



# Texas Ryan White AA Meeting April 23-24, 2015

## Ryan White and the ACA

Contains excerpts from HAB webinars  
presented on 11-13-14 and 3-12-15  
(Texas specific slides noted)



# **Ryan White HIV/AIDS Program and Vigorously Pursue**



# Role of the RWHAP Post-ACA



- Provide a safety net for people living with HIV that have little or no income.
- Provide services for those that may not be eligible for other forms of assistance.
- Provide coverage for needed services that may not be covered by other types of insurance.
- Provide an entry way to medical care and assist in enrolling in other, more comprehensive coverage.



# Payor of Last Resort Requirements within the Context of ACA



- By statute, RWHAP funds may not be used *“for any item or service to the extent that payment has been made, or can reasonably be expected to be made...”* by another payment source.
- **Grantees must vigorously pursue enrollment in other relevant funding sources.**
- **RWHAP grantees must assess individual clients that are not eligible for public programs for eligibility for private insurance.** The RWHAP will continue to pay for items or services received by individuals who remain uninsured or underinsured.



# Background on Vigorously Pursue



- Grantees and subgrantees are expected to:
- Vigorously pursue eligibility for other funding sources to extend finite RWHAP grant resources to new clients and/or needed services.
  - Maintain policies regarding the required process for the pursuit of enrollment for all clients.
  - Document the steps taken during pursuit of enrollment for all clients.



# Guiding Principles for Implementation of Vigorously Pursue



- Marketplace healthcare coverage is a good thing for PLWH.
- RWHAP is still needed to serve its mission.
- Maintaining continuity of care is critical.
- Enrolling people in coverage is a continuous process, not a one-time activity.
- Enrolling into the Marketplace may be a difficult transition for a ***small portion*** of our population.
- Organizations need to create policies and procedures and maintain documentation.

# Framework for Vigorously Pursue

Establish Written Policies

Establish Written Procedures

Document

Vigorously Pursue allows for a process that ensures that PLWH continue to receive care and treatment services while being informed, educated and enrolled into eligible coverage systems. *RWHAP is the payor of last resort throughout this process so that PLWH are not lost to care or lose access to medications.*



# Reminder!



Grantees cannot steer participants to specific plans.

- Can provide information on:
  - Plans that might best meet the needs of the participant, and
  - Plans that have been determined to be cost-effective for RWHAP.
- Cannot **RECOMMEND** or **REQUIRE** participants to sign-up for specific plans.



# Components of Effective Procedures



- Clearly detailed and delineated procedures to educate, enroll and track all clients.
- Process to utilize existing systems (e.g., **ARIES, CPCDMS**) to assess and track which clients need to complete income certification.
- Procedures for enrollment workers to track eligibility, enrollment, and recertification electronically.
- Avoid additional burdens or barriers on clients accessing services.



# **Review of Premium Tax Credits (PTC)**



# Why Are We Here?



## Some RWHAP clients:

- Received advance premium tax credits that reduced their insurance premium responsibility, and
  - May be entitled to a larger premium tax credit than they received and they will receive a refund; or
  - May be entitled to a smaller premium tax credit than they received and will need to pay it back.



# How APTCs Affect RWHAP Grantees



The premium tax credit process applies to grantees that **provide health insurance premium assistance** to clients using RWHAP funds for premium payments.

Grantees and subgrantees need to:

- Convey to clients the **importance of reporting accurate income** information to the Marketplace
- **Create policies and procedures** for the pursuit of excess premium tax credit owed to them from clients
- **Document** the actions taken for clients regarding pursuit of premium tax credit



# What is the PTC?



The premium tax credit is a new tax credit that can be claimed by eligible people who buy health insurance through a state or federally run Marketplace

- The PTC can be received in one of two ways:
  - **Advance payments of tax credits** - these are paid directly to the insurer.
  - **Lump sum** - get all benefit of premium tax credits at the end of the year when filing taxes on Form 1040 paid to individual
- The Marketplace administers advance premium tax credits (which are reported to client on form 1095-A)



# Premium Tax Credit Eligibility

U.S. Department of Health and Human Services



**The client may be eligible if they meet all of the following:**

- Buys health insurance through their Marketplace
- Is not eligible for coverage through employer or government plan (e.g., Medicare and Medicaid)
- Is within 100 – 400% of FPL
- Cannot be claimed as a dependent by another person
- Files a Form 1040 as Single/Head of Household or Form 1040 Jointly if Married (except in specific circumstances)



# Key Considerations for Grantees & Clients



- Receipt of advance premium tax credit **is optional**
- Reconciliation of advance premium tax credit is required; the client ***must*** file a tax return
- Change in circumstances can affect the premium tax credit amount
- Failure to report changes in circumstances to the Marketplace could result in unplanned taxes



# Changes in Circumstances Can Affect the Credit



***Reporting changes will help prevent large differences between the amount of APTC received and the allowed PTC***



# Major Changes in Circumstances



- Birth or adoption
- Marriage or divorce
- Increases or decreases in number of dependents
- Moving to another address
- Increase or decrease in household income
- Gaining or losing non-Marketplace health care coverage or eligibility
- Changes in filing status
- Incarceration

Note: For additional examples of life events go to  
[Healthcare.gov](http://Healthcare.gov)



# Changes in Circumstances Can Affect the Credit, Cont'd



## Changes in circumstances can affect:

- Eligibility for the PTC - even if previously considered to be eligible or not eligible
- Amount of advance premium tax credits
- The difference between the premium tax credit and advance premium tax credit

***Grantees should have a process in place to assist clients in promptly reporting changes to HealthCare.gov or state marketplace website***



# Will Client Receive a “PTC Refund” from IRS?



Grantees should consider requiring clients to bring a copy of relevant tax forms

- Form 1095-A (Marketplace Statement)
- Form 8962 (line 26)
- Form 1040 (Form 1040EZ is not acceptable)



# Operationalizing HAB PCN 14-01:

*Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advance Premium Tax Credits under the Affordable Care Act*



# HAB Policy Clarification Notice 14-01



RWHAP grantees and their subgrantees who use program funds to purchase health insurance in the Marketplace are expected to:

- Ensure RWHAP funds are used as a payer of last resort
- Establish appropriate mechanisms to vigorously pursue any excess premium tax credit clients receive from the IRS upon submission of the client's tax return
- Maintain policies regarding the required process for the reconciliation of advance premium tax credit for clients receiving premium assistance
- Document the steps during their reconciliation process for all clients

# Interim Guidance to AAs

- ▶ Most uninsured clients with an income > 138% of the FPL must have health insurance (POLR)
- ▶ If eligible under ACA and seeking assistance through RW/SS funded HIC services
  - Must take the Advance Premium Tax Credit (APTC)
  - If between 100%-250% FPL must select Silver Plan
  - Must promptly report changes that effect APTC
- ▶ Clients who are ACA eligible and do not enroll in a QHP may continue to receive RW services

(Texas)

- ▶ AA must know the number of potentially eligible uninsured PLWH in their area
- ▶ Must have local business rules and P&P that ensure efforts to enroll eligible PLWH are documented; and ensure ACA eligible clients who decline to enroll understand there may be penalties for not enrolling
- ▶ Must ensure sufficient resources are allocated to meet the need for HIC assistance for clients where it is cost effective to purchase insurance
  - Must be done in collaboration with local Planning Councils (Part A) or comparable local planning efforts in other areas
  - Must have an efficient contracting/reimbursement process to ensure HIC contractors can effectively meet obligations

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## **Local ACA and HIC efforts must ensure**

- ▶ **Vigorous pursuit of enrollment (all hands on deck)**
- ▶ **HIC resources are available to support clients in coverage via the Marketplace when it is not cost effective to directly pay for care based on aggregate costs (local \$\$ plus ADAP)**
- ▶ **HIC contractors have P&P in place to vigorously pursue any excess premium tax credit clients receive from the IRS upon submission of the client's tax return**
- ▶ **P&P are in place detailing the required process for the reconciliation of APTC for clients receiving premium assistance**
- ▶ **The steps during the reconciliation process are documented**
- ▶ **HIC contractors have procedures in place to quickly plow any health insurance overpayments recouped from clients back into HIC services**

**(Texas)**

# Recommendations

(Texas)

- ▶ Use the *Interim Guidance to TX Admin Agents on Health Insurance Assistance Services* as an outline for redesigning your local HIC efforts
- ▶ Collaborate with other Texas Ryan White AAs to glean the benefit of their efforts and experience
- ▶ Examples of current best practices
  - The Resource Group & Houston Part A and their local HIC contractor Legacy Community Health Services
  - BVCOG & Austin Part A and their local HIC contractor AIDS Services Austin