



## Webinar Transcript

October 21, 2025

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

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00:00:15.610 --> 00:00:17.660

Jared Brumbeloe: Hi, everyone, and good afternoon.

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00:00:17.690 --> 00:00:35.580

Jared Brumbeloe: We appreciate you joining us today. If you will give us just a minute to let all of our friends and colleagues from around the country drop in. We know you're moving from your last meeting to your next meeting, and we are thrilled to have you join us for this webinar, so bear with us for about another minute or so.

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00:00:35.590 --> 00:00:41.829

Jared Brumbeloe: And we will get started. Good afternoon to all of you. We appreciate seeing you in the chat.

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00:00:42.060 --> 00:00:48.250

Jared Brumbeloe: And very excited to dive into open enrollment considerations for today.

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00:01:09.400 --> 00:01:23.109

Jared Brumbeloe: For those of you wondering, you should be seeing the first slide of our presentation, which says what you need to know about Medicare and Marketplace enrollment considerations for 2026.

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00:01:33.670 --> 00:01:37.440

Jared Brumbeloe: Love to see our participant numbers growing...

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00:01:37.790 --> 00:01:44.960

Jared Brumbeloe: As soon as we hit 500, I will get us started. Again, welcome to all of you who are just joining us.

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00:01:45.480 --> 00:01:49.539

Jared Brumbeloe: Bear with me as we let our last few folks drop in, and we will get started.

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00:02:05.460 --> 00:02:19.979

Jared Brumbeloe: Alright, we are just after the top of the hour. I want to be respectful of everyone's time. We have quite a bit of fruitful information to get through today, so I will kick us off. Welcome, everyone, and good afternoon.

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00:02:20.070 --> 00:02:29.729

Jared Brumbeloe: And welcome to today's ACTA Center webinar, titled, What You Need to Know About Medicare and Marketplace Enrollment Considerations for 2026.

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00:02:30.020 --> 00:02:40.090

Jared Brumbeloe: I'm Jared Brumbeloe, an Evaluation and Materials Specialist here at the ACTA Center, and I want to thank you all for joining us today for our webinar presentations.

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00:02:44.450 --> 00:02:51.330

Jared Brumbeloe: Before we get started, here are some technical details for anyone that might be new to our webinars.

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00:02:51.470 --> 00:02:58.770

Jared Brumbeloe: First, attendees are in listen-only mode, but we do encourage you to ask lots of questions using the chat box.

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00:02:58.930 --> 00:03:08.249

Jared Brumbeloe: You can submit your questions at any time during the call via the chat, and we will take as many of your questions as we can at the end of today's session.

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00:03:08.620 --> 00:03:18.800

Jared Brumbeloe: Also, you can always email us questions directly to our email address, which is [acetacenter@jsi.org](mailto:acetacenter@jsi.org).

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00:03:25.700 --> 00:03:39.050

Jared Brumbeloe: The easiest way to listen to our webinar is through your computer. If you are having trouble hearing, check to make sure your computer audio is turned on and the volume is turned up. If you are still having issues,

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00:03:39.050 --> 00:03:55.580

Jared Brumbeloe: try closing out and rejoining the Zoom webinar session, but as you see on the screen right now, we will also put the call-in information in the chat box as well, if you have other issues with volume and you need to use your personal phone to hear as well.

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00:04:00.930 --> 00:04:05.260

Jared Brumbeloe: A little bit of background about who we are as the ACE TA Center.

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00:04:05.570 --> 00:04:19.150

Jared Brumbeloe: Here at the ACE TA Center, we help build the capacity of the Ryan White community to navigate the changing healthcare landscape and help people with HIV to access and use their health coverage to improve health outcomes.

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00:04:19.170 --> 00:04:30.299

Jared Brumbeloe: Specifically, we support Ryan White recipients and subrecipients to engage, enroll, and retain clients in Medicare, Medicaid, and individual health insurance options.

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00:04:30.340 --> 00:04:38.449

Jared Brumbeloe: We build organizational health insurance literacy, thereby improving clients' capacity to use the healthcare system.

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00:04:38.600 --> 00:04:43.699

Jared Brumbeloe: And we communicate with clients about how to stay enrolled and use their health coverage.

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00:04:43.840 --> 00:04:56.220

Jared Brumbeloe: We do this by developing and disseminating best practices and supporting resources by providing technical assistance and training through national and localized activities, such as this webinar today.

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00:04:59.080 --> 00:05:19.080

Jared Brumbeloe: Our audiences for the ACE TA Center include a number of key audiences, such as program staff for the Ryan White program, clients, program managers and administrators, and also people who help enroll Ryan White clients, such as navigators, certified application counselors, and others.

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Jared Brumbeloe: Today, we will focus primarily on resources for case managers and other staff that work directly with clients themselves.

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Jared Brumbeloe: Please visit us at our website, TA4HIV or [TA4HIV.org](http://TA4HIV.org) for ACE TA resources.

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00:05:41.610 --> 00:05:53.670

Jared Brumbeloe: We are working diligently to upload these important resources once they are approved. All participants in today's webinar will receive an email when they are posted, so you can share with your colleagues.

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00:05:53.950 --> 00:06:01.880

Jared Brumbeloe: I do want to take a minute and note that the majority of us on this call are familiar with the website [targethiv.org](http://targethiv.org).

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00:06:01.910 --> 00:06:19.319

Jared Brumbeloe: However, while Target is on pause, this website is a JSI-driven website specifically for the ACE TA Center and other HIV-related projects housed within the JSI portfolio. Again, as soon as these resources are uploaded, we will send out a notification.

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00:06:22.250 --> 00:06:25.610

Jared Brumbeloe: Now, let's talk about our roadmap for our webinar today.

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00:06:25.930 --> 00:06:39.410

Jared Brumbeloe: First, we will provide an overview of open enrollment updates, then we will discuss specifics regarding Marketplace Open Enrollment for 2026. We will then talk about Medicare open enrollment for 2026.

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00:06:39.570 --> 00:06:43.319

Jared Brumbeloe: Finally, we will share helpful ACE TA Center resources.

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00:06:43.400 --> 00:07:01.549

Jared Brumbeloe: A number of which we will share at the end and highlight much of the information that we covered today. So even if you miss any of the details, you'll be sure to reference them and use them to refresh your memory, again, once those resources have been uploaded to our [TA4HIV.org](http://TA4HIV.org) website.

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00:07:01.670 --> 00:07:06.469

Jared Brumbeloe: And last but not least, we will wrap up today's webinar with a Q&A session.

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00:07:09.540 --> 00:07:13.310

Jared Brumbeloe: Now, I would like to introduce our presenters for today.

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00:07:13.820 --> 00:07:17.649

Jared Brumbeloe: Molly Tasso, the project director for the ACE TA Center,

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00:07:17.670 --> 00:07:35.549

Jared Brumbeloe: specializes in health reform and its implications for people living with HIV. Previous to her work here at JSI, Molly was the policy manager and director of healthcare and the director of a healthcare navigator program at a Chicago-based HIV-AIDS nonprofit organization.

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00:07:35.780 --> 00:07:44.339

Jared Brumbeloe: Liesl Lu is the ACE TA Center Principal Investigator, and has been part of this project since the ACE TA Center started in 2013.

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00:07:44.450 --> 00:07:59.660

Jared Brumbeloe: She has extensive experience employing a range of learning modalities to build the capacity of the Ryan White program and its community to address the healthcare access needs for people with HIV, and particularly those aging with HIV.

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00:07:59.930 --> 00:08:11.570

Jared Brumbeloe: Last, but certainly not least, we have Christine Luong, who is our Research and Policy Associate for the ACE TA Center. Christine has over 5 years of experience in mixed methods research,

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00:08:11.630 --> 00:08:23.349

Jared Brumbeloe: Health Policy Analysis, GIS and data visualization, and materials development for the Ryan White Program grantees, clients, and a variety of other audiences.

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00:08:25.240 --> 00:08:40.640

Jared Brumbeloe: Now, before we get started with the webinar and its presentation, I'd like for us to take a poll so we can best understand what challenges you have experienced when enrolling clients into healthcare coverage.

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00:08:41.260 --> 00:08:44.389

Jared Brumbeloe: What challenges below

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Jared Brumbeloe: have you experienced when enrolling clients into healthcare coverage? Might they be addressing client concerns about health coverage, such as plan affordability, determining client eligibility for health coverage itself,

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00:08:57.110 --> 00:09:09.350

Jared Brumbeloe: completing enrollment applications, knowing when to enroll, developing partnerships with other enrollment assisters, or something else, and if it is something else, please, by all means, let us know in the chat.

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00:09:11.560 --> 00:09:30.870

Jared Brumbeloe: And I'm gonna give just another few seconds for us to let everyone be able to answer. I'm seeing in the chat, determining plan coverage for patient medication. Please keep them coming in the chat. We love to hear more information. The more we hear from you, the more we're able to respond appropriately.

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00:09:33.240 --> 00:09:42.879

Jared Brumbeloe: And about 3, 2, 1... Alright, we're gonna go ahead and end the poll.

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00:09:45.120 --> 00:09:52.529

Jared Brumbeloe: What I can see here is that the top challenge is addressing client concerns about health coverage,

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00:09:52.680 --> 00:10:00.749

Jared Brumbeloe: such as plan affordability, determining client eligibility for healthcare coverage, and also completing enrollment applications.

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00:10:00.980 --> 00:10:21.840

Jared Brumbeloe: So we sincerely appreciate you being able to share this information with us. We understand that a variety of these listed among other areas of challenges can be some that need to be discussed and talked about, but we hope that today's presentation will help alleviate some of these concerns and answer some of these challenges as well.

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00:10:23.850 --> 00:10:31.230

Jared Brumbeloe: Now, with that, I would love to pass it over to my colleague, Molly, to get us started about marketplace enrollment options for 2026.

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00:10:31.390 --> 00:10:32.280

Jared Brumbeloe: Molly?

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00:10:32.470 --> 00:10:43.660

Molly Tasso | JSI: Great. Hi, everyone. Thanks, Jared. Before I start, I just wanted to draw folks' attention to the chat. We just want to note that we have actually reached our capacity of 500 attendees.

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00:10:43.660 --> 00:11:04.390

Molly Tasso | JSI: Which we've never done before. So we, again, blown away by the interest. Just encouraging, if you are with a colleague in the same building, if at all able to, maybe join together in the same physical room, if possible. We do apologize, truly, for anyone trying to get into this webinar who isn't able to join, but we will be sending around the slides

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Molly Tasso | JSI: in the next week or so. So look forward to sharing more information with you all, very soon.



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00:11:10.920 --> 00:11:24.850

Molly Tasso | JSI: All right, so with that, let's get started. I'm going to provide a high-level overview of the marketplace and Marketplace coverage, and then I'm going to walk us through some changes to the marketplace that have either already taken place, or will be going into effect in the next few years.

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00:11:25.290 --> 00:11:45.190

Molly Tasso | JSI: So, as a quick reminder, the Marketplace is a virtual shopping and enrollment platform, or exchange, for medical health insurance that was created through the Affordable Care Act. There are three forms of these marketplaces. The first is the federally facilitated marketplace, so this is healthcare.gov. It's run solely by the federal government.

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00:11:45.410 --> 00:11:49.879

Molly Tasso | JSI: And on the map here, all the states in light blue use healthcare.gov.

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00:11:50.040 --> 00:12:01.330

Molly Tasso | JSI: There are state-based marketplaces. This is where states create their own marketplace, and then they are incentivized to do this by having a bit more flexibility in terms of how it's set up.

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00:12:01.340 --> 00:12:14.929

Molly Tasso | JSI: On the map, these are the states shaded in the darker, sort of middle blue color, and then there are joint state-based, federally facilitated marketplaces, so this is a hybrid of sorts. States will take on more of the plan management functions.

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00:12:14.930 --> 00:12:22.560

Molly Tasso | JSI: So that they can have more control and oversight, excuse me, of the market, but they still use the healthcare.gov website.

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00:12:22.640 --> 00:12:26.560

Molly Tasso | JSI: And those states are in the very dark blue color on the map.

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00:12:28.890 --> 00:12:42.999

Molly Tasso | JSI: Next slide. The insurance products sold on marketplaces are fairly regulated with lots of consumer protections that ensure the coverage is comprehensive and that people with pre-existing conditions aren't discriminated against.

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00:12:43.020 --> 00:12:53.730

Molly Tasso | JSI: The marketplace offers financial assistance to eligible individuals, and these are offered in the forms of premium tax credits, or PTCs, and cost sharing reductions, CSRs.

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00:12:53.820 --> 00:13:00.280

Molly Tasso | JSI: So, a premium tax credit is, just as it's called, a tax credit used to lower monthly premium payments.

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00:13:00.650 --> 00:13:14.739

Molly Tasso | JSI: These are available to individuals with household income starting at 100% of the federal poverty level, or the FPL, and then these can be provided up front in the form of an Advanced Premium Tax Credit, or an APTC.

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00:13:14.800 --> 00:13:32.300

Molly Tasso | JSI: The other type of financial assistance is the cost share introduction. So this is simply a discount that lowers the amount an individual would have to pay for deductibles, co-payments, and coinsurance, and it's automatically calculated and applied during the application process.

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00:13:33.620 --> 00:13:41.730

Molly Tasso | JSI: To be eligible to enroll into health coverage through the marketplace... next slide, please. Individuals must live in the United States.

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00:13:41.870 --> 00:13:47.940

Molly Tasso | JSI: They must be a U.S. citizen, or national, or be lawfully present, and they cannot be incarcerated.

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00:13:49.960 --> 00:13:56.049

Molly Tasso | JSI: So, as I mentioned, there are a number of updates and changes to the marketplace that are important for all of us to be aware of.

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00:13:56.660 --> 00:14:15.569

Molly Tasso | JSI: First are a number of changes brought about by the Marketplace Integrity and Affordability Final Rule, which was finalized in June of this year. As a reminder, CMS, or the Centers for Medicare and Medicaid Services, issues these rules, and these rules really sort of just set the standards for the health insurance market.

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00:14:17.320 --> 00:14:36.900

Molly Tasso | JSI: First, related to changes, is the elimination of the low-income SEP, or special enrollment period. And this change went into effect this month. So, as a reminder, the low-income SEP allowed individuals with income up to 150% of the FPL

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00:14:36.900 --> 00:14:55.220

Molly Tasso | JSI: to enroll in a marketplace plan on a monthly basis all year round. This SEP is no longer available to consumers, and the change applies to both federally facilitated marketplace, so again, states that use healthcare.gov, as well as state-based marketplaces, so those states who use their own online enrollment platform.

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00:14:57.950 --> 00:15:14.290

Molly Tasso | JSI: Second, beginning in August of this year, DACA recipients, or Deferred Action for Childhood Arrival recipients, are no longer 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.

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00:15:17.060 --> 00:15:34.020

Molly Tasso | JSI: The CMS final rule also made changes to the timeline associated with open enrollment. So, this year, the open enrollment period is staying the same as it has in the last several open enrollment periods. This is to say, it starts on November 1st, as it always has, and then it will end on January 15th.

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00:15:34.020 --> 00:15:42.929

Molly Tasso | JSI: of next year, 2026. This 75-day period is, again, consistent with the timeline for the past several open enrollment periods.

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00:15:43.210 --> 00:15:47.849

Molly Tasso | JSI: Beginning with the open enrollment period for plan year 2027,

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00:15:48.110 --> 00:16:03.590

Molly Tasso | JSI: so we're talking about next fall's open enrollment period, all states using healthcare.gov will have a standard shortened open enrollment period. So, beginning next year, open enrollment will begin on November 1st, again, as it always does, but it will end on December 15th.

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00:16:04.000 --> 00:16:23.679

Molly Tasso | JSI: State-based marketplaces will have flexibility to extend their open enrollment period a few weeks. December 31st would be the latest that they can end open enrollment. However, coverage nationwide is required to begin on January 1st. So even if a state did extend the open enrollment period.

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00:16:23.800 --> 00:16:29.999

Molly Tasso | JSI: needing to make sure premiums get paid, and the plan is effectuated, and ready to begin on January 1st.

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00:16:32.430 --> 00:16:44.769

Molly Tasso | JSI: So this slide is just showing you sort of visually what I just described. This is... this is this year's open enrollment period. So again, beginning on November 1st, if you

apply for coverage and pay the premium by December 15th.

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00:16:44.880 --> 00:16:47.730

Molly Tasso | JSI: Coverage will start on January 1st of next year.

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00:16:48.010 --> 00:16:56.349

Molly Tasso | JSI: folks who enroll and pay premiums during the December 15th to January 15th sort of timeline, their coverage will start February 1st.

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00:16:56.510 --> 00:16:58.160

Molly Tasso | JSI: So this is this year.

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00:16:58.370 --> 00:17:11.709

Molly Tasso | JSI: And then on the next slide, what you're seeing, is the... is for plan year 2027 and moving forward. Again, the timeline is tighter, with everyone needing to enroll by December 15th, and then all plans starting on January 1st.

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00:17:11.710 --> 00:17:24.089

Molly Tasso | JSI: Again, state-based marketplaces have the flexibility, so we'll be really keeping a close eye on those states with state-based exchanges to kind of see how they'll be making their decisions about timelines for next year.

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00:17:27.000 --> 00:17:43.019

Molly Tasso | JSI: And then finally, the CMS rule made changes to the essential health benefits, and outlawed states from including gender-affirming care as a part of the EHB benchmark plan. To be clear, the rule does not prohibit plans from covering gender-affirming care in addition to EHBs.

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Molly Tasso | JSI: But states will be required to supplement the additional cost to the federal

government if they choose, to cover that care.

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00:17:53.200 --> 00:18:02.740

Molly Tasso | JSI: And then, before we move on to some enrollment best practices, there are some additional federal changes on the horizon that will impact health coverage, and that, again, we should have

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00:18:02.910 --> 00:18:12.299

Molly Tasso | JSI: on our radar. So, first is related to congressional action that may or may not take place. We are really avoiding any speculation or conjecture here.

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Molly Tasso | JSI: But I'm sure many of you have, or are aware that the enhanced premium tax credits are set to expire at the end of this year without congressional action to extend them. As a reminder, these enhanced premium tax credits

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00:18:24.210 --> 00:18:26.349

Molly Tasso | JSI: were introduced in 2021.

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00:18:26.470 --> 00:18:44.430

Molly Tasso | JSI: And they made more people eligible for subsidies, including those with incomes above 400% of the FPL, and then also increased the actual size or the amount of the credit for those who were already eligible. We, of course, don't know what will happen, but if the enhanced premium tax credits do expire,

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Molly Tasso | JSI: marketplace enrollees may see premiums increase.

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00:18:49.040 --> 00:18:51.919

Molly Tasso | JSI: And then the second bucket of upcoming changes

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00:18:52.030 --> 00:19:06.690

Molly Tasso | JSI: is related to the Congressional Reconciliation bill that was signed into law this past July. So this bill, also known as H.R. 1, includes significant changes to Medicaid and Marketplace plans, which will go into effect sort of phased over the next several years.

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00:19:08.510 --> 00:19:21.790

Molly Tasso | JSI: So first, looking at the Medicaid provisions in the bill, there are three that we want to put on your radar today. First, beginning in January of next year, states are required to review eligibility for Medicaid expansion adults.

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Molly Tasso | JSI: So, Medicaid expansion adults are individuals, typically aged 19 to 64 with incomes up to 138% of the federal poverty level. States are going to be required to review eligibility every 6 months, so that's new, going into effect January of this next year.

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00:19:41.030 --> 00:19:54.160

Molly Tasso | JSI: The bill also disqualifies certain groups of non-citizens from Medicaid. They do this by restricting the definition of qualified immigrants to just a few groups, including legal permanent residents, and then certain Cuban and Haitian immigrants.

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00:19:54.710 --> 00:20:09.249

Molly Tasso | JSI: And then finally, I'm sure many of you have read about this, but the law requires people, ages 19 to 64, again, with incomes up to 138% of the FPL, that's that adult Medicaid expansion population.

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00:20:09.250 --> 00:20:21.969

Molly Tasso | JSI: The law requires them to work or participate in qualifying activities for at least 80 hours per month. So this is the work requirements that I'm sure you've been hearing about. This provision is set to go into law

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00:20:22.090 --> 00:20:24.539

Molly Tasso | JSI: January 1st of 2027,

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00:20:24.670 --> 00:20:35.630

Molly Tasso | JSI: so states have about a year or so to develop their work requirement programs and put these into place, the systems and processes, to implement and provide oversight.

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00:20:35.630 --> 00:20:51.090

Molly Tasso | JSI: I will note states can submit waivers to CMS that would allow them to include more exemptions from work requirements than those that are mandated by the bill. And all states are required to provide exemptions for individuals with special medical needs.

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00:20:51.100 --> 00:21:01.550

Molly Tasso | JSI: Such as those who are blind, disabled, or have serious or complex medical conditions. I will note H.R.1 does not define a serious or complex medical condition, so

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00:21:01.550 --> 00:21:15.699

Molly Tasso | JSI: it will likely be determined on a state-level basis whether or not an HIV or AIDS diagnosis is considered an exempting medical condition. So, again, over the next year, we will all be very closely following how states are implementing these new work requirements.

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00:21:19.000 --> 00:21:21.380

Molly Tasso | JSI: And then... Excuse me.

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00:21:21.550 --> 00:21:41.190

Molly Tasso | JSI: Transitioning to Medicare provisions in the reconciliation bill. The first two in the chart are related to eligibility for coverage... eligibility for coverage for immigrant and refugee populations. First, the law eliminates subsidized marketplace coverage eligibility for lawfully present immigrants with incomes under 100% FPL.



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00:21:41.230 --> 00:21:54.730

Molly Tasso | JSI: And this provision, goes into effect in January of next year, so January 2026, and then beginning the following year, January 2027, the law limits marketplace subsidy eligibility to a narrower list of immigrants.

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Molly Tasso | JSI: The next provision to go into effect, effective for all taxable years beginning after December 31st of this year, individuals who receive

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00:22:04.940 --> 00:22:17.070

Molly Tasso | JSI: excess PTCs, or more... more premium tax credits than they were eligible for, they're required to repay that full amount in any excess, no matter their income. So this is a change from the current policy

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00:22:17.070 --> 00:22:26.790

Molly Tasso | JSI: which capped repayment based on household income. That cap is no longer, and so regardless of the amount, folks have to pay back that excess amount.

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00:22:27.970 --> 00:22:43.619

Molly Tasso | JSI: The bill also effectively ends auto-enrollment for people who are enrolled in marketplace coverage, but who don't take action during open enrollment. The law requires pre-enrollment verification for things such as income, immigration status, and family size.

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00:22:43.650 --> 00:22:48.200

Molly Tasso | JSI: And this new provision will go into effect in January 2028.

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00:22:48.830 --> 00:23:01.489

Molly Tasso | JSI: And then also taking effect that year are changes to rules about provider taxes and state-directed payments, which, at a very high level, will simply reduce states' ability to draw down matching federal funds

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00:23:01.510 --> 00:23:17.770

Molly Tasso | JSI: which support state Medicaid programs. So that's a very high-level overview of the changes that are sort of coming down the pike. Happy to answer any questions about these during today's Q&A. But with that, I'm going to hand it over to Liesl to walk us through how we can prepare for this year's open enrollment.

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00:23:18.630 --> 00:23:28.010

Liesl Lu | JSI: Awesome, thanks so much, Molly. Yes, and if you have questions, please feel free to chat them in. We will note them down and address them during the Q&A period at the end of the webinar.

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00:23:28.190 --> 00:23:32.570

Liesl Lu | JSI: So now let's take a look at what you can do to prepare for open enrollment.

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Liesl Lu | JSI: So, as Molly went over, open enrollment for 2026 health coverage is just around the corner. It begins on November 1st and runs through January 15th of 2026, and to have coverage that starts January 1st, which is the earliest new coverage can begin, folks need to enroll by December 15th.

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Liesl Lu | JSI: And if folks enroll after December 15th and up to January 15th, coverage will begin on February 1st.

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Liesl Lu | JSI: And so, just a note, one of the flexibilities that state-based marketplaces, or SBMs, have is to elongate their open enrollment period. So, if you're in one of the state-based marketplace states that we noted on the map slide a couple... a couple minutes ago, you'll want to check with your state marketplace website to see

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00:24:18.410 --> 00:24:21.490

Liesl Lu | JSI: if the open enrollment dates in your states are different.

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00:24:22.770 --> 00:24:37.549

Liesl Lu | JSI: So there are four key steps your programs can take now to get staff and clients ready for open enrollment. They include conduct training and build enrollment staff capacity, build enrollment partnerships, conduct account tune-ups,

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00:24:37.780 --> 00:24:42.009

Liesl Lu | JSI: and assess health plans and conduct client outreach. So we'll go through each of those.

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00:24:43.810 --> 00:24:51.429

Liesl Lu | JSI: So, a first key step during this period of time is to increase your internal and external enrollment capacity, starting with training.

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00:24:51.530 --> 00:24:58.610

Liesl Lu | JSI: We first encourage programs to train all of your staff on the basics of health insurance and enrollment, and this means

127

00:24:58.610 --> 00:25:15.329

Liesl Lu | JSI: helping staff across your program improve their health insurance literacy and understand key considerations for people with HIV, like making sure that the client's HIV medications are covered, and understanding how the Ryan White program, including ADAP, may be able to help cover insurance costs.

128

00:25:15.840 --> 00:25:35.559

Liesl Lu | JSI: Another important component of staff training is getting staff ready to conduct account tune-up appointments for eligible clients. So this is a strategy designed to troubleshoot and gather information ahead of the open enrollment period by conducting pre-enrollment sessions, and we'll talk more about this process in more detail in a few slides.

129

00:25:37.480 --> 00:25:45.339

Liesl Lu | JSI: So many Ryan White program providers choose to have some or all of their staff trained as Certified Application Counselors, or CACs.

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00:25:45.430 --> 00:26:04.599

Liesl Lu | JSI: The CAC training is a free CMS training available to individuals who live in states that use the federal healthcare.gov marketplace platform, and this training is helpful for case managers who are conducting enrollment activities, as well as anyone who may be helping clients work through marketplace coverage challenges.

131

00:26:04.890 --> 00:26:24.730

Liesl Lu | JSI: One important thing to note is that CAC staff need to be associated with a CDO, which is also known as a CAC-designated organization, and this means that your workplace or affiliated program has to go through a formal certification process with CMS first in order to have CACs on staff.

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00:26:24.760 --> 00:26:28.719

Liesl Lu | JSI: And so we're going to chat out a link to the CMS with more information.

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00:26:29.700 --> 00:26:41.559

Liesl Lu | JSI: And for those of you who live in states that don't use healthcare.gov and instead use your own state-based marketplace platform, we encourage you to seek out trainings offered through your state's Department of Insurance.

134

00:26:41.710 --> 00:26:50.949

Liesl Lu | JSI: In general, we recommend that all Ryan White program staff who are working with clients on enrollment be trained and certified as enrollment assisters.

135

00:26:54.310 --> 00:27:05.229

Liesl Lu | JSI: So we also acknowledge that having all the enrollment capacity in-house simply might not be an option for some of you, and so we encourage programs in this situation to build enrollment partnerships.

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00:27:05.360 --> 00:27:17.309

Liesl Lu | JSI: So what this can look like is, identifying and establishing partnerships with health insurance agents, brokers, navigators, CACs, and other enrollment assisters in your community.

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00:27:17.450 --> 00:27:25.530

Liesl Lu | JSI: These assisters may be within your larger organization or health center, or they may be located at a partner organization.

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00:27:26.280 --> 00:27:39.879

Liesl Lu | JSI: And so, if your program is leveraging outside enrollment assistance, you want to make sure that assister partners are aware of how the Ryan White program, including ADAP, supports clients with HIV, including insurance purchasing assistance.

139

00:27:42.930 --> 00:27:59.479

Liesl Lu | JSI: The third key step is to conduct account tune-ups. So I've mentioned this a few times, but I haven't described it fully, so I will do that now. Over the next few slides, I'm going to walk through what an account tune-up appointment is, and discuss how it can help prepare your clients for a speedy and successful enrollment.

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00:27:59.600 --> 00:28:04.969

Liesl Lu | JSI: We encourage Ryan White Program case managers and other staff to conduct account tune-ups in the weeks

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00:28:05.200 --> 00:28:09.370

Liesl Lu | JSI: and hopefully you can use these next year, in the months leading up to open enrollment.

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00:28:09.690 --> 00:28:23.969

Liesl Lu | JSI: As a high-level overview, an account tune-up is simply an appointment or meeting that you have with your client before open enrollment actually begins to help prepare them for open enrollment. So there are four general steps involved in an account tune-up appointment.

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00:28:24.270 --> 00:28:31.400

Liesl Lu | JSI: having to do with paperwork, finances, Ryan White program enrollment, and client education. And I'll go through each of those steps now.

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00:28:33.070 --> 00:28:42.410

Liesl Lu | JSI: So the first step in an account tune-up is to review and organize any paperwork that a client may have received from their insurance company or the marketplace.

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00:28:42.570 --> 00:28:54.390

Liesl Lu | JSI: 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'll be really helpful to have all that information organized in one place.

146

00:28:54.980 --> 00:29:14.729

Liesl Lu | JSI: You can also use this time to 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. This is also a good time to make sure a client is able to actually log into their Marketplace account and take care of any username or password issues that may be preventing them from logging in.

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00:29:15.100 --> 00:29:20.049

Liesl Lu | JSI: And then, of course, if a client doesn't have an account yet with Marketplace,

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00:29:20.270 --> 00:29:29.250

Liesl Lu | JSI: with healthcare.gov, you can go ahead and help, set them... set up one ahead of time, so that is all set, before enrollment takes place.

149

00:29:30.270 --> 00:29:40.929

Liesl Lu | JSI: Lastly, you can use the time during this appointment to review insurance documents, and make sure clients have no outstanding payments or credits on their account if a client has an outstanding balance.

150

00:29:41.320 --> 00:29:51.590

Liesl Lu | JSI: If they do have an outstanding balance, this may cause their insurance plan not to effectuate or start come January or February 1st, and could leave a client without insurance for a period of time.

151

00:29:54.660 --> 00:30:08.960

Liesl Lu | JSI: The second step in an account tune-up is to review a client's finances. So specifically, 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.

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00:30:08.980 --> 00:30:14.970

Liesl Lu | JSI: This will ensure that they remain eligible for this financial assistance during the upcoming plan year.

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00:30:15.520 --> 00:30:23.270

Liesl Lu | JSI: You can also take this time to estimate a client's 2026 income and report any changes to the marketplace via their online account.

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00:30:23.560 --> 00:30:32.100

Liesl Lu | JSI: By doing this, it will help ensure that they receive the correct amount of financial assistance, and hopefully avoid any issues or surprises come tax season.

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00:30:35.530 --> 00:30:48.459

Liesl Lu | JSI: The third step in an account tune-up appointment is to confirm that the client's

enrollment into ADAP is up-to-date, which will ensure that they will be eligible for financial assistance through the Ryan White program once open enrollment begins.

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00:30:48.700 --> 00:31:01.569

Liesl Lu | JSI: So if you figure out that the client's enrollment is due for recertification during open enrollment, we encourage you to go ahead and help them recertify early. This will eliminate any potential issues with eligibility for financial assistance

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00:31:01.570 --> 00:31:09.059

Liesl Lu | JSI: once a client is enrolled into a plan, and will give the client peace of mind that all of their required paperwork and certifications are up to date.

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00:31:09.190 --> 00:31:14.030

Liesl Lu | JSI: And it's also one less thing to worry about during open enrollment, once it begins.

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00:31:17.000 --> 00:31:32.349

Liesl Lu | JSI: The last step in an account tune-up is to help your client identify their coverage priorities. So this includes writing down which HIV and non-HIV medications they currently take, identify who their preferred providers they would like to see, or continue seeing

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00:31:32.350 --> 00:31:39.730

Liesl Lu | JSI: and to be covered by their health coverage plan, and discussing how their coverage needs may be changing in the coming year.

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00:31:40.090 --> 00:31:48.869

Liesl Lu | JSI: With these coverage priorities identified, a client will have all the information they need to review plans and determine which plan best meets their financial and health needs.

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00:31:49.470 --> 00:32:00.509

Liesl Lu | JSI: So overall, a key aim of the account tune-up appointment is to provide dedicated



time to educate clients on the importance of health coverage and answer key questions before open enrollment actually begins.

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00:32:02.500 --> 00:32:11.169

Liesl Lu | JSI: And we have documented all of these steps in a tool, so all those four steps that I just went over as part of an account tune-up appointment with your client

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00:32:11.170 --> 00:32:22.980

Liesl Lu | JSI: is detailed in this tool that's shown here on the screen, and we'll make it available on our TA4HIV.org site soon. As Jared mentioned, we will be letting you all know once those tools have been posted.

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00:32:25.800 --> 00:32:34.629

Liesl Lu | JSI: And so finally, back looking at our broader steps for preparing for open enrollment, it also includes assessing health plans and conducting client outreach.

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00:32:34.790 --> 00:32:43.290

Liesl Lu | JSI: If you're a Ryan White program recipient and are responsible for purchasing health insurance, this is the time to assess all plan options, including off-marketplace plans.

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00:32:43.470 --> 00:33:03.309

Liesl Lu | JSI: We know that plan information becomes available at different times in different states, so we would encourage you to identify a third-party organization, if you don't already have one, to help you do a plan assessment once that information becomes available. And once that assessment is complete, it's important to train subrecipient staff on those available plan options.

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00:33:03.860 --> 00:33:20.400

Liesl Lu | JSI: If you're a Ryan White program-funded direct service provider, you can check in with your state's ADAP to learn if they are making plan recommendations and to learn about financial assistance options available to your clients, or even do some research yourself so you can understand what options

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00:33:20.630 --> 00:33:22.339

Liesl Lu | JSI: clients will have this year.

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00:33:22.820 --> 00:33:32.159

Liesl Lu | JSI: And afterwards, you want to make sure to train your program staff on these plan options as soon as they've been assessed, and then finally start scheduling enrollment appointments with clients.

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00:33:34.180 --> 00:33:38.290

Liesl Lu | JSI: And finally, a few tips that we have for working with insurance companies.

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00:33:38.690 --> 00:33:48.899

Liesl Lu | JSI: It's really important to develop relationships with insurance companies if you can, so that if issues arise, you have a point of contact that can help you quickly and smoothly resolve them.

173

00:33:49.000 --> 00:34:02.519

Liesl Lu | JSI: So, a few tips that we've heard from some of your peers over the years is: the first is to work with insurance companies in your state to get help reviewing the plans to identify which ones could be sponsored by the Ryan White Program and ADAP.

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00:34:03.270 --> 00:34:09.079

Liesl Lu | JSI: The second tip is to set up a process to make emergency premium payments via credit card.

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00:34:09.330 --> 00:34:25.069

Liesl Lu | JSI: And the reason for doing this is to avoid any gaps in coverage and medication access. So this can take some time to set up, so we do recommend you reach out as early as you can, so that everything is in place if and when you need it. But it can be a real lifesaver

when you do need it.

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00:34:25.719 --> 00:34:32.609

Liesl Lu | JSI: So with some of this prep work, we hope that it sets you and your programs up for a very smooth and efficient open enrollment period.

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00:34:34.690 --> 00:34:38.999

Liesl Lu | JSI: And now we're gonna do two polls. First,

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00:34:39.090 --> 00:34:44.550

Liesl Lu | JSI: what types of marketplace resources would be most helpful to give your clients?

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00:34:44.550 --> 00:35:03.480

Liesl Lu | JSI: And so here we're looking at the type of resource. Would it be a printable PDF fact sheet, a palm card, brochure, or half-sheet printout, an online fact sheet, an online frequently asked question or FAQ, or something else? You can chat in and let us know if you have another idea.

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00:35:03.810 --> 00:35:16.649

Liesl Lu | JSI: We really, really value getting this information from you all to help determine how we develop new tools and repurpose existing tools into new formats that are more easily accessible for you and for your clients.

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00:35:17.070 --> 00:35:22.250

Liesl Lu | JSI: So we'll just give it a couple of moments here.

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00:35:22.380 --> 00:35:30.070

Liesl Lu | JSI: For folks to... to select which ones you'd prefer, and which ones your clients would prefer, and this is check all that... check all that apply.

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00:35:32.980 --> 00:35:36.910

Liesl Lu | JSI: Alright, so we will close the poll.

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00:35:37.070 --> 00:35:40.740

Liesl Lu | JSI: And...

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00:35:41.090 --> 00:35:57.589

Liesl Lu | JSI: The most popular here seems like a printable PDF fact sheet at 70%, and 53% of you are saying that a palm card brochure or half-sheet printout would also be really useful. So those are the two leading options, and thank you to those of you that are chatting in,

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00:35:57.910 --> 00:36:03.010

Liesl Lu | JSI: chatting in additional options, we really appreciate that. All right, we will go to the next poll.

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00:36:05.620 --> 00:36:14.790

Liesl Lu | JSI: And so this poll is, what topics would be helpful for new marketplace resources to cover? Is it marketplace eligibility for specific populations?

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00:36:14.790 --> 00:36:28.249

Liesl Lu | JSI: conducting marketplace plan analysis, the relationship between paying taxes and marketplace eligibility, or something else, and you can let us know in the chat. So here is the window to select all that apply.

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00:36:28.530 --> 00:36:36.670

Liesl Lu | JSI: And then I'll just give you a few moments to respond. So again, it's what topics would be most helpful for new marketplace resources to cover for

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00:36:38.120 --> 00:36:40.190

Liesl Lu | JSI: For your staff and for clients.

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00:36:44.290 --> 00:36:47.370

Liesl Lu | JSI: And if you have additional ideas, you can chat it in.

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00:36:47.530 --> 00:36:56.420

Liesl Lu | JSI: And you can also always email us at [acetacenter@jsi.org](mailto:acetacenter@jsi.org) if you have ideas that you'd like to share with us. We always,

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00:36:56.730 --> 00:36:58.510

Liesl Lu | JSI: always love to hear from you all.

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00:37:00.710 --> 00:37:03.909

Liesl Lu | JSI: Okay, so we will,

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00:37:03.910 --> 00:37:22.009

Liesl Lu | JSI: wrap up this poll, and it looks like 73% of you are saying marketplace eligibility for specific populations, so if you have specific populations in mind, actually, if you want to chat those in, that would be really helpful, actually. We are excited to be sharing a new fact sheet on

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00:37:22.010 --> 00:37:34.990

Liesl Lu | JSI: people leaving in carceral settings in a couple of months, and have a new fact sheet out on that, and we'll be hosting a webinar later this year. So we're excited that that is coming, but if there are additional specific populations,

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00:37:35.040 --> 00:37:37.660

Liesl Lu | JSI: that would be helpful; we'd love to hear those.

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00:37:37.870 --> 00:37:47.460

Liesl Lu | JSI: And then it looks like 62% on the relationship between paying taxes and marketplace eligibility. So that's super helpful to know, and we'll take that into consideration.

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00:37:48.690 --> 00:37:49.770

Liesl Lu | JSI: Alright.

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00:37:49.980 --> 00:37:55.009

Liesl Lu | JSI: Well, thank you so much, and I'm gonna now pass it on to Christine to jump into Medicare.

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00:37:56.870 --> 00:38:06.550

Christine Luong | JSI: Thank you so much, Liesl, and good afternoon, everybody. I am very excited to be here with you all today to talk about Medicare Open Enrollment.

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00:38:08.620 --> 00:38:24.930

Christine Luong | JSI: Next slide, great. So we'll start with the basics. Medicare, what is it? Medicare is a federal health insurance program that provides coverage in the form of three Medicare parts, A, B, and D.

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00:38:25.140 --> 00:38:36.970

Christine Luong | JSI: Medicare Part A is hospital coverage, and that includes things like inpatient hospital stays, skilled nursing facility care, hospice care, and home health care, among other things.

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00:38:37.370 --> 00:38:55.130

Christine Luong | JSI: Medicare Part B is medical coverage. That includes outpatient services from doctors and other healthcare providers. It includes preventive services, physician-administered medications, home health care, durable medical equipment, and some other things as well.

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00:38:55.380 --> 00:39:06.029

Christine Luong | JSI: And then Medicare Part D is prescription drug coverage for outpatient drugs, and this includes all HIV antiretroviral medications as well.

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00:39:06.270 --> 00:39:11.110

Christine Luong | JSI: Each of these parts have their own premiums and cost-sharing requirements.

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00:39:13.450 --> 00:39:26.210

Christine Luong | JSI: There are two different ways that you can get Medicare coverage, either through Original Medicare or Medicare Advantage, and here on this slide, I'll just provide a high-level overview of each of these options.

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00:39:26.390 --> 00:39:28.929

Christine Luong | JSI: So, let's start with Original Medicare.

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00:39:29.250 --> 00:39:35.040

Christine Luong | JSI: This includes Part A hospital insurance, and Part B medical insurance.

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00:39:35.130 --> 00:39:51.570

Christine Luong | JSI: With Original Medicare, you have the option to add on Part D prescription drug coverage, as well as Medigap supplemental coverage to help with the out-of-pocket costs associated with Original Medicare, if that's something that you need.

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00:39:51.810 --> 00:40:02.439

Christine Luong | JSI: Original Medicare is administered by the federal government, and the benefits that you get from this option are going to look the same no matter which state you live in.

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00:40:03.070 --> 00:40:18.169

Christine Luong | JSI: And then, for Medicare Advantage, this is also called Medicare Part C. This is a single plan that bundles Part A, Part B, and often Part D coverage as well, all into one plan.

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00:40:18.430 --> 00:40:25.740

Christine Luong | JSI: Advantage plans can sometimes have lower out-of-pocket costs for some services compared to Original Medicare.

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00:40:26.350 --> 00:40:37.420

Christine Luong | JSI: Advantage plans often offer extra benefits that Original Medicare doesn't cover, so that might include things like vision, dental, or hearing coverage.

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00:40:38.370 --> 00:40:53.450

Christine Luong | JSI: Advantage plans are administered by private insurance companies that contract with the federal government. And each Advantage Plan's provider network, coverage, and costs, can look different depending on where you live.

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00:40:57.090 --> 00:41:10.519

Christine Luong | JSI: To qualify for Medicare, you must be a U.S. citizen or a legal resident for at least 5 years. Assuming you meet that requirement, there are 3 potential pathways to Medicare eligibility.

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00:41:10.720 --> 00:41:16.509

Christine Luong | JSI: The first one is if you are age 65 or older, and this is the aging pathway.

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00:41:17.260 --> 00:41:25.449

Christine Luong | JSI: The second is if you are under age 65 and have a qualifying disability. This is called the disability pathway.



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00:41:25.850 --> 00:41:38.959

Christine Luong | JSI: And the third is if you have end-stage renal disease, ESRD, or ALS, also known as Lou Gehrig's disease. And just one quick note here about the disability pathway in particular,

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00:41:39.020 --> 00:41:49.530

Christine Luong | JSI: having an HIV diagnosis on its own is not considered a qualifying disability for the purposes of Medicare eligibility.

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00:41:52.600 --> 00:42:07.530

Christine Luong | JSI: There are a few different enrollment pathways, for someone to get Medicare coverage for the very first time, and it depends on your specific life circumstances. So I'm going to start with the top left here.

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00:42:07.530 --> 00:42:14.640

Christine Luong | JSI: So, if you receive Social Security Disability Insurance, or SSDI, benefits.

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00:42:14.670 --> 00:42:20.430

Christine Luong | JSI: or if you receive Social Security retirement benefits as early as age 62,

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00:42:20.540 --> 00:42:35.219

Christine Luong | JSI: you will automatically be enrolled in Medicare Parts A and B, again, which is Original Medicare, and that'll happen when you turn 65. Your Medicare card will be mailed to you 3 months before your 65th birthday.

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00:42:35.990 --> 00:42:49.359

Christine Luong | JSI: If you don't receive Social Security benefits, the most common enrollment pathway is called the Initial Enrollment Period, or the IEP, and this is specifically for people who are turning 65.

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00:42:50.440 --> 00:43:03.039

Christine Luong | JSI: If you don't receive Social Security benefits, and you didn't sign up during your initial enrollment period, you could qualify for a Medicare Special Enrollment Period, or SEP.

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00:43:03.040 --> 00:43:14.230

Christine Luong | JSI: Based on if you experienced a specific life event. That includes things like if you moved, if you lost or changed your health coverage, etc.

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00:43:14.760 --> 00:43:32.929

Christine Luong | JSI: And then lastly, if you don't receive Social Security benefits, you did not sign up during your initial enrollment period, and you don't qualify for any special enrollment periods, you can enroll during what's called the General Enrollment Period, or GEP.

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00:43:33.160 --> 00:43:41.109

Christine Luong | JSI: And, over the next few slides, I'll go into some more detail about the IEP, SEP, and GEP.

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00:43:43.950 --> 00:43:53.339

Christine Luong | JSI: So, starting with the IEP, this is a 7-month period that is centered around the month that you turn 65.

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00:43:53.710 --> 00:44:02.940

Christine Luong | JSI: Some people call this the 3-1-3 period, and that's because it includes the 3 months before your birthday month,

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00:44:03.080 --> 00:44:09.859

Christine Luong | JSI: it includes the month that you turn 65, and that includes the 3 months after your birthday month.

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00:44:10.010 --> 00:44:25.919

Christine Luong | JSI: So, for example, if my 65th birthday was October 15th, my initial enrollment period would begin 3 months prior on July 1st, and it would end 3 months after on January 31st of the following year.

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00:44:26.570 --> 00:44:39.339

Christine Luong | JSI: If you sign up for Medicare during those first 3 months of your IEP, your Medicare coverage will begin on the first day of your birthday month, so that's the 4th month of the IEP.

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00:44:40.190 --> 00:44:46.750

Christine Luong | JSI: If you sign up during your birthday month, or during the last 3 months of your IEP,

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00:44:46.990 --> 00:44:53.100

Christine Luong | JSI: your Medicare coverage will begin on the first day of the month after you've enrolled.

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00:44:53.960 --> 00:45:01.179

Christine Luong | JSI: And for those of you, who have a birthday that happens to fall on the first of the month,

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00:45:01.220 --> 00:45:15.329

Christine Luong | JSI: your IEP is still going to be 7 months long, but that distribution is going to be shifted one month earlier, so instead of a 3-1-3 distribution, it'll look like a 4-1-2 distribution.

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00:45:18.810 --> 00:45:19.680

Christine Luong | JSI: Next.

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00:45:19.780 --> 00:45:20.610

Christine Luong | JSI: Great.

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00:45:20.730 --> 00:45:31.089

Christine Luong | JSI: And then let's talk a little bit about SEPs. So there are many different types of Medicare SEPs. On this slide today, we are going to focus

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00:45:31.150 --> 00:45:41.400

Christine Luong | JSI: specifically on the special enrollment period for Medicare-eligible people who continue to work after age 65.

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00:45:41.860 --> 00:45:56.630

Christine Luong | JSI: So, if you are still working and keeping your employer-sponsored insurance, you are not required to sign up for Medicare when you turn 65, which, again, would be during that 7-month IEP.

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00:45:56.980 --> 00:46:06.659

Christine Luong | JSI: In some cases, though, if you have enough Social Security work credits, and you qualify for Premium Free Part A,

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00:46:06.820 --> 00:46:18.290

Christine Luong | JSI: you may want to enroll in Medicare Part A when you turn 65 during your IEP, but you can defer enrollment in Medicare Part B until later on.

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00:46:19.200 --> 00:46:27.799

Christine Luong | JSI: So, when you retire, or you otherwise lose your employer-sponsored insurance after age 65,

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00:46:27.920 --> 00:46:41.420

Christine Luong | JSI: you will then qualify for an 8-month long special enrollment period to help

you transition to Medicare coverage and enroll in the Medicare part or parts that you don't already have.

248

00:46:41.670 --> 00:46:47.440

Christine Luong | JSI: And this special enrollment period begins when your employer coverage ends.

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00:46:50.330 --> 00:47:03.309

Christine Luong | JSI: So that was just one example of an SEP. There are a number of other ones available for different circumstances, so we've highlighted a few of them here. This is not an exhaustive list, though. So...

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00:47:03.480 --> 00:47:13.009

Christine Luong | JSI: If you are impacted by a specific, local, state, or national emergency or disaster, you may qualify for an SEP.

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00:47:13.270 --> 00:47:30.120

Christine Luong | JSI: If your employer or your health plan made an error that affected your enrollment, you might qualify for that SEP. If you enrolled in a Medicare plan that was based on misleading marketing information,

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00:47:30.200 --> 00:47:37.990

Christine Luong | JSI: you may qualify for an SEP. If you were recently incarcerated or formerly incarcerated,

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00:47:38.000 --> 00:47:57.239

Christine Luong | JSI: you may qualify for an SEP as well, and as I said, there are many more situations that might be applicable. And as a reminder, starting in 2024, individuals who sign up for Medicare Parts A or B during a special enrollment period

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00:47:57.300 --> 00:48:10.209

Christine Luong | JSI: because of an exceptional condition, will have 2 months to join a Medicare Advantage plan, or add on a Part D prescription drug plan to their original Medicare coverage.

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00:48:10.210 --> 00:48:17.930

Christine Luong | JSI: And these, what are called, exceptional circumstances, are reviewed on a case-by-case basis. And we'll chat out a link

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00:48:17.930 --> 00:48:24.540

Christine Luong | JSI: with more information about all the different Medicare special enrollment periods that are available.

257

00:48:28.450 --> 00:48:38.669

Christine Luong | JSI: Okay, and if you did not enroll during your initial enrollment period when you turned 65, and you didn't qualify for any of those special enrollment periods,

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00:48:38.680 --> 00:48:48.900

Christine Luong | JSI: you can enroll during the General Enrollment Period, or GEP. This takes place every year from January 1st to March 31st.

259

00:48:49.180 --> 00:48:54.540

Christine Luong | JSI: And coverage will begin on the first of the month after you enroll.

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00:48:54.980 --> 00:49:10.599

Christine Luong | JSI: However, you should be aware that if you wait until this GEP to enroll in coverage for the first time, there's a chance that you might have to pay a late enrollment penalty for Part A coverage if you didn't qualify for Premium III Part A.

261

00:49:10.610 --> 00:49:16.630

Christine Luong | JSI: And you may have to pay a late enrollment penalty for Part B coverage as well.

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00:49:17.110 --> 00:49:21.679

Christine Luong | JSI: After you sign up for Medicare Part A with the premium,

263

00:49:21.820 --> 00:49:30.419

Christine Luong | JSI: and or Part B, you then have 2 months to enroll in Medicare Part D if you'd like to add on prescription drug coverage.

264

00:49:33.500 --> 00:49:52.889

Christine Luong | JSI: But regardless of which of these enrollment pathways you choose to take, rest assured that after you've signed up for Medicare for the first time, you definitely can make changes to your plan choices during specific times, specific times of the year. And these timeframes are different depending on

265

00:49:52.890 --> 00:50:01.380

Christine Luong | JSI: whether you have Original Medicare or Medicare Advantage. So, on this next slide, I'll walk through those two different options.

266

00:50:02.140 --> 00:50:15.690

Christine Luong | JSI: So, I'm going to start with the left part of the slide in orange. Right now, we are currently in the Medicare open enrollment period, which takes place from October 15th to December 7th every year.

267

00:50:15.860 --> 00:50:30.669

Christine Luong | JSI: During this particular open enrollment period, anyone that has Medicare coverage, whether it's through Original Medicare or Medicare Advantage, can make changes to their medical and prescription drug coverage for the following year.

268

00:50:30.840 --> 00:50:34.800

Christine Luong | JSI: And then those changes will take effect on January 1st.

269

00:50:35.400 --> 00:50:54.439

Christine Luong | JSI: And then on the right-hand side, there is the Medicare Advantage Open Enrollment Period. This takes place from January 1st to March 31st every year. You may notice that this is the same timeframe as the general enrollment period for people who are enrolling for the very first time.

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00:50:54.540 --> 00:51:04.680

Christine Luong | JSI: But for this specific open enrollment period, this is for people who already have Medicare Advantage coverage, specifically.

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00:51:04.790 --> 00:51:17.969

Christine Luong | JSI: And they can choose to either switch from one Medicare Advantage plan to another Medicare Advantage plan, or they can switch from a Medicare Advantage plan back to Original Medicare.

272

00:51:18.290 --> 00:51:27.959

Christine Luong | JSI: And any changes that are made during this open enrollment period will take effect on the first of the month after the plan receives the request.

273

00:51:31.870 --> 00:51:38.389

Christine Luong | JSI: And now, looking ahead, there are a few changes to Medicare coverage for the 2026 plan year.

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00:51:38.770 --> 00:51:56.070

Christine Luong | JSI: So, first up, we have the cap on Medicare Part D out-of-pocket costs. This cap has increased from \$2,000 in 2025 to \$2,100 in 2026.

275



00:51:56.250 --> 00:52:08.349

Christine Luong | JSI: If you recall, this concept of the out-of-pocket Medicare Part D cap was first introduced on January 1st of this year, 2025. So as a reminder,

276

00:52:08.410 --> 00:52:24.630

Christine Luong | JSI: all Ryan White and ADAP contributions and Extra Health contributions do count towards this out-of-pocket cap. And once that cap has been reached, the beneficiary does not have to pay any co-pays or coinsurance

277

00:52:24.670 --> 00:52:29.669

Christine Luong | JSI: for any Medicare Part D covered services for the rest of the plan year.

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00:52:30.820 --> 00:52:40.800

Christine Luong | JSI: Second, there are new negotiated prices for 10 specific brand name drugs that are covered by Medicare Parts B and D.

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00:52:41.080 --> 00:52:48.519

Christine Luong | JSI: These drugs are used to treat conditions such as diabetes, heart failure, and rheumatoid arthritis, among some other things.

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00:52:49.050 --> 00:52:59.849

Christine Luong | JSI: And then, finally, there is a new type of service called Advanced Primary Care Management Services, and this is now covered by Medicare Part B.

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00:52:59.950 --> 00:53:17.160

Christine Luong | JSI: This is a service where your doctor or your other healthcare provider coordinates and tailors care to your needs, gives you 24-7 access to your care team or your provider, comprehensive care management, management of care transitions, and more.

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00:53:17.280 --> 00:53:21.200

Christine Luong | JSI: And I will say also the Medicare and You Handbook

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00:53:21.340 --> 00:53:31.619

Christine Luong | JSI: is a great resource to stay up to date on what's new for the upcoming plan year. So we'll chat out a link to the 2026 handbook for your reference.

284

00:53:35.680 --> 00:53:49.089

Christine Luong | JSI: So now, shifting gears a little bit, we want to go over some best practices that frontline staff should keep in mind when they are supporting clients to enroll in Medicare.

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00:53:49.190 --> 00:54:08.450

Christine Luong | JSI: And the four best practices that we will talk about today are to ensure continuity of coverage, actively enroll in coverage, avoid penalties, and provide one-on-one enrollment support. So the next few slides will look at each of these best practices in a little bit more detail.

286

00:54:11.720 --> 00:54:24.390

Christine Luong | JSI: So the best, first best practice is to ensure continuity of coverage for your client's existing healthcare providers and their current medications whenever that's possible.

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00:54:24.580 --> 00:54:32.310

Christine Luong | JSI: So, it's very important for case managers to confirm with their clients that their current providers accept Medicare.

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00:54:32.600 --> 00:54:39.710

Christine Luong | JSI: You can do this by, either visiting Medicare.gov and using the Care Compare tool.

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00:54:40.840 --> 00:54:56.069

Christine Luong | JSI: Or you can help your clients call their providers directly, letting them know

that the client's insurance is going to be changing to Medicare soon, and confirming whether the provider accepts Original Medicare or Medicare Advantage.

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00:54:56.980 --> 00:55:09.270

Christine Luong | JSI: If the provider states that their preferred plan is a Medicare Advantage plan, make sure to ask whether they are referring to an HMO plan or a PPO plan, because that can make a difference.

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00:55:10.030 --> 00:55:24.260

Christine Luong | JSI: Case managers should also help their clients compare Medicare drug plans in their area, and choose one that's going to cover both their HIV medications and their non-HIV medications.

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00:55:24.470 --> 00:55:33.269

Christine Luong | JSI: And you can do this by visiting Medicare.gov and using the Plan Compare tool. And we'll chat out the links to both of these resources

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00:55:33.590 --> 00:55:42.390

Christine Luong | JSI: And as a reminder, the Ryan White program, including ADAP, may help pay for Medicare premiums, deductibles, and pill payments.

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00:55:46.890 --> 00:55:53.369

Christine Luong | JSI: Best practice number two is to help clients actively enroll in Medicare coverage.

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00:55:53.770 --> 00:56:02.069

Christine Luong | JSI: So, for clients who choose to go with Original Medicare, again, that includes Medicare Part A and Medicare Part B,

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00:56:02.250 --> 00:56:07.940

Christine Luong | JSI: they should be enrolling through the Social Security Administration, or SSA.gov.

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00:56:08.410 --> 00:56:23.099

Christine Luong | JSI: For clients who choose Medicare Advantage, or for clients who have Original Medicare and want to add on Medicare Part D prescription drug coverage or Medigap Supplemental Insurance,

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00:56:23.220 --> 00:56:26.730

Christine Luong | JSI: they should enroll through Medicare.gov.

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00:56:27.140 --> 00:56:29.869

Christine Luong | JSI: It is worth keeping in mind, though, that

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00:56:30.080 --> 00:56:47.479

Christine Luong | JSI: like, most people are eligible... who are eligible for Medicare have to actively enroll coverage, but there is a small group of folks who are automatically enrolled in coverage. And this includes people who are already receiving Social Security retirement benefits.

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00:56:47.780 --> 00:56:57.740

Christine Luong | JSI: It includes people who are under age 65, with a qualifying disability who have received at least 24 months of SSDI benefits.

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00:56:58.040 --> 00:57:02.420

Christine Luong | JSI: And it includes people with end-stage renal disease, or ALS.

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00:57:06.170 --> 00:57:14.990

Christine Luong | JSI: Best practice number 3 is to avoid penalties by enrolling when you're first eligible for Medicare coverage.

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00:57:15.270 --> 00:57:29.329

Christine Luong | JSI: It's very important to do this. Usually, this is going to be during the client's initial enrollment period, when they turn 65, in order to avoid late enrollment penalties and minimize any gaps in coverage.

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00:57:29.780 --> 00:57:48.539

Christine Luong | JSI: So, you can create automated reminders in the client's EHR, or medical case managers can flag any clients who are approaching their 65th birthday, or any clients who will soon be receiving their 25th month of SSDI benefits.

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00:57:49.130 --> 00:58:06.620

Christine Luong | JSI: This reminder is also a great opportunity to start having those discussions with clients about their healthcare needs and preferences, which may change over time. Discuss whether Original Medicare or Medicare Advantage makes more sense for them.

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00:58:06.710 --> 00:58:09.630

Christine Luong | JSI: And to start scheduling enrollment appointments.

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00:58:12.440 --> 00:58:20.060

Christine Luong | JSI: And then finally, best practice number four is to provide one-on-one enrollment support.

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00:58:20.480 --> 00:58:28.980

Christine Luong | JSI: Ryan White programs can do this by establishing a relationship with their local State Health Insurance Assistance Program, or SHIP.

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00:58:29.340 --> 00:58:38.919

Christine Luong | JSI: Which provides local and objective one-on-one counseling and assistance to Medicare-eligible individuals, their families, and their caregivers.

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00:58:39.210 --> 00:58:56.559

Christine Luong | JSI: CHIP counselors are highly trained, and they can help clients with reviewing their health and drug plan options, exploring financial assistance options, explaining how Medicare works with other types of health coverage, like Medicaid or employer-sponsored insurance, for example.

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00:58:56.650 --> 00:59:09.479

Christine Luong | JSI: And they can also help with more complex issues, such as if they're dually eligible for Medicare and Medicaid, and also walking through eligibility for state Medicare savings programs as well.

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00:59:11.800 --> 00:59:30.680

Christine Luong | JSI: So, your organization can choose to refer clients to your local SHIP for external Medicare enrollment support, or you can consider supporting staff within your agency to become trained SHIP counselors themselves in order to build your internal enrollment capacity.

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00:59:31.390 --> 00:59:36.519

Christine Luong | JSI: Ryan White and ADAP program staff are ideal ship counselors because

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00:59:36.610 --> 00:59:54.460

Christine Luong | JSI: they understand the eligibility requirements for both Medicare and the Ryan White program, they understand the unique coverage needs of people with HIV, and they also have a deeper understanding of any state-specific programs that are available to support Ryan White clients.

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00:59:55.240 --> 01:00:09.489

Christine Luong | JSI: The training and the certification requirements vary from state to state, but it typically includes a mix of self-paced online trainings, webinars, and virtual or in-person group trainings.

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01:00:09.490 --> 01:00:15.950

Christine Luong | JSI: There is no cost associated with SHIP trainings or certification, and is considered voluntary.

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01:00:16.620 --> 01:00:24.280

Christine Luong | JSI: In order to become a SHIP counselor, the organization that you work for must first be a SHIP-certified site.

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01:00:24.330 --> 01:00:39.600

Christine Luong | JSI: So if your organization is not already a SHIP site, your program director can reach out to your state's Department of Public Health or to your local SHIP program to find out more about the qualifications for becoming a SHIP-certified organization.

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01:00:39.600 --> 01:00:44.729

Christine Luong | JSI: And we'll chat out a link, to where you can find your local SHIP program.

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01:00:48.530 --> 01:00:58.620

Christine Luong | JSI: All right, so let's transition to some polls. We would really like to hear from you all about your experience with your local SHIP programs.

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01:00:58.920 --> 01:01:02.519

Christine Luong | JSI: So let's launch the poll.

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01:01:07.900 --> 01:01:11.729

Christine Luong | JSI: If someone from my team could launch poll number 4...

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01:01:13.180 --> 01:01:23.720

Christine Luong | JSI: Great. So the question is, what challenges have you faced when

connecting with a SHIP counselor? So you can select more than one option,

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01:01:23.780 --> 01:01:33.990

Christine Luong | JSI: Do you experience challenges with identifying a point of contact at your local SHIP program? Challenges establishing a referral partnership?

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01:01:34.090 --> 01:01:37.969

Christine Luong | JSI: Getting your program staff trained to be a SHIP counselor?

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01:01:38.050 --> 01:01:57.150

Christine Luong | JSI: Or are you not familiar with SHIP at all? Or do you have a great working relationship with your SHIP program and face no challenges at all? And if there's something else that you'd like to share about your experience working with the SHIP program, please let us know in the chat.

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01:01:59.410 --> 01:02:06.130

Christine Luong | JSI: So I will rely on my colleagues to let me know when we have a decent response rate for this poll before we close it.

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01:02:14.440 --> 01:02:15.999

Jared Brumbeloe: Think we're good, Christine.

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01:02:16.330 --> 01:02:18.629

Christine Luong | JSI: Okay, great, let's share the results.

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01:02:19.930 --> 01:02:39.939

Christine Luong | JSI: All right, so, 55% of you said not applicable, because we are not familiar with SHIP. Well, I hope that the link that we chatted out will help you to start becoming familiar with the SHIP program in your state. Some of you said that you have challenges with identifying a point of contact



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01:02:39.940 --> 01:02:42.630

Christine Luong | JSI: and establishing a referral partnership.

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01:02:42.630 --> 01:03:01.449

Christine Luong | JSI: And a smaller percentage of you have experienced challenges getting your staff trained to be a SHIP counselor. So that's really helpful for us to know. Again, we do encourage you to start with going to that website and getting in touch with your local SHIP through those,

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01:03:01.550 --> 01:03:04.540

Christine Luong | JSI: through those contact methods that are on that website.

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01:03:05.800 --> 01:03:10.369

Christine Luong | JSI: All right, and for this poll,

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01:03:10.640 --> 01:03:24.069

Christine Luong | JSI: these next two polls are really going to help us at the ACE TA Center get a better idea of what you and your programs need, so that we can create resources that are relevant and practical for you all. So, this question is:

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01:03:24.070 --> 01:03:31.150

Christine Luong | JSI: What types of Medicare technical assistance or training resources would be most helpful for you?

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01:03:31.190 --> 01:03:33.900

Christine Luong | JSI: And again, you can select more than one option here.

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01:03:33.950 --> 01:03:50.559

Christine Luong | JSI: So the options are job aids for case managers, e-learning modules, a webinar, discussion guide, or some other format or modality that's not listed here. So please let us know in the chat if there's something

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01:03:50.650 --> 01:03:52.720

Christine Luong | JSI: else you'd like to share with us.

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01:03:57.380 --> 01:04:03.710

Christine Luong | JSI: And again, I'll let my colleagues let me know when we have a good response rate.

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01:04:10.270 --> 01:04:11.430

Jared Brumbeloe: Think we're good.

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01:04:11.920 --> 01:04:14.279

Christine Luong | JSI: Great, let's see what you all said.

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01:04:15.780 --> 01:04:17.919

Christine Luong | JSI: Okay, great.

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01:04:18.430 --> 01:04:30.849

Christine Luong | JSI: 62% of you love webinars. All right, we'll keep doing them. A lot of you also said you would like job aids for case managers and e-learning modules.

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01:04:31.320 --> 01:04:46.839

Christine Luong | JSI: And a smaller percentage of you, about one-third, would like a discussion guide. If there are any specific types of discussion guides for various situations that you think would be helpful, please do let us know some more of those specifics in the chat.

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01:04:50.510 --> 01:04:58.219

Christine Luong | JSI: And this is our last poll, I swear. So the question is, what topics would be helpful

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01:04:58.270 --> 01:05:11.880

Christine Luong | JSI: for new ACE TA Center Medicare resources to cover? You can select all that apply, and, so the options are Medicare supports for people aging with HIV,

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01:05:11.940 --> 01:05:19.980

Christine Luong | JSI: avoiding Medicare fraud and scams, integrated care options for dually eligible Ryan White clients.

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01:05:20.170 --> 01:05:27.669

Christine Luong | JSI: And feel free to let us know, again, in the chat if you have any other ideas that aren't listed here.

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01:05:38.250 --> 01:05:39.790

Christine Luong | JSI: Let us know

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01:05:40.330 --> 01:05:42.390

Christine Luong | JSI: what would be very helpful for you.

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01:05:54.570 --> 01:05:55.820

Jared Brumeloe: Alright, Christine.

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01:05:56.750 --> 01:05:58.799

Christine Luong | JSI: Great, let's see what you all said.

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01:05:59.590 --> 01:06:16.449

Christine Luong | JSI: Oh, wow, okay, so an overwhelming majority of you, 83%, said, you'd like new resources to cover Medicare supports for people who are aging with HIV. So we will definitely be paying attention to that. It is on our radar as well.

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01:06:16.590 --> 01:06:22.939

Christine Luong | JSI: Second most popular option is integrated care options for dually eligible Ryan White clients.

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01:06:23.050 --> 01:06:29.730

Christine Luong | JSI: And then about half of you want more information about avoiding Medicare fraud and scams.

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01:06:30.140 --> 01:06:42.770

Christine Luong | JSI: Alrighty. Well, thank you for engaging in these polls. Your responses are incredibly helpful to us as we think about how the ACE TA Center can continue to support you all and the important work that you do.

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01:06:43.360 --> 01:06:47.120

Christine Luong | JSI: And with that, I will pass the mic over to Jared.

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01:06:50.860 --> 01:07:07.880

Jared Brumbeloe: Christine, thanks so much, and thank you to Molly and Liesl as well for sharing all of that great information. At this point, I would like to go through and highlight a couple ACE TA resources that can help you and your clients with open enrollment.

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01:07:12.120 --> 01:07:13.969

Jared Brumbeloe: We can go to the next slide, please.

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01:07:16.050 --> 01:07:17.010

Jared Brumbeloe: Awesome.

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01:07:17.230 --> 01:07:21.899

Jared Brumbeloe: So, just a key... couple key things about each of these resources here.

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01:07:22.010 --> 01:07:37.099

Jared Brumbeloe: First, I want to share with you this eligibility decision tree, which we recently updated, and these are a series of yes-no questions that can help you determine whether your Ryan White client is eligible for Medicaid,

365

01:07:37.320 --> 01:07:50.289

Jared Brumbeloe: Medicare, private or employer-sponsored insurance, or marketplace coverage. And this will be able to allow you to walk your client through this tool and understand what can best serve them.

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01:07:50.550 --> 01:08:02.039

Jared Brumbeloe: Next, we have our Account Tune-ups tool, which walks you through all of the steps of an account tune-up in order to get ready for Marketplace Open Enrollment that will happen in November.

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01:08:02.230 --> 01:08:11.679

Jared Brumbeloe: We then have 3 of our Medicare tools, including Basics of Medicare for Ryan White clients, Medicare prescription drug coverage,

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01:08:11.870 --> 01:08:21.419

Jared Brumbeloe: and how Medicare enrollment works. These are great introductory materials to help you understand what Medicare covers and how to help enroll.

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01:08:21.569 --> 01:08:36.840

Jared Brumbeloe: We also have our ABCDs of Medicare Coverage tool, which is designed to be client-facing. This is a two-pager that summarizes the three Medicare parts and the differences between Original Medicare and Medicare Advantage.

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01:08:37.020 --> 01:08:44.079

Jared Brumbeloe: And finally, here we have our fundamentals of Medicare-Medicaid dual eligibility

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01:08:44.109 --> 01:08:55.900

Jared Brumbeloe: for Ryan White Clients tool. This tool explains how people become dually eligible, enrollment considerations, and best practices, financial help, and more for those clients.

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01:08:55.920 --> 01:09:10.299

Jared Brumbeloe: And again, as I mentioned at the top of the webinar, these resources will be on our TA4HIV.org website as soon as these resources are uploaded, and again, we will notify everyone on this webinar when they are available.

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01:09:10.930 --> 01:09:22.303

Jared Brumbeloe: So with that, I would like to transition us to the last section of our webinar, which is a question and answer, or Q&A, and we will begin to take questions from the chat for our panelists to answer, and if we can go on to the next slide, please.