



Strategies to Help Clients Enroll, Use, and Maintain Health Coverage

USCA Seminar
September 10, 2015 / 2:30 – 5:30 PM



The ACE TA Center

The **ACE TA Center** helps Ryan White HIV/AIDS Program grantees and providers enroll diverse clients, especially people of color, in health insurance.

Objectives:

- Develop and share tools and resources to help providers enroll clients of color, always considering cultural and historical barriers to enrollment
- Provide TA and training to use these tools and resources
- Identify and promote best and promising enrollment practices for organizations



Do you have a clicker?

- Do not press any buttons unless we ask you to!
- Before leaving this room...
 - Leave it on your chair.
 - Leave it with one of us.
 - Place it in a basket by the exit.



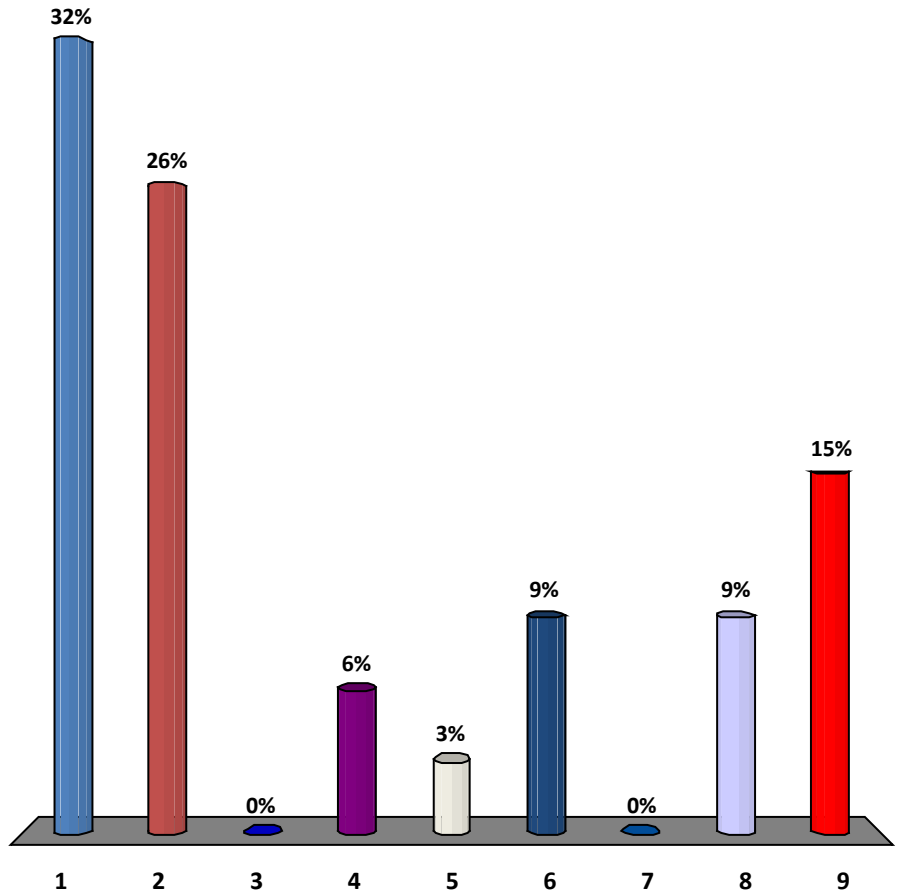
Now, let's practice.




What's your primary role?



1. Program administrator
2. State/local HD staff
3. Consumer
4. Case Manager
5. Enrollment staff
6. TA provider / consultant/researcher
7. Clinical provider
8. Federal official
9. Other





**What will we
accomplish in the
next three hours?**

Session overview

- Enrollment challenges
- The seven steps of enrollment
- Why clients need insurance
- ACE tools and resources to address enrollment challenges
- Interactive elements along the way
- Take care of yourself if you need a break!



Our focus areas

1. Communicating the benefits of coverage to clients
2. Culturally competent strategies to address client concerns
3. Helping clients choose an affordable plan
4. Supporting your clients after enrollment
5. Getting ready for open enrollment and renewals



LINGO BINGO #1: Find this term!

The amount you pay for a health insurance plan. _____ may be paid every month, every three months, or every year. Part or all of your _____ may be paid by your employer, ADAP, or someone else.

Premium



LINGO BINGO #2

A fixed amount you pay for some health care services. You usually pay a _____ when you get a service. The amount may change for different types of care.

Co-payment



Stand up!

Which of the following enrollment challenges have you experienced?

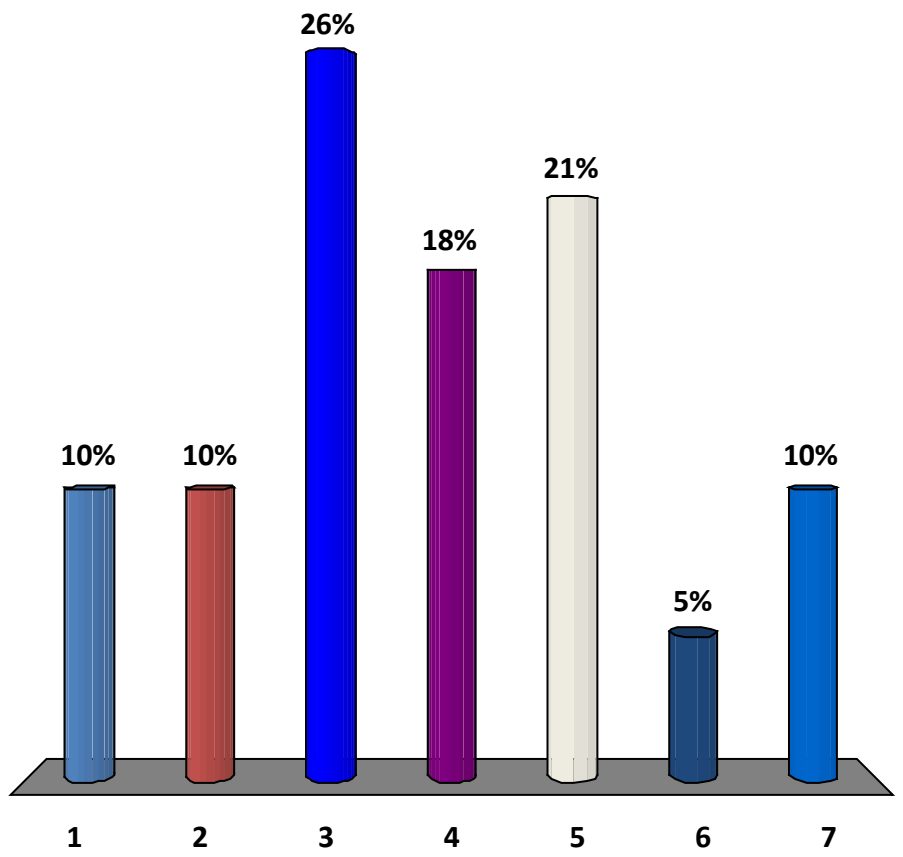
1. Staff need more training or information
2. Tax credits and filing!
3. Affordability of coverage
4. Helping clients submit required documents
5. Challenges with Medicaid/Marketplace
6. Coordination of coverage
7. Lack of staff to conduct activities



How many times did you stand up?



- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven



Other challenges?

What other enrollment challenges have you or your organization experienced?



Enrollment steps



- About Us
- Technical Assistance Providers
- RW Listserve & Mailings
- FAQs
- New to the TARGET Center

ACE TA Center

Description

What We Do

The ACE TA Center provides training and technical assistance (TA) to build Ryan White agency capacity to enroll minority clients in ACA coverage options. In collaboration with HRSA, the ACE TA Center will work with grantees and providers to engage minority clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewing enrollment.



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Source Type: **Case Studies**
Assessment

From recent publications in Care, Health Care Delivery, Quality & Access, ACA, Health Insurance, Providers, Culture, Community, Evidence, Program, Policy, Data, Local, National, State, Policy, National, Community, Part 2

Learn about the ACE TA Center, including its mission, vision, and goals. The ACE TA Center is a national center of excellence for technical assistance and training in the area of HIV care and health insurance.

Total views: 135

www.targethiv.org/ace

July 30 (3:00-4:00 PM ET)


New tools and resources to help enroll people of color living with HIV in health care coverage

This interactive webinar will provide grantees and providers with an overview of eight new tools and how they can help staff (enrollment assistants, case managers, etc.) who are enrolling clients of color.

[Register now!](#)

July 27 (3:00-4:00 PM ET)

Ready for the next open enrollment period? A new



STEP
1

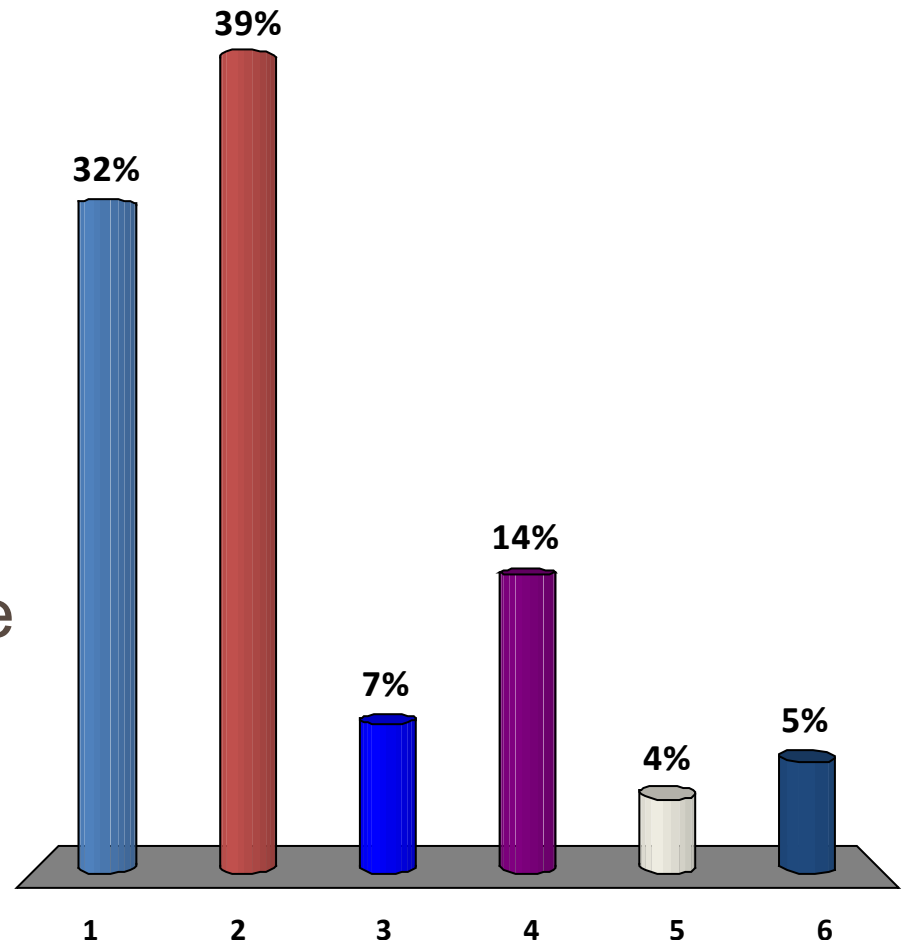
Get Started

Challenge: RWHAP clients don't understand why they need insurance

What is the most important benefit to having insurance for your clients?



1. Coverage for HIV and non-HIV services
2. Coverage for HIV and non-HIV medications
3. Hospitalization coverage
4. Protection against excessive medical bills
5. Access to preventive care
6. Coverage for other family members



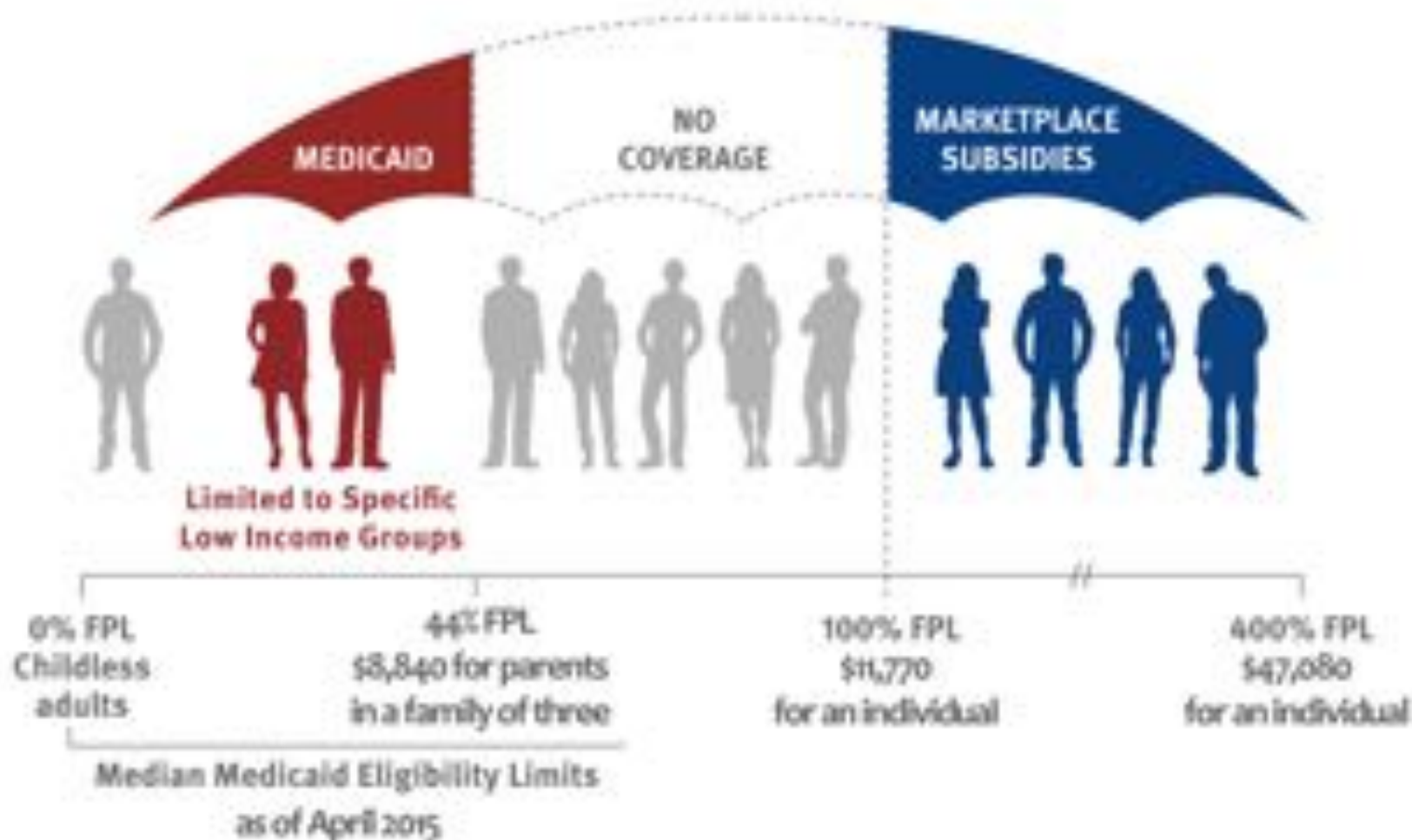
Affordability and coverage completion

- **Premium tax credits** (APTCs), **cost sharing reductions** (CSRs) make Marketplace insurance more affordable
- **RWHAP funds can help** with premium payments, co-pays and deductibles
- RWHAP ensures HIV **coverage completion** for insured clients and a safety net for the uninsured (including ineligible clients)



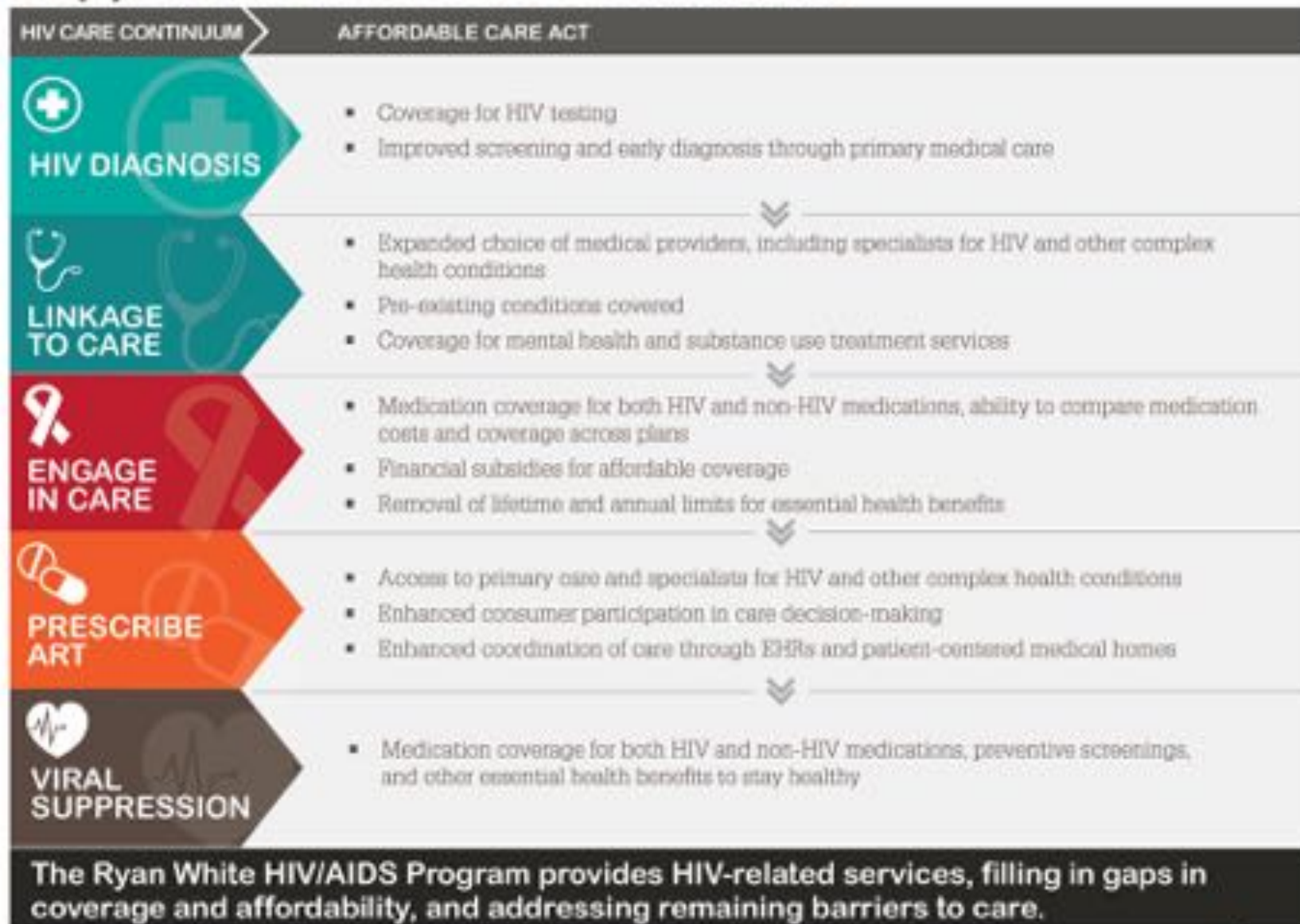
Figure 1

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.



Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels, updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.

How the ACA and RWHAP Support the HIV Care Continuum



LINGO BINGO #3

Helps to lower the cost of premiums paid for health care coverage purchased through the Health Insurance Marketplace for a person or family. Advance payments of the _____ can be used right away to lower your monthly premium costs.

Premium tax credit

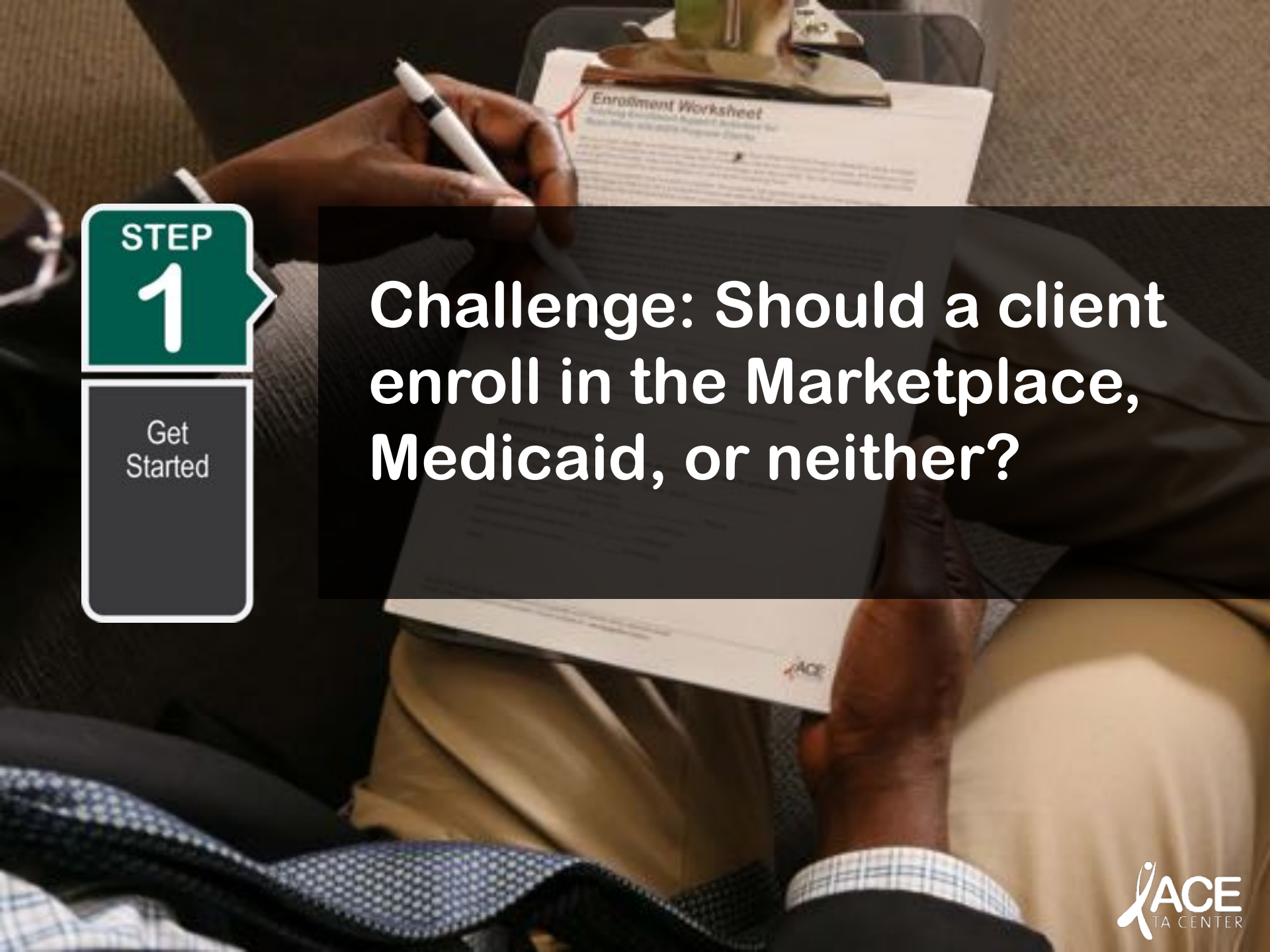


LINGO BINGO #4

A list of drugs your health insurance or plan covers. A _____ may include how much you pay for each drug.

Formulary





STEP
1

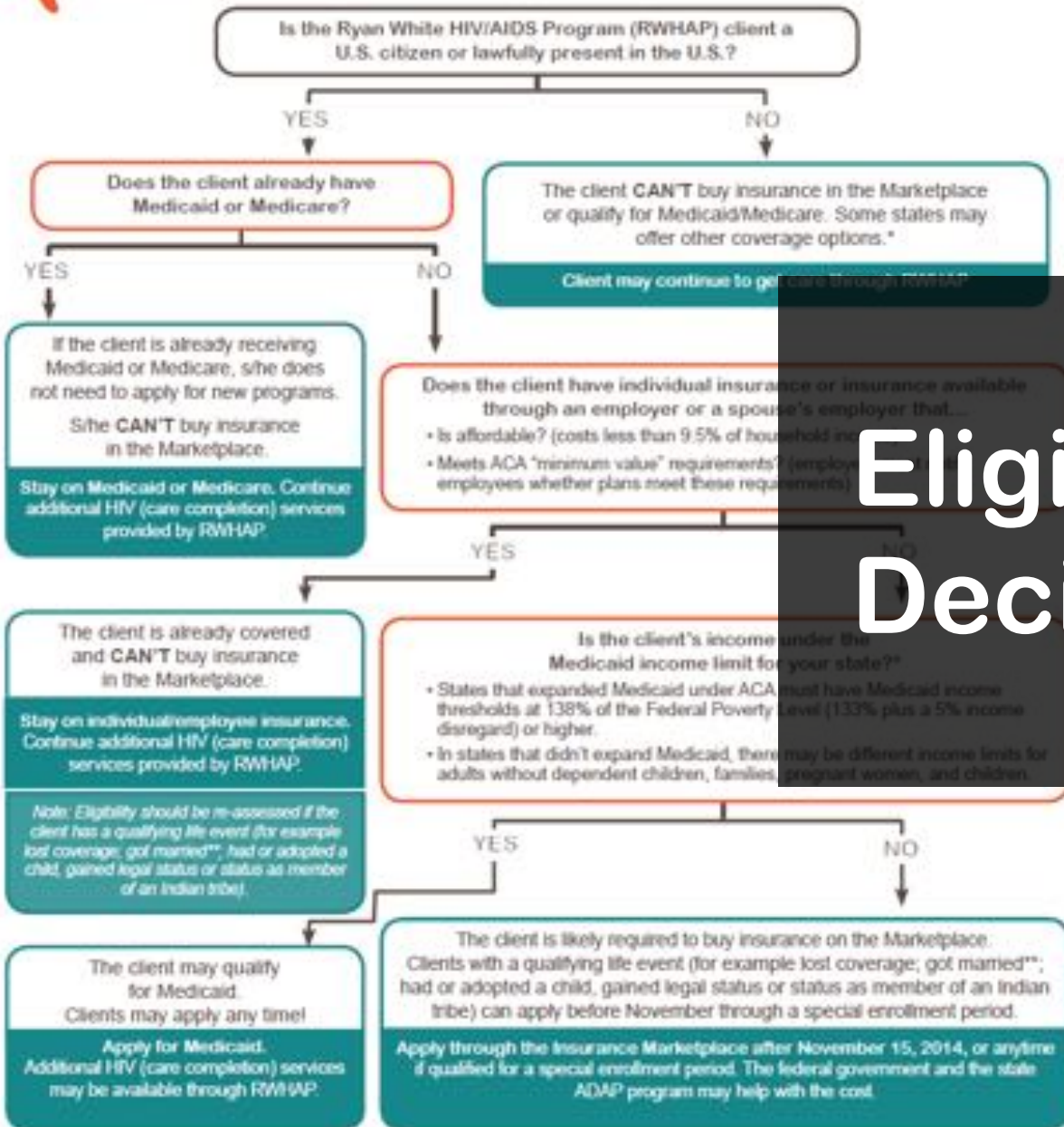
Get Started

Challenge: Should a client enroll in the Marketplace, Medicaid, or neither?



Eligibility Decision Tree

Use this tool to decide if a RWHAP client should enroll in the Marketplace, with Medicaid, or neither.
See how ADAP fits with other coverage.



Eligibility Decision Tree

“Lawfully present” immigrants are eligible for coverage through the Marketplace

- “Qualified non-citizen” immigration status without a waiting period
- Humanitarian status (Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking)
- Valid non-immigrant visas
- Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals)
- May be eligible for lower costs on monthly premiums and lower out-of-pocket costs based on income

Archived ACE Webinar **Access to Health Coverage for Immigrants Living with HIV (January 2015)**



Meet Justin

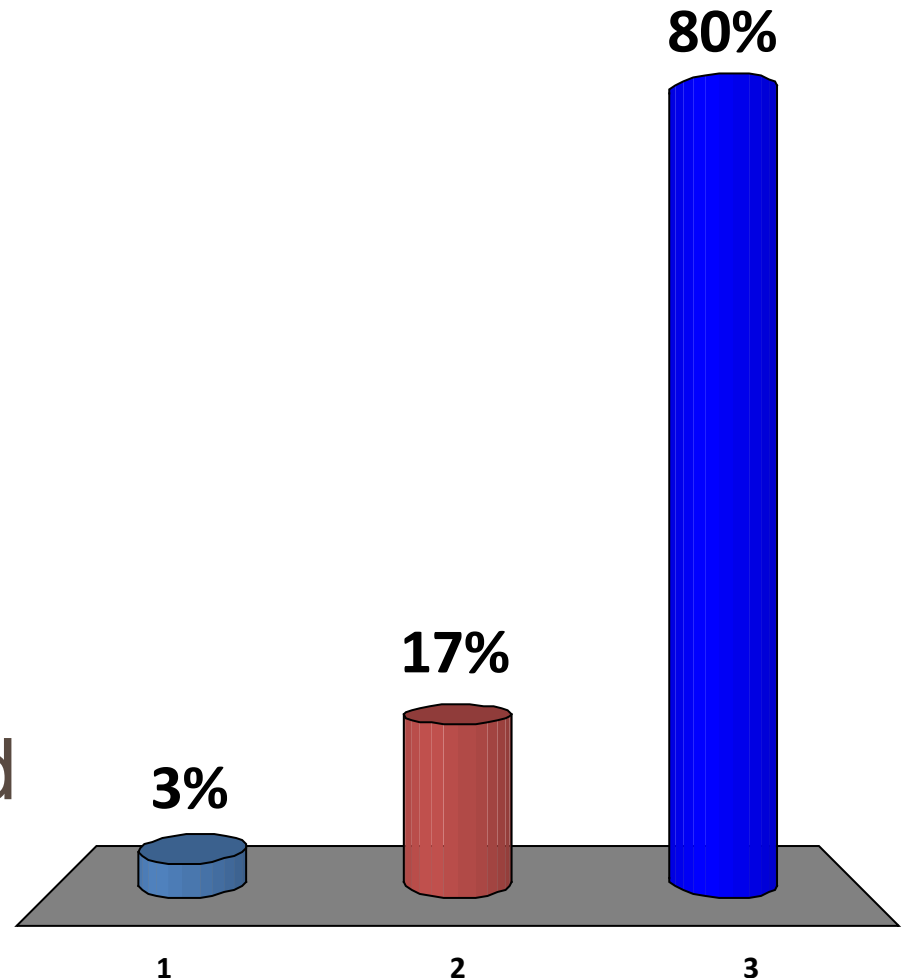
- Recently diagnosed with HIV
- Not enrolled in Medicaid or individual insurance
- Lives in a state that has not expanded Medicaid
- U.S. citizen
- Says he cannot get insurance through his job



What should Justin do?



1. Apply for Medicaid at any time
2. Apply for a Marketplace plan during Open Enrollment
3. Not sure... need to know his household income



Meet Diana

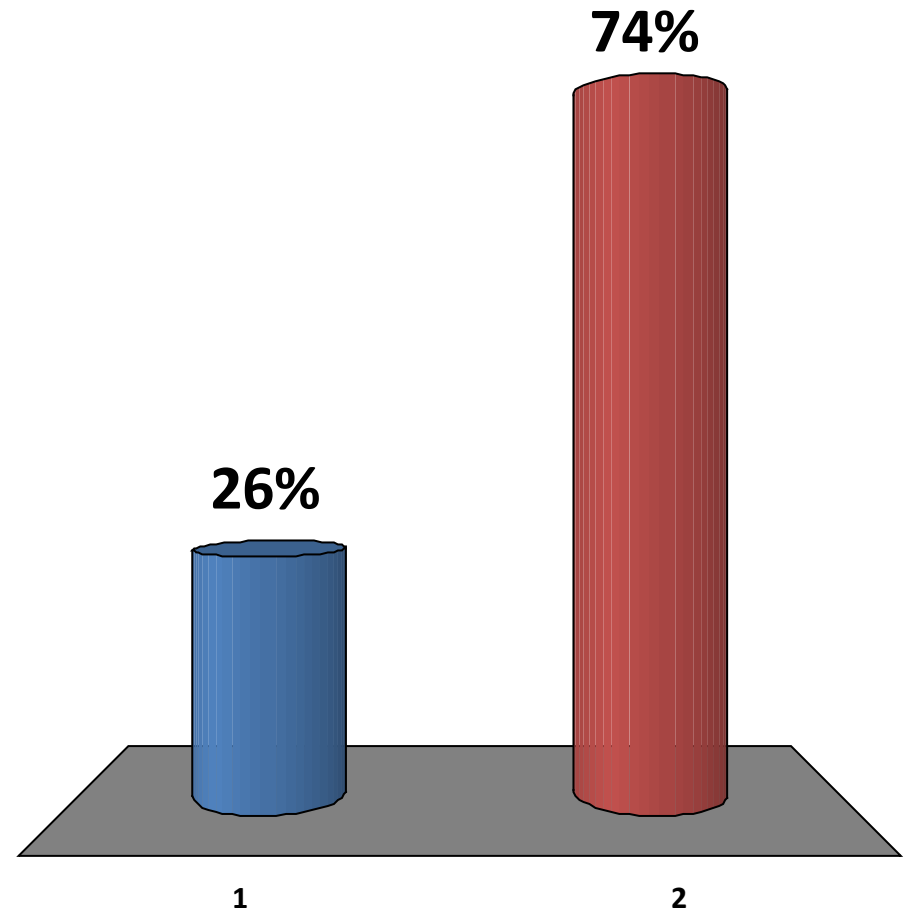


Diana is already
receiving Medicaid.

Can Diana buy insurance in the Marketplace?



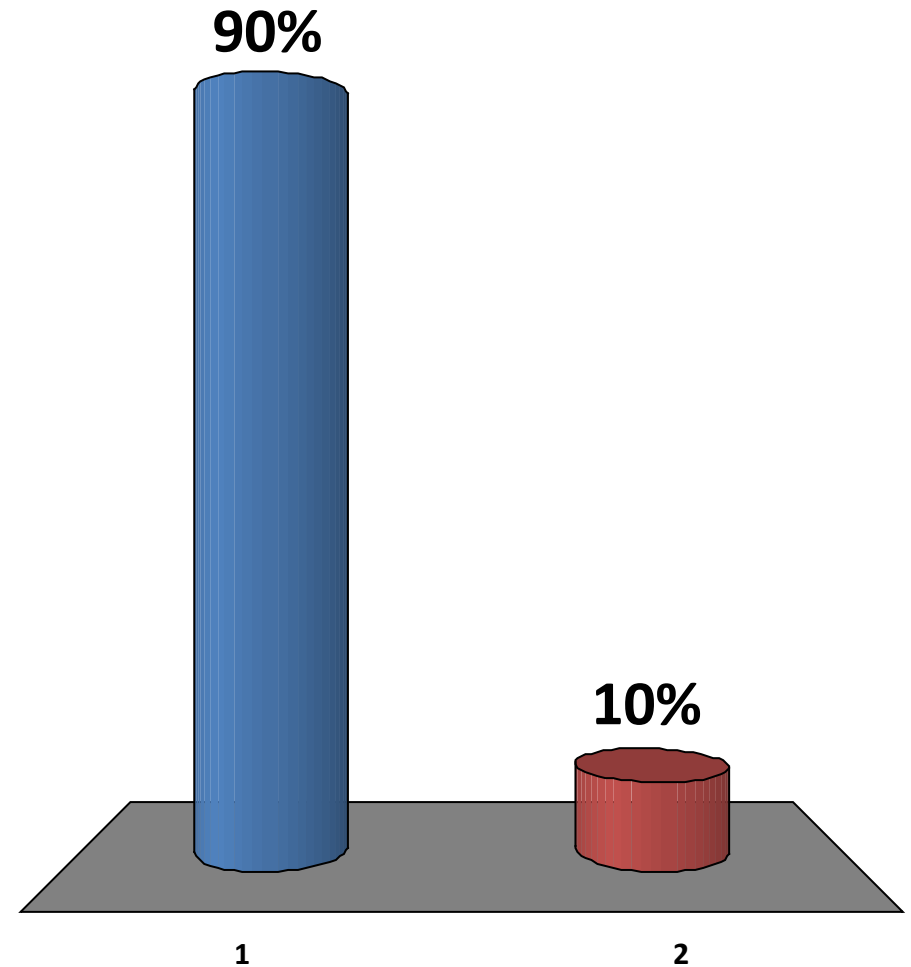
1. Yes
2. No



Can she continue to get additional HIV services through RWHAP?



1. Yes
2. No



LINGO BINGO #5

The amount that you may have to pay for health care services before the health insurance plan begins to pay.

- For example, if your _____ is \$500, your plan won't pay anything until you've paid \$500 for health care services covered by your health plan. After that, your health insurance plan will pay for services.

Deductible



LINGO BINGO #6

A fixed percentage of a health care service that you are responsible for paying for after you've reached your deductible.

- For example, if your plan has a _____ requirement of 20% and a health service costs \$100, your health insurance would pay \$80 and you would pay the remaining \$20 if you had reached your deductible.

Coinsurance



STEP
2

Address
Client
Concerns,
Questions
and Fears

Challenge: Responding to clients' common enrollment questions and concerns.

A close-up photograph of several hands of different skin tones stacked together in a circle, symbolizing unity and support. The hands are resting on a white surface. One hand has a black watch, another has a gold watch, and one forearm has a black spiral tattoo.

WE UNDERSTAND...

...that your clients are diverse with respect to their race, ethnicity, native language, culture, sexual orientation, and gender identity..

Your experiences

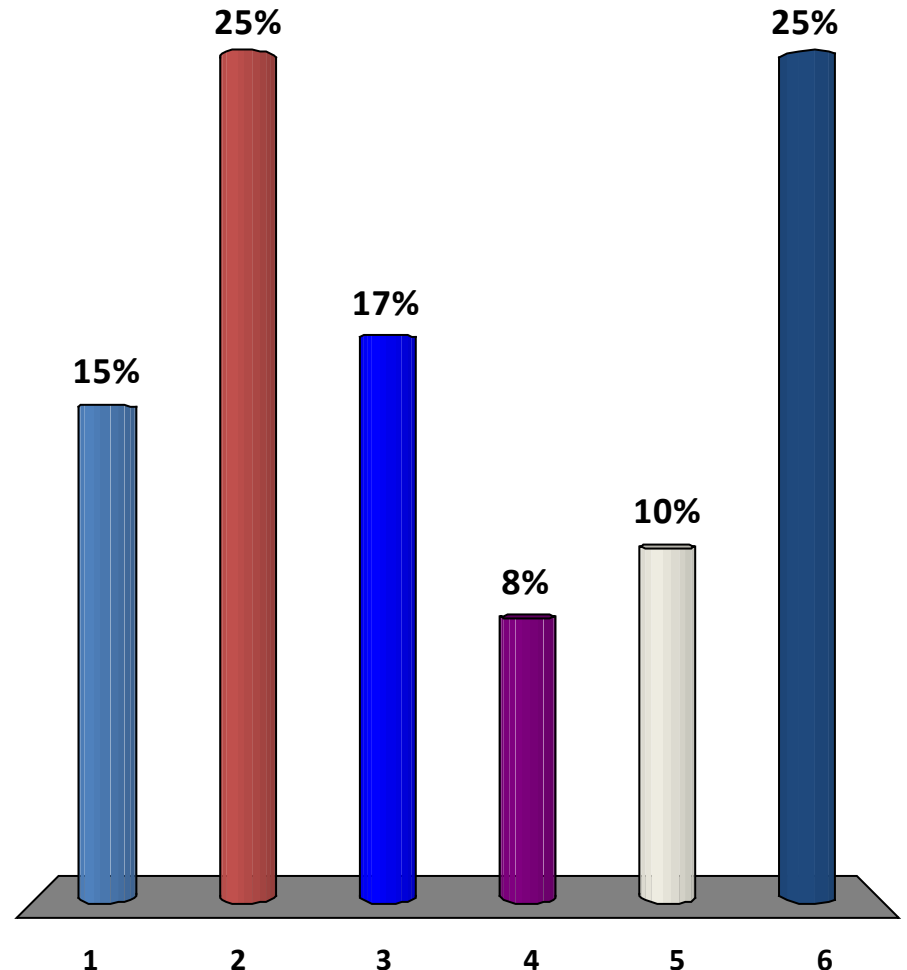
What are your clients' questions or concerns when you talk to them about enrolling in health coverage?



What question do you hear most often from your clients?



1. Why do I need health insurance?
2. How will I pay for insurance?
3. Will I still be able to see my current HIV provider?
4. Will insurance pay for my HIV medications?
5. Can I still get services from RWHAP and ADAP?
6. What if I don't enroll in health insurance?



“Health insurance can be expensive. How will I pay for it?”

You can get help paying for health insurance depending on how much money you make. In many places, the Ryan White Program, including the AIDS Drug Assistance Program (ADAP), can help with insurance and medication costs — even after you get covered.

More than 8 in 10 people who signed up for health insurance in 2014 got financial help.

“Will I still be able to see the doctor or nurse who provides my HIV care?”

There's no guarantee that your current doctor or nurse will be part of a health insurance plan that is available to you, but there's a good chance. And all plans will have an HIV doctor that you can see, even if it's not your current doctor.

Your case manager or an enrollment assister can work with you to compare plans and choose one that is right for you. As you compare plans, you can also see which doctors are covered by each one.

“What about my HIV medications? Will health insurance pay for them?”

All health insurance plans must cover HIV medications. When you're choosing a plan to apply for, you can check to see if your specific HIV medications are covered by that plan.

Most plans require a co-pay for medicines and doctor visits. This means you pay a set amount when you pick up your prescription or go to the doctor.

Different plans may require different amounts for co-pays. Your case manager or an enrollment assister can help you choose a plan with affordable co-pays for medications and doctor visits.



NEW

Get Covered for a Healthy Life (Q&A)

My health insurance works for me.

I got help
choosing an
affordable plan.

Someone can
help you
enroll, too.

HIV-positive?
Find a health insurance
plan that works for YOU.

You can get in-person help to fill out the
application and find out if you're eligible.
You may qualify for financial help.

NEW

My Health Insurance Works for Me (Posters)



The ACE TA Center helps Ryan White

We can help.
Ask us about health insurance today.

Contact information



3 | COMMUNICATION CHALLENGES

Health insurance terminology is complicated and difficult to understand, even for health care professionals. Ask questions instead of making assumptions about whether a client understands the information you give them. Limited English, literacy, health literacy, disability, and behavioral health issues may affect clients' ability to understand health insurance information and their ability to communicate with healthcare providers. Clients may express these challenges in some of the following ways:



CLIENT: The enrollment process is so confusing.



STAFF: I agree, and it's especially confusing for people who have never gone through it before. I'm here to help you, and if there's something I don't know, I will find someone who does.



Be aware of and sensitive to the client's concerns and any past experience with health coverage. This applies to in-person communication and written materials. Provide information in plain language and, whenever possible, the client's preferred language. Meet with interpreters (if needed) in advance and make sure they are familiar with health care enrollment terms.



Refer to the ACE TA Center's [Plain Language Glossary of Health Care Enrollment Terms in English](#) and [Spanish](#).



CLIENT: I've never had health insurance, and I don't understand what it's about.



STAFF: A health insurance plan will cover your general health care needs, as well as your HIV care. Health insurance helps pay for high medical costs if you get sick or hurt.



[Get Covered for a Healthy Life - Consumer Q&A](#) - is for eligible clients that have not yet enrolled in health coverage. It answers common questions they may have about enrolling in health coverage.



CLIENT: All the forms are in English — I can't read them.



STAFF: Unfortunately, not all forms are available in (client language). But we have translators and interpreters who can help. I have the phone numbers here. Should we call now?



For Supervisors: Provide staff training on effective ways to work with interpreters to support clients



Find out what resources a call center can provide before referring multilingual clients.



Refer to the ['Getting Help in a Language Other Than English'](#) webpage to assist clients

Talking with Clients about Health Coverage Common Questions & Suggested Responses

Revised August 2015

STEP
2

Address
Client
Concerns,
Questions
and Fears

**Challenge: Are we speaking
the same language?**



Plain Language Quick Reference Guide

For Health Care Enrollment

Are you working to enroll Ryan White HIV/AIDS Program (RWHAP) clients in new health coverage options? Use this quick reference guide to:

1. Explain confusing enrollment terms and phrases.
2. Build client understanding of common technical terms used during the enrollment process.

A

Adjusted Gross Income

The amount you earn or receive before taxes are taken out, minus certain allowed tax deductions, such as some business and medical costs.

Affordable Care Act (ACA)

The health care reform law passed in 2010 that makes health insurance available and more affordable to many people who did not have health insurance before. The Affordable Care Act is also known as 'Obamacare'.

Affordable

Low-cost

Agent/Broker

A person who can help you apply for and enroll in a Qualified Health Plan (QHP) through the Marketplace. S/he can recommend which plan you should enroll in. S/he is licensed and regulated by the state and typically paid by a health insurance company for enrolling you in the company's plans. Some agents/brokers may only be able to sell plans from specific companies.

(See *Qualified Health Plan*)

AIDS Drug Assistance Program (ADAP)

The program that provides free HIV medications to low-income people. In many states, the program also helps pay for insurance for people living with HIV.

Appeal

If you believe you were unfairly denied care or coverage by the Marketplace, Medicare, Medicaid or a health plan, you have the right to ask that the decision be reviewed for a possible change.

Assistance

Help

B

Benefits

The health care services covered by a health insurance plan. Some health insurance plans have excluded services that are not covered by the plan's coverage document.

In Medicaid and the Children's Health Insurance Program (CHIP), covered services are defined by state program rules.

C

Call Center

A phone number to call for help applying, enrolling and using health coverage. Help is often available in other languages.

Certified Application Counselor (CAC)

A staff person trained to help you:

- Look for health insurance options
- Compare health insurance options
- Complete application forms

CACs can provide information but cannot tell consumers which health plan to choose. Their services are free. (See *Marketplace*)

Children's Health Insurance Program (CHIP)

The program that provides free or low-cost health insurance for children up to age 19. It covers U.S. citizens and eligible immigrants.

Coinurance

People with health insurance may have to pay for part of their health care services. Coinsurance is a fixed percentage of a health care service that you pay after you have met your out-of-pocket maximum. For example, if you have a coinsurance rate of 20% and a health care service costs \$100, you would pay \$20 and the insurance company would pay \$80.

Coinurance is different from co-payment. Co-payments are usually a flat fee paid at the time of service. For example, if you have a co-payment of \$20 and a health care service costs \$100, you would pay \$20 and the insurance company would pay \$80.

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Comprehensive Coverage

A health insurance plan that covers the full range of care that you may need. This may include preventive services (like flu shots), physical exams, prescription drugs, and doctor or hospital care.

Consumer Assistance Program (CAP)

The programs in some states that help with problems or questions about health insurance. They can help you learn about your rights and file a complaint or appeal with your health plan. (See *Appeal*)

Plain Language Quick Reference Guide (English)



Guía de Referencia Rápida en Lenguaje Sencillo

Para Inscripción en Seguro de Salud

¿Está inscribiendo a clientes del Programa de VIH/SIDA Ryan White (RW/RAP, por sus siglas en inglés) en nuevas opciones de seguro de salud?

Utilice esta guía de referencia rápida para:

1. Explicar términos y frases de inscripción que son confusas.
2. Ayudar al cliente a entender términos técnicos comunes que se utilizan durante el proceso de inscripción.

Al final de esta guía hay una lista de palabras en inglés y español para ayudarle a encontrar términos.

A table comparing the English to Spanish terms is included at the end of this guide to help you find a word.

A

Agente/Corredor de Seguros

Una persona que puede ayudarlo a solicitar y a inscribirse en un Plan de Seguro Autorizado (QHP, por sus siglas en inglés) a través del Mercado de Seguros. Ellos pueden recomendar en qué plan debe inscribirse. Ellos están autorizados y regulados por el Estado. Por lo general una compañía de seguros de salud les paga al inscribirle a usted en los planes de la compañía. Algunos agentes o corredores de seguros sólo pueden vender los planes de compañías específicas. (Ver Plan de Salud Autorizado)

podría obtener ayuda para pagar las primas o gastos por cuenta propia (del Crédito Fiscal Anticipado para la Prima, Gastos de su bolsillo).

Asistente en Persona

(IPA, por sus siglas en inglés)
Un miembro del personal que puede ayudarlo a buscar opciones de planes de salud a través del Mercado de Seguros. Ellos pueden ayudarle a entender lo que usted se elegirá para recibir, comparar los planes de salud y completar los formularios de solicitud. Algunas personas pueden proporcionar información que le pueden decir qué plan es el mejor para usted. La ayuda de ellos es gratuita.

ser accedida por personas autorizadas para comprobar sus ingresos para su elegibilidad de seguro de salud.

Beneficios

Los servicios de atención médica o artículos cubiertos bajo un plan de seguro de salud. Los beneficios cubiertos pueden incluir: atención médica relacionada con el embarazo, parto y el cuidado del recién nacido; Seguro Médico para los Niños (CHIP) para niños que no califican para el seguro de salud por sus ingresos; y las reglas del programa estatal.

Plain Language Quick Reference Guide (Spanish)

English/Inglés	Spanish/Español
Adjusted Gross Income	Ingreso Bruto Ajustado
Affordable	Económico
Affordable Care Act (ACA)	Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas en inglés)
Agent/Broker	Agente/Corredor de Seguros
AIDS Drug Assistance Program (ADAP)	Programa de Asistencia de Medicamentos para el SIDA (ADAP, por sus siglas en inglés)
Appeal	Apelación
Assistance	Asistencia
Benefits	Beneficios
Call Center	Centro de Llamadas
Certified Application Counselor (CAC)	Consejero Certificado para Solicitantes (CAC, por sus siglas en inglés)

que trabaja para una empresa que trabaja para una empresa. Por ejemplo, usted es dueño de un negocio o trabaja como un profesional independiente.

Datos Electrónico(s)

Información organizada que se almacena y se accede a través de una computadora. Por ejemplo, la información acerca de sus ingresos se almacena en una computadora por el Servicio de Rentas Internas (IRS, por sus siglas en inglés) de sus impuestos. Esta información puede

El seguro de salud puede ser accedido por personas autorizadas para comprobar sus ingresos para su elegibilidad de seguro de salud a partir de 2014, que incluye:

1. Servicio para pacientes ambulatorios (atención que recibe sin ser admitido en un hospital)
2. Servicios de emergencia
3. Hospitalización
4. Maternidad y cuidados para el recién nacido
5. Servicios de salud mental o para trastornos de abuso de sustancias, incluyendo tratamiento para salud de la conducta
6. Medicamentos recetados (medicamentos)
7. Servicios y aparatos de rehabilitación (ayudan



Challenge: Clients need help choosing a health care plan

Choosing a health plan



Health Care Plan Selection Worksheet

Use this worksheet to help your client choose the best health care plan.

Step 1: Get client's current information.

Current Prescription Medications		HIV-Related Medication?
1	Drug name	Yes _____ No _____
2	Drug name	Yes _____ No _____
3	Drug name	Yes _____ No _____
4	Drug name	Yes _____ No _____
5	Drug name	Yes _____ No _____
6	Drug name	Yes _____ No _____
7	Drug name	Yes _____ No _____

Current Sources of Care

Primary care provider (PCP) _____

Clinic or hospital where PCP is seen _____

Is PCP also an HIV specialist? _____ Yes _____ No

Is PCP certified in specialty infectious disease? _____ Yes (if yes, specialty?) _____ No

HIV specialist (if different than PCP) _____ Clinic or hospital where seen _____

Facility (clinic/hospital) where client goes when sick _____

Mental health provider _____ Clinic or office where seen _____

Substance abuse provider _____ Clinic or office where seen _____

Health Care Plan Selection Worksheet

Health care plan selection worksheet

Allows staff to document the client's:

- Current medications
- Doctors and services provided
- Income
- Potential eligibility for assistance paying health insurance and/or medication costs

Health care plan selection worksheet

Allows staff to compare up to three qualified health plans by:

- Cost
- Provider network
- Pharmacy
- Access to additional services

Step 2: Compare plans.

	Plan 1 Name:				Plan 2 Name:				Plan 3 Name:			
	Company offering plan:				Company offering plan:				Company offering plan:			
Plan general information & cost												
Circle plan "metal"	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum
Is plan eligible for ADAP premium or co-pay assistance in your area?	_____ Yes _____ No				_____ Yes _____ No				_____ Yes _____ No			
Monthly premium client will pay Full premium minus advance premium tax credit or other premium assistance, including ADAP assistance <i>Note the amount of premium assistance provided by ADAP and the premium tax credit.</i>												
Annual deductible The deductible will likely be different for in-network and out-of-network services.												
What coinsurance (percent of the cost of services) is the client responsible for? The plan may have different coinsurance percentages for different services. If so, note the percentage for each service. Note the amount of cost-sharing assistance provided by ADAP.												

Coming Soon! Updated health care plan selection worksheet

Allows staff to estimate client's health care costs under the selected plan:

- Discuss future health care needs
- Estimate client's out-of-pocket costs
 - Health plan costs
 - Financial assistance (premium assistance and cost-sharing assistance)

Step 3: Estimate the client's health care costs.

Once your client selects a health plan, help him/her estimate how much s/he may have to pay for health care. Discuss future health care needs to estimate how often the client will be using each service. Review the plan's out-of-pocket assistance the client is eligible to receive to determine how much the client would pay for certain services. Make a client to keep in their records.



Future health care need

	Primary care	Specialty care	Urgent care	Emergency room	Inpatient care (hospital)	Lab/x-ray	Mental health	Substance abuse
Estimated <u>number of visits</u> in coming year	_____ visits	_____ visits	_____ visits	_____ visits	_____ visits	_____ visits	_____ visits	_____ visits

Client's costs by health care service

	Cost under selected health plan (A)	Financial assistance (premium tax credits, cost-sharing reductions, ADAP assistance) (B)	Out-of-pocket cost to client (A minus B)
Annual premium <i>Monthly premium multiplied by 12.</i>	\$ _____	\$ _____	\$ _____
Annual deductible	\$ _____	\$ _____	\$ _____
Out-of-pocket maximum	\$ _____		

Use the estimated number of visits noted above to calculate client's cost for health care services

	Cost under selected health plan (A)	Financial assistance (cost-sharing reductions, ADAP assistance) (B)	Out-of-pocket cost to client (A minus B)
Preventive care co-pay <i>For example, \$0 co-pay for 2 preventive care visits equals \$0.</i>	\$ _____ x _____ visits = \$ _____	\$ _____ x _____ visits = \$ _____	\$ _____



**Challenge:
Understanding options
for financial help**

Financial Help for Health Insurance

December 2014

ACE TA Center

The federal government provides financial support for many consumers who get health coverage through the Marketplace. Learn how **Premium Tax Credits (PTCs)** and **Cost-Sharing Reductions (CSRs)** can help Ryan White HIV/AIDS Program (RWHAP) clients pay for health insurance.



Premium Tax Credit (PTC)

The Affordable Care Act provides a new tax credit to help lower the cost of premiums for health care coverage purchased through the Health Insurance Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

Cost-Sharing Reduction (CSR)

A discount that lowers the amount individuals and families have to pay out-of-pocket for deductibles, coinsurance, and copayments. CSRs are NOT used to pay premiums.

A person may receive **both** a PTC and a CSR. People who apply for PTCs are automatically assessed for CSRs.

Frequently Asked Questions

- [1. Who is eligible?](#)
- [2. How much financial help is available?](#)
- [3. What income is considered?](#)
- [4. How are PTCs and CSRs given out?](#)

FAQ: Financial Help for Health Insurance

LINGO BINGO #7:

_____ is the amount of out-of-pocket costs that you must pay for services covered by a health plan or health insurance. Examples include co-pays, deductibles, and coinsurance.

Cost-sharing



LINGO BINGO #8:

The discount from the federal government that lowers the amount individuals and families have to pay out-of-pocket for deductible, coinsurance, and co-payments is a _____.

**Cost-sharing reduction
(CSR)**



Premium Tax Credit (PTC)

A **tax credit** to lower the cost of insurance **premiums** for Marketplace coverage

Annual household incomes between 100% to 400% FPL



Cost Sharing Reductions (CSR)

A CSR plan is a version of a Silver plan with lower **out-of-pocket expenses**

Reduces deductibles, copays, and coinsurance

Annual household incomes between 100% to 250% FPL



Health Care Plan Selection Worksheet

Appendix A

Quick Check Chart: Do I qualify to save on health insurance coverage?

To learn if you qualify for lower costs on health coverage, find your estimated 2015 household income and household size on the chart below.

Choose the column for your household size.* The column on the left shows income levels that qualify for lower costs on premiums and out-of-pocket costs for private health insurance, and for low-cost health care through Medicaid. Remember to update your income and/or household size information if there are any changes throughout the year so that any financial assistance with premium and out-of-pocket costs is accurately calculated.

		Number of people in your household					
		1	2	3	4	5	6
Private Marketplace Health Plans	You may qualify for lower premiums on a Marketplace insurance plan if your yearly income is between... <i>See next row if your income is at the lower end of this range</i>	\$11,670 - \$46,680	\$15,730 - \$62,920	\$19,790 - \$79,160	\$23,850 - \$95,400	\$27,910 - \$111,640	\$31,970 - \$127,880
	You may qualify for lower premiums AND out-of-pocket costs for Marketplace insurance if your yearly income is between...	\$11,670 - \$29,175	\$15,730 - \$39,325	\$19,790 - \$49,475	\$23,850 - \$59,625	\$27,910 - \$69,775	\$31,970 - \$79,925
Medicaid Coverage	If your state is expanding Medicaid in 2014: You may qualify for Medicaid coverage if your yearly income is below...	\$16,243	21,983	\$27,724	\$33,465	\$39,206	\$44,497
	If your state isn't expanding Medicaid: You may not qualify for any Marketplace savings programs if your yearly income is below...	\$11,670	\$15,730	\$19,790	\$23,850	\$27,910	\$31,970

*Include in your household everyone you will claim as a dependent on your tax return and any children who live with you. For additional information and instructions on calculating income, see: <https://www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage-chart/>. Adapted from Healthcare.gov

What do they have in common?

- Can be eligible for **both** a PTC and CSR
- Eligibility is re-determined each year during Marketplace application and plan renewals
- Amount of financial help depends on income and premium cost and can change from year-to-year
 - Help your client review plan options **each year** based on how much financial help they will get



Financial Assistance FAQs

Why is the eligibility 138% FPL, instead of 100%, for some individuals?

In states that have expanded Medicaid, individuals with incomes between 100% and 138% FPL who are eligible for Medicaid are not eligible for PTCs and CSRs.

Do clients need to file a tax return?

Clients must file a federal income tax return after the end of the year if (1) they received an advance premium tax credit or (2) plan to claim the premium tax credit as a lump sum.



LINGO BINGO #9:

Health care costs that aren't paid by the insurance plan and that people with health insurance have to pay are called _____.

These include:

- Deductibles
- Coinsurance
- Co-payments for covered services
- All other costs for any services the insurance plan doesn't cover

Out-of-pocket costs



LINGO BINGO #10:

The time outside of the Open Enrollment Period when a person can enroll in or change private health insurance in the Marketplace due to “life events” or “special circumstances” is a _____.

**Special Enrollment Period
(SEP)**





Challenge: Helping clients outside of Open Enrollment

Marketplace Open Enrollment 2016

Begins: November 1, 2015

Ends: January 31, 2016



Special Enrollment Periods Fact Sheet



When Can People Enroll in Private Health Insurance Outside of Open Enrollment?

Are you helping Ryan White HIV/AIDS Program (RWHP) clients enroll in new health coverage options? If so, use this factsheet to:

- Help clients know that there are certain "life events" or "special circumstances" that allow people to enroll in, or change private health insurance outside the open enrollment periods.
- Help clients understand what these life events or special circumstances are.

What is a Special Enrollment Period (SEP)?

A person can usually only sign up for or change their private health insurance during an open enrollment period. A Special Enrollment Period (SEP) is a time outside of open enrollment to enroll in or change a health plan (GHP) offered through the health insurance marketplace.

A SEP starts when a person has a life event or special circumstance listed below.

Life Events

A person has 60 days from the date of a "life event" to enroll in a new health plan.

A change in a household by:

- Marriage
- Birth
- Adoption, or placing a child for adoption
- Placement in foster care
- Death, divorce, or legal separation from a spouse

Special Enrollment Periods Fact Sheet

- A loss of a student health plan
- The end of COBRA coverage (COBRA is the continuation of health benefits available through former employer for a limited amount of time after a job loss)

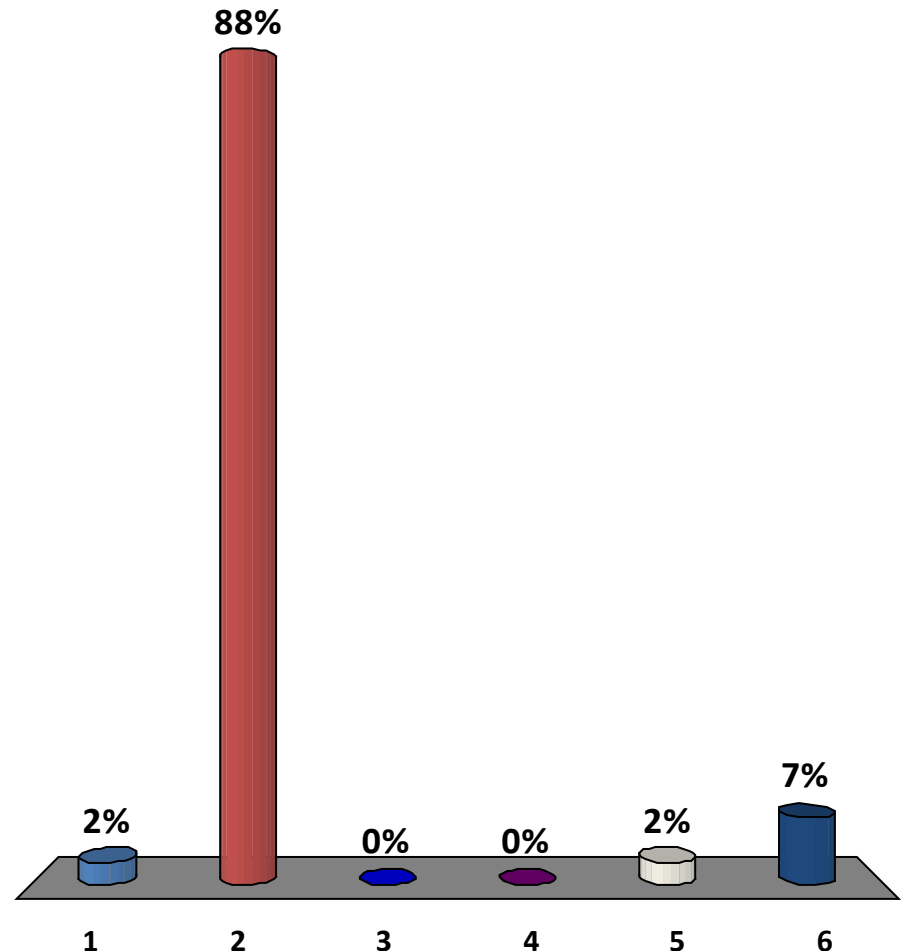
A person experiences:

- A change in immigration status by becoming a U.S. citizen or a "lawfully present" individual, which is a non-U.S. citizen who has permission to live or work in the U.S.

Which of the following is NOT considered a qualifying life event?



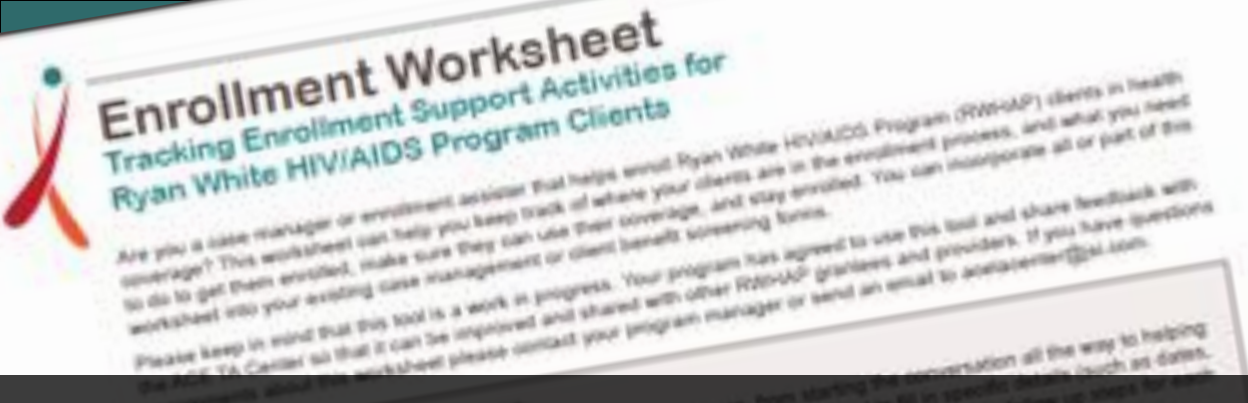
1. Getting married
2. Voluntarily dropping out of a Marketplace plan mid-year
3. Adopting a baby
4. Becoming a U.S. citizen
5. Leaving incarceration
6. Moving to a new state



STEP
5

Follow-Up
on
Submitted
Application

Challenge: There are so many steps to keep track of for clients



Enrollment Worksheet

Tracking Enrollment Support Activities for Ryan White HIV/AIDS Program Clients

HOW TO USE THIS WORKSHEET

This worksheet follows the seven steps of the enrollment process, from starting the demonstration all the way to helping clients stay enrolled. On each step of the enrollment process, you'll be asked to fill in specific details such as dates, activity dates, and other information. You will also find space to record client questions and other follow-up steps for each step. More information can be found on the ACE section of the TA Center website.

Remember that this tracking worksheet will include confidential and sensitive information. Please follow your organization's policies and procedures to protect the client's information according to the RWAP program's policies and procedures.

Client ID: _____
Email: _____
Phone: _____
Fax: _____
Other: _____
Permission to contact client by: Phone Text Email Other: _____
Permission to leave message: Yes No
Inform client that the message will not identify teacher as HIV-positive or include other confidential health information: Yes No
Preferred Language: _____

Enrollment Snapshot

Collect this information in Steps 5 and 7 and then write the same information here for _____

Program(s) client enrolled into (check all that apply):
 Medicaid Medicare Marketplace Other, specify: _____

Financial assistance received (check all that apply):
 Tax credit ADAP Other, specify: _____

Anticipated health insurance renewal date: ____/____/____ (mm/dd/yyyy)

Anticipated ADAP recertification date: ____/____/____ (mm/dd/yyyy)

Anticipated enrollment renewal date: ____/____/____ (mm/dd/yyyy)



Health Insurance Enrollment Tracking Checklist



Use the following checklist to help your Ryan White HIV/AIDS Program (RWHAP) clients enroll in health insurance, use benefits, and stay enrolled.

Do you need a more detailed worksheet?
Use the ACE TA Center [Enrollment Tracking Worksheet](#) to document your activities.

Are you helping a client through the renewal process?
Use the ACE TA Center [Health Insurance Renewal Tracking Checklist](#).

Enrollment Steps



Health Insurance Enrollment Tracking Checklist

Step 1: Get started.

- Discuss why health insurance is important and the insurance options the client may be eligible for.
- Describe the enrollment process, how to apply, how long it will take, and when benefits would start.
- Talk to the client about available financial help, such as premium assistance tax credits, cost sharing, and/or ADAP.

Step 2: Address client concerns, questions, and fears about health insurance.

- Talk with the client about any concerns they may have about insurance.
- Explain that RWHAP can still provide services not covered by insurance.

Step 3: Fill-in application.

- Help the client gather required information and documents.
- Begin the application process, including setting up a Marketplace or Medicaid account.
- Explain that to be eligible for tax credits the client must allow the marketplace to collect tax information.
- Help the client select a health care plan.
- Help the client find assistance in another language, if necessary.
- If you do not provide application assistance, contact an enrollment assister.

Keep track of client files.

Are you helping a client through the renewal process?

Use the ACE TA Center [Health Insurance Renewal Tracking Checklist](#).



Step 1: Get started.

- Discuss why health insurance is important and the insurance options the client may be eligible for.
- Describe the enrollment process, how to apply, how long it will take, and when benefits would start.
- Talk to the client about available financial help, such as premium assistance tax credits, cost sharing, and/or ADAP.

Step 2: Address client concerns, questions, and fears about health insurance.

- Talk with the client about any concerns they may have about insurance.
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Step 3: Fill-in application.

- Help the client gather required information and documents.
- Begin the application process, including setting up a Marketplace or Medicaid account.
- Explain that to be eligible for tax credits the client must allow the marketplace to collect tax information.
- Help the client select a health care plan.
- Help the client find assistance in another language, if necessary.
- If you do not provide application assistance, contact an enrollment assister.

Keep track of important dates, outcomes and notes.

Maria had questions about the enrollment process and eligibility

Applied before and had a hard time getting all of the paperwork together (check past case notes for more info)

LINGO BINGO #11:

The period of time when people who are eligible to enroll in a Qualified Health Plan can sign up for a plan on the Marketplace is called _____.

Open Enrollment



LINGO BINGO #12:

The doctors, clinics, health centers, and hospitals whose services are covered by a health insurance plan are _____.

In-network



STEP

6

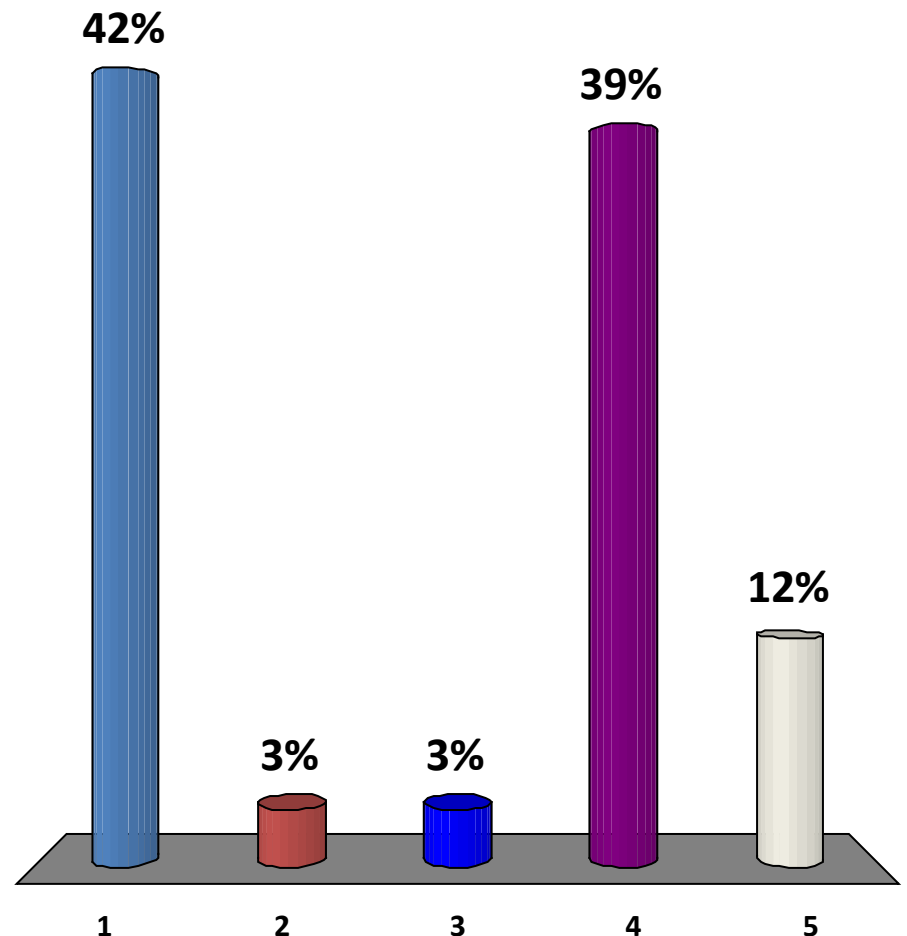
Use
Benefits

Challenge: How can you help clients make the most of their health coverage?

What has been most challenging for your clients as they start using their coverage?



1. Understanding what their plan covers
2. Knowing where to go for care
3. Making the most of health care visits
4. Understanding potential costs
5. Other



NEW

Making the Most of Your Coverage

Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.



Help clients use their new coverage



Know your costs.

Health insurance helps you pay for a wide range of health care needs, but it is important to know what your plan covers **before** you need to see a doctor. Use these tips to understand your potential health care costs.

1. Ask your Ryan White provider how the Ryan White Program, including ADAP, might help pay for some of the costs associated with insurance, such as **premiums, co-pays** and HIV medications.
2. Call your health insurance company if you have questions about a bill or think your insurance should have covered a service you received.
3. Review the **Explanation of Benefits** letter that will be mailed to you after any visit. The letter tells you what services you got during your visit and the total cost. **THIS IS NOT A BILL.** If you have to pay any money, you will receive a separate bill from your doctor.
4. Pay medical bills on time and keep your insurance paperwork in one place in case you need them in the future.
5. Ask someone at your doctor's office for help if you receive forms or letters and are not sure what to do with them.

Continue taking your medications.



It's important to keep taking your medications as prescribed, particularly for HIV.

If your health insurance plan does not cover your HIV medication, you have the right to ask them to make an exception. ADAP might be able to help if you are switching from ADAP to a new insurance plan.

If there is a short time that you are not covered, some pharmacies offer a short-term supply of medications (15 or 30-day refills) until your new coverage begins.



WHAT IS A "CO-PAYMENT"? People with health insurance usually have to pay for part of their health care services. This is called a **co-payment**, or **co-pay**, and the amount may be listed on your insurance card.

- Check your mail.
- Know your costs.
- Know where to go for care.
- Make the most of your visit.

STEP
7
Stay
Enrolled

How can I help
enrolled clients keep
their coverage?

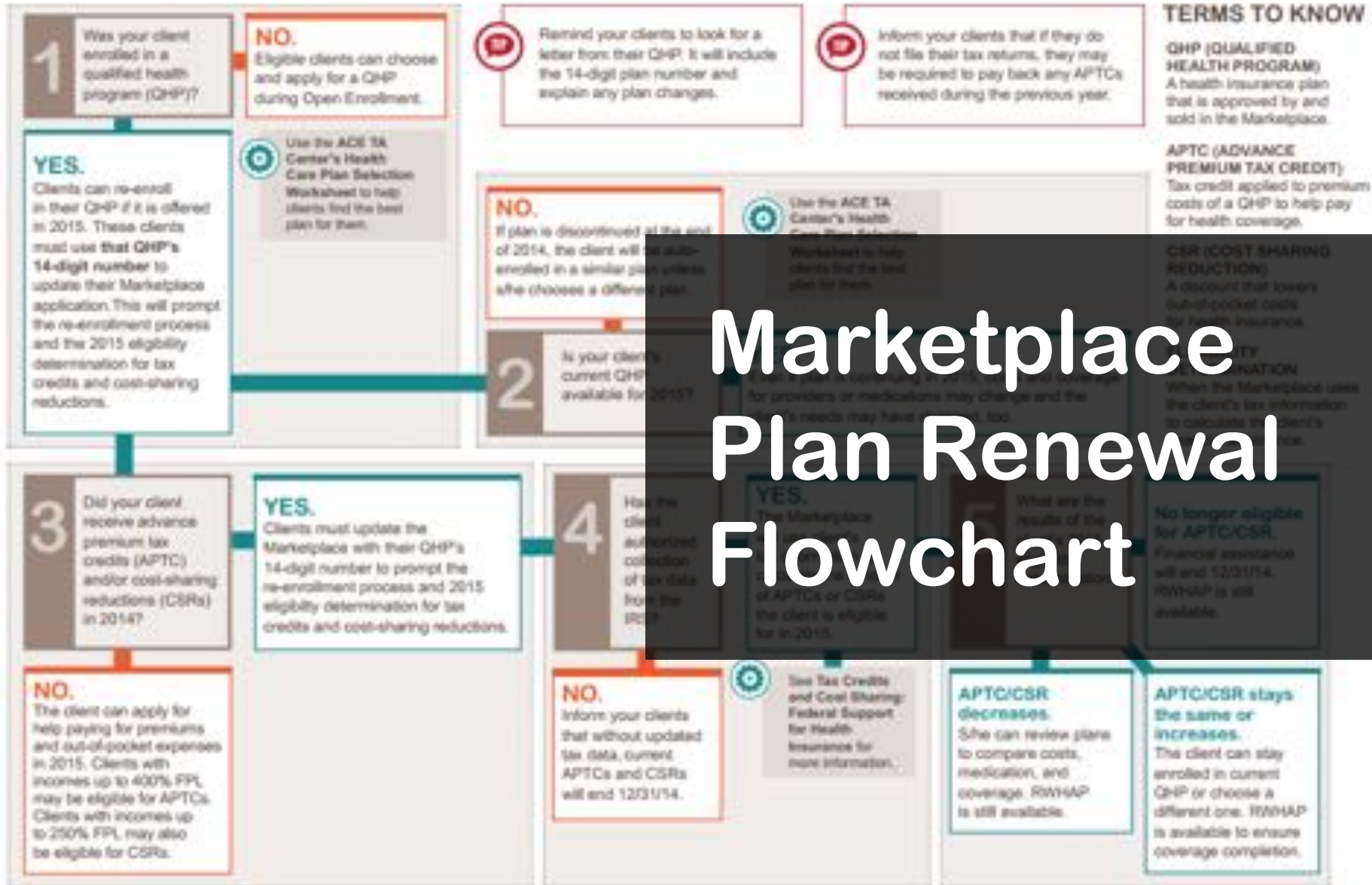


Avoiding churn, churn, churn...

- Educate clients about the importance of paying premiums
- Make sure clients stay enrolled (and up to date) in ADAP
- Help clients update their Marketplace applications annually, and in the case of any life changes
- Make sure clients know they can review and change plans during open enrollment



Marketplace Plan Renewal Flowchart for 2015 Coverage



Marketplace Plan Renewal Flowchart

Health Insurance Renewal Tracking Checklist



Use this checklist to track the key steps to support Ryan White HIV/AIDS Program (RWHAP) clients who are re-enrolling in health insurance.

Some renewal processes differ between states and health insurance programs. Please check with your local Marketplace or state agency about specific procedures.

Clients will require different levels of assistance during the renewal process. Clients changing health care plans or health insurance programs may need more help. Follow the checklist steps that are relevant to each client.

Enrollment Steps



Renewal Tracking Checklist

Step 1: Get started.

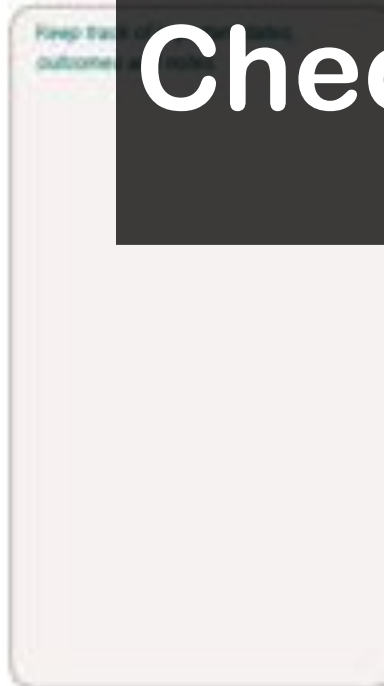
- Describe the renewal process, how to submit renewal information, how long it will take, and when renewed benefits start.
- Talk to the client about available financial help, such as premium assistance tax credits, cost-sharing reductions, and/or ADAP.

Step 2: Address client concerns, questions, and fears about health insurance.

- Discuss the client's concerns about renewal and/or insurance.
- Explain that RWHAP can still provide services not covered by insurance.

Step 3: Fill in application.

- If you do not provide renewal assistance, contact an enrollment assister to help.
- Help the client find assistance in another language, if necessary.
- Begin the renewal process, including updating the client's Marketplace or Medicaid information.
- Explain that to be eligible for tax credits, the client must allow the Marketplace to collect tax information.
- Review the client's current health care plan and discuss why and how to change health plans.
- Help the client select a health care plan.



Coming Fall 2015

Webinars

- **10/8:** Best practices for organizations
- **10/22:** Preparing for Open Enrollment 2016
- **11/18:** Engagement and enrollment in diverse communities: successful strategies and lessons learned

Plus: A fact sheet and video for enrollment assisters



Enrollment: An ongoing process!

- Open Enrollment is **Nov. 1 to Jan. 31**
- Enrolled clients need to re-examine their plan options
- Clients need to file taxes to get federal financial assistance
- Throughout the year, clients need to update their financial information
- Keep your clients in case management and ADAP



- About Us
- Technical Assistance Providers
- RW Listserve & Mailings
- FAQs
- New to the TARGET Center

ACE TA Center

Description

What We Do

The ACE TA Center provides training and technical assistance (TA) to build Ryan White agency capacity to enroll minority clients in ACA coverage options. In collaboration with HRSA, the ACE TA Center will work with grantees and providers to engage minority clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewing enrollment.



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Browse for More

Source Type: **Case Study**
Assessment

From *Health Improvement in Care: Health Care Delivery Modeling & Accessing ACA Health Insurance*, Providers Culture Connections, Executive Program, RWJCU, LLC, 2014, 100 pages, \$100.00. [View Details](#)

www.targethiv.org/ace

July 30 (9:00-4:00 PM ET)

New tools and resources to help enroll people of color living with HIV in health care coverage

This interactive webinar will provide grantees and providers with an overview of eight new tools and how they can help staff (enrollment assistants, case managers, etc.) who are enrolling clients of color.

[Register now!](#)

July 27 (9:00-4:00 PM ET)

Ready for the next open enrollment period? A new

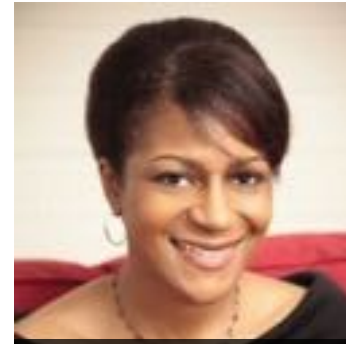
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Sign up for our mailing list,
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STEWART



MIRA



TAJAN



Find us at USCA

- Visit us at booth #720 in the CBA Village.
- **Friday, 2:30-4:00pm**
Agencies: Sustain & Transform to Survive
- **Friday, 4:30-6:00pm**
Federal Partners Mend the Safety Net

And please evaluate our session in the app!





Thank you!