



Webinar Transcript | November 17, 2016

Engaging Hard to Enroll Clients for Ryan White HIV/AIDS Program Clients

Mira Levinson: Hello everyone and welcome to today's ACE TA Center webinar on engaging hard to enroll clients during open enrollment. I'm [Mira Levinson 00:20:44] the ACE TA Center's project director and a senior consultant here at [JSI 00:20:49]. Our goal here at the ACE TA Center is to help Ryan White HIV/AIDS program recipients and sub-recipients support their clients, especially people of color to navigate the health care environment, through enrollment in health coverage and improved health literacy.

I'd like to begin today's call by saying a few words about last week's presidential election. Your clients may be asking questions about what the election results mean for their health coverage and you may have questions as well. I want you all to know that the ACE TA Center is here for you to answer your questions and to provide information about how to implement any policy changes once they take effect. As always our role is to provide clear, understandable, actionable information and help you implement successful strategies at your organization. Let us know how you're doing, what questions you have and what questions your clients are asking. We want to know.

Now let's focus on our very important mission of today's call and for the next two months or so, which is to enroll your consumers in health coverage right now for 2017. Don't forget that if you want your consumers coverage to start January one, then that deadline is December fifteen. Today's call focuses on strategy for enrolling hard to enroll clients in health coverage. Did you know that more than one million people have selected insurance plans through the market place in the first twelve days of sign ups alone. Guess what; more than 246,000 of those were new consumers. That's about a quarter million which is exciting and shows that there are still consumers out there who need to get covered. Even if you think you've already gotten as many clients covered as you can, remember that life circumstances change, eligibility changes and people who weren't ready to enroll in earlier years may be ready to get covered now.

We have two great presenters for today's webinar, Krieg Rajaram and Fredrick [Issac 00:22:53]. Krieg is the state organizing coordinator for Young Invincibles a millennial advocacy nonprofit organization that focuses on issues that affect the economic security of young adults between the ages of eighteen and thirty four. He leads campaigns like the #Helptheadults campaign, Educate students to understand their health insurance to better monitor their health. Fredrick is a certified ACA navigator at the South Carolina HIV/AIDS counsel and has been in this role for the past three open enrollment period. His expertise includes prep, local financial benefits and health coverage competency. Fredrick has also worked on the South Carolina HIV planning counsel and participated in the African American male leadership institute.

Our objectives for today's webinar are to describe why some clients may be particularly hard to enroll in health coverage. Describe promising practices to

engage hard to enroll clients in conversations about coverage. Determine how to document and monitor your engagement with these clients. Know where to go for resources to support enrollment of specific populations, including young adults.

Here is a road map of what we'll cover today. I'll start by walking through the issues and sharing some concrete stuff and related resources to engage hard to enroll clients in health coverage. Next Krieg will talk about his work at Young Invincibles and share some strategies; they even identified to enroll young adults. After that Fred will review challenges and strategies to enroll young adults living with HIV. Finally before we get to our question and answer period I'll share a couple more population specific resources you can use to support your work with specific communities. We plan to spend about forty five minutes on the presentation and then spend a final fifteen taking questions. You can submit your questions at any time during the call using the chat box. We will stop at the end to go over the questions. Please feel free to submit any and all questions you might have during our call today. I know the consumers you work with may be asking complicated and confusing questions about the ACE TA and their health insurance. While we probably can't help you answer all of them today, it's important for us to know what you are hearing and also what you yourself may have as far as questions. Please let us know how you're doing by sending us a note through the chat box. If you would like to share anything with us after today's call you can always email us at ACETACenter@jsi.com.

Let's start by thinking about some of the main reasons why engagement and enrollment may be particularly challenging with some consumers. First Ryan White Program consumers are a diverse group of individuals and some are experiencing complex medical and/or behavioral health conditions. This might mean that it is difficult for them to prioritize getting health coverage over their immediate health concern. Similarly housing is a basic human need. Individuals with unstable housing or who are experiencing homelessness may find it difficult to focus on enrollment in health coverage. Some individuals may not be eligible for health coverage at all due to their immigration status or because they are in the Medicaid gap in a state that hasn't expanded Medicaid. Finally clients may have questions or concerns about getting health insurance. Let's look at these questions a little more closely.

There are four main areas we hear about in terms of questions and concerns consumers may have about health coverage. First some consumers may mistrust the health system, either because of a personal experience, the stigma, discrimination, or coverage denial, or because of historic discrimination experienced by their community. Further some may mistrust the health system because of concerns about their immigration status or that of a family member. Second, we know that many consumers have strong relationships with a current HIV provider and are concerned about the possibility of possibly needing to leave that provider. Third, consumers may be concerned about disclosing their HIV status to an enrollment assister or even to a new provider. Finally, there is the matter of health insurance literacy. As a reminder health insurance literacy is the degree to which individuals have the knowledge, ability and confidence to find and evaluate information about health plans, select the best plans for their own or their families financial and health circumstances and use this plan once

enrolled. In the case of Ryan White clients, health insurance literacy can also include knowledge about the benefits of health coverage and how to stay covered, the ability to get financial assistance and one on one enrollment help and the confidence to work with an enrollment assister to select an affordable plan that includes their medications and provider.

Okay, it's time for our first poll. Are you ready? What are the main reasons why some of your clients may still be unenrolled? We have a whole bunch of options here and you can check as many as you like. We have complex medical and behavioral issues, unstable housing, clients who are not eligible for coverage. Those who don't want to change providers, those that are concerned about HIV disclosure, mistrust of the healthcare system. Concerns about plan costs, questions or concerns or confusion about the [ACA 00:28:25] and there are other reasons too. Go ahead and chat on the other reasons to us in the chat box. I'm not surprised to see that most of you, three quarters of respondents it looks like are showing that clients are very concerned about plan costs. That's going down a little actually that's now down to about two thirds, but I see also that people are dealing with clients who have complex medical and behavioral issues, unstable housing and questions and concerns about the ACA. Really it looks like there is a lot of concerns and challenges all the way across the board and I know that all of you are dealing with all of these different kinds of questions and trying to help answer them for your client. Some of them are easier answers than other, so we are going to try to show you some strategies to address most or all of these.

Now let's go through some concrete strategies you can use to engage your clients and demonstrate the important engagement and enrollment work you are doing. We just released a new resource called engaging hard to enroll clients and tracking their effort. This new resource includes all the strategies as well as links to all the resources I'm going to talk about now and we will show you what it looks like and share that link with you at the end of my part of the presentation. We've developed four strategies you can use to engage your hard to enroll clients this new online tool, engaging hard to enroll clients and tracking your efforts includes links to all of these resources, so you don't have to worry about keeping track of all of these links one at a time.

First let's go through the strategies themselves. Number one, determine if our client may be eligible for coverage. Second, engage hard to enroll eligible clients in conversations about coverage. Third, develop policies and procedures to document your efforts to enroll clients. Finally, document and monitor your efforts to enroll clients in coverage. Let's go through each of these in a little bit more detail. Step one of these four steps is determining eligibility. Are you familiar with our eligibility decision tree. It's one of the ACE TA Centers most popular resources. It takes you step by step through all of the questions you need to answer in order to see whether your client is eligible for Medicaid coverage, Marketplace coverage or neither. You can find all of our tools at [Careacttarget.org/ACE](https://careacttarget.org/ACE) and also in the online resource.

You may find using the eligibility decision tree or your own process that some clients are not eligible for Medicaid or Marketplace coverage. For these clients especially if they don't have any other coverage, it's important to continue

monitoring their eligibility status so that you can reach out to them and help them get covered if they do become eligible. This includes keeping an eye out for qualifying life events or other circumstances that might open up a special enrollment period during the year. Krieg is going to talk a little bit more about this in today's webinar, but in the mean time you should continue to explore eligibility for other coverage options including Chip, Medicare and employer coverage. Another important activity for ineligible clients is helping them complete and submit an attestation form. Some of you are already using attestation forms and I'll talk about those in detail in just a few moments under step four. Finally make sure each client understands each Ryan White HIV/AIDS program service including ADAP remain available to them. Depending on the client's eligibility and what's available in your area, this might include core medical and support services for HIV, as well as medication.

Now what about eligible clients that are not getting enrolled. For these clients it's important to start with why they aren't enrolled. Although they are eligible for health coverage, they may have questions or concerns that leave them hesitant to enroll. Once you've established eligibility the next step is to identify questions, establish open communication about concerns and begin developing a plan for enrollment. Use strategies you already employ for other aspects of your case management work, such as motivational interviewing to help clients articulate their concerns, their identified perceived challenges and then work together towards developing a plan. The ACE TA Center has several resources that can help you in this process and I'll share those with you in a moment.

Step two is to engage these clients in conversation about coverage. To begin let's do another poll to find out what kinds of conversations you are having with a hard to enroll client about health coverage. Okay, what kinds of questions are coming up for your client? Here is a list of some concerns we've heard a lot about. The health plan will be too expensive. My medication will be too expensive. I don't want to change providers. I don't need coverage. I already have coverage through the Ryan White program. I am worried about my immigration status and I am focused on other issues right now. Let's see what people are telling us about concerns you're hearing from your clients and really conversations that you're having with your client. It looks like most people are talking with clients about how expensive health plans might be, which lines up really well with our last poll. Also it looks like there are clients who just don't want to change providers because they are really happy with their current HIV provider and those that don't necessarily see the value of coverage because they already have Ryan White coverage. It really looks like there is a variety of different reasons why people are not enrolling or are difficult to engage in conversations about enrollment.

The ACE TA Center has developed two resources specifically to address clients' questions, fears and concerns about health coverage. The first is this consumer resource which is called Get Covered for a Healthy Life. It's available in English, Spanish and Haitian Creole and covers topics including the differences between what's covered by health insurance versus the Ryan White program, affordability, provider continuity, medication coverage and what happens if you don't enroll. You'll find a link to Get Covered for a Healthy Life, in our engaging hard to enroll

clients online resource.

The second resource is our discussion guide for case managers and other staff that work closely with consumers. The formal title for this resource is, Common Question and Suggested Responses for Engaging Clients in Health Coverage. The guide is designed to help users consider some of the cultural and linguistic factors that may be part of a client's decision to get covered and also help you prepare responses for clients questions. It's designed to help you talk with consumers about five common concerns, changes in health providers, medication coverage changes, communication challenges, mistrust of health systems, paying for insurance and health services and immigration status. Programs have used this tool in a number of ways including using it to help role play enrollment conversations with clients. This is definitely not script, but just hearing yourself use some of these sample responses or playing around with how you might respond to a certain question or concern can be a really good way to get comfortable with some of the more challenging conversations that might come up. As with all the resources I'm sharing a link to this discussion guide is included in the new ACE resource on engaging hard to enroll clients.

Here are a few examples on questions you may hear from clients. In the first example the client talks about a family member that doesn't feel they should enroll, the discussion guide encourages the staff person to find out why and talk through the particular concerns raised. A second example on the slide shows a client asking what will happen in terms of cost for HIV medication, this is a opportunity to talk about any resources that are available in your community to help pay premium and out of pocket costs included support from ADAP. A third scenario shows a client asking why they should get health insurance if they already get care through the Ryan White Program and gives examples of important ways health coverage could make a difference including covering all health needs, not just HIV and the financial protection offered by health coverage in the case of an unexpected visit. These are just a handful of the many scenarios that are covered in the discussion guide.

Step three is about policies and procedures. First it is important to understand HRSA policies around all aspects of enrollment including the importance of documenting your enrollment efforts. I'll talk about these HRSA policies in more detail on the next slide. It's important to understand how these policies are being implemented in your state and to follow any guidance from your local Ryan White Part A or Part B recipients. Organizations should also develop their own procedures to keep track of enrollment activities. Remember that it is important to document all of your work to engage consumers in conversations about getting covered even if they don't immediately lead to successful enrollment. Sometimes it takes a lot of work to get through these conversations and we want you to get credit for all that effort.

Finally make sure to stay in touch with your project officer at the HIV/AIDS bureau. They can help you understand the details of policy clarification notices and they are also interested in knowing how you're documenting your enrollment work. These and other PCN's or policy clarification notices, they are all available on the HRSA website and we'll chat a link out to you now to get to those PCN's.

PCN 13-05 it's where vigorously pursue is explained in detail. The title of PCN 13-05 is, Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost Sharing Assistance for Private Health Insurance.

Generally speaking has expectations for vigorously pursue, is that Ryan White recipients and sub-recipients will make every reasonable effort to ensure all uninsured clients are assessed for all options in both public and private health coverage. Recipients are expected to maintain policies regarding their required process for the pursuit of enrollment in health care coverage for clients and these policies need to include how the process will be documented.

I've listed a couple of other relative PCN's on the slide that you should be aware of as Ryan White programs there supporting enrollment of Ryan White program clients. PCN 13-01 Clarifies how the Ryan White payer last resort requirement applies to clients that are eligible for Medicaid. While PCN 13-04 provides clarification for how the payer of last resort requirement applies to clients that are eligible for private insurance coverage.

Now the final step, let's talk about how to implement these policies by documenting your efforts and by keeping track of all your clients, whether they are enrolled, declined to enroll, or are ineligible. Many of you have heard me talk about the data toolkit before so I won't spend long on this, but I want you to know that there are sample optional measures in the toolkit that you can review along with the resource to help you figure out what information you may already be capturing. For example you may find that you're already collecting information somewhere about which of your consumers are covered or eligible for coverage. In that case you don't need to collect more data, but you would be able to run a routine report from an existing system, it's just a matter of looking at the data you already have. A link to the data toolkit is also included in our online resource. The data toolkit is a resource you can draw on whether you are health department or a service provider to figure out what data you need to collect to capture your engagement and enrollment activities with eligible clients that are enrolled and those that are not enrolled, as well as your work to help consumers stay enrolled and keep their coverage.

Now let's talk a little bit more about how to keep track of clients who decline coverage, as well as those that are not eligible. Clients that are not enrolled for whatever reason can complete an attestation form. Attestation forms are not required by HRSA, but jurisdictions typically ask clients to sign these forms to show that they have made vigorous efforts to pursue eligibility of other funding sources so that available Ryan White resources can be extended towards new clients and needed services. For example a form used by the New Orleans [VMA 00:41:26] asks clients to acknowledge that they've been advised about all the different health coverage options they are eligible for including employers coverage, Marketplace coverage, Medicaid, Medicare and other options available to the particular client. A sample for from the HRSA HIV/AIDS bureau just focuses on Marketplace insurance. The state of Arizona asks all clients that are not enrolling for whatever reason to acknowledge that they understand the implications for not enrolling. Some jurisdictions asks all clients to complete these forms whether they are enrolling in coverage or not. In this case attestation forms

also ask the client to indicate whether they are applying for coverage and if so what coverage they've decided to apply for. I'll show you how to find some sample forms in just a moment.

First let's take a quick poll to find out who on today's call is using an attestation form already. Let us know if you already use one already and you use it routinely, if you have one, but you don't always use it, if you don't have one, if you are not sure, or if this doesn't apply to you. Don't worry we can't tell who is saying what, so just answer honestly so that we can get a good sense of where people are at. It looks like kind of a little bit 50/50 between people who are using one routinely and people who don't have one. Then there are some of you who aren't sure, so I would certainly encourage those of you who aren't sure to find out and those of you who don't have one to check it out to see if it might be a good resource for you.

Why don't we go to the next slide and I'll show you our new tool and how to find some sample forms. As I mentioned all the steps and resources I just talked about can be found in this online resource called, Engaging Hard to Enroll Clients and Tracking Your Efforts. We're chatting a link out now to that resource and I hope you'll take a look. In the resource you'll find each of the steps I've reviewed and resources to help you implement each step. There are three example attestation forms listed under step four. If you would like to learn about best practices you can go to our webinar's page on the ACE TA Center website at CareActTarget.org/webinar. You can check out our webinar from April 2016 for example where we shared many of these other best practices to engage, enroll and retain consumers in health coverage. You can also go directly to our list of best practices and try out our organizational self-assessment to see how you're doing and implementing them at CareActTarget.org/ACE/bestpractices.

Okay that's it for me for now; let's get ready to hear from our two guest presenters. It's important to know your community and tailor your enrollment efforts to address their particular challenges. During last month's call we talked about the emphasis Healthcare.gov is placing this year on engaging young adults. Today we are going to spend a few minutes focusing on strategies and challenges for working with young adults in general as well as young adults living with HIV. Remember that we always take questions at the end, but it's super helpful to us if you submit your questions as you think of them. Please enter your questions into the chat box at any time during the webinar. Let's begin with Krieg Rajaram. Again Krieg is the state organizing coordinator for Young Invincible, which is a millennial advocacy nonprofit organization that focuses on issues affecting the economic security of young adults. Thanks for joining us Krieg, go ahead.

[00:45:08]

Krieg

Rajaram:

Thank you it's a pleasure to be here, like you said my name is Krieg Rajaram. I'm the state organizing coordinator for Young Invincibles. You can go to the next slide. Young Invincibles is a [non politic 00:45:20], nonprofit millennial advocacy and policy research organization. We were founded over seven years ago as a way to include the millennial perspective into the, what was the biggest political conversation of our time or at the time, which was the founding of the ACA. We

[inaudible 00:45:37] was being set around health care, but a lot wasn't being done to include the voice of the young adults in that, so our founders took it upon themselves to create a opportunity for young adults to speak about these issues. They created a website for young adults to include their opinions of what should go into healthcare and we vigorously pushed for the under twenty one provision that is currently in the ACA. That's where we got our founding, but again we focus on issues that affect the economic security of young adults and we've also expanded our issue are to not just talk about the ACA, helping young adults enroll in health insurance, but also to work on issues of higher education and student debt reform. Medical debt and student debt are two of the highest areas of debt for young adults.

Again, I myself I lead a student Impact Project campaign, that's focuses on state investing in higher education, as well as our Healthy Young America campaign in the state of Virginia, which focuses on education and health insurance [inaudible 00:46:32] young adults. You can go to the next slide.

More specifically in the Healthy Young America campaign our goal is to help enroll around twenty five thousand young adults nationwide. It is to train partners to effectively reach young adults. We're also going to plan on reaching another one million young adults through digital engagement. As well as increase health care literacy through workshops and focus groups. I mentioned, it was mentioned earlier in the presentation that health insurance literacy is something that is needed and we have found a way to try to solve that need through a workshop we developed. If anyone is interested in learning more about that please feel free to reach out to me after the presentation. You can go to the next slide.

Why do we focus on health insurance? Well the graph you see right here is based on the consumer population survey data of uninsured individuals in the country that came out last year. What it showed that was thirty eight percent of uninsured individuals were between the ages of 18 to 34. Now, why is this an issue? Because young adults, even though they believe they are in [inaudible 00:47:36], that's where the term young and good [inaudible 00:47:38] comes from. It's a healthcare term that says, young adults aren't concerned about their health because they are young, they are vibrant, they think they are healthy, but we actually take a lot of risk because of that. One of the things that happened is we are the second highest group of individuals to make it into the ER. Only the [inaudible 00:47:58] individuals [inaudible 00:47:59] will be making more trips to the ER than young adults. Now the ER is a place where a lot of people incur their medical debt. It's a very costly place to go to receive care. If you are someone who is not making enough or you're someone who lacks health insurance you are potentially looking at a very hefty bill from just going to the ER. This is where we talk to young adults about the importance of having health insurance.

Now that you have a sense of why we do this and how large the population is that we are trying to reach. Let's look at how we talk about young adults. Next slide. Strategies for reaching and messaging. There is two ways that we focus on talking to young adult about health insurance. The first is finding who our populations are. Young adults ... Oh, to soon, go back. Okay, thank you. Young adults are very difficult to [find 00:48:47], but for the purposes of this

conversation you already know who your client, who you're working with. Now we are going to focus you on the strategies of reaching them and how to speak to them. A lot of what I'm going to go over is something that you may be familiar with, but you may not have in depth knowledge or understand how to use it in a conversation to address questions that you may come up and deal with. Now go to the next slide.

Whenever we start engaging in conversation about having healthcare we always need to talk about the ways you can get coverage. Now there is five ways, excuse me, there is four ways for them to get, to talk about getting coverage and an additional way is through Tricare military coverage. These main four ways you see for getting coverage currently is through healthcare.gov, so on the Marketplace. If they cannot receive Marketplace insurance, it's too costly for them. They could [inaudible 00:49:37] be on Medicaid depending on what state they live in. Additionally to that there is also the ability for individuals to stay on their parents' plan, if they can. They would have to be under the age 26 and able to stay on that plan. Student health plans, if they are students, or receiving job based coverage. Now if a young adult can't receive any of the last three places for healthcare the best place to go, is to then talk to them about the Marketplace, which is healthcare.gov. Next slide.

In having conversations about the Marketplace, you're going to open up into a conversation about the ACA. Now we always talk about the ACA as what has it done to improve the healthcare system. Now many of you know about the different things that go into the ACA and you know about it mandating that you have to have health insurance. We also know about the Marketplace and tax credits, but there are also additional things that have gone into the ACA that is proving to be helpful in messaging and relieving the concerns about what's going to be in plans. We always highlight, once we continue on, one pre-existing conditions are no longer something that can prevent you from having healthcare. Two, preventative services, it's something that are free. Three, there is Medicaid, if there in a Medicaid extended state and you can't afford Marketplace insurance, Medicaid is an option what will cover you. The Marketplace it's also [inaudible 00:50:52] and there is tax credits to help afford plans. Then also catastrophic plans were created. Now these plans are bare bones, emergency only plans and we don't necessarily recommend these for individuals only because the cost of a catastrophic plan is similar to the lowest level plan or excuse me a bought plan on the Marketplace.

[00:51:11]

Catastrophic plans only give you those bare bones emergency coverage, while [inaudible 00:51:20] plan offers you more concrete method coverage and more services, so it doesn't make sense in most cases to go for a catastrophic plan, if you can afford a [Bronze 00:51:28] plan. Also to highlight is there is built in assistance in the ACA. It allows you to use a navigator or someone to assist you to sign up for a plan to help you walk through the process of what you're getting into and there are more affordable options now on the marketplace. Let's dive a little deeper into these specific things that we talk about.

Okay, so first thing that we always talk about is pre-existing conditions. The reasons we do this, is we want to show the improvements that have been made

to the healthcare system and that there is more being offered to you. First and foremost pre-existing conditions is no longer a reason to be denied coverage. Individuals used to be discriminated against by being denied coverage or being forced to pay a extremely high premium for being already ill or having some type of pre-existing condition. This is no longer the case, which could be very helpful in having these conversations of, you cannot be discriminated against for this reason. Second, individuals can no longer max out of their care. You no longer run into a situation where you used to much health insurance, so now the company no longer wants to cover you. If you are on a plan with a company you cannot max out or be uncovered. An additional thing is being a woman is no longer considered a pre-existing condition or a reason for you to be charged extremely high premiums, like individuals with pre-existing conditions and being a woman was considered one. You were charged more for your care because it was expected that you would use your care more often. This is something that is no longer allowed and has been a great messaging tool to show that the health insurance industry has improved some and that you can go on and buy coverage.

The next thing we like to highlight after we talk about the way things changed, is what is being offered to you know in your plan. We always like to message free preventative care. Now please understand young adults coming out of school, we don't make much, the word free means a lot to us. We highlight the fact that you get free preventative services, services that you literally only have to pay a copay for and your health insurance company is going to cover that visit. We always talk about this, you talk about the fact that you get flu shots, your annual checkups; you can get your screenings, your tests. These are all things that are now offered to you for free under your healthcare plan. It's something I also talk about a lot in my workshops because one, if you are going to get your healthcare, we want you to use your healthcare. By mentioning these free preventative services you're more likely to get people to go out and actually take advantage of them. This is how we want them to act, when we monitor their health by using these free options to stay on top of what's going on.

There are additional preventative care benefits that are offered to women. Next slide. Now we are also looking at well-women visits. Support for breastfeeding. That includes counseling on how to breastfeed as well as equipment that of which is used in breastfeeding. They also do domestic violent screenings and counseling and there mammograms and cancer screenings. We always message these things to show how much health insurance is offering you. How many benefits that you can receive for free. Again the goal is to message how plans are now more affordable and you're getting more for your buck. This has helped us to break down barriers in having conversations about what's going in the plan and what are you paying for. Go to the next slide please.

Now this is something you may not get directly into a conversation about, but it is very helpful to understand. That is what is a qualified health plan. The ACA created criteria for what health plans should offer if they want to be on the Marketplace. That is to be a qualified health plan. Qualified health plans have to have what we mentioned before, they can no longer discriminate based on pre-existing conditions, you cannot force people to max out on coverage, you also

have to offer those free preventative services. Additionally they have to offer an adequate provider network, which is very good to have because individuals who are concerned about losing their primary care provider, there are multiple plans on the Marketplace that your provider may already be involved with or contracted with. Then they can shop around and see if that person is still in that network or find a network that would have their primary care giver. They do have larger networks for providers. They are navigators so six people with one reaching out to do, reaching out about signing up and then helping them do the enrollment process. There are more streamline applications and plans now include essential health benefits. Which we'll see on the next slide.

There are ten essential health benefits that plans have to cover now. We always talk about this because again you want to show what are you getting out of your healthcare and all these things weren't previously covered before. Now it is good to know that emergency services are covered, again young adults end up in the ER and those ambulance rides, those are extremely expensive. It's very good to know that you have coverage for that. Additionally what are the things that we are seeing young adults using the most that they should be aware of. One, there is maternity and newborn care, along with that is pediatric services. Most new mothers and new parents are going to be between the ages of eighteen to thirty four. That's what the data is showing, that this is the age range that are producing the most children currently.

Also mental health and substance abuse disorder services, that is also something that is now covered under the plan. Prescription drugs and lab services, equally very useful and very good to message on, especially for someone who already has prescriptions they need to get filled. Then there is also preventative wellness services and chronic disease management that is also very important to add that these things are now covered. We like to message that these are available to you know through the plan. It's good to be aware of these, so when you're talking to anyone about what's being offer, what do you get, they have a better sense of what is available. Next slide.

Mira Levinson: Hi Krieg, this is Mira and I think in the interest of time, let's have you actually just say a few words about the individual mandate and then we are going to go to your slide on messaging, if that's all right.

Krieg Rajaram: Okay, that's perfect. Okay, so the individual mandate or the penalty as most people know it, is you have to pay a penalty for not having health insurance. Now the penalty is pro-rated and it kicks in or individuals who have gone more than 60 days without coverage. We mentioned this three months because if you have health insurance for one day of a month it's considered having health insurance for an entire month. So you can still get coverage within that third month and miss getting, paying the penalty, but if you go beyond that time frame you will be charged a penalty for every month that you are uninsured. Now the penalties are capped at the annual payment of a bronze plan, but they are costly. Which you are seeing is the penalty for, this is actually lower than what people will be paying if they did not have health insurance for this year. What you're seeing is the maximum dollar amount they could have paid based on the caps, but in 2016 the penalty increased.

If you are an individual who is able to afford health insurance and still don't have it your penalty is six hundred and ninety five dollars, that is a flat rate amount or 2.5 percent of your income and they will take the greater of the two sums. Whichever is larger six ninety five or 2.5 percent of that persons income, they will charge you that amount. Now for any individual who can hardly afford insurance or can barely afford insurance, six ninety five is a lot to come out of the pocket. We always talk about the penalty because we want to let people know, look how much you can get if you just paid your premium, but not paying your premium or not having health insurance, you're going to have to pay for it anyway. It's better to get something out of ... Excuse me, if you're going to pay for something, get something back for it, don't pay for something and not get anything.

Just to sum up everything that we talked about. One, we always message the benefit of health insurance, for example free preventative care, talk it up. There is financial security, young adults we end up in the ER. Having health insurance is a great way to head your, limit how much you're going to potentially spend. The vast majority of young adults receive Marketplace tax credits. They receive tax credits through the market place, who will help them pay their premiums, payments may be more expensive so the tax credits are actually more helpful than ever before. Finally, the penalty, why pay something for nothing.

One final thing to talk about and we mentioned this; let's just go to the deadline slide really quickly. There are deadlines that really help you to push and motivate people to sign up. The data has shown that most people sign up around the deadline because they want to have [inaudible 01:00:06] on date. The first deadline to be aware of is December 15th, that's the deadline for people to sign up for plans starting January 1st. This is going to be a huge push time for a lot of people because this is the time where a lot of people are going to sign up. As you seen based on how many people signed up recently a lot of people are still pushing from [inaudible 01:00:24], so you can build up your conversations going up until that deadline, but hard pushes just to get that final emphasis of, your time is running out. December 15th the first deadline to be fully aware of. If we can go ahead and stop there unless you want me to go into special enrollment period.

Mira
Levinson: No I think that will be great and thank you so much for rolling with it in the interest of keeping with our time slot. We really appreciate you joining us. If people what to know more about the work that Krieg is doing, you should be free to join tomorrows [CMS 01:01:04] enrollment assister webinar and/or reach out to him using the information that he has provided in that context guide. Now we are going to hear from Fredrick, who is a certified ACA navigator at the South Carolina HIV/AIDS council. Fredrick is going to talk about some strategies he is using to support young adults who are living with HIV in South Carolina. Thanks so much for joining us Fredrick.

Fredrick: Hi, thank you. Again my name is Fredrick and I am the benefits navigator for the South Carolina HIV/AIDS council. Just a little backdrop about who we are as an agency. We have been in the community for twenty two substantial years where our only objective is to provide education around prevention, advocate for the improvement of those impacted and unite with the surrounding communities to

reduce the spread of HIV/AIDS. Let's jump straight in to it.

What you see here is documented ... Go back one for me. Thank you. What you see here is documented data from CDC which contains the most recent rates with millennials living with HIV. In 2014 the African American youth population outcome became eleven times higher than the white population. Now that we see the number we're faced with, let's look at the challenges and barriers we encounter when enrolling millennials living with HIV/AIDS.

This slide talks about the gap between millennials living with HIV and the unwanted [inaudible 01:02:28] health coverage. Millennials have become more comfortable with inadequate methods of treatment of all kinds. From borrowing medications from peers to buying counterfeit medications from the web. Partnering with local colleges and community recreational department allows providers like us to reach that undesired population to ensure they are receiving the best options available to them. Many uninsured young adults are resorting to Ryan White as they payer of last resort to assist with some of the financial bearing.

Now let's talk about what we can do to in fact change that mindset and talk about the values of health coverage. It's important to stress that health coverage is an advantage and not a disservice. By explaining the services provided within the choosing plan adds a layer of security, which we all want in a sense. Because insurance is one of those things that can seem very simple, but harshly be enough more difficult. The best practices that can be implemented is after every client gets enrolled into Ryan white with assistance on paying their monthly premium, they are instantly assigned to an enrollment assister to be with them every step of the way. From helping them create online accounts with their insurance companies to receiving their first invoice, which draws us to the next line.

Now we dig into the concerns millennials face when seeking affordable health coverage. Most consumers we interface with will always worry about the last dollar amount being spent out of their pocket, as we all do. When working with millennials the goal is to make the insurance realm, that comes to us so simple, make it more transparent. I like to compare the costs to everyday scenery, for example when explaining monthly premiums and deductibles, I like to compare that to car insurance. Even though you don't plan to get into a car accident every week, doesn't mean that you are going to be caught without car insurance. The same has to apply to your health. Unlike car insurance there is assistance that can be offered to go through our [inaudible 01:04:20] in the Marketplace under Ryan White, which is a financial perk in its entirety.

All right, Marketplace provides advanced premium tax credit, which is a tax break provided to consumers to decrease their monthly premium amount or to be reimbursed in a federal tax refund. Ryan White is an extra assistance, if qualified. This assistance may include consumers monthly premiums being covered and copay funds being offered by ADAP. Also bridging the gap between certified assisters and brokers plays a huge role in the circumstance. By allowing brokers to have some type of partnership with [ASO 01:04:55] and [CBO's 01:04:56] puts

a shield over the client to have options. Connecting with your local insurance providers is a sure way of molding that partnership.

Working hand in hand with the youth population by collecting surveyed data, posting state wide summits, it showed that the outcomes of the youth not feeling comfortable working with agents and brokers especially when disclosing their status. Some tricks to overcome those hurdles are to connect with entities to educate all supporting staff on handling millennials living with HIV/AIDS. For example [JSI 01:05:32] provides a very impressive training on enrolling consumers living with HIV/AIDS. The training is open to assisters, agents and brokers. I have participated in one of those training and to be completely honest the training was phenomenal. Further by insuring the staff onsite working with the clients directly are fully trained on taking someone, anyone in a sense living with HIV/AIDS through the process, they understand the role they play when successfully enrolling a millennial living with HIV/AIDS.

Go back one for me. This is just to wrap it all up, just some important things to remember and to take away. One on one enrollment assistance is critical. It is very important that if you are enrolled and there should be at least one trained assister onsite or either on a referral and just continue to advocate with the surrounding partners to ensure our millennial population is receiving the best options fit. That closes everything for me you guys. Thank you for your time and my information is on the next slide.

Mira: All right, thank you so much Fredrick.

Levinson:

Fredrick: No problem.

Mira: It was really [crosstalk 01:06:40] your presentation and you taking the time to share your experience and perspective. Hopefully we'll have another minute or two during the question and answer period for you to share a couple of antidotes and personal stories because I know that you had some great ones to share with us earlier and we'd love to have you share those with the group.

Fredrick: Of course.

Mira: Before we get to taking questions, let me just share a couple of quick resources to help you all move forward with implementing some of Fredrick's recommendations. First Fredrick talked about the importance of building partnerships with enrollment assisters and building their capacity to support people living with HIV. The ACE TA Center has a fact sheet, a brief video and a longer archived webinar and you can find all of these at CareActTarget.org/assisters.

Right now you are looking at an image from the video. Sharing this video is an easy way to start the conversation with partner assister organizations as you think about training them on the needs of your clients. Fredrick and Krieg both talked about the importance of understanding premium tax credits and cost sharing reduction. Here is an ACE TA Center FAQ or a list of frequently asked questions, that provides a really nice basic orientation to both of these types of

financial assistance from the Marketplace. It helps answer questions like who is eligible, for PTCs or CSRs. You'll find answers to questions about financial help for your clients including how much they can get, how they can apply, and whether ADAP can still help, even if somebody is already receiving a PTC or a CSR. We will chat a link out to that as well.

I want to share one more brand new tool from the ACE TA Center, just released yesterday. Our Twitter toolkit from Marketplace open enrollment is designed to help you share information and key messages throughout open enrollment. There are messages to share with service providers and messages to share directly with consumers. You can choose what messages to use depending on your target audience. You'll find three groups of messages and associated resources for each. The first group of messages are to share before consumers enroll and are focused on addressing questions and getting started. The second group is focused on plan renewals and financial assistance and the third group is focused on supporting consumers after they enroll, to use their coverage and stay covered. You can tailor all of these messages with information about how to contact your organization. You can download all of these messages at once using the link we are chatting out now or you can just follow up on Twitter and retweet to your audiences, it's up to you. We are mostly going to be tweeting provider messages, but the consumer messages are things that you might want to target and tweet directly to your audiences.

I'm going to skip over a couple of slides so that we can get to a couple of questions that have come in. As a reminder all of these resources and others are available on our web page. The link to our web page is on your screen right now. For example check out our past webinars on best practices for enrolling recently incarcerated individuals, engagement and enrollment in diverse communities and supporting emigrant clients who are living with HIV.

Let's take some questions. Go ahead and enter them into the chat box and while you are entering questions, let me remind you that a webinar evaluation that pops up on your screen will be there as soon as you are done. Please complete it and share your feedback with us. All right let's take a look at the questions that have come in so far.

One question that came in while we were talking about the vigorously pursue of requirement is, is the required documentation required for only certified application counselors or for anyone who assists clients? I just want to clarify there that there is no specific required documentation to demonstrate how to vigorously pursue requirement. However your organization should be keeping track of the enrollment status of your clients and you should have a policy in place to demonstrate your efforts to pursue coverage. If you would like to know more about vigorously pursue, I would encourage you to listen to a webinar from 2014 from the HIV/AIDS bureau that discussed how vigorously pursue may be implemented. Including some examples of how protocols can be implemented at the organization level. We are going to chat a link out to that webinar now.

Let's see we do have a few more minutes and I would like to ask our presenters a couple of questions. First Fredrick, would you talk with us a little bit about some

of the particular challenges and experiences that you have in supporting young adults that are living with HIV in getting covered and what those conversations look like?

Fredrick: Yes of course. One of the biggest barriers I continue to see and face and deal with is millennials living with HIV/AIDS not understanding the policies and terms that comes along with being enrolled in an insurance plan. Just some best practices that we've adapted and implemented is we now offer ACA seminars that are open to people that we enroll into that Marketplace. Let's say for example if we enrolled them on an outreach and they didn't have time to sit there and go through everything because we were on an outreach. They can participate in the seminars that we've constructed and put together that breaks down literally what your deductible is, what it looks like, what it looks like that you have to pay out of pocket. What I've noticed taking away from those is that after people participate in the seminar it opens them up to their insurance. It puts them in a mindset that they understand. When somebody understands something it makes the situation twenty times better.

Mira Levinson: Great, thank you so much for sharing that. Now Krieg, would you mind telling us a little bit about your strategies related to special enrollment periods for young adults? I know that there are some particular opportunities that are even more important for young adults that open up special enrollment periods.

Krieg Rajaram: Yes, special enrollment periods are periods where young adults can sign up for health insurance that fall outside of open enrollment. February first to October thirty first, that entire time frame a special enrollment period can be triggered. What will trigger a special enrollment period is turning twenty six and being kicked off your parents plan, someone getting married, you're having a baby, if you are moving, getting a new immigration status, changing jobs. Anything that would cause a change in your coverage, so moving or changing in your income. What we do around that is understanding that who these groups of people are and try to find a way to outreach to those areas. Changing your income and changing jobs is somewhere where we can talk about we reached out to individuals who work in the service industry or over vocational schools. Those places where people may not have coverage because they are in transition or you're not being provided coverage and for some reason your income changes and you can trigger special enrollment period. Students who are in school and then they are leaving school, so they may be leaving a school health plan and graduating from school, also other reasons for special enrollment periods to occur. We target places where we will find those individuals.

Young adult, they are more likely to trigger a special enrollment periods based on the fact that eighty three percent of new mother are between 18 to 34. The leading age for people getting married for men is twenty eight, for women is twenty six. Young adults change jobs about every two years and they move at twice the national rate. On turning twenty six, 4.2 million people turned twenty six in 2014. There is always opportunities for you to find ways for special enrollment periods to be triggered and then dealing enrollment during that time. Many of the clients who individuals may be working with, they might have different reasons why special enrollment periods may be triggered and it can be as simple as their

income goes up and now they can afford a plan, when they previously couldn't afford a plan. We try to target that based on knowing what triggers special enrollment periods and where we're most likely to find people that would have a special enrollment period.

Mira Levinson: All right thank you very much. It looks like we have a couple of questions that people have asked, so we are going to just take on the side so they are kind of individual questions. Are there any other questions that people have, I'll give you just another minute. We have another couple minutes for our webinar today. If not I would like to thank everyone for joining us today and I'll just remind you to keep your webinar window open to complete the evaluation when it pops up. Oh hang on I think we might have one more question, yup. I want to let you know that anybody who registered for today's webinar will receive the slides and we will post the slides as well as an archives recording of today's webinar on the ACE TA Center website under webinars. Do also sign up for our email list to hear about future webinars and additional resources and information that we have to share. You can do that by going to our website at careacttarget.org/ace and as always feel free to share your questions and your thoughts with us at any time by sending us an email as acetacenter@jsi.com. Thanks again everyone for joining us and have a good afternoon. Goodbye.

Mira Levinson: Hello everyone and welcome to today's ACE TA Center webinar on engaging hard to enroll clients during open enrollment. I'm [Mira Levinson 00:20:44] the ACE TA Center's project director and a senior consultant here at [JSI 00:20:49]. Our goal here at the ACE TA Center is to help Ryan White HIV/AIDS program recipients and sub-recipients support their clients, especially people of color to navigate the health care environment, through enrollment in health coverage and improved health literacy.

I'd like to begin today's call by saying a few words about last week's presidential election. Your clients may be asking questions about what the election results mean for their health coverage and you may have questions as well. I want you all to know that the ACE TA Center is here for you to answer your questions and to provide information about how to implement any policy changes once they take effect. As always our role is to provide clear, understandable, actionable information and help you implement successful strategies at your organization. Let us know how you're are doing, what questions you have and what questions your clients are asking. We want to know.

Now let's focus on our very important mission of today's call and for the next two months or so, which is to enroll your consumers in health coverage right now for 2017. Don't forget that if you want your consumers coverage to start January one, than that deadline is December fifteen. Today's call focuses on strategy for enrolling hard to enroll clients in health coverage. Did you know that more than one million people have selected insurance plans through the market place in the first twelve days of sign ups alone. Guess what; more than 246,000 of those were new consumers. That's about a quarter million which is exciting and shows that there are still consumers out there who need to get covered. Even if you think you've already gotten as many clients covered as you can, remember that life circumstances change, eligibility changes and people who weren't ready to

enroll in earlier years may be ready to get covered now.

We have two great presenters for today's webinar, Krieg Rajaram and Fredrick [Issac 00:22:53]. Krieg is the state organizing coordinator for Young Invincibles a millennial advocacy nonprofit organization that focuses on issues that affect the economic security of young adults between the ages of eighteen and thirty four. He leads campaigns like the #Helptheadults campaign, Educate students to understand their health insurance to better monitor their health. Fredrick is a certified ACA navigator at the South Carolina HIV/AIDS counsel and has been in this role for the past three open enrollment period. His expertise includes prep, local financial benefits and health coverage competency. Fredrick has also worked on the South Carolina HIV planning counsel and participated in the African American male leadership institute.

Our objectives for today's webinar are to describe why some clients may be particularly hard to enroll in health coverage. Describe promising practices to engage hard to enroll clients in conversations about coverage. Determine how to document and monitor your engagement with these clients. Know where to go for resources to support enrollment of specific populations, including young adults.

Here is a road map of what we'll cover today. I'll start by walking through the issues and sharing some concrete stuff and related resources to engage hard to enroll clients in health coverage. Next Krieg will talk about his work at Young Invincibles and share some strategies, they even identified to enroll young adults. After that Fred will review challenges and strategies to enroll young adults living with HIV. Finally before we get to our question and answer period I'll share a couple more population specific resources you can use to support your work with specific communities. We plan to spend about forty five minutes on the presentation and then spend a final fifteen taking questions. You can submit your questions at any time during the call using the chat box. We will stop at the end to go over the questions. Please feel free to submit any and all questions you might have during our call today. I know the consumers you work with may be asking complicated and confusing questions about the ACE TA and their health insurance. While we probably can't help you answer all of them today, it's important for us to know what you are hearing and also what you yourself may have as far as questions. Please let us know how you're doing by sending us a note through the chat box. If you would like to share anything with us after today's call you can always email us at ACETACenter@jsi.com.

Let's start by thinking about some of the main reasons why engagement and enrollment may be particularly challenging with some consumers. First Ryan White Program consumers are a diverse group of individuals and some are experiencing complex medical and/or behavioral health conditions. This might mean that it is difficult for them to prioritize getting health coverage over their immediate health concern. Similarly housing is a basic human need. Individuals with unstable housing or who are experiencing homelessness may find it difficult to focus on enrollment in health coverage. Some individuals may not be eligible for health coverage at all due to their immigration status or because they are in the Medicaid gap in a state that hasn't expanded Medicaid. Finally clients may have questions or concerns about getting health insurance. Let's look at these

questions a little more closely.

There are four main areas we hear about in terms of questions and concerns consumers may have about health coverage. First some consumers may mistrust the health system, either because of a personal experience, the stigma, discrimination, or coverage denial, or because of historic discrimination experienced by their community. Further some may mistrust the health system because of concerns about their immigration status or that of a family member. Second, we know that many consumers have strong relationships with a current HIV provider and are concerned about the possibility of possibly needing to leave that provider. Third, consumers may be concerned about disclosing their HIV status to an enrollment assister or even to a new provider. Finally, there is the matter of health insurance literacy. As a reminder health insurance literacy is the degree to which individuals have the knowledge, ability and confidence to find and evaluate information about health plans, select the best plans for their own or their families financial and health circumstances and use this plan once enrolled. In the case of Ryan White clients, health insurance literacy can also include knowledge about the benefits of health coverage and how to stay covered, the ability to get financial assistance and one on one enrollment help and the confident to work with an enrollment assister to select an affordable plan that includes their medications and provider.

Okay, it's time for our first poll. Are you ready? What are the main reasons why some of your clients may still be unenrolled? We have a whole bunch of options here and you can check as many as you like. We have complex medical and behavioral issues, unstable housing, clients who are not eligible for coverage. Those who don't want to change providers, those that are concerned about HIV disclosure, mistrust of the healthcare system. Concerns about plan costs, questions or concerns or confusion about the [ACA 00:28:25] and there are other reasons too. Go ahead and chat on the other reasons to us in the chat box. I'm not surprised to see that most of you, three quarters of respondents it looks like are showing that clients are very concerned about plan costs. That's going down a little actually that's now down to about two thirds, but I see also that people are dealing with clients who have complex medical and behavioral issues, unstable housing and questions and concerns about the ACA. Really it looks like there is a lot of concerns and challenges all the way across the board and I know that all of you are dealing with all of these different kinds of questions and trying to help answer them for your client. Some of them are easier answers than other, so we are going to try to show you some strategies to address most or all of these.

Now let's go through some concrete strategies you can use to engage your clients and demonstrate the important engagement and enrollment work you are doing. We just released a new resource called engaging hard to enroll clients and tracking their effort. This new resource includes all the strategies as well as links to all the resources I'm going to talk about now and we will show you what it looks like and share that link with you at the end of my part of the presentation. We've developed four strategies you can use to engage your hard to enroll clients this new online tool, engaging hard to enroll clients and tracking your efforts includes links to all of these resources, so you don't have to worry about keeping track of all of these links one at a time.

First let's go through the strategies themselves. Number one, determine if our client may be eligible for coverage. Second, engage hard to enroll eligible clients in conversations about coverage. Third, develop policies and procedures to document your efforts to enroll clients. Finally, document and monitor your efforts to enroll clients in coverage. Let's go through each of these in a little bit more detail. Step one of these four steps is determining eligibility. Are you familiar with our eligibility decision tree. It's one of the ACE TA Centers most popular resources. It takes you step by step through all of the questions you need to answer in order to see whether your client is eligible for Medicaid coverage, Marketplace coverage or neither. You can find all of our tools at [Careacttarget.org/ACE](https://careacttarget.org/ACE) and also in the online resource.

You may find using the eligibility decision tree or your own process that some clients are not eligible for Medicaid or Marketplace coverage. For these clients especially if they don't have any other coverage, it's important to continue monitoring their eligibility status so that you can reach out to them and help them get covered if they do become eligible. This includes keeping an eye out for qualifying life events or other circumstances that might open up a special enrollment period during the year. Krieg is going to talk a little bit more about this in today's webinar, but in the mean time you should continue to explore eligibility for other coverage options including CHIP, Medicare and employer coverage. Another important activity for ineligible clients is helping them complete and submit an attestation form. Some of you are already using attestation forms and I'll talk about those in detail in just a few moments under step four. Finally make sure each client understands each Ryan White HIV/AIDS program services including ADAP remain available to them. Depending on the client's eligibility and what's available in your area, this might include core medical and support services for HIV, as well as medication.

Now what about eligible clients that are not getting enrolled. For these clients it's important to start with why they aren't enrolled. Although they are eligible for health coverage, they may have questions or concerns that leave them hesitant to enroll. Once you've established eligibility the next step is to identify questions, establish open communication about concerns and begin developing a plan for enrollment. Use strategies you already employ for other aspects of your case management work, such as motivational interviewing to help clients articulate their concerns, their identified perceived challenges and then work together towards developing a plan. The ACE TA Center has several resources that can help you in this process and I'll share those with you in a moment.

Step two is to engage these clients in conversation about coverage. To begin let's do another poll to find out what kinds of conversations you are having with a hard to enroll client about health coverage. Okay, what kinds of questions are coming up for your client? Here is a list of some concerns we've heard a lot about. The health plan will be too expensive. My medication will be too expensive. I don't want to change providers. I don't need coverage. I already have coverage through the Ryan White program. I am worried about my immigration status and I am focused on other issues right now. Let's see what people are telling us about concerns you're hearing from your clients and really

conversations that you're having with your client. It looks like most people are talking with clients about how expensive health plans might be, which lines up really well with our last poll. Also it looks like there are clients who just don't want to change providers because they are really happy with their current HIV provider and those that don't necessarily see the value of coverage because they already have Ryan White coverage. It really looks like there is a variety of different reasons why people are not enrolling or are difficult to engage in conversations about enrollment.

The ACE TA Center has developed two resources specifically to address clients' questions, fears and concerns about health coverage. The first is this consumer resource which is called Get Covered for a Healthy Life. It's available in English, Spanish and Haitian Creole and covers topics including the differences between what's covered by health insurance versus to Ryan White program, affordability, provider continuity, medication coverage and what happens if you don't enroll. You'll find a link to Get Covered for a Healthy Life, in our engaging hard to enroll clients online resource.

The second resource is our discussion guide for case managers and other staff that work closely with consumers. The formal title for this resource is, Common Question and Suggested Responses for Engaging Clients in Health Coverage. The guide is designed to help users consider some of the cultural and linguistic factors that may be part of a client's decision to get covered and also help you prepare responses for clients questions. It's designed to help you talk with consumers about five common concerns, changes in health providers, medication coverage changes, communication challenges, mistrust of health systems, paying for insurance and health services and immigration status. Programs have used this tool in a number of ways including using it to help role play enrollment conversations with clients. This is definitely not script, but just hearing yourself use some of these sample responses or playing around with how you might respond to a certain question or concern can be a really good way to get comfortable with some of the more challenging conversations that might come up. As with all the resources I'm sharing a link to this discussion guide is included in the new ACE resource on engaging hard to enroll clients.

Here are a few examples on questions you may hear from clients. In the first example the client talks about a family member that doesn't feel they should enroll, the discussion guide encourages the staff person to find out why and talk through the particular concerns raised. A second example on the slide shows a client asking what will happen in terms of cost for HIV medication, this is a opportunity to talk about any resources that are available in your community to help pay premium and out of pocket costs included support from ADAP. A third scenario shows a client asking why they should get health insurance if they already get care through the Ryan White Program and gives examples of important ways health coverage could make a difference including covering all health needs, not just HIV and the financial protection offered by health coverage in the case of an unexpected visit. These are just a handful of the many scenarios that are covered in the discussion guide.

Step three is about policies and procedures. First it is important to understand

HRSA policies around all aspects of enrollment including the importance of documenting your enrollment efforts. I'll talk about these HRSA policies in more detail on the next slide. It's important to understand how these policies are being implemented in your state and to follow any guidance from your local Ryan White Part A or Part B recipients. Organizations should also develop their own procedures to keep track of enrollment activities. Remember that it is important to document all of your work to engage consumers in conversations about getting covered even if they don't immediately lead to successful enrollment. Sometimes it takes a lot of work to get through these conversations and we want you to get credit for all that effort.

Finally make sure to stay in touch with your project officer at the HIV/AIDS bureau. They can help you understand the details of policy clarification notices and they are also interested in knowing how you're documenting your enrollment work. These and other PCN's or policy clarification notices, they are all available on the HRSA website and we'll chat a link out to you now to get to those PCN's.

PCN 13-05 it's where vigorously pursue is explained in detail. The title of PCN 13-05 is, Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost Sharing Assistance for Private Health Insurance. Generally speaking has expectations for vigorously pursue, is that Ryan White recipients and sub-recipients will make every reasonable effort to ensure all uninsured clients are assessed for all options in both public and private health coverage. Recipients are expected to maintain policies regarding their required process for the pursuit of enrollment in health care coverage for clients and these policies need to include how the process will be documented.

I've listed a couple of other relative PCN's on the slide that you should be aware of as Ryan White programs there supporting enrollment of Ryan White program clients. PCN 13-01 Clarifies how the Ryan White payer last resort requirement applies to clients that are eligible for Medicaid. While PCN 13-04 provides clarification for how the payer of last resort requirement applies to clients that are eligible for private insurance coverage.

Now the final step, let's talk about how to implement these policies by documenting your efforts and by keeping track of all your clients, whether they are enrolled, declined to enroll, or are ineligible. Many of you have heard me talk about the data toolkit before so I won't spend long on this, but I want you to know that there are sample optional measures in the toolkit that you can review along with the resource to help you figure out what information you may already be capturing. For example you may find that you're already collecting information somewhere about which of your consumers are covered or eligible for coverage. In that case you don't need to collect more data, but you would be able to run a routine report from an existing system, it's just a matter of looking at the data you already have. A link to the data toolkit is also included in our online resource. The data toolkit is a resource you can draw on whether you are health department or a service provider to figure out what data you need to collect to capture your engagement and enrollment activities with eligible clients that are enrolled and those that are not enrolled, as well as your work to help consumers stay enrolled and keep their coverage.

Now let's talk a little bit more about how to keep track of clients who decline coverage, as well as those that are not eligible. Clients that are not enrolled for whatever reason can complete an attestation form. Attestation forms are not required by HRSA, but jurisdictions typically ask clients to sign these forms to show that they have made vigorous efforts to pursue eligibility of other funding sources so that available Ryan White resources can be extended towards new clients and needed services. For example a form used by the New Orleans [VMA 00:41:26] asks clients to acknowledge that they've been advised about all the different health coverage options they are eligible for including employers coverage, Marketplace coverage, Medicaid, Medicare and other options available to the particular client. A sample form from the HRSA HIV/AIDS bureau just focuses on Marketplace insurance. The state of Arizona asks all clients that are not enrolling for whatever reason to acknowledge that they understand the implications for not enrolling. Some jurisdictions ask all clients to complete these forms whether they are enrolling in coverage or not. In this case attestation forms also ask the client to indicate whether they are applying for coverage and if so what coverage they've decided to apply for. I'll show you how to find some sample forms in just a moment.

First let's take a quick poll to find out who on today's call is using an attestation form already. Let us know if you already use one already and you use it routinely, if you have one, but you don't always use it, if you don't have one, if you are not sure, or if this doesn't apply to you. Don't worry we can't tell who is saying what, so just answer honestly so that we can get a good sense of where people are at. It looks like kind of a little bit 50/50 between people who are using one routinely and people who don't have one. Then there are some of you who aren't sure, so I would certainly encourage those of you who aren't sure to find out and those of you who don't have one to check it out to see if it might be a good resource for you.

Why don't we go to the next slide and I'll show you our new tool and how to find some sample forms. As I mentioned all the steps and resources I just talked about can be found in this online resource called, Engaging Hard to Enroll Clients and Tracking Your Efforts. We're chatting a link out now to that resource and I hope you'll take a look. In the resource you'll find each of the steps I've reviewed and resources to help you implement each step. There are three example attestation forms listed under step four. If you would like to learn about best practices you can go to our webinar's page on the ACE TA Center website at CareActTarget.org/webinar. You can check out our webinar from April 2016 for example where we shared many of these other best practices to engage, enroll and retain consumers in health coverage. You can also go directly to our list of best practices and try out our organizational self-assessment to see how you're doing and implementing them at CareActTarget.org/ACE/bestpractices.

Okay that's it for me for now; let's get ready to hear from our two guest presenters. It's important to know your community and tailor your enrollment efforts to address their particular challenges. During last month's call we talked about the emphasis Healthcare.gov is placing this year on engaging young adults. Today we are going to spend a few minutes focusing on strategies and

challenges for working with young adults in general as well as young adults living with HIV. Remember that we always take questions at the end, but it's super helpful to us if you submit your questions as you think of them. Please enter your questions into the chat box at any time during the webinar. Let's begin with Krieg Rajaram. Again Krieg is the state organizing coordinator for Young Invincible, which is a millennial advocacy nonprofit organization that focuses on issues affecting the economic security of young adults. Thanks for joining us Krieg, go ahead.

[00:45:08]

Krieg

Rajaram:

Thank you it's a pleasure to be here, like you said my name is Krieg Rajaram. I'm the state organizing coordinator for Young Invincibles. You can go to the next slide. Young Invincibles is a [non politic 00:45:20], nonprofit millennial advocacy and policy research organization. We were founded over seven years ago as a way to include the millennial perspective into the, what was the biggest political conversation of our time or at the time, which was the founding of the ACA. We [inaudible 00:45:37] was being set around health care, but a lot wasn't being done to include the voice of the young adults in that, so our founders took it upon themselves to create a opportunity for young adults to speak about these issues. They created a website for young adults to include their opinions of what should go into healthcare and we vigorously pushed for the under twenty one provision that is currently in the ACA. That's where we got our founding, but again we focus on issues that affect the economic security of young adults and we've also expanded our issue are to not just talk about the ACA, helping young adults enroll in health insurance, but also to work on issues of higher education and student debt reform. Medical debt and student debt are two of the highest areas of debt for young adults.

Again, I myself I lead a student Impact Project campaign, that's focuses on state investing in higher education, as well as our Healthy Young America campaign in the state of Virginia, which focuses on education and health insurance [inaudible 00:46:32] young adults. You can go to the next slide.

More specifically in the Healthy Young America campaign our goal is to help enroll around twenty five thousand young adults nationwide. It is to train partners to effectively reach young adults. We're also going to plan on reaching another one million young adults through digital engagement. As well as increase health care literacy through workshops and focus groups. I mentioned, it was mentioned earlier in the presentation that health insurance literacy is something that is needed and we have found a way to try to solve that need through a workshop we developed. If anyone is interested in learning more about that please feel free to reach out to me after the presentation. You can go to the next slide.

Why do we focus on health insurance? Well the graph you see right here is based on the consumer population survey data of uninsured individuals in the country that came out last year. What it showed that was thirty eight percent of uninsured individuals were between the ages of eighteen to thirty four. Now why is this an issue, because young adults, even though they believe they are in [inaudible 00:47:36], that's where the term young and good [inaudible 00:47:38] comes from. It's a healthcare term that says, young adults aren't concerned

about their health because they are young, they are vibrant, they think they are healthy, but we actually take a lot of risk because of that. One of the things that happened is we are the second highest group of individuals to make it into the ER. Only the [inaudible 00:47:58] individuals [inaudible 00:47:59] will be making more trips to the ER than young adults. Now the ER is a place where a lot of people incur their medical debt. It's a very costly place to go to receive care. If you are someone who is not making enough or you're someone who lacks health insurance you are potentially looking at a very hefty bill from just going to the ER. This is where we talk to young adults about the importance of having health insurance.

Now that you have a sense of why we do this and how large the population is that we are trying to reach. Let's look at how we talk about young adults. Next slide. Strategies for reaching and messaging. There is two ways that we focus on talking to young adult about health insurance. The first is finding who our populations are. Young adults ... Oh, to soon, go back. Okay, thank you. Young adults are very difficult to [find 00:48:47], but for the purposes of this conversation you already know who your client, who you're working with. Now we are going to focus you on the strategies of reaching them and how to speak to them. A lot of what I'm going to go over is something that you may be familiar with, but you may not have in depth knowledge or understand how to use it in a conversation to address questions that you may come up and deal with. Now go to the next slide.

Whenever we start engaging in conversation about having healthcare we always need to talk about the ways you can get coverage. Now there is five ways, excuse me, there is four ways for them to get, to talk about getting coverage and an additional way is through Tricare military coverage. This main four ways you see for getting coverage currently is through healthcare.gov, so on the Marketplace. If they cannot receive Marketplace insurance, it's too costly for them. They could [inaudible 00:49:37] be on Medicaid depending on what state they live in. Additionally to that there is also the ability for individuals to stay on their parents plan, if they can. They would have to be under the age 26 and able to stay on that plan. Student health plans, if they are students, or receiving job based coverage. Now if a young adult can't receive any of the last three places for healthcare the best place to go, is to then talk to them about the Marketplace, which is healthcare.gov. Next slide.

In having conversations about the Marketplace, you're going to open up into a conversation about the ACA. Now we always talk about the ACA as what has it done to improve the healthcare system. Now many of you know about the different things that go into the ACA and you know about it mandating that you have to have health insurance. We also know about the Marketplace and tax credits, but there is also additional things that have gone into the ACA that is proving to be helpful in messaging and relieving the concerns about what's going to be in plans. We always highlight, once we continue on, one pre-existing conditions are no longer something that can prevent you from having healthcare. Two, preventative services, it's something that are free. Three, there is Medicaid, if there in a Medicaid extended state and you can't afford Marketplace insurance, Medicaid is an option what will cover you. The Marketplace it's also [inaudible

[00:51:11] 00:50:52] and there is tax credits to help afford plans. Then also catastrophic plans were created. Now these plans are bare bones, emergency only plans and we don't necessarily recommend these for individuals only because the cost of a catastrophic plan is similar to the lowest level plan or excuse me a bought plan on the Marketplace.

Catastrophic plans only give you those bare bones emergency coverage, while [inaudible 00:51:20] plan offers you more concrete method coverage and more services, so it doesn't make sense in most cases to go for a catastrophic plan, if you can afford a [Bronze 00:51:28] plan. Also to highlight is there is built in assistance in the ACA. It allows you to use a navigator or someone to assist you to sign up for a plan to help you walk through the process of what you're getting into and there is more affordable options now on the marketplace. Let's dive a little deeper into these specific things that we talk about.

Okay, so first thing that we always talk about is pre-existing conditions. The reasons we do this, is we want to show the improvements that have been made to the healthcare system and that there is more being offered to you. First and foremost pre-existing conditions is no longer a reason to be denied coverage. Individuals used to be discriminated against by being denied coverage or being forced to pay a extremely high premium for being already ill or having some type of pre-existing condition. This is no longer the case, which could be very helpful in having these conversations of, you cannot be discriminated against for this reason. Second, individuals can no longer max out of their care. You no longer run into a situation where you used to much health insurance, so now the company no longer wants to cover you. If you are on a plan with a company you cannot max out or be uncovered. An additional thing is being a woman is no longer considered a pre-existing condition or a reason for you to be charged extremely high premiums, like individuals with pre-existing conditions and being a woman was considered one. You were charged more for your care because it was expected that you would use your care more often. This is something that is no longer allowed and has been a great messaging tool to show that the health insurance industry has improved some and that you can go on and buy coverage.

The next thing we like to highlight after we talk about the way things changed, is what is being offered to you know in your plan. We always like to message free preventative care. Now please understand young adults coming out of school, we don't make much, the word free means a lot to us. We highlight the fact that you get free preventative services, services that you literally only have to pay a copay for and your health insurance company is going to cover that visit. We always talk about this, you talk about the fact that you get flu shots, your annual checkups, you can get your screenings, your tests. These are all things that are now offered to you for free under your healthcare plan. It's something I also talk about a lot in my workshops because one, if you are going to get your healthcare, we want you to use your healthcare. By mentioning these free preventative services you're more likely to get people to go out and actually take advantage of them. This is how we want them to act, when we monitor their health by using these free options to stay on top of what's going on.

There are additional preventative care benefits that are offered to women. Next slide. Now we are also looking at well-women visits. Support for breastfeeding. That includes counseling on how to breastfeed as well as equipment that of which is used in breastfeeding. They also do domestic violent screenings and counseling and there mammograms and cancer screenings. We always message these things to show how much health insurance is offering you. How many benefits that you can receive for free. Again the goal is to message how plans are now more affordable and you're getting more for your buck. This has helped us to break down barriers in having conversations about what's going in the plan and what are you paying for. Go to the next slide please.

Now this is something you may not get directly into a conversation about, but it is very helpful to understand. That is what is a qualified health plan. The ACA created a criteria for what health plans should offer if they want to be on the Marketplace. That is to be a qualified health plan. Qualified health plans have to have what we mentioned before, they can no longer discriminate based on pre-existing conditions, you cannot force people to max out on coverage, you also have to offer those free preventative services. Additionally they have to offer an adequate provider network, which is very good to have because individuals who are concerned about losing their primary care provider, there are multiple plans on the Marketplace that your provider may already be involved with or contracted with. Then they can shop around and see if that person is still in that network or find a network that would have their primary care giver. They do have larger networks for providers. They are navigators so six people with one reaching out to do, reaching out about signing up and then helping them do the enrollment process. There are more streamline applications and plans now include essential health benefits. Which we'll see on the next slide.

There are ten essential health benefits that plans have to cover now. We always talk about this because again you want to show what you are getting out of your healthcare and all these things weren't previously covered before. Now it is good to know that emergency services are covered, again young adults end up in the ER and those ambulance rides, those are extremely expensive. It's very good to know that you have coverage for that. Additionally what are the things that we are seeing young adults using the most that they should be aware of. One, there is maternity and newborn care, along with that is pediatric services. Most new mothers and new parents are going to be between the ages of eighteen to thirty four. That's what the data is showing, that this is the age range that are producing the most children currently.

Also mental health and substance abuse disorder services, that is also something that is now covered under the plan. Prescription drugs and lab services, equally very useful and very good to message on, especially for someone who already has prescriptions they need to get filled. Then there is also preventative wellness services and chronic disease management that is also very important to add that these things are now covered. We like to message that these are available to you know through the plan. It's good to be aware of these, so when you're talking to anyone about what's being offer, what do you get, they have a better sense of what is available. Next slide.

Mira Levinson: Hi Krieg, this is Mira and I think in the interest of time, let's have you actually just say a few words about the individual mandate and then we are going to go to your slide on messaging, if that's all right.

Krieg Rajaram: Okay, that's perfect. Okay, so the individual mandate or the penalty as most people know it, is you have to pay a penalty for not having health insurance. Now the penalty is pro-rated and it kicks in for individuals who have gone more than 60 days without coverage. We mentioned this three months because if you have health insurance for one day of a month it's considered having health insurance for an entire month. So you can still get coverage within that third month and miss getting, paying the penalty, but if you go beyond that time frame you will be charged a penalty for every month that you are uninsured. Now the penalties are capped at the annual payment of a bronze plan, but they are costly. Which you are seeing is the penalty for, this is actually lower than what people will be paying if they did not have health insurance for this year. What you're seeing is the maximum dollar amount they could have paid based on the caps, but in 2016 the penalty increased.

If you are an individual who is able to afford health insurance and still don't have it your penalty is six hundred and ninety five dollars, that is a flat rate amount or 2.5 percent of your income and they will take the greater of the two sums. Whichever is larger six hundred and ninety five or 2.5 percent of that person's income, they will charge you that amount. Now for any individual who can hardly afford insurance or can barely afford insurance, six hundred and ninety five is a lot to come out of the pocket. We always talk about the penalty because we want to let people know, look how much you can get if you just paid your premium, but not paying your premium or not having health insurance, you're going to have to pay for it anyway. It's better to get something out of ... Excuse me, if you're going to pay for something, get something back for it, don't pay for something and not get anything.

Just to sum up everything that we talked about. One, we always message the benefit of health insurance, for example free preventative care, talk it up. There is financial security, young adults we end up in the ER. Having health insurance is a great way to head your, limit how much you're going to potentially spend. The vast majority of young adults receive Marketplace tax credits. They receive tax credits through the market place, who will help them pay their premiums, payments may be more expensive so the tax credits are actually more helpful than ever before. Finally, the penalty, why pay something for nothing.

One final thing to talk about and we mentioned this; let's just go to the deadline slide really quickly. There are deadlines that really help you to push and motivate people to sign up. The data has shown that most people sign up around the deadline because they want to have [inaudible 01:00:06] on date. The first deadline to be aware of is December 15th, that's the deadline for people to sign up for plans starting January 1st. This is going to be a huge push time for a lot of people because this is the time where a lot of people are going to sign up. As you seen based on how many people signed up recently a lot of people are still pushing from [inaudible 01:00:24], so you can build up your conversations going up until that deadline, but hard pushes just to get that final emphasis of, your time is running out. December 15th the first deadline to be fully aware of. If we can go

ahead and stop there unless you want me to go into special enrollment period.

Mira
Levinson: No I think that will be great and thank you so much for rolling with it in the interest of keeping with our time slot. We really appreciate you joining us. If people want to know more about the work that Krieg is doing, you should be free to join tomorrow's [CMS 01:01:04] enrollment assister webinar and/or reach out to him using the information that he has provided in that context guide. Now we are going to hear from Fredrick, who is a certified ACA navigator at the South Carolina HIV/AIDS council. Fredrick is going to talk about some strategies he is using to support young adults who are living with HIV in South Carolina. Thanks so much for joining us Fredrick.

Fredrick: Hi, thank you. Again my name is Fredrick and I am the benefits navigator for the South Carolina HIV/AIDS council. Just a little backdrop about who we are as an agency. We have been in the community for twenty two substantial years where our only objective is to provide education around prevention, advocate for the improvement of those impacted and unite with the surrounding communities to reduce the spread of HIV/AIDS. Let's jump straight in to it.