Getting Ready for 2027 Marketplace Open Enrollment: Considerations and Best Practices Transcript

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Jared Brumbeloe:
Good afternoon, everyone. Thank you for joining us. We are gonna give it just a second, per usual, to let people come on into our webinar, and we will get started very momentarily. Again, thank you all for joining us today. Here at the ACE TA Center, we are excited to kick off today's webinar about Marketplace Open Enrollment. We'll give it just another minute to let people trail in from their last meeting and get started. All right, for the sake of time, I'm going to go ahead and kick us off. Again, welcome, everyone. Thank you again for joining us for today's ACE TA webinar. We are going to get started talking about getting ready for 2027 Marketplace Open Enrollment: Considerations and Best Practices to Support that Enrollment. Next slide.

So before we get started, just a couple technical details for anyone that might be new to our webinars. First, attendees are in listen-only mode, but we encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the call via the chat, and we will take as many of these questions as we can at the end of today's session, and you, of course, can always email questions you have to us at ACETACenter@jsi.org. The easiest way to listen to our webinar is through your computer. If you have trouble hearing, please make sure to check your computer audio that it's turned on and the volume is turned up. If you're still having issues, try closing out and rejoining the Zoom webinar. However, we will also put call-in information in the chat box as well. Couple things about the ACE TA Center. Here at the ACE TA Center, our goal is to help build the capacity of the Ryan White community to navigate the challenging healthcare landscape, and to help people with HIV access and use their healthcare coverage to improve health outcomes. Specifically, we support Ryan White recipients and subrecipients to engage, enroll, and retain in Medicare, Medicaid, and health insurance options. We help build organizational health insurance literacy, thereby improving the client's capability to use the healthcare system, and communicate with clients about how to stay enrolled and use that health coverage. In doing so, we help develop and disseminate best practices, supporting resources, and providing technical assistance and training through national and localized activities.

Just to give a heads up about the audiences we typically serve, we do have a number of key audiences, including program staff, clients, program managers, administrators, and also any others who help enroll Ryan White clients, such as navigators, certified application counselors as well. Today we'll focus primarily on resources for case managers and other staff who work directly with clients. So before we get started, we have a couple poll questions we want to ask today. And the first one that once we launch, we'd love for you all to answer is: which of the following Ryan White Parts does your organization receive funding from? Please check all that apply. Give it a few more seconds for people to be able to… select…Alright, I think we can go ahead and end the poll. And let's show our results. It looks as though the majority of you do receive Part B funding, followed by 41%, also receiving Part A, Part C, Part D following, and then, some, do receive Part F - Dental. So, we appreciate you being able to share that

with us. That helps us also know what funding sources of those who come to our webinars, you all do receive.
So if we can go to the next slide, we're going to ask one additional question to hear from you all: Which of the following describes your primary role at your workplace? And this time, just select one, please. Give it a few more seconds for folks to answer. All right, I think we can go ahead and end the poll. And, as you all can see, the vast majority are case manager or social worker as your primary role, which is good news. You are in the right place. As I mentioned earlier, today's resources and information does primarily revolve around the case manager, social worker role, but not to be confused or, work as well with program managers, those who work with ADAP and other administrators as well. So thank you for sharing that information with us. A little bit more information before we kick off. Today's webinar will be archived on our TA for HIV website at TAforHIV.org/ACE. All participants in today's webinar will receive an email when it's posted, so you can share that, this webinar and its recording with your colleagues. You can also find links on our website, TAforHIV.org/ACE, for all the tools that we will present today. And if you forget the direct link, you can also find it by going to the TA for HIV website home page, and then looking for the ACE TA Center at the top.

So, let's chat a little bit about our roadmap for today. We will kick off with Marketplace Basics, followed by updates for the Marketplace Enrollment for 2027, chat a little bit about best practices, and then today, especially for those of you who routinely come to our webinars, we are going to do something a little different and new. We are going to have an Ask the Audience portion, where we will be able to provide some questions and hear from you all. You'll be able to raise your hand and chime in with what you experienced, or information you'd like for us to know, and then we will wrap up with sharing resources, and then per our usual cadence, we will end with Q&A.

So… If we can go to the next slide. Thank you all for being here today. I'm Jared Brumbeloe, an Evaluation and Materials Specialist here at the ACE TA Center. Our other presenters, I'm joined by are: Molly Tasso, who's the Project Director here at the ACE TA Center. Molly specializes in health reform and its implications for people with HIV, and previous to her work at JSI, she was the Policy Manager and Director of Healthcare Navigator Program at a Chicago-based HIV-AIDS nonprofit organization. Also, I'm joined by Liesl Lu, the ACE TA Center Principal Investigator, and Liesl has been a part of this project since it was started in 2013. Liesl brings deep expertise in building the capacity of Ryan White program community and helping expand and improve healthcare access for people living with HIV.
So with that, I'm going to go to the next slide, which has one more poll before we get into most of our content, and it's: what is the primary concern your clients express regarding their Marketplace plan options? We'll give it a few more seconds. As you can see on here as the last option, if there is something else, please feel free to let us know in the chat. It helps us to know what you are seeing on the front lines as well. Couple more seconds…Alright, okay, we can go ahead and end the poll and share our results. Okay, so as you can see, edging out at the top is plan affordability, talking about monthly premiums, followed by out-of-pocket costs, such as deductibles and co-pays, and then we see network coverage, including keeping clients' current providers and specialists, formulary coverage, confusion with how this works with Ryan White program, etc. So this is really helpful for us as well. The more we understand here from you all, the better we can hopefully provide TA resources across the board to continue to help you in enrolling with your clients. So, with that, I will ask us to go to the next slide, and I will pass it off to Molly to get us started with Marketplace Basics.

Molly Tasso:

Great, thanks so much, Jared. Hi, everyone, good afternoon, thank you for joining us. I- my Zoom video is having trouble today, so I'm going to stay off video and hope that I can- my audio is clear for you all and I won't freeze. But I just again want to thank everyone for joining us. So I'm gonna dig into the Marketplace, a bit here. First, provide an overview, really, of sort of what it is, and then I'm gonna get into some updates for the 2027 open enrollment period. So, the Marketplace, what is it? As a reminder, the Marketplace, it's a virtual shopping and enrollment platform, or you'll hear people refer to it as the Exchange, for medical insurance, and these were created, through the Affordable Care Act. There are 3 different forms or types of marketplaces, but they're all basically a website or a portal. So the 3, different forms: One is the… the first is a federally facilitated marketplace. So this is HealthCare.gov. It's run solely by the federal government, and as you can see on the map, all of the states in light blue, these are the states that use HealthCare.gov. There are then state-based Marketplaces, and that's where the state creates and runs and manages its own Marketplace. The benefit to doing this is that these states have a bit more flexibility on how they set up the Marketplace and manage it. And these are the states that are shaded in the darker, sort of, middle blue color. And then last, there's the joint state-based federal… federally facilitated Marketplaces, which is a sort of hybrid. These are the states in the very dark blue color. States that have this hybrid, they take on more of the plan management functions, so that they can have more control and sort of oversight of the market, but they're still using the HealthCare.gov website. So, Marketplace. What is covered through a Marketplace plan? The insurance products sold through Marketplaces are fairly regulated with lots of consumer protections, and this helps ensure that coverage is comprehensive, and that people with pre-existing conditions aren't discriminated against. So, for instance, Marketplace plans have to cover 10 essential health benefits, and this is required by law. These, the health benefits are listed on the slide. It's ambulatory patient services, emergency services, hospitalizations, pregnancy, maternity, and newborn care, mental health and substance use disorder services, prescription drug coverage, rehab and habilitative services and devices, lab services, preventative and wellness services, and then pediatric services, including both oral and vision care for the pediatric enrollees.

The Marketplace also offers financial assistance to eligible individuals. These are offered in two different forms. So, you've got premium tax credits, or PTCs, and cost-sharing reductions, or CSRs. So, premium tax credits, these are tax credits that are used to lower the monthly premium payment. These are available to folks with household incomes starting at 100% of the FPL for most people, although there are some exceptions. And these can be provided… the tax credits can be provided, in the form of an advanced premium tax credit, so you're getting it, upfront every month as you're paying your premium. And then we won't go into detail today, but then people who receive these advanced tax credits, they are required to then reconcile those tax credits when they file taxes, just making sure that they received the correct amount. And then I'll talk about it in a little bit, but if they've received too much, they are required to pay that back. The other form of financial assistance is through a CSR. So, cost-sharing reductions, or CSRs, it's a discount that lowers the amount that individuals have to pay for out-of-pocket costs, so for deductibles, copayments, and coinsurance. These are available to individuals with household incomes between 100 and 200, 250, excuse me, percent of the federal poverty level, and they're automatically calculated and applied during the application process on the Marketplace. So there's no sort of additional application process or paperwork to fill out. It's calculated sort of on the back end when you're on HealthCare.gov, for example, looking at plans. And then, unlike PTCs, there's no reconciling during tax, the tax filing period.

And then just a few other sort of basics for the Marketplace. So, who's eligible? To be eligible to enroll through the Marketplace, a person must live in the United States, must be a U.S. citizen or national, or be lawfully present, and cannot be incarcerated. And then, finally, and sort of perhaps most importantly for the basics, here is the timeline for open enrollment this year. So this is for states that use HealthCare.gov. Open enrollment begins on November 1st, so in just a few weeks, and then it ends January 15th of 2027. If a person, as you can see in this sort of timeline graphic here, if a person applies for coverage by December 15th of this year, their coverage is going to start January 1st, 2027. If a person applies by January 15th, their coverage will start February 1st, 2027. And then again, this timeline is for all states that use HealthCare.gov, which is really most of the states. But in some states that operate their own Marketplace, they may have, states do have the option to have a bit of flexibility, to extend or lengthen their open enrollment period. It's never going to be shorter than what is here, on the slide, but some states do opt to extend, and so we really encourage folks to just check out, confirm what type of Marketplace your state operates, and then confirm your open enrollment timeline.

Okay, so a few updates. So, as with most years, there are changes to the Marketplace, and these impact eligibility, financial assistance, coverage, and benefits. And so, I'm just, over the next few slides, going to go over some of these changes that are important to sort of have on your radar as we move into this year's Open Enrollment period. So, the first bucket of changes center around eligibility and financial assistance. Just a reminder of a few changes that have already taken place in the past year, but that are still applicable for this year's Open Enrollment period. For DACA recipients, or Deferred Action for Childhood Arrivals (DACA), DACA recipients are ineligible for Marketplace coverage, and this is a change that took place last year and remains in effect. Second, lawfully present immigrants who do not qualify for Medicaid and whose income is below 100% of the FPL are ineligible for premium tax credits, or PTCs. And then finally, just a reminder that there is no longer a cap or a limit on APTC repayment amounts. So I sort of mentioned this earlier, but we're gonna see this fully come on board next spring when we file our taxes. And so, when a person files their 2026 federal taxes early next, or next spring in 2027, if a person ended up receiving more advanced premium tax credits than they were actually eligible for when their, sort of, final income is all tallied, they will be required to pay back the full amount of overpayment, rather than a capped percentage of that, which is sort of how it used to be. And so, really just, you know, important when working with clients, to be sure to be updating the Marketplace with any changes in income, which might impact APTC eligibility. Just, you know, trying to avoid folks moving through the tax season and getting surprised, maybe, by a large repayment amount that they, that they weren't expecting.

And then starting, so sort of looking then, new, moving forward, starting January 1st of next year, Marketplace premium tax credits are restricted strictly to US citizens, lawful permanent residents, green card holders, Cuban-Haitian entrants, and then Compact of Free Association migrants. To be clear, affected individuals can still purchase Marketplace insurance, but it will be at full, full cost. It won't be subsidized. And then you'll see a couple places today where there are some changes that are on hold due to pending litigation. And so, one of those here, is the requirement to provide additional documentation to either get or keep premium tax credits. But again, that change is on hold for now, so we'll stay tuned as the case moves through the courts, and we'll update when we have more information. All right, the next bucket of changes relates to coverage and benefits. And so, again, the first one is a reminder, and that is, as of last year in Open Enrollment, gender-affirming care is no longer designated as an Essential Health Benefit. And then coming on board this year, again, a few additional changes that will be important to have on your radar. So, the first is that adult dental services are no longer designated

as an Essential Health Benefit, so plans are not required to provide that service. And just as a reminder, and this applies to the first bullet point about gender-affirming care, is that plans can still cover services that are outside of the core EHB or Essential Health Benefit categories. They can still cover them; they're just not required to do so. And so, it doesn't necessarily mean that you can't find a plan in the Marketplace that provides these services, but you'll just have to make sure, if something is important to you, you'll have to make sure to sort of dig into the plan's details itself.

And then the second change this year that I want to raise is that insurers can now offer catastrophic plans with multi-year terms, so longer than just the one-year term that we typically see. For folks who aren't familiar, catastrophic plans are not really what we would consider to be comprehensive coverage. So, these plans have low monthly premiums, very low monthly premiums, so they're sort of eye-catching there, and when you're looking at plans. But they have a very high deductible, and they only cover emergency expenses and essential health benefits. So these… these are not going to be available to everybody. They're only available to individuals under the age of 30, or folks who qualify for a hardship exemption. So they're not going to be sort of widely used. But I would, you know, definitely recommend maybe, being cautious around one of these plans, particularly for people with, living with HIV, as it's very unlikely that all of their medical care and services would be… would be covered, and especially, you know, with that high deductible, something to keep in mind.

And then the last bucket of changes is around SEPs, or Special Enrollment Periods. Again, just a reminder, the monthly Low-Income SEP is no longer available to individuals with incomes at or below 150% of the federal poverty level. This was eliminated last August, and this applies to all Marketplace types. And then similar to the SEP documentation provision, there's another SEP-related provision that is currently paused and pending litigation. This one would require pre-enrollment verification for a handful of SEPs that you see there on the slide. That includes loss of minimum essential coverage, the SEP for marriage, birth, adoption, or court order, SEP for a permanent move, or SEP for a loss of Medicaid or CHIP coverage. And again, if and when this provision is unpaused, we'll be sure to share that information, most likely through our email listserv.

All right, so…I think we've provided all the updates that we have today, so I'm going to move on to another poll. We're interested in hearing from you all. What is the most common challenge that you face when determining a client's eligibility for Marketplace? So, is it navigating considerations for specific populations, assessing how tax filing status impacts eligibility for financial assistance, timing transitions, verifying fluctuating household income, or if there's something else, please let us know in the chat. We'll give folks a few moments.

All right. Oh, I see a chat in the… a response in the chat, which is a great: vetting possible employer health insurance. I do know that we, we've been hearing that quite a bit from folks, actually, that employer-sponsored insurance is another sort of important and sometimes tricky, insurance option. Okay, we can end the poll. So it looks like navigating considerations for specific populations, assessing tax filing status, and verifying fluctuating household incomes. Those are sort of rising to the top here, and definitely sort of echo or emphasize what we, again, have been hearing from folks in the field for years now. Okay, well, with that, we can close the poll, thank you. We're gonna hand it over to my colleague Liesl now, who is going to walk us through some best practices to prepare for Open Enrollment that is, again, starting in just a couple weeks. Thanks, Liesl.

Liesl Lu:
Thanks so much, Molly. And hi everyone, it's good to be with you today. So yeah, we're gonna jump into sharing some best practices to help you and your program prepare for open enrollment. So Molly went over the Open Enrollment timeline, and I just am resharing this here to frame and remind you of the timeline to help with the framing of the best practices that I'm going to share, and the key dates here being that, you know, Open Enrollment starts on November 1st in states that use HealthCare.gov and ends on January 15th.

So there are four key steps that we want to share with you to help your program get ready for Open Enrollment, and these are steps that you can take now, and hopefully some of them you've already started, given we're just a couple weeks away. But the first one is to conduct training and build enrollment staff capacity. Number two is to build enrollment partnerships. Three is conduct account tune-ups. And the final one is assess health plans and conduct client outreach. So let's dive deeper into each of these.

So a key first step is to increase your internal and external enrollment capacity, starting with training. And we always encourage programs to train all of their staff on the basics of health insurance enrollment and health insurance literacy, and this means helping staff across your program improve their health insurance literacy, and understand the key considerations for people with HIV, like making sure that the client's medications are covered, and understanding how the Ryan White program, including ADAP, may help cover insurance costs. Another avenue for training is to have some or all of your staff trained as Certified Application Counselors, or CACs. Many Ryan White program frontline staff are trained as CACs, so that is a reason why we share it as a best practice, of course. And so this, for those of you who aren't doing it, the CAC training is a free CMS training available to individuals who live in states that use HealthCare.gov. And it's really helpful for case managers who are conducting enrollment activities, as well as anyone who may be helping clients work through Marketplace coverage challenges. One important thing to note about becoming a CAC is that the staff who are being trained need to be associated with a CDO, or… which is known as a CAC-designated organization, so this means that your organization or affiliated program has to go through a formal certification process with CMS first, and we're chatting out the links to find out more about that training and that certification process. And then for those with state-based Marketplaces, you can contact your state's Department of Insurance for training, and in general, we recommend that Ryan White programs encourage all of their staff to be trained and certified as Enrollment Assisters.

Another important component of staff training is learning to conduct account tune-ups for eligible clients, and I'll be going over that in the coming slides. So, we know that having all your enrollment capacity in-house simply might not be an option for some programs, so we encourage you to build enrollment partnerships, where you can refer clients out to navigators, CACs, or other enrollment assisters. So, assisters may be within your larger organization or health center, or they may be located at a partner organization. And so if you do, if you do pursue this avenue of building enrollment partnerships, you'll need to train your staff on how to refer clients to these partners, and on how to provide warm handoffs to maintain engagement with the client when you're passing them on to the… that enrollment partner. You'll also need to train your assister partners on how the Ryan White program supports people with HIV, including insurance purchasing assistance through ADAP. So, I think I'm just seeing that maybe the audio went out, I just want to make sure you can hear me now. Yes.

Jared Brumbeloe:
I think we're good, Liesl.

Liesl Lu:
Okay, okay. So finally, the last point here is just. One thing that many programs do is: they'll hold a training day or a half-day training where they train both your internal staff and your external enrollment partners at the same time to all be on the same page and get to know each other before Open Enrollment starts. So it's a great way to sort of tackle both those avenues for training. So, as I mentioned, account tune-ups is one of the key ways to get involved, or to get ready for Open Enrollment, and that is the third step that we recommend here. So, I'm going to walk through what an account tune-up appointment is, and how to, how it can prepare your clients for a speedy and successful enrollment. We encourage Ryan White case managers and other staff to conduct account tune-ups in the weeks and months leading up to open enrollment.

And so as a high-level overview, an account tune-up is simply a virtual or in-person appointment or meeting that you'll have with your client before Open Enrollment actually begins to help your client be prepared for Open Enrollment. So there are generally four steps involved in account tune-up, and they include checking paperwork, finances, also checking where they are with their Ryan White program enrollment, and educating the client on Open Enrollment. So we'll go through each of these steps now. So the first part of an account tune-up is to review and organize any paperwork that a client may have received from their insurance company or the Marketplace. So, they may have received important information about their plan, or the upcoming Open Enrollment period that might impact their enrollment process come November 1st. So, it's really helpful to have all this information organized into one place. You can take this time to also review a client's online Marketplace account and update any information that may be out of date, such as their income or their contact information. And it's good to also make sure a client is able to actually log into their Marketplace account and take care of any username or password issues before you're going to help enrollment… help a client enroll, so that way you're preventing them from… from being locked out. And then, of course, if a client doesn't have a Marketplace account yet, you can go ahead and help them set one up ahead of time, so that's ready come when you meet with them to enroll.

And then lastly, review insurance documents and make sure your client doesn't have any outstanding payments or credits on their account. If a client has an outstanding balance, this may cause their plan not to effectuate or start come January 15th or February 1st, and could leave a client without insurance for a period of time. So that's another piece to check in terms of paperwork. The second step is to review a client's finances. So, as Molly talked about, you should ensure that any client who may have received an advance premium tax credit through the Marketplace in previous years has filed their federal tax return. This will ensure that they remain eligible for financial assistance during the upcoming plan year. And as a reminder, there is no longer a cap on how much an individual may have to repay for excess APTCs, so this will be very important, as Molly mentioned, when filing federal taxes for 2026. You'll also want to take this time to estimate a client's 2027 income and report any changes to the Marketplace. So this will help ensure that they receive the correct amount of financial assistance and hopefully avoid issues or any surprises when it comes to tax filing.

The third step in an account tune-up appointment is to confirm the client's enrollment into ADAP and other Ryan White program premium and cost-sharing assistance is up to date. And this will ensure that they will be eligible for financial assistance through the Ryan White program once enrollment begins. If you figure out that the client's enrollment is due, or a client is due for recertification, during Open Enrollment, we really encourage you to go ahead and help them recertify early. This will help them, you know, this will eliminate any potential issues with eligibility for financial assistance once a client is enrolled in a plan, and will give them, sort of, peace of mind knowing that their paperwork and their certifications are all up to date. So it's just one less thing to worry about, during Open Enrollment.
And the last step in an account tune-up is to help your client identify their coverage priorities. So, this includes going over which HIV and non-HIV medications they currently take, identify which preferred providers they would like to continue seeing and discussing how their coverage needs may have changed, or may be changing coming… in the coming year. So you want to have all that information so you can take it into consideration. And, when… when reviewing plans. And so, with these priorities, you can help them determine which plan best meets their financial and health needs. So, overall, the aim of the account tune-up appointment is to provide dedicated time to educate clients on the importance of health coverage, answer their questions, and get everything in order, before Open Enrollment begins so that they're ready to enroll in a new plan.

And finally, step four in our best practices for preparing for Open Enrollment includes assessing health plans and conducting client outreach. So if you're a Ryan White recipient and are responsible for purchasing health insurance, this is the time to assess all plan options, including off-Marketplace plans. We know that plan information often becomes available at different times in different states, so we encourage you to identify and work with a third party, and if you don't have one already to help, they can help you do a plan assessment once that information becomes available. And once that assessment is complete, it's important to train your subrecipient staff on plan options. And if you're a Ryan White-funded direct service provider, you can check in with your state's ADAP to learn if they're making plan recommendations, and to learn about financial assistance options available to your clients or even do some plan research on your own so you understand what options your clients have this year. And afterwards, then, you want to make sure you train your program staff on those plan options as soon as they've been assessed, and then have staff start to schedule those enrollment appointments with clients and use our account tune-up process during those appointments.

And a final strategy for assessing health plans is to develop relationships with insurance companies. They can really help with reviewing plans to identify which ones could be sponsored by your Ryan White program and ADAP. And you can set up a process to, also set up a process with the insurance company to make emergency premium payments via credit card. So this can be really helpful stopgap when premium payments may be missed or delayed due to changes in life circumstances or bureaucratic hurdles. It can help to ensure that clients keep their plan.