



The Access, Care, and Engagement (ACE) TA Center

DSHAP Administrative Reverse Site Visit
August 31, 2017



Presentation overview

- ACE TA Center goals and activities
- Needs assessment results
- Tools and resources
- Upcoming training opportunities
- Questions



Raise Hands

- Are you already familiar with the ACE TA Center and its resources?
 - Yes
 - No
- Have you ever shared ACE TA Center resources with colleagues and/or subrecipients?
 - Yes
 - No





Overview of the ACE TA Center



ACE TA Center goals

Support RWHAP recipients and subrecipients to:

1. Engage, enroll, and retain clients in health coverage
2. Build the capacity of RWHAP clients and PLWH to stay enrolled and use health coverage
3. Assess and build clients' health literacy, thereby improving their capacity to use the health care system



Supporting activities

- National and targeted training and technical assistance strategies
 - Needs assessment
 - Webinars and in-person training
 - Development and dissemination of best practices and supporting resources

2017 needs assessment

- Live from January 12 to March 7, 2017
- Assessment areas:
 - Health coverage needs and capacity
 - Health literacy needs and capacity
- Builds on 2014 and 2015 health coverage assessments

Respondent characteristics

RWHAP Funding Parts (N=103)*

RWHAP Funding Parts	Count	Percent
Part A	4	4%
Part B	10	10%
Part C	29	28%
Part D	3	3%
Part F (SPNS & Dental)	1	1%
Subrecipient	56	54%

**Mutually exclusive*

- Most Part Cs were hospital-based clinics or FQHCs/CHCs (78%)
- Most subrecipients were community-based organizations (39%)

Health coverage findings

1. Increases in health coverage enrollment and renewals capacity scores from 2013 to 2017 remain significant.
2. Health coverage challenges and T/TA needs in 2017 are similar to 2015.
3. T/TA is still needed to support PLWH of color and key populations.
4. The evolving health care landscape from 2013 to 2016 was largely a positive experience, but some systemic challenges remain.

Health literacy findings

1. Self-rated health literacy capacity is high among direct service providers, but many had not heard of the 10 IOM attributes.
 - *Health departments provide limited training on health literacy.*
2. Self-identified health literacy challenges (e.g., limited funding, staff time constraints, need for general training) are consistent with early findings in other topic areas (e.g., health coverage).
3. Cultural competency is an important element of health literacy capacity.



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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 newly eligible clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewal/re-enrollment.

- View all ACE TA Center [enrollment tools and resources](#)
- Register for upcoming [webinars](#)
- Learn about the ACE TA Center [needs assessment](#)



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July 10 (3:00-4:00 PM ET)

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

This overview 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 17 (3:00-4:00 PM ET)

Ready for the next open enrollment period? A new

careacttarget.org/ace



Webinars

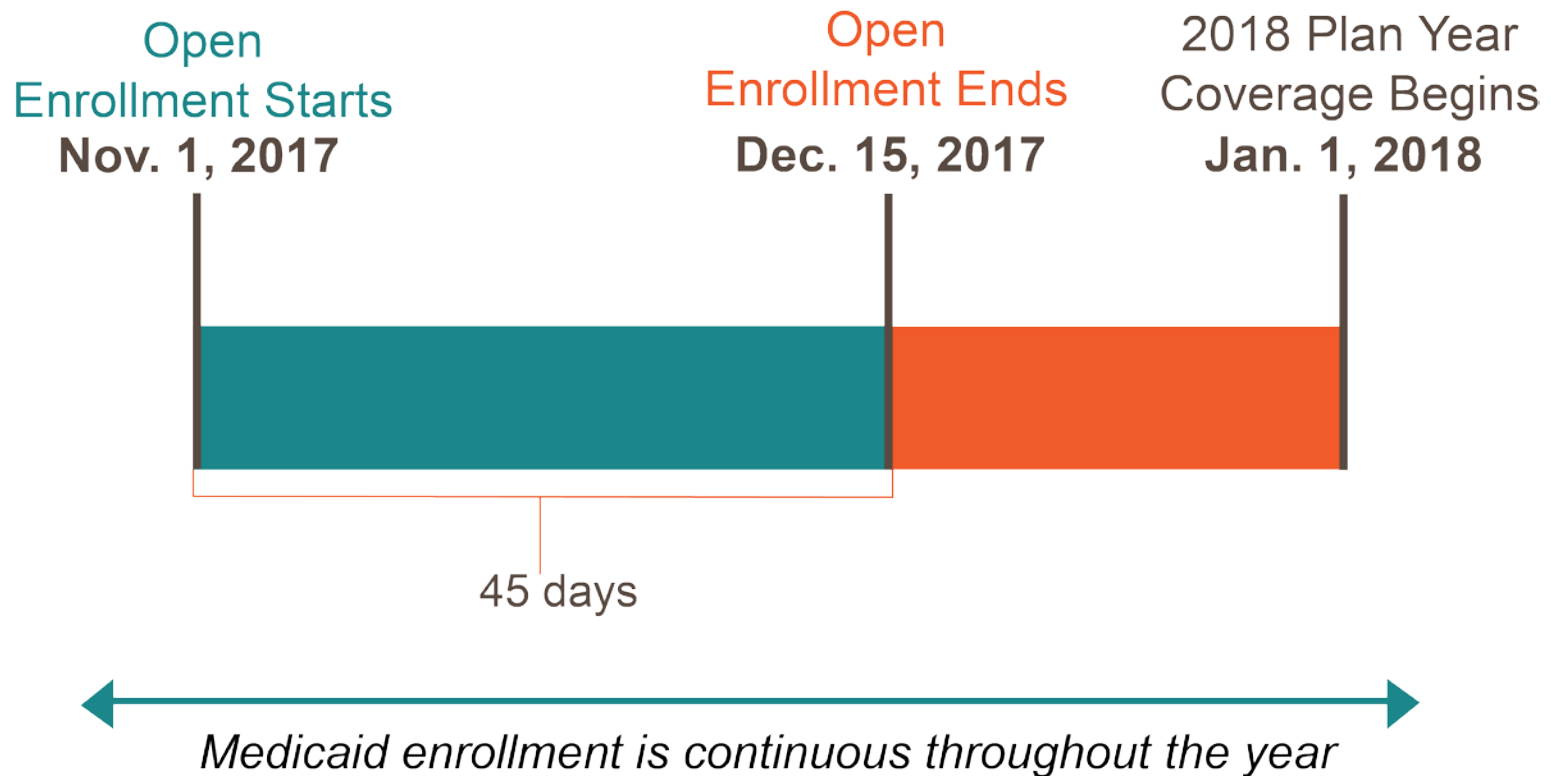
July 26, 2017 - Planning ahead for OE5: What's new for 2018

Learn how to prepare for Open Enrollment, including:

- What service providers and health departments can do to help clients prepare for Open Enrollment, including considerations for program planning, partnership development, staff training, and client outreach.
- Recent updates to Special Enrollment Periods (SEPs), including documentation requirements, and what options consumers have for plan selection if they enroll through an SEP.
- The importance of timely premium payments, and the relationship between non-payment and a client's future enrollment eligibility.
- Considerations for Ryan White HIV/AIDS Program recipients, case managers and enrollment staff.



Open enrollment timeline for 2018 plans



- Six-week enrollment period applies to both federally-facilitated marketplace states (FFMs) and state-based marketplaces (SBMs).
- SBMs are allowed to extend the open enrollment period with a special enrollment period, as a transitional measure.

August 23, 2017 - Basics of Health Coverage Enrollment

Designed for new recipient and subrecipient staff. After completing this webinar, participants will know how to...

- Answer clients' basic questions about enrolling in health coverage and staying covered.
- Identify one or more unique needs or concerns for people living with HIV regarding health coverage enrollment.
- Use at least one ACE TA Center tool in their ongoing efforts to support people living with HIV in all phases of enrollment.
- Describe how the Ryan White and ADAP programs work with health coverage and support continuity of care.



Webinars: What people are saying

- *“I'm a new caseworker so I had some idea already of what my role was in helping my clients get enrolled in the Marketplace due to explanations from my supervisor and coworkers, but the training helped me feel more comfortable with the upcoming open enrollment season. I was not aware beforehand that plans would be changing or becoming unavailable, so the ways to deal with that issue were important information for me.”*
- *“As a Case manager Supervisor it is important to have the necessary tools to guide the clients and case managers to ensure insurance coverage is secured in an appropriate manner. This webinar has increased the likelihood and given me resources to complete the task.”*

Archived webinar highlights

- **April 26, 2017:** Building Consumers' Capacity to Use Their Health Coverage and Stay Enrolled
- **February 22, 2017:** Tax Filing and Health Coverage
- **November 17, 2016:** Engaging Hard-to-Enroll Clients
- **December 10, 2015:** Cost-sharing and tax credits.

careacttarget.org/ace/webinars





Tools and Resources

Health coverage resources

- Engaging and enrolling clients
- Enrolling diverse clients
- Staying covered and using coverage
- Assisters new to HIV
- Financial help and taxes
- Resources for consumers
 - In English, Spanish, and Haitian Creole

Common Questions & Suggested Responses for Engaging Clients in Health Coverage

1 CHANGES IN PROVIDERS AND COVERAGE

Many RWHAP clients, especially those who have never had health coverage, don't know how the ACA will change their health care. They may worry about losing their current doctor and maintaining their HIV care. The following questions, answers, resources, and tips can help enrollment assisters respond to these worries in culturally appropriate ways.



CLIENT: Why do I need health insurance when I get my care through the Ryan White Program?

STAFF: Health insurance helps you in two major ways. First, **insurance covers care for all your health needs.** In addition to your HIV care and medications, you'll be able to get other health services, such as free preventive care, like flu shots and cancer screenings. You can also get care for other health problems you may already have, like heart disease or diabetes. Second, **health insurance protects your finances.** If something unexpected happens, like a car accident, you won't go broke paying hospital bills. Also, you can still get services from the Ryan White Program, like housing assistance and support groups, that are not covered by your health insurance.

TIP: Give specific examples of how insurance for preventive services, screening, and treatment can help this client.



CLIENT: Does enrolling in health insurance mean I'm going to have a new doctor? I want to stay with the one I have now.

STAFF: If you want to keep your current doctor, you need to pick a health plan that your doctor accepts. I can help you look for plans that include your current doctor. All plans include HIV providers, and if you choose a plan that doesn't include your current doctor, you will probably get to know and trust your new doctor over time. If that doesn't happen, I can help you find a different doctor.

TIP: Do not promise clients that they will not have changes in current providers or services. Emphasize that most clients will have more services available to them if they enroll.



CLIENT: Will I still be able to get my HIV medications? Will they cost more?

STAFF: Health insurance plans are now required to cover HIV medications and other prescription drugs. How much you pay for your medications will depend on what are known as out-of-pocket costs (deductibles, co-pays, or coinsurance) for the plan you choose. I can help you look for an affordable plan that includes your HIV medications. The Ryan White Program, including ADAP, may help cover some or all of these costs. There may be other programs that can help, too.

TIP: Be prepared to explain how the Ryan White Program in your state, including the AIDS Drug Assistance Program (ADAP), as well as any local drug assistance programs and other resources, can help clients with premiums and out-of-pocket costs.

IN: [NASTAD Patient Assistance Programs and Cost-Sharing Assistance Fact Sheet](#)

IN: [ADAP Eligibility & Insurance Assistance Resources](#) - lists state ADAP programs, including formularies and cost assistance programs

Available in English and Spanish!

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 behavior information and their ability to communicate the following ways:



CLIENT: The enrollment process is confusing.

STAFF: I agree, and it's especially confusing if you're not fluent in English. I'm here to help you, and if there's anything I can do to make it easier, please let me know.

IN: Be aware of and sensitive to clients' communication needs. This applies to information in plain language. Meet with interpreters (if needed) to discuss enrollment terms.

IN: Refer to the ACE TA Center's [English and Spanish](#) resources.



CLIENT: I've never had health insurance before.

STAFF: A health insurance plan can help you pay for your health care. Health insurance helps pay for many of the costs of health care, like doctor visits, hospital stays, and prescription drugs.

IN: [Get Covered for a Healthy Life](#) - explains how to enroll in health coverage and health coverage.



CLIENT: All the forms are in English.

STAFF: Unfortunately, not all forms are in English. I can help you find an interpreter who can help. I have some resources that can help you find an interpreter.

IN: For Supervisors: Provide staff support clients.

IN: Find out what resources a client needs to understand the enrollment process.

IN: Refer to the [Getting Help](#) resources.

2 AFFORDABILITY OF COVERAGE

Many clients are concerned about how to pay for coverage. The RWHAP can pay for HIV medications and services if clients have a gap in coverage or aren't eligible for coverage, and may also be able to help clients pay for insurance. Keep in mind that many clients may not be comfortable talking about money with a provider, either. A client may say:



CLIENT: I've can't afford health insurance and don't want to be locked into a plan I/we can't afford.

STAFF: 8 in 10 people who signed up for health insurance in 2014 got financial help. Help is available to pay premiums (how much you have to pay each month for your plan) and out-of-pocket costs. The amount of financial help you can get will depend on how much money you make. You can also change plans during Open Enrollment, which happens once a year. But if something major changes in your life, like having a child or changing jobs, you can often change plans then.

IN: Share stories from other clients who got help. Help your clients calculate their premiums and out-of-pocket costs while they are comparing plans. Make it clear that financial assistance depends on eligibility criteria such as household income and number of family members. Explain how RWHAP, including ADAP, may be able to help.

IN: See the cost-sharing example on page 4 of the [Glossary of Health Coverage and Medical Terms](#) from the Centers for Medicare and Medicaid (in Spanish).

IN: The [Special Enrollment Periods Fact Sheet](#) explains how certain "life events" or "special circumstances" can allow people to enroll in, or change Marketplace health insurance outside the Open Enrollment period.

IN: The [ACE Health Care Plan Selection Worksheet](#) can help clients compare plans and find the best plan to meet their financial and health care needs.



CLIENT: Will I have to pay a fee if I don't enroll?

STAFF: Some people will have to pay a fee of \$700 or more if they don't enroll. The exact amount depends on several factors, including household income and family size. Other people may not have to pay a fee if, for example, they cannot afford insurance based on their income or don't qualify for coverage. We can look at this together to see which may apply to your situation.

IN: Information about [qualifying for a fee exemption](#) is available at Healthcare.gov.



CLIENT: Will the Ryan White Program pay for services that my insurance plan doesn't, like out-of-network services?

STAFF: The Ryan White Program may be able to help insured clients pay for premiums and out-of-pocket costs. Generally, the Ryan White Program won't pay for out-of-network services that are covered by insurance, unless you can't get a service from an in-network provider.

IN: The ACE [Making the Most of Your Coverage - Consumer Guide](#) can help newly enrolled clients get started using their coverage.

Eight things to know to help support PLWH to enroll in health coverage



I'm new to supporting people living with HIV.

How do I help them enroll in health coverage?



Listen to consumers' needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.

- People living with HIV need health care providers who understand their needs and life experiences.
- People living with HIV may have other health concerns, such as Hepatitis B or C, mental health issues, or substance use.



Encourage continuity of care.

This means seeing the same provider regularly and maintaining a consistent supply of medication.

- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- Let them know they don't have to start over with someone new, and their information will be confidential.



Understand why continuous medication coverage is essential.

It can help people living with HIV live a healthy life.

- Taking HIV medication every day helps lower the level of HIV in your blood.
- People with less HIV in their blood are much less likely to get sick or pass HIV to others.



Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.

- Consumers work closely with their doctor to find the HIV treatment plan that works best for them.
- Some health plans may only cover certain HIV drugs or combinations or may require increased cost-sharing for certain HIV drugs.



Show compassion & cultural sensitivity.

People living with HIV may not want to disclose their HIV status to an enrollment assister.

- They may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.
- Many consumers, particularly people of color, have experienced stigma and discrimination in the past. Some may fear negative attitudes and prejudice.



The Ryan White Program provides HIV care and support.

Its AIDS Drug Assistance Program (ADAP) also provides access to critical medications.

- Most low-income people have been able to get free or low-cost HIV care, medications, and support services through the Ryan White Program.
- The Ryan White Program only covers HIV-related services and strongly encourages eligible clients to enroll in comprehensive health coverage.



Know how to contact your state's Ryan White Program and ADAP.

The Ryan White Program helps all consumers -- insured, underinsured, and uninsured.

- In many cases, Ryan White Program funds can be used to buy health insurance or pay for premiums and out-of-pocket expenses.
- The Ryan White Program in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.



Explain insurance terms and benefits.

Many people living with HIV are new to health insurance.

- An estimated 30% of people living with HIV have never had insurance, compared with 15% of the general population.
- Before the ACA, some people were denied insurance coverage or charged more because of a pre-existing condition.
- Explain insurance terms and concepts in plain language.

FAQ: Premium Tax Credits (PTCs) and Cost-Sharing Reductions (CSRs)

November 2015

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?](#)

FAQ: Premium Tax Credits & Cost-Sharing Reductions

Video: How Assisters Can Help People Living with HIV Get Affordable Coverage



Posters and videos



- My Health Insurance Works for Me (three sets of posters)
 - “Stay covered” posters focus on helping clients keep track of paperwork, make sure premiums are paid, and manage gaps in coverage.
 - “Enrollment” and “Renewals” posters focus on the benefits of health insurance and help spark conversations about enrollment and renewals.
- ACE “Covered” educational video series topics:
 - What’s covered by insurance
 - Key insurance terms
 - Where to go for different types of care
 - How tax credits work



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Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time	2
Report income and household changes	4
What to do if you lose coverage	6

TIP

Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.



STAY COVERED ALL YEAR LONG

Pay premiums on time

Make sure your premium is paid in full by the due date. Talk to your case manager or enrollment assister to make sure you know the following:

How is the premium paid?

Premiums are paid monthly. Your insurance company will send you the bill. You may need to pay the bill yourself. In some cases, ADAP or another Ryan White Program provider will pay the bill. Talk to your case manager about who is responsible for paying the bill.

- If you do not receive a bill within a month of signing up, call your insurance company. Log in to your Marketplace account to find the insurance company's phone number.

What do I need to do if the Ryan White Program is paying my premium?

- Send a copy of your first bill to the Ryan White Program as soon as you receive it at the beginning of each year. The Ryan White Program will pay the insurer directly.
- Send a copy of the bill any time the amount due changes.
- Bring a copy of your latest bill when you meet with your case manager to re-certify for ADAP or Ryan White Program insurance assistance.

How much is my premium?

- Your insurance company will send you a bill with the premium amount.
- Make sure you pay the premium on time.

WHAT DOES PREMIUM MEAN?
The amount you pay for a health insurance plan. A premium is paid monthly.

TIP

Your insurance company will send you the premium bill even if the Ryan White Program will be paying it.



STAY COVERED ALL YEAR LONG

When is my premium due?

Most premiums are due by a certain day each month.

You must pay your first premium by the end of your first month of coverage each year. For example, if your insurance starts on February 1, your first monthly premium must be paid by the end of February.

What happens if I miss a payment?

If a premium is not paid on time, you will receive a notice from your insurance company, and your insurer can end your coverage. If your coverage ends, the insurance company must send you a letter to let you know.

Your Marketplace plan may offer a grace period before ending your coverage, but do your best to pay your premium on time each month.

WHAT IS A GRACE PERIOD?
A short period of time after the premium is due when you can make a payment without losing coverage. Each state has different rules about grace periods. Contact your insurance company to learn about their grace period.

Special grace period for individuals who received an Advance Premium Tax Credit (APTC)

- An APTC is a tax credit to reduce your monthly premium on coverage through the Marketplace. The Marketplace sends money directly to your health insurance company, and you pay a lower monthly premium.
- To find out if you received an APTC or if you are eligible for one, log into your Marketplace account and view 'My Plans'.
- If you receive an APTC and you have paid at least one full month's premium, you have a special three-month grace period in which to pay the premium in full. The grace period begins on the first day of the month that the premium was due.



Health literacy resources



Goal: Improve the capacity of health care organizations to deliver health literate HIV services to black gay, bisexual, same-gender-loving, and other men who have sex with men

Purpose: Build health literacy knowledge of Health Literacy Trainers in communities across the U.S., including capacity to deliver local community training to health care provider organizations



In It Together microsite



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

 Sign In | Sign Up

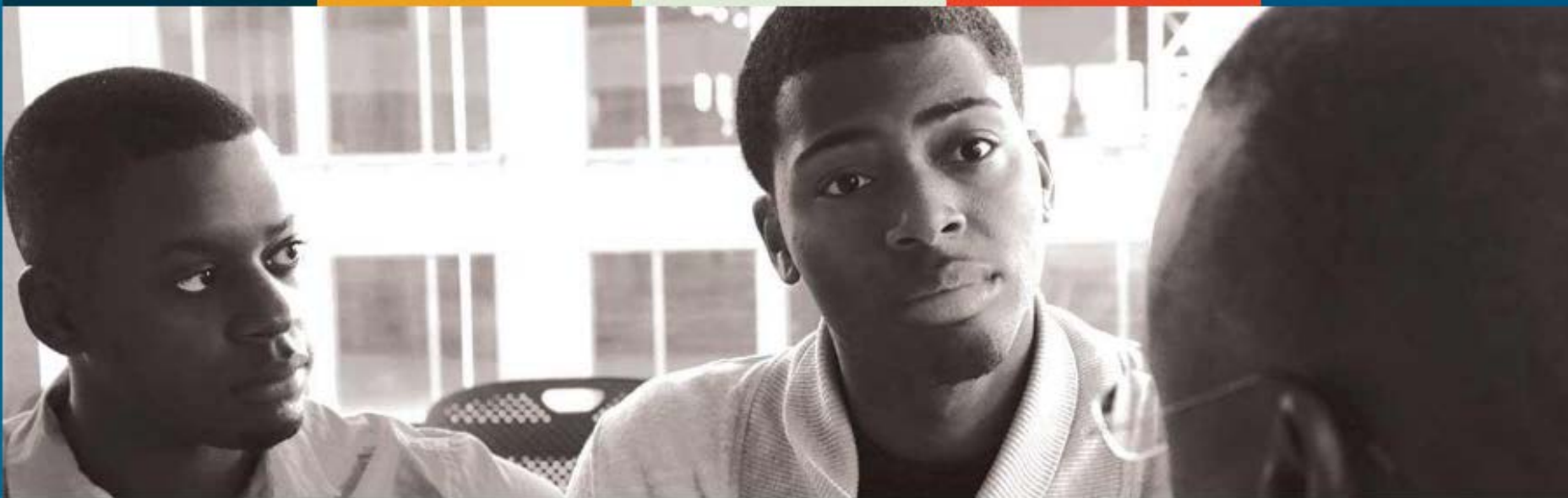
About



Trainers' Curriculum

Community Training

Posters & Brochures

Resources



 **Trainers' curriculum:** provides trainers with in-depth understanding of how health literacy can impact engagement, treatment, and retention in care 

In It Together microsite features

- Request a health literacy training
- View training curriculum
- Download posters and slides
- Access health literacy resource guide (NEW)
- Apply to become a trainer (NEW)



Tell your subrecipients about ACE!

- Sign up for the ACE TA Center mailing list
 - Periodic announcements with webinars, tools, and other information about health coverage and health literacy
 - careacttarget.org/ace/subscribe
- Share ACE TA Center tools and training opportunities with your subrecipients!



Questions?

Contact Us:
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Thank you!