Webinar Transcript | November 9, 2017

Everything You Want to Know About Financial Assistance for 2018 Health Plans

Liesl Lu: Good afternoon, everyone, and welcome to today's ACE TA Center webinar. I'm Liesl Lu, the ACE TA Center project manager and a consultant here at JSI. Our goal at the ACE TA Center is to help Ryan White Program recipients and sub-recipients support their clients, especially people of color, to navigate the healthcare environment through enrollment in health coverage and improved health literacy.

One of our responsibilities is to provide clear, understandable, actionable information to help you work successfully with clients. Today we're going to focus on eligibility for financial assistance through the health insurance marketplace, as well as through the Ryan White HIV/AIDS program. By the end of today's call we hope that each of you will be able to use client income and other eligibility criteria to assess eligibility for premium tax credits and cost sharing reductions, explain the role of taxes in maintaining eligibility for advanced premium tax credits, or APTCs, educate clients about how to avoid underpayments and over-payments of APTCs, and finally, find out about additional financial assistance that may be available through the Ryan White HIV/AIDS Program, including ADAP.

Before we get started, here are some technical details for those of you that are new to our webinars. First, all attendees are in listen-only mode, but we do encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the call or during the question period at the end. Our presenters, along with ACE TA Center staff will take as many of your questions as we can at the end of today's session. If you think of a question after the webinar, that's fine, too. You can always email us questions at ACETACenter@JSI.com.

The easiest way to listen to our webinar is through your computer. If you can't hear very well, check to make sure your computer audio is turned on and the volume turned up. If you still can't hear us or if you experience a sound delay at any point, try refreshing your screen. Finally, if needed, you can mute your computer audio and call in using your telephone. The number is 866-519-2796, and you'll need to use a passcode, which is 627449. We're chatting this information out in the chat box as well.

Today I'm joined by Mira Levinson and Molly Tasso from the ACE TA Center, as well as Amy Killelea from the National Alliance of State and Territorial AIDS Directors, or NASTAD. Mira is the ACE TA Center project director. She has been providing on-site and distance-based technical assistance to Ryan White Program grantees since 1998 and has been the ACE TA Center project director since 2013. Molly is a policy analyst for ACE. She specializes in health reform and its implications for people living with HIV. Before coming to JSI, Molly was the policy manager and director of a healthcare navigator program at a Chicago-based HIV/AIDS nonprofit. Amy is the director of health systems integration at NASTAD. She leads their health reform, public and private insurance, and healthcare financing efforts, including providing resources and technical assistance for state HIV programs and developing recommendations to inform state and federal policy.

Also with us today to help us respond to your questions at the end of today's webinar is Rachelle Brill. Rachelle is a senior policy analyst at Community Catalyst, providing policy expertise to a project aimed at supporting enrollment assisters. She researches and analyzes enrollment issues and trends and synthesizes them to share with federal and state policymakers.

During today's webinar, we'll start off by hearing from Mira, who will go over the basics of premium tax credits, or PTCs, and cost sharing reductions, also called CSRs. She'll explain how these subsidies are calculated and how they are different from each other. She will then talk about how you can determine who is eligible for each subsidy using income and other criteria.

After that, Molly will take us through a couple of case studies so we can work through examples of how these subsidies work together. Then after the case studies, Amy will explain how the Ryan White Program, including ADAP, can provide additional financial assistance to help cover insurance costs. We've set aside plenty of time for questions and discussion after the presentations, so please chat in those questions as we go through today's session, and we'll get to them at the end.

As a reminder, today's webinar will be recorded and archived on our TARGET Center page, www.careacttarget.org/ace. All participants in today's call will receive an email when it's posted so you can share with your colleagues. You can also find links on the TARGET Center for all the tools we're going to present, and if you forget the direct link, you can also find us by going to the TARGET website homepage or through the topic library there.

To get us started, we're going to do a couple quick polls. We'd just like to know, get a sense of who's participating in today's call, so if you can tell us a bit about what you do at your program, are you a program manager or staff, a case manager, clinical director or staff, benefits enrollment staff, director, administrator, quality assurance and compliance staff, or other? You can chat to us, or if you're none of the above. I'll just give you a few moments to chat in your responses.

It looks like we have a lot of case managers on the call, which is great. It looks like about 50% of you are case managers, 20% program staff, another 20% benefits and enrollment staff, and then some directors and other roles. Great, we're so happy to have you all on the call today. We think this information will really help you in your enrollment efforts and providing financial assistance for your clients.

Quickly, we also just want to get a sense if you've ever been on an ACE TA Center webinar before. Give you a few seconds, but it looks like a lot of you have, at least for those first responding. Great. It looks about ... almost 80% of you have been on ACE TA Center webinar before, and 20% of you are new, so welcome back to the 80%, and welcome to the new people. We're happy to have you all here.

With that, I'm going to hand it over to Mira to get us started with some information about open enrollment and an overview about PTCs and CSRs.

Mira Levinson: Thanks, Liesl, and hello, everyone. Let me start off by saying thanks to everyone for all the great work you've done so far during this year's open enrollment period. The numbers have just come out from CMS, and it looks like enrollment has gone really well. During the first four days of open enrollment, there were over 600,000 people who submitted applications in healthcare.gov, which means about 1.4 million individuals covered through applications that have already been submitted. Out of those 600,000 applications, about 137,000 were new applications and 464,000 were folks that were logging in to renew, compare plans, and see what's out there and what's different for this year. We're really excited to see that, and keep up the good work, everybody.

As you're aware, I'm sure, this year's marketplace open enrollment period runs from November 1st to December 15, for most states. That's 45 days rather than the 90 days we had last year, and it applies to all states that are using healthcare.gov. This timeframe also applies to Maryland, Idaho, and Vermont, even though they operate their own marketplaces.

We strongly encourage you to work with your clients to compare plan options, even if they were enrolled last year, rather than getting auto-enrolled. Molly Tasso's going to talk more about that later, but one thing to know up front is that auto-enrollment this year is going to happen on December 15th, which is the last day of open enrollment, and that means that in most states, it'll be too late for clients to change plans after they've been auto-enrolled.

There are nine states with state-based marketplaces that are using a one-time special enrollment period to extend open enrollment, and you can see that these extensions vary quite a bit across states, with California, DC, and New York going all the way to the end of January, Connecticut and Rhode Island ending at different times in December, and open enrollment in Colorado, Massachusetts, Minnesota, and Washington state ending at various points in mid-January.

If you're in these states or if you're seeing clients that are from these states, you're probably already aware of these deadlines, but one thing to keep in mind is this is a one-time-only transitional special enrollment period. Next year at this time, we will all have a 45-day open enrollment period.

I also want to remind people in all states that special enrollment periods and other flexibilities are available for consumers who were impacted by hurricanes Harvey, Irma, Maria, and Nate. For example, individuals who attest that they reside in or moved from areas affected by a hurricane in 2017 will be eligible for an exceptional circumstances special enrollment period. That extends the 2018 open enrollment period through December 31st.

Also, people from those affected areas may be eligible for retroactive coverage, so if they need coverage between now and the end of 2017, they will be eligible for that as well. It's also good to know that some insurers ... all insurers are permitted, and some may implement grace periods for payment of premiums for consumers who receive advanced premium tax credits and also for effectuating or starting coverage. Individuals and enrollment assisters can contact the marketplace call center to request that extension, and we're going to chat at a length to the official guidance right now.

Now, let's get started talking about premium tax credits. There are two forms of financial assistance offered through the health insurance marketplace, premium tax credits and cost sharing reductions. That's PTCs and CSRs. They have some things in common and they also have some differences.

I should also take a moment to explain what I mean by the marketplace. When I say marketplace, I'm referring to healthcare.gov, that's the federally-operated marketplace, and also all the state-operated marketplaces like Covered California and New York State of Health. These services help people shop for and enroll in affordable health insurance, and the marketplace provides health plan shopping and enrollment services through web sites, call centers, and in-person help.

Financial assistance in the form of PTCs and CSRs is available to eligible clients through both the federal and the state-based marketplaces. First, let's quickly go over premium tax credits, or PTCs for short. This is financial assistance from the federal government that is given in the form of a tax credit to lower the cost of premiums. Premiums are that monthly bill that we pay every month to keep our coverage, and there are two ways to get a premium tax credit.

Clients can apply to get credits in advance during open enrollment and have some or all of the credit paid in advance directly to the insurer by the marketplace every month. The person or family then pays less for their monthly premium. This is also known as an advance payment of the premium tax credit, or APTC. In most cases, Ryan White clients are required to take the APTC to avoid owing any money to the program.

Another advantage of the APTC to the client is that they don't have to pay as much out of pocket and then wait for the tax credit to be applied when they file taxes. With APTCs, the tax credit is calculated based on the client's most recent income, and in most cases, this comes from their 2016 tax return. Then, the amount of APTC they received will be compared with their final income for the year to find out if they got the right amount of tax credit based on their final income. Any underpayments or over-payments will be reconciled as part of the tax filing process. Amy's going to talk about that in more detail a little later.

The other option is for clients to wait and get a lump-sum credit after they file their federal income tax return. In that case, the family or the person pays their full premium each month and they get their money back at the end of the year. That option is not recommended by Ryan White Program.

Now, let's talk about cost sharing reductions, or CSRs. Cost sharing reductions are designed to reduce out-of-pocket costs, which include deductibles, copays, and co-insurance. Another way to refer to out-of-pocket costs is cost-sharing, and that's why financial help for out-of-pocket costs is called cost sharing reductions. So if someone qualifies for cost sharing reductions, they will also have a lower out-of-pocket maximum. That's the total amount they'd have to pay for covered medical services during the year.

It's important to note that not all marketplace plans are CSR plans. As you may already know, marketplace plans come in four medal levels, bronze, silver, gold, and platinum. Cost sharing reductions are only available for silver-level plans. When someone is eligible for CSRs, the discounts are automatically applied to the CSR silver plan they enroll in, and that makes it nice and easy because they don't need to worry about discounts at tax time. In other words, once a client is eligible for CSRs for a particular year, they just enroll in one of those discount plans, and that's it. They're in a discount plan, and they get the benefit all year long.

As I just mentioned, there are these four levels of plans in the marketplace, platinum, gold, silver, and bronze. As you can see from this slide, the platinum plan has the highest premium and the lowest out-of-pocket cost. People who plan to use a lot of healthcare services might find the platinum level a good option. At the other end of the spectrum are bronze plans. These plans tend to have much higher out-of-pocket costs and lower premiums.

The silver plan is a good option for balancing the cost of the monthly premium with out-of-pocket costs, and as we just discussed, CSRs are only available at the silver plan level. However, premium tax credits can be applied to marketplace plans at any medal level.

Generally speaking, CSRs are available to people with household incomes between 100% and 250% of the federal poverty level, while people with household incomes from 100 to 400% can get PTCs. However, in states that have implemented Medicaid expansion, the low end of this range changes from

100 to 138% of the federal poverty level. That's because in Medicaid expansion states, the lowest income clients are eligible for Medicaid instead. However, to keep things simple today, we're just going to show 100% of SPL as the low end of eligibility.

This table illustrates the relationship between eligibility for financial subsidies and family size. These numbers reflect the federal poverty level, or FPL guidelines in 2016 for the continental US. FPL guidelines are a little different in both Hawaii and Alaska. For example, let's look at the first row. In a single-person household, a person who earns between $12,060 and $30,150 is eligible for CSRs, and if this person earns between $12,060 and $48,240, they are eligible for PTCs.

Now, let's look at the fourth row. Here you can see that a family of four can get CSRs if their household income is between 24,600 and 61,500. If they earn between 24,600 and 98,400, they can get PTCs. Notice that the minimum income for both PTCs and CSRs is 100% of FPL, so anyone that gets CSRs can also get PTCs. However, people between 250 and 400% of poverty are only eligible for PTCs.

The reason I'm showing you this slide is to give you an idea of which of your clients are eligible for which subsidies. However, eligibility for both will be confirmed by the marketplace as part of the application process. We'll talk a little bit more about that later.

Now let's look at an example related to cost sharing reductions. This table shows how CSRs reduce costs for a variety of out-of-pocket costs depending on income. As a reminder, individuals between 100 and 250% of FPL are eligible for CSRs. The first column shows the full pay amount for a person that does not qualify for CSRs. The second column shows costs for someone that earns from 201 to 250% of the federal poverty level. The third column shows costs for someone between 151 and 200%, and the last column is for people under 150% of poverty level.

As you can see, costs for deductibles, annual out-of-pocket limits, copays, and hospital visits are all reduced. For example, the full cost of the deductible for this example plan, remember this is a fake plan, so these aren't real dollar amounts, but the full cost of the deductible for our example plan is $2,000, but someone at the lowest end of the income scale is going to pay nothing. Similarly, the annual maximum out-of-pocket limit for this plan for someone with no CSR might be $5,500, whereas for someone at the lowest income level, the limit is $1,000.

Remember, this just an example to show you how much CSRs can help with out-of-pocket costs. It doesn't reflect actual plan costs, and as I mentioned before, these reductions get automatically applied. People don't need to keep track of their own spending or get reimbursed.

This next table shows how the marketplace uses different income categories to calculate the amount of PTCs or tax credits. The range of FPL is shown on the left, and on the right is the percent of the client's household income that contributes to their premium payments. Basically, as you can see, someone with a lower income will pay a lower percentage of their income for their premium. In other words, the lower your income, the bigger the tax credit. That said, all this calculation happens behind the scenes as well. It's calculated as part of a client's marketplace application, and it's based on their income and how much certain benchmark plans cost.

The most important thing here is to know that the same amount of premium tax credit is available for every marketplace plan at every level. For example, let's say a client named Marco gets $100 a month of premium tax credits. Once Marco has entered his income details and qualified for that $100 per month PTC, he can start shopping around in the marketplace. The monthly premium cost displayed to him will automatically be reduced by $100 a month, and remember, he can use it on any bronze, silver, gold, or platinum marketplace plan.

So, what do PTCs and CSRs have in common? First, lower income households between 100 and 250% federal poverty level can receive both tax credits and cost sharing reductions, whereas households at income categories between 250 and 400% of federal poverty are only eligible for tax credits. Second, both PTCs and CSRs are used to help with the cost of marketplace insurance, and eligibility for both tax credits and cost sharing reductions is determined when someone either applies or renews their coverage.

The amount of financial help for PTCs and CSRs depends on income and the cost of the plan. Of course, the amount is going to change from year to year, so it's important to help your clients review plan options every year based on how much financial help they can get. Along these lines, someone who wasn't eligible for financial assistance last year may very, very well qualify this year, particularly in cases where premiums have drastically increased. Of course, this works both ways, and just because somebody got assistance last year doesn't mean they'll be eligible this year, particularly if their income has gone up.

One important distinction between PTCs and CSRs is when they get paid. As I explained earlier, with PTCs, the individual has those two payment options, the APTC, where the credit is paid to the insurance company every month, lowering the monthly premium payment, or regular PTCs, where the individual pays the full amount each month and waits for all their credit in one lump sum at the end of the year. On the other hand, the CSR is applied all year long, so the cost of deductibles, co-payments, and co-insurance are reduced. There's also a reduction in the maximum amount a client can pay out-of-pocket for the year with CSRs. So once a consumer selects a CSR plan, the plan costs are automatically reduced.

Now, let me address one question that we've been hearing quite a bit related to cost sharing reductions. This is something you may need to explain to your clients as well. It has to do with how cost sharing reductions are paid for. The healthcare law requires insurers to pay for cost sharing reductions. This means that CSRs are still available for 2018 for people below 250% of poverty. This has not changed. What did change a few weeks is that the federal government will no longer reimburse those insurance companies for the cost of the CSR payments. If you have more questions about this, feel free to ask us, and we'll take them if we have time during the question and answer period.

While PTCs and CSRs can go a long way towards lowering the cost of health insurance, it's also important to know that even if someone has both types of assistance, there may still be some costs. In many cases, Ryan White Programs at state and local level, such as state ADAPs, can help pay the remaining costs for premiums and out-of-pocket expenses. Also, some of these programs review plans and recommend and support particular plans for Ryan White clients. In these cases, it's especially important for clients and enrollment assisters to know which plans are eligible for this additional financial support.

If you're helping clients through the enrollment or renewal process, make sure they understand about these costs and also what they need to do to get additional help through the Ryan White HIV/AIDS Program, including ADAP. That way, there are no unwanted surprises when people start using their coverage. The ACE TA Center has a tool that you can share with your clients called Making the Most of Your Coverage. We're going to chat a link out to that tool now to help you explain these costs to clients so that if they aren't clear on what to do to help activate or maintain their coverage, there are lots of reminders in there that they should consult with you or their Ryan White case manager.

We've covered a lot of ground already. Here's a summary of what we've talked about so far. Premium tax credits can be used to lower premiums, while cost sharing reductions are used to lower everything else you see on the top of this slide, deductibles, copays, and co-insurance. Tax credits can be paid in advance to lower monthly premiums or as one yearly lump sum when federal taxes are filed. The cost sharing reductions are applied through the year to lower the client's out-of-pocket costs. In addition, PTCs can be applied to any marketplace plan medal level from bronze to platinum, while cost sharing reductions can only be applied to a silver plan.

You can find all of this information, including a longer version of the chart on that slide that I just showed you, in our FAQ on premium tax credits and cost sharing reductions, so we're going to chat out a link for that right now.

Now, let's pause for a moment and check in with you on some of the information we just covered by taking a quick poll. This one is a quiz. What do premium tax credits and cost sharing reductions have in common? You can select all that apply. Do you think that they both help pay for insurance premiums, that the amount depends on income, that the amount can change from year to year, and/or that they can both be used on a silver plan? Let's take a look at what responses are coming in. So far so good. I'll give you all a couple more seconds to put your responses in. The question of what do PTCs and CSRs have in common? The answers are B and C, that they both are calculated based on the client's income, and that the amount of financial support can change from year to year.

Now, question A is just for premium tax credits. Premium tax credits are the only financial subsidy from the marketplace that helps pay for premiums. That's way the word premium is in premium tax credits. That's how I remember. The fourth answer, option B, that they can only be used for a silver plan, as a reminder, cost sharing reductions are only available for silver plans, and they help with out-of-pocket costs, like deductibles and copays.

All right, let's go on to the next slide. Now that we've covered the basics of PTCs and CSRs, let's talk a little bit about the application process and review some aspects of eligibility that go beyond income. Then Molly's going to take us through a couple of case studies.

The exact amount of both PTCs and CSRs is calculated by the marketplace as part of the application process based on income. This process is called eligibility determination. However, in order to be eligible for PTCs and CSRs, clients must authorize collection of tax data from the IRS every year. That way, they're eligible to receive or continue to receive premium tax credits and cost sharing reductions. If a consumer does not authorize collection of tax data as part of their application process, they will not be able to get PTCs or CSRs. Also, tax credits and cost sharing reductions are only available with health plans purchased through the marketplace.

I know that a number of you have different plans that you're looking at that are off-marketplace, so if your clients are looking at off-marketplace options, it's important to remember that these subsidies will not be available for those plans.

Now, let's go over the rest of the eligibility criteria. We've already covered the first four rows in the table. The first two rows show the income requirements for each of the subsidies, and we've also talked about how PTCs and CSRs are only available for marketplace plans and we've talked about how CSRs are only available for marketplace silver plans.

People who receive premium tax credits and cost sharing reductions also cannot be eligible for CHIP, Medicaid, or Medicare. They also can't be eligible for an employer plan that meets the ACA's definition of minimum essential coverage. Individuals applying for PTCs and CSRs may also not file, may not file a married filing separately return, except in cases of domestic abuse or spousal abandonment, and people are not eligible if they are claimed as a dependent by another person.

I also want to mention how immigration status impacts eligibility for financial assistance. If your clients are lawfully present in the United States, meaning that they are not a US citizen but they have permission to live or work here, and if that person meets other eligibility requirements that we've talked about here, then they are eligible for the same premium tax credits and cost sharing reductions. If you'd like more information about the relationship between immigration status and health coverage, we're going to chat out a link to our immigration fact sheet now.

Now, let's just spend a moment on plan renewals. Again, even if clients think they may be happy with their current plan, it's important that they log into the marketplace to update any income or household changes from the year before. Examples of household changes are adoption or the birth of a child or someone moving out of the household. This way, they can make sure to qualify for the correct amount of premium tax credits. That said, we also encourage all clients, even if they haven't had a change in their household, to carefully review plans. Molly's going to talk more about this in a minute, as well.

Let's do another quick poll to see what we've learned. You can check all that apply. Just take a moment and check off one or more answers that you think are correct. The question is, which of these must be true for someone to be eligible for both PTCs and CSRs? Let's give you a moment to answer these questions. Remember, you can check all that apply. All right. I see about 80, 85% of people have chosen A, not eligible for Medicaid, and that's correct. Clients cannot be eligible for Medicaid, Medicare, or CHIP.

Option B is actually a trick question, to be eligible for an APTC, the client's income must be between 100% and 400% of the FPL, or 138 and 400 in Medicaid expansion states, but to be eligible for the CSR, the client must be under 250% of the FPL. That's right. I see that only about 30% of you chose that one. C is also correct. As I mentioned a moment ago, the client does not need to be a citizen to be eligible for these subsidies, but they must be lawfully present in the United States to qualify for financial assistance through the marketplace.

Now I'm going to turn it over to Molly Tasso to take us through a couple of case studies.

Molly Tasso: Great. Thanks, Mira. I'm going to walk us through a couple examples that will help us understand how tax credits and cost sharing reductions work in practice and to help you prepare to work with your clients during this year's open enrollment period.

First up is our case study about Alex. For this exercise, let's think as though we are the case manager helping Alex review and enroll into a health insurance plan. After I describe him, we'll walk through some questions we should consider while assisting him.

As you can see here, Alex lives alone, and because his hours were reduced at his job this last year, he now makes $24,000. That puts him at about 200% of the federal poverty line. He's currently enroll ADAP and also receives services through the Ryan White part A program. Last year, Alex enrolled in a plan through the marketplace and received a premium tax credit. He likes his plan from last year, so he's just looking to renew his plan during this year's open enrollment period.

When we think about helping Alex enroll, there are a few important questions we should consider. First, we need to know and think about Alex's eligibility for premium tax credits and/or cost sharing reductions. Take a look at the poll here and select which option you think is correct. Is he eligible for a premium tax credit only, eligible for cost sharing reductions only, eligible for both, or not eligible for either? Awesome. It looks like everyone is on the right track here. The answer is C. Because Alex's income is between 100 and 250% of the FPL, he is eligible for both premium tax credits and cost sharing reductions.

Now, second, we should know what medal level plan Alex can enroll into. If he wants to receive cost sharing reductions, are there specific medal levels he should avoid? Again, take a look at this second poll and select which answer you think is correct. Does he have to enroll into a platinum, gold, silver, or bronze, or can he go ahead and enroll into any medal level plan he would like? Great. It looks like everyone, about 90% of you, are on track here. The correct is C, silver. As Mira mentioned earlier, Alex will need to enroll into a silver-level plan if he wants to receive the cost sharing reductions that will help with deductibles, copays, and co-insurance.

Lastly, we need to figure out if Alex is eligible to receive financial assistance through the Ryan White Program and the ADAP program. We mentioned before that the Ryan White Program may be able to provide financial assistance, but how do we know if he's eligible, and if so, through what program? Again, this is our last poll with Alex. Is he eligible for financial assistance through ADAP, eligible through the Ryan White part A Program, not eligible to receive any assistance, or is this unknown, do we not know?

It looks like about half of you are thinking he's eligible through ADAP, about 30% through part A. This is, and I'm sorry about this, a bit of a trick question. The correct answer actually is B, unknown. The availability and eligibility for financial assistance through the Ryan White Program and ADAP is different in each state, and without knowing which state Alex lives in, we can't say for certain whether or not he's eligible for financial assistance. In this situation, he and his case manager or enrollment assister should contact a program director or the state ADAP director to learn more about his option for financial assistance.

Now, just a quick summary of Alex's situation. Again, because he lives at approximately 200% of the FPL, he's eligible for both premium tax credits and cost sharing reductions. Even though Alex likes his current plan, it is important that he visits the marketplace and compare his plan option for 2018. Because his income has dropped a bit this year, he's now eligible for discounted cost sharing reduction plans. Alex should actively shop for a plan that could build his financial and health needs this year.

Lastly, again, what we can't say with certainty, depending on his local and state Ryan White Programs, Alex may qualify for financial assistance through the Ryan White Program, including ADAP. He could receive help paying for premiums, copays, and deductibles, so it's important for him to ask his case manager what type of assistance is available. Again, if there's any uncertainty at all, his case manager can go ahead and check with the program director or even the state ADAP coordinator.

Next up we have the case of Vanessa. Same as Alex, I'm going to introduce Vanessa, and we'll talk through some specific things we should keep in mind when we think about helping her enroll into a plan.

As you can see here, Vanessa lives alone and earns $35,000, which puts her at about 290% of the FPL. The ADAP program in her state does provide financial support for some, but not all plans offered on the marketplace. Lastly, it's important to note that she's applying for coverage through the marketplace for the first time.

Our first question here, we need to know if Vanessa is eligible for a premium tax credit and/or a cost sharing reduction. Awesome. It looks like the majority of people are saying she's eligible for a premium tax credit only, with about a quarter of folks thinking that she's eligible for both. Great. As many of you answered, Vanessa is eligible for a premium tax credit only, so that is A. Because premium tax credits are eligible ... or folks who have income between 200 to 400% of the federal poverty line, those individuals are eligible only for a premium tax credit, not cost sharing reductions.

Next, because we now know that she's receiving a premium tax credit, we need to know if Vanessa has any restrictions around what medal level plan she can enroll into. Can she enroll into any plan that she would like? All right. Looks like about three-quarters of folks are saying that she can go ahead and enroll into any plan she would like, and this is correct. Vanessa is able to enroll in any plan of any medal level with her premium tax credit. Because she's not eligible for the cost sharing reduction, she's not required to enroll into a silver level plan. She can go into any medal level she would like.

Finally, just a few thoughts to wrap up Vanessa's case study. As we discussed, because her income is at 290% of the federal poverty line, she's eligible for a premium tax credit but not cost sharing reductions. Again, she can apply her premium tax credit to any medal level plan she would like.

As mentioned earlier, the ADAP in Vanessa's state provides financial support for some but not all plans. While Vanessa can enroll and apply her premium tax credit to any medal level plan, she must be enrolling into a plan that her state ADAP will help with, so it's very important that Vanessa and her case manager check with, again, a program director or the state ADAP coordinator to learn more and learn specifically which plans the state ADAP will provide financial assistance for. Lastly, Vanessa must re-certify her ADAP eligibility every six months to make sure she's able to continue receiving premium payment assistance through Ryan White Program.

It's been said in this webinar, but it's worth mentioning again the importance of clients actively comparing plans during open enrollment. If a client doesn't shop around, they may be auto-enrolled into a plan that may not be the best for their current financial or health needs.

In the case of Alex, for example, he likes his plan from last year, but it's important for him to review his options for 2018. If he doesn't actively choose a plan himself, he'll be automatically re-enrolled into his current plan on December 15th, which is the last day of open enrollment in most states. If his plan from last year is no longer available this year, he'll be auto-enrolled into a different plan but with a similar premium. Although he'll be paying a similar amount of money for that plan, there's no guarantee that the plan's benefit package will be the best option for him and his health needs. Like we say, plans change and people change, and it's crucial that clients actively renew their plans during this year's open enrollment.

With that, I will now turn it over to Amy Killelea, who's going to talk with you about financial assistance available through the Ryan White Program and the ADAP program.

Amy Killelea: Great. Thank you, Molly. Hi, everyone. It's a pleasure to speak with you today, and happy open enrollment season to everybody. We've heard a lot about how the premium tax credits and the cost sharing reductions work and what case managers and clients need to know, and what I'm going to do is add the layer of how those federal ACA financial assistance programs work in tandem with the Ryan White Program, so specifically the insurance purchasing programs that are run by AIDS drug assistance programs and other Ryan White grantees.

Let's start with the universe of Ryan White insurance assistance programs. You'll see this caveat on a lot of these slides, and I will say it at the outset and remind you as we go, but if you've seen one Ryan White Program, if you've seen one ADAP, you've seen one ADAP, you've seen one Ryan White Program, these look different depending on your jurisdiction. I'll note where some of the state programs can vary. What I'm going to lay out is some of the different ways that these programs are set up, but the takeaway here is to check with your state ADAP, with your local Ryan White Program, if you're part A, operates an insurance purchasing program, to check with that program to see what's covered in your jurisdiction.

I'll say, too, the Ryan White Program has been allowed and has for a long time assisted clients with premiums and copays associated with insurance coverage. These insurance purchasing programs actually predate the ACA in most states. ADAPs and other Ryan White grantees operating these insurance purchasing programs have to adhere to the HERSA HIV/AIDS Bureau requirements, the two most important ones being that the program in the aggregate has to be cost-effective, so it can't cost more for the Ryan White Program to purchase insurance in the aggregate than it does to purchase full-pay medications for clients, and then the second one is that the plan that the Ryan White insurance purchasing program is purchasing and supporting has to provide comparable coverage to ADAP. So you've got cost-effective, you've got to provide comparable coverage. Those are the two big HERSA requirements.

Within that, though, you've got quite a bit of variation in terms of both the types of insurance that Ryan White insurance assistance programs are helping with, as well as the types of insurance costs. That's the chart that you see in front of you.

On the left-hand column, on the types of insurance, we're going to focus today, and we've been focusing, on the individual market plans. We've focused a lot on marketplace plans because those are the ones that are eligible for premium tax credits and cost sharing reductions. We've seen over the past couple of years there's been a trend for folks to go to off-marketplace individual market plans. Both are these are a relatively new addition to insurance purchasing programs because of the ACA. They're growing in importance, and as we'll discuss, are a part of most ADAP and/or other Ryan White insurance assistance programs, with few exceptions.

I will note, though we're going to focus on those individual market plans, they're really just a fraction of the type of insurance ADAPs and other Ryan White assistance programs are helping clients to purchase. As I said, it's going to depend on your ADAP or local programs. Some of these insurance types are going to include employer-based insurance, Medicare, COBRA. For our purposes, we're going to focus on the individual market, but insurance assistance is going to be bigger than that.

On the right-hand column, on the types of insurance costs that Ryan White Programs can assist clients with, it really runs the gamut. You've got premiums, prescription drug copays and deductibles, medical deductibles and copays. We laid out there all the different types of insurance costs, but again, it's going to vary depending on your ADAP policy and/or your local Ryan White grantee insurance purchasing program policy. It's very important to check in with those entities.

A quick note on a cost that's going to be even more important for this year, and that's to note that Ryan White Programs are allowed to pay past-due premiums that clients owe and that they must pay to either stay in coverage or enroll in coverage. Grantees still have to abide by those HERSA requirements that we spoke about, the cost effectiveness in the aggregate and the other HERSA requirements, but this is important to ensure continuity of care, to ensure that clients are able to enroll in coverage.

It's particularly relevant for this year because as we discussed on a webinar several months back, there are new provisions that have gone into effect via the market stabilization rule that was finalized earlier this year that allow issuers to deny enrollment to folks who have those past-due premiums. This is something that grantees should know about that is allowed. Again, because every program is different, check with your ADAP, check with your Ryan White insurance assistance programs to see what types of insurance costs [inaudible 00:47:37] cover.

Next, I'm going to talk about and give you some concrete examples of how does the Ryan White Programs fill in the gaps. We've seen since the ACA, many ADAPs and other Ryan White Programs are helping clients to purchase marketplace plans. Since many of the clients who are eligible for enrolling in marketplace plans also qualify for premiums and tax credit and cost sharing reductions that we just talked about, these ADAPs and Ryan White insurance purchasing programs are actually wrapping around those ACA federal assistance that clients are refusing. That wraparound is really important. It helps to make sure that no affordability gaps remain, even after the premium tax credit and the cost sharing reductions.

To illuminate how this works in practice, I've got a couple of examples in front of you. In the first example, you've got Mike, who is at an income of 150% of the federal poverty level. His income makes him eligible for both premium tax credits and cost sharing reductions to enroll in a marketplace plan. He finds a plan, he enrolls in it. Because of the plan that he enrolls in, even after the not insignificant premium tax credit goes into effect, his premium is still relatively high, at $155 a month.

The Ryan White insurance purchasing program, depending on the jurisdiction that Mike is living in, and for our purposes we'll assume he's living in a jurisdiction with a insurance purchasing program that will cover the remaining cost for individual market coverage, the insurance purchasing program can actually step in and pay that remaining premium, as well as, in this case, the remaining cost sharing, even after the lower cost sharing that we talked about, because Mike is eligible for cost sharing reduction plan.

These costs are going to be lower than they would have been without the federal subsidies, but they aren't insignificant, particularly for someone living with HIV, who's going to use his or her healthcare coverage often. If that person is also eligible for the Ryan White Program, for ADAP, then ADAP can help defray some of those remaining costs.

In the second example, and I wanted to illuminate sort of an off-marketplace example as well, we still have Mike, same income level for this example, and he purchases an off-marketplace plan. That means that he isn't eligible for any federal subsidies, because remember, you have to go through the marketplace. You have to purchase a marketplace plan in order to be eligible for subsidies.

Mike chose to go off-marketplace. In Mike's situation, this could've been for a bunch of different reasons. This could've been because in Mike's state, the off-marketplace plans had better provider networks or formulary coverage. We've seen different reasons that insurance purchasing programs through ADAP and Ryan White actually will prefer off-marketplace plans. In this case, the Ryan White Program AIDS drug assistance program can help Mike defray those remaining costs, which are obviously going to be a lot higher without federal subsidies for the premium and then the out-of-pocket costs.

I'll also say that this scenario would also apply to folks who are over income, for instance, for federal subsidies, so they're not eligible for marketplace subsidies because their income is over 400% FPL, but in a jurisdiction where the ADAP or Ryan White Program financial eligibility level is higher than 400% FPL, they may be able to get help with purchasing an off-marketplace unsubsidized plan.

Same holds true for folks who are below 100% FPL, so they're under income in most cases, they're under income for federal subsidies. Still very much eligible for ADAP or the Ryan White Program, and ADAP and the Ryan White Program, depending on the jurisdiction, can step in and help defray that cost. The under 100% FPL, I will say, is only relevant for states that have not expanded Medicaid, where you've got people who are falling into the Medicaid coverage gap.

I want to give you an overview of some of the variation in terms of what ADAPs in particular are doing for individual market assistance for clients. Just to note at the outset, this is not the full gamut of insurance purchasing that these programs are doing. I'm just focusing on one component, that's the individual market component. Also, we've been talking about both ADAP and Ryan White Program insurance purchasing programs throughout the webinar. I'm just focusing here on the state ADAP programs.

You may be in a state where ADAP isn't able to help with individual market plans, if you are in one of those three red states, either on or off marketplace. But your local part A may be able to help and may in fact be stepping up to help provide assistance for people to enroll in coverage. Even with some of those outliers, as you can see, the vast majority of states are helping with these costs. Again, you should check with your state ADAP and/or your part A or other Ryan White grantee who is doing insurance purchasing to see what assistance is available in your area.

Next, I'm going to move on to a third layer, and that is taxes. We've talked about how the Ryan White insurance assistance programs interact with the federal ACA subsidies, and now we're going to add a third layer to the puzzle, and that is federal taxes. We're adding that third layer because we can't talk about premium tax credits without talking about tax reconciliation, which occurs at tax time.

I'm going to walk through the basics of where Ryan White insurance assistance programs and taxes collide, but I will note that the ACA center does an annual webinar solely focused on taxes closer to tax time every year. Because we're in the midst of open enrollment, for our purposes here throughout the next several slides, I'm really going to focus on the front end enrollment coordination that's going to help pave the way for a smooth tax filing experience down the road.

In front of you, you've got the life cycle of premium tax credits. We'll start at the beginning of the life cycle, and that is with application. This is where an individual, as we just discussed, provides financial information to the marketplace to demonstrate financial eligibility for premium tax credits. As we also heard, the tax credit can be taken in advance. Many Ryan White Programs, if not all Ryan White Programs, require clients who are receiving premium tax credits to take it in advance, and we'll talk about why that is in a second.

The client enrolls in a plan, and the advance premium tax credits are paid directly to the plan, resulting in a lower monthly premium for the client. In many cases, this lower monthly premium that the client owes is in fact paid by ADAP or another Ryan White Program. That's important because that third party element is going to impact the tax filing down the road.

Then you've got the second piece of the life cycle, and that's what happens throughout the plan year. Individuals are encouraged, they have to report any changes in income that would impact receipt of the premium tax credit. Remember that we just talked about how the premium tax credits are calculated. The amount you get, it's on a sliding scale, and it's based on your income. If your income goes up, you get less in premium tax credits. If your income goes down, you get more in premium tax credits. This is why it's really important to report changes in income periodically. Clients should really be made aware of how important this is, both at the point of enrollment. Right now, as people are enrolling coverage, and then periodically throughout the year, that if they experience major changes in their income, that really needs to be reported quickly in a timely manner to the marketplace.

This is to make the last step of the life cycle a little bit easier, a little bit less anxiety-producing, and that is filing your federal taxes. Anyone who received a premium tax credit must file their federal taxes for the year in which they received the credit. If they don't file their federal taxes, then they won't be eligible for premium tax credits when they go to apply for the next plan year during open enrollment. We'll go through an example of what this looks like. Sometimes it gets a little tricky because you file your taxes the year after the actual benefit plan year ends, so we'll go through that, but it is not inconsequential, this requirement that you have to file federal taxes for the year in which you received the premium tax credits.

The reason it's important to report those changes in income throughout the year, and the reason it's so important to underscore the necessity to clients of reporting changes in income throughout the year at the point of enrollment and then periodically throughout the year is that this third step in the life cycle, reconciliation. Because most clients are taking the premium tax credit in advance, they're making a prospective estimate of their annual income.

If I'm applying right now in November of 2017 and I'm applying for 2018 coverage, I'm providing income information that serves as a best guess for what my 2018 income is, because it's only 2017. I got to guess at what my 2018 income is. As Mira indicated when talking about the premium tax credits, usually that's based on your most recent federal tax filing.

The reconciliation part is a check on whether I was right. For anyone receiving premium tax credits, you have to file federal taxes for the year in which you received them, and when you do that, you're providing your actual income information for that year to make sure that you got the right amount. If I guess in November 2017, I used my income tax to estimate what my 2018 income was, when I go to file my 2018 taxes, all the way in April of 2019, I'm going to check to see, did my income go up or down, what it about right when I applied, did I get the right amount of premium tax credits throughout the year?

That last part is key. That's the whole crux of reconciliation. If your income went up and you didn't report it, you're going to owe money to the IRS because you were overpaid the advance premium tax credit. Similarly, if your income went down and you didn't report it, you may be entitled to a refund from the IRS.

In terms of the AIDS drug assistance programs and/or Ryan White insurance purchasing programs who are involved because they are paying the remaining premium amount for clients who are also receiving advance premium tax credits, the ADAP or the Ryan White insurance purchasing entity, they're the entity entitled to the refund, not the client. As we talked about at the outset, the ADAP or Ryan White insurance purchasing program is stepping in the shoes of the client to pay those remaining premium balances. In some cases, the ADAP Ryan White Program insurance purchasing program will also help with the over-payments that clients owes back to the IRS.

That was a lot. I want to kind of break it down into some of the policies that we're seeing from Ryan White Program and ADAP insurance assistance programs that really spell out how those Ryan White and ADAP programs interact with the tax reconciliation. Again, I've tried to divide this up through the lens of kind of our life cycle of application throughout the coverage year and at tax time with our [inaudible 00:59:23] for what happens at application.

At application and enrollment, most, if not all, insurance assistance programs operated through Ryan White Program grantees are going to require clients to take the full amount of the premium tax credit in advance. This makes it far more administratively simple, particularly when it comes to reconciliation, so that's going to be a pretty standard policy.

At application, this is also when clients are made aware of the importance of reporting changes in income, and made aware that they have to file their federal taxes for the year in which they received the premium tax credit. It's actually a really great educational opportunity right at outset for ADAP, the Ryan White Program insurance purchasing entity to really walk through some of the requirements of how these two programs are going to interact.

Some ADAPs and Ryan White insurance purchasing programs actually have an attestation the clients have to sign, demonstrating they understand how it works, they understand they have to report [inaudible 01:00:21] income, they understand they have to file their federal taxes and report that back to ADAP.

Throughout the year, we've seen Ryan Whites and ADAPs check in with clients about the importance of reporting changes in income to the marketplace, just periodic reminders periodically throughout the year, and then particularly at the six month re-certification. This is really important, because really, the easiest way to deal with the complicated process of tax reconciliation is not to have an underpayment or overpayment of any kind. The easiest way to ensure there's no under or overpayment is to ensure the marketplace has accurate and up-to-date income information.

Finally, at tax time. Again, there's lots of considerations for tax time and for filing taxes, and I want to put a second plug in for the tax webinar that the folks at the ACA Center put on every year. Really, the top-line items here are to make sure clients understand they need to file federal taxes if they received a premium tax credit and to direct them to tax filing resources to help them do that.

I'll also say that ADAPs and Ryan White insurance assistance programs are required to recoup funds that the IRS owes the taxpayer client as a result of APTC underpayments throughout the year. That's a requirement, and that's again, because the ADAP and Ryan White programs are ... As the third party payer, they are stepping in the shoes of the client.

On the other side of that, many ADAPs and insurance purchasing programs are helping clients with any over-payments that clients owe the IRS. That part varies by jurisdiction, so I would advise you to check in with your ADAPT and/or Ryan White insurance purchasing program to check to see what their local policy is on that.

Finally, I want to end by underscoring why we're talking about taxes during open enrollment. Some of you may be saying, "I don't like to think about my taxes until April 14th every year." And I'm with you, but taxes come up in enrollment because as I mentioned earlier, filing federal taxes is a requirement for anyone who received a premium tax credit, advance or not. If a client who receives a premium tax credit doesn't file taxes for the year in which she received it, moving forward to the enrollment cycle for the following plan year, she isn't going to be eligible for premium tax credits anymore.

Let's walk through what that looks like for this year with sort of a two year on adventure scenario, because I really want to underscore that this has impact in terms of the ability to get advance premium tax credits moving forward. We'll start with our client there on the left.

You've got your client who is as we speak during this open enrollment period applying for 2018 coverage. You've got scenario A. This is where the client did not file federal taxes in April of 2017 to reconcile the premium tax credits that she received in 2016. What will first happen is that the marketplace will send notices to the client alerting her to the issue and encouraging her to file taxes. I want to note, we are in November. April is far behind us, but it's not too late to file taxes. Any client who has not yet filed their federal taxes can still do so.

If we're getting down to the wire in terms of the end of open enrollment for most states, December 15th, a client can actually submit an attestation with the marketplace that their federal taxes have been filed, because you can still be assessed for APTCs for the 2018 plan year. It is not too late, but it is quickly approaching the point where it will be too late. If the client does not file federal taxes for 2016, she won't be able to enroll in a plan with advanced premium tax credits. She can still enroll in a subsidized tax plan, though, and that's important. She's just no longer eligible for the premium tax credits.

Then you've got the opposite situation for scenario B. The client did in fact file their 2016 taxes in April of 2017 and checked the box the allow the marketplace to automatically receive updated income information from the IRS. We already heard about how important that is in terms of simplicity and efficiency.

The process here is much more simple. This client can apply for APTCs in 2018, and the marketplace will use the tax filing for 2016 that was filed in April to determine financial eligibility. The only thing I'll say here is that if the client's income in this situation has changed significantly, such that the 2016 federal tax return is not a good indicator, it is not a good best guess of what her 2018 income will be, she can submit updated financial information during the application process.

That was a lot. We talked about multiple interacting, intersecting layers. I want to boil it down to the top three takeaways and considerations when it comes to this colliding world of ADAP, Ryan White Program insurance assistance, and taxes. Number one, I think it's probably ... You can't do it enough to remind clients to file federal taxes and how important that is if the clients are receiving premium tax credits.

It's also, I think, the enrollment process and the interactions with case managers during the enrollment process is actually a really good time to at least start to review and make sure that clients are aware of the tax reconciliation requirements so that we don't come to April in a mad dash to get taxes filed.

Then third, the enrollment conversations between clients and case managers are also a really good opportunity, even short of a formal attestation as part of ADAP or Ryan White insurance purchasing assistance, even just the educational opportunities of it is important to report changes in income if you're receiving a premium tax credit. This will make the tax reconciliation process far less painful for all concerned. I think the enrollment part is really the first step of that educational opportunity, and then continuing throughout the plan year.

With that, I am going to turn it back over to Mira.

Mira Levinson: Thanks, Amy. I am going to turn it over to Liesl to take us through the Q&A period, because it looks like we've had a few nice questions come in.

Liesl Lu: Great. Thanks, everyone. We are going to get to some of the questions that have come in. Just to remind you, the additional voice that you may hear answering questions is Rachelle Brill, who's joined us from Community Catalyst today to take some of these questions. One of the first questions have had come in during the webinar was, if someone makes less than 100% of FPL, are they eligible for PTCs or CSRs. Rachelle, do you want to take that one?

Rachelle Brill: Yes. Thanks, Liesl. The general rule is that no. To be eligible for financial assistance in the form of premium tax credits or cost sharing reductions, individuals must be between 100% and 400% of the federal poverty level. There is one exception to this rule, though, and that's for lawfully present individuals below 100% of the federal poverty level, which Mira discussed earlier in her presentation.

These individuals can be eligible for premium tax credits and cost sharing reductions, even if their annual income is below 100% of the federal poverty level. That's to account for the fact that these individuals are also barred from the Medicaid program, unless they've been in the country for five years or more. To allow these individuals to have healthcare access, the Affordable Care Act provided an exception to this rule to be between and 100 and 400% for lawfully present individuals.

Individuals below 100% should check with their case manager or Ryan White HIV/AIDS Program program director or state ADAP coordinator to see if they may be eligible for financial assistance through the Ryan White or ADAP Program.

Individuals below 100% of the federal poverty level might also be eligible for Medicaid, depending on the specific eligibility rules in their state, and what their exact income is. If they're in a Medicaid expansion state, for example, they likely could be eligible for Medicaid, but if their income is closer to 0% of the federal poverty level, they could also be eligible for Medicaid, depending on if they meet certain other eligibility requirements.

Liesl Lu: Great. Thanks, Rachelle. I think this second question's also for you, too. The question was, have there been any changes to the individual mandate rule this year?

Rachelle Brill: The short answer is no, there's been no change to the individual mandate. Most individuals would be required to show that they have qualifying health coverage, what's also known as minimum essential coverage, or that they're eligible for an exemption, or if not, they'll be required to pay the individual shared responsibility payment, also known as the mandate penalty.

It's understandable, though, that there could be a lot of confusion on this topic because of a lot of things that have been going on at the federal level regarding the Affordable Care Act. I know there were a few attempts to repeal the Affordable Care Act throughout this year, but none of those were successful. There are also current attempts, there may be attempts to repeal the individual mandate in these upcoming congressional tax bills, but that also hasn't happened yet. There's also been talk of an executive order to repeal the individual mandate, but again, that hasn't happened yet.

Right now, the IRS is requiring individuals to show on their tax forms that they have minimum essential coverage. If they don't, those forms will be rejected. Overall, nothing in terms of the individual mandate enforcement or other requirements have changed, so clients should continue, as they did last year, to report their health coverage.

Liesl Lu: Okay, great. Thanks, Rachelle. That's a really great summary of where we are with the individual mandate.

We've had some additional questions come in. The next question we're going to do is, would a person who received work permit status through DACA qualify for marketplace coverage? Mira, do you want to take that one?

Mira Levinson: Sure. The answer is no. Individuals granted deferred action under the 2012 Deferred Action for Childhood Arrivals Program, which is also called DACA, are not eligible to enroll in coverage through the marketplace. It's important to know, though, that these individuals are exempt from the requirement to have health coverage, which is also called the individual mandate. That's what Rachelle was just talking about. We're going to chat out a link again to our quick reference guide around access to health coverage for immigrants living with HIV, which answers this and other related questions.

Liesl Lu: Thanks, Mira. The next one that we've got is someone commented, "I heard that if someone missed any 2017 premium payments, they may have to pay these unpaid premiums before 2018 coverage can begin. Is that true?"

Mira Levinson: Yes, in fact that is true. As of this year, clients may have to pay unpaid premiums before their 2018 coverage can begin. Actually, we just sent out an ACE TA Center email about this today with some details. Basically, insurers aren't required to have this policy, but some may choose to implement it. As Amy mentioned, your state ADAP or local Ryan White Program may be able to help your client pay these back premiums. It's important that you check with a Ryan White program director or a state ADAP coordinator to learn more.

Amy, anything else you want to add about that?

Amy Killelea: No. I would reiterate to check with your local program. I would also say, as we mentioned in the webinar, as Mira reiterated, this was a new part of the market stabilization rule. So yes, past-due premiums may become a barrier to enrollment for 2018 coverage, but because that rule went into effect in June, that's the start date of when past-due premiums can start to accrue. It's not for the entire year of 2017. In subsequent years, plans, issuers will be able to look back for a 12-month period, but because the rule didn't go into effect until June, that's the start date for which past-due premiums are going to be assessed.

The only other thing I will note about the past-due premiums is that there are notice requirements. Plans do have to have in their materials what their policy is on past-due premiums, so case managers should work with clients to assess the plans and figure out what plan policies are and if that could impact clients. The other thing to note is that even though plans are allowed to do this starting in 2018, there's no indication that every plan will do this. There are probably some plans for whom this will be administratively a hassle to do. It's just important to really assess for the plan that is at issue that a client might enroll in, to figure out what that plan policy is.

Liesl Lu: Okay, thanks. I think Amy, we have one for you next. I think you're ready to take this one. The question is, we've been told by insurance agents of one of the major insurance carriers that CSRs are not available for silver plans in 2018. Is this not the case and CSRs are still available for silver plans?

Amy Killelea: This is a really good question, and I think this is one that may be confusing for clients and that you may hear from clients. The short answer is that CSRs are indeed still available for eligible enrollees in 2018 plans. That is the bottom line and that's something that should be communicated to clients. However, and what I think is causing some of the confusion, it is true that the Trump administration made the decision to stop the federal payment of the cost sharing reductions to issuers a few months ago.

This means that issuers still have to offer a cost sharing reduction plan. That's why they're still available. You will see CSR plan options when you go to enroll in coverage. That's still a requirement, but the federal government is no longer paying the issuers to offset those costs. Leading up to the decision of the federal government to stop those payments as issuers were filing their 2018 premium rates, in the vast majority of states, issuers had built in premium increases in anticipation of the federal government stopping CSR payments. This is a little bit sort of the next step of the question, but I think it's important. We know the CSR payments issuers have stopped, but how is this going to impact clients? You may be getting questions about that.

For many, many states, there was actually a lot of front end work done on behalf of insurance regulators to help insulate consumers from the impact. Most state insurance regulators actually required issuers to load any premium increases that issuers decided to put in place as a result of losing the cost sharing reduction payments from the federal government on to silver level plans.

It gets a little bit in the weeds, but the long story short here is that because we talked about how the premium tax credits are calculated with reference to that second lowest cost silver level plan, loading the premium increases onto silver-level plans only means that consumers actually have a bigger premium tax credit.

We already discussed, those eligible for CSRs, they're still going to get those CSR plans. That did not go away. The somewhat odd or just not intuitive result of this is that in some jurisdictions, consumers are actually better off. They have a bigger premium tax credit, and because non-silver plans didn't really see major premium increases, they might be able to afford a higher medal level plan.

The takeaway here is a little bit complicated, but maybe two takeaways. One, CSRs are still very much available for 2018. Number two, it is that much more important to do a detailed plan assessment this year, because you may have some odd results that were not what you had last year, maybe were not intuitive as to what is the most affordable plan for folks because of how insurance regulators and issuers dealt with the loss of the CSR payments.

Liesl Lu: Great. Thanks, Amy, for that detailed explanation. It's very helpful. All right, we're still having questions come in, so thank you so much. We're working towards those. The next question we have is, someone mentioned that they have a patient who is opting out from employer insurance because he only has an income of $22,000 per year. Can he enroll in the marketplace, and if so, how will he submit the form that was provided to him from his employer to the marketplace? Rachelle, do you want to take that one?

Rachelle Brill: Sure, thanks, Liesl. This is a great question, but it's a little tricky. It comes down to whether the amount that this person would have to pay in premiums was close to ... I think for 2018, if the total amount someone would pay in premiums for the year is more than 9.5.6% of their income, that's considered an unaffordable offer of employer-sponsored insurance, and when someone has an unaffordable offer of employer-sponsored insurance, they can enroll in the marketplace with financial assistance in the form of premium tax credits and cost sharing reductions. Of course, this person could also have the option to enroll in the marketplace without financial assistance, and their offer of ESI doesn't get in the way of that.

However, and it's a good point that this person brought up, the form that the employer would submit, when the employer submits that form to the IRS, there is information provided about the level of premiums. So the IRS should be able to know and the taxpayer should be able to know that this offer of employer-sponsored insurance was unaffordable, and that therefore that person was eligible for the advanced premium tax credits.

If an employee is unsure whether the offer of ESI is affordable to him or her, there's a form provided by healthcare.gov called an Employer Coverage Tool. An employer can fill out information about the types of insurance they're offering to help their employees determine whether they're affordable to them.

Liesl Lu: Do you want us to chat that link out? We'll chat that out.

Rachelle Brill: Oh, sure. Yeah, we can chat out the employer coverage tool for you.

Liesl Lu: Thanks, Rachelle. The next question is for Mira. Do temporary protected status holders, TPS for short, qualify for marketplace coverage?

Mira Levinson: Thanks, Liesl. Yes. TPS, or temporary protected status, is one of the lawfully present immigration categories that are eligible for marketplace coverage. All of the immigration categories that are considered lawfully present are listed on the immigration resource that we chatted out a few minutes ago. In general, citizens and lawfully present immigrants are eligible to buy health insurance and get tax credit subsidies in the marketplace.

Liesl Lu: Thank you. The next question that we have is, what general information can you offer regarding HIV medication tiering for 2018? Amy, can you take that one?

Amy Killelea: Sure thing. I would say, I think looking at HIV medication tiering as part of your plan assessment and doing that deep assessment of formulary coverage is incredibly important. It's important every year because, as we talked about, plans change from year to year. It's particularly important this year, as I think we saw more plan flux than we have in years past.

I'll say that while we could see some plans that place HIV medications on high tiers with very high co-payments or co-insurance, it's important to note or just remind folks that the ACA's non-discrimination requirements are still very much in place. This means that regulators, both at the federal level and at the state department of insurance level, are going to look to see if plans are putting all or substantially all HIV medications on the highest cost sharing tier as a possible indication of a discriminatory plan design.

That doesn't mean that if you've got one HIV medication that your client needs and that's on a specialty tier, that that might just be a fact of the plan and maybe reason to look at a different plan. But if you're seeing that the vast majority of all of the HIV medications are being placed on the very highest cost sharing tier, that could be a possible indication of a discriminatory plan design. If you're seeing plans like that, that don't cover HIV medication or that have those adverse tiering components, you should contact your state department of insurance about that, because that could be a potentially discriminatory plan design.

Liesl Lu: Thanks, Amy. We just had another question that falls on to the previous one about ESI. The question is, what rate do you use to determine if an employer plan is not affordable. Rachelle, do you want to just add on to your previous?

Rachelle Brill: Sure. To determine whether an offer of employer-sponsored insurance is affordable, you have to compare whether the total amount that someone would pay for self-only coverage or individual coverage in premiums for the year and for 2018, it'll be for more than 9.56% of their annual income. What's a little noteworthy about this is that this percentage has gone down from 2017 to 2018, and so in 2017, the threshold was whether the premium totaled more than 9.69%, but this year, it's going to go down slightly a little bit, which will make it a little harder for individuals to be eligible for premium tax credits. All in all, it's right around between nine and 10% of your annual income.

Liesl Lu: Great. Thanks, Rachelle. We're just waiting to see if any other questions come in, but in the meantime, I just want to remind you that the slides from today's webinar, we will distribute them within the next week, and they'll also be posted on the TARGET Center on the ACE webinar page. If you do think of a question after the webinar, feel free to email us at ACETACenter@JSI.com. We're happy to take your questions offline, as well.

I did want to mention that, as Amy had made a number of plugs for, we will be having a taxes webinar either in late February or early March, so be on the look out for that. The announcements will come out through the ACE TA Center mailing list, so if you're not on that, please sign up and you can sign up for our mailing list on the TARGET Center at TARGETHIV.org/ACE.

I think with that, we're going to go ahead and wrap things up. We just want to thank you so much for joining us today and for all of your questions. I'll just remind you to keep the webinar window open to complete the evaluation when it pops up and to sign up for our mailing list if you haven't already. With that, thanks for everyone for joining us, and have a great afternoon. Goodbye.