

# Pre-enrollment Appointment Checklist

HIV case managers and enrollment staff can use this checklist to help individual clients choose the health care plan that best fits their health and financial needs. Begin by completing *Appendix 1: Priorities for plan selection* with your client as described under Step 1, below.

## **Step 1: Help your client document their current medications and providers, and talk with your client about additional services they are interested in receiving from health coverage.**

- Talk with your client about their current medications and providers.
  - Determine if there are additional services they are interested in receiving, such as mental and behavioral health services, substance use disorder services, or medical specialists.
  - Use *Appendix 1* to document this information and refer back to when reviewing plans.
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## **Step 2: Check with ADAP to learn what Marketplace financial support may be available.**

The RWHAP, including ADAP, may be able to help eligible consumers pay for health insurance premiums and out-of-pocket expenses.

- Contact your state ADAP to learn about what financial support may be available, and if they support specific plans or have requirements about what plan a client needs to enroll into.
  - Depending on your location, check with your local RWHAP Part A program to learn about available health coverage support services.
  - Find your state ADAP program at [adap.directory/directory](https://adap.directory/directory).
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## **Step 3: Compare plans.**

*If your ADAP recommends or requires that your client enroll into a specific plan (or there is just one plan offered in your area), move to Step 4.*

- In states that use Healthcare.gov, use the “compare plan” feature to get a side-by-side comparison of premium prices, deductibles, and other important aspects of plans.
  - If your state does not use Healthcare.gov, check your state marketplace website to see if they have a comparison tool. Check out page 2 of this resource to learn more.
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## **Step 4: Enroll!**

Once you’ve helped your client identify the plan that best fits their needs, the final step is to enroll!

- For clients who have monthly premium payments, remind them to pay the premium amount on time.
- For all clients, remind them to update their Marketplace account if they experience any life changes (including change in employment, income, and family size, and/or if they move).
- Once enrolled, you can share the ACE TA Center resource [\*\*Making the Most of Your Coverage\*\*](#), which aims to help newly enrolled individuals get started using their health insurance benefits.

## Comparing Plans

There are several plan comparison options available and when using them, make sure to reference the information provided in *Appendix 1*. The appendix can help your client decide which plan best fits their needs. For example, depending on the client, it may be most important for them to ensure their trusted provider remains in-network, while another client may want to find a particular plan that covers all their medications at low, or no cost to them.

**There are also a number of resources you can get from the Marketplace website or from the insurer to find out if a particular health insurance plan covers the needs of a client:**

- The plan's **Summary of Benefits and Coverage**, which summarizes key features of the plan, such as covered benefits, cost-sharing provisions, and coverage limitations.
- **Prescription Drug formulary** (sometimes also called the *list of covered drugs* or just *formulary*), which is the list of prescription drugs covered by a health insurance plan. A formulary may also include how much a person pays for each drug.
  - For clients that are considering or already receiving long-acting injectable antiretroviral treatment (LAI ART), there may be additional coverage and cost considerations. Learn more with this [ACE TA Center LAI ART fact sheet](#).
- **Provider network**, which is the group of doctors, clinics, health centers, and hospitals whose services are covered by the health insurance plan.

**Costs are a very important consideration when comparing plans. Consult with your state ADAP program to find out which of these costs may be covered by the RWHAP, and which costs would need to be paid by the client:**

- Monthly plan premiums
- Deductibles, including whether or not a plan has a separate prescription drug deductible
- Prescription drug co-pays, including for non-HIV medications
- Cost sharing amounts, including co-pays and co-insurance

**Finally, make sure to closely compare provider networks and consider the following:**

- Are the client's preferred providers included in-network, out-of-network or both?
- Is the client's HIV provider considered a Primary Care Provider (PCP) or specialist?
- If a specialist, would the client need a referral from a PCP to see their HIV specialist?
- Are plan providers located conveniently for the client?

## Prescription Drug Benefits

Prescription drug benefits are often separate from medical benefits. Some plans have restrictions around how a person gets their medication. For example, some plans may require that a person receives medication via mail-order, which means their HIV medications will be mailed directly to their home. This may be a convenient option for some, but others may prefer to pick up medications at their local pharmacy. Be sure to discuss these preferences with your client.

Have questions about health care terms? Reference the ACE TA Center's [Plain Language Glossary of Health Care Enrollment Terms](#).

The Access, Care, and Engagement TA Center (ACE) Technical Assistance (TA) Center builds the capacity of the RWHAP community to navigate the changing health care landscape and help people with HIV to access and use their health coverage to improve health outcomes. For more information, visit: [www.targethiv.org/ACE](http://www.targethiv.org/ACE)



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# Priorities for Plan Selection, Appendix 1

Current prescription medications			HIV-related medication?	
1	Drug Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Drug Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Drug Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Drug Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Drug Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Preferred Sources of Care

Primary care provider (PCP) \_\_\_\_\_ Clinic or hospital where seen \_\_\_\_\_

Is PCP also your HIV specialist?  Yes  No

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

Facility (clinic/hospital) where client goes when sick \_\_\_\_\_

Mental health provider \_\_\_\_\_ Clinic or office where seen \_\_\_\_\_

Substance use provider \_\_\_\_\_ Clinic or office where seen \_\_\_\_\_

Dental provider \_\_\_\_\_ Clinic or office where seen \_\_\_\_\_

### Other specialist(s)

1. Provider name \_\_\_\_\_ Clinic or hospital where seen \_\_\_\_\_

2. Provider name \_\_\_\_\_ Clinic or hospital where seen \_\_\_\_\_



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