



Webinar Transcript | September 22, 2022

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

- Molly Tasso: All right. I think we're going to go ahead and get started today. Good afternoon or good morning everyone, and welcome to today's ACE TA Center webinar. My name is Molly Tasso, and I'm the ACE TA Center project director and a consultant at JSI. Thank you for joining us today for the second webinar in our two part series focused on preparing for the upcoming Marketplace Open Enrollment Period. Today, we're focusing on specific details for this upcoming Marketplace Open Enrollment Period, and also sharing some tips around getting your organizations prepared to begin enrolling clients on November 1st.
- Molly Tasso: 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 clients' capacity to use the healthcare system and communicate with clients about how to stay enrolled and how to use health coverage. This is done through the development and dissemination of best practices and supporting resources, and also by providing technical assistance and training through national and localized activities.
- Molly Tasso: Our audiences include the 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.
- Molly Tasso: Today's webinar will be archived on TargetHIV at targethiv.org/ace. All participants in today's webinar, you all will receive an email when it is posted so you can share it with your colleagues as well. Our website also houses all of the resources and tools that we're going to be discussing and sharing today, in addition to a number of other helpful tools, resources, job aids. So if you happen to forget or lose the direct link today, you can always visit our website or search the topic library on TargetHIV.
- Molly Tasso: So today, I'm pleased to let you all know I'm joined by Amy Killelea and Christine Luong. So Amy is an independent consultant providing public health policy and financing expertise to government public health agencies, non-profits, payers and providers. Amy's focus areas include HIV and hepatitis programs, public and private health insurance coverage, public health and healthcare financing strategies, and medication access and pricing. And my colleague Christine, is the research and policy associate for the ACE TA Center where she specializes in mixed methods research, health policy analysis, GIS and data visualization and



Webinar Transcript | September 22, 2022

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

materials development for Ryan White recipients clients, and a variety of other audiences.

Molly Tasso: So before launching into the presentation, I'm just going to give you overall an idea of what we're doing, where we're going today. So we're going to start with an overview of the Marketplace Open Enrollment, and then move into some more broad policy in health coverage access issues. This will include both federal policy updates and then also an overview of long-acting injectable anti-retroviral treatments. Then Christine is going to talk to us and provide us some tips in best practices for preparing organizations for Open Enrollment, and then we'll wrap up with the Q&A. So with that, I'm going to hand it over to Amy to start talking to us about what's new for 2023.

Amy Killelea: Terrific. Thank you, Molly, and hi everyone. So, yes, we're going to go through what to expect as Open Enrollment quickly approaches, and some of the new things in terms of federal regulations for the 2023 plan here. So let's review first the dates we're looking at. Open Enrollment is almost here for federal Marketplaces, so HealthCare.gov, and this is the vast majority of states and state-based Marketplaces have adopted this timeframe as well. But we are looking at a November 1 start date, and this year the Open Enrollment Period will run all the way through January 15th.

Amy Killelea: So a few things to keep in mind about this somewhat elongated Open Enrollment Period. As usual, anyone who enrolls starting that November 1 start date of Open Enrollment through December 15th is going to have a January 1, 2023 coverage effective date. So that December 15th date is important to keep in mind if you want clients to have a January 1 start date for their coverage effective date. Folks who enroll after December 15th, so December 16th through the end of Open Enrollment, which is January 15th, will have a February 1, 2023 coverage effective date. So those are things to keep in mind just in terms of ensuring no gaps in coverage wherever possible.

Amy Killelea: And I would just note, some states, some State-Based Marketplaces have slightly elongated Open Enrollment Periods, usually running until January 31st instead of the 15th. So check with your state and the State-Based Marketplace and we can share the link to figure out which state you're in as your Open Enrollment Period might be two weeks longer than the federal Open Enrollment Period.

Amy Killelea: So next slide. So, one thing that we're excited to report, and this was very much influx and in question up until a little while ago, but we did want to include an



Webinar Transcript | September 22, 2022

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

update on the Inflation Reduction Act, which was passed by Congress and signed into law by President Biden in August of this year. Many pieces of the Inflation Reduction Act, but for our purposes and impact on Open Enrollment, I want to focus on a few. And one of the big ones is that the enhanced subsidies, so the enhanced premium tax credits that had been in place for both 2021 and 2022 through the American Rescue Plan Act, which was a piece of legislation past a few years ago, those have been extended into 2023 and all the way through 2025. So the American Rescue Plan Act had put those enhanced subsidies in place but to expire at the end of this year. So there was a question of what is going to happen to consumers who have been relying on those enhanced subsidies at the end of the year? Well, the Inflation Reduction Act eliminates that challenge and concern and it extends these subsidies.

Amy Killelea: So it's really, really good news for Ryan White clients and for many, many people who are getting subsidies to purchase Marketplace coverage. Many of those folks and anyone who is 150% of the federal poverty level and lower are eligible for zero-cost plans. Folks above that income threshold are getting very, very low cost Marketplace plans right now. And so, the long story short there is that continues for the 2023 plan year, we're not going to see major changes in terms of the subsidies and the ultimate cost of those plans for consumers. So that's great. The other thing that the American Rescue Plan acted was eliminate what was basically a subsidy cliff.

Amy Killelea: So prior to the American Rescue Plan Act, folks lost eligibility for Marketplace subsidies when they went over 400% of the federal poverty level, there was just a strict eligibility line there. And over that threshold, you were no longer eligible for subsidies. The American Rescue Plan Act essentially softened that cliff and made it like a runway instead. So instead of falling off eligibility together, it gradually tears down and people with higher incomes won't pay more than 8.5% of their income for a silver level plan premium. So that also remains in effect for 2023 and through 2025.

Amy Killelea: The Inflation Reduction Act includes many, many health policy things, other provisions impacting drug pricing and Medicare affordability. So watch this space and watch the ACE future webinar offerings for more information there. But that is a big update and a good update for Ryan White clients.

Amy Killelea: Next slide. So, the other piece that I want to talk about are some of the new regulation provisions that will impact coverage in 2023. So, as folks who have attended these webinars before well know each year the federal government releases regulations that provides standards rules of the road for Qualified



Webinar Transcript | September 22, 2022

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

Health Plans that are sold on and off the Marketplaces. And this rule is called the Notice of Benefit and Payment Parameters, so it is released every year. And so last spring, the rule for the plan year starting January 1, 2023 was finalized. And there are some important changes in there that I think ultimately are good changes for people with HIV. And I want to go through the three sort of buckets that you have here in front of you: stronger non-discrimination standards, stronger provider network adequacy standards, and then standardized plan designs.

Amy Killelea:

So, we'll just start one by one here and start with the non-discrimination standards. And this is an area that we saw some positive changes, some added protections in the Notice of Benefit and Payment Parameters' rule. The ACA includes a number of provisions that prohibit plans from discriminating against people based on a range of factors including health status. So that has been in place since the ACA was enacted. And over time, the regulations that are implementing that the ACA have gotten tighter around what it means to be a discriminatory plan design. And so we saw in the rule that was finalized that will govern the 2023 plan year tighter standards for plan designs. And basically what that means is that the way that insurers set up in insurance plans, provider networks, it's cost sharing structure and the services that the plan covered are going to be scrutinized more heavily at the federal level and at the state level.

Amy Killelea:

One thing that I think is of particular importance for people with HIV that the rule did was it list out examples of discriminatory plan designs that are just per se discriminatory that they are examples of we know it is discriminatory when we see it. And one of those examples is adverse tiering, which is basically the practice of placing all or almost all drugs used to treat a certain condition on the highest cost-sharing tier. We've seen in the HIV spaces come up in plan designs every single year. And so, I think with this stronger standard, we're hopeful that we'll see formulary designs that are a bit more protective and ensure access and affordability for people living with HIV, but as folks in the Ryan White space who are working with clients, keep an eye out. If you see a plan that is placing all HIV drugs on the highest cost-sharing tier, flag that for your state regulator, flag that for your plan, that should not be happening, particularly with these new standards going into effect January 1.

Amy Killelea:

Next slide. So in addition to the non-discrimination requirements, the rule also puts in place or bolsters existing provider network adequacy requirements. So basically the requirements that plans have a sufficient number and a sufficient type of providers in their networks. And the rule did this through a couple of different ways. One is that the rule adopts quantitative time and distance



Webinar Transcript | September 22, 2022

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

standards for access to providers. This is important and this also is broken down by provider type, including infectious disease providers. So not only does a provider have to be in network, so you check the providers, and you say, "Okay, infectious disease provider, check, or Ryan White provider, check." There is now also a requirement that provider be accessible based on the time and distance that that provider is from a consumer. So it puts a more practical parameter around access and defines access in a very specific and quantitative sort of easy to enforce way. So, that is going to into effect in 2023.

Amy Killelea:

The final rule also revises the requirements around Essential Community Providers. So this is the requirement that Qualified Health Plans contract with a certain number of these Essential Community Providers. As a reminder, ECPs are safety net providers, and the federal definition of the ECP includes Ryan White providers among other safety net providers like Community Health Centers and STD clinics. So basically the long story short is that the rule is telling plans they have to contract with more of these Essential Community Providers. Starting in 2023, the threshold increases. So it used to be in 2022 that plants had to contract with 20% of available Essential Community Providers in the service area. 2023, that number bumps up to 35%. So, from a consumer access perspective, hopefully it should be easier to find a Ryan White provider in the plan's network. And if it's difficult, that might be a flag that the plan is not meeting the standard for the Essential Community Providers.

Amy Killelea:

Next slide. And then finally, and this is exciting. The rule also finalized what are called standardized plan options for 2023. These aren't new. They were actually introduced in the Obama administration. They were around for one plan year, but then quickly rolled back under the next administration. But they're back now and they're back in even more sort of protective form. And basically what these plans are, their plan options that you can see available through HealthCare.gov when you look at plans, their plan options that have set cost-sharing designs, that basically the beauty of them is that consumers can more easily compare plans because they're not comparing wildly different cost-sharing designs and plan designs. They're able to do an apples to apples comparison across various plans. So starting in 2023, Qualified Health Plans issuers were selling plans again on HealthCare.gov, although many states have adopted some form of standardized plans as well.

Amy Killelea:

So if you're in a State-Based Marketplace, don't despair, your state has very likely has some form of standardized plans available. But for the HealthCare.gov standardized plans, the plans are standard across some of the bullets that you see in front of you. So standard deductibles, standard out-of-pocket maximums,



Webinar Transcript | September 22, 2022

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

a standard four-tier drug formulary, that's a big one. We see a lot of plans vary in terms of four-tier, five-tier. This is a standard four-tier drug formulary. Standard set of services that are covered pre-deductible. And that includes really important things for HIV, including specialist visits and primary care visits, and then plans that have copays instead of co-insurance for all prescription drug tiers.

Amy Killelea:

So that's super important for HIV and really helps to lower the cost and spread HIV costs out throughout the year. So there are non-standardized options that will be available on the Marketplaces on HealthCare.gov as per usual, you'll be able to see the standardized plan options. They will be easily and very prominently marked on HealthCare.gov. It's worth it to take a look. That would be my advice that standardized plans are really designed to be consumer friendly to be a little bit easier to compare. And the copays instead of co-insurance, I think, is a really big draw of these plans as well. And so, that's going to be new starting January 1, 2023. So that's some of the highlights of what to expect for 2023. And with that, I will turn it back over to you, Molly.

Molly Tasso:

Awesome. Thank you so much, Amy. And again, please, any questions, comments, thoughts, clarifying points, anything, please add them into the chat and we will have time at the end to walk through those. So next, I'm going to cover a handful of federal and state policy and healthcare access updates that aren't necessarily specific to or unique to the upcoming Open Enrollment Period, but that do certainly impact the upcoming Open Enrollment Period and absolutely impact Ryan White clients as well as case managers and other staff who are supporting the enrollment and helping clients access and use healthcare.

Molly Tasso:

So the first update is related to the new Special Enrollment Period or SEP, which began on January 1st of this year, and it's referred to as the low-income SEP. This new SEP is available monthly, which means that qualifying low-income individuals can enroll into or switch Marketplace plans at any time during the year. This SEP is available in states that use HealthCare.gov, and it also allows folks who are already enrolled in a Marketplace plan and whose income is below 150% of the FPL to switch plans monthly. And one caveat about that, they do need to switch into a silver level plan only, they do have the option to do that on a monthly basis. Again, don't despair if you are in a state-based exchange. Many exchanges have adopted this SEP, so we really encourage you to check on your state's exchange website to see if this SEP is available. Also, just as a clarifying point, this SEP is not available to most individuals with incomes below 100% of the federal poverty level who live in a non-Medicaid



Webinar Transcript | September 22, 2022

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

expansion state. So this is also known as individuals who fall into the Medicaid coverage gap.

Molly Tasso: The next update is around the No Surprises Act, which took effect in January of this year, and it established new federal protections against surprise medical bills. So the No Surprises Act or the NSA protects consumers from surprise medical bills by restricting excessive out-of-pocket costs in situations where consumers were not aware and did not consent to receiving out-of-network services, so an example here would be emergency services delivered in an emergency department, but delivered by an out-of-network provider working in that ER. The NSA also bans out-of-network charges and balance bills for supplemental care, like radiology or anesthesiology, by out-of-network providers that work at an in-network facility. So this is a great new protection, again, and it also establishes some processes to file and resolve billing disputes or issues. And so there is a pathway for remedy if concerns or questions or issues come up.

Molly Tasso: Next is just a recognition of the emergence of Monkeypox as a Public Health Emergency. And we just wanted to raise this and make sure that the Ryan White recipients, sub-recipients that you all are aware of this helpful HRSA HAB Monkeypox website, which hosts FAQs about Monkeypox as well as information about HRSA's Monkeypox vaccine distribution initiative. So we, as I'm sure you are all as well keeping your finger on the pulse here and staying up to date. So we encourage you to check out the website. We just chatted out a link as new things are emerging and new resources are posted, that's certainly a wonderful place to seek information.

Molly Tasso: So, shifting a bit. For the next few slides, I'm going to turn to the Public Health Emergency and the Medicaid unwinding process. So as a reminder and an overview, the federal response to COVID-19 included a significant increase in Medicaid funding for states in exchange for the guarantee that states would not terminate Medicaid coverage while the Public Health Emergency remained in place. So this is referred to as a continuous coverage requirement. And what it means in practice is simply that states have stopped conducting routine Medicaid redetermination activities.

Molly Tasso: So while the PHE is currently in effect, I should say, but once it ends, states will have to resume full eligibility redeterminations for all Medicaid enrolls, which will require all enrolled individuals to respond to requests for information or risk losing coverage. So I'm sure many of you may see the writing on the wall here and recognize that the last two years have really been full of change and



Webinar Transcript | September 22, 2022
Preparing for Open Enrollment, Part II
Policy Updates and Account Tune Ups

disruption and people may have moved, lost jobs, experienced other changes that may impact their ability to respond to information requests from a state Medicaid office. And for the population of Ryan White clients, this may be especially true. So it's very important that Ryan White recipients and sub-recipients begin preparing sooner rather than later for the end of the Public Health Emergency.

Molly Tasso: So, as I noted on the next slide, we don't know when the PHE will end, but there is really no reason not to begin communicating with clients now that it will be happening and it will be taking place in the near future. So we encourage Ryan White programs to proactively communicate with clients who are enrolled into Medicaid to let them know again that this is happening and to prepare them for taking action once they are contacted by the state Medicaid office. ADAP eligibility redetermination appointments are great opportunities to provide education, but if the timing doesn't align for any reason, case managers and program staff may need to do some targeted outreach via phone or some other communication method.

Molly Tasso: When talking with clients about this, there are a few key messages that are important to convey. So first, again, it should be reiterated. First and foremost, they need to make sure that their mailing address and their contact information is up to date with the Medicaid office. This is where they will be receiving all communication, so it's important that the state Medicaid office has the correct information on file. As folks are preparing for the unwinding process, we've seen many states making the process of confirming or updating addresses very simple. So a short online form or even a quick phone call on the screen. Actually as an example of some communication and messaging taking place in Illinois has right there on the flyer a URL, also a phone number where folks can update their contact information. I've also seen other states pivoting to using brightly covered envelopes or some way to catch someone's attention that, "Hey, this piece of mail is important and it needs your attention." So updating mail and addresses and contact information is the number one high priority sort of action step for clients.

Molly Tasso: Second, we encourage clients, again, to the point about envelopes, to open any mail from the state Medicaid office and respond in a timely manner. It may be the case that clients have been receiving correspondence from the state Medicaid office during the last few years, but because of the PHE, they weren't dropped from coverage, but that's likely not going to be the case this time. So it really is important that they pay attention to what they are receiving in the mail and responding promptly.



Webinar Transcript | September 22, 2022

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

- Molly Tasso: And then lastly, just recognizing when talking with clients that the process may feel a little overwhelming, perhaps a little daunting, but just remember that if for any reason a person is no longer eligible for Medicaid, there are other health coverage options available to Ryan White clients. And if needed, the Ryan White program will always be available to provide as a safety net medication coverage, so that support is there. If folks have additional questions about the PHE, please again chat them and we can talk some more about that in the Q&A.
- Molly Tasso: And then shifting gears a bit. My last update is on an important healthcare access topic, which is long-acting injectable Antiretroviral Therapy. So as you may know, long-acting injectable ART is a form of HIV treatment and it's available as an injection received routinely by an individual often monthly or bi-monthly and administered by a clinician or another healthcare professional. So the first long-acting injectable ART product was approved by the FDA in January 2021 and there are others currently in the development pipeline. And the availability of this treatment is really an exciting advancement in the field of treatment and prevention and offers an important access expanding opportunity for treatment, especially for folks who may experience barriers with adherence to daily oral regimens, including individuals who are concerned about confidentiality, the ability to safely receive and store medications and also daily pill fatigue. It's also just a great option for people who simply prefer this treatment option.
- Molly Tasso: And on the next side, the reason we're discussing this now I would say is that we're seeing an increase in the uptake of long-acting injectable ART among people living with HIV and Ryan White clients. So it's important for program staff and case managers to be up to date on this treatment option and knowledgeable of the cost and health coverage considerations, which is to say simply understanding and helping clients determine if their health insurance may or may not cover this treatment. So it's important to know that this new regimen not only requires access to the drug itself, so the actual medication being injected, but also to the provider or the clinician who is administering that injection.
- Molly Tasso: HIV providers who are interested in dispensing long-acting injectable ART to patients must learn how to order, receive and bill for this particular product. And they must figure out how to navigate the billing and payment processes, which is different than prescribing oral ART. So public payers meaning Medicaid and Medicare and private payers, meaning commercial health insurance. They may treat this product differently than oral medications when it comes to coverage and also cost-sharing. So because of all of these sort of considerations,



Webinar Transcript | September 22, 2022
Preparing for Open Enrollment, Part II
Policy Updates and Account Tune Ups

it may take a little bit of work to determine if and how long-acting injectable ART is covered for an individual client.

Molly Tasso: Again, the cost-sharing will depend on the payer, but it will generally consist of a medication copay or co-insurance as well as any cost-sharing requirements that are associated with or an office visit. And I will note though that the Ryan White program may be able to cover many of the costs related to long-acting injectable ART for insured clients.

Molly Tasso: So given some of the costs and access complexities associated with this, Ryan White recipients and sub-recipients will certainly play an important role in helping the Ryan White community of clients access this treatment. So we really encourage Ryan White case managers and assisters to advise clients first to speak with their doctor about whether this treatment option is right for them, to assist clients to evaluate their health insurance, whether that be public or private, to find out if the injectable ART is covered and whether it's covered as a medical or a drug benefit and what the cost-sharing, what costs might be associated with that. And then finally, make sure that if clients are interested in moving forward with perhaps moving towards a long-acting injectable ART regimen and making sure that clients know how the Ryan White program, and also how the pharmaceutical manufacturers may be able to help with insurance cost-sharing for insured clients and also access generally to the product for uninsured clients.

Molly Tasso: So, to help you navigate all of these costs and coverage considerations associated specifically with long-acting injectable ART, the ACE TA Center, we are thrilled to share with you on the screen you can see are newly launched. It's a wonderful fact sheet which details everything I just discussed and more. It has a number of very helpful graphics too to describe various processes and the relationships between the various pieces of this puzzle. So we're going to chat out a link for you to download this great new resource now. So, with that, we are going to shift squarely to this upcoming Open Enrollment Period. I'm going to hand it to my colleague, Christine, who's going to help us walk through what we can be doing now to prepare for Open Enrollments.

Christine Luong: Great. Thank you so much, Molly, for your great presentation. So yeah, I'm going to take us through how we can prepare for the upcoming Marketplace Open Enrollment Period. So, you've already seen these dates on this graphic on a previous slide, but it's worth reiterating now that Marketplace Open Enrollment is very, very quickly approaching. It begins November 1st, and that is only 40 days away from today. So I will be going over four steps that you can



take now, next slide please, to make sure that your program is ready for Marketplace Open Enrollment.

Christine Luong: The first step is going to be conducting training and building enrollment staff capacity. Second is building enrollment partnerships. Third is conducting Account Tune-Ups. And we will explain what that is in just a few slides. And the fourth step is assessing health plans and conducting client outreach. So let's get right into it.

Christine Luong: So a key first step during this period of time is to increase your internal and external enrollment capacity starting with training. So first, we encourage programs to train all of their staff on the basics of health insurance and enrollment. So what this means is helping staff across your program to improve their health insurance literacy and understand key considerations for people with HIV, like making sure that the client's HIV medications are covered and also understanding how the Ryan White program, including ADAP may be able to help cover insurance costs. And then another important component of staff training is getting staff ready to conduct Account Tune-Ups for eligible clients. So generally this is a strategy that's designed to troubleshoot and gather information ahead of this Open Enrollment Period by conducting pre-enrollment sessions. And I will talk more about the Account Tune-Ups' process in more detail shortly.

Christine Luong: So, many Ryan White providers will choose to have either some or all of their staff trained as Certified Application Counselors or CACs. And the CAC training is a free training that's available through CMS. It's available to individuals who live in the states that use the federal HealthCare.gov Marketplace platform. And this training is really helpful for case managers who are conducting enrollment activities, as well as anyone who may be helping clients work through any Marketplace coverage challenges.

Christine Luong: And one important thing to note here is that CAC staff need to be associated with a CDO, also known as a CAC Designated Organization. Basically this means that your workplace or the program that you're affiliated with has to go through a formal certification process with CMS first. So, we're going to chat out a link now where you can register to become a CAC. And for those of you who live in states that don't use HealthCare.gov and instead use your own State-Based Marketplace platform, we do encourage you to seek out any trainings that are offered through your state's Department of Insurance. And also just in general, we recommend that all Ryan White organizations encourage their staff to be trained and certified as enrollment assisters.



Webinar Transcript | September 22, 2022

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

Christine Luong: So the second key step that I want to talk about today is building enrollment partnerships. So, as needed, we do encourage you to identify and establish partnerships with navigators, CAC staff, and other enrollment assisters that are outside of your immediate HIV program. So these assisters may be within your larger organization or health center, or they may be located at a partner organization. Now often these folks are really, really good at enrollment work, but they may need your help learning about what your clients need with regards to HIV medication coverage, preferred HIV providers, and also the role of the Ryan White program and ADAP in terms of helping with costs.

Christine Luong: Next slide. Thank you. So the ACE TA Center has compiled some helpful resources for cross training with external enrollment partners. You can visit our webpage at targethiv.org/assisters, and there, you can find, we have a tool titled Eight Things to Know to Help Support People with HIV to Enroll in Health Coverage. And there's a screenshot of that tool on this slide. On that page, you'll also find a brief video for assisters who are new to supporting people with HIV, which you can also see on this slide. There are also a number of other relevant resources as well. So we will chat out the link to that page now.

Christine Luong: Great. And so, the third key step is to conduct Account Tune-Ups. So I know I've mentioned this a few times and I haven't fully described to you what that is yet. So over the next few slides, I'm going to walk us through what an Account Tune-Up appointment is and talk about how it can prepare your clients for a speedy and successful enrollment. So, as a very high level overview, an Account Tune-Up is simply an appointment or a meeting that you'll have with your client before the Open Enrollment Period actually begins. And there are four general steps that are involved in an Account Tune-Up and that has to do with paperwork, finances, Ryan White program, enrollment and client education. So we're going to go through each of these steps in more detail now.

Christine Luong: Great. So the first step in an Account Tune-Up is to review and organize any paperwork including like letters, mailings, and any other correspondence that your client may have received from their insurance company or from the Marketplace. They may have received some important information about their plan or about the upcoming Open Enrollment Period that may impact the enrollment process for them come November 1st. So it's going to be really helpful to just have all of that information organized and gathered in one place. You should also take this time to review a client's online Marketplace account and update any information that may be out of date on their account such as their income or their contact information. And then also, it's good to also make sure that the client is able to actually log in to their online Marketplace account



Webinar Transcript | September 22, 2022

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

and take care of any issues with their username or password that may be preventing them from logging in.

Christine Luong: And then of course, if the client does not have a Marketplace account, you can go ahead and help them set up an account. And lastly, you should use this time to review insurance documents and make sure that clients have no outstanding payments or credits on their account because if the client has an outstanding balance on their account, this may cause their plan not to effectuate or just start come January 1st or February 1st, 2023, and it could leave the client without insurance for a period of time. So this is really important.

Christine Luong: The second step in an Account Tune-Up is to review a client's finances. So specifically you should ensure that any client who may have received an Advance Premium Tax Credit or APTC through the Marketplace in previous years has filed their federal tax return. This is going to ensure that they remain eligible for this financial assistance during the upcoming plan year. And then also take this time to estimate a client's 2021 income and report any changes to the Marketplace using their online Marketplace account. And this is going to help make sure that they receive the correct amount of financial assistance and hopefully avoid any issues or surprises when tax season comes around.

Christine Luong: The third step in an Account Tune-Up appointment is to confirm that the client's enrollment into ADAP is up to date to make sure that they're eligible for financial assistance through the Ryan White program once Open Enrollment actually begins. And if you figure out that the client's enrollment is due for recertification during the Open Enrollment Period, we do encourage you to go ahead and help them to re-certify early if at all possible. This is going to eliminate any potential issues with eligibility for financial assistance once the client is actually enrolled into a plan, and it's going to give the client peace of mind, that all of their required paperwork and their notifications are up to date. And it's one less thing to worry about during a busy Open Enrollment season.

Christine Luong: The last step in an Account Tune-Up is to help your client identify their coverage priorities. So this is going to include things like writing down which HIV and non-HIV medications they currently take, identify which preferred providers they would like to continue seeing, and generally discussing how their coverage needs may be changing. So after you've identified these coverage priorities, the client will have all the information that they need to closely and critically review plan options and determine which plan will best meet their financial and health needs. So, that sums up the Account Tune-Ups process.



Webinar Transcript | September 22, 2022

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

Christine Luong: To help you complete these super important pre-enrollment appointments with your clients, we've created an Account Tune-Ups resource that you can see on this slide that describes each of those four steps and provides some helpful information to just guide you through the Account Tune-Up process. So we'll chat out the link to this tool now for your reference.

Christine Luong: And then the last key step that we're going to talk about today is assessing health plans and conducting client outreach. So, if you are a Ryan White program recipient and are responsible for purchasing health insurance, September and October is the time of year to assess all plan options including off-Marketplace plans. We know that plan information becomes available at different times in different states, so we do encourage you to identify a third-party in advance if you don't have one already, that can help you do a plan assessment once that information does become available. And then once that assessment is complete, it's important to train your sub-recipient staff on plan options. And if you are a Ryan White program-funded direct service provider, make sure to check with ADAP and/or other Ryan White insurance purchasing programs to see what plan options are available to your clients. And afterwards, make sure to train your program staff on those plan options as soon as they have been assessed.

Christine Luong: It's also important to develop relationships with insurance companies so that if any issues come up, you have a point of contact that can help you quickly and smoothly resolved them. So, on this slide, we'd like to share two tips that we've heard from some of your peers about this topic. The first tip is to work with the insurance companies in your state to get help reviewing their plans to identify which ones could be sponsored by the Ryan White program and ADAP. And then the second tip is to set up a process to make emergency premium payments via a credit-card to avoid any gaps in coverage and medication access. This can take some time to set up, so we do recommend that you reach out early to get it done so that everything is in place if and when you do need that.

Christine Luong: And before I hand it back over to Molly for our Q&A, I just wanted to quickly plug our preparing for Open Enrollment eLearning package, which outlines all of the information that we've covered today, including the Account Tune-Ups. So we'll chat out a link to that eLearning package now and we do encourage you to share this resource with anyone in your organization who might be doing enrollment work this fall. So, with that, I'm going to pass it back to Molly. Thank you.



Webinar Transcript | September 22, 2022

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

- Molly Tasso: Great. Thank you so much, Christine. That was all super helpful information and it's like getting me excited for Open Enrollment season. So we have time for a few questions. Let's see here. So we have a couple that's come in. Again, we do have 15 minutes, so please send in any other additional questions or thoughts that you might have, we'd be happy to take them sort of time committee. So the first question is around the Public Health Emergency timing. So more about the timing for the end of the Public Health Emergency, do we have any idea how much longer we can expect it to be in place or extended? I'm going to ask Amy to join us for that response.
- Amy Killelea: Yeah. Thanks, Molly. And it's a good question. So the Public Health Emergency has been in effect continuously in 90-day increments since 2020. And the increments are always 90 days. So the last time that it was extended was in mid-July. And so that takes us to a new end date of mid-October 2022. So that is the end date we're looking at. Now, we know though that the Public Health Emergency is not going to end in mid-October because the federal government has committed to notifying states 60 days before the Public Health Emergency ends. So if that were going to happen, we'd already have notice, we didn't get that notice. So, that means that the Public Health Emergency is at least going to go through the end of this calendar year and all I should be looking at news sources in mid-November because that is when the federal government would have to give that 60-day notice and head start for states to prepare the Medicaid continuous coverage unwinding that Molly talked about.
- Amy Killelea: So mid-November is when we should know definitively if the Public Health Emergency is going to end at the end of this year, in which case we'll all start preparing for that, or if it will be extended again for another 90-day increment into 2023. And then the other dates to keep in mind is that once that Public Health Emergency ends, still it is a slowish role. States are going to have 12 months to do complete the unwinding of the Medicaid continuous coverage requirement. So they have 12 months to do all of the Medicaid redetermination. So, that's going to happen over time, it's not going to happen all at once. Though given the amount of people currently on the Medicaid rules, it is likely going to be a high energy somewhat chaotic time. So that's the timeline as we know it. And again, watch this space, there will be plenty of updates, but mid-November should be the time when we know something new.
- Molly Tasso: Thanks, Amy. And I'll just note too for the ACE TA Center, we have a monthly newsletter that actually Amy also contributes a lot and we every month put out some sort of communication around the PHE. So whether it's either like nothing has changed or when we have something to share, that will be a space where



Webinar Transcript | September 22, 2022

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

we will share it. So please do sign up for our email list serve to make sure that you get those updates. My colleague Carrie just dropped the link in the chat actually. Okay. Amy, we have some more questions for you. You can probably just stay on video if you'd like. So, in terms of recertification for a client, someone asked how early can a client re-certify for ADAP?

Amy Killelea: Yeah. So this is a good question and gets to the extent to which ADAP eligibility, I will say, and re-certification processes are aligned or should be aligned with Marketplace enrollment processes. So I want to take this in two parts because I think it's important. I mean, number one, there's got to be alignment in terms of initial eligibility. So you want someone to be eligible and enrolled in ADAP if they're eligible for ADAP in tandem with enrolling in a Marketplace plan. So ADAP is able to provide that cost-sharing assistance. So you see many, if not all states, there is some coordination to ensure that as folks are being screened by you all out there, by many Ryan White affiliated assisters that they're also going over to the ADAP eligibility system to be screened. And then ultimately if they're eligible enrolled in ADAP in tandem with the Marketplace eligibility process. So that is happening and should happen.

Amy Killelea: The question is about re-certification, which is assuming you've got an ADAP client who's already on the roles and how does the enrollment or re-enrollment and Marketplace coverage align with ADAP re-certification, and that one's a little bit trickier. Number one, ADAP re-certification processes do vary a bit from state to state. Some states, and usually these are smaller states, do re-certification at the same time for all clients and some states do them on a rolling basis based on birthday, for instance. So there are some variations across states, it's important to check in with your ADAP about what the re-certification process is in your state. One other thing to note that is still fairly new and that ADAP are still implementing and adjusting to and Ryan White recipients and sub-recipients and clients are still adjusting to is that the HRSA, HIV/AIDS Bureau has recently updated change the ADAP requirements.

Amy Killelea: Previously, their requirement had been that ADAPs had to re-certify clients every six months. Now that six month re-certification had become a little bit of a simpler affair, but our re-certification nonetheless and PCN 21-02, which we will chat out a link in the chat, that changes that requirement and ADAPs are moving to a 12 month re-certification system. So ultimately, this ensures a little bit of a smoother and less burdensome process for consumers and for Ryan White recipients and sub-recipients, it is still being rolled out in ADAP. So again, this is important to check with your ADAP about where they are in this process and



Webinar Transcript | September 22, 2022
Preparing for Open Enrollment, Part II
Policy Updates and Account Tune Ups

the best way to coordinate that Marketplace information and enrollment or re-enrollment with ADAP information and enrollment and re-certification.

Molly Tasso: Thank you so much, Amy. The next question is related to the low-income SEP. So the question in that context, does the low-income SEP, does this mean that a client, a person can enroll in HealthCare.gov at any time if they are under 150% of the federal poverty level?

Amy Killelea: Yeah. I can take that one. The short answer is yes. The only sort of qualifier is that it's not anyone, you still have to meet the general requirements of eligibility for premium tax credits, so that's still in effect. But yeah, essentially it really opens up enrollment based on income for any time throughout the year. So if you are otherwise eligible for premium tax credits, but for whatever reason you did not sign up for coverage during Open Enrollment, you get another chance every single month. So this has been really, really important for folks, for whatever reason, who dropped off coverage, who just didn't enroll, who weren't aware, there's like many, many reasons, but they're eligible for a Special Enrollment Period every single month just based on income. That's very different than the other Special Enrollment Periods that you've heard on webinars in this space before that require an event to happen. This is an event, this is just your income. So, that's right, and then just pair it with the eligibility for premium tax credits, too.

Molly Tasso: Great. Thanks, Amy. We had a follow-up question. Just to confirm, this includes folks who, again for any reason, may have been terminated from coverage?

Amy Killelea: Yes. Yeah, there's no qualifier of you didn't pay for it. Now, qualifier is if you were terminated from coverage for non-payment of premiums and you try to enroll in that plan, that plan is going to ask you for those premiums. So it's a little bit of a separate problem, separate from the SEP, but no, it's that the SEP is just based on income.

Molly Tasso: Great. All right. That's very helpful. Thank you, Amy. So we have a few minutes. Those are the questions we've received. You have a few minutes so please chat in anything else. Michelle, I'm going to ask you to go to the next slide while folks are maybe contemplating their last questions before we wrap up. So I wanted to just announce to you all that we have this new user testing opportunity, the ACE TA Center. So we have a new resource coming out that is aimed to help Ryan White staff determine which types of health coverage a client is eligible for. And we would really like to use your test this resource with you all to make sure that it's useful and relevant to the work that you do with your clients. So the



Webinar Transcript | September 22, 2022

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

opportunity involves a couple parts, simply downloading and using the tool once it's ready, we anticipate this to take five to 10 minutes and then just providing some feedback through an online form, again, taking five to 10 minutes.

Molly Tasso:

So this is completely voluntary. We just want to take the opportunity to make sure that the resources we're putting together are useful again and relevant to your work. So, when the webinar wraps up an evaluation, the standard webinar evaluation link will pop up. We ask that you complete the evaluation whether or not you're interested in doing the user testing, but you will have an option, at the top of that evaluation form you'll see to provide some information and to opt into the opportunity. If you're not interested, that's no problem. We still would love for you to fill out the evaluation though to let us know what you thought of the webinar to improve our future offerings. So, let me take a minute and just see if there's any final questions. Amy, yes, I see. So during Open Enrollment, what can be done for undocumented immigrants as far as insurance coverage for people who might be living with HIV?

Amy Killelea:

Yeah, this is an excellent question. This has been a gap since the inception of the ACA. Undocumented folks are not eligible for subsidies to purchase Marketplace plans, they're not eligible to purchase plans through the Marketplace in the vast majority of states, they're not eligible for Medicaid, other federal programs. So there're really very limited options for insurance coverage for undocumented folks. Now, the one piece that's important for Ryan White clients who are undocumented is that many AIDS Drug Assistance Programs help undocumented folks to purchase off-Marketplace plans. So totally unsubsidized not on the Marketplace, they are individual market plans, they are governed by many of the ACA consumer protection. So they're good products, but they are not associated with the Marketplace.

Amy Killelea:

So ADAPs are purchasing those plans at full cost, there's no subsidies. So it's a more expensive endeavor for ADAPs, but oftentimes it is still cheaper than buying full pay medications for folks. So that is a route that many, many ADAPs have taken and that's something to check in with your ADAP about the offerings, the extent to which the ADAP is helping with insurance coverage. So check with your ADAP. But that's a really, really good question and that is one thing that ADAPs can and are doing.

Molly Tasso:

Wonderful. Thank you, Amy. Couple things coming in, we're just going to... Amy, feel free to respond.



Webinar Transcript | September 22, 2022
Preparing for Open Enrollment, Part II
Policy Updates and Account Tune Ups

Amy Killelea: Yeah, sure. I'll just take and they're coming in fast and furious now. So yeah, the clarification question about the low-income SEP, and I want to note it does sound too good to be true, so I totally understand the clarification questions. And so, the question is just wanting to make sure if you are under 150% FPL, you can get a Marketplace plan at any time or is there a certain time of the month? The answer is at any time you are eligible every month, but there's not a certain time of the month, it's just something that is a continuous for you. So the every month really it also applies if you're on a Marketplace plan, you can switch to another plan every month, but if you are just uninsured, there's no special time in the month, you are just eligible for this Special Enrollment Period as long as you meet the other eligibility criteria for premium tax credits at any time. So it is really a lifeline for folks who for whatever reason did not enroll during the Open Enrollment Period. But there's no catch there, you just can enroll at any time.

Amy Killelea: And let's see. I've got another one about the evaluation date to end the Public Health Emergency. So as a reminder, the emergency was extended in mid-July, so it ends in mid-October, but we know that it's going to be extended for another 90 days because we didn't see from the federal government that there was a 60-day notice to state. So we know it's going to go for another 90 days after October. We should all be looking at the news and outlets mid-November and ACE and their email list mid-November because that's when we'll know. If the federal government gives the 60 day warning, we know that the PHE is going to end at the end of the year. If they don't, we know the PHE is going to be extended for another 90 days. So that's the back of the envelope math and calculations we're doing on that. And then let me ask, Molly, do you want me to keep going or we at a hard stop? What would you like?

Molly Tasso: I think maybe if we have one more. I think this question about the sort of Medicaid gap might be interesting to cover and then we can go ahead and wrap up.

Amy Killelea: Okay. And is the gap the Medicaid denial?

Molly Tasso: I think there's a question here. Let's see. What about consumers denied Medicaid due to excess income, but under a 100% FPL, this person notes that they've noticed that if they're under that 100% and being denied Medicaid, they're also then not eligible for APTCs. So I think just a recognition that that is the pitfall of the low-income SEP perhaps.



Webinar Transcript | September 22, 2022
Preparing for Open Enrollment, Part II
Policy Updates and Account Tune Ups

Amy Killelea: Yeah. I mean, that's exactly right and it's a pitfall of non-Medicaid expansion states. And I want to note, I mean, there are some consumers who are under 100% FPL, so lawfully permanent residents. There's a small exception of being eligible for APTCs. But for everybody else, the Affordable Care Act was written and enacted with the assumption that every state would expand Medicaid. So those premium tax credits don't start until 100% of the federal poverty level with the assumption that people under that income threshold would be eligible for Medicaid. So, in most states, it wouldn't matter, they're going to be eligible for Medicaid. But if you're in a non-Medicaid expansion state and you're not otherwise eligible for Medicaid, yes, this is the Medicaid coverage gap.

Amy Killelea: You are in a rock and a hard place. So, that is where the Ryan White safety net system comes in, that is where ADAP comes in. But some ADAPs are able to cover under 100% FPL folks who are not eligible for premium tax credits to buy unsubsidized coverage for that population similar to how they're doing that for undocumented folks, it's similar mechanism varies by state. But yeah, you are right to note that is a huge gap and that is the problem of the Medicaid coverage gap.

Molly Tasso: Great. Thanks, Amy. So I know that we are at time, so we are going to wrap up. I will note, if you have questions that we either didn't get to or more come up, again, please email us here at our website, both our website and our email address are there on the slide. Our email is acetacenter@jsi.com, also dropped in the chat.

Molly Tasso: Thank you everyone so much for joining us today. This was all really important exciting information and I think the questions are emblematic of people's excitement and interest and what we've got going on over the next couple months for Open Enrollment. So, again, thank you so much for joining us. Please do take a moment to fill out the evaluation. We really appreciate the feedback. And with that, have a great afternoon. Thanks, everyone.