that to be really helpful. So make sure to check that out.

Molly Tasso: Awesome. Thanks Christine. I will take this next one. So someone asked about the credentials needed to assist someone with an enrollment. So does a case

manager need to have CAC or certified application counselor credentials to assist someone with enrolling to the Marketplace?

So I would say no. You aren't necessarily required to enter your credentials on the Marketplace website in order to then help someone enroll. However, there are a lot of benefits that a person would receive or that you get through that training. So whether it's a CAC, certified application counselor, or navigator training. I myself have been through the navigator training in the past. It's a really wonderful, comprehensive training that really touches on all aspects of health insurance and educating a person around enrollment and using insurance.

And you also then receive or there are other benefits. You get direct communication from the Marketplace and from CMS around upcoming changes or notices around open enrollment. I believe funded navigators also have a separate call line to the Marketplace for assistance. So we really strongly encourage staff or programs to have trained staff in their programs. However, if that's not possible, really strongly encourage folks to develop referral relationships with organizations or programs in your area that might have trained staff that can help clients if needed. And so that's certainly something that we strongly encourage everyone to look into.

Christine, we have a question here. Can you provide some information on late penalties? And so I think this is specifically related to late penalties for Medicare enrollment that you had touched on during the Medicare piece today.

Christine Luong: Yeah, of course. So with Medicare in general, the longer that someone delays enrollment in Medicare, the more likely it is that they will incur a penalty. So just as a brief overview, there's a penalty associated with each of the Medicare parts. So specifically part A, part B and part D. For part A, penalty only applies if you don't qualify for premium free part A.

So as I mentioned before during the presentation, most people don't have to pay a premium. They have enough work credits, social security work credits to qualify for premium free part A because they've been paying towards that while they've been working. So if an individual doesn't have enough work credits and they have part A, let's say they delay enrollment for two years, you have to pay 10% more per month for twice the number of years that you delayed enrollment.

So let me just make sure I got that right in my head. So let's say you were eligible for two years, but you didn't sign up, you delayed it for two years. You will have to pay 10% more for four years. So two times two is four. So that can

add up. But like I said, a lot of people don't have premium, don't have to pay a premium with part A. So it's not as much of an issue.

For Medicare part B, that penalty is a lot, I wouldn't say a lot bigger. It's a lifetime penalty, and for some folks, it can be a hefty amount if they delayed enrollment for a long time. So for part B, it's an additional 10% for every 12 month period, for every year, that you were eligible but didn't enroll on top of your monthly premium.

So let's say you chose not to enroll for two years. So 10 times two is 20%. So for the rest of the time that you have Medicare part B, you have to pay an additional 20% every month. That penalty never goes away. And that's why it's called a lifetime penalty. The Part B penalty is usually the one that folks worry about the most because it can be a hefty amount. And it's very, very difficult to get rid of it.

And then I'll just say that for the Part D penalty for prescription drug coverage, it's also a lifetime penalty, but really it's usually a lot smaller penalty amount compared to part B penalty, and it's a lot easier to resolve. We can chat out a link that has just some more details about these specific penalties. And I hope that that will be helpful.

We also have answered some of these questions in our Medicare FAQ resource online. So we can chat out the link to that as well, and you can search in the search bar penalty. And I'll show you all of those related responses. So I hope that's helpful.

Molly Tasso: Thank you Christine for that breakdown. And I was also going to sort of remind folks to check out the Medicare FAQ that you just referenced. I think there's something like 42, 43, 44 Medicare specific questions answered there. So it's really a wonderful repository information. And again, use that search bar if you're looking for something specific. If you're not seeing anything there, you're not getting the answer to your question, again, please reach out to, and we will do to answer your question, acetacenter@jsi.com.

Liesl, a question here for you around changing Medicare plans. So what if someone wants to change their Medicare plan? For example, can a person who has been on Medicare part C coverage switch to regular Medicare and Medigap policy during open enrollment? What does that switching process look like?

Liesl Lu: Yeah, sure. So this is a great question, and today's presentation is focused on enrollment for folks going through enrollment the first time. But you can definitely check out our Medicare tools for information about changing plans.

So depending on what type of Medicare coverage your client is already enrolled in and what changes they want to make to their coverage, they're actually multiple times throughout the year. So you can switch, joint, switch or drop a plan during the open enrollment period from October 15th to December 7th each year.

And then there's a specific open enrollment period for making changes if you're enrolled in Medicare Advantage. So the Medicare Advantage open enrollment period is January 1st to March 31st each year. And you can switch to a different Medicare Advantage plan during that time or switch to original Medicare and join a different Medicare drug plan if you're doing that. So that can happen one time during the year. So I can chat out a link that kind of summarizes this information on medicare.gov. But again, for making changes for the original Medicare, it's October 15th to December 7th. And for making Medicare Advantage changes, its January 1st to March 31st.

Molly Tasso: Great, thank you Liesl. And our colleague Mira just chatted into again those specific dates. So it's right there for you to capture. Christine, a couple questions for you. You know what? We're going to do one more question and then we're just going to wrap up. Christine, let's talk about Medicare part C. So what does Medicare ... Or Christine, which question would you like to answer? I'll let you choose.

Christine Luong: Thanks Molly. So we got a great question that's also about penalties about this person said, especially dealing with marginalized communities that have largely already experienced some level of trauma with medical coverage or assistance, and they especially would love to know best practices to make sure that clients are avoiding these penalties as much as possible.

So I know I've already given a brief overview of what the penalties are and how they calculated. But I think this is a really important question for folks to consider. So one of the best practices that we encourage you to consider is to enroll in Medicare when you're first eligible. Like I said, the longer you go without enrolling, the more likely you'll have a penalty. So by enrolling when you are first eligible for Medicare, that's the first best practice.

For many people, this will be your initial enrollment period when they turned 65. So just making sure, if you're working with a client who is about to turn 65, or is thinking about retirement right around that age, making sure to talk with them about, "Hey, what are your plans for health coverage?" So that's 65 age work is really important for the IEP.

Another best practice I would say is if you're thinking of deferring Medicare in favor of another type of health insurance, making sure that that insurance that accounts as what's called minimum essential coverage. Basically it just means, like Medicare, it provides as much as, or better than ... Sorry. Benefits that are at least as good as Medicare's coverage. So that's basically what it means. So if you are choosing to continue working past 65, you want to keep your employer sponsored insurance and you want to defer Medicare, make sure that that employer sponsored coverage counts as minimum essential coverage.

And then lastly, the third best practice I would share with you all is just if you're switching plans or transitioning from something else to Medicare, try your best to minimize any gaps in coverage. So there may be a period in which you're waiting for your Medicare coverage to begin. For example, with the GEP, let's say you sign up by March 31st, you still have to wait until July of that year for your coverage to start. So those few months, those are going to be periods of time where Medicare will say, "Oh! You didn't have minimum essential coverage. So that'll count toward your penalty." So just making sure that you are minimizing those gaps in coverage. So I would say those are some best practices to keep in mind.

Molly Tasso: Great. Thank you so much, Christine. Thank you so much Liesl. And thank you to all for joining us today. We're at time Really quickly, just as a reminder, this was part one of a two part series around preparing for open enrollment. And so next week, next Thursday, September 22nd at two o'clock, we're going to have our second presentation, which is going to focus on specific healthcare policy updates related to this year's Marketplace open enrollment. And then we're also going to be talking through some different ways that programs and staff can get ready for open enrollment, including account tuneups and other steps that you can take to, again, help sort of ensure smooth open enrollment period come November 1.

As you can see here on the slide, please do sign up for our mailing list or email list if you haven't already. You can also visit us at targethiv.org to, again, download the tools and resources that we've discussed today. And if you have any questions that come up again, please do reach out to us at acetacenter@jsi.com. Thank you again so much. Have a wonderful afternoon. And please do fill out the evaluation that's going to pop up once the webinar ends. So I hope to see everyone next week. Thank you.