

AIDS Drug Assistance Program (ADAP) Considerations for the 2022 Plan Year

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Presentation Overview

- Open Enrollment Period updates
- Marketplace re-enrollment
- Addressing churn and maintaining access
- Medicaid eligibility during and after COVID-19
- Medicaid and Marketplace policy updates
- Preparing for Open Enrollment
- ACE TA Center updates

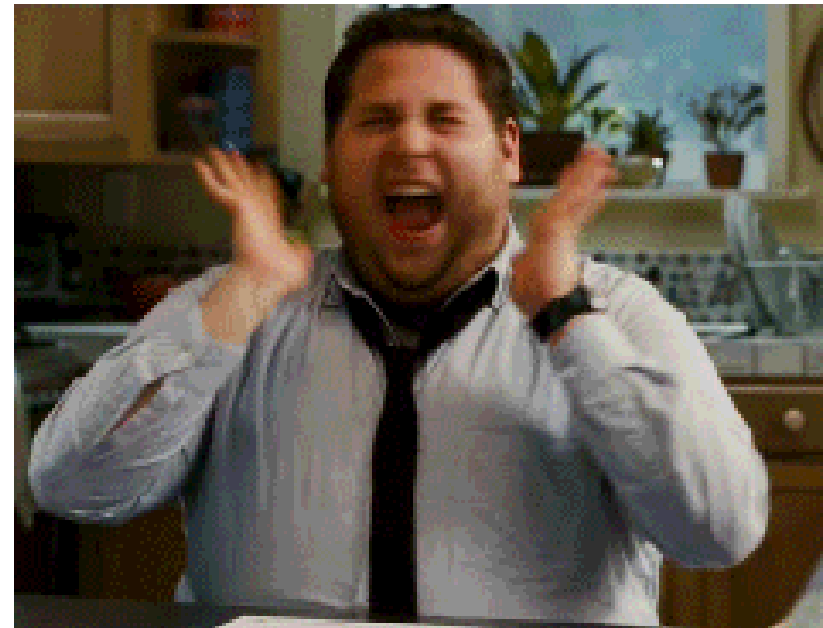
Open Enrollment Period Updates

Extended Open Enrollment Period (OEP)

Beginning with the 2022 plan year, Open Enrollment in healthcare.gov will run from **November 1 through January 15!**

Must enroll by **December 15** for coverage to begin on January 1.

^ Exceptions: MA and RI (December 23rd)



<https://media.giphy.com/media/2aIKkyRFPKRSU/giphy.gif?cid=ecf05e47dhfeutir914sofli51m5polfkmwtx5xgckmnu33&rid=giphy.gif&ct=g>

New State-Based Marketplaces in 2022



Kentucky Health Benefit Exchange, <https://khbe.ky.gov/>

BeWellnm, <https://www.bewellnm.com/>

CoverME, <https://www.coverme.gov/>



Open Enrollment Periods in SBMs

State-based Marketplaces (SBMs) may have shorter or longer Open Enrollment Period, but must run through at least December 15.

CA: Jan. 31*

CO: Jan. 15*

CT: Dec. 15

DC: Jan. 31*

ID: Dec. 15

KY: Jan. 15

ME: Jan. 15

MD: Dec. 15

MA: Jan. 23

MN: Jan. 15

NV: Jan. 15

NJ: Jan. 31

NM: Jan. 15

NY: Jan. 31

PA: Jan. 15

RI: Jan. 31

VT: Jan. 15

WA: Jan. 15

* Permanent extension

Still Need Coverage for 2021?

A few states still allow clients to enroll in 2021 coverage without a qualifying life event:

- **California:** through end of 2021
- **Connecticut:** through October 31
- **District of Columbia:** through “end of pandemic”
- **New Jersey:** through November 30
- **New York:** through end of 2021
- **Vermont:** through October 31

Marketplace Re-Enrollment

Marketplace Re-Enrollment

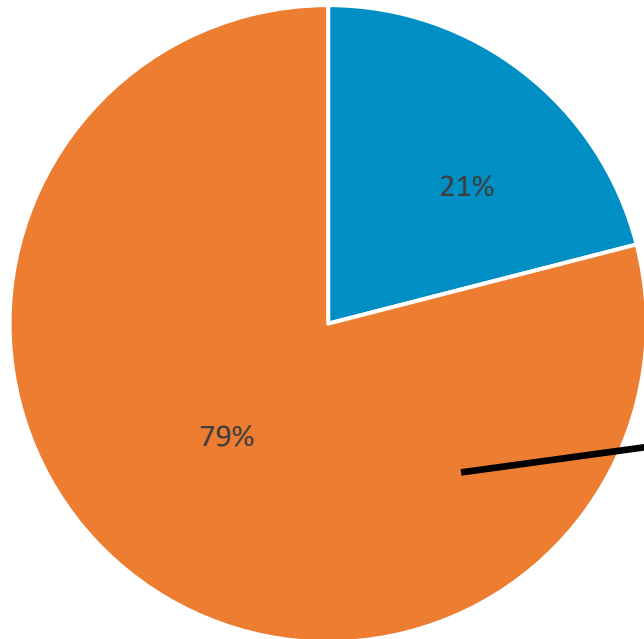
Clients who have Marketplace coverage as of the beginning of Open Enrollment may **re-enroll in two ways**:

Active re-enrollment: Client returns to Marketplace by December 15 and actively selects a plan

Automatic re-enrollment: Client takes no action by December 15, re-enrollment is automatic

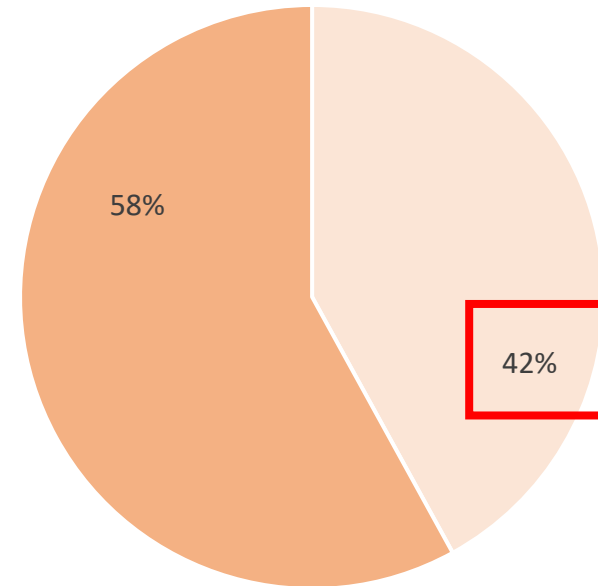
2021 Re-Enrollment by the Numbers

Total enrollments in 2021



■ New enrollments ■ Re-enrollments

Automatic v. active re-enrollments in 2021



■ Automatic re-enrollment ■ Active re-enrollment

Kaiser Family Foundation, *Marketplace Plan Selections by Enrollment Type*, <https://www.kff.org/health-reform/state-indicator/marketplace-plan-selections-by-enrollment-type>

What is Automatic/Passive Re-Enrollment?

- Most clients will be eligible for automatic re-enrollment
 - **Exception:** Medicare-eligible clients and their household members
- Marketplace will choose a plan for you on December 16
 - **First option:** Same plan with same issuer
 - **Second option:** Similar plan with same issuer
 - **Third option:** Similar plan with different issuer
- Advance Premium Tax Credits (APTCs)/Cost Sharing Reductions (CSRs) automatically renewed or discontinued
 - **Based on most recent available income data:** IRS, previous Marketplace applications

APTC/CSR Auto-Redetermination

Some clients who automatically re-enroll are not eligible for automatic redetermination of APTC/CSRs.

- Did not authorize Marketplace to pull tax data

1. Do you agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years? Yes No

To make it easier to determine your eligibility for help paying for coverage in future years, you can agree to allow the Marketplace to use updated income data, including information from tax returns. The Marketplace will send a notice and let you make any changes. The Marketplace will check to make sure you're still eligible, and may have to ask you to confirm that your income still qualifies. You can opt out at any time.

If no, automatically update my information for the next: 5 years 4 years 3 years 2 years 1 year

Don't use my tax data to renew my eligibility for help paying for health coverage (selecting this option may impact your ability to get help paying for coverage at renewal.)

APTC/CSR Auto-Redetermination

Some clients who automatically re-enroll are not eligible for automatic redetermination of APTC/CSRs.

- Did not authorize Marketplace to pull tax data
- 2020 income data shows >500% FPL
- Automatically re-enrolled in 2020 and 2021, made no updates to application in those years, *and* IRS does not have income information for those years
- [Failed to reconcile APTCs on 2020 taxes] → **suspended for 2022**

States that do not use healthcare.gov may establish their own processes.

Why Choose Active Re-Enrollment?

Encourage clients to actively re-enroll every year by December 15.

- Limited ability to change plans after Open Enrollment Period
- Get the most accurate APTC/CSRs
- Explore new insurers or plans that were not available last year
- Switching plans after auto-enrollment may delay coverage start date
- Risk of disenrollment for entire household if one person becomes eligible for Medicare
 - **Note:** SEP is available for non-Medicare eligible family members who lose coverage

American Rescue Plan Act (ARPA)

American Rescue Plan Act of 2021 (signed into law March 2021)

Eliminates 400% FPL income cap on tax credit eligibility (2021, 2022)

Increases tax credits for clients who are already eligible (2021, 2022)

- Clients with incomes 100-150% FPL will have a zero-premium Silver option

Addressing Churn and Maintaining Access

Special Enrollment Periods

Special Enrollment Periods (SEPs). Clients may change plans or enroll in coverage outside of the annual Open Enrollment Period if they experience a “qualifying life event.”

- Must enroll within 60 days after the qualifying life event
 - Some SEPs are available 60 days prior to event
- Most SEPs limit switching plans to same metal level (e.g., gold to gold)
- Most SEPs require plan selection by 15th of the month for coverage to start the next month

SEPs to Know During COVID-19 Pandemic

- Loss of job-based coverage
- Change in COBRA costs
- Job-based coverage premium **(for employee only)** costs more than 9.78% of income
- Newly eligible for APTC/CSR due to drop in income **or receiving unemployment**
- Moving out of Medicaid gap **(non-expansion states only)**
- Permanent move to a new coverage area
- Missed SEP deadline due to COVID-19 (“FEMA SEP”)

Loss of Employer Coverage and COBRA

- Even if COBRA is available, clients may enroll in Marketplace coverage through an SEP within **60 days of losing their pre-COBRA coverage**
- Voluntary termination of COBRA more than 60 days after losing pre-COBRA coverage does not trigger a new SEP
- However, clients may be eligible for an SEP if their **COBRA costs change** because employer or government contributions have ended

New SEP: “Low-Income” SEP

New **year-round** SEP for low-income clients

Old Rule	New Rule
Clients must experience a qualifying life event to be eligible for an SEP	Anyone with income below 150% FPL can enroll or switch plans once per month , but only if eligible for maximal APTCs*

- *Only available during periods when Congress sets premium contribution to zero percent – **this is the case in 2022 under ARPA**
- Available only through **Marketplace** (not off-Marketplace)
- **Optional** for state-based Marketplaces
- If switching plans, must stay at **same metal level**
- Must be **otherwise eligible for APTCs**

New SEP: “Low-Income” SEP

New **year-round** SEP for low-income clients

Old Rule	New Rule
Clients must experience a qualifying life event to be eligible for an SEP	Anyone with income below 150% FPL can enroll or switch plans once per month , but only if eligible for maximal APTCs*

- Estimated to extend coverage to **1.3 million** uninsured
- Provides **additional time** to enroll for clients who lose Medicaid
- Opportunity to increase enrollment among **hard-to-reach communities**

Addressing Churn and Maintaining Access

- Screen clients who lose employer coverage for Medicaid, Medicare, or Marketplace eligibility
- Caution clients against non-traditional, non-ACA compliant products
 - E.g., short-term limited duration insurance
- Ensure clients are not terminated from Medicaid
 - Help clients reinstate coverage if terminated after March 18, 2020
 - Make sure clients complete redetermination
- **ADAP financial forecasting**
 - Upticks in full-pay program enrollment
 - Shifts in ADAP-funded insurance program rebate generation

Medicaid Eligibility After the COVID-19 Public Health Emergency (PHE)

Medicaid Eligibility Timeline After PHE

- **3 months after end of PHE:** states must complete pending applications received during PHE
- **4 months after end of PHE:** states must resume timely eligibility determinations for all applications
- **12 months after end of PHE:** states must complete pending post-enrollment verifications, redeterminations based on changes in circumstances, and renewals

State Medicaid agency must develop operational plan for how it will process pending actions within CMS timeframes.

Medicaid Repeat Redeterminations

- States were prohibited from disenrolling clients during PHE
- Clients were not disenrolled if, during the PHE:
 - They completed redetermination and were found ineligible
 - They failed to respond to a request for information

State must complete another redetermination after end of PHE before disenrolling these clients.

States must check existing data sources before requesting documentation from client.

Other Policy Updates

New Marketplace Regulations

- Eliminate Marketplace [enrollment through private entities](#) outside Marketplace website
- Eliminate [separate premium bills](#) for plans with abortion coverage
- Strengthen [standards for Section 1332](#) State Innovation Waivers
- Extend annual Open Enrollment Period: [November 1 – January 15](#)
- Reinstate [Navigator requirements](#) to provide certain types of post-enrollment assistance

Medicaid Work Requirements

- CMS has withdrawn prior approval of work requirements in: AZ, AR*, IN, MI*, NH*, OH, SC, UT, WI (9)
- State has withdrawn work requirements: AL, KY*, ME, NE, VA (5)
- State has postponed implementation: GA, KS (2)
- Work requirements still pending approval: ID, MS, MT, OK, SD, TN (6)

* *Work requirements previously invalidated by federal court (4)*

Current through 8/31/21

Preparing for Open Enrollment

Insurance Cost-Effectiveness

- Insurance cost-effectiveness is assessed at the aggregate program level, not the individual plan level
 - Is the average cost per client for all insured clients lower than the average cost per client of all full pay clients?
- Less expensive insured clients (Medicare Part D, younger clients with lower premiums) can offset higher expenditures for other insured clients

See: [HRSA/HAB PCN 18-01](#), consolidating several previous policy notices related to insurance purchase.

Insurance Cost-Effectiveness

- Consider the net costs of both insurance and drug purchase, inclusive of discounts and rebates
 - If anticipated rebates exceed the cost of the insurance, plan is clearly cost-effective
- If you include discounts in your drug cost estimate, need to include rebates in your insurance cost estimate
- ADAP Cost-Effectiveness tool estimates rebates relative to the premium and cost-sharing payments

ADAP/Part B Considerations for OE

- Continue flexible application and recertification policies that have helped individuals enroll remotely (e.g., virtual signatures, remote attestation)
- Prepare enrollment workforce early to put in place remote enrollment plans
- Assess cost-effectiveness of plans and rebate generation impact

Before, during, and after OE:

- Continue assessing client eligibility for different coverage programs as financial circumstances change during pandemic
- Monitor state and federal policies affective coverage and access during pandemic

Resources

Dori Molozanov: dmolozanov@nastad.org

- NASTAD [COVID-19 Updates & Resources](#)
- COVID-19 resources in NASTAD's [OnTAP Resource Bank](#)
 - Share materials from your state via email directly to Mahelet Kebede (mkebede@NASTAD.org)
- Health Reform Beyond the Basics [American Rescue Plan Act FAQs](#)
- Health Reform Beyond the Basics [Special Enrollment Period Reference Charts](#)
- CMS [From Marketplace to Medicare](#)
- Georgetown Center on Health Insurance Reforms [Navigator Resource Guide](#)
- HRSA/HAB COVID-19 [Frequently Asked Questions](#)
- ACE TA Center [Resources](#)



The ACE TA Center

helps organizations



Engage, enroll, and retain

clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).



Communicate with Ryan White HIV/AIDS Program (RWHAP) clients

about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.



Improve the clarity

of their communication around health care access and health insurance.



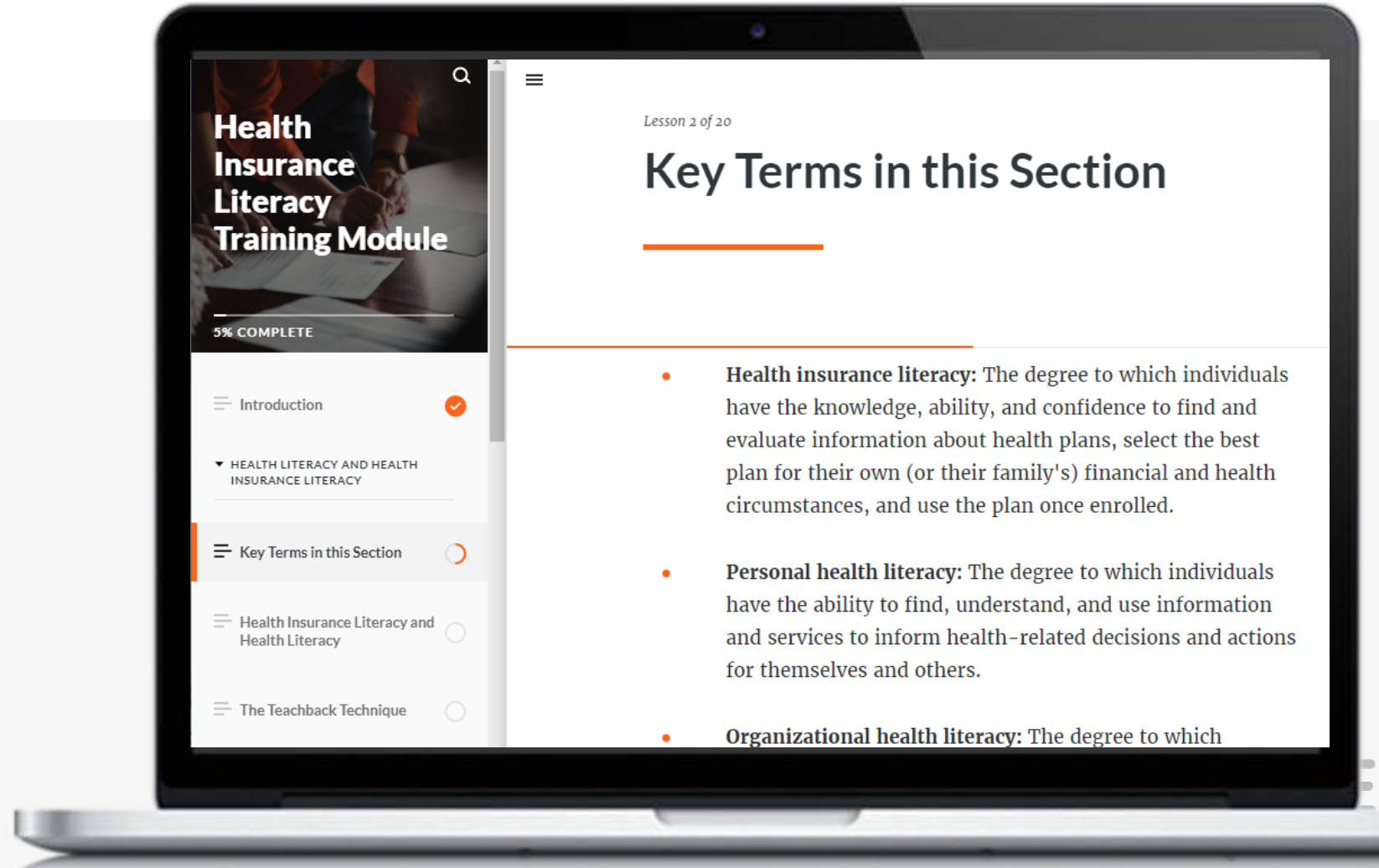
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators and other in-person assisters that help enroll RWHAP clients

Training resources for direct service providers



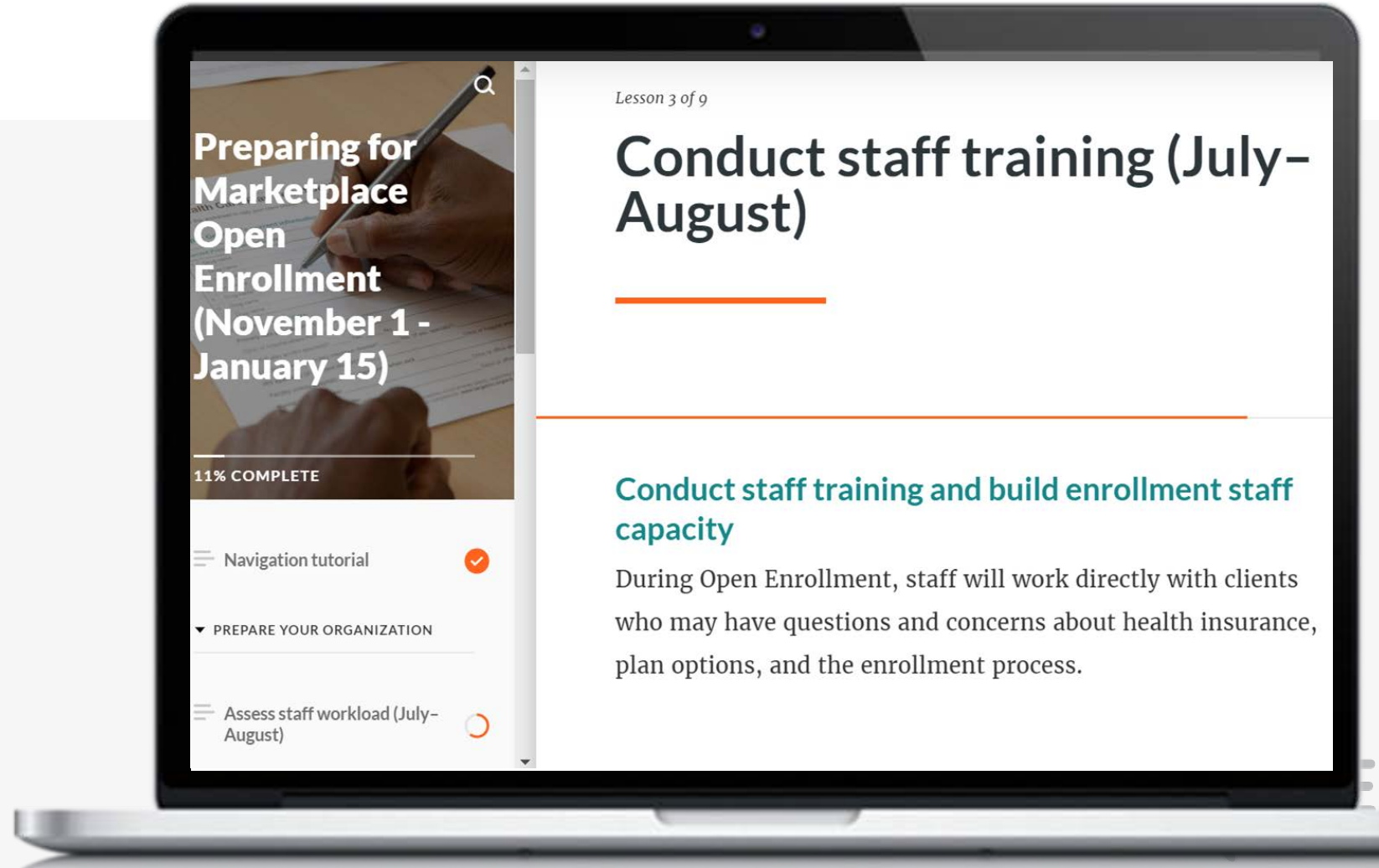
Health Insurance Literacy Basics

On-Demand Module



Preparing for Marketplace Open Enrollment

On-Demand Module

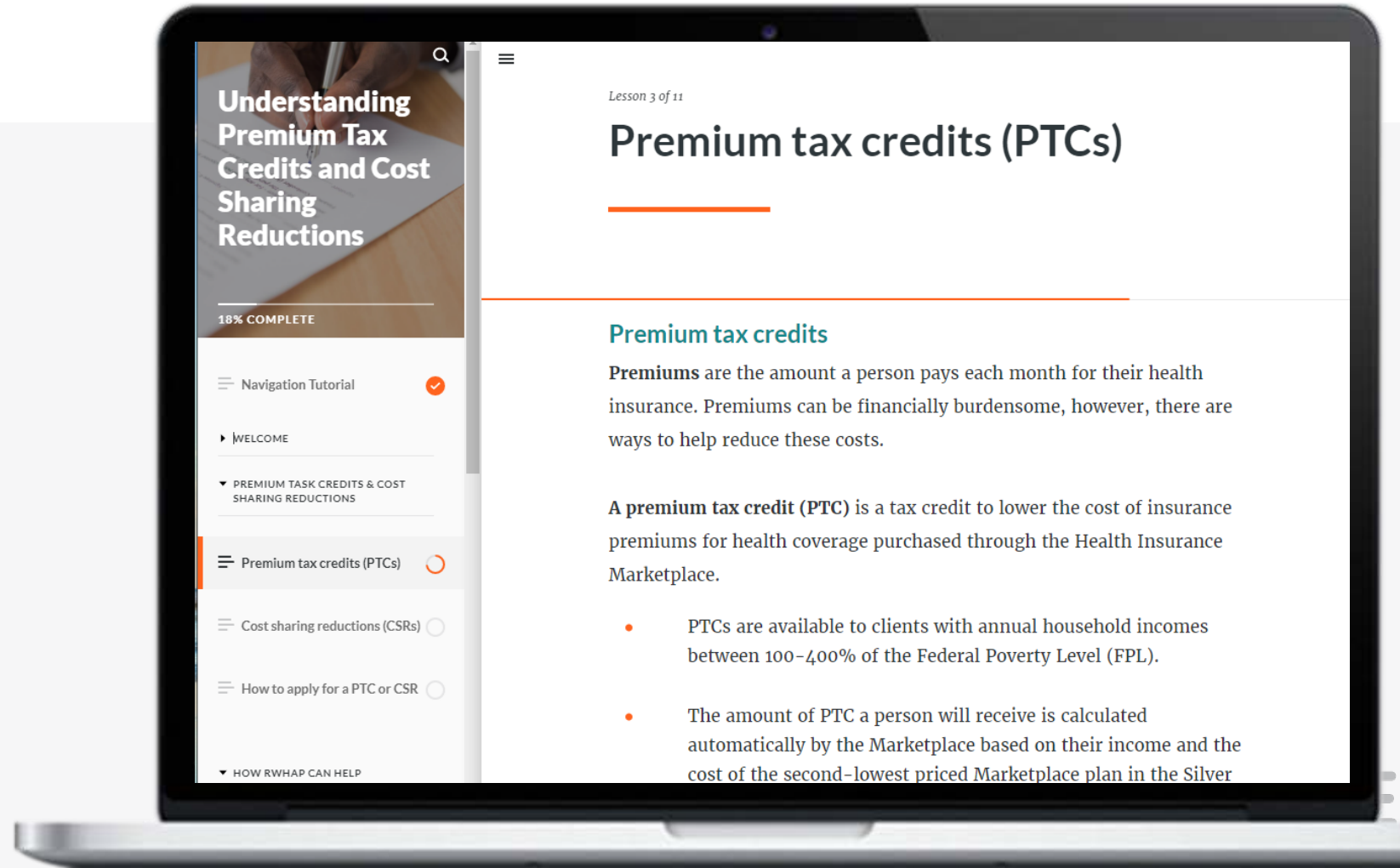


Preparing for Open Enrollment
On-Demand Module

Understanding Premium Tax Credits and Cost Sharing Reductions

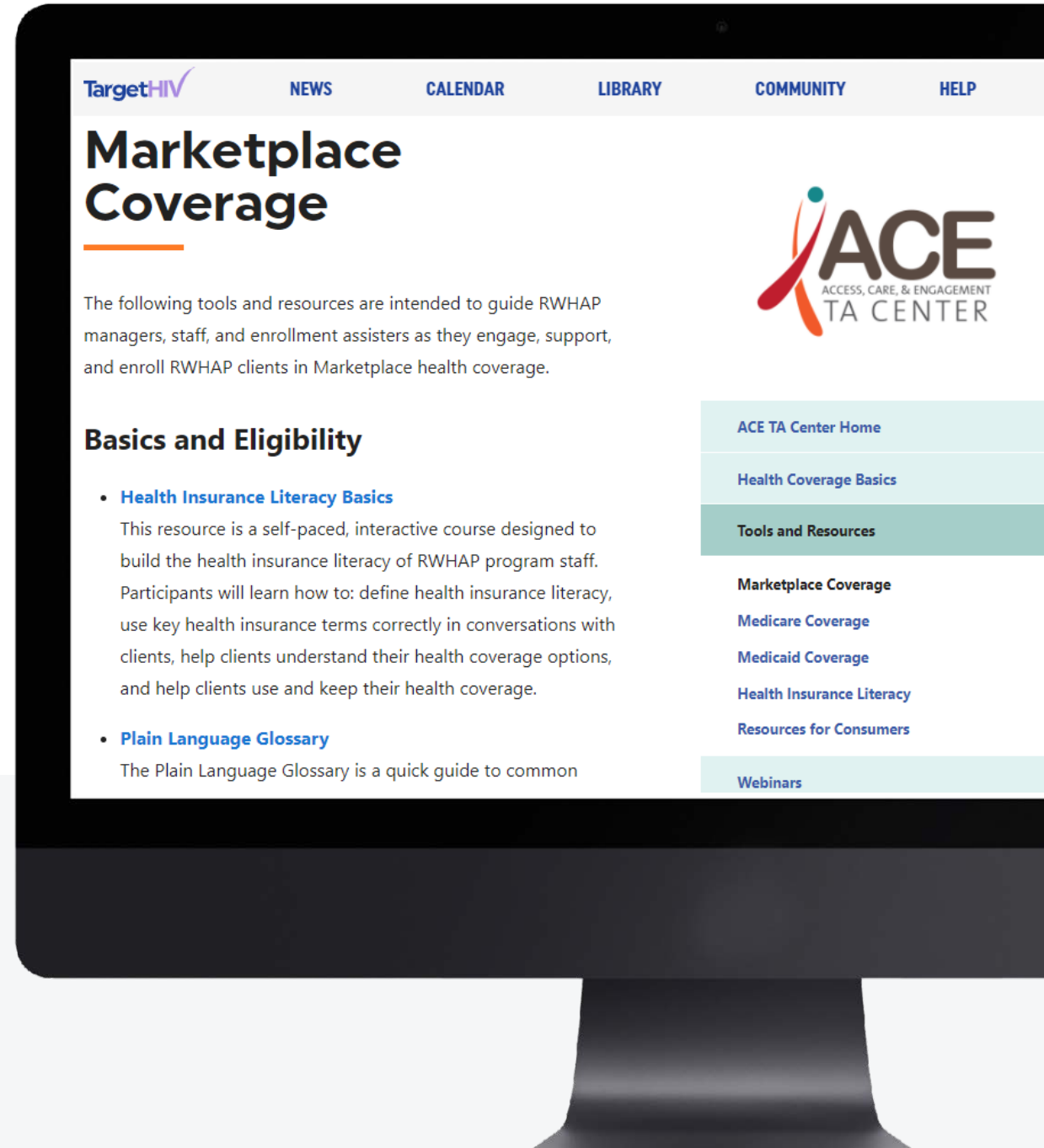
On-Demand Module

[Understanding Premium Tax Credits and Cost-Sharing Reductions On-Demand Module](#)



ACE TA Center Marketplace resources for staff

targethiv.org/ace/marketplace

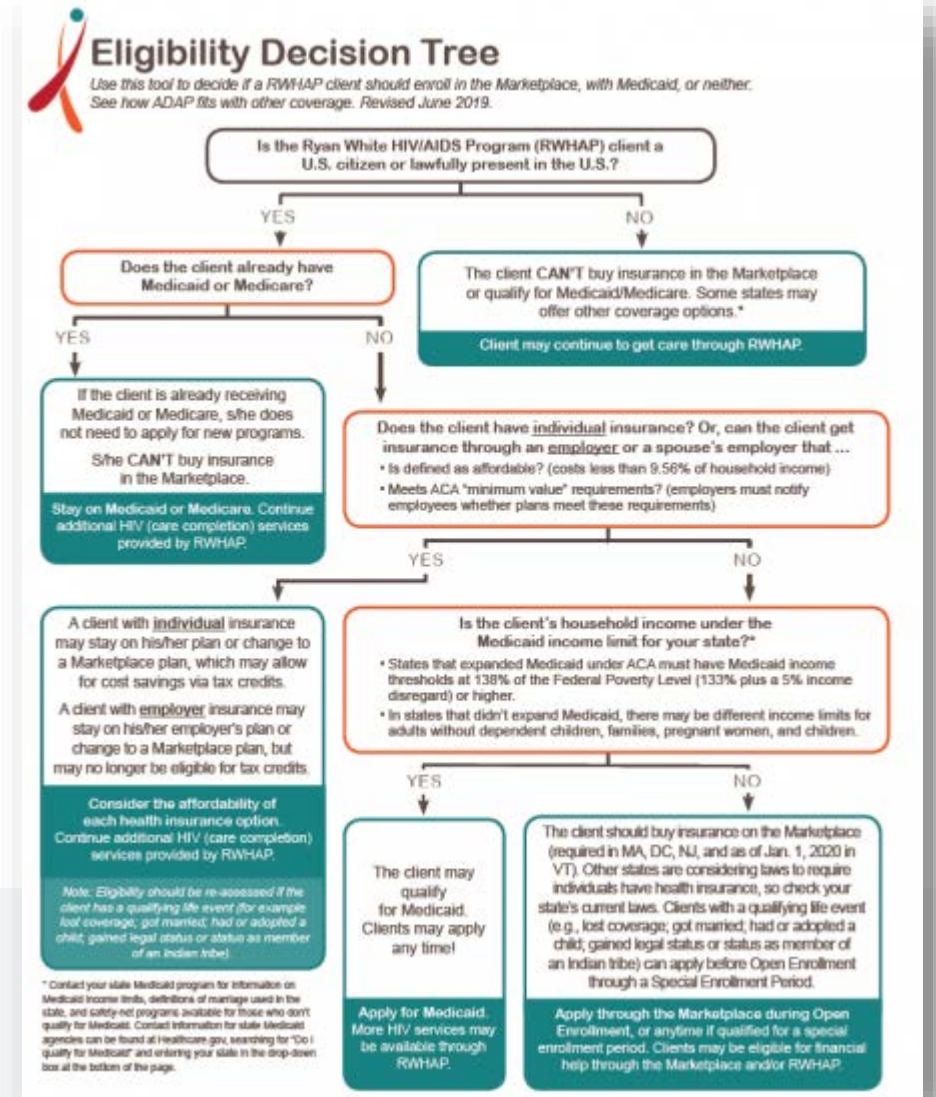


Best practices for enrolling clients in Marketplace coverage



Eligibility Decision Tree

Use this tool to assess whether a client may be eligible for **Marketplace or Medicaid health coverage** depending on their current coverage, income, and citizenship status.



Eligibility and enrollment for Marketplace coverage

- To be eligible to enroll in health coverage through the Marketplace, you:
 - Must live in the United States
 - Must be a United States citizen or national (or be lawfully present)
 - Cannot be incarcerated
- When applying for Marketplace coverage, individuals are automatically screened for Medicaid or CHIP eligibility.
- Enrollment is done online by the individual, with assistance from case manager, Certified Application Counselor, or certified navigator.

Prepare for OE with Account Tune-Ups

An **Account Tune-Up** is a pre-enrollment appointment that helps eligible clients navigate Open Enrollment quickly and efficiently.

Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2022 Marketplace health coverage.

There are four main steps in an Account Tune-Up:

1. Check paperwork, accounts, and payments.

It's important that clients' insurance payments and Marketplace accounts are up-to-date.

- ☑ Review insurance documents and identify any outstanding payments or credits.
- ☑ Help clients organize insurance and Marketplace paperwork.
- ☑ Make sure clients can log into the Marketplace and help them update account details. If needed, help clients set up their Marketplace account.

2. Review finances.

A client's income and tax filing history help determine eligibility for financial assistance through the Marketplace.

- ☑ Make sure that clients who received Advance Premium Tax Credits (APTCs) have filed and reconciled their federal taxes so that they remain eligible for this financial assistance.
- ☑ Help clients estimate their income and report any changes to the Marketplace.

Clarify expectations and goals for enrollment appointment

- Set expectations for appointment
 - Appointment is to screen for coverage and not a guarantee of enrollment.
- Make sure client knows what to have prepared for appointment, including Marketplace login and income information.
- Provide client with all logistical meeting information ahead of time
 - If remote, provide phone number, link to teleconference video, etc.

Communicate key messages to clients

- Importance of health coverage
- RWHAP is not insurance!
- Benefits of receiving enrollment assistance to find and select a plan
- Explain importance of actively comparing and enrolling into plans
- Avoid short term plans
- When reviewing plans, check for preferred HIV medications and providers
- Availability of financial assistance
- Ensure no outstanding balance on current health plan
- Remember: Cheaper isn't always better!

Consumer Tools: Get Covered for a Healthy Life & Making the Most of Your Coverage

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.”

“My case manager helped me find an affordable health insurance plan that covers all of my health care needs, including my HIV medication.”

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.



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.



[ACE Resources for Consumers](#)

My Health Insurance Works for Me

Poster series in English and Spanish

Spark conversations about coverage:

- **Enrollment** posters focus on the benefits of health insurance and help spark conversations about enrollment
- **Renewals** posters focus on the value of actively comparing plan options each year, and on the importance of one-on-one enrollment support
- **Stay covered** posters focus on helping clients keep track of paperwork, make sure premiums are paid, and manage gaps in coverage
- **Stay Covered: Stay Undetectable** focus on treatment as prevention and the role of health coverage in supporting people with HIV to reach or maintain viral suppression.



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.



The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The person shown in the photograph on this poster is a model and is being used for illustrative purposes only.

We can help.
Ask us about health insurance today.



My health insurance works for me.

I compared my options and found a plan that was less expensive and still met my needs.

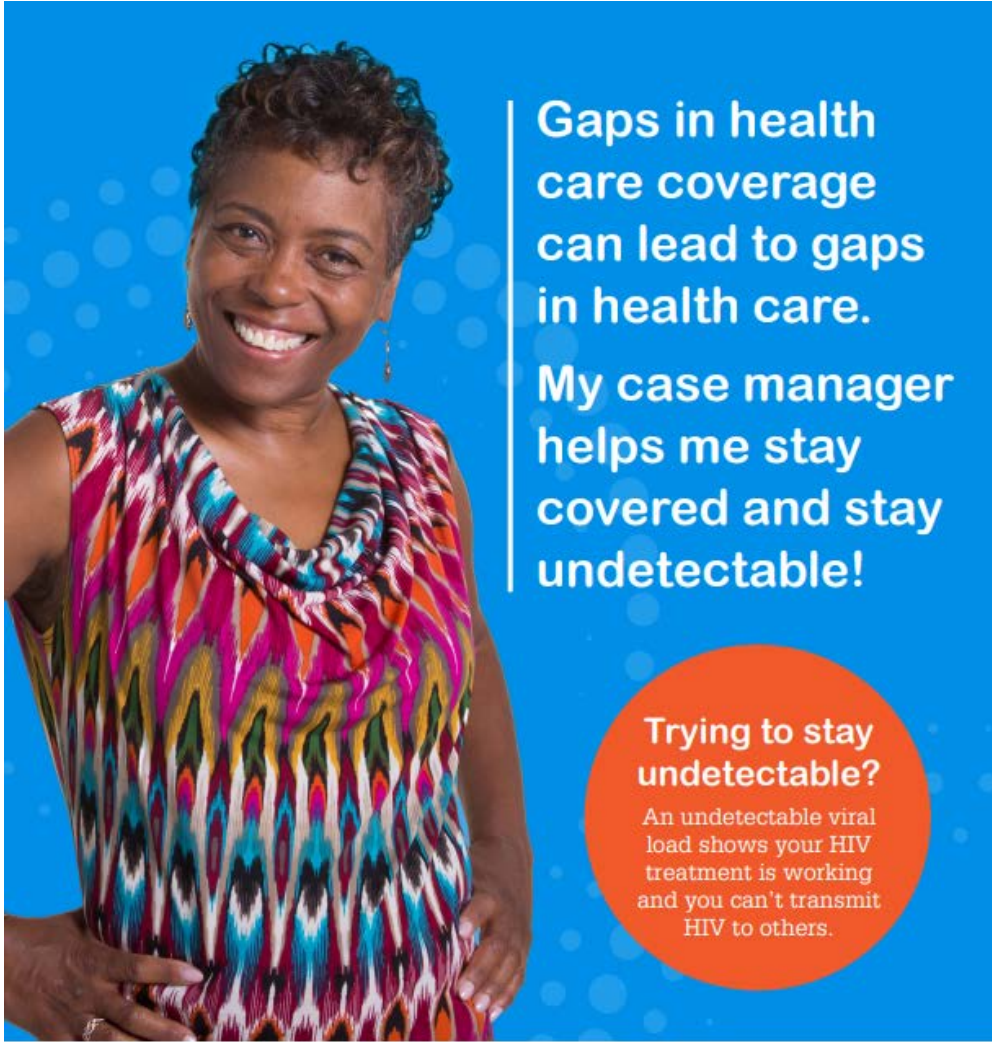
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We can help.
Ask us about health insurance today.



Gaps in health care coverage can lead to gaps in health care. My case manager helps me stay covered and stay undetectable!

Trying to stay undetectable?

An undetectable viral load shows your HIV treatment is working and you can't transmit HIV to others.



We support the Ryan White HIV/AIDS Program in helping people with HIV to access and use health care coverage.

The person shown in the photograph on this poster is a model and is being used for illustrative purposes only.

**Stay covered.
Stay undetectable.**

Ask us how the Ryan White Program can help with insurance costs today.



Enrolling in health care coverage?

Make sure your new plan covers the medications you need to stay healthy and undetectable.

Trying to stay undetectable?

An undetectable viral load shows your HIV treatment is working and you can't transmit HIV to others.



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**Stay covered.
Stay undetectable.**

Ask us how the Ryan White Program can help with insurance costs today.

Best practices for enrollment partnerships



Encourage one-on-one enrollment assistance

- Many jurisdictions and organizations have enrollment assisters on staff that understand the particular needs of RWHAP clients.
- Encourage HIV program staff in states that use HealthCare.gov to take the *free* Certified Application Counselor training to become a CAC

Identify and establish partnerships

- Partners may include:
 - Navigators
 - Certified Application Counselors
 - Insurance agents and/or brokers
 - Other enrollment assisters
- Develop mutual understanding and accountability
- Promote familiarity with the RWHAP community, its values, and priorities, including the role of ADAP

Training for external enrollment partners

I'm new to supporting people with HIV.
How do I help them enroll in health coverage?
Revised May 2019

ACE
ACCESS, CARE, & ENGAGEMENT
TA CENTER

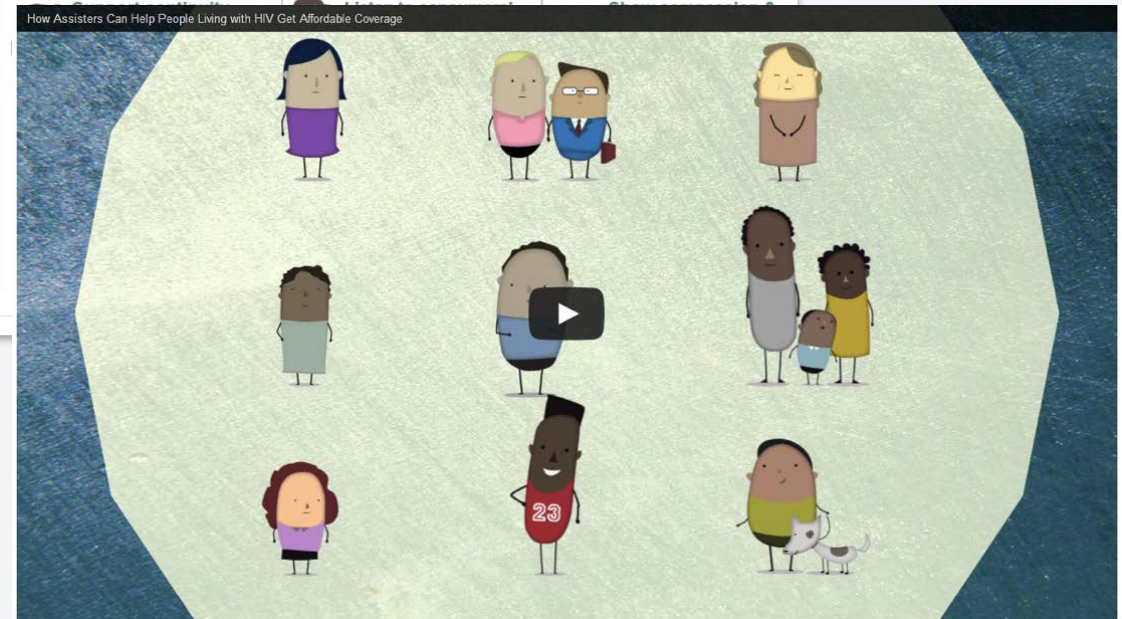
Know that the Ryan White Program supports access to HIV care.
Most low-income people can access HIV care, medications, and support services through the Ryan White HIV/AIDS Program (RWHAP).
▪ The RWHAP, including the AIDS Drug Assistance Program (ADAP), provides access to critical medications.
▪ The program helps all consumers - insured, underinsured, and uninsured.

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. People tolerate HIV medications differently, so switching medications may not be an option.
▪ Some health plans may only cover certain HIV drugs or combinations, or may require increased cost-sharing for certain HIV drugs.

Contact your state's RWHAP, including ADAP, to learn how the Program can provide financial help for health coverage.
Find a RWHAP provider: locator.HIV.gov
▪ The RWHAP encourages eligible consumers to enroll in comprehensive health coverage to access both HIV and non-HIV services.
▪ The RWHAP can help eligible consumers pay for health insurance premiums and out-of-pocket expenses.
▪ The RWHAP in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.

Understand why continuous HIV medication coverage is essential.
Medication can help people living with HIV live a healthy life.
▪ Taking HIV medication every day can lower the level of HIV in a person's blood to an undetectable level (viral suppression).
▪ Missed doses of medication can quickly lead to increased levels of HIV in the blood.
▪ People with HIV who have consistent viral suppression do not sexually transmit HIV.

Explain insurance terms and benefits.
Insurance and enrollment terms are confusing for everyone.
▪ Consumers need to understand the basics of health insurance to avoid coverage gaps and to make the most of their coverage.
▪ Explain insurance terms and concepts in plain language and provide real-world examples when possible. Encourage consumers to ask questions, and ask them to state what they need to know or do in their own words.



Train staff to refer clients

- Once you've established trusting relationships with these partners, train your program staff to refer appropriate clients during Open Enrollment.

Key OE messages for partners and assisters

- If your local ADAP or Ryan White Part A program will be assessing and reviewing plans prior to Open Enrollment:
 - Make sure the clients you assist are only enrolling in an approved or recommended plan.
 - Ensures their medications and providers are covered by the plan.
 - Ensures your local RWHAP will help pay for premiums and/or other health insurance costs.

Key OE messages for partners and assisters

- Know how to contact your local RWHAP, including ADAP, to find out what help the Program can provide to pay for some health insurance costs for eligible RWHAP clients.
- Help consumers find a plan that includes their current HIV medications and providers.

ACE TA Center Resources

molly_tasso@jsi.com

- Health Insurance Literacy Training Module: <https://storage.googleapis.com/ace-media/hilt/index.html#/>
- Preparing for Marketplace Open Enrollment: <https://storage.googleapis.com/ace-media/2021-prep/index.html#/>
- Understanding Premium Tax Credits and Cost Sharing Reductions: <https://storage.googleapis.com/ace-media/ptccsr/index.html#/>
- Marketplace Coverage resources: targethiv.org/ace/marketplace
- Prepare for OE with Account Tune-Ups Resource: https://targethiv.org/sites/default/files/media/documents/2021-07/account_tuneups_July2021_508.pdf
- Consumer Tools: Get Covered for a Healthy Life & Making the Most of Your Coverage: https://targethiv.org/sites/default/files/file-upload/resources/ACE_MakingtheMostofYourCoverage_Feb%202019.pdf
- My Health Insurance Works for Me Poster series: https://targethiv.org/sites/default/files/media/documents/2021-06/ACE_Staying_Covered_Poster_Series_2020.pdf
- Training for external enrollment partners: https://targethiv.org/sites/default/files/file-upload/resources/ACE%20Navigator%20Fact%20Sheet_Aug20.pdf

Thank you.



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

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