



The Ryan White HIV/AIDS Program and the Affordable Care Act: Moving Forward with Open Enrollment and Vigorously Pursue

Division of Policy and Data
HIV/AIDS Bureau

November 13, 2014

Agenda

- I. Open enrollment (15 min.)
- II. Vigorously Pursue (20 min.)
- III. Arizona Grantee Presentation (30 min.)
- IV. Sample Tools, links to resources (10 min.)
- V. Questions and Answers (15 min.)

Presenters

- Yolonda Campbell, HRSA Office of Planning, Analysis and Evaluation
- Theresa Jumento, HRSA HIV/AIDS Bureau, Division of Policy and Data
- Carmen Batista and Randall Furrow, Maricopa County, Ryan White Part A Program and Planning Council
- Cheri Tomlinson, Maricopa Integrated Health System, Ryan White Part C & D Program
- Jimmy Borders, Arizona Department of Health Services, Arizona ADAP and Ryan White Part B Program

Learning Objectives

Grantees will better understand:

- Useful information on the next Affordable Care Act open enrollment (Nov.15, 2014-Feb. 15, 2015)
- How 'vigorously pursue' may be implemented.
- How to develop and integrate 'vigorously pursue' protocols into their organization.
- How one grantee has integrated their specific approach to vigorously pursuing alternative health coverage and rigorously documenting their efforts.



Preparing for the Next Open Enrollment

November 15, 2014 - February 15, 2015

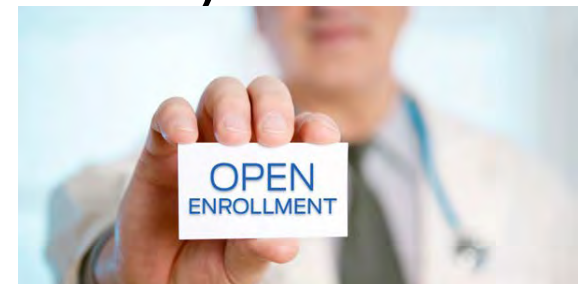
<https://www.healthcare.gov>



When You Can Enroll



- Next annual open enrollment period:
 - **November 15, 2014 – February 15, 2015**
- Special enrollment periods available in certain circumstances during the year.
 - Visit <http://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment> to learn more
- Can apply for Medicaid and CHIP at any time.





Marketplace Re-Enrollment



- All 2014 Marketplace health plans will come up for **renewal** in 2015.
- Consumers will receive letters from both the Marketplace and their insurance company with information about updated premiums and benefits and the re-enrollment process.
- RWHAP grantees should be prepared to assist clients in assessing if the plan still meets their needs.



Renewal and Re-enrollment Process for 2015



- The following slides outline the process for **renewal and re-enrollment process for 2015** in the Federally-facilitated Marketplace (FFM) or State Partnership Marketplace (SPM).
- Processes in **State-Based Marketplaces (SBM)** may **differ**.
 - For specific instructions on SBM re-enrollment please contact your state.



Open Enrollment for 2015



- During Open Enrollment:
 - New applicants will be able to apply and select plans.
 - Current enrollees are **strongly encouraged** to come back to the Marketplace to ensure they receive the accurate amount of financial assistance and either select the same plan (if available) or select a new plan if they wish to do so.
 - **However**, current enrollees will be automatically enrolled in plans whenever possible if they do not return by December 15, 2014.



Key Dates



- Consumers have until **December 15, 2014** to actively select and enroll in a plan **if they want to have coverage starting January 1, 2015.**
- Most enrollees who do not proactively select a plan for 2015 coverage **by December 15, 2014** will be **automatically enrolled** in coverage starting **January 1, 2015.**
- If an enrollee returns **after December 15** and selects a new plan, they will have coverage through the automatically enrolled plan until the new coverage takes effect.

Example: Mary is enrolled in plan A for 2014 and receives a letter from her issuer stating that in 2015 she will be automatically renewed into plan B. On **December 23, 2014**, Mary selects a new plan, plan C. She will be enrolled in plan B for January and plan C for February.



Current Enrollees with Updated Applications



- Current enrollees are **strongly encouraged** to return to the Marketplace to make sure their Marketplace application has the most up-to-date information about their income and family size.
- Enrollees who proactively update their Marketplace application information will receive an updated eligibility determination for 2015.
- Enrollees with updated 2015 eligibility determinations **MUST confirm plan selection** in either the same plan or a new plan. If the enrollee doesn't do this step they will be automatically enrolled with their most recent Marketplace eligibility determination (e.g. 2014).



Current Enrollees with Updated Applications (Example)



Example #1: Consumer updates application, receives a new eligibility determination, and does not select a plan by December 15, 2014

- Mary was enrolled in plan B with **\$100 APTC** in 2014.
- She receives a notice from her issuer that she will be automatically renewed into plan B.
- On 11/20/14 Mary completes an application and receives an eligibility determination of **\$150 APTC** for 2015.
- She does not confirm her plan or select a new plan before 12/15/2014.
- She will be automatically enrolled in plan B with only **\$100 APTC** with coverage effective January 1, 2015.



Changing Plans



- Consumers **will be able to change plans** throughout the open enrollment period (until 02/15/2015) even if their coverage has taken effect.
- Changes will be consistent with regular effective dates:
 - Changes by the 15th will be effective the first day of the following month.
 - Changes after the 15th will be effective the first day of the second following month (individual will retain prior plan until the newly selected plan becomes effective).



Key Messages to QHP Consumers



- Come back to the Marketplace to update your information and make a plan selection. You may be eligible for more financial assistance!
- If you don't come back and report changes, the Marketplace does **not** re-determine your eligibility. Your 2014 eligibility will continue, which may not reflect the financial assistance you are entitled to.
- Even if you are automatically enrolled because you did not actively select a plan by **12/15/2014**, you should still make updates to your application information and shop for a plan which best fits your needs before the end of open enrollment (2/15/2015).



Questions for Clients



- Did you read all the notices you received from your issuer and the Marketplace?
- Were you satisfied with your plan last year?
- What has changed for you since last year? Have you experienced any changes in your health care needs or life circumstances? (e.g. did you move, did your income change, did you get married or have a baby?)
- Does your current plan still cover everything you need it to cover? Is your doctor still in your plan's network? Is the hospital you want to receive care at still in your network? Does your plan still cover your prescription drugs?



Role of RWHAP Grantees



- **Assist clients in applying for and enrolling** in health care coverage
 - <https://marketplace.cms.gov/technical-assistance-resources/assisters-after-enrollment.pdf>
- **Educate patients** about what it means to have health insurance
 - Coverage to Care: <https://marketplace.cms.gov/c2c>
- **Get “in-network”** with Qualified Health Plans and Medicaid Managed Care Organizations
 - TARGET Center Provider Network Resources:
<https://careacttarget.org/category/topics/contracting-health-plans-provider-networks>
 - “Answers About Health Plan Contracting” Webinar Archive:
<http://www.fpntc.org/training-and-resources/webinar-recording-answers-about-health-plan-contracting>



Service Categories in the RWHAP that Support Outreach and Enrollment



RWHAP Parts A & B	RWHAP Parts C & D
Early Intervention Services funding may be used for <u>benefits counseling</u> , <u>enrollment</u> , and <u>outreach education</u>	n/a
Medical Case Management Services funding may be used for <u>benefits counseling</u> and <u>enrollment</u>	Medical Case Management Services funding may be used for <u>benefits counseling</u> and <u>enrollment</u>
Non-Medical Case Management Services funding may be used for <u>benefits counseling</u> and <u>enrollment</u>	Non-Medical Case Management Services funding may be used for <u>benefits counseling</u> and <u>enrollment</u>
Health Education/Risk Reduction Services funding may be used for <u>outreach education</u>	n/a
Outreach Services may be used for <u>outreach education</u>	Outreach Services (PART C) funding may be used for <u>outreach education</u>
Referral for Health Care/Supportive Services funding may be used for <u>benefits counseling</u> , <u>enrollment</u> , and <u>outreach education</u>	n/a
Minority AIDS Initiative (PART B) funding may be used for <u>outreach education</u> , <u>benefits counseling</u> , and <u>enrollment</u>	n/a



The HIV/AIDS Bureau currently has three cooperative agreements providing technical assistance to grantees regarding the Affordable Care Act:

- Supporting the Continuum of Care: Building RWHAP Grantee Capacity to Enroll Eligible Clients in ACA Health Coverage Programs (ACE Project) – John Snow, Inc.
- Engaging in Marketplace Insurance Plans under the Affordable Care Act – Cikatelli Associates
- Establishing AIDS Service Organization (ASO) Service Models – Fenway Community Health

Connect Clients to
New Plans

Connect Medical
Centers to Plans

Connect ASOs to
Medical Centers

Maximize
Continuum
of Care
Services

Maximize Client
Health Outcomes



Helping Clients Choose a Plan



There are many resources to help grantees engage clients and assist in choosing health insurance plans.

Visit the ACE Center to view these resources

<https://careacttarget.org/ace/tools-and-resources>



Tools for Determining Eligibility

U.S. Department of Health and Human Services



My Files



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.

Is the Ryan White HIV/AIDS Program (RWHAP) client a U.S. citizen or lawfully present in the U.S.?

YES

NO

Does the client already have Medicaid or Medicare?

YES

NO

If the client is already receiving Medicaid or Medicare, s/he does not need to apply for new programs.

S/he **CAN'T** buy insurance in the Marketplace.

Stay on Medicaid or Medicare. Continue additional HIV (care completion) services

The client **CAN'T** buy insurance in the Marketplace or qualify for Medicaid/Medicare. Some states may offer other coverage options.*

Client may continue to get care through RWHAP

Does the client have individual insurance or insurance available through an employer or a spouse's employer that...

- Is affordable? (costs less than 9.5% of household income)
- Meets ACA "minimum value" requirements? (employers must notify employees whether plans meet these requirements)

Tools for Comparing Plans

	Plan A		Plan B		Plan C	
	Name:		Name:		Name:	
Out-of-pocket maximum for plan The client may have a lower maximum if s/he qualifies for cost-sharing assistance.						
Which co-pays does the plan charge for?	Primary care visits	\$	Primary care visits	\$	Primary care visits	\$
	Specialty care visits	\$	Specialty care visits	\$	Specialty care visits	\$
	Urgent care visits	\$	Urgent care visits	\$	Urgent care visits	\$
	Emergency room visits	\$	Emergency room visits	\$	Emergency room visits	\$
	Inpatient care (hospitalization)	\$	Inpatient care (hospitalization)	\$	Inpatient care (hospitalization)	\$
	Mental health visits	\$	Mental health visits	\$	Mental health visits	\$
	Substance abuse visit	\$	Substance abuse visit	\$	Substance abuse visit	\$
	Tier 1 medications	\$	Tier 1 medications	\$	Tier 1 medications	\$
	Tier 2 medications	\$	Tier 2 medications	\$	Tier 2 medications	\$
	Tier 3 medications	\$	Tier 3 medications	\$	Tier 3 medications	\$
	Tier 4 medications	\$	Tier 4 medications	\$	Tier 4 medications	\$
	Tier 5 medications	\$	Tier 5 medications	\$	Tier 5 medications	\$
Provider Network						
Are the client's providers included in plan network?	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Are plan providers located conveniently for client?	_____ Yes _____ No		_____ Yes _____ No		_____ Yes _____ No	



Resources



- Marketplace Information and Enrollment
 - <https://www.healthcare.gov/>
- HRSA Affordable Care Act Website
 - <http://www.hrsa.gov/affordablecareact>
- HIV/AIDS Bureau Affordable Care Act Website
 - <http://hab.hrsa.gov/affordablecareact>
- Provider and Partner Marketplace Resources
 - <http://marketplace.cms.gov>
- From Coverage to Care Resources
 - <https://marketplace.cms.gov/c2c>



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.



BEST PRACTICES FOR PLANNING AND INSTITUTIONALIZING VIGOROUSLY PURSUE

Best Practices for Implementing Vigorously Pursue

Establish Written Policies

Comprehensive organizational policies that clearly outline the goals and process

Establish Written Procedures

Clearly detailed and delineated procedures for education, enrollment and tracking for all clients

Document

Tools created to document enrollment and discussions with PLWH



Components of Policies for Vigorously Pursue



- Create a description of the Health Insurance Marketplace in your state.
- Define a specific plan for coordination of patients into the Affordable Care Act healthcare environment.
- Develop specific procedures for the transition.
- Have education and enrollment goals, including written RWHAP provider roles, ASO roles, EMA Planning Council roles, RWHAP client roles, and Part B+ADAP roles.



Components of Policies for Vigorously Pursue (2)



- Need a timeline of important Affordable Care Act-related dates which includes target dates for RWHAP Affordable Care Act screening and enrollment.
- Create Affordable Care Act quality improvement processes and measures to identify, inform, educate, and enroll.
- Establish a screening tool to determine eligibility for all clients at least every six months.



Components of Effective Procedures



- Clearly detailed and delineated procedures to educate, enroll and track all clients.
- Process to utilize existing systems (e.g., CAREware) 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.



Components of Effective Procedures (2)



- Create provider talking points for staff to use when talking to clients. Provide information on:
 - Where clients can enroll and self-enroll.
 - Benefits of enrolling.
 - Consequences of not enrolling,
 - Eligibility information, etc.
 - Client out-of-pocket cost.
- Develop procedures that clarify what happens when clients do not meet eligibility requirements, choose not to enroll, or refuse to be screened for eligibility.
- Train providers.



Examples of Staff Resources



- Q&A document on eligibility screening and enrollment.
- Q&A document on access to medication/pharmacy benefits through ADAP and other programs.
- FAQ document on eligibility screening, benefits counseling, and enrollment for staff. This includes information on tax credits and discounts.
- Detailed information describing how to access services that facilitate clients getting care and ensuring they stay in care.



Examples of Staff Resources (2)



- Benefit plan summaries: a listing of health care services covered by payors and coverage/benefits plans.
- Phone scripts for clerical/admin staff to use when contacting clients.
- FAQ document for medical providers to discuss with clients.
- Additional resources for enrollment workers performing the screening process:
 - Cheat sheet of key contacts at state ADAP.
 - Cheat sheet of informational resources available on the web.



Empower clients (and their families) by providing resources to make decisions about health insurance and the Affordable Care Act:

- Cultural and linguistically appropriate education materials,
- “10 things you should know about the Affordable Care Act” handout,
- "Dear Patient" letter outlining process changes.



Examples of Ways to Rigorously Document



- Document client's eligibility, grantee attempts to enroll, and barriers to enrollment (if applicable) in chart
- Use existing systems to ensure proper client identification and tracking by payor source(s) (e.g. Qualified Health Plans, Medicaid, Medicare, etc.)



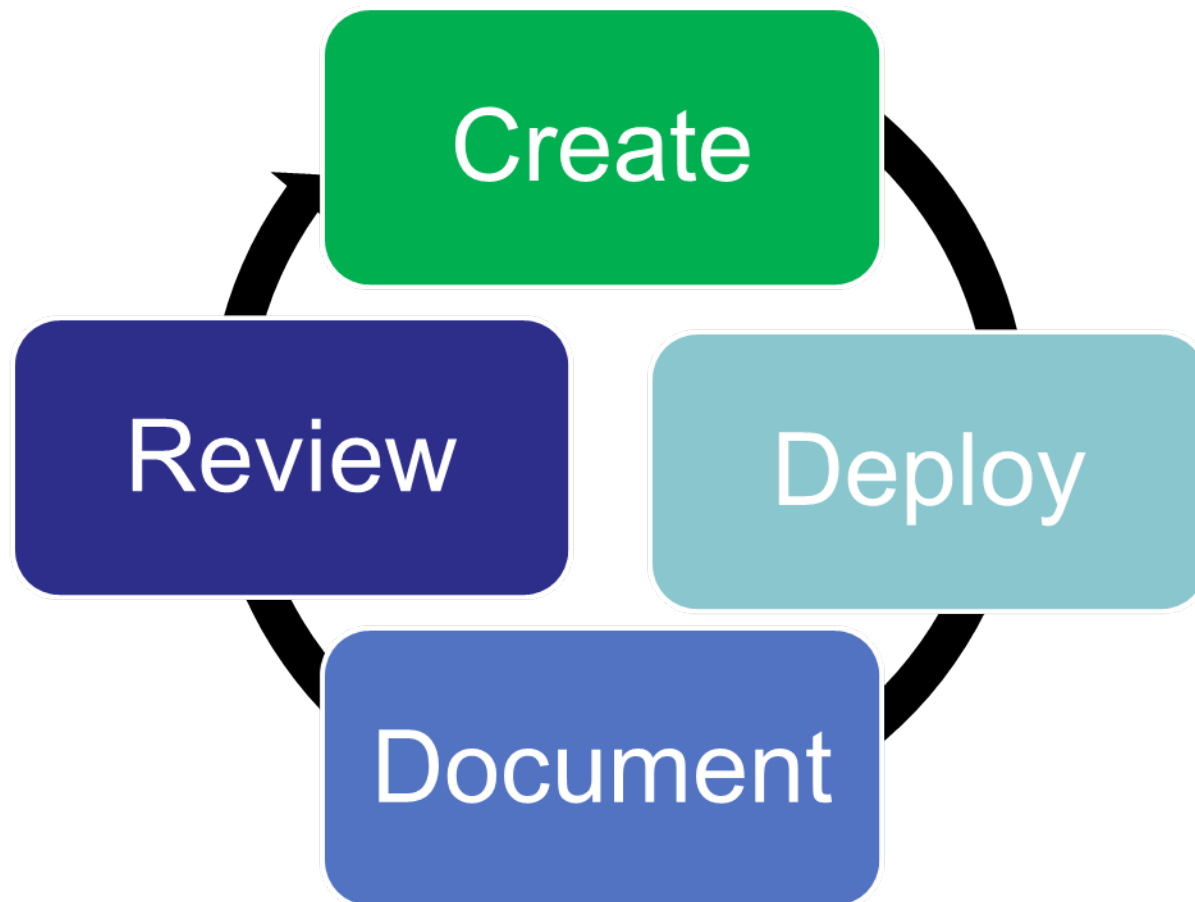
Examples of Ways to Rigorously Document (2)



- Clients sign forms (e.g. Health Insurance Enrollment Acknowledgement) that confirms they were properly educated and verified for all forms of coverage.
- Document across organizations and providers, when possible.
- Continuous review of policy through programmatic monitoring.

Key Take Home Messages

Vigorously Pursue allows for a process that ensures that PLWH continue to receive care and treatment services.



Maricopa County, Ryan White Part A Program

657k uninsured in
Maricopa County

Phoenix EMA Affordable Care Act Plan:
*Collaboration Among Maricopa County Ryan
White Grantees*

Ranked **6th** highest county of
uninsured

Objectives

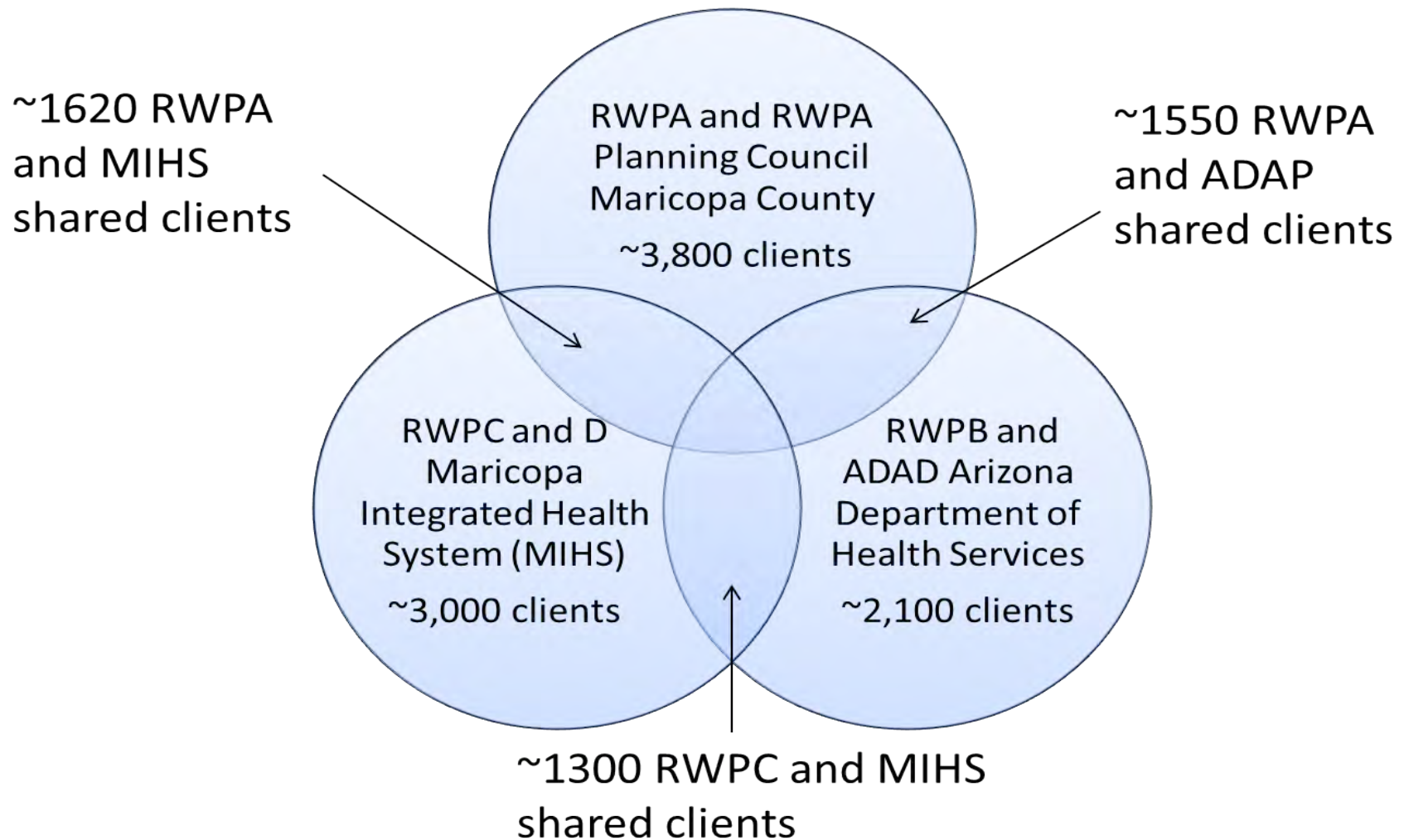
- Provide background on the Phoenix EMA
- Share the Identify, Inform, Educate and Enroll model developed and implemented in the Phoenix EMA
- Identify opportunities for engaging RWPA, RWPC, ADAPs, and Planning Bodies at multiple stages of ACA Implementation

15,798 persons living with
HIV/AIDS in **Arizona**

10,879 persons living with
HIV/AIDS in
Maricopa County

1 in 4 persons living with HIV/AIDS
in Maricopa County get all or
part of their care at
**McDowell Healthcare
Clinic**

Phoenix EMA Players and Pre- ACA Client Mix



Healthcare Enrollment: A Community Win

1. More comprehensive medical care for clients through expanded Medicaid and Marketplace Insurance
2. Drive down primary medical care costs for RWPA
3. Increased billing opportunities for Part C and larger hospital organizations
4. ADAP had demonstrated savings when funding insurance vs. direct purchase of medications
5. ADAP able to generate revenue by paying copays and recouping manufacture rebate.

Identifying Clients through Existing Data Systems

- CAREWare
 - All RWPA providers and local RW grantees have access to the RWPA CAREware system
 - Client eligibility data (income, insurance, client's medical and case management provider) information collected every 6 months through the RWPA Central Eligibility office and shared through CAREWare.
- Used CAREware to:
 - Identify client groups or “buckets”
 - Document progress towards completion
 - Run Provider Specific and EMA Wide Reports on ACA Status

ACA Client Groups

CAREWARE GROUP NAME	DESCRIPTION	ACTION REQUIRED	CAREWARE SERVICES REQ TO COMPLETE
ACA Medicaid	Clients currently enrolled in Medicaid.	Send customized letter detailing changes and need for client to update Health-E Arizona Plus account (Medicaid) online.	Will auto update to Complete on October 1, 2013, as no application action is needed.
ACA Medicare	Clients currently enrolled in Medicare and over 138% of the federal poverty level.	Send customized letter detailing changes.	Will auto update to Complete on October 1, 2013, as no application action is needed.
ACA Dual	Clients currently enrolled in Medicare with income < or = 138% of the federal poverty level. Clients may be dual eligible.	Send customized letter detailing changes. Require application to Health-E Arizona Plus (Medicaid).	ACA Medicaid Applied
ACA PCIP	Clients currently enrolled in the Pre-Existing Condition Insurance Plan, may be over or under 138% of the federal poverty level.	Send customized letter detailing changes. Require application to Health-E Arizona Plus (Medicaid), and Federal Marketplace if income is >138% of the Federal Poverty Level.	< or = 138% of federal poverty level: ACA Medicaid Applied >138% of the federal poverty level: ACA FFM Applied

ACA Client Group (2)

CAREWARE GROUP NAME	DESCRIPTION	ACTION REQUIRED	CAREWARE SERVICES REQ TO COMPLETE
ACA Health-E AZ Plus	Client does NOT have Medicaid, Medicare or PCIP and income is < or = to 138% of the federal poverty level.	Send customized letter detailing changes. Require application to Health-E Arizona Plus (Medicaid)	ACA Medicaid Applied
ACA Marketplace	Client does NOT have Medicaid, Medicare or PCIP and their income level is >138% of the federal poverty level.	Send customized letter detailing changes. Require application to Health-E Arizona Plus (Medicaid), and Federal Marketplace.	ACA FFM Applied
ACA Not Eligible/Inactive	Clients are inactive, deceased, incarcerated or have not had any services in over a year.	None.	Not applicable.

Identify Committee

Grantees



Leadership from Major
Enrollment Sites

- Prioritize clients
- Navigate through data sharing restrictions
- Identify and problem solve challenges as they arose



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Inform Key Steps

- Planning council to develop **5** simple, consistent and coordinated **key messages** for use across the EMA to market and inform clients of upcoming ACA changes
- All RW Providers tasked with **encouraging** clients to learn about and **enroll** in ACA coverage
 - If agencies did not enroll, then they would refer the client to an enrolling agency

1. Enrollment dates

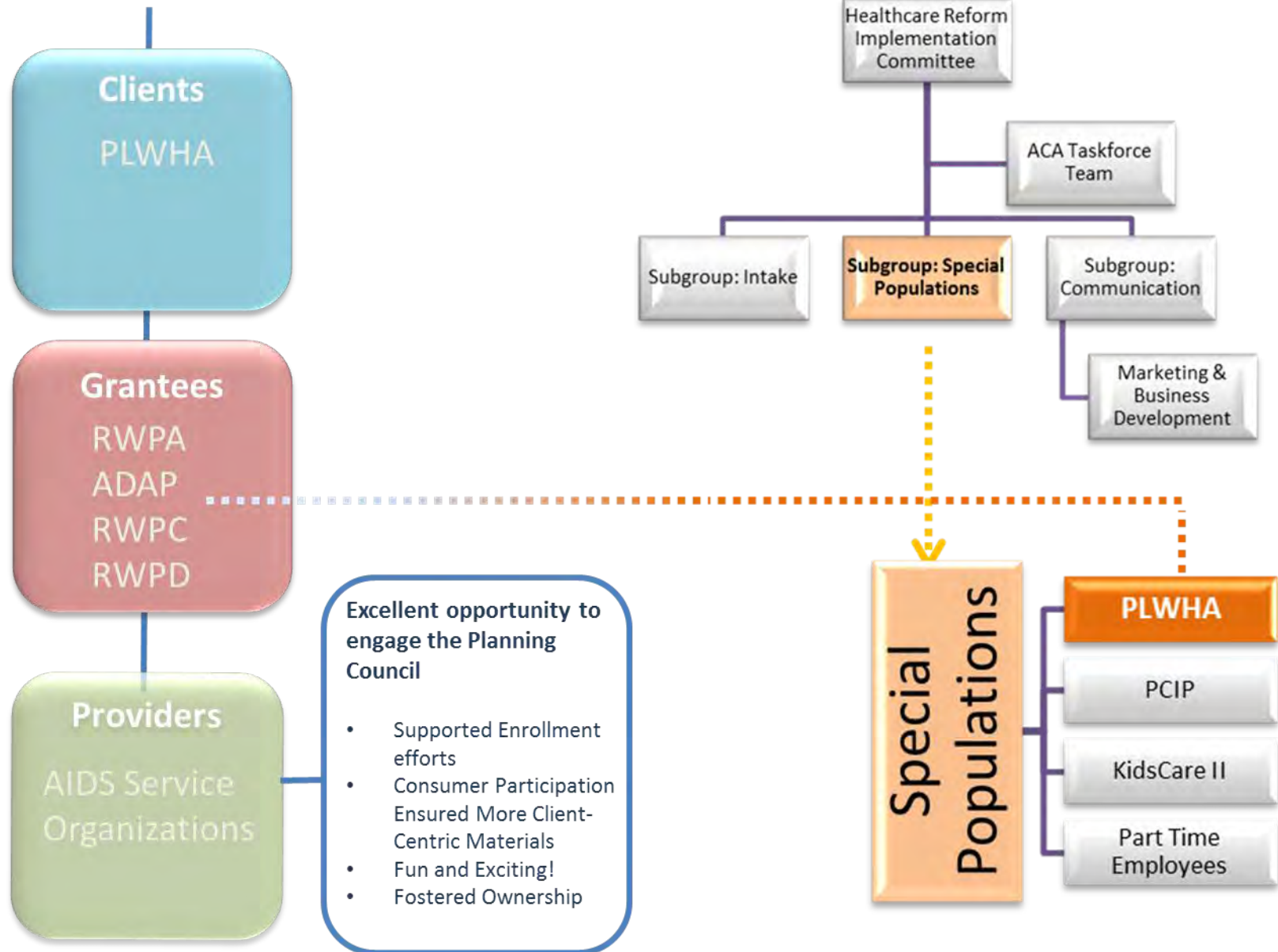
2. Affordable coverage – low or no-cost!

3. One-on-one assistance

4. Coverage benefits

5. It's the law!

Inform Structure



Inform Toolkit Buckets



POSTERS & POST CARDS



Regarding Your
HEALTHCARE COVERAGE

A Change
Ahead

You may be
eligible for **HEALTHCARE**
through the Affordable
Care Act

Act Now

to Identify Healthcare Coverage

that is Available to
You!

ASK YOUR Case Manager
or
Healthcare Provider

FOR ASSISTANCE!

www.healthcare.gov



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Inform
Toolkit
Buckets (2)

Inform Toolkit Buckets (3)

10 THINGS TO KNOW



Things to Know about the Affordable Care Act in Arizona

1 Your healthcare coverage may change.

Starting October 1, 2013, you may qualify for healthcare through Medicaid/AHCOS or the Federal Insurance Marketplace.

2 Work with trusted groups.

You should never have to pay to complete or enroll in Affordable Care Act health coverage. Beware of people asking for personal information for "Obamacare cards" or requiring payment.

3 Different people need to do different things.

Coverage depends on how much money you make and how many people are in your family. Are you under 138% of the federal poverty level with no existing healthcare? Apply for Medicaid. If you/your family makes more than 138%, apply for the Federal Marketplace. If you're on PCIP, apply for the Federal Marketplace. On Medicare? Keep your coverage.

4 Learn the language of your new

healthcare. Know what these terms mean to your wallet: insurance premiums; co-pays; deductibles; co-insurance; open enrollment; cost sharing; out of pocket costs.



5 Stay enrolled in Ryan White and ADAP Services.

Starting January 1, 2014, your eligibility renewals will be due during your birthday month and 1/2 birthday month.

6 Your Case Manager can help.

They can help you find your group, apply for coverage, keep coverage for support services and understand premiums, co-pays, deductibles, co-insurance and out of pocket expenses.

7 Open enrollment starts

October 1, 2013.



In Maricopa County, enroll at Care Directions/Central Eligibility Office or the McDowell Healthcare Center. You only have to enroll once.

8 Once enrolled, stay en- rolled.

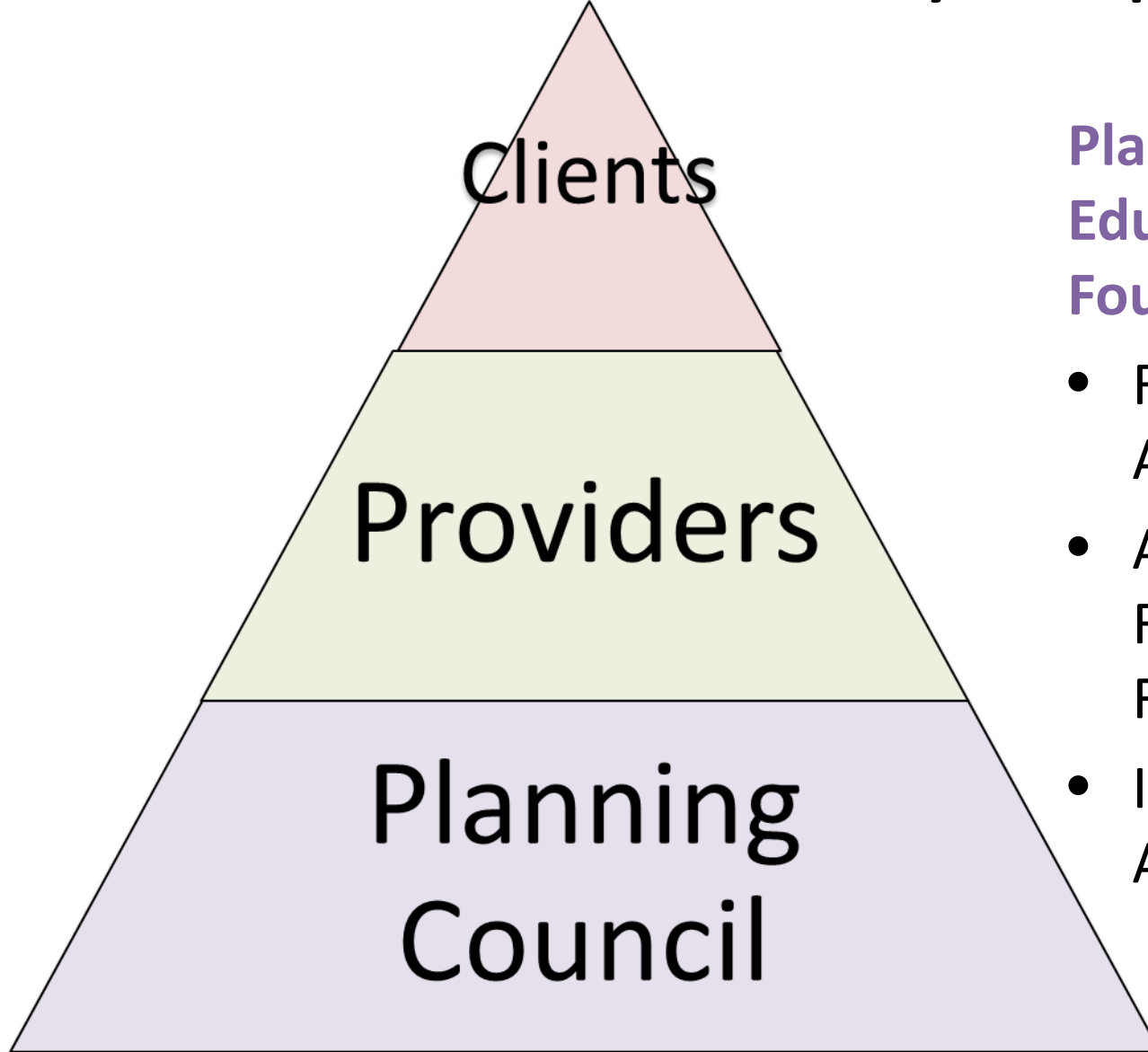
Re-enroll every year to keep your Medicaid/AHCOS and Marketplace Insurance. If needed, pay your premiums on time each month to keep your health insurance.

9 Get more information.

Go to classes at Ryan White Providers in August and September. Contact your Case Manager for help. Ask your Healthcare Provider for help. See www.healthcare.gov.

10 Stay in care! This is about staying healthy, living a full life, getting the help you need and asking questions if you don't understand.

Educate Key Steps



Planning Council Education as the Foundation:

- Ryan White and ACA Changes
- ACA Impact on Ryan White Service Funding
- Invited to attend ACA webinars

Provider Education

- Focused on
 - ACA Webinars
 - 2 hour kick-off meeting on data systems and health outcomes
 - Encouraged Provider participation in CMS hosted Community Assistor trainings OR referrals to Provider Agencies that had completed the training

Client Education

- Driven by Planning Council Committee with Grantees, Providers and Consumers
- Identified client needs for insurance orientation and enrollment instructions
 - English and Spanish
 - Target 6th Grade Reading Level
 - Gave feedback on grantee distributed materials
- English and Spanish

Assessed
client needs

Developed culturally
appropriate materials

Co-presented w/
RWPA at Provider
hosted client
meetings

Enrollment Key Steps

- Target: 100% screening for all RWPA clients
- Planning Council and RWPA Providers sent monthly progress updates
- Major enrollment sites included:
 - CARE Directions
 - Maricopa Integrated Health System
 - RWPA Central Eligibility Office
 - Case Management Providers
 - Arizona Department of Health Services
 - Sun Life Family Health Center
 - Chicanos Por La Causa, Inc.
 - Ebony House, and
 - Indian Health Services.

Enrollment Key Steps (2)

- Client enrollments
 - RWPC&D prioritized MIHS clients on PCIP and other clients who may have been Medicaid or Marketplace eligible
 - Central Eligibility Office prioritized non-MIHS clients that may have been eligible for Medicaid or the Marketplace
- RWPA hired 3 temporary CACs
- RWPC&D contracted with CACs and increased staff for Medicaid enrollments
- RWPA Central Eligibility Office mailed clients enrollment instructions and hosted multiple enrollment clinics

The Vigorous Pursuit

- Began with requiring all agencies to provide two documented attempts to enroll or schedule an enrollment session for all clients.
- Evolved to a monthly, list based system
 - Provider specific lists generated based on client's ACA CAREWare status, their bucket and status
 - Used a data driven process where each agency had lists that they worked to address their specific clients
 - One RWPA staff member assigned to each agency to collect a monthly report documenting the status on any open clients
 - Multiple agencies contacted the clients with the same messages about the importance of enrolling

The Vigorous Pursuit (2)

- All ADAP clients eligible for the Marketplace were moved to a pre-approved status for ADAP
 - Posted in the shared CAREWare and reports.
- Pre-approved status expired within 45 days if clients did not:
 - Enroll in a Marketplace Plan
 - Schedule an appointment for enrollment assistance
 - Communicate their effort with ADAP
- Clients were reminded by Pharmacy staff of the need to schedule an appointment for enrollment assistance when seeking their Rx refills

Vigorously Pursue Documentation

- ADAP developed form for use with clients that denied applications.
 - Potential fines for not enrolling
 - Limitations of ADAP formulary
 - Limitations of RW medical care and potential emergency room charges

Sample Affidavit

AFFIDAVIT OF UNDERSTANDING FOR INDIVIDUALS DECLINING ENROLLMENT IN THE FEDERALLY FACILITATED MARKETPLACE (FFM)

BEFORE SIGNING READ THIS DOCUMENT CAREFULLY AND BE SURE YOU UNDERSTAND

The FFM, available at www.HealthCare.gov, is the health insurance marketplace set up as part of the Patient Protection and Affordable Care Act.

If you have any questions, please call ADAP at 602-364-3610 or 800-334-1540. You may also contact your case manager with any questions or concerns.

Please initial after each statement, sign and submit the document.

By declining to enroll in the FFM and choosing instead to receive services from the Ryan White program, with medication delivery through ADAP only, I understand that I may be subject to:

- 1) A fine from the Federal Government. For 2015, the fine consists of \$325.00 per year or 2% of my yearly household income, whichever is greater. I understand that I am fully responsible for payment of this fine; the Ryan White program and/or the ADAP program cannot assist with payment of this fine.

Initial: _____

- 2) The ability to access only the covered medications as listed on the ADAP Formulary.

Initial: _____

- 3) The ability to receive care and services only from my local Ryan White provider network.

Initial: _____

- 4) Charges for certain services, such as emergency room or inpatient healthcare. I understand that I could access emergency treatment at most hospitals under the Federal Emergency Treatment and Active Labor Act (EMTALA), and that EMTALA also does not provide funding for the emergency treatment.

Initial: _____

- 5) The inability to access certain services, such as employment, vocational rehabilitation, or employment readiness services and other allowed services as defined under policy.

Initial: _____

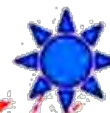
Please review and sign the reverse side

RWPA Phoenix EMA Outcomes

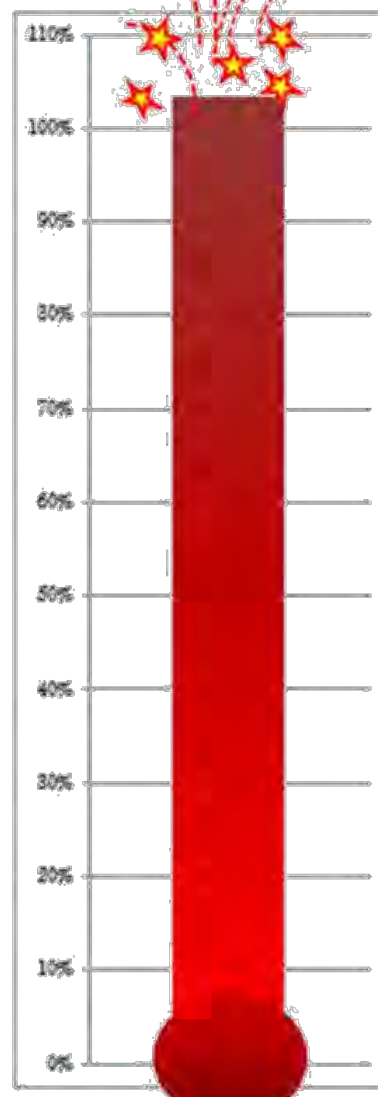
- 97% of all RWPA clients screened
 - 663 New Applications submitted to Medicaid
 - 310 New Applications submitted to Marketplace
 - 2034 screened and had existing insurance or were categorically ineligible
- Strengthened Planning Council engagement in the Affordable Care Act Changes
- Community presentations at 12 agencies

MIHS Overall ACA Goals and Results

Maricopa Integrated Health System
Affordable Care Act Implementation
Goal: 10,000 submitted applications



Week	Submitted Applications
Week 1	98
Week 2	164
Week 3	235
Week 4	241
Week 5	438
Week 6	492
Week 7	315
Week 8	235
Week 9	287
Week 10	538
Week 11	661
Week 12	604
Week 13	251
Week 14	168
Week 15	521
Week 16	359
Week 17	527
Week 18	587
Week 19	500
Week 20	410
Week 21	457
Week 22	
Week 23	950
Week 24	421
Week 25	421
Week 26	517
Total	10,347
Goal	10,000
Percent to Goal	103%



McDowell HCC

(602) 344-6550

Outcomes and Highlights • Year one of Affordable Care Act



Learn more at COVERMEAZ.ORG

1,407

ACA Activity
Patients at
McDowell
Clinic

743

Medicaid
Applications
Submitted

272

FFM
Applications
Submitted

116

Other
Insurance

200

Other
Successful

1,331
TOTAL
SUCCESSFUL
DISPOSITIONS

95%
Successful

McDowell HCC (602) 344-6550

Outcomes and Highlights • Year one of Affordable Care Act



Learn more at COVERMEAZ.ORG

R

561

RWPD Individuals
had received
services at
McDowell , By
Nov. 1, 2013.

W

220

RWPD Individuals
eligible for
Marketplace
Coverage

P

142

Enrolled in
AHCCCS

D

64

Enrolled in FFM

**MASS MAILING & CALLING
CAMPAIGN:**

To Reach Patients About Assistance
with Health Coverage Enrollment



**FREE IN-PERSON
APPOINTMENTS FOR
ASSISTANCE**

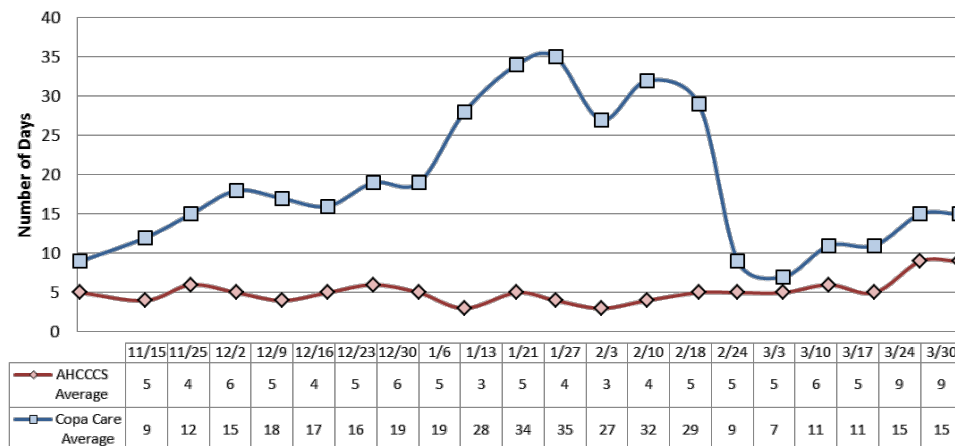


93%

Successfully
Enrolled in Health
Coverage

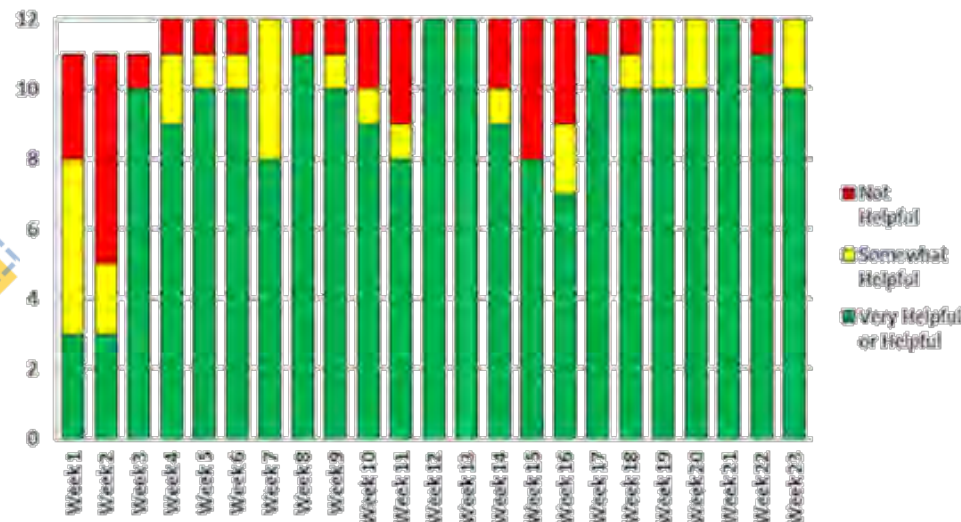
Data Tracking Tools for Success

Eligibility Specialists
Average Days to Next Available Appointment



- determine if in-reach and outreach efforts were successful
- determine how to maximize existing resources
- hire additional staff for the project

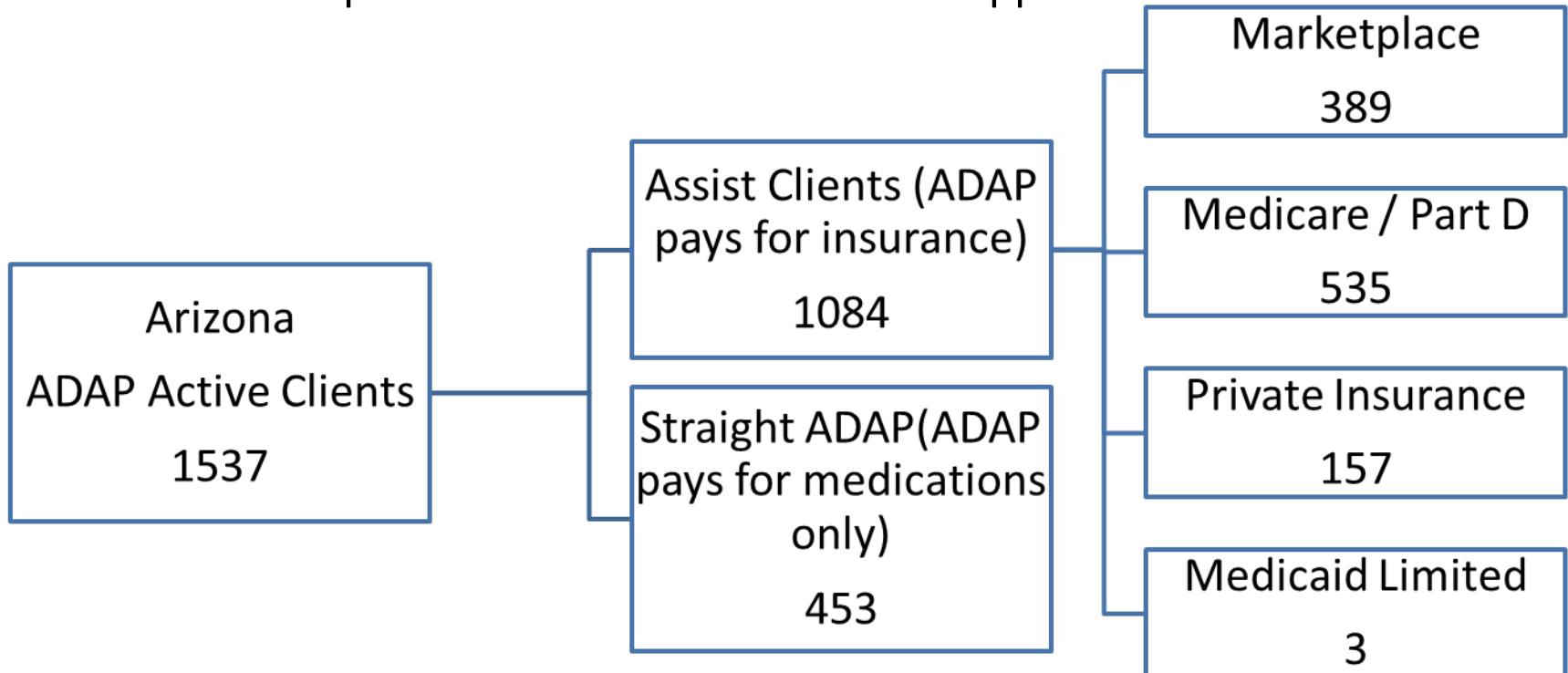
Secret Shopper
Overall Call Ratings



- Called clinics regarding screening
- Recorded outcomes
- Adjusted strategies and addressed issues as they arose

ADAP Outcomes

- **94.8%** enrollment for applicable clients by February 2014
- **99%** enrollment for applicable clients as of 8/15/2014
- Successfully transitioned all PCIP clients to other payers.
- Successful implementation increased rebate opportunities

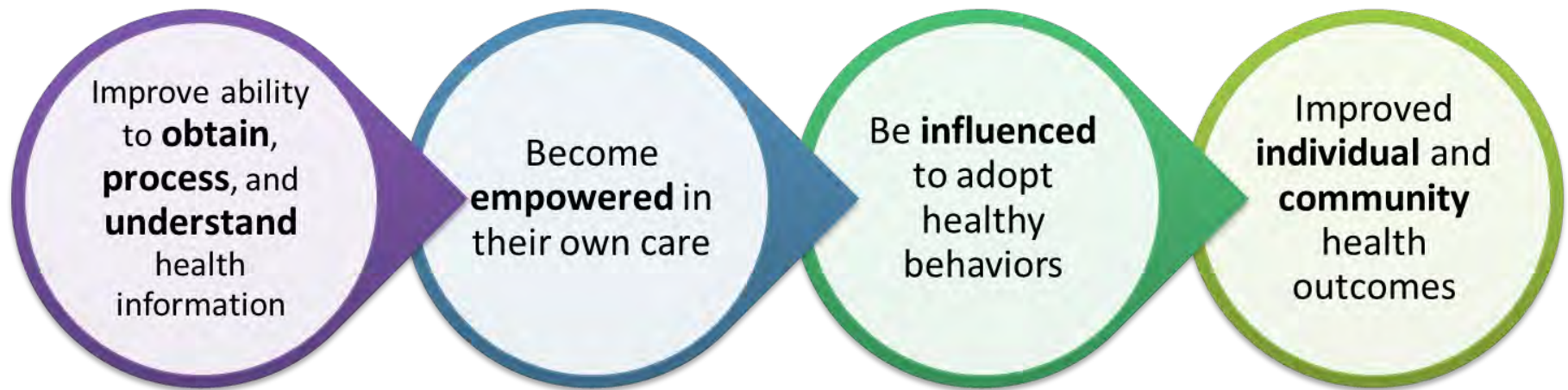


Lessons

- Collaboration was critical to community success
- Planning bodies can make significant contributions to informing and educating
- Grouping clients by 'buckets' and working lists facilitated client follow up
 - Documenting in a shared data system takes considered planning
- Dual data systems improved client level data
- Needed stronger tracking of enrollment confirmations
- Need for Health Education and Literacy

*Poor health literacy is a **stronger predictor** of a person's health than age, income, employment status, education level, and race.*

– American Medical Association



RWPA Health Literacy Classes

"More than 90 million Americans cannot adequately understand basic health information"

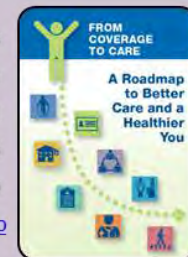
— Former US Surgeon General
Richard H. Carmona, MD, MPH,
FACS



Collaborative effort to create a place where PLWHA can:

- Improve ability to understand basic health info.
- Become empowered in their own care
- Be influenced to adopt healthy living behaviors
- Improve individual and community health outcomes

Class curriculum based on the CMS Roadmap
[CMS Roadmap](#)



2
Classes



90
Minutes
Each

UNDERSTANDING HEALTH INSURANCE

- Why is it important to have coverage?
- Top 10 definitions and terms
- Explanation of "cost sharing"
- How to make a medical appt.
- AND MUCH MORE!!!

PREVENTIVE SERVICES

- Why is prevention important?
- What are preventive services?
- Adult services
- Women services
- Child services
- AND MORE!!!



All classes and course material available in English and Spanish



Classes held at **Family Learning Centers** and other facilities accessible to PLWHA and community members who wish to attend.

For future course information, visit:

<http://grants.mih.org/>



Contact Information

Program	Name	Agency	Contact Information
RWPA	Carmen Batista	Maricopa County	CarmenBatista@mail.maricopa.gov or 602-506-0249
RWPA (Planning Council)	Randall Furrow	Maricopa County	randallfurrow@aol.com or 602-697-3196
RWPC/RWPD	Cheri Tomlinson	Maricopa Integrated Health System	Cheri.Tomlinson@mihs.org or 602-344-2629
ADAP	Jimmy Borders	Arizona Department of Health Services	Jimmy.Borders@azdhs.gov or 602-542-7344
RWPB	Lisa Fuentes	Arizona Department of Health Services	lisa.fuentes@azdhs.gov or 602-364-3610



Sample Tools and Links to Resources



Key Resources



- RWHAP Program and Affordable Care Act FAQs: <http://hab.hrsa.gov/affordablecareact/faqs.html>
- HIV/AIDS Bureau Affordable Care Act and RWHAP Resources: <http://hab.hrsa.gov/affordablecareact/>
- Policy Clarification Notices: <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>
- Health Insurance Marketplace: www.healthcare.gov
- Assister Resources: <http://marketplace.cms.gov/>
- Target Center Affordable Care Act Resources: <https://careacttarget.org/library/affordable-care-act-ryan-white-hivaids-program>



Technical Assistance Resources



- Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Clients in ACA Supported Health Coverage (ACE Project)
<https://careacttarget.org/ace>
- Engaging in Marketplace Insurance Plans Under the Affordable Care Act
<https://careacttarget.org/library/national-training-and-technical-assistance-center-contracting-medicaid-and-marketplace>
- Establishing AIDS Service Organization (ASO) Service Models <https://careacttarget.org/library/national-center-innovation-hiv-care?hm=y>



Questions and Answers



Thank You!