Massachusetts HIV Drug Assistance Program (HDAP)

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George Hastie
BRIDGE Team Manager

Anne Callachan
& Brittany Morgan
BRIDGE Health Insurance Enrollment Specialists

Kevin Herwig
Manager, HIV Biomedical Intervention Programs

BRIDGE = Benefits Resources Infectious Disease Guidance and Engagement
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Overview

- Infectious Disease Drug Assistance Program (IDDAP)
- BRIDGE Team, HDAP
- Open Enrollment 2020 & the Massachusetts Health Connector
- CHII & Premium Tax Credits
- Special Considerations for Immigrants
- PrEPDAP and nPEP Programs Overview
CRI’s IDDAP program includes:

• the HIV Drug Assistance Program (HDAP)
• the PrEP and PEP Drug Assistance Program (PrEPDAP & nPEPDAP)
• the TB Drug Assistance Program (TB DAP)
• Along with providing co-pay and full-pay assistance for HIV medications through HDAP, the program also provides:
  o Health insurance payment assistance through the Comprehensive Health Insurance Initiative (CHII); and
  o Training and technical assistance to consumers and providers on navigating the complex health insurance landscape through the Benefits Resources and Infectious Disease Guidance and Engagement Team (BRIDGE)
Goal:
Enroll and retain HIV+ MA residents in comprehensive health insurance with access to affordable care and medications.

Main Objectives:
1. Assist MA residents living with HIV in accessing health insurance
2. Assist case managers and other providers in helping their clients negotiate and access health insurance
3. Reduce turnaround time of HDAP applications by referring insurance-related requests for assistance to specialized staff
HDAP BRIDGE Team
(Benefits Resources Infectious Disease Guidance & Engagement)

Training and Technical Assistance:

- In-person training to case managers, financial benefits staff, other providers, peer advocates, and consumers
- Individualized assistance to clients and case managers by phone and walk-in; on-site assistance for providers
- Group case consultations
- Webinars
- Reviewing the most effective ways to communicate changes in health insurance and benefits programs to providers and consumer populations
Open Enrollment 2020
& The MA Health Connector
BRACE YOURSELF

OPEN ENROLLMENT IS COMING
“One-stop-shopping experience”—online marketplace where households can apply for health insurance

Streamlined application process for:
- MassHealth
- Health Safety Net (HSN)
- Subsidy eligibility (“help paying for insurance costs”)
- Non-subsidized health insurance plans
MA Health Connector Plan Eligibility

To purchase health insurance on the Health Connector, individuals must meet the following criteria:

- Resident of Massachusetts
- Not currently incarcerated
- U.S. citizen, national, or a non-citizen who is lawfully present.

Undocumented individuals are NOT eligible to purchase insurance through the Health Connector but may submit a paper application for MassHealth and HSN.
What is Open Enrollment?

From November 1st, 2019 through January 23rd, 2020 individuals and families can enroll in coverage through the MA Health Connector or change their current Health Connector coverage.

Outside of Open Enrollment, individuals and families may not be eligible to enroll in or change coverage unless they have a qualifying life event like a change in income or family size that qualifies them for a Special Enrollment Period.

Individuals and families who are qualified can enroll into MassHealth and Health Safety Net coverage at any time during the year.
Open Enrollment Timeline

For January 1 coverage:
- Enroll + Pay between Nov 1 – Dec 23

For February 1 coverage:
- Enroll + Pay between Dec 24 – Jan 23
Re-determinations

The Health Connector and MassHealth will be checking members’ income against available state and federal data sources unless income was manually verified within the year (August 2018-August 2019).

If no income is available with state or federal sources, the member will be sent a request for information to confirm income.
Responding to Requests for Information (RFI)

MassHealth and the Health Connector require verification of the following eligibility factors to make a final eligibility determination:

- Income
- Social Security Number
- Citizenship/Immigration status
- Incarceration
- American Indian/Alaska Native (Health Connector Only)

MassHealth will attempt to verify factors using electronic data sources. If data is reasonably compatible with attested information, the eligibility factor is considered verified. If the data is not reasonably compatible or not available, the client will be required to send proof within 90 days and a Request of Information (RFI) will be sent. Clients who do not respond to RFIs within 90 days may lose their MassHealth and Health Connector eligibility.
Documents Upload

Clients and Assisters will be able to upload documents directly to a member’s online application

- There will be a new tab at the top of the page called “My Documents” where clients can upload documents for RFIs and submit other required forms directly to MassHealth and the Health Connector.
- Clients can still submit documents via paper or fax.
Notices 2020 Enrollees Should Receive

Health Connector Open Enrollment Notices:

- Availability of current plan
  - If current plan not available, information on new or “mapped” plan
- 2020 premium information for current or “mapped” plan
- Description of the annual renewal process
- Requirements to report changes such as income
- Important deadlines for Open Enrollment 2020
Ways to Submit an Application

Apply Online at https://mahealthconnector.optum.com/individual/
- Easiest and fastest way to apply
- Clients who have previously applied online can update their information online

Call the Health Connector Customer Service and apply by phone:
1-877-623-6765

Download the paper application at Mass.gov by clicking MassHealth, then Apply for MassHealth
- Under 65: select the “Application for Health and Dental coverage and Help Paying Costs”
- 65 or older: select the “Application for Health Coverage for Seniors and People Needing Long-Term Care Services”

Get in-person help from a Navigator or a Certified Application Counselor (CAC) at a local hospital or community health center
Applying by Phone or Paper

By Phone:
• Clients must indicate that they “want help paying for insurance costs.”

By Paper:
• Submit demographic page and signature page of ACA-3 or SACA-2 to HDAP as proof of application (2 months coverage)

Please note:
• Submit copy of MassHealth and Health Connector determinations to HDAP when received by mail.
Applying Online

Do you need help paying for health coverage?

When you see a star ( * ), you must complete the field.
When you see an信息, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

Do you want to find out if you or your family can get help paying for some or all of your premium (cost) for health coverage? This could include MassHealth, ConnectorCare plans, and tax credits. *

- [ ] Yes, I want to see if I can get MassHealth or help paying for health care
- [ ] No, I don't want any help paying for health care
- [ ] I'm not sure

Save and Continue
Subsidies
Applying Online

2020 Eligibility Results

When you see an i, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

Read through your results below, learn about the programs you qualify for, and look at the proofs we may need you to send us.

Household 1

Eligibility Details

| Date your application was submitted | Sep 18, 2019 |
| Preliminary Determination Date     | Sep 02, 2019 |

Federal Poverty Level (FPL) based on your self-reported income

332.27%  What is this?

Program Eligibility

<table>
<thead>
<tr>
<th>Name</th>
<th>You qualify for these programs</th>
<th>We need proofs from these categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane DOE</td>
<td>Health Connector Plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Catastrophic Health Plans</td>
<td></td>
</tr>
</tbody>
</table>
Subsidized Plans on the Health Connector

**Premium Tax Credits** are subsidies that the federal government provides to certain individuals and families to help lower healthcare costs.

To qualify for subsidies one must:

- Select “helping paying for insurance costs” in one’s application
- Not be eligible for or enrolled in other federally subsidized insurance (i.e. Medicare and VA)
- Have a Household Income between 200-400% FPL
- Must agree to file federal taxes
  - If married, must file jointly unless one is the victim of domestic violence or spousal abandonment

*Applicants should answer “yes” when asked if they are living with HIV so that they are screened for appropriate subsidies*
ConnectorCare Plans

- ConnectorCare plans have advanced premium tax credits which lower the cost of healthcare
- Households earning between 200-300% FPL annually are eligible for ConnectorCare:
  - 200% FPL = $24,984 a year for an individual
  - 300% FPL = $37,476 a year for an individual
- ConnectorCare Plans have:
  - $0 Deductible
  - $50 maximum prescription co-pay
  - Low premium costs
Qualified Health Plans (QHPs) and Tax Credits

Premium Tax Credits (PTCs):

• Subsidies available for eligible households earning less than or equal to 400% FPL annually
  • 400% FPL= $49,968 a year for an individual

• PTCs received in advance must be “reconciled” at tax time

• NOTE: CHII enrollees need to choose to receive their premium tax credits in advance
Selecting a QHP

<table>
<thead>
<tr>
<th></th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Cost</td>
<td>$$$$$</td>
<td>$$$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cost When You Get Care</td>
<td>$</td>
<td>$</td>
<td>$$$</td>
<td>$$$$$</td>
</tr>
<tr>
<td>Good Option If You...</td>
<td>plan to use a lot of health care services</td>
<td>want to save on monthly premiums while keeping your out-of-pocket costs low</td>
<td>need to balance your monthly premium with your out-of-pocket costs</td>
<td>don’t plan to need a lot of health care services</td>
</tr>
</tbody>
</table>

CHII Pays

You Pay
Pick the plan that gives you the most comprehensive coverage

| No/Low Deductible                          | Look for a plan with $0 deductible |
|                                          | If no $0 deductible, pick a plan with $500 or less deductible |

| Accepted by Current Providers             | Check provider network on mahealthconnector.optum.com/individual |
|                                          | Call insurer to confirm your provider’s participation |
|                                          | Call your providers to check which insurances they accept |

| Covers All Prescriptions                 | Check the insurer’s drug formulary (list of covered drugs) |
|                                          | Call insurer to confirm your drugs are covered and ask if mail-order is required |
Selecting a QHP
CHII and Premium Tax Credits
HDAP/CHII Requirements for Premium Tax Credits (PTCs)

- CHII enrollees with Health Connector plans who received APTCs in 2019 must reconcile these and submit relevant copies of their 2019 federal tax forms to HDAP/CHII.

- If a client owes a payment to the IRS because they received too much in APTCs in 2019 (under-estimated their income) CHII may be able to make a payment to the IRS on the client’s behalf prorated by the number of months the client was active with CHII.

- If a client gets a refund from the IRS because they received too little in APTCs in 2019 (over-estimated their income) the client must repay this amount to CHII prorated by the number of months the client was active with CHII.
Clients who received APTCs in 2019 and did not file a 2018 tax return to reconcile them face consequences. These clients:

- Will not be eligible for APTC’s or ConnectorCare plans in 2020
- AND -
- Will be contacted by the IRS to pay back all of the APTCs they received in 2018 and HDAP may be unable to help with this

IT'S NOT TOO LATE
CLIENTS CAN STILL RECONCILE NOW & AVOID THESE CONSEQUENCES
Past Tax Credits (Optional)

To skip this page, click "Save and Continue" without checking a box below. You can skip this page if:

- You've never received an Advance Premium Tax Credit (APTC).
- You've never had a ConnectorCare plan from the Massachusetts Health Connector.

To complete this page, read the statement. Then check the box next to each household listed below the statement if:

1. You have received an APTC or ConnectorCare in the past, and
2. The statement is true for all people listed in the household.

Statement

I filed a federal income tax return with the Internal Revenue Service (IRS) for every year that I received an Advance Premium Tax Credit (APTC). When I filed, I included IRS Form 8962, which had information about the tax credit I received, so the IRS could reconcile my APTC.

- [ ] Household 1 (Brittany Morgan)
Encourage clients to:

• Update their Health Connector application with their most current information (online or by phone) at least annually.

• Browse their plan options during Open Enrollment, even if they do not expect their plan to change.

• Make sure they file taxes in 2020 for tax year 2019 if they received premium tax credits.
General Health Connector Tips

Report life changes to the MA Health Connector and HDAP as they occur. It may change the amount of APTCs a client receives and prevent an overpayment (or underpayment).

“Life changes” include, among others:

- Changes in income;
- Changes in health coverage, such as becoming newly eligible for Medicare or premium tax credits;
- Changes to one’s household, like birth or adoption, becoming pregnant, and marriage or divorce.
Qualifying Life Events

- Gains a dependent or becomes a dependent as a result of:
  - Marriage;
  - Birth, adoption or placement for adoption or foster care or court-ordered care of a child
- Loses minimum essential coverage (MEC) for a reason other than failure to pay premiums or fraud
- Moves to Massachusetts or gains access to new plans as a result of a permanent move
- Is an American Indian or Alaska Native
- Becomes a Lawfully Present individual
- Is determined newly eligible for ConnectorCare
- Is enrolled in Health Connector coverage and
  - Becomes newly eligible for Premium Tax Credits; or
  - Experiences a change in cost sharing reductions
- Administrative reasons:
  - Start or end of a ConnectorCare premium waiver
  - Exceptional circumstances
  - Waiver from the Office of Patient Protection
  - Erroneously enrolled or not enrolled

NOTE: A new applicant who applies during closed enrollment and is determined eligible for tax credits does NOT qualify for an SEP as a result.

A member already enrolled in a QHP who has a change in eligibility for tax credits can switch plans as a result.
Open Enrollment Waivers

If a client fails to enroll in coverage during Open Enrollment, and they do not qualify for a Special Enrollment Period (SEP), they may submit an open enrollment waiver to the Office of Patient Protection (OPP) that if approved will allow them to enroll in coverage outside of Open Enrollment.

Clients who choose to pursue this option should apply for health insurance with a health insurance company, insurance broker, or the Health Connector 1st. If they are denied enrollment, they will receive a written notice either online or by mail. This notice denying enrollment in health insurance should be included with the completed Open Enrollment waiver form they submit to the OPP. If their waiver is granted, they will have 30 days to enroll into a health insurance plan.

For more information on Open Enrollment Waivers visit: https://www.mass.gov/request-an-open-enrollment-waiver
In general, HDAP/CHII is able to pay for a Health Connector plan when a client...

- Does not have access to employer insurance;
- Has employer insurance options with high deductibles ($500+) or high cost-sharing;
- Faces other challenges in accessing insurance (on a case-by-case basis)

HDAP clients who are eligible for ConnectorCare plans are required to enroll into these plans in to receive premium assistance from HDAP/CHII.
Health Connector premium bills are due to HDAP/CHII by the 16th of the month.

- If a premium statement is not available, HDAP/CHII can accept the following for payment of the first month’s premium:
  - The “my enrollment” page from an online application showing the plan selection and payment information;
  - A case manager letter outlining the exact premium amount owed with the plan information.
- A copy of a premium bill is required for subsequent payments.
- The 23rd of each month is the Health Connector cut-off for receipt of payment – there are NO exceptions.
Clients should send their monthly premium statements to HDAP/CHII every month, even if there is no change in the rate.

- Premiums can be scanned and emailed to chii@crine.org for faster processing.
- Insurance policies are at risk of cancellation if CHII does not receive monthly premium statements.
Special Considerations for Immigrants
Including
Undocumented Individuals
Health Safety Net (HSN) may be able to pay acute care hospitals and community health centers for certain essential health care services provided to qualified uninsured and underinsured Massachusetts residents. It is not insurance and cannot be used at tax time to show they were covered by health insurance. HSN can only be used at acute care hospitals and community centers and does not cover medical procedures.

The Health Safety Net (HSN) is available to uninsured and underinsured Massachusetts residents whose family income is under a certain percentage of the Federal Poverty Level (FPL).
Insurance and Undocumented Individuals - HSN

Undocumented clients may be able to access:

**MassHealth Limited**

**Health Safety Net**

- “Full” HSN (no deductible)
  - ≤ 150% FPL ($1,562/month for single person)
- “Partial” HSN (annual deductible)
  - 150% FPL - 300% FPL ($3,123/month for single person)

**Non-group/ individual policy**

- Purchased directly through insurer during open enrollment or after qualifying life event
Important HSN Reminders

While HSN coverage is adequate for many clients, it may not cover all medical procedures/treatments/medications needed by some clients.

If HSN clients experience barriers accessing care, consult with the BRIDGE team to explore other coverage options.

With private individual insurance, clients may face copayments for medical visits/procedures not present under HSN and not reimbursable by HDAP/CHII.
Open Enrollment Resources

ACA Learning Series:  

MA Health Care Training Forum (MTF):  
http://www.masshealthmtf.org/

IRS:  
https://www.irs.gov/

HRSA ACE TA Center:  
https://careacttarget.org/ace
PrEPDAP and nPEP Programs Overview
Massachusetts PrEPDAP and nPEP

Pre-Exposure Prophylaxis Drug Assistance Program (PrEPDAP)

- Covers cost of Truvada/Descovy as PrEP
- Income limit: 500% FPL
- Benefits navigation assistance available

Non-Occupational Post-Exposure Prophylaxis (nPEP) Program

- Covers cost of nPEP medications
- No income limit
- Clients seen at enrolled sites only
- Uninsured and underinsured clients only
PrEP and PrEPDAP

• One pill a day can help protect against HIV for individuals at risk:
  o this is pre-exposure prophylaxis or PrEP
• Truvada and Descovy are the only drugs currently approved as PrEP
• Many can’t afford their out-of-pocket costs
• PrEPDAP covers out-of-pocket costs for PrEP medication for Massachusetts residents at-risk for HIV
PrEPDAP eligibility

- Massachusetts residency is required
- Income limit (500% FPL: $62,450 for a single person in 2019)
- Application + proof of residence + proof of income + lab test date
- Approved clients are not charged a copay at the pharmacy
- Insurance coverage is not required. We can help navigate benefits:
  - applying for MassHealth or HSN coverage
  - applying for plans through the Health Connector
  - applying for Gilead resources
  - advice on the choice of a work insurance plan
PrEPDAP features

- PrEPDAP is not able to pay health insurance premiums
  - but can pay for PrEP costs for clients facing a deductible
- PrEPDAP can cover the full cost of PrEP medication until a client can be enrolled in affordable coverage
- PrEPDAP can accept self-attested income for the first month of coverage
  - income documentation still needed to extend past the first month
PrEPDAP special cases

• Full cost coverage for clients with health insurance confidentiality concerns can be approved case-by-case

• Public Health Exception: In rare instances, some eligibility requirements for PrEPDAP coverage may be waived for individuals at high risk for HIV infection, on a case-by-case basis
## PrEPDAP and Gilead programs

<table>
<thead>
<tr>
<th></th>
<th>PrEPDAP</th>
<th>Gilead copay card</th>
<th>Gilead MAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>income limit</strong></td>
<td>500% FPL ($62,450)</td>
<td>NO LIMIT</td>
<td>500% FPL ($62,450)</td>
</tr>
<tr>
<td><strong>uninsured</strong></td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>commercially insured</strong></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>government</strong></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>prescription drug</strong></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>coverage</strong></td>
<td>(MassHealth, Medicare, HSN, VA, Tricare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>pharmacies</strong></td>
<td>limited pharmacy network</td>
<td>most pharmacies</td>
<td>not applicable (medication is mailed)</td>
</tr>
<tr>
<td></td>
<td>(includes Walgreens, Oscos, pharmacies at health centers and hospitals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>benefits navigation</strong></td>
<td>YES</td>
<td>NO</td>
<td>LIMITED</td>
</tr>
<tr>
<td><strong>special cases</strong></td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>(eg confidentiality)</strong></td>
<td></td>
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</table>
PrEPDAP pharmacy network

- Many on-site pharmacies at hospitals and community health centers
- All Walgreens and Osco pharmacies statewide
- A few independent and specialty pharmacies
- PrEPDAP frequently adds new pharmacies
Individuals with a potential exposure to HIV within the previous 72 hours may be prescribed Post-Exposure Prophylaxis, or PEP. PEP consists of a 28-day course of three antiretroviral drugs. The nPEP Program covers out-of-pocket costs for non-occupational PEP medications for uninsured individuals presenting at one of the program’s enrolled sites. Case-by-case approval is required:

- for insured clients who have confidentiality concerns about using insurance coverage
- for insured clients who cannot afford their copay for nPEP medications
- clients must fill at the nPEP site’s designated pharmacy
- no income limit or documentation
For more information

- Please contact PrEPDAP/nPEP staff at CRI if you have clients needing help accessing PEP or PrEP
- We can schedule trainings at your site
- Stay tuned for a webinar covering these two programs in greater detail
- [www.crine.org/prepdap](http://www.crine.org/prepdap)
- [www.crine.org/npep](http://www.crine.org/npep)
PrEP Resources 1

• CDC PrEP Resources
  o https://www.cdc.gov/hiv/risk/prep/

• AIDS.gov PrEP Resources
  o https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/

• MDPH PrEP Resources
PrEP Resources 2

• Billing codes
  o NYC Dept of Health

• Gilead patient assistance programs
  o http://gileadadvancingaccess.com

• Patient Advocate Foundation
  o https://www.copays.org/diseases/hiv-aids-and-prevention
nPEP Resources

• PEPline 1 888 448 4911 (9am-9pm Eastern, 7 days a week)
• MDPH clinical advisory (2000):
• CDC updated guidelines (2016):
Questions?
How to Contact Us

Anne Callachan  
BRIDGE Health Insurance Enrollment Specialist  
acallachan@crine.org  
617.502.1750  

Brittany Morgan  
BRIDGE Health Insurance Enrollment Specialist  
bmorgan@crine.org  
617.502.1758  

Kevin Herwig  
Manager, HIV Biomedical Intervention Programs  
kherwig@crine.org  
617.502.1737  

Massachusetts Infectious Disease Drug Assistance Program  
c/o CRI of New England  
The Schrafft’s City Center  
529 Main Street, Suite 301  
Boston, MA 02129  

www.crine.org  
800.228.2714 (toll-free)  
617.502.1703 (HDAP fax)  
617-502-1701 (PrEPDAP/nPEP fax)