Webinar Transcript
February 28, 2023

Medicare-Medicaid Dual Eligibility for Ryan White HIV/AIDS Program Clients

Molly: Hi everyone. Good afternoon. We are going to get started in about a minute or so. We're just going to let everyone continue to join our Zoom room and then we will get started. You'll see in the chat my colleague, Trisha, has chatted out a link to the presentation slides if you would like to download those and sort of follow along as we move through today's presentation. All right, I think I see the number sort of starting to slow down joining us, so I think we can go ahead and get started. Good afternoon everyone. Welcome to today's ACE TA Center webinar. Thank you for joining us. This is the last installment of our four part webinar series on Medicare-Medicaid, and dual eligibility for Ryan White clients.

And as I said earlier, we're going to go ahead and chat out a link to download today's webinar slides, again, if you would like to sort of follow through the presentation as we move through today's slide deck. All right. So before we get started, just a few technical details for anyone who might be new to our webinars. So first attendees are in listen only mode, but we really encourage you to ask a lot of questions today using the chat box. You can submit your questions at any time during the call through the chat. And then at the end of today today's presentation we're going to take as many questions as we can. You can also always email us questions at acetacenter@jsi.com. Again, the easiest way to listen to our webinar is through your computer. If you can't hear very well, check to make sure that your computer audio was turned on and the volume is turned up.

If you're still having issues, try closing out and rejoining the Zoom webinar session. We will also put the call in information in the chat box. It's also there on the slide, so if it's easier to call in using your phone, you can absolutely do that as well. 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 to access and use their health coverage to improve health outcomes. Specifically, we support Ryan White recipients and sub-recipients to engage in, enroll and retain clients in Medicare-Medicaid, and individual health, excuse me, 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 use health coverage.

We do all of this by developing and disseminating best practices and supporting resources and by providing technical assistance and training through national and localized activities. The key audiences of the ACE TA Center is a number of groups including program staff, clients, program managers and administrators, and also people who help enroll Ryan White clients such as navigators and certified application counselors and also SHIP counselors. Today we'll be primarily focusing on resources for case managers and other staff that work directly with consumers. And then for your reference today's webinar will be archived on Target HIV. The website is

targethiv.org/ace. It's there on the slide, you can see. Everyone joining us today will receive an email when today's recording of the webinar is posted so you can share it with your colleagues.

And you can also find links at this website for all the tools that we're going to be presenting today. If you forget a direct link, you can also find us by going to the target HIV website, the homepage, or by searching the topic library as well. So as I mentioned previously, today's webinar is the last in our four part webinar series. If you missed part one which covered the basics of Medicare eligibility, part two which covered Medicare enrollment and coverage, or part three which was focused on Medicaid or if you simply want a refresher on all of that content, all of those webinar recordings are now available on demand on our website. So we'll chat out a link to the recordings and the related materials for each webinar there as well.

All right, so let's get into the plan for today. So first we're going to be providing an overview of the fundamentals of dual eligibility then we'll discuss the billing considerations and financial help options available to dually eligible individuals. After that we'll talk about integrated care options. Then we will cover enrollment challenges and best practices for dually eligible clients, case managers, and Ryan White organizations. And then finally we're going to share helpful ACE TA Center resources and also some external sources for enrollment support for working with dually eligible clients. So just as a heads-up, a number of the tools that we're going to be sharing at the end and sort of throughout do include much of the information that we'll be covering today.

So don't worry if you don't catch any specific detail throughout the presentation, you will always be able to reference and use the resources that we'll share at the end to refresh your memory from all that you'll learn during today's session. So before moving into some polls, I just want to introduce who is joining us today. So Christine Luong is the research and policy associate for the ACE TA Center. She specializes in mixed methods research, health policy analysis, GIS in data visualization and materials development for Ryan White grantees, clients, and a variety of other audiences. Anne Callachan is the bridge team project manager at Access Health MA, which administers the Massachusetts a ADAP program, which is also known as HDAP.

Anne has five years of experience navigating health insurance for Massachusetts HDAP clients through her leadership of the benefits resources, infectious disease, guidance and engagement, the bridge health insurance enrollment team. And Anne is a certified Medicare SHINE or SHIP counselor and also a certified application counselor for the Massachusetts Insurance Marketplace. She provides training and technical assistance for providers and enrollees using materials development and virtual training. And then

Luricela Arguello is the lead medical benefits specialist at the AIDS Foundation of Chicago or AFC. And she has seven years of experience working directly with underprivileged communities and is the co-chair of the Racial and Social Justice Committee at AFC, which strives to address individual struggles within the agency and externally.

Luricela is also a bilingual certified SHIP counselor for Medicare and a certified application counselor for the Illinois Health Insurance Marketplace. Thank you everyone, Anne, Christine and Luricela for joining us today. All right, so we're going to launch into two polls before we get into the presentation. So the first poll, we're curious about your experience with dual eligibility. So the question is, how familiar are you with Medicare-Medicaid dual eligibility? You can see the answer there on your screen. We give folks a few seconds to respond. So you've perhaps never heard of it, perhaps you work with dually eligible clients, but maybe don't understand the basics. You don't work with dually eligible clients, but you do understand the basics you work with dually eligible clients understand the basics, you know more than the basics would like to learn more or perhaps you are an expert.

Okay. So we can go ahead and share the results here. So it looks like a majority of folks work with dually eligible clients, but either perhaps don't understand the basics or maybe do understand the basics, but looking to learn more. It looks like we have a handful of folks about 25 who know more than the basics and would like to learn more, but we do have a handful of folks who have never heard of it before. So today's webinar sounds like will be a great fit for everyone here. By the end of it, I expect everyone will be close to experts. Okay. And then the next poll. So what aspects of dual eligibility are you interested in? Are you interested in eligibility criteria and pathways? Who pays for what and when? Coverage options including integrated care, financial assistance, enrollment supports and or impact on Ryan White clients.

Please go ahead and respond. And then also if there's another topic or something that you're interested in knowing about, please just go ahead and chat it into the chat box and we will keep an eye on that as well. I see folks responding. All right, I think we can share the results. All right. So it looks like a lot of high interest in all these topics. So eligibility criteria and pathways, who pays for what and when, and the impact on Ryan White clients all seem to be the sort of top vote getters here for interested topics. And then of course coverage options, financial care and enrollment support also have about a third of you all quite interested in learning more. So we will be covering all of these topics today. And again, if any questions are coming up throughout today's presentation, please do chat them in and we will get to as many questions as we can at the end. And with that, I'm going to hand it over to Christine who will provide us with an overview of the fundamentals of dual eligibility.

Chrystine: Thank you so much, Molly. Hello everyone. Very happy to be here. So I am going to get us started today with an overview of dual eligibility. I know that for some of you, dual eligibility can seem like a very intimidating topic, but the goal of our presentation today is to demystify dual eligibility as much as possible, starting with the basics and then leading up to practical tips and resources to help you in your work. So what is dual eligibility? Well, at the very simplest level, dual eligibility is when a person is eligible for both the federal Medicare program and their state Medicaid program at the same time. So in the first part of our webinar series in January, we discussed what makes someone eligible for Medicare. If you're age 65 or older, if you're under age 65, but have a qualifying disability or if you have end-stage renal disease or ESRD at any age.

In our previous webinar two weeks ago on Medicaid coverage, we discussed Medicaid eligibility, which varies by state, but in general, Medicaid is available to people who are considered low income by their state and or if they belong to a specific population group such as children, pregnant women, adults and families with dependent children, people with disabilities and elderly people. We'll chat out some relevant links as well so you don't have to memorize that. So in essence, people who are eligible for both Medicare and Medicaid are considered dually eligible. In your work, you might have heard terms like dual eligibles or duals. Those refer to the same thing here at the HTA center you'll hear us try to use the terms dually eligible people or dually eligible individuals whenever possible just as a way to be a little bit more person centered.

So there are two types of dual eligibility. There's full benefits and there's partial benefit. So we're going to talk about full benefit first on this slide. So someone who is considered a full benefit dually eligible is going to receive the standard package of Medicare benefits as well as the full range of Medicaid benefits that's available in their state. They have to be enrolled in Medicare part A and or part B as well as what's called full benefit Medicaid in their state. Now, this is the most common type of dual eligibility. About 71% of all dually eligible people fall into this category, and sometimes this group of people is referred to as full benefit duals or by the acronym FBDEs.

The other type of dual eligibility is partial benefit. So someone who is considered partial benefit dually eligible is also going to receive the standard Medicare package of benefits just like full benefit people. And then their state medicaid program is going to provide some financial assistance to help pay for their Medicare premiums and possibly other Medicare cost sharing. They must be enrolled in Medicare part A and or part B, just the same as full benefit people, and they must also be enrolled in a state administered Medicare Savings Program or MSP. And we will talk about MSPs in more detail later in our presentation today. Now, partial benefit isn't as common as full benefit overall, but it is becoming a little bit more common as Medicaid eligibility expands on a state by state basis.

And people who fall into this category can be referred to as partial benefit duals or by the acronym PBDEs. And the thing to remember here is that the major difference between full benefit and partial benefit dual eligibility really lies in the level of Medicaid benefits that a person receives. So there are over 12 million dually eligible people in the US and in general, they do tend to have some more complex healthcare needs compared to people who aren't dually eligible. Among dually eligible people with HIV specifically, they are more likely to have multiple chronic illnesses or functional disabilities that might limit their ability to care for themselves independently. So now at this point, you might be wondering, "How does someone become fully eligible in the first place?" Well, there are three possible pathways which are described in this pie chart on this slide.

So the first and the most common way is that a person becomes eligible for Medicare first and then becomes eligible for Medicaid later on. So this is the most common 67% of all dually eligible people fall into this particular pathway. The second pathway, which covers about 27% of people is when a person becomes eligible for Medicaid first and then becomes eligible for Medicare later on. Now, there is a third pathway and it's much less common. That's when a person becomes eligible for both programs at the same time, typically within the same month. And because it is pretty rare, we are not going to focus on this pathway today, but just know that it is a possibility. So on the next few slides, we're going to explore those first two pathways in more detail.

All right. So this is going to be the first of four profiles of dual eligibility that we're going to share with you today. These are fictional case studies that are meant to illustrate at a very high level some of the nuances of dual eligibility that we should keep in mind. So on this slide here, we're meeting Benjamin. Now, his profile is just one example of how someone can become dually eligible via the Medicare first pathway, which as I said is the most common. So for Benjamin, our journey starts when he develops a disability at age 46 and he begins receiving Social Security Disability Insurance benefits or SSDI benefits. He is still able to work, which makes his income too high to qualify for Medicaid in his state. Then by age 48, Benjamin has continued to receive SSDI benefits for 24 months.

And at this point, he now becomes eligible Medicare for the first time because even though he's under 65, he does have a qualifying disability and he's been receiving SSDI benefits for long enough to qualify for Medicare. So at this point, he enrolls in Medicare parts A and B. Now, a few years later, Benjamin stops working at age 53. His only source of income right now is SSDI benefits, and his overall income decreases to 95% of the Federal Poverty Level or FBL. In his state where he lives, the Medicaid income threshold is 100% FPL. So now he's eligible for Medicaid for the first time due to his income. Benjamin applies for Medicaid benefits and he finds out that he can receive full benefits

because he's also disabled and unable to work. So at this point now, Benjamin is a full benefit dually eligible individual. He qualifies for full benefit Medicaid in his state and Medicaid pays for all of his Medicare costs.

And now let's take a look at Tanya. So her profile is an example of how someone can become dually eligible via the Medicaid first pathway, which is less common. So Tanya is 57 years old. She's been working in her field for decades, but she decides it's time to change career paths. Her income drops from about 200% FPL to 125% FPL. Now, Tanya lives in a state that has expanded Medicaid to cover adults that make up to 138% FPL. And because her income has decreased, Tanya now becomes eligible for Medicaid for the first time. Tanya keeps working at the same job, she loves it. She continues to make about the same amount of money. Eight years later, Tanya turns 65, and then she becomes eligible for Medicare for the first time due to her age.

At that point, she enrolls in Medicare parts A and B. And now that Tanya has aged into Medicare, her state reassesses her Medicaid benefits and determines that, "Hey, Tanya's eligible for a Medicare savings program." So now Tanya is a partial benefit dually eligible individual, and her state medicaid program will help pay for some of her Medicare costs via that Medicare savings program. So we've covered the basics of dual eligibility and how it works, but you may be wondering, what does this have to do with HIV and the Ryan White Program? Well, over two-thirds of Medicare beneficiaries with HIV are dually eligible, and about one third of Medicaid beneficiaries with HIV are also dually eligible.

Within the Ryan White Program overall, about 7.5% of clients nationwide are dually eligible. Next slide. Thank you. So now let's take a closer look at how dual eligibility intersects with aging and the Ryan White Program in particular. So among that 7.5% of dually eligible Ryan White clients, the vast majority of them are over the age of 50. So the pie chart that you can see on this slide shows that over half of people in this group are aged 50 to 64, and about one fourth are over the age of 65. So if you put those two groups together, that makes up about three quarters of all dually eligible Ryan White clients.

Now, I do want to note at this point that aging is just one factor that impacts dual eligibility. As you may know, first and foremost, the Ryan White population is getting older. This is true for the general Ryan White population, and especially so for clients who are dually eligible as we've just covered on the previous slide. So an aging Ryan White population means that more clients are becoming eligible for Medicare for the first time due to age by turning 65. Another factor that affects dual eligibility is Medicaid expansion. So as states broaden their Medicaid eligibility criteria to include people with incomes between 100% and 138% FPL, more people are going to be eligible for

Medicaid coverage for the first time. And I do want to note here that even if a state hasn't expanded their Medicaid program, clients can still become truly eligible via other path...

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

Chrystine: Clients can still become dually eligible via other pathways. Such as age, blindness and disability. And also remember that each state's Medicaid program has different eligibility criteria. In essence, any type of broadening of that program's eligibility criteria is going to allow more people to get covered.

To summarize, many factors together will contribute to an increase in the number of dually eligible people. There's aging as we've discussed, disability, whether that's related to aging or HIV or otherwise, income changes, whether that's related to retirement, disability or otherwise, as well as a need for more intense later in life HIV care, whether that is related to accelerated aging or disability and so on.

Now that we have covered why dual eligibility is important, we can now start to talk about how the Ryan White program and the AIDS drug assistance program, or ADAP, how those two work with Medicare and Medicaid.

As a reminder, and as many of you may already know, the Ryan White Program and ADAP, they are not health insurance programs, but they also don't exist in a silo either. The Ryan White program is a safety net program that also interacts with insurers and payers such as Medicare and Medicaid. They interact with area aging agencies and other local organizations to provide cross-training and to share resources. For totally eligible Ryan White clients in particular, the Ryan White program including ADAP can help with medical case management and support services, enrolling into health coverage and linking clients to other local, state or federal programs that can help clients to reduce their out-of-pocket costs.

Now, we can talk about the billing considerations and financial help for dually eligible clients.

Great. On this slide you can see that when paying for services provided to dually eligible Ryan White clients, there is a distinct order of payers. That order is Medicare as the first payer, Medicaid as the second payer, and then the Ryan White Program and ADAP as the payer of last resort.

How this works is Medicare as the first payer, is always going to pay first for any medically-necessary Medicare covered services that are also by Medicaid, such as

inpatient and outpatient care. Medicaid, as the second payer, will pay next for any Medicaid cover services that Medicare either doesn't cover at all or only partially covers, which might include things like long-term services and supports. And then finally, the Ryan White program including ADAP will pay last for any HIV-related services that Medicare and Medicaid either don't cover or only partially cover.

The Ryan White program including ADAP may help clients pay for Medicare and Medicaid coverage when doing so is determined to be cost-effective for the program. Some examples of things that they could help with include premiums and cost-sharing for Medicare parts B, C, and D, outpatient and ambulatory care under Medicare Part B, prescription drugs under Medicare Part D, that includes at least one drug in each class of core antiretroviral therapeutics, as well as any Medicaid premiums, deductibles, and copays if applicable. Not all state Medicaid programs will have this.

You should always check with your state ADAP or Ryan White Program to find out what specifically is covered in your jurisdiction. For more information about using Ryan White program funds for health coverage premium and cost sharing assistance, you can take a look at HRSA HAB's Policy Clarification Notice, or PCN, #18-01. We'll chat out the link to that resource.

Again, the Ryan White Program is the payer of last resort for HIV-related medical costs. Ryan White programs, they are allowed to use program income, grants and rebate funds to pay for HIV-related health insurance premiums and cost sharing. You can see those PCNs listed on this slide. We'll chat out those links as well for your reference.

Now, keep in mind, not every state may cover Medicare and/or Medicaid premiums. Each state's Ryan White program may have different rules. And I cannot emphasize this enough, you should always, always check with your local Ryan White Part A and part C programs to see what they cover.

Again, ADAPs, those programs are the payer of last resort for any prescription-related costs after Medicare and Medicaid. ADAPs will always cover ARB medications, but if your client needs any non-HIV medications, keep in mind that each state's ADAP formulary looks different. You may have heard people say something like, "Once you've seen one ADAP formulary, you've seen one ADAP formulary." We do recommend that you contact your local ADAP to find out what medications are covered and which medications are on their exemption list.

I've been talking a lot. Let's do a quick knowledge check to reinforce what we've just learned. You should see a knowledge check pop-up on your screen. The question is: which of the following is the correct order of payers for services provided to dually

eligible clients? Please take a minute to answer the question on your screen. "Which of the following is the correct order of payers per services provided to dually eligible clients?" We'll give both. Just a few more seconds.

All right, I think we can close the poll. Let's see what everyone has answered. Awesome, so 96% of you have responded, "Medicare first followed by Medicaid, and then the Ryan White Program including ADAP." And that is the correct answer. Again, keep in mind Medicaid is never going to pay first for any services that Medicare also covers, such as inpatient care. But if a specific service is not covered by Medicare, but it is covered under Medicaid, then in that case Medicaid will pay first for that service. And then, the Ryan White Program including ADAP will pick up the tab afterwards if there are any remaining costs that they are allowed to cover.

Now, let's turn to sources of financial health. On this slide, I'm going to start by talking about the Medicare Savings Programs or MSPs, which I first mentioned way earlier in our presentation today.

Medicare Savings Programs, MSPs, these are financial assistance programs that are administered by state Medicaid programs. I know it has Medicare in the name, but I'll say it again, "These are administered by state Medicaid programs." MSPs help Medicare enrollees pay for some or all of their Medicare part A and part B costs. You may also know them as Medicare buy-in programs or Medicare premium payment programs. These are all referring to the same thing.

There are four different types of Medicare savings programs out there, but keep in mind that not every state offers all four of those options. They can also have different names depending on the state that you live in, they may have slightly different eligibility criteria or coverage rules, et cetera, because they are administered by the states.

What I'm about to present is meant to be a more general guide to Medicare savings Programs.

Starting with the Medicare savings programs that apply specifically for full benefit, dually eligible individuals. The first is the Qualified Medicare Beneficiary Plus program, the QMB Plus Program. Now, the Plus designation means that it's meant for full benefit duals. This program is the most comprehensive, it pays for all Medicare Part A and Part B premiums, deductibles, co-insurance and copays, and it provides full Medicaid coverage. The QMB Plus program has the most restrictive income limit of all of the MSPs. It's up to 100% of the federal poverty level. Now, if you recall our profile of Benjamin earlier in our presentation, his income was 95% FPL, so he would've actually

qualified for the QMB plus program. And in fact, actually the vast majority of people who are dually eligible qualified for QMB.

The other MSP that's available to full benefit duals is the Specified Low-Income Medicare Beneficiary Plus program, SLMB Plus. Now again, the Plus means it's for full benefit duals. This program pays for Medicare part B premiums and all Medicare part A and B deductibles, co-insurance and copays. What it does not cover is Medicare part A premiums, but if you had attended parts one and two of our webinar series, you may remember that most people do not have to pay a Medicare Part A premium anyway if they have enough work credits.

And then the SLMB Plus program has an income limit of 101% to 120% SPL. I will note here that for both of these programs, each state's Medicaid program can choose to cover Medicare Advantage premiums, not just original Medicare, but you're going to have to contact your state to find out their specific policy if you're working with a client that has a Medicare Advantage plan instead of original Medicare.

Now, let's turn to the MSPs for partial benefit individuals. There are four options, and two of those are basically a paired down version of the ones for full benefit individuals. So that's the first two on this slide, the QMB only and the SLMB only. Now, if you are confused about why there are two types of QMB programs and two types of SLMB programs, just remember that the Plus designation at the end means it's more comprehensive and it's meant for full benefit individuals that I went over on the previous slide. And then the only designation, like on this slide, means it is slightly less comprehensive and is meant for partial benefit individuals.

The third program here on this slide is the Qualifying Individual Program or the QI. Similar to the SLMB-only program, which only helps pay for Medicare Part B premiums, the only difference is that the income bracket is a little higher. 121% to 135% FPL. And if you recall our profile of Tanya earlier, she had an income of 125% FPL, so she would in fact qualify for the qualifying individual program here.

And then finally, there is also the Qualified Disabled and Working Individuals program, the QDWI. This program is a little different, it only pays for Medicare Part A premiums and it's meant for individuals who are disabled but still able to work and who also make below 200% FPL.

At this point, I want to just reiterate that the purpose of Medicare Savings Programs is that they're intended to help dually eligible people with Medicare costs. However, since they are state-administered, they will have some state-specific nuances. So we will chat

out a few links with more information about MSV eligibility and coverage. You can take a look at that for your reference.

Another source of financial help to keep in mind is the extra help program. This is also known as the Medicare Part D Low Income Subsidy program or LIS. This is a federally-administered program that helps people with their monthly premiums, deductibles, and copays for Medicare Part D prescription drug coverage only. Now, the Extra Help program itself is not prescription drug coverage, it is a source of financial help for people who are enrolled in a Medicare plan that provides prescription drug coverage. Either through a standalone Medicare Part D plan if they have original Medicare, or through a bundled Medicare Advantage plan that offers prescription drug coverage.

Assuming that they meet the income and asset requirements of the program, duly eligible clients will automatically qualify for extra help if they get their prescription drug coverage through original Medicare and if they're already enrolled in the QMB or SLMB Medicare savings programs. If your client has prescription drug coverage through a Medicare Advantage plan, or if they're enrolled in another type of MSP, they may still also qualify for this program for extra help. But the difference is they will need to actively apply to see what level of extra help that they can get. And if they are eligible, the extra help program will help to reduce their Medicare Advantage premium by paying the portion of the premium that's meant for Part D coverage.

And one last thing about this is that some people with extra help may also have the ability to enroll in a $0 premium plan with no deductibles. We'll chat out a link with more information about how to apply for this program.

And the last program that I'm going to cover today is called LINET, the Limited Income Newly Eligible Transition Program. It is a Medicare program that is administered by Humana. It provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan. It is available for dually eligible people who qualify for extra help, but the extra help hasn't kicked in yet. In that case LINET is going to provide immediate prescription drug coverage and it covers all Medicare Part D drugs. We will chat out a link with more information about the LINET program, we'll also chat out a link to our HTA center tool on financial help for Medicare costs for your reference as well.

Now, I am pleased to pass it over to Anne, who's going to discuss integrated care options for dual eligible clients.

Anne: Thank you so much, Chrystine. So what is integrated care? Dually eligible individuals who are not enrolled in an integrated care plan may need to coordinate the different

services that are covered by Medicare from the services that are covered by their state Medicaid program. For example, Medicare covers preventative and primary care services and prescription drugs, whereas Medicaid covers Medicare premiums and cost-sharing and is responsible for covering services like long-term support and some behavioral healthcare that Medicare does not cover. Integrated care plans combine the services of and benefits of Medicare and Medicaid into one insurance plan that individuals may find easier to navigate.

These plans are offered by private health insurance carriers and aim to increase healthcare access and improve the quality of care a person receives by providing care management. The private insurance carrier also oversees the administrative and financial activities associated with providing care to dually eligible people resulting in reduced costs.

Many integrated care plans provide additional services like no-cost dental, and vision, which can be appealing. Because these plans have a specific provider network, they may not be the right choice for all dually eligible individuals. We are chatting out a link that provides more information about integrated care.

Next slide. This image breaks down the difference between what Medicare and Medicaid covers, shows examples of services that might be covered by both, and details what an integrated care plan looks like when all services are combined into one plan.

An example of a service that both Medicare and Medicaid may provide is RX coverage. But the Medicaid prescription drug formulary may be different from the Medicare Part D drug formulary. Even within Medicare, prescription drug coverage may be different with original Medicare versus a Medicare advantage plan with drug coverage. The Medicare drug formulary may also vary from one insurance carrier to the next and may be different than the Medicaid formulary with an integrated care plan.

Individuals enrolled in an integrated care plan have the benefit of one healthcare plan that coordinates all of their covered services and care. This plan has one provider network, one insurance card, and supplemental benefits like vision, dental, and rides to appointments.

Next slide.

Only about 10% of dually eligible people are enrolled in integrated care plans. Several factors contribute to this, including...

PART 2 OF 4 ENDS [00:46:04]

Anne: Several factors contribute to this, including plans are not well marketed and do not look the same nationwide. They may have different names in different states and may not be available in every state. These plans can look like a traditional Medicare Advantage plan, which may confuse consumers and make plan comparison more complicated. The limited provider networks may mean that an individual is unable to find an integrated care plan that works with all of their existing healthcare providers. Another challenge is that some states auto-enroll people into integrated care plans, which can be frustrating and upsetting, especially if an existing healthcare provider is not in a plan's network. Individuals who miss or do not understand a mailing about an auto-enrollment may not realize that their plan has changed until they go to get care. To dis-enroll from an integrated care plan, an individual should contact the insurance carrier for that plan. They may also want to contact their state Medicaid program to opt out of any future auto-enrollments into integrated care plan.

In this example, Maria is a duly eligible individual. She is enrolled in a traditional Medicare Advantage plan, but she also received some benefits from her state Medicaid program. She is frustrated and overwhelmed trying to navigate the different sets of providers and services covered by each of these plans. She learns that her state has several integrated Medicare-Medicaid plans, known as MMPs, and that this type of plan would combine her Medicare and Medicaid benefits and services into one plan. She weighs the pros and cons of enrolling into an MMP and contacts her healthcare providers to see which plans her providers are in network with. She then confirms that her medications are on the formulary for the plan she has selected, and contacts her state Medicaid agency to enroll in this integrated care plan.

Next slide. In this example, John is duly eligible and enrolled in original Medicare Parts A, B, and D, as well as Medicaid. He receives a letter from his state Medicaid agency informing him he is being auto-enrolled into an integrated Medicare-Medicaid plan. He researches this plan and is interested in the extra benefits like vision, dental, and rides to appointments, but learns his existing healthcare providers are not in the plan's network. John looks at several other integrated care plans that are available in his state, but he cannot find a plan that works with his various medical providers. John contacts his state Medicaid agency to opt out of the integrated care plan enrollment. Let's do a quick knowledge check to reinforce what we've learned so far. The question is, "True or false: Integrated care plans look the same no matter where you live." Please answer the question when it pops up on your screen. I think it might have already popped up on your screen. The correct answer is false. I see that most people, it seemed, understood this.

As emphasized already, not all states offer every type of integrated care plans, and these plans can have different names from state to state as well. A common theme of

our presentation today is that there can be lots of state level variation in terms of what plans and programs are available to dually eligible clients. Now I'll pass it over to Luricella who will talk about some of the most common enrollment challenges when working with dually eligible individuals, and what steps you can take to make your work a bit easier and to make dual eligibility less intimidating.

Luricella: Thank you, Anne. Sorry about that. Had a momentary pause there. So we're going to go over some enrollment challenges and best practices when it comes to dual eligibility that we get. In the next few slides, we'll review things that the case managers and staff can do if you work within the Ryan White Program systems or ADAP. Some challenging dual enrollment eligibility scenarios are the following. Individuals with Medicaid who are turning 65 but who may not qualify for premium-free Part A face some unique challenges, especially those that are SSI recipients that did not meet the 40 work credits during their lifetime, because these folks are not often automatically enrolled into Part A or B since they did not qualify for it to be premium Part A. So then you have to go through that conditional approval application process. Also, some folks are eligible for Medicare Part B but are unable to enroll in Part A because of that premium.

These individuals may need to work with their state Medicaid program to be screened for QMB, the Qualified Medicare Beneficiary Program, so they can pay for the Parts A and B prior to being able to enroll in Medicare. And as mentioned, that is through a conditional application for Part A and B. These scenarios generally will require for them to wait for this QMB application to be processed, that way the clients are not going to be stuck paying for those Medicare Part A and B premiums if the QMB application is not approved. So it's like a protection for the person. Other common enrollment challenges is that for those with Medicaid prior to age 65, they may lose their eligibility as they age into Medicare. The reason for this is that, as we may have touched on before, prior to age 65, the income limit is 138% FPL in those states that expended Medicaid, but it drops down to 100% FPL once someone turns 65.

States can also have other different criteria for ones who are age 65 plus, which can include asset limits, so this also can affect the eligibility when you are transitioning from Medicaid to Medicare. The process is, as we've talked about, is complicated and confusing to navigate, and, as previously mentioned, can involve providing proof of both income and assets. Individuals will need to reapply for this reason for Medicaid at age 65, and those who do happen to lose Medicaid eligibility should be screened for buy-in programs, and may want to consider enrolling into a Medicare Advantage Plan, or a supplement plan if they go with original Medicare, for additional coverage if they're not eligible for buy-in programs. In addition to this, there is also some challenges when working with dual eligible clients and their case managers, as the case managers or the SHIP counselors may not always understand what this dual eligibility means. So clients

who are active in the Medicare Savings Program or have extra help don't always know what benefits the programs provide, so that can make choosing a plan complicated.

Clients who qualify for extra help with their Medicare may get auto-enrolled into a Part D LIS plan, or have temporary Medicare drug coverage through LINET, but may not have opened or understood the mailings that they received about this, and may think that they don't have drug coverage at all yet. Other states passively enroll dual eligible members into integrated care plans. While these plans offer great benefits, they may not allow clients to continue to be seen by their existing healthcare providers. Clients may also self-enroll into Medicare plans based on television or print advertisements. These advertisements often promise all sorts of benefits that original Medicare may or may not offer. So some clients, when they're calling, may have not done their research well, and could wind up with the plan that does not work with their existing healthcare providers. And these enrollments can sometimes be difficult to fix outside of the appropriate Medicare enrollment periods, because sometimes the client doesn't realize the issue until at these enrollment periods have ended.

Clients may also not be eligible for a variety of the programs mentioned in these prints or television advertisements, and so they may be coming to SHIP counselors demanding services that are just not available to them in their area, or that they're not eligible for, and they don't understand that there were criteria to begin with. They just think that SHIP counselors are preventing them from getting benefits that should be available. Finally, when clients fail to open their mail and respond to notifications they receive from either Social Security, Medicare, Medicaid, or their private insurance carriers, it could put their coverage at risk, especially if their state's Medicaid eligibility changes at age 65. This will especially be true as the Medicaid transitions out of the public health emergency protocols and begins recertifications, as some folks may have remained on Medicaid rather than transitioning to Medicare.

More best practices, specifically around Ryan White Programs and those on ADAP. These clients should notify their case manager about any changes to their circumstance, including address changes, income changes, or household size changes, as these could change eligibility and impact their current insurance, or open up a new eligibility time for them. If your case manager's not licensed to help with Medicare changes, that case manager may be able to connect you to a SHIP counselor in your area that can assist with those changes. Clients should also open and read their mail, or bring it to an appointment with their case manager for it to be reviewed together so that you don't miss any important deadlines or things that you may have to do to keep your coverage. You also want to understand that the letters from Social Security, Medicare, the state Medicaid program, or private insurance carriers could contain important information regarding eligibility or plan changes. Sometimes failure to open and respond to these

types of letters could impact your health insurance coverage and cause gaps in coverage.

As some of my colleagues here have mentioned earlier, this could mean you get auto-enrolled into a plan when you actually had a letter that gave you the opportunity to pick your plan instead. You may also want to attend your Ryan White recertification appointment, or remember to contact your case manager to reschedule appointments that you cannot attend or that you've missed. You also want to discuss your health insurance needs or any questions that you have about your coverage with the case manager during your recertification or other appointments as needed. You should also contact them if you have questions outside of these pre-scheduled appointments. Again, if your case manager doesn't work closely with Medicare or SHIP, they are always able to at least connect you to the right people to help. For case managers specifically, some best practices include that you should always confirm that you have the correct contact information for your clients, and remind them to please notify you as soon as possible if their contact information changes. A lot of the times clients may move and they don't report things like address changes, and that makes them miss notifications in the mail.

As a case manager, you also want to help your clients avoid the gaps in coverage by perhaps setting up a 65th birthday reminder in your electronic health record system, outreach, and assist with their Medicare enrollments or answer questions about Medicare eligibility and requirements. Again, I keep mentioning this, but if you're not a SHIP counselor, as a case manager, you can help your client connect to a SHIP counselor for enrollment assistance in their area. You should also ask clients to contact you when they receive their Medicare Part A and B insurance card, and if you're able to help them shop for additional Medicare coverage, such as a Part D for prescriptions, or a Medicare Advantage Plan, or Medicare supplement plans, or even enroll in an integrated care plan depending on eligibility and what is available in your state for the client.

You should also review the client's medication list and confirm that their medications are covered under the plan, whether it's a Part D or a Advantage Plan, before you enroll them, because for clients who are choosing a Medicare Advantage Plan, it's important that both their providers as well as their medications are covered by the plan and the providers are in network. You should also assist clients who have Medicaid to renew their coverage when they turn 65, and screen clients without Medicaid for this eligibility and other state's programs that may help with Medicare costs. As one of our earlier scenarios mentioned, some folks may have not qualified for Medicaid before retirement, but once they get for retirement income, they may be newly eligible. You should also anticipate any temporary gaps in coverage a client may face, and work with them to ensure they have adequate supply of medications until their new coverage

begins, such as perhaps with a LINET letter they may have received or with making sure that ADAP is going to help them with those medications in the meantime, whatever that process may look like in your area.

And also consider getting trained as a SHIP counselor yourself to increase your knowledge about Medicare and your state Medicaid programs so you can help your clients within the Ryan White Program system to navigate this transition with more ease. Also, some additional best practices for Ryan White staff include see if your ADAP can run data that allows your staff to outreach to clients who are turning 65 to confirm or a assist them with their Medicare enrollment, connect them with their local aging services provider to identify resources that may help clients who are aging into Medicare. You can partner with your local SHIP organizations so you have an established referral network with Ryan White Program clients who need Medicare enrollment assistance, or have a Medicare problem that needs triaging. Ask your local SHIP if they're interested in a training to learn about ADAP Program benefits and the unique needs of Ryan White Program clients. This is because, unless it's a specialized SHIP site, some SHIP counselors may not know about Ryan White Programs or ADAP at all. You should also ask your local SHIP organization about becoming a certified Medicare SHIP counselor yourself.

And again, consider completing the training, encouraging other ADAP staff to do so as well. And remember that SHIP counselors received specialized training that helps them to understand the complexities of Medicare, and are also trained to screen people for your state's Medicaid program, and therefore our Ryan White staff who complete SHIP certification are better able to assist clients as they become eligible for Medicare and be able to just help your client navigate what is ultimately a very complex system. Some more reminders here for best practices is remember that your local SHIP organizations are available to assist with the Ryan White Program with their Medicare enrollment. SHIP counselors are well-trained to understand the complex world of Medicare eligibility and enrollment. They are kept up to date on their state's Medicaid Program requirements to, again, screen people for this eligibility. They should be familiar with all the Medicare plans offered in their state and can provide free and objective counseling to individuals, their families and caregivers about enrollment into Medicare.

Lastly, they can also help establish a connection to your local SHIP organization, can make it easier for you to explore what's involved in becoming a SHIP counselor. Sorry. When it comes to making sure that you are up-to-date and that you are familiar with all these things, oftentimes people end up going to brokers. And so by going to SHIP counselors instead, you're going to get that free and objective counseling to make sure that you're picking a plan that fits your needs rather than a broker's need to meet certain quotas or whatever companies that they may be affiliated with. So SHIP

counselors are able to give you that free objective counseling to ensure that you do get the best plan available for your needs and not someone else's need. And I'll turn it over to Anne. Oh, I apologize. This was my slide as well. Sorry. SHIP counselors can also learn about various things that impact the client's Medicare eligibility and enrollment, including age, disability work, sorry, to become a certified SHIP counselor.

SHIP counselors learn about the various things that impact your client's eligibility for Medicare enrollment, including age, disability work, marital, or immigration status, or something as simple as whether a client is already collecting some type of social security income. They also receive detailed information about their state Medicaid eligibility, and understand whether programs are available to help your client, like Medicare savings programs and integrated care plans and all the extra benefits that these programs provide. SHIP counselors may be given access to a dedicated SHIP phone number for Medicare, which makes it easier to connect when there are issues with Medicare. They may also be able to connect with LINET and even their state Medicaid program to make it easier for the representatives and these programs to assist your clients in beneficiaries in their enrollment or any issues that could come up. They're also kept up to date about changes to your state Medicaid programs and Medicare plan changes that typically happen during open enrollment.

As a result of the training, Ryan White Program and ADAP staff who become certified SHIP counselors are better able to assist their Medicare and dual eligible clients with their health insurance needs and can triage problems for clients as they come up. As a SHIP counselor myself, and also a Ryan White Program case manager, I find that it's easier for me to help my own clients enroll into these plans because I have a much better background and understanding of their complex health situation and their needs, as well as their financial situation. [inaudible 01:08:21] may be able to help them, say through Ryan White, to pay for these insurance plans.

So for me, it actually is much easier when I'm enrolling my own folks versus when I'm getting referrals from other affiliated case managers to enroll their clients, because with other case managers' clients, I don't have that full background of information about what's been happening with all their healthcare needs, any issues they've had with providers, whether they want to keep their same providers or change providers. So the conversation often takes a lot longer to find out all these details with someone that you don't know versus with-

PART 3 OF 4 ENDS [01:09:04]

Luricella: Someone that you don't know versus with your own clients. So if you are or Ryan White staff and were to become a SHIP counselor, it does make it easier. First of all, make sure

that you're handling for hands-on all of your clients' needs, but then also to understanding and better and them into what is appropriate for them because you know them better and have built that rapport. Some clients really don't like having to divulge a big chunk of personal information to people that they've just met, like a new SHIP counselor that they've never talked to before. And now I will actually turn it over to Christine.

Chrystine: Thanks so much, Luricela. So I'm just going to take a few minutes now to highlight some great ACE TA Center tools that can help you as you work with dually eligible clients. So I'm going to start with our Medicare resources. On this slide you can see three tools that we have that cover the nuts and bolts of Medicare coverage and enrollment. These are The Basics of Medicare for Ryan White clients also available in Haitian Creole and Spanish. We have Medicare Prescription Drug Coverage for Ryan White clients and How Medicare Enrollment Works. We will chat out the link to these three tools right now.

And we also have a number of tools to support you and your clients during the Medicare enrollment process. So here on the left you can see One-on-One Medicare Enrollment Assistance for Ryan White clients. This describes how to partner with your local SHIP program and become a certified SHIP counselor just like Anne and Luricela, we also have Transitioning from Marketplace to Medicare Coverage for Ryan White clients. And then on the right you can see Financial Help for Medicare, as you want to highlight that tool in particular, it describes the most common sources of financial assistance for Medicare costs. Like the Medicare Savings programs and the federal extra help program that I covered earlier in our presentation. We will chat out the link to these three tools as well.

We also have one more Medicare specific resource. This is actually developed for clients. It's called the ABCDs of Medicare coverage. It's a brief claim language tool that describes the different parts of Medicare and a difference between original Medicare and Advantage plans. You can print this out, give it to your clients to read on their own, or you can go over it together during one of your appointments. We'll chat out the link to this tool and also a link to find all of the ACE TA Center's Medicare tools that I've just shared over the past few slides.

We also have a great tool called Medicaid 101 for Ryan White program recipients and providers. This describes the common Medicaid eligibility categories for people with HIV, the application process, what the program covers, and how the Ryan White program and ADAP compliments Medicaid coverage. We'll drop that link in the chat as well. And then everything that we have presented today is covered in this resource called the Fundamentals of Medicare-Medicaid Dual Eligibility for Ryan White Clients. We'll chat out the link as well. We do encourage you to check it out after the webinar to reinforce what we've covered today. And then before we head into the Q&A, I do want

to just take a minute to highlight a few resources that have been really helpful to us at the ACE TA Center. So first here is the Integrated Care Resource Center. I know we've gotten a lot of questions throughout the chat about integrated care options.

So this resource is a CMS initiative that helps states to develop integrated care programs for their dually eligible residents. You can find out more about what your state is doing in terms of integrated care, and you can find out what types of options are currently available near you. So we'll chat out a link where you can select your state and find out more information. And then finally, some resources here for elders and people with disabilities, courtesy of our friends at the Administration for Community Living. So what's on the slide is not limited to people with Medicare coverage or people who are dually eligible, but we do want to share them anyway because they can still be helpful in terms of getting clients connected to local resources that are tailored to their needs. So in the interest of time, I'm just going to briefly summarize, we have the Eldercare Locator. That's a nationwide service and we also have the Disability Information Access Line or DIAL also it's a national network of organizations that serves people of any age with disabilities. So we'll shout out the links to those resources as well.

And let's do one last quick poll before we go into our Q&A. I know that we've covered a lot of information today. So the question is what types of dual eligibility, technical assistance or training resources would be most helpful for you? So please take a few seconds to answer the poll that pops up on your screen. Are you interested in job aids for case managers? An e-learning module, another webinar like this one, a discussion guide, a consumer fact sheet or consumer facing posters. If there's something else that you think would be helpful, feel free to let us know in the chat as well. So let us close the poll and share the results. Many of you would love a consumer fact sheet, which is great job read for case managers similar to the one that we've just developed. So thank you everyone for providing your feedback. Much appreciated. And now I'm going to hand it over to Molly to start our Q&A.

Molly: All right, thank you Christine. So let's see here. We have received so many wonderful questions. We are going to try to get through as many of them as we can here. Christine, I'm going to start with a question, a really important question that sort of is a foundation to a lot of this today's presentation. So can you just walk through again, the order of payers for a dually eligible client? So you've got Medicare, Medicaid, and then the Ryan White program. Can you walk us through that sort of process again?

Chrystine: Yeah, sure thing. So like you said, the order of payers is always going to be Medicare, Medicaid, and then lastly, the Ryan White program or ADAP. So if you're confused about that... So for example, let's say we're talking about an outpatient service that is covered by both Medicare and Medicaid. If that's the case, Medicare is always going to pay first

for that service. And then if there's any remaining balance that Medicare didn't cover, then that balance would be passed on to Medicaid. If there's a remaining balance after that, then the Ryan White program may be able to step in to help pay that off. If you're talking about a service that Medicare doesn't cover but Medicaid does like nursing home care for example, then Medicare would never cover that. It's not one of their covered services. So in my case, Medicaid would pay first for that particular service and then any remaining balance would be passed on to the Ryan White program if that's applicable.

Molly: Great. Thanks, Christine. And just to clarify or to confirm my understanding. When you say pass onto the Ryan White program, it's passed on to clients who then if they are enrolled in a Ryan White program that would support sort of cost sharing and financial supports, then the Ryan White program would support there?

Chrystine: Yes.

Molly: Got it. Okay, great. So we've received a number of questions around Integrated Care Plans, ICP plans. So Christine and Anne, I'm going to toss a couple your way. So Christine, first someone asked ICP plans are most commonly marketed as D-SNP plans, right? Can you confirm or deny this?

Chrystine: I can say that is a great question. I can't fully confirm or deny because it really ties into Anne's point earlier in our presentation about how there is deceptive or confusing advertising of these lookalike plans. So Integrated Care Plans or integrated care options, that is kind of more of an umbrella category. It just refers to a type of plan that intentionally coordinates care and services finance and et cetera between Medicare and Medicaid. There are many types of plans under that particular umbrella. And D-SNPs, Dual Eligible Special Needs Plans, D-SNPs those are just one type of Integrated Care Plan. What makes things even more complicated is that D-SNPs are technically a special type of Medicare Advantage Plan that's only available to people who are dually eligible. So I know that complicates things even more so to answer the question, most of the plans that you may see that are marketed could very well be a D-SNP plan, but that's not all there is to integrated care options.

Molly: Great. Okay, thanks, Christine that is helpful. And then Anne, another Integrated Care Plan question here. So someone noted that they don't understand how a person can be enrolled in an ICP an Integrated Care Plan without their authorization. And if they wanted to disenroll, do they have to do so within the annual enrollment period? And then what sort of following onto that, what would happen if they did not realize that they were enrolled in this plan until after the period has lapsed? What would they do in that situation?

Anne: All right. So Integrated Care Plans, unlike many health insurance plans, don't have an annual open enrollment type of period. So I don't think the challenge that you're sort of expressing applies to Integrated Care Plan. So normally somebody can contact the insurance carrier for an Integrated Care Plan in which they are about to be enrolled or have already been enrolls and disenroll in that plan for the first of the month in the month in which they make that phone call. So I don't think this challenge really applies. How is it that states... I think you also don't understand how somebody can be enrolled in these plans without their consent. I mean, I think it is just a state practice because of the fact that these plans can provide better quality care and more affordable care and help sort of coordinate some of the challenges that people who are dual eligible face by enrolling them into these Integrated Care Plans that some states do this, some states. So I hope I answered that question. All right.

Molly: Yes, thank you. Anne, I have a question here for Luricela, if you are ready. So someone asks, are there different eligibility guidelines between low income Medicaid, which say only Medicaid or dually eligible Medicaid, if you will?

Luricella: Yeah, so there are. So for those that are under the age of 64, so the low income population. The guidelines basically include just someone's income at the time, so being under 138% poverty level, if you are in a state that expanded Medicaid as well as your immigration status being eligible such as being a green card holder or a US citizen among others. But for those that are 65 plus the income drops to 100% federal poverty level max. And there's also asset limits that the client must pass, such as if they have two homes, the second home may be counted as an asset or if they have multiple vehicles, those extra vehicles may be counted as an asset in addition to the income guidelines. So yes, there are differences in how they are eligible.

Molly: Great. Thank you, Luricela. Anne, I have a question here around the end of the continuous coverage requirement or perhaps more commonly known as the Medicaid unwinding process that we... I think many of us are aware of and sort of that we will begin sort of soon, if not already in our states to begin to work through as clients become redetermined for Medicaid. So someone asked, what are the best practices during the unwinding process for clients who became dual eligible during the PHE, the Public Health Emergency or during the continuous coverage requirement such as becoming Medicare eligible by age or disability or because they started receiving SSI during this time?

Anne: Thank you so much. That's such a good question and I think it is a question that we're all sort of worried about. So people who are dually eligible now should contact their state Medicaid program to make sure that their contact information, their phone number, their address is up-to-date. They should respond to any requests from their state to

renew their Medicaid coverage or submit any information they've been asked to submit. It is true that as states unwind from the Medicaid continuous coverage requirements, some individuals may lose dual eligibility or may have a change in their Medicaid eligibility from a full benefit to a partial benefit. So we might see some clients who have full Medicaid now who as a result of an income or asset test that's associated with them turning 65 may not still qualify for those full benefits, but may qualify for partial Medicaid benefits through their state.

Molly: Great. Thanks, Anne. And I just want to take a minute to plug, I was going to do this at the ends, but the ACE TA Center two weeks from today is hosting a webinar specifically around the Medicaid unwinding process and how Ryan White programs can support people living with HIV, including Ryan White clients to support their continuity of coverage. And so we're going to chat out a link to register for that webinar. We highly suggest that you register for this. We can walk through what the unwinding looks like, why it's happening, how it's going to happen, share a lot of great resources, and then also talk about some best practices for how we can make sure that that folks are retained in some sort of type of coverage.

We have just a few more minutes, but I did get a couple questions and I saw some chatter in the chat box as well about sort of process and time that it takes to become a SHIP counselor. Luricela gave us a really wonderful overview of sort of the benefits that you have seen having the gone through the SHIP training. I'm curious, Anne, if you have anything to add, but also if you guys could share how... Just technically how long it that process, what that looked like for you?

Anne: This is Anne, so I don't really have anything to... I think Luricela emphasized. I mean, working at an ADAP being SHIP counselor, it has so significantly changed my ability to help an aging Ryan White population. So I am just so glad I did it. I feel like a lot of these questions that have come into the chat, I'm able to sort of answer these questions on the fly because of my experience working with Medicare clients and Medicare clients who have Medicaid in my state. So I strongly encourage people to do this training. I did a pretty early in my time working at the Ryan White ADAP in Massachusetts where I work, and I would say the time commitment, it was maybe a couple hours a week for maybe a five-week period. And then there are regular meetings once a month. I re-certify as a SHIP counselor every year, which involves some training about any changes that are going on in an exam, but it has really been beneficial. So I hope I answered what you were looking for there.

Luricella: And in terms of the time commitment, I think it also has changed drastically. I know when I did it was about five full days in a classroom type setting with about 20 students to one trainer. And I know I started working at AIDS Foundation of Chicago at the end of

March, and I did the training around mid-May. From there, I took an exam and was certified. So in terms of the process, there could be some background checks or other things that they have to do in the meantime. But then I know also since the pandemic, they've changed their format, at least here in Illinois where they do them virtually now. And it's usually over two weeks, two half days each week, so four half days.

So as Anne was saying, it could vary by state, it could vary from before the pandemic to now. So the main thing that I would like to emphasize is start the process early in the year like now, so that depending on your area, it may only be offered a few times a year. I know here in Illinois it's only offered by once a quarter in the county that I'm in. So if you may want to start looking into it now, if there's a summer training or early fall training so that you can be certified by the time open enrollment comes around.

Molly: Wonderful. Thank you so much to you both. We are almost at time here. We want to take a moment to thank everyone, Luricela and Anne for joining us today and Christine for your wonderful presentation. Before we move on, I had two sort of ACE TA Center updates. One was the Medicaid unwinding webinar announcement, which I chatted a link to the registration page in. I sent that out in the chat, so please do register for that. The other quick update that I wanted to give was that I just wanted to make sure everyone is aware that our ACE TA Center needs assessment is now live and we're expecting responses until March 10th. And so, this is a needs assessment that helps organizations, allows organizations to share their experiences and challenges related to engaging, enrolling clients in health coverage. And then we take that input that helps inform our responsive, timely training and technical assistance to really make sure that Ryan White recipients and sub-recipients, you all are getting the training and support that you need.

So the needs assessment should take about 20 minutes to complete. We're looking for one response per organization and we would really, really appreciate your time to fill that out. We'll go ahead and share out that link to the needs assessment in the chat. But that being said, thank you so much for joining us today. Please sign up for our email list served at the website there, targethiv.org/ace. Again, you'll receive a link to the recorded copy of today's presentation to share with your colleagues. And as always, if you have any questions, please don't hesitate to contact us at acetacenter@jsi.com. I'm going to go ahead and chat out the needs assessment link now. And with that, everyone have a wonderful day. Thank you so much.

PART 4 OF 4 ENDS [01:31:40]