

# 2019 Needs Assessment Results

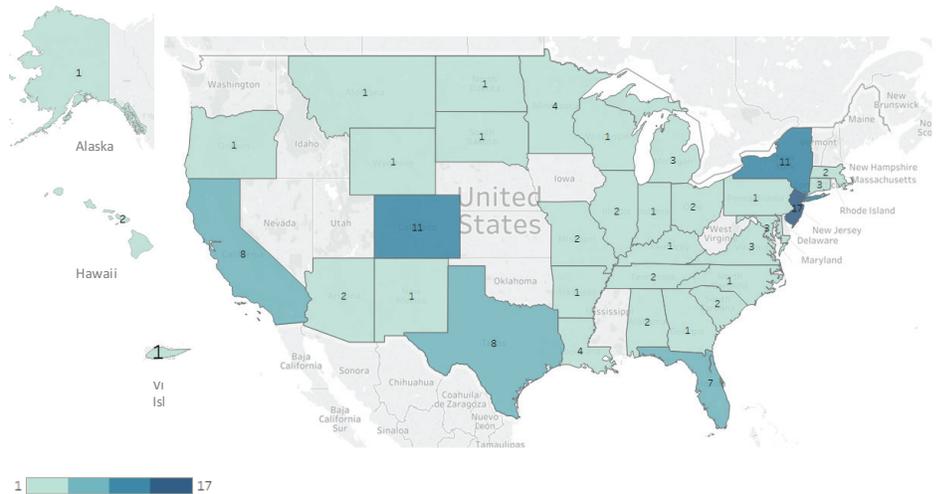
From March 14, 2019 to May 3, 2019, JSI invited Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients to share their successes and challenges in helping their clients get enrolled in health coverage including Medicare, Medicaid, Marketplace and other individual insurance, and maintain their coverage.

## KEY FINDINGS

1. The top 3 challenges and training/technical assistance (T/TA) needs for health care enrollment were mostly similar to past years (2017, 2015).
2. Enrollment capacity has increased since 2013 but has remained steady since 2017; renewals capacity continues to increase.
3. Direct service organizations are conducting key “account tune-up” activities; however, certain components have not been fully implemented.
4. Knowledge and enrollment capacity for Medicare is limited.

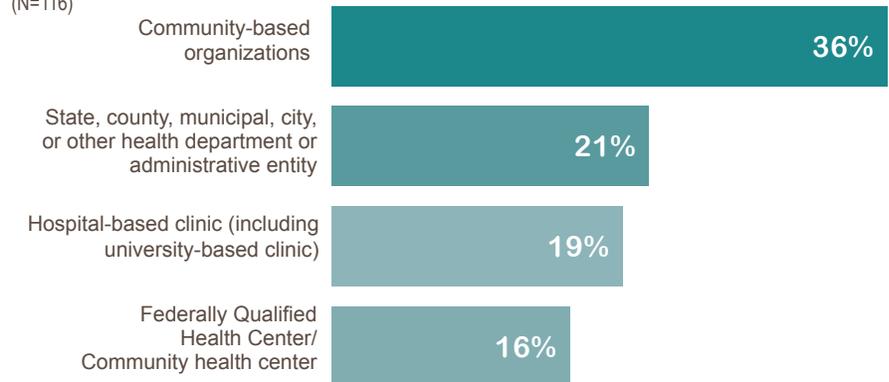
## TOTAL NEEDS ASSESSMENT RESPONSES BY STATE\*

(N=116)



## ORGANIZATION TYPE

(N=116)



## RWHAP FUNDING PARTS

(N=116)

Most respondents (53%; 61) were RWHAP subrecipients. The remainder were directly funded recipients through:

- RWHAP Part A (14%; 16)
- RWHAP Part B (9%; 11)
- RWHAP Part C (23%; 27)
- RWHAP Part D (1%; 1)

Most RWHAP Part C recipients were hospital-based clinics or FQHCs/CHCs (41%; 11).

# Findings

## FINDING #1

The **top 3 challenges for health care coverage enrollment** in 2019 were:

1. Helping clients submit required documents for enrollment
2. State and federal enrollment websites (e.g., healthcare.gov)
3. Lack of information about tax credits/tax filing

Three of the **top T/TA needs** were:

1. Determining eligibility
2. Developing procedures for when clients don't meet eligibility requirements
3. Understanding federal health care coverage policies

The **top 5 challenges for health literacy** were:

1. Lack of time to address healthy literacy barriers during client visits
2. Lack of easy to understand, culturally appropriate patient materials
3. Lack of ongoing patient assessment to determine if they understand important materials
4. Lack of multilingual staff
5. Lack of staff training on how to implement health literacy strategies

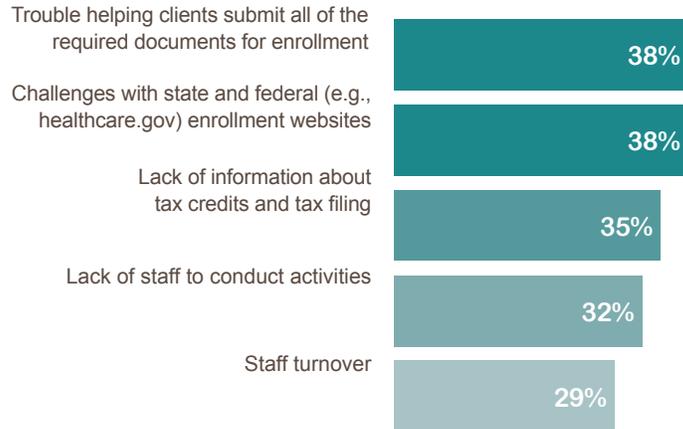
“

**Patients worry that changes in coverage will mean changes in their care and the doctors they can see.”**

– RWHAP Part C recipient,  
Program Director or Manager

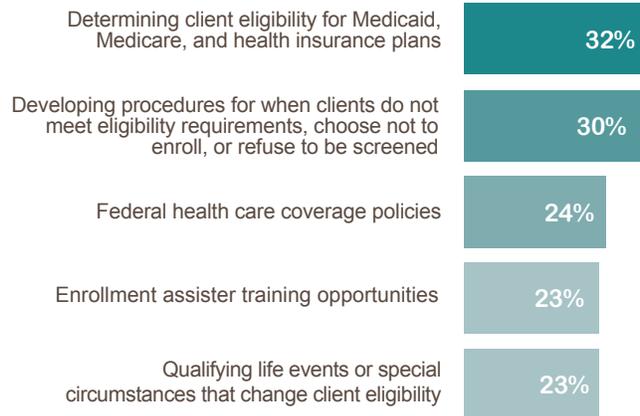
### TOP 5 ENROLLMENT CHALLENGES

(n=84)



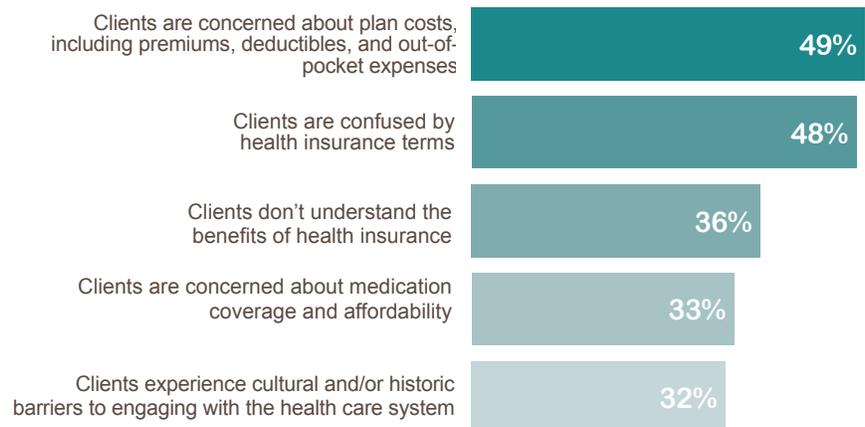
### TOP 5 T/TA NEEDS FOR ENROLLMENT

(n=99)



### TOP 5 CLIENT NEEDS AND CONCERNS FOR ENROLLMENT

(n=91)



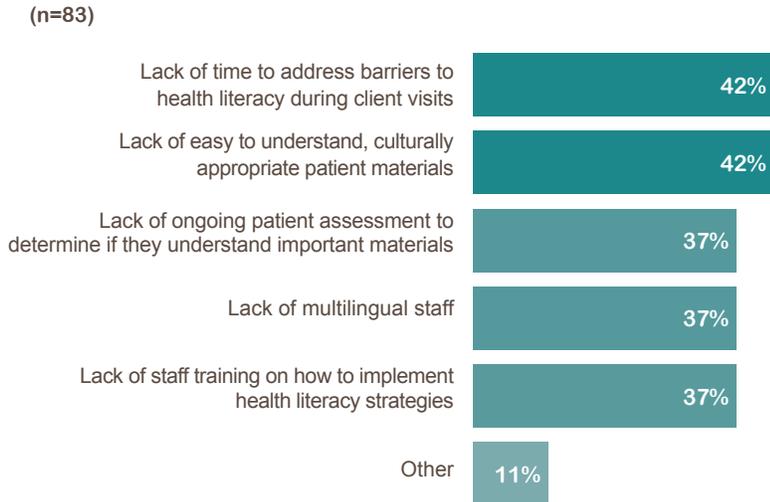
“ At times clients miss their deadlines to renew programs, etc. due to language barriers and/or understanding a confusing system or paperwork they receive.”

– Subrecipient, Program Director or Manager

96%

of all respondents said they needed training on health literacy or cultural competency

## MOST CHALLENGING ASPECTS OF HEALTH LITERACY



“

The paperwork that is sent to clients is hard for even us as English speakers to understand let alone someone who is a monolingual Spanish speaker with limited ability to read or understand what is being sent to them.”

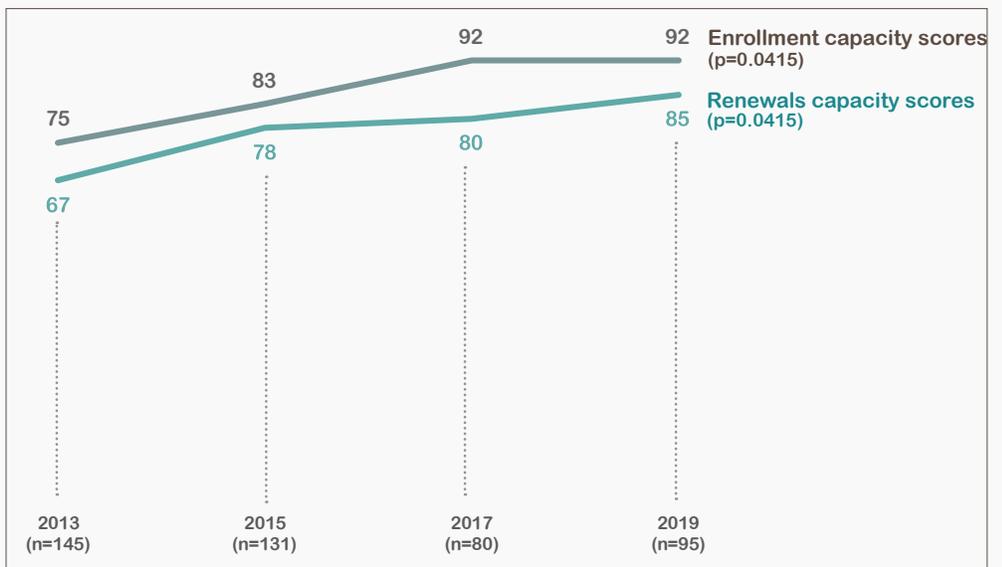
– Subrecipient, Program Director or Manager

## FINDING #2

- Organizational enrollment capacity increased from 2013 to 2017, and remained steady in 2019.
- Organizational plan renewal capacity continues to increase.
- There is continued variation in capacity depending on the type of organization.
- 24% of direct service providers work with an external partner for enrollment support. Most rated these partners as high capacity\* in key areas.

\*Capacity scores were calculated based on a series of scale questions related to enrollment and plan renewal activities, where each respondents was asked to rate their organization as “high,” “medium,” or “low” capacity.

## ENROLLMENT CAPACITY SCORES (2013-2019)



Difference between 2013 and 2019 significant at  $p < 0.05$ .

The median enrollment capacity score has continued to increase over time and was steady from 2017 to 2019.

## FINDING #3

Direct service organizations were conducting key “account tune-up” activities:

**69%** contact clients and schedule enrollment appointments

**69%** confirm and/or re-certify eligibility RWHAP-supported premium and out-of-pocket assistance

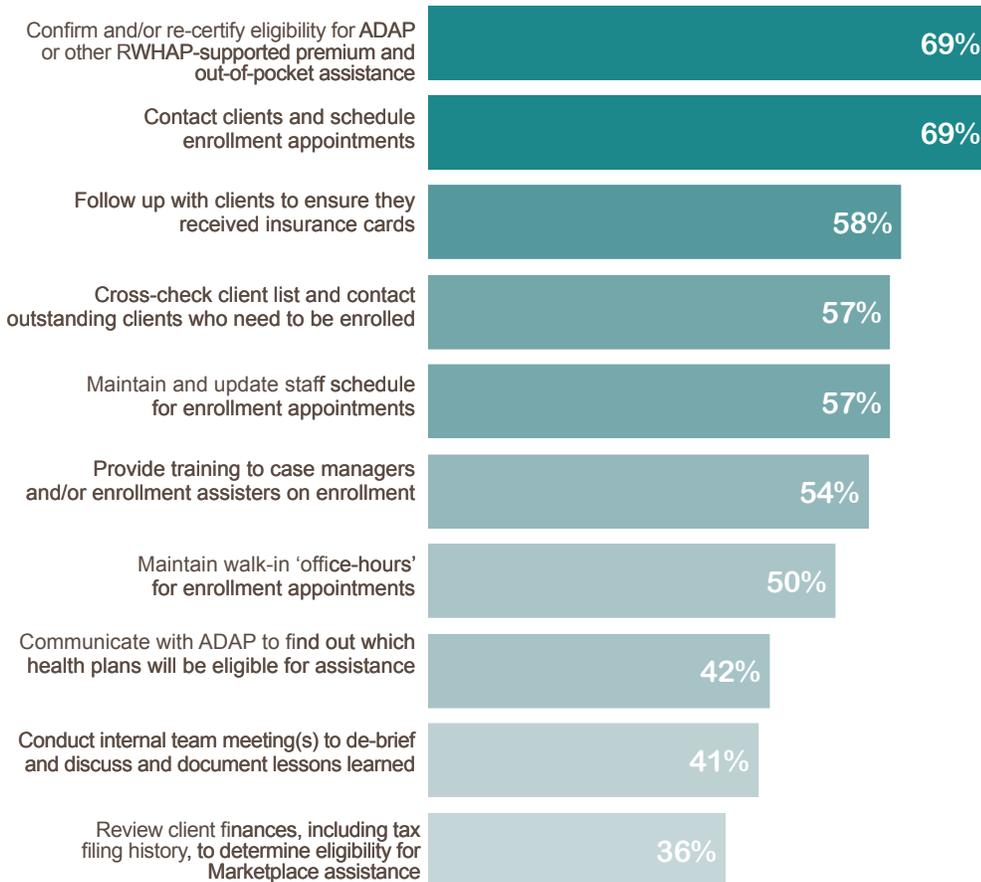
However, certain components have not been fully implemented. Among direct service providers who engaged in any account tune-up activities:

**64%** do not review client finances, including tax filing history, to determine eligibility for Marketplace assistance

**66%** do not ensure client insurance payments are up-to-date

## TOP ACCOUNT TUNE-UP ACTIVITIES

(n=74)



## FINDING #4

Knowledge and enrollment capacity for Medicare is limited.

**42%** (36) provide Medicare enrollment support on site

**36%** (31) send clients to an external organization

“There is significant confusion among clients regarding the importance of enrolling in Medicare Part B, which covers all outpatient medical services and labs.”

– RWHAP Part A recipient, Program Director or Manager

## MEDICARE-RELATED ENROLLMENT ITEMS

(n=92)

Staff can provide enrollment and coverage assistance for dually eligible for both Medicare and Medicaid



Staff can assist clients with enrollment into Medicare



Staff can help clients understand the different Medicare Parts (Medicare Parts A, B, C and D)



Staff know where to refer clients for Medicare enrollment support



■ Low ■ Moderate ■ High

# Recommendations

## **RECOMMENDATION 1: Re-focus on health insurance literacy basics**

After eight Marketplace open enrollment periods, there is a need to re-focus on the basics, including:

- Promotion of ACE TA Center resources to continue reaching new program staff and administrators.
- A renewed focus on health insurance literacy to help provider staff navigate the enrollment process.
- Continued focus on helping provider staff communicate with clients about health coverage, and support access to health coverage for RWHAP clients.

There is also a need to re-focus attention to helping programs understand federal health care coverage policies, the changing health care landscape, and implications for enrollment in health coverage.

## **RECOMMENDATION 2: Increase enrollment assister capacity**

Increase training and attention on all aspects of enrollment assistance.

- This includes helping more subrecipients get staff trained as enrollment assisters.

For organizations working with external enrollment partners, provide resources to help strengthen partner knowledge and capacity in key areas.

- Key areas include availability of financial help through the RWHAP, and culturally competent enrollment assistance.

## **RECOMMENDATION 3: Continue to encourage account tune-ups**

Continue to conduct training on account tune-ups in key areas.

- Engage with recipients and subrecipients to learn more about which components of account tune-ups are most essential, and how implementing these steps has resulted in improvements.

For essential components that have low uptake, provide focused TA and supporting materials.

Continue to support dialogue between recipients and subrecipients (as well as external enrollment partners) to ensure awareness of how the RWHAP supports access to coverage.

## **RECOMMENDATION 4: Build capacity for Medicare engagement & enrollment**

Build a foundation of resources and knowledge, similar to ACE TA Center Marketplace resources, to improve Medicare capacity.

In particular, these resources should focus on eligibility determination, understanding enrollment, and assisting clients.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.