



Webinar Transcript | April 26, 2017

Building Consumers' Capacity to Use Their Health Coverage and Stay Enrolled

Mira Levinson:

Hello everyone. Welcome to today's ACE TA Center webinar. I'm Mira Levinson, the ACE TA Center project director, and a senior consultant here at JSI.

Our goal here at the ACE TA Center is to help Ryan White Program recipients and sub-recipients support their clients, especially people of color, to navigate the health care environment through enrollment and health coverage, and improve health literacy. One of our responsibilities is to provide clear, understandable, and actionable information to help you implement successful strategies at your organization.

Before enduring open enrollment we often focus our webinars on the enrollment process itself, and then on tax filing and reconciliation. Now that tax time is behind us it's time to focus on helping clients put their coverage to good use, and also to making sure clients know what they need to do to keep their coverage. Before we get started let me go over a few technical details.

First, attendees are in listen only mode, but we encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the call or right at the end. Our presenters, along with the ACE TA Center staff will take as many of your questions as we can at the end of the session. If you think of a question after that, that's fine too. You can email us any time at ACETACenter@JSI.com.

The easiest way to listen to our webinar is through your computer, but if you can't hear very well, first start by making sure your computer audio is turned on. If you still can't hear, or you experience a sound delay, try refreshing your screen. Then if you're still having problems we've posted a phone number and a passcode in the chat, and you can use that. Just mute your computer audio and use the telephone line.

We have three guest presenters on today's webinar.

Suzi Peter is a program coordinator for the Comprehensive Health Insurance Initiative at the Community Research Initiative of New England or CRI in Boston. CRI provides access to medications and health insurance coverage to over 7,000 Massachusetts residents in need through its management of the Massachusetts HIV Drug Assistance Program. Suzi helps aid our clients enroll in affordable comprehensive health insurance, and makes premium payments on their behalf to

insurance companies. She also participates in outreach education and training of health care providers, case managers, and consumers.

Katt Ross is Ryan White Part A lead medical case manager at Howard Brown House in Chicago. Howard Brown House is one of the United States largest LGBTQ organizations providing health and social services to more than 27,000 adults and youth every year. She began her career at Equitas Health, formerly AIDS Resource Center, Ohio, so she brings that unique perspective of interstate program comparison and direct service understanding.

Holly Hanson is the Ryan White Part B program manager for the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health. Holly has been in this role for 16 years, and is responsible for ensuring program compliance with the Ryan White Treatment Extension Act, including strategic planning, reporting requirements, grant and budget management, program implementation, and communication.

As a reminder our webinar will be archived on our target center page, which is careacttarget.org/ace. All participants in today's webinar will also receive an email when it's posted so you can share it with your colleagues. You'll also find links here for all the tools we're going to talk about. If you forget the direct link you can just go to the regular target website homepage, or search the topic library.

Here's a roadmap of today's session. First Katt and Suzi will talk with us about how they help clients understand how health coverage works. This includes where to go for care, the meaning of different costs, and how to make the most of medical visits. They're also going to talk about how they help clients avoid gaps in coverage and care by making sure premiums are paid on time, and by making sure clients understand the role of the Ryan White HIV/AIDS program, including AIDAP, in supporting access to health coverage and continuity of care.

After that Holly Hanson will talk about how Iowa's state HIV program has evolved in recent years. Holly's going to talk about how her team reassessed workforce needs, clarified staff roles and responsibilities, and ultimately restructured it's case management program to better support program staff and clients in a changing health coverage environment.

Finally I'll tell you about some ACE TA Center consumer resources, including a new poster series that can help you communicate some of these key messages to clients served by your organization. The we'll take your questions.

Let's get started with a couple of quick polls. We have a great turnout on today's webinar, and it would be nice to know how many new people we have. So go ahead and select one of these options to tell us whether you've been on an ACE TA Center webinar before.

It looks like the responses are still coming in, but it's about 65% "yes" and 35% "no." That means maybe we have about 35% new people. That's great. Welcome, new people, and I'm happy also to have a good number of returning participants. I think we're going to have something for everyone today.

Now that you've had a chance to practice responding to a poll, I'd like you to take a moment and think about a more serious question. We all know that health insurance can be super confusing, and I know that many of you have been helping consumers understand their coverage for a few years now so here's my question: Among the clients you work with what are they most confused about these days, in terms of how insurance works?

Are they having trouble understanding the difference between health insurance and the Ryan White Program, or the difference between private health insurance in the marketplace?

Are they having trouble keeping track of all the mail they get, or are they opening their mail but just having a really hard time understanding all the bills and notices that come in from their ins company and from the marketplace?

What other challenges are consumers having as they try to understand how insurance works?

Okay, let's take a look. I'm seeing a lot of people responding that their number one challenge is understanding bills and notices (not surprising), and followed not so far behind by understanding the difference between private insurance and marketplace coverage, and also the difference between health insurance and the Ryan White Program. And the importance of opening mail is super important; it seems like such a basic thing but we're actually going to talk about that quite a bit today.

Now let's hear from presenters about how they talk with clients about how coverage works. Let's start with Katt and Suzi.

Katt, can you start by telling me a bit about the importance of talking with insured clients about checking the mail. Why is it important? What kinds of challenges are you experiencing? And what exactly do clients need to understand?

Katt Ross:

Sure. So in general our clients are receiving an overwhelming amount of mail. I'm sure all of us have clients who don't read their mail, and maybe don't even open it all of the time. Probably some of us on the call are even guilty of doing this from one time to the next.

Sometimes insurance companies and the marketplace are sending important updates and requests which can affect a person's coverage. So

I've found that it can be helpful to review what kinds of document your clients can expect to see, and know when action is required.

Personally I'm most like to do something when I understand the reason why. So I emphasize to my clients why opening and reading their mail, when it's received, is so important. It can help us to avoid missing deadlines, or missing other important details that affect our coverage. I know a lot of my clients over the years have learned this lesson the hard way.

Some of my clients have expressed that they sort of avoid opening their mail because it can be overwhelming or confusing, and sometimes they just think it's junk mail. By empowering our clients with tools to stay ahead of deadlines and changes, we can better avoid a loss of coverage first of all, but we can also minimize some of the urgent case management situations that come up, like a client having a lapse in medication.

I've had success offering assistance, face-to-face or on the phone, in processing the mail regularly with my caseload. A really great place to start is providing education on what kind of mail they should be looking for: things like premium invoices, explanation of benefits from their insurance company, and then the difference between that and bill that they're getting directly from their provider facility, as well as just general updates that aren't specific just for that client and are coming as more of a mass mailing.

In addition to private insurance companies, the marketplace is also requesting information from time to time by mail. If a person fails to update the information by a requested date, sometimes their coverage can be affected. Last year I actually had a client who had been successfully enrolled into a marketplace plan, the premiums were paid, the policy was active, and all of a sudden the marketplace needed to know some verification of his income to make sure that he was still eligible and whether better suited in Medicaid. Had he ignored the letters and not submitted that documentation his policy would have been terminated and that would have made him ineligible for that re enrollment, and then without coverage until the next year's open enrollment period. Like I said, it's really helpful to give your client some collaboration and going through all of this mail that they're getting. I check in pretty regularly during my contacts with clients just about the mail that they're receiving, especially in regards to their insurance policy or other public benefits.

Sometimes these mailings have complex writing and terminology that's unique to our industry, and can make them really difficult to understand. I recently had a meeting with one of my clients, in person, to go over his mail. He came in with these huge bags of unopened mail, some of the letters dating back to almost a year ago. It gave me an immediate opportunity to encourage him that even if he didn't want to fully read through, to open it right away. That way if there's something that seems somewhat urgent, or if your client finds that they have a question right in

that moment when maybe an in-person meeting can't happen, they can address it with you by phone or through secure email.

While we were reviewing his mail together we discovered several months of premium invoices for his Medicare Part D, his prescription drug plan. He was enrolled in our AIDAP Medication Assistance program, but hadn't been enrolled in the AIDAP Premium Assistance portion. Since all Part D plans don't a monthly premium cost I wasn't aware, and since he hadn't opened the letters yet and had limited experience with the system and what to expect, he wasn't aware that there would be any consequence either. So in reviewing the mail we also found some, finally, termination warning letters as a result of the nonpayment of the premium, and unfortunately ultimately his Part D coverage was terminated; which I think we all know causes a lifetime penalty fee, that's monthly due to the lack of prescription coverage during those months. Luckily we worked together and we were able to ensure that he could get his medications through other means, which we'll discuss later in the webinar. But he was able to enrollment into a new prescription plan during the Medicare open enrollment later that year.

Another recommendation I have is that as case managers we keep copies of the mass mailings that are coming from insurance companies, the marketplace, or other public benefit bodies. This can help you to have something to refer back to. A lot of your clients are going to be getting these same letters and they have questions, so being able to have something to look at can help you just sort of refer more specifically to the items listed in the letter.

This was really helpful this year in Illinois. Blue Cross sent a couple of letters that some of our clients found really concerning in regards to ceasing accepting third party payments, as well as a change in their mail order pharmacy. A lot of clients were concerned of how they would access their HIV meds and how they would access their insurance if they couldn't get their premiums paid by AIDAP. Luckily when I finally received a copy of the letter I noticed that there were exceptions written into those letters for Ryan White programs, and I was much more able to refer to that specific line in the letter when other folks had questions about it.

Mira Levinson:

Hi everyone. This is Mira. I'm just going to give you a quick update. It sounds like we're having some audio issues for some participants, so please be patient with us. In the meantime we would encourage you to dial in on your phone using the call-in number that we've put in the chat box. Hopefully that will help everybody get better audio. The call-in number, if for some reason you can't see it on your screen, it's 888-337-8199. Again, it's 888-337-8199. The passcode is 599426. Again, that's 599426.

We're going to go ahead and continue with the webinar. If people continue to have audio trouble with the phone version of the audio, please chat us and let us know. Thanks.

Katt, go ahead.

Katt Ross: All right. The online accounts that are offered by not only the marketplace, but also private insurance companies are a way to really further connect your clients to their plans. More often than not, I've found that the letters that people are receiving through the USPS are also available to them in an inbox if they're registered for an account online. So it's really helpful to help your clients create online accounts through the marketplace and through their health insurance website, and make sure that they know the difference about those two accounts, that they're not ... They don't talk. The systems don't talk to each other, so they need to know what information is available for them on each website, and when they're making updates to their personal information, where that information should be updated.

In one case one of my clients moved in the middle of the year and he noticed that he was no longer receiving all of the notices in the mail, even though he had gone through Blue Cross and updated his mailing address. So on one hand it's great that he had the information and the experience to recognize that he wasn't receiving all of the documents, but on the other hand it prevented a situation to us where we realized the marketplace and the Blue Cross website aren't speaking to each other. So we needed to go back in and update that information in both systems. Once he'd done that it was kind of smooth sailing. All of his documents were received going forward, he didn't have any issues with maintaining his coverage, and he was able to keep track of all of the updates going forward.

I've found that when clients have an online account with their insurance company specifically, it helps to overcome some of the barriers that we find that happen in case management. I know I've had quite a few occasions where clients are coming in, we're working on an AIDAP for some other sort of reassessment paperwork, and maybe they forgot their premium importance for AIDAP, or they didn't get a copy of their insurance card in the mail. From the insurance portal they can actually access a temporary membership card, or get a live invoice so that they don't have any delay in processing that reassessment paperwork and maintaining their eligibility for AIDAP.

The other kind of helpful thing in case management is that we can track their plain utilization. If they are wondering what their progress is towards their out-of-pocket maximum, or their deductibles, we can check that out so that they can make more informed decisions about their care.

Mira Levinson: All right. Thanks, Katt. That's really helpful. So Suzi, let's hear a bit from you. What would you like to add to this conversation from your experience on the AIDAP and health insurance continuation side?

Suzi Peter: Thank you, Katt and Mira. Managing all of this paperwork is also important in terms of making sure the Ryan White Program is able to help

clients pay premiums and out-of-pocket costs. In the state of Massachusetts, we can cover prescription copays and insurance premiums through a combination of HDAP, which is our HIV drug assistance program, and CHII, which is our state's Comprehensive Health Insurance Initiative. Massachusetts also requires that clients stay enrolled in HDAP in order to get CHII benefits.

It's really helpful to us if case managers can make sure clients understand how the Ryan White Program can help, what the Ryan White Program is paying for, and what their responsibilities are. If you aren't sure, ask someone at your organization or contact your state's AIDAP office.

For example, if the client understands that AIDAP is paying their premiums then you can also talk with them about the importance of letting AIDAP know if there's a change in their premium amount, or if a bill shows that a payment has not been received. Also in many states AIDAPs require clients to submit copies of their premium bill on a regular basis. It's really important for clients to check their mail, but also know how to recognize their premium bill when it comes in the mail and what to do with it.

Mira Levinson:

Great. Thank you, Suzi. All right now, Katt, can you talk briefly about the importance of helping clients understand the different costs of health insurance and some of your suggestions in terms of the best ways to educate clients about these costs?

Katt Ross:

Sure. Understanding health insurance costs can help your clients to make informed decisions about the care that they want to access. One thing that's really helpful is to make sure that they know how to track the out-of-pocket maximum so that they can plan a timeline if they wanted to access non-urgent specialist care.

You can also help them to understand their costs in terms of deciding which facilities they're going to use, what medications are on the formulary. By understanding the costs that are associated with their specific health insurance, clients are able to make longer term plans for budgeting health care expenses.

As case managers we can empower our clients by helping them to understand their costs in a lot of different ways. Educating them on insurance terms. Like I said, a lot of this is stuff that's pretty industry specific. I think there's a lot of confusion that I hear from clients about "What's a premium? What's a copayment? What's a deductible and how do these things work together?" so making sure they do understand those differences and how they apply to that person, as well as understanding the copay information that's listed on their card, and understanding what assistance might be available for them to access for help with their medical costs. An example of that would be a Ryan White Program

Whenever in doubt it's helpful to model customer service calls with the insurance companies and your client. You can get specific breakdowns of available services and their specific expenses.

A lot of insurance cards can look a little bit different, but for the most part they do keep this pretty similar format. Even though they might look a little different than this, it's really helpful to know some of the specific language used and what you're looking for, so that even if you're client isn't in the office, and even if you don't have their insurance card on hand, you can help them to navigate that card.

Today we can use John Doe's card as an example. The coverage type is usually going to be listed with the plan name on the top right of the card. You'll be able to tell if it's a PPO or an HMO, which will make a big difference as your clients are choosing providers and facilities, and how they're going to access care.

On the bottom left you're going to see the different types of visit copays. We know that when John goes to see his primary care doctor he can expect to pay \$15 for that visit, but if he goes to see a urologist he's going to pay \$35, and if he needs to use an emergency room it's going to be \$75 out of pocket.

Most plans also have a varying out-of-pocket cost for different prescription drugs. So it's helpful to make sure that your clients understand where their drugs fall on their formulary, and what tier are they going to be paying. Is it going to be the \$10 for the preferred generics or \$25 for the name brand?

You can empower your clients to take charge of their health and utilizing their health insurance by role playing. Sometimes I find that it's helpful to use scenarios that are specific to my client, and educate them on questions that they might ask if they're calling their insurance company, getting them kind of the language that they can use to get to the right departments when they're calling through on the phone tree. I think some really good advice is reminding people the benefits of taking notes, especially the names and representatives that they speak to and those departments, as well as the phone numbers and the other resources that the insurance company service person is giving them. By preparing for these types of calls in advance I think it takes a lot of the anxiety out of it, and it can make your clients a lot more comfortable.

I've also found it really helpful to model those customer service calls, so truly having your client in the office and making that call on speaker phone, or doing a conference call, so that they can see that real world context.

Mira Levinson:

Thanks, Katt. It's great to hear about how you've been doing this work and helping clients get oriented to the basics of understanding their costs. Now, Suzi, what's the AIDAP perspective here? How do you work with

case managers and clients to make sure you get all the most up-to-date information from them?

Suzi Peter:

Well the HDAP side, there may be more limitations in terms of communication with insurers. For example, it's important to know that HDAP/CHII staff cannot contact a client's insurer on his or her behalf. Insurance companies typically do not release information to anyone other than the client so, as Katt already mentioned, it's really important to help consumers learn how to manage conversation with insurers.

Sometimes case manager and advocates may also be able to get the client's authorization to communicate directly with the insurer. At the HDAP program we rely on case managers to work with clients and get the necessary information that we need. One strategy I've seen for clients that have unstable housing, or have a lot of trouble keeping track of paperwork, is to find out whether their insurer can send their bills straight to their case manager's office.

The main thing we need case managers and clients to remember is that when information or documents are not sent to HDAP/CHII on time, it could potentially result in interruption in coverage. Our goal is to avoid any gaps in coverage for clients, and the most important thing case managers can do is to make sure clients keep sending us the information we need so that we can make sure premiums are paid in full and on time.

Mira Levinson:

Okay, so lots of important opportunities for communication and coordination. Now that we've spent some time on costs, let's talk about helping clients learn to use their coverage. Let's start with another participant poll.

As many of you know, some clients are new to the whole experience of having health insurance so there's an important opportunity for education here too. What do you find most challenging when you help consumers learn to use their coverage?

Is it getting them oriented in terms of where to go for care; or how to make sure a provider is in network; how referrals work; or getting ready for a medical appointment, especially with a new provider; or is it something else?

Let's have a look at what's coming in here. It looks like a little over half of you are talking about particular challenges in explaining to consumers about in-network versus out-of-network providers: and then another maybe 40% each or so on where they can go for care and how to deal with referrals. Preparing for appointments is up there too.

So thanks, everyone, for these great responses. We'll take a look at what's coming in through the chat as well. It's really interesting to see all

the different kinds of challenges clients are experiencing. They're sort of all across the board.

Now let's go back to our presenters and hear their perspective. Katt, can you tell us a bit about the importance of helping clients understand where to go for care and how you talk with them about all that?

Katt Ross:

Definitely. Getting health insurance for the first time can mean accessing all new types of points of care for clients, so we can just jump right in.

Prior to the ACA a lot of people in the States were uninsured or under insured, and were frequently using emergency rooms to access all of their care. So accessing care through scheduled appointments, having a primary care provider, and utilizing scheduled appointments at facilities is a totally new terrain for a lot of people. We know that changing habits and routines can be pretty difficult so it's really important to help our clients understand how to use their health insurance policies, particularly because when you have insurance and you have an income emergency department utilization can have a very hefty out-of-pocket fee.

One of the first things that you need to do when you get your health insurance is probably identify a primary care doctor that is within the network. Some offer HIV specific primary care while others do not. Some folks like to have an HIV specialist and a primary care provider, so help your clients work out what's going to be the best for them.

Also make sure that they understand all of the other points of care that are going to become available to them now that they have health insurance, so really identifying "When do I go to my primary care doctor? When and how do I use an urgent care facility? When do I need to actually go to the emergency room?" and understanding all of the costs that are associated with these, as well as helping them identify with their plan what their preferred hospital, pharmacy, and other providers [inaudible 00:28:19].

Another major part of navigating private insurance is the understanding of in network and out of network. So make sure that your clients understand their insurance network's preferred providers and pharmacies, as well as what the referral process looks like in their plan.

Make sure that you're explaining the financial implications to clients. I've found that sometimes clients end up locked into a plan through the marketplace that doesn't provide coverage with their current providers. Ideally you're talking about all this stuff prior to their choosing a private health plan, probably before or even during open enrollment; but if that's not the case, provide education. Help them to map out their network of care so that they can plan for those future expenses that might be a little higher than what would be expected. Talk about what it might look like for picking a different plan next year during open enrollment, which could better meet their needs.

Okay. When referrals to specialists and other outside care providers are made, make sure that your clients again understand what that referral process looks like specific to their plan, keeping in mind that with HMOs it sometimes requires prior authorization, and almost always requires a referral generated directly from their primary care, whereas PPOs allow the members to choose their own provider, and doesn't require that primary care contact first.

Exercise the inclusion of all parts of a person's care team when they are using different care facilities or different providers, and make sure that they know how they can achieve this communication; so they can request a release of information to share information back and forth, or even just the importance of bringing discharge paperwork or visit summaries to their appointments. As we know, best care is always provided when all of the providers involved in a patient's care team are informed, which is especially important if a new diagnosis is made or if a provider is changing medications.

Since a lot of our clients have been accessing their care mainly through emergency departments, having health insurance means that they can now take a more active role in their care. Educate your clients on what recommended follow up is for their HIV care and tailor it to their needs. If they've had consistently controlled HIV and no other health concerns, we know that they can be seen every months or every six months. But we know that when medications are changed or if their addressing new symptoms, sometimes they may be asked to return to the clinic in four to six weeks. They don't have to put that off the way that they might have if they were accessing care specifically through the emergency department. When they're understanding what the current recommendations are for their health they can get better care.

If it's necessary you can assist your clients in transferring to a different provider and facility. I've found it really helpful to complete a session by phone or in person with my clients before their visit just to prepare them. It's absolutely a priority for me when their going to see a new provider, but it's also something I tend to do for routine follow ups with specialists or their primary care doctor. Doing pre-visit prep with your clients really helps them to review and organization the questions and concerns that they have before the appointment, as we know that there's usually a limited time in the room with the doctor, and it equips them with the tools necessary to have all of their questions and concerns addressed during that brief visit.

Mira Levinson:

Thanks, Katt. Now I want to tell everyone about two ACE TA Center consumer resources that are specifically designed to reinforce the key messages Katt and Suzi just presented.

First we have a resource called Making the Most of Your Coverage, which is designed to help clients get oriented to health insurance. It provides plain language explanations of things like how to identify important

documents; the basics of health care costs, like premiums and out-of-pocket expenses; and where to go for care, in network versus out of network, and the differences between different kinds of facilities. You can hand copy this to clients when you meet them, or even give copies to enrollment assisters or benefits coordinators you work with.

We also have a short series of videos that explain many of these same enrollment messages too. The ACE TA Center's 'Covered' video series uses humor to provide tips for Ryan White Program clients, including what's covered by insurance, where to go for different types of care, and how tax credits work. The videos were designed to be shown in waiting rooms, or with groups, or in clinical exam rooms, or even during case management appointments, and they're all available in both English and Spanish.

Next let's talk about challenges your clients may be facing in terms of maintaining their coverage and staying enrolled. Let's start with a poll on this one too. What do you find most challenging in terms of helping your clients keep their coverage and stay insured?

Is it making sure premiums get paid on time; or is it AIDAP renewal; or making sure clients report income changes, or life events to the marketplace? What about managing gaps in coverage when they do happen? Tell us about your challenges in this area, and if you don't see your challenge on the list you can chat us again.

Looks like paying premiums on time is right up there, and AIDAP certification just is right there too. They're both at about 40%. After that is reporting income changes to the marketplace and managing coverage gaps. It really looks like there's challenges all across the board here too.

Thanks everyone for your responses. Now let's hear from Katt and Suzi about what they're doing to help their clients keep coverage. Let's start with Katt again. Katt, can you tell us about some of the strategies you're using to help clients keep their coverage

Katt Ross:

Sure. In general clients need to understand how coverage is helpful for them: how to make sure that they keep their coverage, like paying their premiums on time; and how to stay in touch with the Ryan White Program to make sure that their covered for their HIV care, even if they do experience a gap in coverage. It's really important to remind people why maintaining coverage is important, and how their health could be impacted if they were to lose coverage.

I individualize my discussions about insurance for each of my clients to add a personal meaning and context, and make it work for them. I emphasize the benefits that are going to be specific to their health that are gained just through having access to insurance.

Before the ACA a lot of my caseload in Ohio was relying strictly on Ryan White services and the ER to access care. Luckily insurance covers far more than HIV related services. I watched as health outcomes were improved tenfold when my clients understood that now, with their new health insurance, they were able to access services and medications for a number of other health care concerns from diabetes and hypertension to mental health therapy and psychiatric care. In addition to expanding the care that one could access, the health insurance really protected clients from high and unexpected costs.

Mira Levinson: Thank, Katt. That's a great point. So the benefits of coverage are going to be a little different for every client, and when you talk with them about the importance of not losing coverage, you can tailor the conversation to the particular benefits that are most important to that client.

Now, Suzi, can you tell us about the importance of staying in touch with the Ryan White HIV/AIDS program in terms of maintaining health insurance coverage.

Suzi Peter: Sure. In Massachusetts a client can be enrolled in both HDAP and the CHII program, as long as they remain active and meet eligibility requirements. This saves us time and streamlines our workflow so that HDAP re certification and re enrollment paperwork can all be completed at the same time.

It's also important to remember that some clients do not have case manager, and I know that in some states clients can't be enrolled in AIDAP and get Ryan White health insurance assistance at the same time. We make a special point of explaining to clients that they should feel comfortable contacting any HDAP/CHII staff for assistance. Many of our clients will contact me via telephone, or sometimes send me their premium bill through secure email.

Part of educating clients is making sure they understand what can happen if their premiums do not get paid on time. Explain to clients that they may not be able to see they're primary care doctors, or have that done during this time, and that insurance pays for their medication. Remind them that if their health insurance is terminated they may not be able to re enroll until the next open enrollment period. Once clients understand the consequences of losing coverage, you can focus on helping them make sure that dis-enrollment does not happen.

Pay attention to increases in premium amounts and report any change to HDAP as soon as possible. If the client's premium increases and HDAP doesn't know about it, there could be a resulting balance on the client's account. We need to avoid any balance on that client's insurance account because any outstanding balance on their account can result in insurance termination.

In Massachusetts we currently ask clients to have their premium bill sent to CHII at least every three months, or when there's a change in premium amount, for example, an increase. Clients should always submit a premium bill with every re certification.

Mira Levinson:

All right. Thanks, Suzi. Suzi talked quite a bit about the importance of staying in touch with the Ryan White Program, including AIDAP. It's also important to make sure clients are staying in touch with the marketplace. If a client experiences any change in income in particular, it's very important that they report these changes to make sure they get the right financial assistance, and to minimize the amount they have to reconcile at tax time.

Before we get to Holly's presentation about case management in Iowa, I have one more question. Suzi, we've talked a lot about how to avoid losing coverage but what happens if someone does lose their coverage? What next? Are there some things case managers and other HIV program staff can keep in mind so that they can be prepared in this situation?

Suzi Peter:

Definitely. The first thing clients need to do if they lose coverage is to contact the Ryan White HIV/AIDS program to get help with medications, and assess what their coverage options are. If a client loses coverage, or if they think they're about to lose coverage, the most important thing is to make sure they are able to get continued access to their HIV medications.

If you are a case manager, make sure your clients know that if they anticipate losing coverage they should call you immediately. If the client does not have a case manager, they should contact AIDAP. If they are already enrolled in AIDAP they should explain the situation so that AIDAP can help them continue receiving medication. If they aren't enrolled in AIDAP, then they should request urgent processing so that they can get enrolled as soon as possible.

If for some reason AIDAP takes time to process their enrollment, the client should speak to their doctor about getting short-term help with their medications. After taking those emergency steps to make sure the client has access to their medications, through AIDAP or some other resource, you can take a step back and try to get them back on health insurance. The first step is to work with the consumer to call their insurance company and ask if there's anything they can do to get reinstated. It's easier to get someone back on insurance during open enrollment. Outside of open enrollment you'll need to figure out whether the client is eligible for special enrollment period.

It can be especially difficult to get a client back on insurance if they've been kicked off because of nonpayment. In this scenario they're often locked out, but they should definitely still try because sometimes insurers offer grace periods or are willing to make exceptions for them.

If the client can't get re enrolled right away, then you should continue to check their eligibility for health insurance options on a regular basis to see if any changes, especially in the case of a life-changing event during open enrollment. It's also important to remember that regardless of insurance, the Ryan White Program is designed to provide HIV related services and fills gaps in care, coverage, and affordability, and clients can continue receiving their medications during this time through AIDAP.

In Massachusetts HDAP provides 100% prescription coverage to clients with no insurance who are eligible. Case managers need to send a completed HDAP application with a case manager letter requesting 100% prescription coverage.

Katt Ross: Right, and for care that's not HIV related support your clients in identifying providers or facilities that offer services on a sliding scale: accessing medications through a nonprofit pharmacy, or a pharmacy that accepts a Ryan White voucher, or even sometimes through a pharmaceutical company's patient assistance program. But it's really important to remember that PAPs are time limited and are absolutely not a replacement for health insurance.

That's a common misconception. In fact just this year I had a client, who was new to case management, call me during open enrollment and say that he didn't really think that he needed to have insurance because he was able to use the PAP to get his medication. We made sure to clear that out but a lot of folks do have the idea that with the patient assistance programs insurance may not be necessary, which is not true.

Mira Levinson: All right, great. Let's do one more quick poll. I'm interested in knowing, since we have people from all over the country, what happens with your AIDAP program if somebody loses health insurance coverage?

Are they automatically enrolled into AIDAP or another Ryan White HIV/AIDS medication program, or does it take some time? Let's take a look. I'm sure some people aren't quite sure exactly what would happen in that scenario.

It's very interesting. I see that almost half of the people that are responding are not sure how quickly a client would be reinstated in AIDAP if they lose health coverage. That's quite a lot of you. We're actually going to chat out a link to the AIDAP coordinator directory from [inaudible 00:44:04] right now. If somebody in your own office doesn't know the answer to this question, then go ahead and check that directory and contact your AIDAP coordinator. I want to make sure that you all know exactly what to do if a client loses health coverage so that you can communicate that to your clients ahead of time.

All right let's take a look at the next slide. To help you reinforce these key messages and some others, let me tell you about two more ACE TA Center resources.

First one that you all know about already, or may of you, our Stay Covered All Year Long tool which was designed for providers to share with consumers to help them understand what they can do to maintain their coverage.

We also have a brand new set of posters that we've just added today to the My Health Insurance Works for Me Poster Series. This new set is called the Stay Covered Series, and I would definitely encourage you to check them out. The new poster series includes a variety of messages designed to help clients keep track of paperwork, make sure their premiums are getting paid, and manage any gaps in coverage.

The ACE TA Center also has some resources on special enrollment periods, but we're in the process of updating them right now to reflect some policy changes that were announced by CMS a couple of weeks ago. As soon as our resources are updated we'll let you know. Meantime, special enrollment periods are still available. It's just important to note that when clients apply, in addition to attesting that the information they provide on the application is true, clients may also be required to provide documents that prove their eligibility for that special enrollment period based on the life event, or the special circumstance that qualifies them for that special enrollment period. We're going to chat a link out to you to the healthcare.gov site so you can see a little bit more about special enrollment periods for now until our tools are updated.

Now let's hear from an entirely different perspective. Holly Hanson, Iowa's Part B program manager, is going to talk with us about Iowa's experience with case management and health coverage, and how things have changed as the health care landscape has evolved over the last few years.

Hholly

Holly Hanson:

Hi. Good afternoon, everybody. Or good morning, depending on where you are. As she just said I'm the Part B program manager in Iowa, and just for context there is no Part A there. I oversee both the client services program, which includes the case management component, as well as the AIDS Drug Assistance Program in our state.

The two are very connected in that to be enrolled in the AIDS Drug Assistance Program, clients need to be case managed. I heard somebody reference that a little bit earlier, that in some states that's the case and some not. We do require that in Iowa.

I'm going to talk a little bit about the evolution of where Iowa's program was pre Health Care Reform, so 2013; how we've changed; and where we are now. I know we're a little tight on time so I'm going to be pretty succinct with this.

Go back to the other site. Like this?

Health Care Reform had a tremendous impact on the HIV delivery system, as you've guys have all really talked about, but I think it's important to remember how it has really been a game changer for people living with HIV and the importance of us keeping up with this. The removal of the preexisting condition, and then those states that expanded Medicaid, has really allowed people living with HIV to have access to much more care than they've ever been afforded before. But the bad part of that all is that implementation was very difficult, or is very difficult, and it's always changing. It's almost like that analogy where you're building the plane as you're flying it, and remembering that everybody's just doing the best that they can do.

The slide with the list of "Where do Iowans get health insurance?" that's just a slide that we shared real early on with our case managers to help them really think about all the places that people can get insurance now. It's not just that we have the marketplace. We did have a federally [inaudible 00:48:38] and then, as well as we expanded Medicaid, but to remember that there are all these other places that people can get insurance.

Now the slide that you're looking at now is just kind of the evolution of the changes that AIDAP program has seen. What you're essentially looking at is a reduction in people accessing medication assistance only, and an increase in that insurance component. You also can see here a decline in our overall enrollment. That is due because we did expand Medicaid in Iowa so a lot of people were off of our AIDAP roll, though we maintained them in case management as often as possible. So you see those numbers go down for the first couple of years, and now it's ... You know? New diagnoses occur and whatnot and we've enrolled more people so we're back at the 529.

The next slide is just another way of looking at that. You can see that top line is our overall enrollment over the last four years, going from 814 down to 459, back up to 529. Again you see that: 500 people we had enrolled in MedAssist drop way down and the insurance go up. The other line I'll point out to you here is the bottom line. In 2013 we had 85 people going in between insurance and MedAssist, and you can see that that really jumped up in 2013 ... Sorry, 2014 and 2015 as well. As there are so many case managers on the line, I know that you guys understand that that means a lot of phone time and work with clients.

What we were doing in 2013 is really rethinking case management anyway. We knew that Health Care Reform was coming. We knew that our case management system had not been updated for about 10 years at that time, and so we had a long meeting where we reviewed a lot of different styles of case management and redesigned our case management system into a four tiered program. We can go to the next slide.

It's four tiers, really kind of depending on intensity. You can see that most intensive tier is our tier one, it's a team based approach where there's a lot of people involved in the case management of a high acuity client, all the way down to what we call Maintenance Outreach Support Services or MOSS, where there's very little contact with clients throughout the years.

Anybody that is enrolled in AIDAP needs to be at a level three or higher. What this really does is allow case managers to spend more time on the individuals with more complex needs, because what we know is that case management is critical. It exists to connect an often fragmented system, which I talk about ... Yep, here on this side. It can really serve as a catalyst for quality, cost effective care by linking the patient, the physician and other members of the care coordination team, the payer, and the community, which a lot of you heard at the beginning of this presentation on how that looks on the ground.

I think it's really important to remember that without the coordination provided by case managers, some clients can become confused about how the system works and frustrated by the time and effort involved. So consequently many clients can become detached and ultimately disengaged from care services. It's really just important to emphasize how critical case management is.

It's also important to remember that while the absence of case management can hamper client access to these services, if you have too many case managers working in an uncoordinated system it can really contribute to the fragmented service delivery that case management is meant to alleviate. So we want to be really thoughtful about how we design our program.

When Health Care Reform became fully implemented in January of 2014 we had our new system in place, which was working pretty well. So at this point we were ... A little bit before that actually. The first step we took was to assess the current workforce, mostly meaning our Ryan White case managers. We contracted 10 agencies to provide case management services and in 2013 we had about 20 to 25 case managers across the state. We do ask our case managers to wear a lot of hats. They have to be experts in all the things that you see listed there.

Could we really add asking them to be experts in all things insurance, or benefits in general? That seems like a lot. We thought it would be way too much to expect them all to become experts. We were also already getting feedback that caseloads were too high, and case managers didn't have enough time to do their current job duties and really take care of psychosocial needs that most of them really went into it for. Again, they were already overextended. Also the navigators and the certified application counselors that were being enlisted to really cope with the influx of insurance didn't have the expertise that we needed to work with people living with HIV. So what we wanted to do is create our own benefit specialists.

What our response was is to hire field staff. The positions were strategically placed at a few of our contractors across the state. Iowa's a pretty large geographic state and our populations pretty evenly distributed, so we had to have them really all over the state to ensure anyone living with HIV could have access to an insurance benefit expert.

The individuals in the picture on the slide were our first round of benefit specialists. We learned a lot from that. None of the individuals still hold the position, but we've had folks that have been there after the first round and have stayed and are experts now. We continue to tweak and improve the way we work within the Ryan White world and in Iowa, and one of the main ways is that, that second big bullet on the slide there, is we hired within the Iowa Department of Public Health a benefit specialist to lead that staff. Because, as I'm sure you're all aware ... And it's about to change again. This post Health Care Reform world is something that is ever changing. And to avoid that confusion with the clients that you all serve, we really need to have those specialists at the front lines of the knowledge, so to speak.

So those are our experts and they do a variety of things for training and capacity building; as well as our client services coordinator, our whole staff at the Part B program at the Department of Public Health.

Some examples of that. We have a regional collaborative; so we work with Minnesota and Nebraska to offer annual case management certification. We kind of rotate every third year who hosts that. We're hosting it this year actually, on Monday we start. Before we do our in person course we have online modules so that people, all our case managers, can really be really armed with a lot of knowledge when they go out try and serve our clients.

We do a lot of other continuing education and there are some examples with the D.A.R.E.

Next slide. There also doing a lot around trauma informed excellence, which I could talk for another 15 minutes or three hours on. It's really been helpful for our case managers and field benefit staff in working with clients on all levels, including benefits. We also do regional meetings; Monday messages; our weekly email to contractors just so that they have one place where they can really look at announcements, updates, and policy changes; all sorts of stuff.

We also have regular meetings and correspondence with IDPH and field benefit staff. They kind of get extra training above and beyond what case managers do. Remember we want our case managers to be armed with enough knowledge to be able to refer clients, but we're really referring them for the specialists in benefits, which they're field benefit staff.

We really do feel that this long road of thoughtful reorganization of both our client services program and the AIDAP program has been successful.

One of the reasons is because we reframed the ultimate goal of case management. What I mean by that is that we're really working to keep clients engaged in case management. We are not working to ultimately have them, quote-unquote "graduate" from case management. We have that fourth tier as an option. If they really don't need anything from us the first year to three years, we want to keep them engaged in a way that we can just kind of stay in touch with them a little bit. But we want to keep them engaged and help them access the benefits that are going to keep them in care.

The second bullet is team approach between the Health Department and our contractors in both the development and implementation. Communication, communication, communication. Also we did pilots, and we took our feedback. We asked for feedback and took that as we developed our case management program, as well as what the implementation was looking like with our field benefit staff.

Then you saw our examples of the intensive capacity building, trying to meet everybody's learning styles and get them the training that they need.

Lessons learned. Change is a process, and you can see a very long process. You also have to anticipate ... There's not necessarily a finish time. You know? We're gearing up for some potential more changes. Here in Iowa one of our biggest insurers has stated that they will not be selling individual policies anymore, so we're kind of scrambling to figure out what we might do if that actually comes to fruition. So keeping that communication open while those kinds of scary things are out in the news and whatnot, we're constantly talking with case managers, field staff, and clients so that they're aware of what's going on and kind of deescalating any freak-out-ed-ness I guess.

I talked about doing that through different modes continuously.

Also that need for simplified educational materials. I think that the ACA Center's really giving you guys a lot of great material for that.

I think that covers the next two bullets actually, and the last bullet is really to talk about getting a lot of input as you're making changes; so not only going to your go-to folks that are usually involved, but asking your biggest critics what they think and how to best create a new system of care, or so to speak.

Mira Levinson:

All right. Well thanks so much, Holly. That was great. We're getting lots of questions actually about your presentation and all of them so thanks, everyone, for bearing with us. We are running a little bit over but we want to make sure that we can get to some questions. I hope that at least some of you will be able to stick around while we take at least four or five questions. If you haven't already typed your questions into the chat box, you can go ahead and do that now. Also don't forget to respond to our

evaluation form, when it pops up at the end, to let us know what you thought about today's session and share any ideas you might have.

Let's go ahead and take a look at some of these questions. The first question is for Katt. Katt, there's a question that asks: How far can we go to help clients maintain their marketplace or other online account credentials?

Katt Ross: That's a really good question. I think a lot of people probably go about this a little differently. I know that as case managers we definitely are [inaudible 01:02:26] a little bit just for saying that like a health care navigator would as well. What I would recommend is allowing your clients to use the computer in the office. They should always be the ones typing. They should always be the ones creating the account.

You definitely should not ever know their password. I know that a lot of times clients will say "Oh well I want you to have my password. I'm afraid I'll lose it." There are definitely some recommendations that you can make on how your clients can maintain their own credentials. There are a lot of applications now on smartphones that help you to save your passwords. Something that I usually recommend is creating a consistent password that you use, or consistent security questions and answers, and also just making sure that your clients know the importance of using the same email address and having continual access to that email address. That way if their password is lost they're able to access the email to get it reset.

Mira Levinson: Great. Thanks, Katt. Holly, I have one for you: What are you using to link clients to case management? Are you using acuity scales or something else?

Holly Hanson: This question could be interpreted a couple of different ways. One way that I'm interpreting it is that a client presents in a case management agency and what do we do to kind of link them to the appropriate level of case management? In that case, yes, we do use an acuity scale. We have gone through several different iterations of acuity scale, including not using an acuity scale. What we've landed on right now, we developed a pretty simple one that allows for some exceptions so it's pretty clear on what level they should be at. But if the case manager thinks that there's a good reason to put them in a higher level or lower level they can write that as a justification.

The other way that I might interpret that is linking to case management in general, and that ... Just to say we have a very strong DIS system that once a person is found positive they're very strong about getting those people in care, including when to case management. I hope that answers that.

Mira Levinson: That's great. Thanks Holly. All right, I'm going to take another question here which is: I heard that the next open enrollment period is going to be

shorter, and that there are some other changes coming up for next year, can you provide more information about this?

That is a great question and the answer is yes. Just a couple of weeks ago CMS released a final rule, which is intended to help stabilize the health insurance marketplace. One of the changes is that open enrollment for 2018 coverage is going to be shorter this year. It's going to begin on November 1st as usual, but it will end six weeks later on December 15th instead of what used to be a 12-week period. So as with past years coverage for 2018 will begin on January 1st.

There are also some changes to special enrollment periods requirements as I mentioned earlier. We'll talk about all this in more detail on a future webinar as we get closer to open enrollment, but for now we're going to chat you a link to a [inaudible 01:06:10] fact sheet where they've posted a summary of the main changes. So go ahead and check out that fact sheet. We're going to chat it out to you now.

Let's see. I think we have another question for Holly which is: What is the proper ratio of clients to one case manager?

Holly Hanson:

That's a great question and one that has been asked so many times over my 16 years that I've been here, and there's not really a hard and fast answer that we have ever found. What we did try to do the last few years is we originally tried for a 45:1 ratio. I know that many of you are probably seeing 90 to 120 clients, and we have that going on as well, but we've been really trying to get that down.

What we did find is that in some cases that's a little bit low. So what we're doing is we have, like I said, 10 agencies throughout the state and there in a variety of different settings and so we're going one by one and kind of customizing what the best ratio for each agency is. What I think it's going to come out at is that some are 45, some might be as high as 60. But we're trying to design our system that not only do we have the field benefit specialists, but we're getting back with the more community based case management to really get at those psychosocial issues that are keeping people out of care. We need our case managers to have time to do that.

Mira Levinson:

Right. Absolutely. Well I know that a lot of the case managers that listen in on our webinars appreciate your input, as well as all of the program managers that are out there.

That's actually it for all the questions that have come in today. Thank you, everyone who submitted those. And special thanks to today's great presenters: Katt, Suzi, and Holly. We will post the summary of today's questions on our webinar page as soon as we can, and we'll be sure to email out a recording as soon as we have that. Before we close I'll just remind you to keep your webinar window open to complete the evaluation

and to sign up for our mailing list if you haven't already. Feel free to email us anytime if you have questions at ACETACenter@JSI.com.

So we'll sign off for now. Thanks, everyone, and have a great afternoon. Goodbye.