

What You Need to Know About Medicare and Marketplace: Enrollment Considerations for 2026

Access, Care, and Engagement (ACE) TA Center



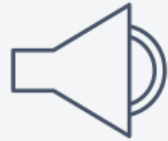
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The ACE TA Center

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.



Improve the clarity

of their communication around health care access and health insurance.

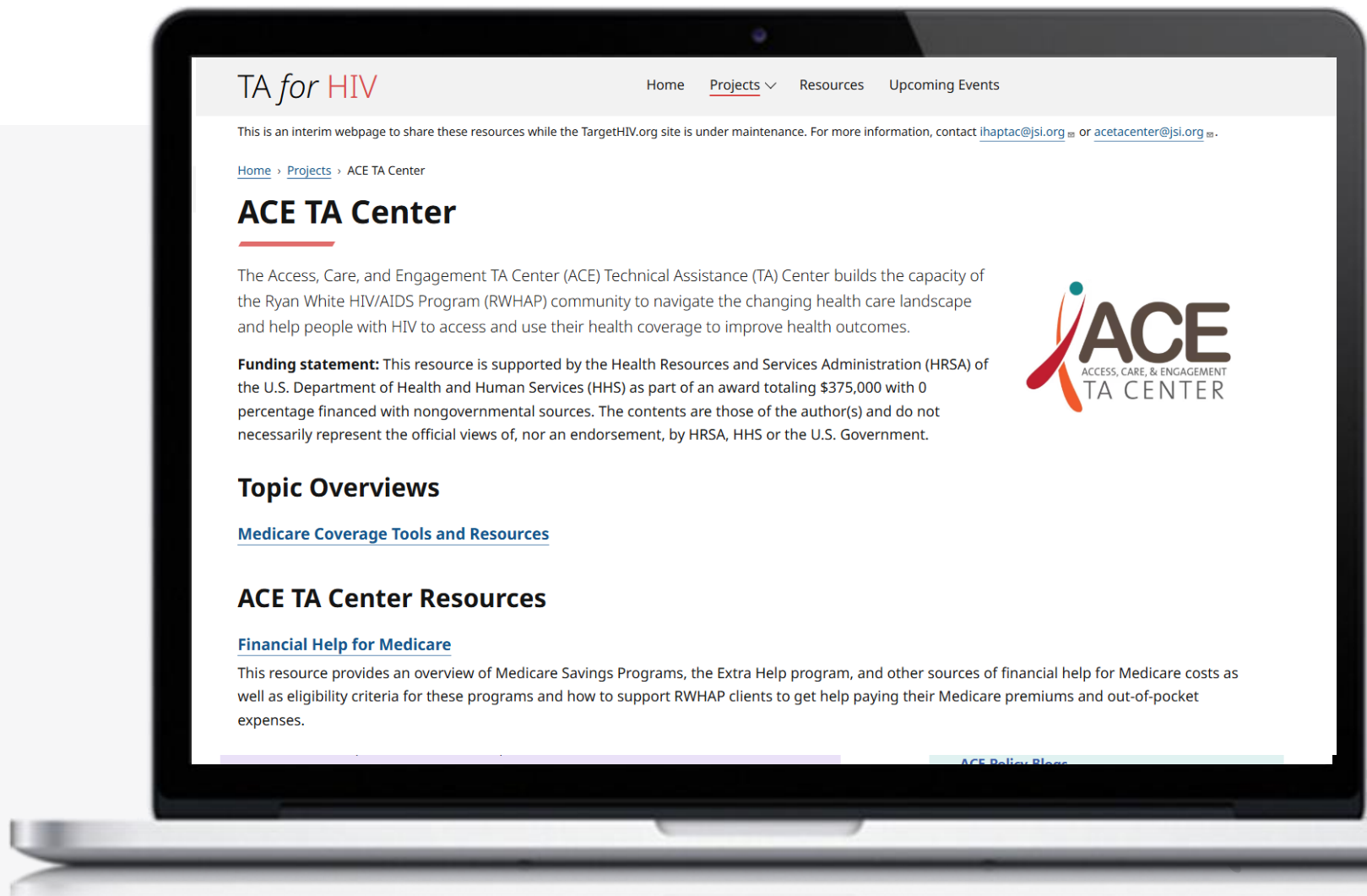


Audiences

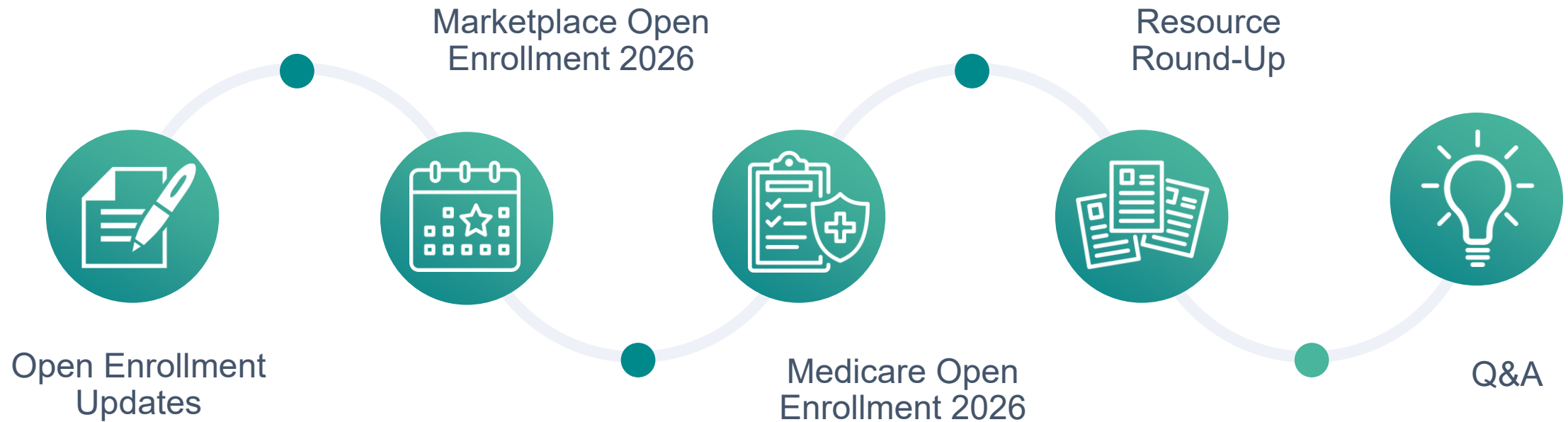
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Programs (SHIP) counselors and other in-person assisters that help enroll RWHAP clients in health coverage

Visit us at

taforhiv.org/



Roadmap



Presenters

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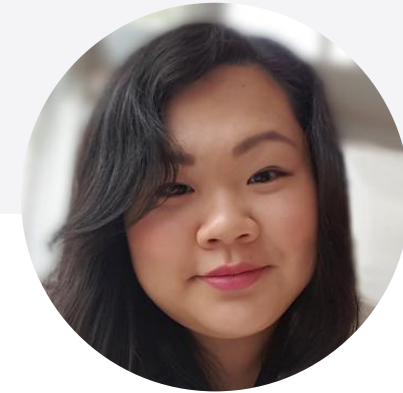
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Poll #1

What challenges have you experienced when enrolling clients into health coverage? (Check all that apply.)

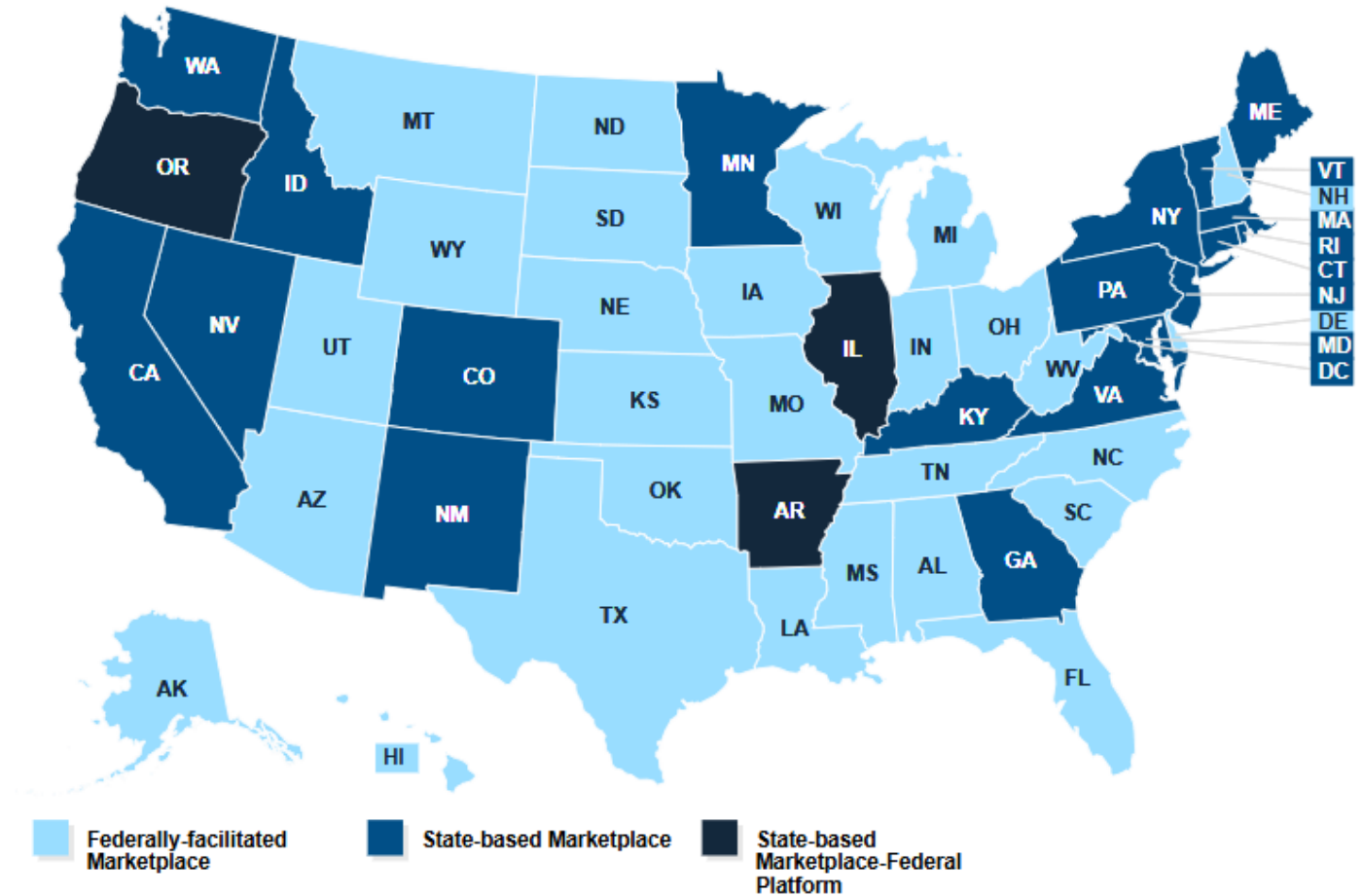
- Addressing client concerns about health coverage, such as plan affordability
- Determining client eligibility for health coverage
- Completing enrollment applications
- Knowing when to enroll
- Developing partnerships with other enrollment assisters
- Something else (let us know in the chat)

Marketplace Open Enrollment 2026



Marketplace: What is it?

- A virtual shopping and enrollment platform (aka an “exchange”) for medical insurance
- There are three types of Marketplace platforms:
 - Federally-facilitated Marketplace (HealthCare.gov)
 - State-based Marketplaces (SBM)
 - Joint state-based/federally-facilitated Marketplaces



Marketplace:

What is it? (cont.)

- All Marketplaces offer Qualified Health Plans (QHPs) that cover 10 essential health benefits required by law
- The Marketplace offers financial assistance to eligible individuals in the form of Premium Tax Credits or Cost-Sharing Reductions
- Premium Tax Credits (PTCs):
 - A tax credit used to lower monthly premium payments
 - Available to individuals with household income starting at 100% of the federal poverty level (FPL)
 - Can be provided up front in the form of an Advanced Premium Tax Credit (APTC)
- Cost-Sharing Reductions (CSRs):
 - A discount that lowers the amount individuals have to pay for deductibles, copayments, and coinsurance
 - Automatically calculated and applied during the application process

Marketplace:

Who's eligible?

- To be eligible to enroll into health care coverage through the Marketplace, individuals:
 - ☐ Must live in the United States
 - ☐ Must be a U.S. citizen or national (or be lawfully present)
 - ☐ Cannot be incarcerated

Marketplace updates for 2026



Final Rule: Marketplace Affordability and Integrity

- The Centers for Medicare & Medicaid Services (CMS) issues rules which broadly set standards for the Health Insurance Marketplaces.
- The 'Marketplace Integrity and Affordability Final Rule' was finalized in June 2025 and made a number of changes to Marketplace coverage.

Special Enrollment Periods (SEPs) Changes

- Starting in October 2025, the **low-income SEP is eliminated.**
 - This SEP had allowed individuals with income up to 150% Federal Poverty Level (FPL) to enroll in a marketplace plan on a monthly basis all year round.
- This SEP change applies to **both Federally Facilitated Marketplaces (FFM) and SBMs.**

Deferred Action for Childhood Arrival (DACA) Coverage Updates

- Starting in August 2025, **DACA recipients will no longer be eligible to enroll into coverage through the Marketplace.**
 - DACA recipients will also no longer be eligible for Basic Health Programs in states that operate them.
 - Marketplace coverage of DACA recipients will be immediately terminated.

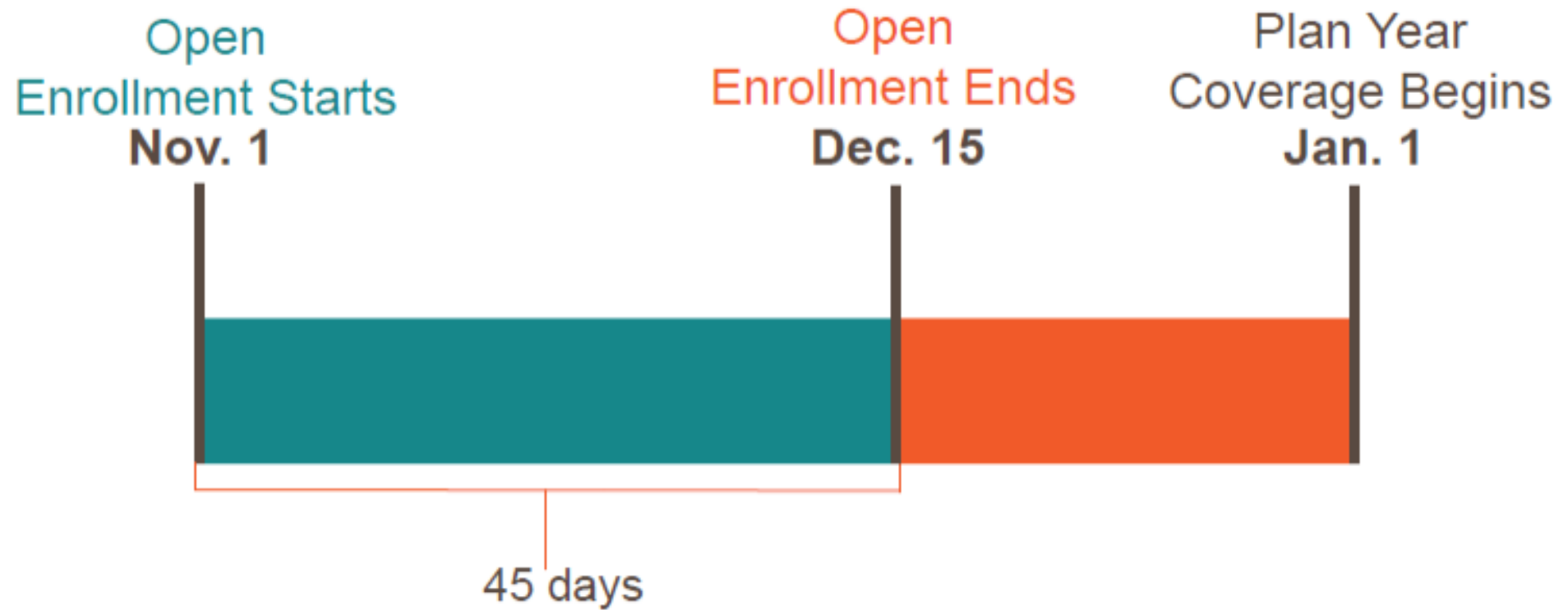
Open enrollment Period

- The open enrollment period for the 2026 plan year will be **the same 75-day period** it has been in recent years
 - November 1, 2025 - January 15, 2026.
- Beginning with the open enrollment period for plan year 2027, **all states using Healthcare.gov will have a standard open enrollment period.**
 - November 1, 2026- December 15, 2026
- SBMs will have the flexibility to extend their open enrollment period to December 31.
 - However, coverage is required to begin on January 1

Plan Year 2026 open enrollment



Plan Year 2027 open enrollment



Reminder: all plans selected during open enrollment must begin January 1

Essential Health Benefits (EHB)

- Starting in 2026, states may not **include gender affirming care as a part of their EHB benchmark plan.**
- If insurers cover gender affirming care in addition to EHB, states are required to supplement the additional costs to the federal government.

Other Federal Changes that will Impact Coverage



Federal Actions in Congress

- The enhanced premium tax credits will expire at the end of 2025 without congressional action to extend them.
 - If the enhanced premium tax credits go away, Marketplace enrollees may see premium increases.
- On July 4, 2025, President Trump signed a congressional reconciliation bill into law. The final law includes significant changes to Medicaid and Marketplace plans, going into effect over the next several years.



Medicaid Provisions in Reconciliation Law

Provision	Effective Date
Six-month eligibility renewals and other documentation requirements	January, 2026
Disqualifying certain groups of noncitizens from Medicaid	October, 2026
Work requirements	January, 2027 (though states can request a waiver through December 2028)

Marketplace Provisions in Reconciliation Law

Provision	Effective Date
Eliminates subsidized Marketplace coverage eligibility for lawfully present immigrants with incomes under 100% FPL	January, 2026
Limits Marketplace subsidy eligibility to a narrower list of immigrants	January, 2027
All excess PTCs received must be paid back to Internal Revenue Service	2026 tax year
Auto-enrollment will no longer be allowed	January, 2028
Changes to rules surrounding provider taxes and state directed payments, which will reduce states' abilities to draw down matching federal funds	January, 2028

Preparing for Open Enrollment: What can be done now



Plan Year 2026 open enrollment



What can you do now to make sure your program is ready for open enrollment?

1. Conduct training and build enrollment staff capacity
2. Build enrollment partnerships
3. Conduct Account Tune-Ups
4. Assess health plans and conduct client outreach

1. Build health insurance literacy and enrollment capacity among staff

- Train staff on health insurance enrollment basics.
 - Focus on specific plan considerations for people with HIV.
 - Consider getting staff trained as Certified Application Counselors (CACs).
- Provide health insurance literacy training.
- Train staff to conduct 'Account Tune-ups' for all insurance-eligible clients.

Train staff who conduct enrollment

- Certified Application Counselors (CACs) are trained individuals able to help consumers seeking health coverage options through the Marketplace.
 - Free training from the Centers for Medicare & Medicaid Services (CMS) is available to individuals in Federally Facilitated Marketplace states.
 - If your state has a State-based Marketplace, contact your Department of Insurance.
- Organizations should encourage all staff to be trained and certified as enrollment assisters.

2. Build enrollment partnerships

- If needed, identify and establish partnerships with Navigators, CACs, and other enrollment assisters.
 - Assisters may be found at partner organizations or within your health system.
 - Train your program staff to refer clients to these partners before and during open enrollment.
- Make sure partners are aware of RWHAP, including role of AIDS Drug Assistance Program (ADAP) in health coverage.

3. Conduct Account Tune-Ups

An account tune up is an in-person or virtual pre-enrollment appointment to:

1. Check client paperwork, accounts and payments.
2. Review finances.
3. Confirm enrollment in relevant RWHAP insurance assistance, including ADAP.
4. Help clients prepare for their enrollment appointment.

Account Tune-Ups

Step 1: Check paperwork, accounts & payments

- Help clients organize insurance and Marketplace paperwork.
- Help clients update their Marketplace account details.
 - If needed, help clients set up a Marketplace account.
- Review insurance documents and identify any outstanding payments or credits.

Account Tune-Ups

Step 2: Review finances

- Ensure that clients who received Advance Premium Tax Credits (APTCs) have filed their federal taxes so that they remain eligible for this financial assistance.
- Estimate client income and report any changes to the Marketplace to avoid under- or over-payments.

Account Tune-Ups

Step 3: Confirm RWHAP/ADAP enrollment

- Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
 - If the client's certification is due within the open enrollment period, re-certify early.

Account Tune-Ups:

Step 4: Help clients prepare for enrollment

- Help clients identify their coverage priorities including HIV medications and preferred providers.
- Dedicate time to educate clients on the importance of health coverage and answer questions.

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 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.

3. Confirm enrollment in the Ryan White HIV/AIDS Program (RWHAP), including ADAP.

Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.

- ☑ Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
- ☑ Re-certify a client's RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

4. Help clients prepare for enrollment and schedule enrollment appointments.

Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.

- ☑ Know what plans are being offered in their area.
- ☑ Help clients identify their coverage priorities including medication access and continuity with preferred providers.
- ☑ Dedicate time to educate clients on the importance of health coverage and answer questions.
- ☑ Schedule enrollment appointments.

Open Enrollment Dates and Tips



Coverage for clients who enroll between November 1 and December 15 will begin January 1.
Coverage for clients who enroll between December 16 and January 15 will begin February 1.

Conduct Account Tune-Ups with clients during:

- ADAP certification appointments
- Routine medical appointments
- Case management or benefits counseling activities
- Regularly scheduled sessions



4. Assess health plans and conduct client outreach.

- For RWHAP recipients purchasing insurance:
 - Assess all plan options, including off-Marketplace plans.
 - Consider locating a third-party to do a plan assessment once plan information becomes available.
 - Train subrecipient staff on plan options as soon as they have been assessed.
- For RWHAP-funded direct service providers:
 - Check with ADAP and/or other RWHAP insurance purchasing programs on plan options available to clients.
 - Train program staff on plan options as soon as they have been assessed.

Tips for working with insurance companies

- Develop working relationships with insurance companies to:
 - Receive assistance reviewing plans to identify which ones could be sponsored by RWHAP and ADAP.
 - Set up process to make emergency premium payments via credit-card.

Poll #2

What types of Marketplace resources would be most helpful to give to your clients? (Check all that apply.)

- Printable PDF fact sheet
- Palm card, brochure, or half-sheet print out
- Online fact sheet
- Online FAQ
- Something else (let us know in the chat)

Poll #3

What topics would be helpful for new Marketplace resources to cover? (Check all that apply.)

- Marketplace eligibility for specific populations
- Conducting Marketplace plan analysis
- Relationship between paying taxes and Marketplace eligibility
- Something else (let us know in the chat)

Medicare Open Enrollment 2026



Medicare: What is it?

Medicare is a federal health insurance program that provides coverage in the form of various Medicare Parts.



Medicare Part A Hospital Coverage

Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care



Medicare Part B Medical Coverage

Covers:

- Services from doctors and other health care providers
- Preventive services
- Outpatient care
- Medications administered by a physician
- Home health care
- Durable medical equipment



Medicare Part D Prescription Drug Coverage




Covers:

- Cost of outpatient prescription drugs, including all HIV antiretroviral medications

Medicare:

Comparing coverage and costs

- Shop and compare Original Medicare and Medicare Advantage Plans at www.medicare.gov
- The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.

Original Medicare (Parts A and B)  	Medicare Advantage (also called Part C) 
Includes: <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) Clients can purchase: <ul style="list-style-type: none"><input type="checkbox"/> Part D (prescription drug coverage)<input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy Plans administered by: <ul style="list-style-type: none">▪ The federal government	Includes: <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) Most plans include: <ul style="list-style-type: none">▪ Part D (prescription drug coverage) Some plans also include: <ul style="list-style-type: none"><input type="checkbox"/> Lower out-of-pocket costs<input type="checkbox"/> Extra benefits Plans administered by: <ul style="list-style-type: none">▪ Private insurance companies that contract with the government

Medicare:

Who's eligible?

- To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).
- **Three potential pathways:**
 - Age 65 or older
 - Under 65 with a qualifying disability*
 - Have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease)

*Note: HIV on its own is not considered a qualifying disability for the purposes of Medicare eligibility.

Medicare enrollment pathways for newly eligible individuals



Claiming Social Security Benefits

Receiving disability or retirement benefits before 65



Initial Enrollment Period (IEP)

For people turning 65 years old



Special Enrollment Periods (SEP)

For people experiencing specific life events, such as moving, losing or changing their health coverage, etc.



General Enrollment Period (GEP)

For people who missed their IEP, don't qualify for an SEP, and want to enroll in Medicare Part B

Initial Enrollment Period (IEP) for people about to turn 65

Medicare Initial Enrollment Period (IEP)



If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of their birthday month (the fourth month of the IEP*).

If a person signs up for Medicare during their birthday month (the fourth month of the IEP*) or during the last 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of the month after they enroll.

*If a person's birthday falls on the first of the month, their IEP is shifted one month earlier to include the 4 months prior to the birthday month, the month the person turns 65, and the 2 months after the birthday month.

Special Enrollment Period (SEP) for people transferring from employer coverage after 65

- If a client is covered by employer insurance (their own or their spouse's), they are NOT required to sign up for Medicare at age 65.
- When their employer coverage ends, they qualify for an 8-month SEP.

Medicare Special Enrollment Period (SEP) for Loss of Employer Coverage



Coverage begins on the first day of the month after an individual enrolls.

Additional Medicare SEPs

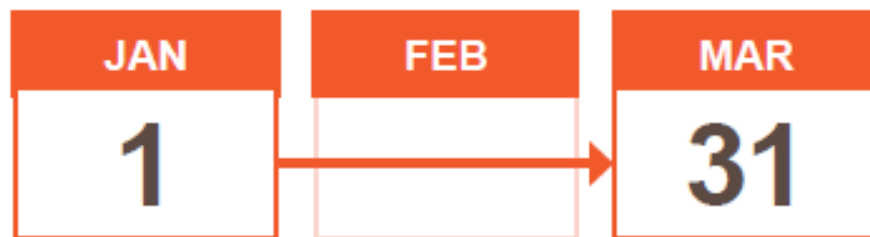
- SEP for individuals impacted by an emergency/disaster
- SEP for health plan or employer error
- SEP for misleading marketing information
- SEP for formerly incarcerated individuals
- **Reminder!** Beginning in 2024, individuals who sign up for Medicare Part A or B during an SEP because of an exceptional condition will have 2 months to join a Medicare Advantage plan or a Part D plan.

General Enrollment Period (GEP) for late enrollees

- Enroll through the GEP if they missed the IEP and don't qualify for an SEP.
- The GEP runs from January 1 to March 31 annually, coverage will begin on the first of the month after enrollment.
- A client may have to pay a late enrollment penalty for Medicare Part A (if they don't qualify for premium-free Part A) or Medicare Part B.
- They have 2 months to enroll in Medicare Part D after signing up for Medicare Part A with a premium and/or Medicare Part B.

Medicare General Enrollment Period (GEP)

Enrollment



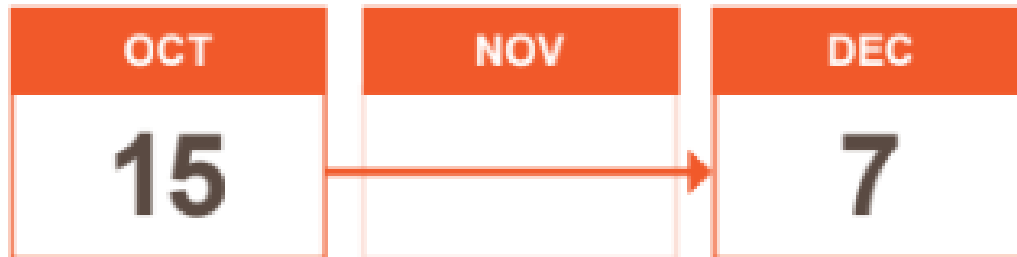
Coverage begins the first day of the month after an individual enrolls. *For example, if a person signs up for Medicare during January of the GEP, their Medicare coverage will begin on February 1.*

Changing Medicare plans

- After signing up for Medicare, individuals can make changes to their plan choices
- The timeframe for changing plan choice is different for Original Medicare and Medicare Advantage plans.

Changing Medicare plans after enrollment

Medicare Open Enrollment Period

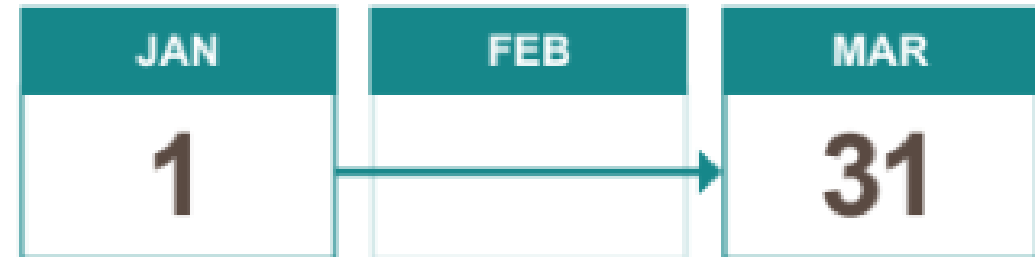


October 15 – December 7 annually

Anyone with Medicare coverage, whether Original Medicare or Medicare Advantage, can make a change to their medical and prescription coverage for the following year.

New coverage begins January 1 the following year.

Medicare Advantage Open Enrollment Period



January 1 – March 31 annually

Individuals with Medicare Advantage can switch to a different Medicare Advantage plan or return to Original Medicare.

Any changes will be effective the first of the month after the plan gets the request.

Medicare:

What's new for 2026

- Cap on Medicare Part D out-of-pocket costs increased to \$2,100 annually (\$2,000 in 2025)
 - RWHAP/ADAP and Extra Help contributions count towards the cap
 - No copay or coinsurance for the rest of the year after reaching the cap
- New negotiated prices for 10 brand-name Medicare Part B and D drugs used to treat conditions such as diabetes, heart failure, and rheumatoid arthritis
- Advanced Primary Care Management services now covered by Medicare Part B

Best practices to support **Medicare** enrollment

- ✓ Ensure continuity of coverage
- ✓ Actively enroll
- ✓ Avoid penalties
- ✓ Provide one-on-one enrollment support

BEST PRACTICE #1: Ensure continuity of coverage

- Confirm with clients that their current providers accept Medicare:
[medicare.gov/care-compare](https://www.medicare.gov/care-compare)
- Help clients compare Medicare drug plans in their area and choose one that covers their HIV medications and other non-HIV medications:
[medicare.gov/plan-compare/](https://www.medicare.gov/plan-compare/)
- **Reminder:** The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.

BEST PRACTICE #2: **Actively enroll**

- For clients who choose:
 - Original Medicare (Parts A and B)
➡ enroll through Social Security
 - Medicare Advantage, Medicare Part D (Rx Drug Plan), or Medigap
➡ enroll through Medicare.gov
- Only a small subset of people are automatically enrolled in Medicare:
 - People already receiving Social Security retirement benefits
 - People receiving 24+ months of Social Security Disability Insurance (SSDI) benefits
 - People with ESRD or ALS

BEST PRACTICE #3: Avoid penalties

- Help clients enroll as soon as they are eligible to avoid late enrollment penalties and minimize gaps in coverage.
- Create Electronic Health Record (EHR) reminders or ask medical case managers to flag clients who:
 - Are approaching their 65th birthday
 - Will be receiving their 25th month of SSDI benefits

State Health Insurance Assistance Programs (SHIP)

- State-based programs that provide **local and objective insurance counseling** and assistance to Medicare-eligible individuals, their families, and caregivers.
 - Review health or drug plan options
 - Explore financial assistance options
 - Explain how Medicare works with other types of health coverage
 - Help with complex issues such as dual eligibility for Medicaid and Medicare and eligibility for Medicare Savings Programs

Train RWHAP staff as SHIP counselors

- RWHAP and ADAP program staff are ideal SHIP counselors.
 - They understand the eligibility requirements for both programs, the coverage needs of people with HIV, and state-specific programs.
- Training programs and certification requirements may vary by state.
 - Individual SHIP counselors must be associated with a SHIP-certified organization.
- Find your local SHIP:
shiphelp.org/about-medicare/regional-ship-location

Poll #4

What challenges have you faced when connecting with a SHIP counselor? (Check all that apply.)

- Identifying a point of contact
- Establishing a referral partnership
- Getting program staff trained to be a SHIP counselor
- N/A – We're not familiar with SHIP
- N/A – We have a great working relationship with our SHIP
- Something else (let us know in the chat)

Poll #5

What types of Medicare TA or training resources would be most helpful for you? (Check all that apply.)

- Job aid for case managers
- eLearning module
- Webinar
- Discussion guide
- Something else (let us know in the chat)

Poll #6

What topics would be helpful for new Medicare resources to cover? (Check all that apply.)

- Medicare supports for people aging with HIV
- Avoiding Medicare fraud and scams
- Integrated care options for dually eligible RWHAP clients
- Something else (let us know in the chat)

Resource Round-Up





- Eligibility Decision Tree
- Account Tune-up Tool
- Medicare Resources
 - Basics for RWHAP Clients
 - Medicare Prescription Drug Coverage for RWHAP Clients
 - How Medicare Enrollment Works
- The ABCDs of Medicare Coverage (consumer-facing tool)
- Medicare-Medicaid Dual Eligibility Basics for RWHAP Clients (consumer-facing tool)

Questions?



Q&A Panelists

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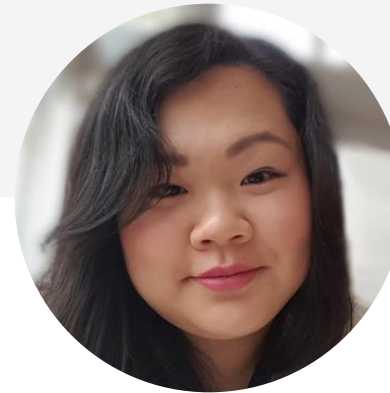
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