Talking with Clients about Health Coverage
Common Questions and Suggested Responses

Are you or your colleagues enrolling Ryan White HIV/ AIDS Program (RWHAP) clients from culturally and linguistically diverse groups in new health insurance plans? This guide will help answer questions that culturally diverse RWHAP clients, including clients from racial and ethnic groups other than non-Hispanic white, may have.

Use this guide to:
1. Consider cultural and linguistic factors that may impact enrollment
2. Anticipate clients' questions and prepare culturally appropriate responses

Revised July 2020

Introduction

The Affordable Care Act (ACA) offers people living with HIV, including RWHAP clients, new options for comprehensive health coverage. Each client brings a unique cultural identity and set of life experiences to his or her care visits. A diverse client population may speak languages other than English and may or may not be literate in English or their native language. Clients may also have low health literacy. Some clients may be reluctant to sign up for health insurance because they've had negative experiences with the health care system based on factors such as their race, ethnicity, socioeconomic status, age, sexual orientation, gender identity or expression, English skills, or immigration status.

Clients may worry that they won't be able to see their trusted HIV care provider, get their medications, or be able to pay for services. They may worry that the health insurance application process will ruin their chances of getting citizenship or permanent residency. And clients may have fears about their personal information being entered into a government system and concerns about who will have access to it.

Preparing for Client Conversations

This tool provides sample dialogues related to specific concerns often raised by RWHAP clients. Enrollment assisters and other staff can use this tool to role-play enrollment conversations with clients. The plain language responses suggested here can help you prepare for the real questions you may already be getting from your clients. Use terms and language that clients will understand. Some topics may require ongoing discussion between staff and clients. Before you meet with clients to talk about enrollment, review their file so you have an idea about what questions they will ask, any language or translation needs, and their health literacy.

Let's Get Started: Common Enrollment Concerns

This tool presents questions, suggested responses, tips, and resources for five common enrollment concerns:
1. Changes in health care providers and medication coverage
2. Affordability of coverage
3. Communication challenges
4. Mistrust of health systems
5. Immigration status

Look for these symbols: Links to the tips and resources cited in this tool can also be found at the end of the document and online at targethiv.org/ace.

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 HIV/AIDS 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 HIV/AIDS 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 HIV/AIDS 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.

Contact your state ADAP Coordinator to learn which plans are recommended and/or eligible for additional financial assistance through the Ryan White HIV/AIDS Program.
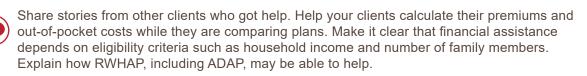
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2 | AFFORDABILITY OF COVERAGE

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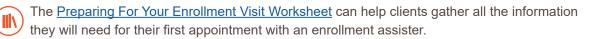
CLIENT: I/we can't afford health insurance and don't want to be locked into a plan I/we can't afford.

STAFF: 8 in 10 people who signed up for health insurance in 2016 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.

TIP 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.

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).

The Special Enrollment Periods Fact Sheet provides clients with an overview of the life events and special circumstances that may qualify them for a Special Enrollment Period, as well information about what to do if they think they are eligible.

The Preparing For Your Enrollment Visit Worksheet can help clients gather all the information they will need for their first appointment with an enrollment assister.

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

* For 2021 Open Enrollment, this reply only applies to clients in CA, DC, MA, NJ, RI, and VT (as of July 2020).

STAFF: If you can afford health insurance but choose not to enroll, you may have to pay a fee if you live in California, the District of Columbia, Massachusetts, New Jersey, Rhode Island, or Vermont (as of July 2020). The exact amount depends on several factors, including your age, household income and family size. Some people in these states may not have to pay a fee if, for example, they don't qualify for coverage. Other states are also considering these laws. We can look at this together to see what applies to your situation.

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.

The ACE Making the Most of Your Coverage - Consumer Guide can help newly enrolled clients get started using their coverage.

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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.

TIP 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?

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

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

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4 | MISTRUST OF HEALTH SYSTEMS

Clients may be uneasy about the health care system for a variety of reasons. Some may have been denied coverage, experienced lifetime or annual spending limits, or treated with disrespect when enrolling in Medicaid programs. Others may mistrust health care systems in general, especially state or public benefits programs. You will gain your clients' trust by being empathetic; referring them to providers who are culturally and linguistically competent; and being clear, honest and, respectful in your communication.

CLIENT: I don't think health insurance will help me.

STAFF: I understand why you have doubts. Health insurance can help you with more than just your HIV care, and can also help protect your finances if something unexpected happens. You can't be discriminated against, refused coverage, or charged extra because of your HIV status. Also, every insurance plan is required to cover health services that you need. These services are called "essential health benefits," like *[mention those that may apply to your client]*. You can ask me as many questions as you want, and we will work together to find the best plan for you.

TIP Give clients the list of the 10 essential health benefits (EHBs) that every insurance plan must offer under the ACA found here.

CLIENT: My spouse/partner/family doesn't think we should enroll.

STAFF: A lot of people have doubts. Tell me about yours. *[Address client's concerns]*. Your plan may cover your family, too. Talk it over with your spouse/partner/family so you can decide together.

TIP Listen carefully to your clients' concerns. Use language that is respectful of diverse identities and family structures (for example "partner" or "spouse" vs. "husband" or "wife"). Be sensitive when using pronouns (say "they" instead of "he or she") to avoid making assumptions about gender identity. Similarly, don't make assumptions about who makes health care decisions in the family.

CLIENT: I tried to enroll before and was rejected. Why should this time be different?

STAFF: The rules about who qualifies have changed. Also, there might have been an error in the past application you submitted. I will help you through the application process to make sure the forms are filled out correctly and that we get you the health insurance you need. If your application is denied, we may be able to appeal the decision. I can help you get information on how to file an appeal and, if necessary, connect you to organizations that help with the process.

TIP Respect privacy concerns. Clients might not want to talk about why they don't trust the health care system.

The Healthcare.gov resource: 'Appealing a Marketplace Decision' lists the kinds of Marketplace actions that can be appealed and the process. See "Get more detailed help" for more information for your state.

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5 | IMMIGRATION STATUS, ELIGIBILITY, AND ENROLLMENT

RWHAP clients who are not legal residents or who are part of a mixed-immigration status family may think they are not eligible for health coverage or may fear that enrolling in coverage will put their or family members' immigration status at risk. Clients often fear that the information collected during enrollment will be used by the government to identify, find, and deport undocumented immigrants. A client may say:

CLIENT: I thought I couldn't enroll because I am not a U.S. citizen.

STAFF: Immigrants who are lawfully present in the U.S. can apply for coverage. People applying for coverage need to provide information about their immigration status. If you have a green card or have some other qualifying immigration status, you and your children may qualify for health care coverage through Medicaid and/or CHIP (the Children's Health Insurance Program, which provides health coverage to children in low-income families). Additionally, qualified immigrants as well as individuals who are lawfully present are eligible for Marketplace coverage.

The Healthcare.gov web site defines terms like "lawfully present" and lists the immigration statuses that qualify for coverage in the Marketplace.

CLIENT: I'm worried that if I enroll in insurance, my family's information will be reported to immigration.

STAFF: Lawfully present immigrants can apply for health coverage. The Marketplace strongly protects your personally identifiable information. The information on the application will only be used to see if you are eligible for coverage. To learn more about how your information is used by HealthCare.gov, and who can apply for coverage, visit https://www.healthcare.gov/how-we-use-your-data/

The ACA and mixed-status families fact sheet from the National Immigration Law Center can help you answer complex questions that families of mixed immigration status MAY have and address their fears and concerns with confidence.

An ACE TA Center webinar and other resources about immigrant qualification for Marketplace insurance and how to address client concerns can be found here.

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TOOLS AND RESOURCES

ACE TA Center Tools

These ACE TA Center tools and resources can be used to address common client questions that arise in conversations about health insurance. Find the ACE materials cited in this tool below and other relevant resources at **targethiv.org/ace.**

- **Eligibility Decision Tree** helps program staff assess if your client should enroll in the Marketplace, Medicaid, or neither.

- **Plain Language Glossary for Health Care Enrollment Terms** is a glossary of plain language words for terms for often used during enrollment. Also available in Spanish and a English/Spanish Comparison Table.

- **The Preparing For Your Enrollment Visit Worksheet** can help clients gather all the information they will need for their first appointment with an enrollment assister.

- **The Access to Health Insurance for Immigrants Living with HIV** webinar explains what kind of health insurance immigrants of various statuses may qualify for and how to help clients overcome fears and concerns about enrolling in health insurance.

- **Making the Most of Your Coverage - Consumer Guide** will help newly enrolled clients get started using their coverage.

- **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.

- **The Special Enrollment Periods Fact Sheet** provides clients with an overview of the life events and special circumstances that may qualify them for a Special Enrollment Period, as well information about what to do if they think they are eligible.