2016 Open Enrollment & Health Insurance Plan Renewals: What you need to know
Today’s presenters

TAJAN

LORI

RACHELLE
How to Ask a Question

- Attendees are in listen-only mode.
- If you have a question, use the chat box at the lower-left of your screen to chat with the presenter.
- You may also email questions to acetacenter@jsi.com after the webinar.
Can You Hear Us?

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![Phone Icon] If you’re still having problems, please use the following call-in number:

855-550-2900

Passcode: 55528170
Participant Learning Objectives

- Understand how to make sure clients are still enrolled in the best plan
- Learn how to assess if clients qualify for financial assistance
- Use ACE TA Center resources to talk with clients about enrollment using language that is accurate and easy to understand
Audience Poll

What is your role in your RWHAP funded agency?

- Program manager or staff
- Case Manager
- Clinical director or staff
- Benefits and enrollment staff
- Director or administrator
- Quality assurance/compliance staff
- Other (chat role to Chairperson)
- N/A (I'm not a grantee or provider)
Audience Poll

Have you been on an ACE TA Center webinar before?

- Yes
- No
Open Enrollment into the Marketplace
Community Catalyst

- Gives consumers a voice in health care reform
- Leadership and support to organizations working to guarantee access to high-quality, affordable health care for everyone
- Catalyst for collaboration, innovation, and action in health care reform
# Open Enrollment: 2016 Timeline

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## For coverage that begins:

- **JAN.**
  - Apply before 12/15/2015

- **FEB.**
  - Apply before 1/15/2016

- **MAR.**
  - Apply before 1/31/2016

Adapted from https://www.ehealthinsurance.com/resource-center/affordable-care-act/when-to-sign-up-obamacare
Special Enrollment Periods (SEP)

Ongoing SEP
- 60 days before or following certain qualifying life events
- Can vary in State Marketplaces

Limited Circumstance SEPs
- 2015 SEPs (technical glitches, potential fee for not having health insurance)
- No guarantee limited circumstance SEPs will occur in 2016
Fees and Exemptions

If a client does not have qualifying health coverage, they must:

- Pay a fee with their federal tax return
- Claim a health coverage exemption
2016 Fee

Pay the higher of these two amounts:

- 2.5% of yearly household income
  - Maximum penalty: national average premium for a Bronze Plan

- $695 per person
  - $347.50 per child under 18
  - Maximum penalty per family is $2,085.
Clients who apply and qualify for a health coverage exemption do not have to pay the fee.

- **Types of exemptions:**
  1. Income-related
  2. Health coverage-related
  3. Group membership
  4. Hardship
  5. Others

- Apply when file taxes or applying for Marketplace coverage

- Individuals who receive an exemption will receive an Exemption Certificate Number (ECN). Important at tax time!
Documenting Vigorous Pursuit

- Document and monitor your enrollment activities

- ACE TA Center tools to help:
  - Enrollment Tracking Worksheet
  - Organizational Self-Assessment
  - Data Tool Kit
New Tools for Organizations

- Organization Self-Assessment
- Data Tool Kit

Archived webinar:

*New Tools to Help Organizations Monitor and Improve Enrollment*

Audience Poll
Which client would be eligible for an exemption from health coverage?

- Mark is not required to pay taxes because of his low-income
- Maria has health coverage outside the Marketplace that qualifies for “minimal essential coverage”
- Jason is eligible for Medicaid through his state’s Medicaid expansion
- All of the above
- None of the above
2016 Renewals & Redeterminations
Renewals vs. Redeterminations

- **Renewals**: process through which a client re-enrolls or switches coverage, or insurer re-enrolls for 2016

- **Redeterminations**: review of enrolled client’s eligibility and re-calculation of financial assistance
Importance of logging into the Marketplace

- Clients enrolled in 2015 Qualified Health Plans (QHPs) will be automatically renewed for 2016, if their plan is still available.

- But enrolled clients should still update their application and compare plans.

- Active renewal is recommended!
Supporting Clients through Renewal and Redetermination

Encourage and support active renewal
Log into the Marketplace!

1. Assess client needs
2. Look at QHP options
3. Eligibility Redetermination
4. File and Reconcile Taxes
1. Assess client needs

- Client health care needs may have changed
- Important that client’s plan fits their current needs
- Many new plan options are expected. Even for clients enrolled in a QHP, now is a great time to look at new plan options.
2. Look at QHP options

- Make sure the client’s QHP is available and still the best option
- Review plan features, such as medication, provider and costs, that may have changed
- Check if your AIDS Drug Assistance Program (ADAP) has recommended particular plans
- Clients can preview 2016 plans and prices soon!
3. Eligibility Redetermination

Financial Assistance

**Premium Tax Credit (PTC)** - A tax credit to lower the cost of insurance premiums for Marketplace coverage.

**Advance Premium Tax Credit (APTC)** - The credit is paid directly to the insurer to lower your monthly premium.

**Cost-sharing reduction (CSR)** - Lowers the amount individuals and families have to pay for out-of-pocket expenses - deductibles, coinsurance, and copayments.
3. Eligibility Redetermination

New in 2016!

- All previously enrolled clients will get an updated determination based on:
  - The most recent income data
  - Updated benchmark premium data
  - Federal poverty levels

Regardless of activity in open enrollment
3. Eligibility Redetermination

*New in 2016!

- Marketplace will use most recent income information on file – either 2014 taxes or 2015 application information

- Eligibility redetermination and APTC recalculation will be automatic
3. Eligibility Redetermination
Here’s what you can do

- Make sure application information is accurate to continue qualifying for health insurance and financial assistance

- Be sure to remind clients to open and read notices received from the Marketplace
4. File and Reconcile Taxes

- Authorize tax data collection from the Internal Revenue Service (IRS) if they did not do this in the past
- Make sure clients have filed and reconciled 2014 taxes and APTCs
- If not, clients will lose financial assistance 12/31/15
4. File and Reconcile Taxes

Do clients need to file a tax return?

- To be eligible for APTCs in 2016, individuals who received PTCs in 2014 must have filed 2014 taxes and reconciled their 2014 tax credit.
- Those that have not will receive a notice in October stating that they have not filed and reconciled their 2014 tax credit.
CMS Check for Tax Filing and Reconciling

- Marketplace application will have a button for applicants to select if they have filed 2014 taxes
  - Self-attestation

- CMS will review IRS data at the end of December to account for late filers
Audience Poll
Your client has been enrolled in a marketplace plan and receiving APTCs. What will happen if the client has not filed their 2014 taxes? They…

- Will not be eligible for health coverage
- Must change health plans
- Will not be eligible for PTCs
- All of the above
- None of the above
Updated ACE TA Center Tool:

Plan Renewals Flowchart
Plan Renewals Flowchart: Five key questions

1. Was your client enrolled in a qualified health plan (QHP) in 2015?
   - YES. Most clients will automatically be re-enrolled in coverage, with the exception of discontinued plans. Whether or not renewal is automatic, clients should log into their Marketplace application to compare plan options. Clients can select a new plan during Open Enrollment and update their income and household information.
   - NO. Eligible clients can choose and apply for a QHP during Open Enrollment.

2. Is your client’s QHP available in 2016?
   - YES. The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.
   - NO. The client can apply for help paying for premiums and out-of-pocket expenses in 2016. Clients with incomes up to 400% FPL may be eligible for PTCs. Clients with incomes up to 250% FPL may also be eligible for CSRs.

3. Did your client receive financial assistance, such as premium tax credits (PTCs) and/or cost-sharing reductions (CSRs), in 2015?
   - YES. The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.
   - NO. The client must file a tax return for every year that they receive a PTC/CSR to continue to be eligible for future PTC/CSRs. Clients who were enrolled for the first time in 2015 and received a PTC/CSR will need to file their 2015 taxes in 2016.

4. Did the client file taxes this year?
   - YES. Great! Clients who filed the previous year’s taxes will have an automatic redetermination of their PTC/CSR in the new year.

5. Did the client authorize the collection of tax data from the IRS in 2015?
   - YES. The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.
   - NO. Tell your clients that without updated tax data, current financial help in the form of PTCs and CSRs will end on 12/31/15.

TERMS TO KNOW

QHP (QUALIFIED HEALTH PLAN)
A health insurance plan that is approved by and sold in the Marketplace.

PTC (PREMIUM TAX CREDIT)
Tax credit applied to premium costs of a QHP to help pay for health coverage.

CSR (COST SHARING REDUCTION)
A discount that lowers out-of-pocket costs for health insurance.

ELIGIBILITY DETERMINATION
When the Marketplace uses the client’s tax information to calculate the client’s financial assistance.
1: Was your client enrolled in a qualified health program (QHP)?

**YES.**
Most clients will automatically be re-enrolled in coverage, with the exception of discontinued plans. Whether or not renewal is automatic, clients should log into their Marketplace application to compare plan options. Clients can select a new plan during Open Enrollment and update their income and household information.

**NO.**
Eligible clients can choose and apply for a QHP during Open Enrollment.

Use the [ACE TA Center's Health Care Plan Selection Worksheet](#) to help clients find the best plan for them.
2: Is your client’s current QHP available for 2015?

**NO.**
If plan is discontinued at the end of 2015, the client may be auto-enrolled in a similar plan only if one is available. Encourage clients to examine this new plan carefully to ensure it still meets their needs. If the insurer decides that a similar plan is not available, auto-renewal will not occur unless s/he actively chooses a new plan.

**YES.**
Even if your client’s same plan is offered in 2016, encourage him/her to review new plan options to compare costs and coverage options, and see if s/he qualifies for financial help to lower the price of a new plan.

Use the ACE TA Center’s Health Care Plan Selection Worksheet to help clients find the best plan for them.
3: Did your client receive APTC and/or CSRs in 2014?

**YES.** The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.

**NO.** The client can apply for help paying for premiums and out-of-pocket expenses in 2016. Clients with incomes up to 400% FPL may be eligible for PTCs. Clients with incomes up to 250% FPL may also be eligible for CSRs.
4: Has the client authorized collection of tax data from the IRS?

**YES.**
Great! Clients who filed the previous years’ taxes will have an automatic redetermination of their PTC/CSR in the new year.

**NO.**
Clients must file a tax return for every year that they receive a PTC/CSR to continue to be eligible for future PTC/CSRs. Clients who were enrolled for the first time in 2015 and received a PTC/CSR will need to file their 2015 taxes in 2016.

See [Tax Credits and Cost Sharing: Federal Support for Health Insurance](#) for more information.
5: What are the results of the client’s 2015 eligibility determination?

**YES.** The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.

**NO.** Tell your clients that without updated tax data, current financial help in the form of PTCs and CSRs will end on 12/31/15.
FAQ: Premium Tax Credits (PTCs) and Cost-Sharing Reductions (CSRs)

October 2015
ACE TA Center

The federal government provides financial support for many consumers who get health coverage through the Marketplace. Learn how Premium Tax Credits (PTCs) and Cost-Sharing Reductions (CSRs) can help Ryan White HIV/AIDS Program (RWHAP) clients pay for health insurance.

**Premium Tax Credit (PTC)**
The Affordable Care Act provides a new tax credit to help lower the cost of premiums for health care coverage purchased through the Health Insurance Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

**Cost-Sharing Reduction (CSR)**
A discount that lowers the amount individuals and families have to pay out-of-pocket for deductibles, coinsurance, and copayments. CSRs are NOT used to pay premiums.

A person may receive both a PTC and a CSR. People who apply for PTCs are automatically assessed for CSRs.

**Frequently Asked Questions**

1. Who is eligible?
2. How much financial help is available?
3. What income is considered?
4. How are PTCs and CSRs given out?
Audience Poll
Why should you help clients log into the Marketplace during open enrollment?

- Look at 2016 plans and prices
- Authorize tax data collection
- Confirm/update eligibility information
- Confirm tax filing and reconciliation
- Begin the plan selection process
- All the above
Audience Poll
Where do you feel your clients need support in the enrollment process? (select all that apply)

- Getting started
- Addressing their concerns
- Filling in an application
- Submitting an application
- Follow-up on submission
- Using benefits
- Staying enrolled
- N/A (I'm not a grantee or provider)
New ACE TA Center Tools & Resources
If you don’t have health insurance, now is a good time to get it.

Take the next step for a healthy life.
Health insurance helps you pay for the health care you need to stay healthy. Changes in health care laws have made it much easier to get health insurance now. Over 16 million people have already signed up, but others still have questions or concerns. Do you have questions about health insurance? Here are some answers.

"Why do I need health insurance? I already get my HIV care through the Ryan White Program."

Health insurance covers care for all your health needs. In addition to your HIV care and medications, you’ll be able to get other health services, such as:

- Free preventive care, like flu shots and cancer screenings
- Care and medications for other health problems you may have, like heart disease or diabetes
- Hospitalizations
- Substance use treatment and mental health services
- Maternity care

Health insurance protects your finances. If something unexpected happens, like a car accident, you won’t go broke paying hospital bills.

"My case manager helped me find an affordable health insurance plan that covers all of my health care needs, including my HIV medication."
“Can I still get services and help from the Ryan White Program and ADAP?”

Yes, you will still be able to get services from the Ryan White Program that are not covered by your insurance—like having a case manager or dental care.

In many places, the Ryan White Program, including ADAP, can help you pay for health insurance premiums and co-pays. Check with your case manager or the Ryan White Program about how that could work for you.

“If for some reason you are not eligible for health insurance, you can still get your HIV care and medications through the Ryan White Program.”

“What if I don’t enroll in health insurance?”

If you can afford health insurance but choose not to enroll, you may have to pay a fee—up to $700 or more. And you’ll be missing out on a lot of services that can keep you healthy!

If you don’t have qualifying health coverage, you may not have to pay the fee. You could get an exemption if:

- You cannot find an affordable plan
- You are very low income and do not have to file a tax return
- You had a short gap in coverage
- You are not lawfully present in the U.S.

The Ryan White Program strongly encourages you to enroll in health insurance if you are eligible!
Making the Most of Your Coverage

Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.
MAKING THE MOST OF YOUR COVERAGE

Know your costs.

Health insurance helps you pay for a wide range of health care needs, but it is important to know what your plan covers before you need to see a doctor. Use these tips to understand your potential health care costs.

1. Ask your Ryan White provider how the Ryan White Program, including ADAP, might help pay for some of the costs associated with insurance, such as premiums, co-pays and HIV medications.

2. Call your health insurance company if you have questions about a bill or think your insurance should have covered a service you received.

3. Review the Explanation of Benefits letter that will be mailed to you after any visit. The letter tells you what services you got during your visit and the total cost. THIS IS NOT A BILL. If you have to pay any money, you will receive a separate bill from your doctor.

4. Pay medical bills on time and keep your insurance paperwork in one place in case you need them in the future.

5. Ask someone at your doctor’s office for help if you receive forms or letters and are not sure what to do with them.

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Continue taking your medications.

It’s important to keep taking your medications as prescribed, particularly for HIV.

If your health insurance plan does not cover your HIV medication, you have the right to ask them to make an exception. ADAP might be able to help if you are switching from ADAP to a new insurance plan.

If there is a short time that you are not covered, some pharmacies offer a short-term supply of medications (15 or 30-day refills) until your new coverage begins.

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WHAT IS A “CO-PAYMENT”? People with health insurance usually have to pay for part of their health care services. This is called a co-payment, or co-pay, and the amount may be listed on your insurance card.

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Check your mail.
Know your costs.
Know where to go for care.
Make the most of your visit.
MAKING THE MOST OF YOUR COVERAGE

Know where to go for care.

Your health insurance plan allows you to see different types of doctors depending on the type of care you need.

Primary Care Provider
You should visit your primary care provider when you feel well and need a regular checkup or when you feel sick. Your primary care provider may also be your HIV provider, helping you manage your HIV and get your lab tests and medication refills.

If your HIV provider is not your primary care provider, then he or she is a specialist that you will see only for your HIV-related care needs.

All insurance plans must include the same preventive services to keep you well, which you can get for free or at a low cost. Ask your doctor for help getting these services, such as counseling, vaccines, and screenings for high blood pressure, depression, diabetes, colon cancer, and more.

If you haven't selected a primary care provider, visit your insurance company’s website or call them to choose from their list of doctors. You will need to know the type of health insurance plan you have to find doctors, clinics, and hospitals that accept your insurance. If you need help, contact your case manager.

TIP
Look at your insurance card to find out what kind of plan you have and find the phone number for your insurance company.

WHAT DOES “IN-NETWORK” MEAN? The doctors, clinics, health centers, and hospitals whose services are covered by your health insurance plan.

WHAT DOES “OUT-OF-NETWORK” MEAN? The doctors, clinics, health centers, and hospitals whose services may cost more or not be covered at all by your health plan.
My health insurance works for me.
I got help choosing an affordable plan.
Someone can help you enroll, too.

HIV-positive? Find a health insurance plan that works for YOU.
You can get in-person help to fill out the application and find out if you’re eligible. You may qualify for financial help.

We can help. Ask us about health insurance today.
My health insurance works for me.
Now that I have insurance I can get care for HIV and all my other health care needs.

HIV-positive?
Find a health insurance plan that works for YOU.
You can get in-person help to fill out the application and find out if you’re eligible. You may qualify for financial help.

We can help.
Ask us about health insurance today.
My health insurance works for me.

I got help paying my insurance premium.

Now I can afford to stay covered and stay healthy.

HIV-positive?
Find a health insurance plan that works for YOU.

You can get in-person help to fill out the application and find out if you’re eligible.
You may qualify for financial help.

My Health Insurance Works for Me (Posters)

We can help. Ask us about health insurance today.
I’m new to supporting people living with HIV. How do I help them enroll in health coverage?

Listen to consumers’ needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.
- People living with HIV need health care providers who understand their needs and life experiences.
- People living with HIV may have other health concerns, such as Hepatitis B or C, mental health issues, or substance use.

Encourage continuity of care.

This means seeing the same provider regularly and maintaining a consistent supply of medication.
- Help consumers choose a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- Let them know they don’t have to start over with someone new, and their information will be confidential.

Show compassion & cultural sensitivity.

People living with HIV may not want to disclose their HIV status to an enrollment assister.
- They may be uncomfortable sharing personal information.
- Let consumers know your conversations are judgment-free and confidential.
- Many consumers, particularly people of color, have experienced stigma and discrimination in the past. Some may fear negative attitudes and prejudice.

The Ryan White Program provides HIV care and support.

Its AIDS Drug Assistance Program (ADAP) also provides access to critical medications.
- Most low-income people have been able to get free or low-cost HIV care, medications, and support services through the Ryan White Program.
- The Ryan White Program only covers HIV-related services and strongly encourages eligible clients to enroll in comprehensive health coverage.

Understand why continuous medication coverage is essential.

It can help people living with HIV live a healthy life.
- Taking HIV medication every day helps lower the level of HIV in your blood.
- People with less HIV in their blood are much less likely to pass HIV to others.

Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.
- Consumers work closely with their doctor to find the HIV treatment plan that works best for them.
- Some health plans may only cover certain HIV drugs.

Know how to talk about your state’s Ryan White Program and ADAP.

The Ryan White Program helps all consumers - insured, underinsured, and uninsured.
- In many cases, Ryan White Program funds can be used to buy health insurance or pay for premiums and out-of-pocket expenses.
- The Ryan White Program in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.

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- The Ryan White Program in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.

Visit targethiv.org/assisters for more helpful enrollment resources.

Coming Soon: Short Video & Handout
ACE TA Center Tool Updates

- Eligibility Decision Tree
- Common Questions & Suggested Responses for Engaging Clients in Health Coverage
  - Spanish available
- Plain Language Glossary
  - Spanish available
- Health Care Plan Selection Worksheet
- Renewal Tracking Checklist
- SEP Worksheet
Audience Poll

Which new ACE TA Center tools do you plan to use? (select all that apply)

- Making the most of your coverage
- Get covered for a healthy life Q&A
- My Health Insurance Works for Me (posters)
- Navigator Training Materials
www.targethiv.org/ace
Upcoming webinars:

Engagement and Enrollment in Diverse Communities
November 18, 2015 2-3pm

Tax Credits and Cost Sharing
December 10, 2015

Webinar recordings are available at: targethiv.org/ace
Questions?
Thank you for joining us!

Please complete the evaluation!

targethiv.org/ace
Sign up for our mailing list, download tools and resources, and more

Contact Us
acetacenter@jsi.com