

Building health literate organizations and health insurance literacy to support people living with HIV

Rene Esler

Project Director, In It Together: National Health Literacy Project for Black MSM, JSI

Mira Levinson, MPH

Project Director, ACE TA Center, JSI

Elizabeth Costello, MPH

Communications Manager, ACE TA Center, JSI



Disclosures

Presenters have no financial interest to disclose.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.



Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Define health literacy and explain how health literate organizations can support PLWH
2. Describe the ten attributes of a health literate organization
3. Demonstrate how to use ACE TA Center tools to improve health insurance literacy among clients



Health literacy



In It **Together**

NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM



In It Together: National Health Literacy Project for Black MSM

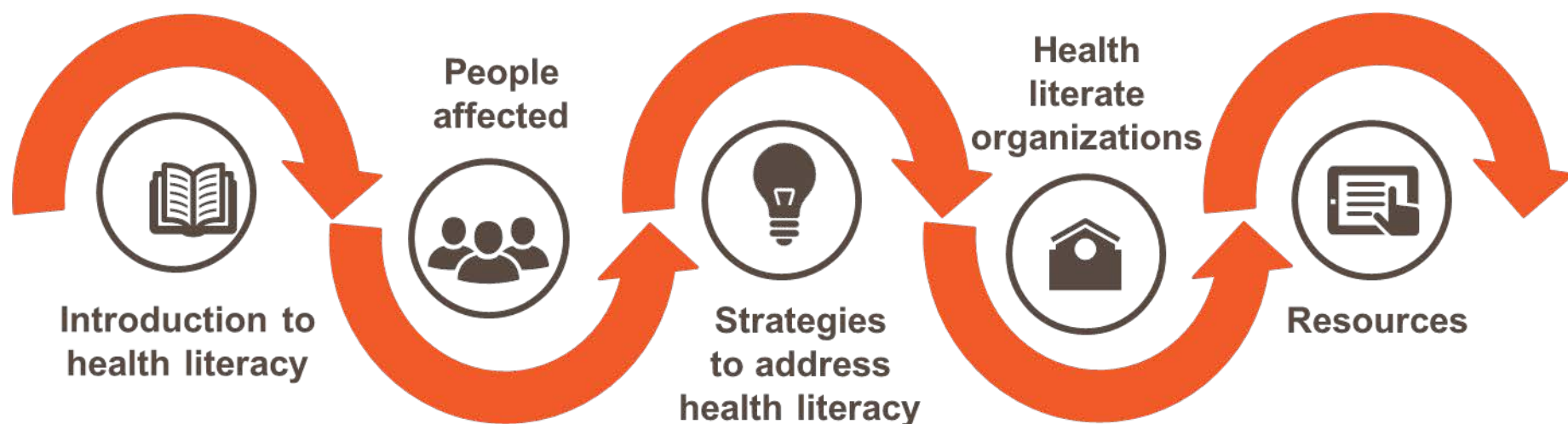
- 8 module train-the-trainer series
- 100 trainers selected from 34 communities
- 500+ health professionals trained
- Materials developed for health professionals and clients



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM



Key topic areas for health literacy



What is health literacy?

Health Literacy: the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.

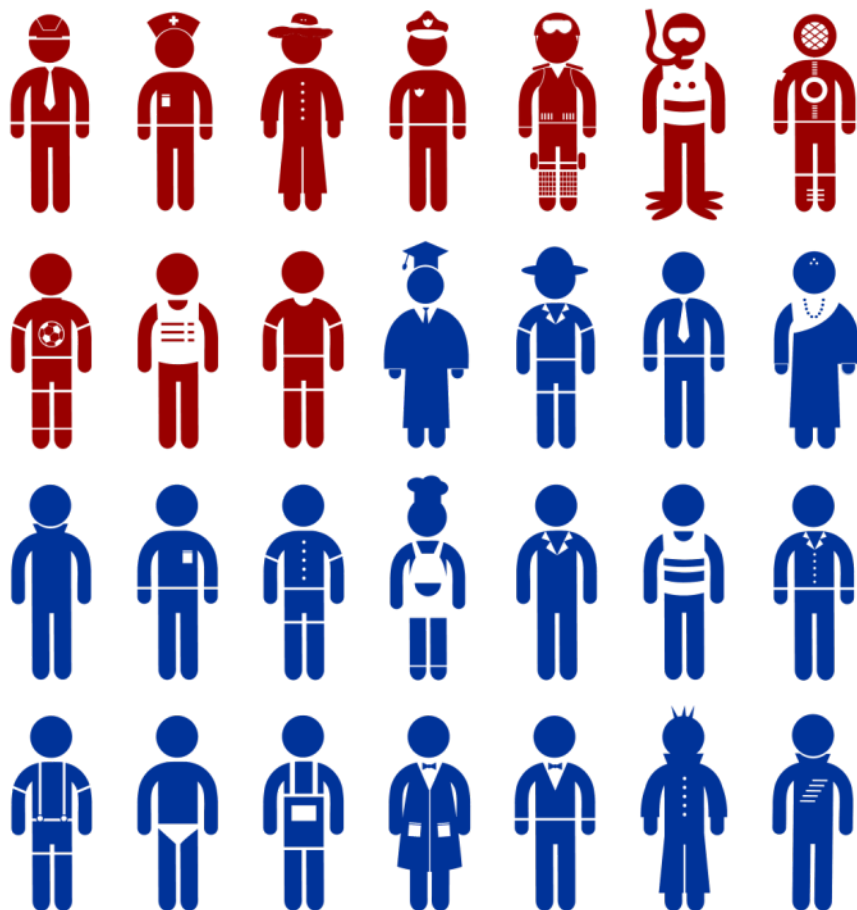


Why is health literacy important?

People need health literacy skills to:

- Read prescription bottles
- Read appointment slips
- Listen and follow directions
- Complete health forms, including health insurance forms.

Health literacy affects everyone



89 million people
in the US (36%)
have limited
health literacy



How do we know if someone is experiencing limited health literacy?

Indications include:

- Not taking medications correctly
- Frequently missing appointments
- Not following through on tests or referrals
 - falls out of care
 - consistently high/unchanged viral load
- Submitting incomplete intake forms



Why health literacy is an issue

40%- 80% of the medical information patients receive is forgotten immediately.

Nearly half of the information retained is incorrect.

White, S. (2008). Assessing the nation's health literacy: Key concepts and findings of the National Assessment of Adult Literacy. American Medical Association Foundation.



Why health literacy is an issue

Up to **78%** of patients
misinterpret warnings on
prescription labels.

White, S. (2008). Assessing the nation's health literacy: Key concepts and findings of the National Assessment of Adult Literacy. American Medical Association Foundation.





Why health literacy is an issue

26% of patients with limited health literacy did not understand when their next appointment was scheduled.



Why health literacy is an issue

42% of patients with limited health literacy do not understand simple medical instructions

White, S. (2008). Assessing the nation's health literacy: Key concepts and findings of the National Assessment of Adult Literacy. American Medical Association Foundation.





Responsibility of health professionals in health literacy

- Health professionals and health organizations should focus on building clients' health literacy
 - provide information in a way clients understand
- Issue of health equity



Approaches

- Universal Precautions
- Ask Me 3™
- Teach Back Method



Universal precautions

- Assume that any client at any time can be experiencing limited health literacy
- Provide all clients with simple, clear health information and easy-to-read materials.



Ask Me 3™

Helps health professionals target their conversations to address a client's three most important questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?



Teach back method

- Ask the client to repeat in his own words what he needs to know or do.
 - This confirms that you have explained to clients what they need to know in a way that they can understand and can act upon.
 - It is *not* a test of clients' knowledge/health literacy
- If client does not teach the information back to the health professional correctly, the health professional should re-explain



Is there more than we can do?

1. Create a care partnership
2. Use strategies to improve verbal communication
3. Use strategies to improve written communication
4. Elevate health literacy from actions of individuals to the culture of an organization



Care partnership

Health professional &
client are partners in care

- Health professionals:
communicate clearly
- Clients: active members
of their care team



Strategies for verbal communication

- Use plain, non-medical language.
- Limit content to 2-3 main points.
- Repeat key points.
- Supplement you words with visual aids
- Speak slowly.
- Ask open-ended questions
- Consider client's culture



Strategies for written communication

- Use simple words and short sentences
- Write at or below a 6th grade reading level
- Use strong, vivid words - including verbs
- Use 12-point font or larger
- Use easy-to-read fonts

Health literate organizations

- Make it easier for people to navigate, understand, and use information and services to take care of their health.
- Remove as many health literacy barriers as possible.



10 attributes of health literate organizations

- Have leadership that makes health literacy integral to its mission, structure, and operations
- Integrate health literacy into planning, evaluation measures, patient safety, and quality improvement
- Prepare the workforce to be health literate and monitors progress



10 attributes of health literate organizations

- Include populations served in the design, implementation, and evaluation of health information and services
- Meet needs of populations with a range of health literacy skills while avoiding stigmatization
- Use health literacy strategies in interpersonal communications and confirms understanding at all points of contact



10 attributes of health literate organizations

- Provide easy access to health information, services, and navigation assistance
- Design and distribute print, audiovisual, and social media content that is easy-to-understand and act on
- Address health literacy in high-risk situations, including care transitions and communications about medicines
- Communicate clearly what health plans cover and what individuals will have to pay for services

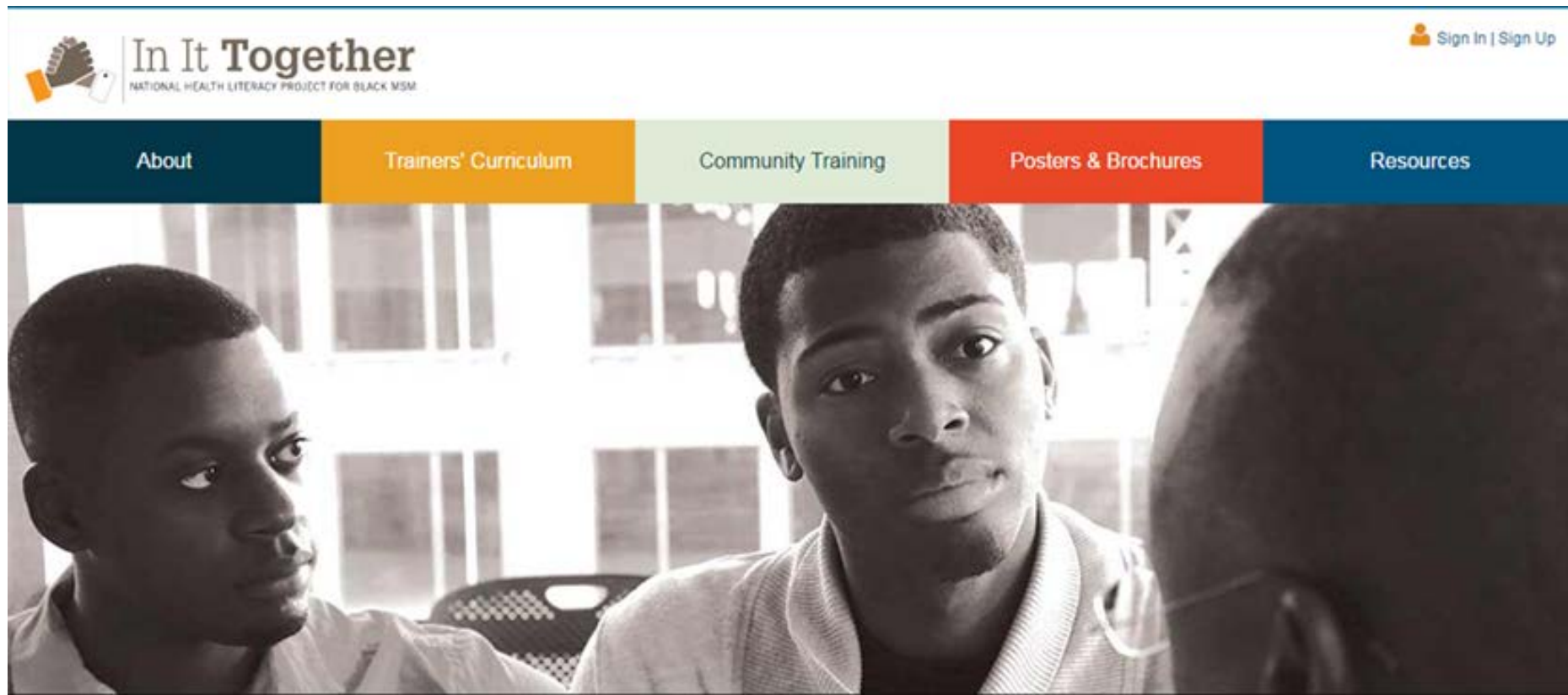


Activity


hivhealthliteracy.careacttarget.org

The In It Together website

<https://hivhealthliteracy.careacttarget.org>



The In It Together website

**In It Together**
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

[Sign In](#) | [Sign Up](#)

[About](#) | [Trainers' Curriculum](#) | [Community Training](#) | [Posters & Brochures](#) | [Resources](#)

Community Training

Building Knowledge and Skills in Organizations that Help Black Men Living with HIV to Stay Healthy

The culmination of the *In It Together* TOT is the community training. The community training is an in-person health literacy training that is delivered to organizations that help black men living with HIV to stay healthy and manage their disease. The training is delivered by an *In It Together* trainer.


The training slides include speaker notes and citations to allow any organization, regardless of where it is located, to host its own health literacy training. Health professionals can download and deliver the training to their organization at any time.


The 60-minute community training is designed to help health professionals understand how limited health literacy affects the health and well-being of their clients. The training teaches health professionals to recognize indications that a client is experiencing limited health literacy, apply health literate approaches to improve communication with their clients, and identify steps their organization can take to promote health literacy and the delivery health literate HIV services.

Role playing exercises are an important part of the community training. These role playing scenarios allow participants to practice the health literacy approaches they learned, such as the Teach-back Method and Ask Me 3™ approach, to promote improved patient/provider communication.

In It Together: National Health Literacy Project for Black MSM

This presentation was produced by John Snow Inc., under Contract #HHSN250201400047 with the Health Resources and Services Administration, U.S. Department of Health and Human Services.



**In It Together**
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

HRSA
Health Resources & Services Administration

[Contact us to request a training](#)

Click the **Community Training** tab

Click the **Request a Training** link and complete the request form

Posters

OUR COMMITMENT

We will give you all the information you need to understand **your** HIV care and treatment.

**YOUR HEALTH IS
OUR #1 PRIORITY.**



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

HRSA
Health Resources & Services Administration

WE'LL GET THROUGH THIS TOGETHER

Health information, especially about HIV, can be confusing.

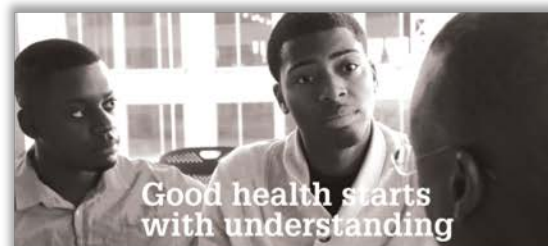
IF THERE ARE THINGS YOU DON'T UNDERSTAND, PLEASE ASK.



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

HRSA
Health Resources & Services Administration





Each client that comes to you for HIV care brings a unique cultural identity and life experience to his visit. Black/African American men who have sex with men (MSM) have unique cultural experiences that

pre-
in-
ed-
he-
ing-

The
ap-
ca-
the
ab-

As a young, gay Black man, Michael feels uncomfortable in health care settings due to real and perceived stigma and discrimination based on his race and sexuality. His lack of knowledge regarding HIV care and treatment and discomfort with health care environment in general adds to his feelings of mistrust, shame and vulnerability.

The front office staff, nurse, and Dr. Johnson all took steps to build Michael's trust:

- The front office staff greeted him warmly
- The nurse normalized the review of his intake form and did not call attention to the fact that he left the question about his HIV status unanswered.
- Dr. Johnson first connected with Michael on a personal level and asked open-ended questions
- The doctor acknowledged Michael's effort to connect to care. He also explained HIV terms in easy-to-understand, plain language
- Dr. Johnson used the **Teach-Back method** to confirm Michael's understanding (see sidebar)

Ask the client to repeat in his own words what he needs to know or do. This confirms that you have explained to clients what they need to know in a way that they can understand and can act upon.

 Research shows that this method helps confirm that the client understands what you have explained to him and can act on this information. ¹⁷⁸

² Bates J.A., Smith R.D., Eagle C., Smith H., Conway-Walsham G., Wilson D. & Cherry C. (2015) The role of stigma and social support in the United Kingdom experience of Ebola: how who, how and why now. *International Journal of Public Health* 60(2), 177–181.

⁴ Wu A.W., Hakken P.Y., Fajó-López C.M., & Ellis E.W. (2006). Improving patient safety through informed consent for patients with limited health literacy. *National Quality Forum*. Washington, DC: Author.

³ Hickey V & Fleck C (2007) The effectiveness of patient education in alcohol misuse. *Canadian Journal of Nursing*, 88(3), 124-128.

* Nijke CJ, Huisman AC, Furlan W, & Thompson PA (1991). Induced current for peroneal nerve long latency. Comparison of two spread patterns based on patient level after the procedure. *American Journal of Acupuncture* 18(5): 312-317.



Health insurance literacy

Question

Which of the following is NOT a measure of health insurance literacy?

- How to find a doctor
- How to fill a prescription
- How to use a medication
- How to pay for medication
- How to choose a health plan
- How to use health coverage



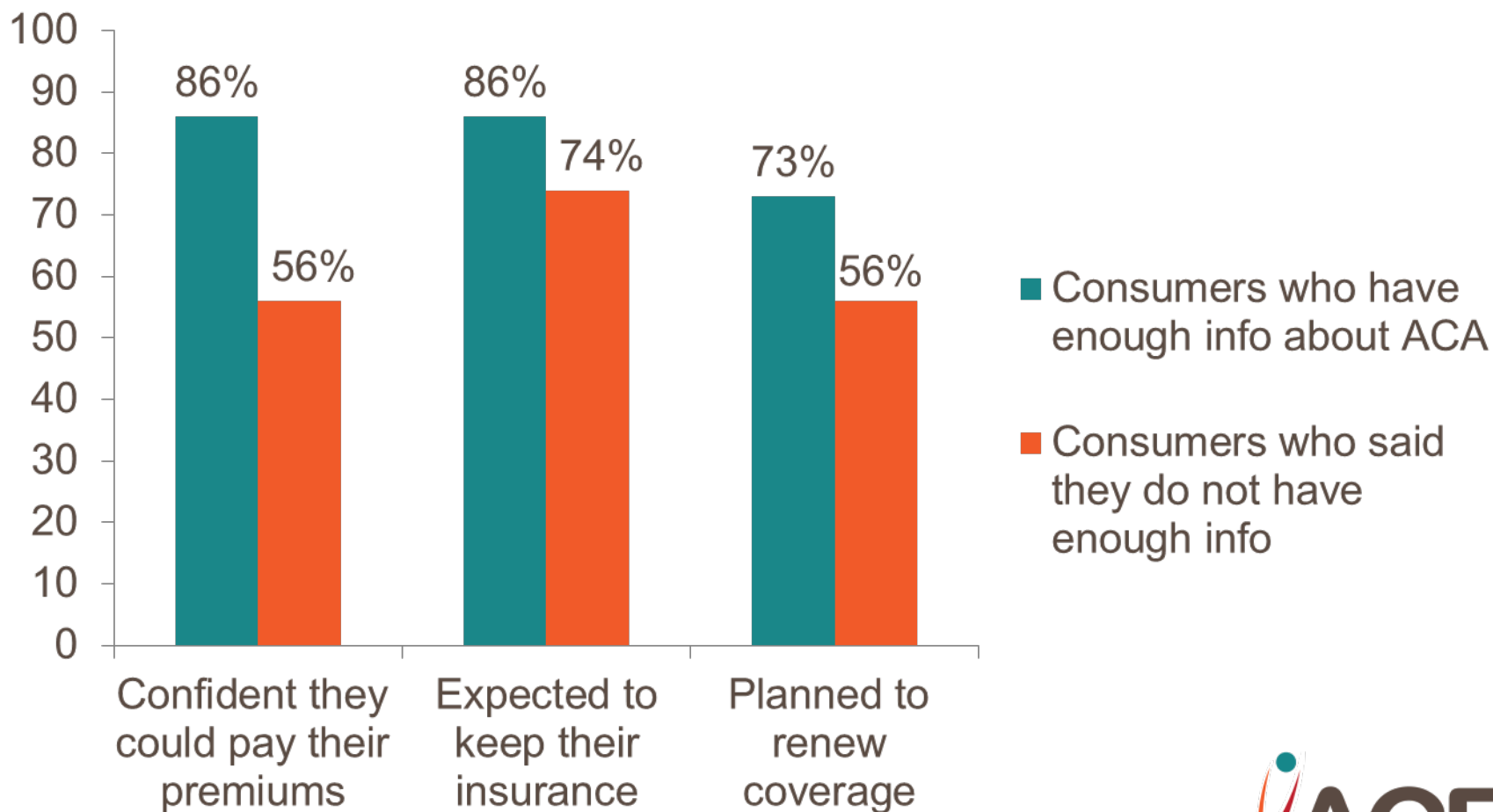
Health insurance literacy

“The degree to which individuals have the **knowledge, ability, and confidence** to find and evaluate information about health plans, select the best plan for their own (or their family's) financial and health circumstances, and use the plan once enrolled.”

Quincy, Lynn. "Measuring health insurance literacy: A call to action." *Washington, DC: Consumers Union, University of Maryland, & American Institute of Research* (2012).



Marketplace enrollee knowledge



Enroll America, A Framework on Health Insurance Literacy for the Outreach and Enrollment Community, May 2015. Available online at: <https://www.enrollamerica.org/a-framework-on-health-insurance-literacy-for-the-outreach-and-enrollment-community/>



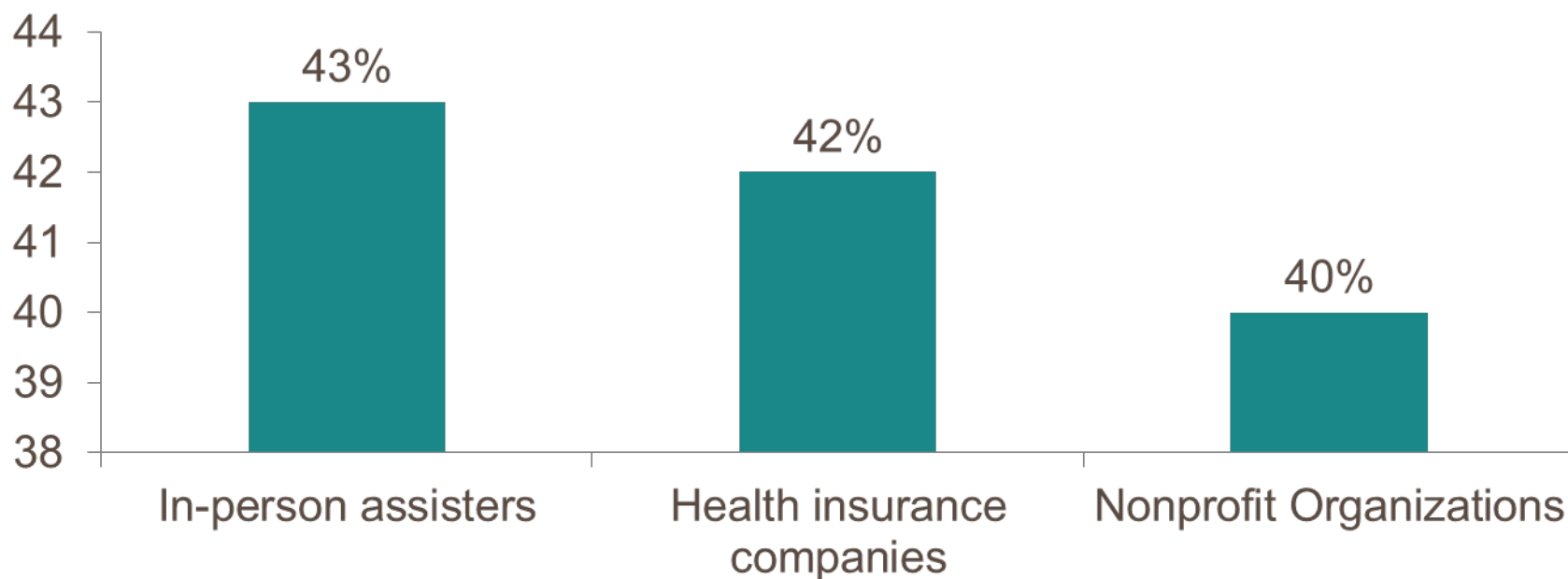
Why health insurance literacy matters

Almost half (48 percent) of the uninsured expressed a lack of confidence in choosing a plan for themselves in the future.



Why health insurance literacy matters

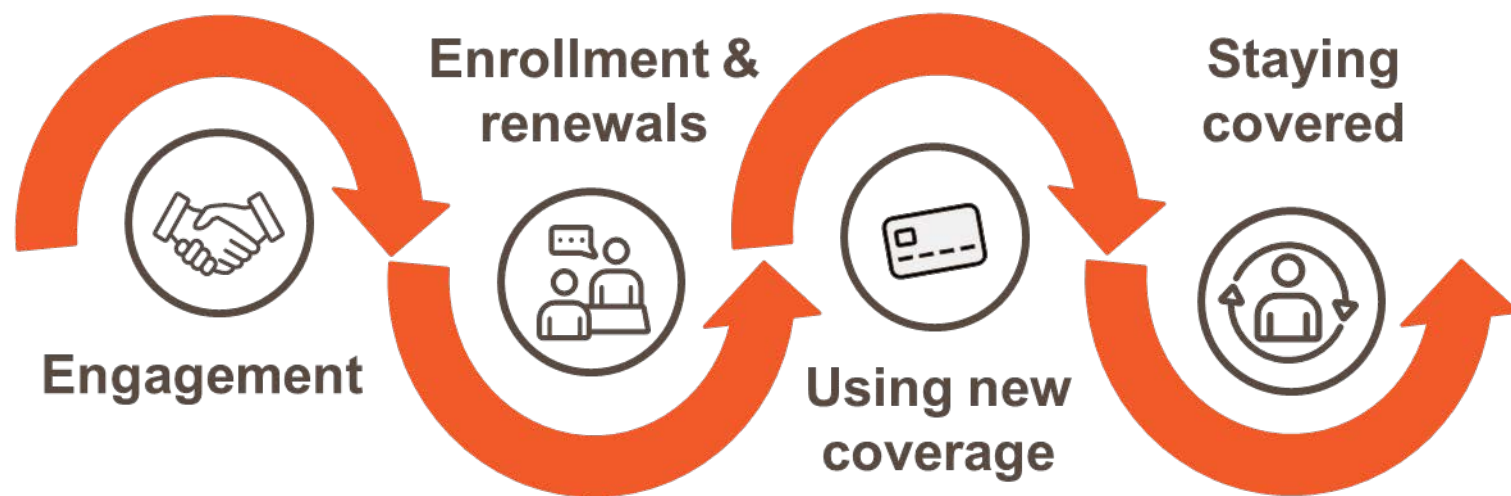
Two-thirds reported wanting more information about health insurance terms from at least one of the following sources:



Enroll America, A Framework on Health Insurance Literacy for the Outreach and Enrollment Community, May 2015. Available online at: <https://www.enrollamerica.org/a-framework-on-health-insurance-literacy-for-the-outreach-and-enrollment-community/>



Key topic areas for health insurance literacy





Health insurance literacy: Best practices & resources for **engagement**

Group discussion

What are some of the challenges you experience when talking with clients about getting health insurance for the first time?



Engagement best practices

- Tailor messaging and communication appropriately to your client population.
- Provide cultural competency training to your staff so they understand the specific concerns of your client population, including the needs and concerns of people living with HIV.

Consumer Materials

If you don't have health insurance, now is a good time to get it.

Take the next step for a healthy life.

Health insurance helps you pay for the health care you need to stay healthy. Changes in health care laws have made it much easier to get health insurance now. Over 16 million people have already signed up, but others still have questions or concerns. Do you have questions about health insurance? Here are some answers.

“Why do I need health insurance? I already get my HIV care through the Ryan White Program.”

Health insurance covers care for *all* your health needs. In addition to your HIV care and medications, you'll be able to get other health services, such as:

- Free preventive care, like flu shots and cancer screenings
- Care and medications for other health problems you may have, like heart disease or diabetes
- Hospitalizations
- Substance use treatment and mental health services
- Maternity care

Health insurance protects your finances. If something unexpected happens, like a car accident, you won't go broke paying hospital bills.

“My case manager helped me find an affordable health insurance plan that covers all of my health care needs, including my HIV medication.”



GET COVERED FOR A HEALTHY LIFE

“Health insurance can be expensive. How will I pay for it?”

You can get help paying for health insurance depending on how much money you make. In many places, the Ryan White Program, including the AIDS Drug Assistance Program (ADAP), can help with insurance and medication costs — even after you get covered.

More than 8 in 10 people who signed up for health insurance in 2014 got financial help.

“Will I still be able to see the doctor or nurse who provides my HIV care?”

There's no guarantee that your current doctor or nurse will be part of a health insurance plan that is available to you, but there's a good chance. And **all plans will have an HIV doctor that you can see**, even if it's not your current doctor.

Your case manager or an enrollment assister can work with you to **compare plans and choose one that is right for you**. As you compare plans, you can also see which doctors are covered by each one.

“What about my HIV medications? Will health insurance pay for them?”

All health insurance plans must cover HIV medications. When you're choosing a plan to apply for, you can check to see if your specific HIV medications are covered by that plan.

Most plans require a **co-pay** for medicines and doctor visits. This means you pay a set amount when you pick up your prescription or go to the doctor.

Different plans may require different amounts for co-pays. Your case manager or an enrollment assister can help you choose a plan with affordable co-pays for medications and doctor visits.



GET COVERED FOR A HEALTHY LIFE

“Can I still get services and help from the Ryan White Program and ADAP?”

Yes, you will still be able to get services from the Ryan White Program that are not covered by your insurance — like having a case manager or dental care.

In many places, the Ryan White Program, including ADAP, can help you pay for health insurance premiums and co-pays. Check with your case manager for the Ryan White Program about how that could work for you.

If for some reason you are not eligible for health insurance, you can still get your HIV care and medications through the Ryan White Program.

“What if I don't enroll in health insurance?”

If you can afford health insurance but choose not to enroll, you may have to **pay a fee** — up to \$700 or more. And you'll be missing out on a lot of services that can keep you healthy!

If you don't have qualifying health coverage, you may not have to pay the fee. You could get an exemption if:

- You cannot find an affordable plan
- You are very low income and do not have to file a tax return
- You had a short gap in coverage
- You are not lawfully present in the U.S.

The Ryan White Program strongly encourages you to enroll in health insurance if you are eligible!



Common Questions & Suggested Responses for Engaging Clients in Health Coverage

Available in English and Spanish!

1 CHANGES IN PROVIDERS AND COVERAGE

Many RWHP clients, especially those who have never had health coverage, don't know how the ACA will change their health care. They may worry about losing their current doctor and maintaining their HIV care. The following questions, answers, resources, and tips can help enrollment assistants respond to these worries in culturally appropriate ways.



CLIENT: Why do I need health insurance when I get my care through the Ryan White Program?

STAFF: Health insurance helps you in two major ways. First, **insurance covers care for all your health needs.** In addition to your HIV care and medications, you'll be able to get other health services, such as free preventive care, like flu shots and cancer screenings. You can also get care for other health problems you may already have, like heart disease or diabetes. Second, **health insurance protects your finances.** If something unexpected happens, like a car accident, you won't go broke paying hospital bills. Also, you can still get services from the Ryan White Program, like housing assistance and support groups, that are not covered by your health insurance.

- Give specific examples of how insurance for preventive services, screening, and treatment can help this client.



CLIENT: Does enrolling in health insurance mean I'm going to have a new doctor? I want to stay with the one I have now.

STAFF: If you want to keep your current doctor, you need to pick a health plan that your doctor accepts. I can help you look for plans that include your current doctor. All plans include HIV providers, and if you choose a plan that doesn't include your current doctor, you will probably get to know and trust your new doctor over time. If that doesn't happen, I can help you find a different doctor.

- Do not promise clients that they will not have changes in current providers or services. Emphasize that most clients will have more services available to them if they enroll.



CLIENT: Will I still be able to get my HIV medications? Will they cost more?

STAFF: Health insurance plans are now required to cover HIV medications and other prescription drugs. How much you pay for your medications will depend on what are known as out-of-pocket costs (deductibles, co-pays, or coinsurance) for the plan you choose. I can help you look for an affordable plan that includes your HIV medications. The Ryan White Program, including ADAP, may help cover some or all of these costs. There may be other programs that can help, too.

- Be prepared to explain how the Ryan White Program in your state, including the AIDS Drug Assistance Program (ADAP), as well as any local drug assistance programs and other resources, can help clients with premiums and out-of-pocket costs.

NASTAD Patient Assistance Programs and Cost-Sharing Assistance Fact Sheet

ADAP Eligibility & Insurance Assistance Resources - lists state ADAP programs, including formularies and cost assistance programs



3 COMMUNICATION CHALLENGES

Health insurance terminology is complicated and difficult to understand, even for health care professionals. Ask questions instead of making assumptions about whether a client understands the information you give them. Limited English, literacy, health literacy, disability, and behavioral health issues may affect clients' ability to understand health insurance information and their ability to communicate with healthcare providers. Clients may express these challenges in some of the following ways.



CLIENT: The enrollment process is so confusing.

STAFF: I agree, and it's especially confusing for people who have never gone through it before. I'm here to help you, and if there's something I don't know, I will find someone who does.



- Be aware of and sensitive to the client's concerns and any past experience with health coverage. This applies to in-person communication and written materials. Provide information in plain language and, whenever possible, in the client's preferred language. Meet with interpreters (if needed) in advance and make sure they are familiar with health care enrollment terms.



Refer to the ACE TA Center's [Plain Language Glossary of Health Care Enrollment Terms in English and Spanish](#).



CLIENT: I've never had health insurance, and I don't understand what it's about.

STAFF: A health insurance plan will cover your general health care needs, as well as your HIV care. Health insurance helps pay for high medical costs if you get sick or hurt.



Get Covered for a Healthy Life - [Consumer Q&A](#) - is for eligible clients that have not yet enrolled in health coverage. It answers common questions they may have about enrolling in health coverage.



CLIENT: All the forms are in English — I can't read them.

STAFF: Unfortunately, not all forms are available in (client language). But we have translators and interpreters who can help. I have the phone numbers here. Should we call now?



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



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



Refer to the ["Getting Help in a Language Other Than English"](#) webpage to assist clients.



2 AFFORDABILITY OF COVERAGE

Many clients are concerned about how to pay for coverage. The RWHP can pay for HIV medications and services if clients have a gap in coverage or aren't eligible for coverage, and may also be able to help clients pay for insurance. Keep in mind that many clients may not be comfortable talking about money with a provider, either. A client may say:



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

STAFF: 8 in 10 people who signed up for health insurance in 2014 got financial help. Help is available to pay premiums (how much you have to pay each month for your plan) and out-of-pocket costs. The amount of financial help you can get will depend on how much money you make. You can also change plans during Open Enrollment, which happens once a year. But if something major changes in your life, like having a child or changing jobs, you can often change plans then.



Share stories from other clients who got help. Help your clients calculate their premiums and out-of-pocket costs while they are comparing plans. Make it clear that financial assistance depends on eligibility criteria such as household income and number of family members. Explain how RWHP, including ADAP, may be able to help.



See the cost-sharing example on page 4 of the [Glossary of Health Coverage and Medical Terms](#) from the Centers for Medicare and Medicaid (in Spanish).



The [Special Enrollment Periods Fact Sheet](#) explains how certain "life events" or "special circumstances" can allow people to enroll in, or change Marketplace health insurance outside the Open Enrollment period.



The [ACE Health Care Plan Selection Worksheet](#) can help clients compare plans and find the best plan to meet their financial and health care needs.



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

STAFF: Some people will have to pay a fee of \$700 or more if they don't enroll. The exact amount depends on several factors, including household income and family size. Other people may not have to pay a fee if, for example, they cannot afford insurance based on their income or don't qualify for coverage. We can look at this together to see which may apply to your situation.



Information about [qualifying for a fee exemption](#) is available at Healthcare.gov.



CLIENT: Will the Ryan White Program pay for services that my insurance plan doesn't, like out-of-network services?

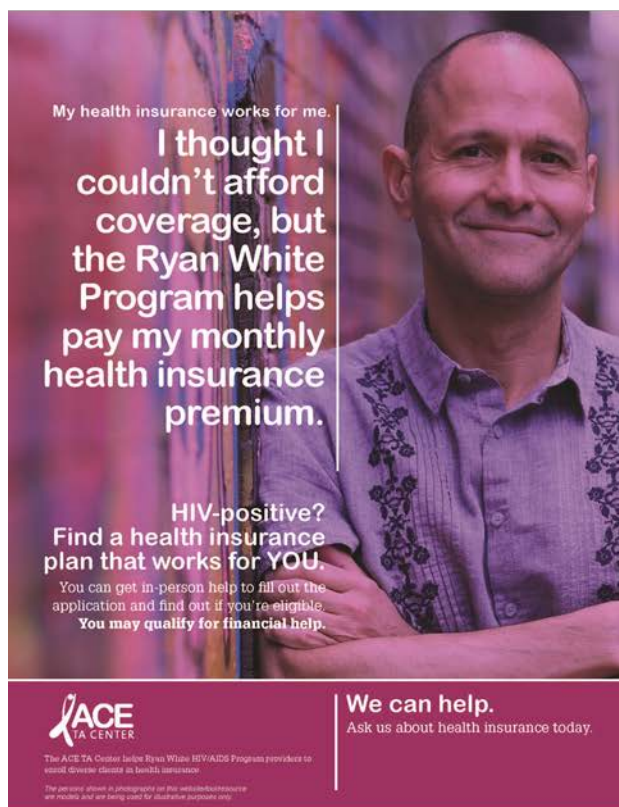
STAFF: The Ryan White Program may be able to help insured clients pay for premiums and out-of-pocket costs. Generally, the Ryan White Program won't pay for out-of-network services that are covered by insurance, unless you can't get a service from an in-network provider.



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



My Health Insurance Works for Me (Posters)



My health insurance works for me.

I thought I couldn't afford coverage, but the Ryan White Program helps pay my monthly health insurance premium.

HIV-positive?
Find a health insurance plan that works for YOU.

You can get in-person help to fill out the application and find out if you're eligible.
You may qualify for financial help.

LACE
TA CENTER

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The persons shown in photographs on this website/information are models and are being used for illustrative purposes only.

We can help.
Ask us about health insurance today.



My health insurance works for me.

My plan was going to cost more next year.

I got help finding an affordable new plan.

HIV-positive?
Find a health insurance plan that works for YOU.

You can get in-person help to fill out the application and find out if you're eligible.
You may qualify for financial help.

LACE
TA CENTER

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The persons shown in photographs on this website/information are models and are being used for illustrative purposes only.

We can help.
Ask us about health insurance today.



My health insurance works for me.

My plan won't be offered next year.

I got help finding a plan that still covers my medications.

HIV-positive?
Find a health insurance plan that works for YOU.

You can get in-person help to fill out the application and find out if you're eligible.
You may qualify for financial help.

LACE
TA CENTER

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The persons shown in photographs on this website/information are models and are being used for illustrative purposes only.

We can help.
Ask us about health insurance today.



Health insurance literacy: Best practices & resources for **enrollment**

Group discussion

What are some of the challenges you or your clients have experienced during the enrollment process?



Enrollment best practice

Provide one-on-one enrollment assistance for clients, especially those who haven't had health insurance before.

Preparing for your enrollment visit

Are you thinking about enrolling in a health insurance plan through your state's Marketplace?

Follow these steps to get started.

1. Get ready to enroll.

- Think about what you want from your plan. Are there specific medications, doctors, clinics, or hospitals that you want your plan to cover?
- Ask your Ryan White Program case manager about your health coverage options.

2. Find out how the Ryan White Program can help.

- Does your local Ryan White Program, including ADAP, recommend specific plans for people living with HIV? Can the Ryan White Program help you pay for certain health plans?
- Ask your case manager to help you find out how the Ryan White Program may support you.

3. Find the right person to help you enroll.

- Ask your case manager to help you find an enrollment assister. This may be your case manager or someone else.

4. Get covered!

- Make an appointment with an enrollment assister.
- Work with your case manager to gather the paperwork you will need for this appointment.
- Go to your appointment. Your enrollment assister will help you find the best plan for you and apply.
- Once you've enrolled, make sure to let your case manager know which plan you enrolled in so the Ryan White Program can continue to support you.

Fact sheet for consumers



The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance. For more information, visit: www.targetiv.org/ACE

This document was prepared by JSI Research & Training Institute, Inc. and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant #U24HA26520, Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in Affordable Care Act Health Coverage Programs. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Enrollment best practice

- Have at least one staff person trained as an enrollment assister.
- Coordinate with other agencies and venues that serve hard-to-reach clients to engage clients in enrollment discussions.

One-Page Fact Sheet

I'm new to supporting people living with HIV.

How do I help them enroll in health coverage?



Listen to consumers' needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.

- People living with HIV need health care providers who understand their needs and life experiences.
- People living with HIV may have other health concerns, such as Hepatitis B or C, mental health issues, or substance use.



Encourage continuity of care.

This means seeing the same provider regularly and maintaining a consistent supply of medication.

- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- Let them know they don't have to start over with someone new, and their information will be confidential.



Understand why continuous medication coverage is essential.

It can help people living with HIV live a healthy life.

- Taking HIV medication every day helps lower the level of HIV in your blood.
- People with less HIV in their blood are much less likely to get sick or pass HIV to others.



Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.

- Consumers work closely with their doctor to find the HIV treatment plan that works best for them.
- Some health plans may only cover certain HIV drugs or combinations or may require increased cost-sharing for certain HIV drugs.



Show compassion & cultural sensitivity.

People living with HIV may not want to disclose their HIV status to an enrollment assister.

- They may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.
- Many consumers, particularly people of color, have experienced stigma and discrimination in the past. Some may fear negative attitudes and prejudice.



The Ryan White Program provides HIV care and support.

Its AIDS Drug Assistance Program (ADAP) also provides access to critical medications.

- Most low-income people have been able to get free or low-cost HIV care, medications, and support services through the Ryan White Program.
- The Ryan White Program only covers HIV-related services and strongly encourages eligible clients to enroll in comprehensive health coverage.



Know how to contact your state's Ryan White Program and ADAP.

The Ryan White Program helps all consumers – insured, underinsured, and uninsured.

- In many cases, Ryan White Program funds can be used to buy health insurance or pay for premiums and out-of-pocket expenses.
- The Ryan White Program in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.



Explain insurance terms and benefits.

Many people living with HIV are new to health insurance.

- An estimated 30% of people living with HIV have never had insurance, compared with 15% of the general population.
- Before the ACA, some people were denied insurance coverage or charged more because of a pre-existing condition.
- Explain insurance terms and concepts in plain language.

The ACE TA Center helps Ryan White HIV/AIDS Program grantees and service providers to enroll diverse clients in health insurance.

Visit targethiv.org/assisters for more helpful enrollment resources.

targethiv.org/assisters

Video: How assisters can help people living with HIV get affordable coverage



targethiv.org/assisters



Health insurance
literacy:
best practices &
resources for
**Renewals and
staying covered**

Group discussion

What kinds of challenges do your clients experience in maintaining their coverage?



Renewals best practice

Assess your work flow to routinely screen clients for eligibility and plan renewals at the best times.

Consumer Resource

Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time 2
Report income and household changes 4
What to do if you lose coverage 6

TIP

Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.



STAY COVERED ALL YEAR LONG Pay premiums on time

Make sure your premium is paid in full by the due date. Talk to your case manager or enrollment assister to make sure you know the following:

How is the premium paid?

Premiums are paid monthly. Your insurance company will send you the bill. You may need to pay the bill yourself. In some cases, ADAP or another Ryan White Program provider will pay the bill. Talk to your case manager about who is responsible for paying the bill.

- If you do not receive a bill within a month of signing up, call your insurance company. Log in to your Marketplace account to find the insurance company's phone number.

What do I need to do if the Ryan White Program is paying my premium?

- Send a copy of your first bill to the Ryan White Program as soon as you receive it at the beginning of each year. The Ryan White Program will pay the insurer directly. The Ryan White Program will pay any time the amount due changes.

WHAT DOES PREMIUM MEAN?
The amount you pay for a health insurance plan. A premium is paid monthly.

TIP
Your insurance company will send you the premium bill even if the Ryan White Program will be paying it.



STAY COVERED ALL YEAR LONG

When is my premium due?

Most premiums are due by a certain day each month.

You must pay your first premium by the end of your first month of coverage each year. For example, if your insurance starts on February 1, your first monthly premium must be paid by the end of February.

What happens if I miss a payment?

If a premium is not paid on time, you will receive a notice from your insurance company, and your insurer can end your coverage. If your coverage ends, the insurance company must send you a letter to let you know.

Your Marketplace plan may offer a grace period before ending your coverage, but do your best to pay your premium on time each month.

WHAT IS A GRACE PERIOD?
A short period of time after the premium is due when you can make a payment without losing coverage. Each state has different rules about grace periods. Contact your insurance company to learn about their grace period.



Special grace period for individuals who received an Advance Premium Tax Credit (APTC)

- An APTC is a tax credit to reduce your monthly premium on coverage through the Marketplace. The Marketplace sends money directly to your health insurance company, and you pay a lower monthly premium.
- To find out if you received an APTC or if you are eligible for one, log into your Marketplace account and view "My Plans".
- If you receive an APTC and you have paid at least one full month's premium, you have a special three-month grace period in which to pay the premium in full. The grace period begins on the first day of the month that the premium was due.

Consumer Resource

Special Enrollment Periods

Can I enroll in a Marketplace health insurance plan outside of Open Enrollment?

Sometimes you experience a big life change that also changes your health coverage needs—like having a child, losing your job, or losing your health coverage. Usually, Open Enrollment is the only time you can sign up for a new health insurance plan through the Health Insurance Marketplace (e.g., HealthCare.gov) or change your current plan. But if you have a big life change—or “life event”—you may qualify for a Special Enrollment Period.

A Special Enrollment Period lets you enroll in a new health plan or change your plan outside of Open Enrollment. You may also qualify for a Special Enrollment Period if something happened during Open Enrollment that prevented you from getting the right coverage. This is called a “special circumstance.” See the full list of life events and special circumstances on the next two pages.

TIP

If you think you may be eligible for a Special Enrollment Period, or if you have any changes to your income, household size, or health coverage, you should report this information as soon as possible. Talk with an enrollment assister or Ryan White Program case manager, or contact the Marketplace Call Center at 1-800-318-2596.



SPECIAL ENROLLMENT PERIODS

Special Circumstances

These are generally things that happened during Open Enrollment when you were enrolling in a plan that may have prevented you from getting the right coverage. You have **60 days** from the date of the special circumstance to enroll in a new health plan.

Your eligibility changed since you applied:

- You applied for Medicaid or CHIP during Open Enrollment and your state Medicaid or CHIP agency determined that you weren't eligible after Open Enrollment ended.
- You live in a state that chose not to expand Medicaid and your income falls below 100% FPL, making you newly eligible for financial assistance (Premium Tax Credits or Cost Sharing Reductions).
- You file a successful appeal with the Marketplace because you believe you received an incorrect eligibility determination or an incorrect coverage effective date.

Someone who helped you to enroll in coverage made an error:

- An error, misstatement, or lack of action by an enrollment assister or broker resulted in you either not being enrolled, not being enrolled in the health plan that you chose, or not receiving the financial help that you qualified for.

A technical error occurred when you applied for coverage and:

- You couldn't enroll in a plan.
- Your health insurance company didn't get your enrollment information.
- You saw the wrong plan information, such as benefit or cost-sharing information, at the time that you selected your health plan.

Other situations:

- Your qualified health plan significantly violated its contract with you. If you think your health plan did not follow the terms of their contract with you, contact the Marketplace at HealthCare.gov or your local health coverage marketplace to see if you are eligible to enroll into a different health plan.



SPECIAL ENROLLMENT PERIODS

Life Events

These are things that happen after Open Enrollment ends. You have **60 days** from the date of a “life event” to enroll in a new health plan.

Your household changes because of:

- Marriage
- Birth
- Adopting a child
- Placing a child for adoption or foster care
- Gaining a new dependent or becoming a dependent of someone else due to a court order
- Losing a dependent or dependent status due to death, divorce or legal separation*

You lose the following types of health coverage:

- Medicaid
- Children's Health Insurance Plan (CHIP)
- Coverage on a parent's plan because you turned 26
- A student health plan

You have experienced a change in immigration status by:

- Becoming a U.S. citizen or U.S. national
- Becoming a “lawfully present individual,” which is a non-U.S. citizen who has permission to live or work in the U.S.

You lose or can no longer afford employer-sponsored health coverage because:

- You lose or quit your job
- Your COBRA coverage ends
- Your work hours are reduced
- Your employer health plan no longer meets “affordability” and “minimum value” standards due to an increase in the amount you have to pay or a change in your household or income
- You move outside the service area of your health insurance plan, whether your plan is through the Marketplace or an employer
- Your health plan is no longer available through the Health Insurance Marketplace

You have a change in income or household size that:

- Changes whether or not you are eligible for financial help for Marketplace coverage, such as premium tax credits (PTCs) or cost-sharing reductions (CSRs)*
- Causes you to lose your hardship exemption from the Marketplace

You permanently move to a new area (e.g., state, county) where new health plans are available:

- Report your new address to the Marketplace to see if you qualify
- You can report your new address up to 60 days before you move to avoid a gap in coverage
- Students and seasonal workers who move may also be eligible

Something kept you from enrolling during the Open Enrollment Period:

- You had a serious medical condition, such as an unexpected hospitalization or temporary cognitive disability
- You experienced a serious natural disaster, such as an earthquake, massive flooding, or hurricane
- You were incarcerated
- You experienced domestic abuse, domestic violence, or sexual abandonment, and you now want to enroll in your own health plan separate from your abuser or abandomer

*These Special Enrollment Periods (SEPs) apply to people who are currently enrolled in a qualified health plan.

TIP

You have 60 days before and after the date you lose coverage to enroll in a new plan.



My Health Insurance Works for Me (Posters)



My health insurance works for me. I took my health plan renewal letter to my case manager and we read it together. Now I'm all set for next year.

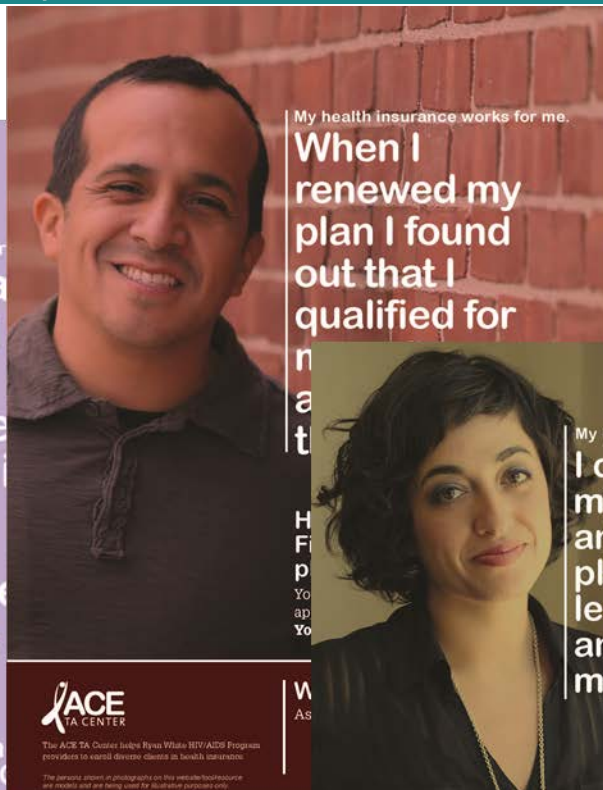
HIV-positive? Find a health insurance plan that works for YOU. You can get in-person help to fill out the application and find out if you're eligible. You may qualify for financial help.

ACE TA CENTER

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The persons shown in photographs on this website/information are models and are being used for illustrative purposes only.

We can help. Ask us about health insurance today.



My health insurance works for me. When I renewed my plan I found out that I qualified for...

ACE TA CENTER

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The persons shown in photographs on this website/information are models and are being used for illustrative purposes only.



My health insurance works for me. I compared my options and found a plan that was less expensive and still met my needs.

HIV-positive? Find a health insurance plan that works for YOU. You can get in-person help to fill out the application and find out if you're eligible. You may qualify for financial help.

ACE TA CENTER

The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

The persons shown in photographs on this website/information are models and are being used for illustrative purposes only.

We can help. Ask us about health insurance today.



Health insurance literacy: best practices & resources for Using health coverage

Group discussion

What kinds of challenges do your clients experience once they have health insurance (e.g., navigating the health care system)?



Best practice

Train staff to provide clients with information to help them use their coverage and manage costs.

Consumer Resource

Making the Most of Your Coverage

Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.



MAKING THE MOST OF YOUR COVERAGE

Check your mail.

Once you've enrolled in a health insurance plan, check your mail for important documents from your insurance company. You will need these to start using your coverage.

- **Look for your welcome packet or your first bill.** To start your coverage someone must pay the first bill, whether that is you, the Ryan White Program, your employer, or someone else.
- **Look for your insurance card once the first bill, or premium, has been paid.** Put the card in your wallet so that you have it when you go to your doctor's appointments. Call your insurance company if you do not receive your card.

TIP
If you don't know your insurance company's phone number, call healthcare.gov at 1-800-318-2586. If your state does not use the healthcare.gov website, the person you speak to will give you the phone number for your state's website.

Sample Insurance Card. Your actual card may look slightly different.

INSURANCE COMPANY NAME	COVERAGE TYPE
ABC HEALTH PLAN, INC.	HEALTH CARE COVERAGE
12345 MAIN STREET, SUITE 1000 ANYTOWN, NY 10001	EFFECTIVE DATE: 01/01/2020
GROUP ID: 123456789	PLAN ID: 987654321
YOUR COORDINATOR: JANE DOE, MD 12345 MAIN STREET, SUITE 1000 ANYTOWN, NY 10001	YOUR COORDINATOR: JANE DOE, MD 12345 MAIN STREET, SUITE 1000 ANYTOWN, NY 10001



WHAT DOES "PREMIUM" MEAN? The premium is for a health insurance plan. A premium is paid every month, every three months, or every year. Your premium may be paid by your employer, the Ryan White Program (ADAP), or you.

MAKING THE MOST OF YOUR COVERAGE

Know your costs.

Health insurance helps you pay for a wide range of health care needs, but it is important to know what your plan covers **before** you need to see a doctor. Use these tips to understand your potential health care costs.

1. Ask your Ryan White provider how the Ryan White Program, including ADAP, might help pay for some of the costs associated with insurance, such as **premiums, co-pays** and HIV medications.
2. Call your health insurance company if you have questions about a bill or think your insurance should have covered a service you received.
3. Review the **Explanation of Benefits** letter that will be mailed to you after any visit. The letter tells you what services you got during your visit and the total cost. **THIS IS NOT A BILL.** If you have to pay any money, you will receive a separate bill from your doctor.
4. Pay medical bills on time and keep your insurance paperwork in one place in case you need them in the future.
5. Ask someone at your doctor's office for help if you receive forms or letters and are not sure what to do with them.

WHAT IS A "CO-PAYMENT"? People with health insurance usually have to pay for part of their health care services. This is called a **co-payment, or co-pay**, and the amount may be listed on your insurance card.

Continue taking your medications.
It's important to keep taking your medications as prescribed, particularly for HIV.
If your health insurance plan does not cover your HIV medication, you have the right to ask them to make an exception. ADAP might be able to help if you are switching from ADAP to a new insurance plan.
If there is a short time that you are not covered, some pharmacies offer a short-term supply of medications (15 or 30-day refills) until your new coverage begins.



ACE “Covered” Video Series



<https://targethiv.org/ace/watchcovered>

Plain Language Quick Reference Guide (in English & Spanish)



Guía de Referencia Rápida en Lenguaje Sencillo Para Inscripción en Seguro de Salud

¿Está inscribiendo a clientes del Programa de VIH/SIDA Ryan White (RWHAP, por sus siglas en inglés) en nuevas opciones de seguro de salud? Utilice esta guía de referencia rápida para:

1. Explicar términos y frases de inscripción que son confusas.
2. Ayudar al cliente a entender términos técnicos comunes que se utilizan durante el proceso de inscripción.

Al final de esta guía hay una lista de palabras en inglés y español para ayudarle encontrar términos.

A table comparing the English to Spanish terms is included at the end of this guide to help you find a word.

A

Agente/Corredor de Seguros

Una persona que puede ayudarle a solicitar y a inscribirse en un Plan de Seguro Autorizado (QHP, por sus siglas en inglés) a través del Mercado de Seguros. Ellos pueden recomendar en qué plan debe inscribirse. Ellos están autorizados y regulados por el Estado. Por lo general una compañía de seguros de salud les paga al inscribirle a usted en los planes de la compañía. Algunos agentes o corredores de seguros sólo pueden vender los planes de compañías específicas. (Ver *Plan de Salud Autorizado*)

Alicance

Maneras de dar información, de llevar personas a servicios.

Apelación

Si cree que le han negado injustamente atención o cobertura a través del Mercado de Seguros, Medicare, Medicaid o un plan de salud, usted tiene el derecho de pedir que la decisión sea evaluada para hacer un posible cambio.

Asistencia

Ayuda

Asistencia Financiera/ Ayuda Financiera

Ayuda para pagar por los costos de seguro. Usted

podría obtener ayuda para pagar las primas o gastos por cuenta propia. (Ver *Crédito Anticipado para la Prima*, Gastos de salud)

Asistente en Persona

(IPA, por sus siglas en inglés)

Un miembro del personal que está entre ayudarle a buscar opciones de seguro o a través del Mercado de Seguros. Ellos ayudan a entender lo que usted es elegible para recibir, comparar los planes de salud y los formularios de solicitud. Los asistentes en persona pueden proporcionar información. Le pueden decir qué plan de salud debe elegir y si ellos es gratuita.

Autónomo, que Trabaja por Cuenta Propia

Una persona que trabaja por cuenta propia y no tiene un jefe. Por ejemplo, usted es dueño de su propio negocio o trabaja como un profesional independiente.

B

Base(s) de Datos Electrónica(s)

Información organizada que se almacena y accede en una computadora. Por ejemplo, información acerca de sus ingresos se almacena en una computadora por el Servicio de Rentas Internas (IRS, por sus siglas en inglés) de su declaración de impuestos. Esta información puede

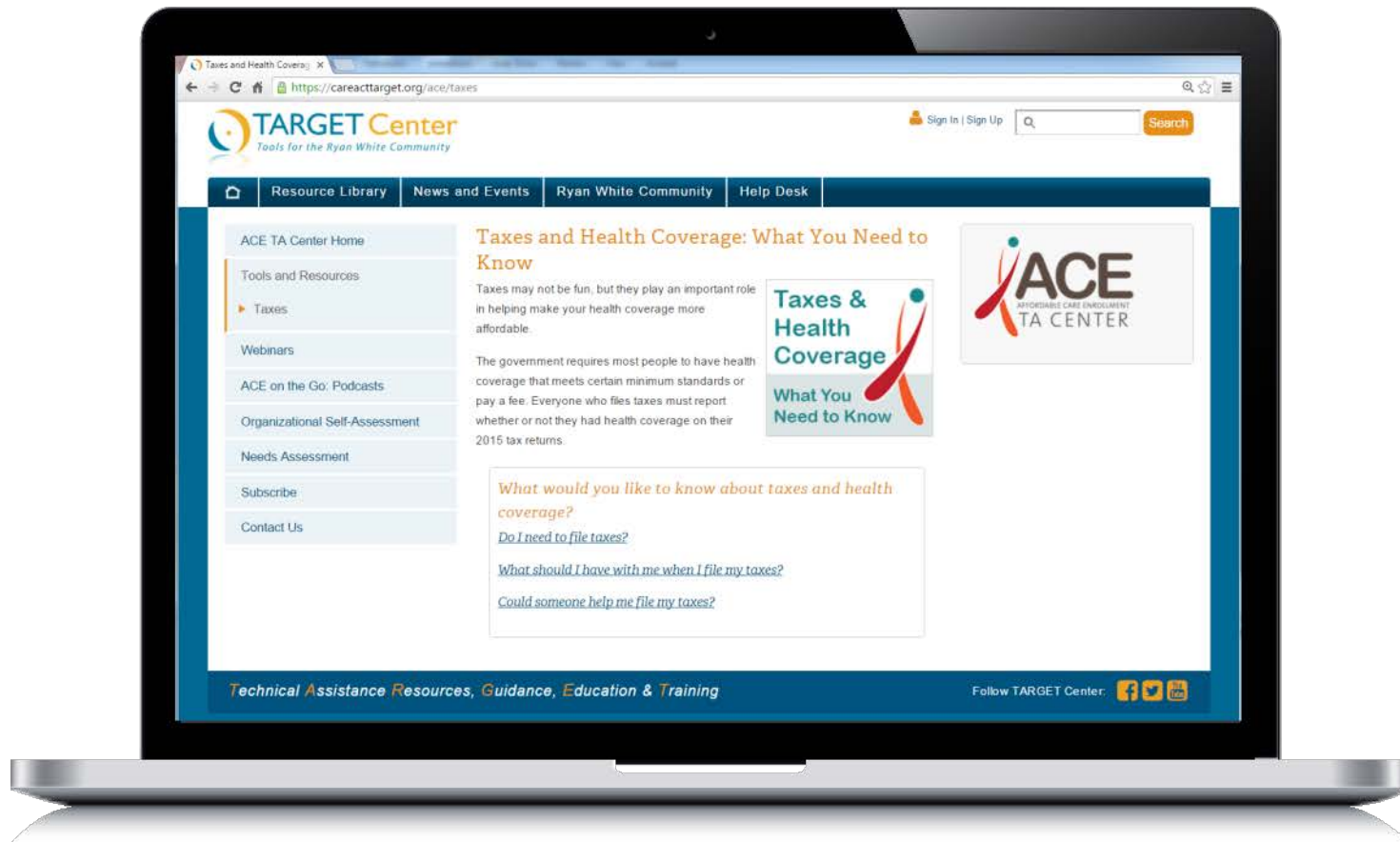
English/Inglés	Spanish/Español
Adjusted Gross Income	Ingreso Bruto Ajustado
Affordable	Económico
Affordable Care Act (ACA)	Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas en inglés)
Agent/Broker	Agente/Corredor de Seguros
AIDS Drug Assistance Program (ADAP)	Programa de Asistencia de Medicamentos para el SIDA (ADAP, por sus siglas en inglés)
Appeal	Apelación
Assistance	Asistencia
Benefits	Beneficios
Call Center	Centro de Llamadas

6. Medicamentos recetados (medicamentos)
7. Servicios y aparatos de rehabilitación (ayudan

El Centro ACE TA ayuda a los beneficiarios directos e indirectos del programa RWHAP a inscribirse en los seguros de salud a una diversidad de clientes, especialmente personas de color, y a construir competencia cultural entre los proveedores. www.targethiv.org/ace



Taxes and health coverage!



targetethiv.org/ace/taxes

Taxes and Health Coverage: Health Insurance Marketplace

Taxes and Health Coverage

What you need to know if you enrolled through the Health Insurance Marketplace

Taxes may not be fun, but they play an important role in helping make your health coverage more affordable. This fact sheet helps you understand what you need to know about filing your taxes if you enrolled in a health plan via the Health Insurance Marketplace, such as HealthCare.gov or your state's marketplace website.

Did you choose to get a premium tax credit when you enrolled in coverage?

Premium tax credits help lower the cost of coverage purchased through the Health Insurance Marketplace for people with incomes that qualify. Premiums are the monthly bill you pay for health insurance. The premium tax credit can work in two ways:

- **Get it now.** Get the credit each month you have Marketplace coverage. This is called an advanced premium tax credit. The Marketplace sends the money directly to your health insurance company, and you pay a lower monthly premium.
- **Get it later.** You pay the total premium every month, but you get a refund on your taxes after the calendar year is over.

Get this information online:
targethiv.org/taxes



TAXES AND HEALTH COVERAGE

TARGETHIV.ORG/TAXES

Most individuals with a household income between 100 and 400% of the Federal Poverty Level are eligible for a tax credit, but the exact amount of the credit will depend on your income. You apply for the premium tax credit when you apply for coverage in the Marketplace. In the application, you must give the Marketplace permission to collect your tax data from the IRS every year. That information will be used to calculate how much assistance you qualify for.

If you got a premium tax credit when you enrolled in coverage in 2015:

- You must file a federal tax return.
- The Marketplace uses your tax information to make sure that you got the correct amount of financial help based on your household size and income. This is called **reconciliation**. If you had coverage and do not file and reconcile tax credits, you will not be able to get premium tax credits next year!

Are you not sure if you received premium tax credits through the Marketplace?

If you enrolled in coverage through HealthCare.gov, you can view information on any premium tax credits receiving or are eligible to receive by going to the "My Plans" tab.

TAXES AND HEALTH COVERAGE

TARGETHIV.ORG/TAXES

What you need to know before filing taxes

You will receive **IRS Form 1095-A** (Health Insurance Marketplace Statement) in the mail from the Marketplace that shows your health coverage and the amount you received in advance premium tax credits each month, if any. If Form 1095-A was lost, never received, or is incorrect, you can contact the Marketplace directly for a copy.

You should wait to file your taxes until you receive IRS Form 1095-A, which should arrive in early February.

If you got a premium tax credit when you enrolled in coverage:

- File **IRS Form 8962** (Premium Tax Credit) with your taxes to make sure you got the correct amount of financial help.
- Use **IRS Form 1095-A** to help you fill out IRS Form 8962.

If you did NOT get a premium tax credit when you enrolled in coverage:

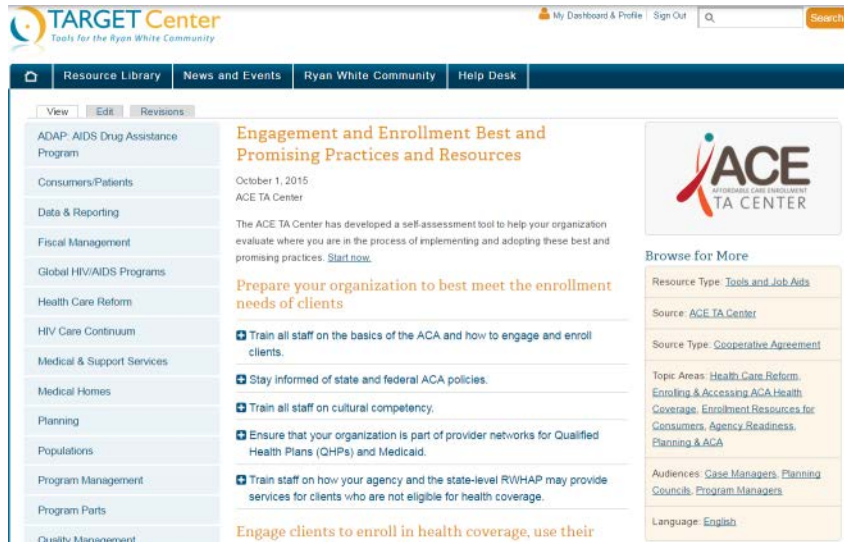
- File **IRS Form 8962** (Premium Tax Credit) with your taxes to see if you qualify for a 2015 premium tax credit.
- Use **IRS Form 1095-A** to help you fill out IRS Form 8962.

What to do if you had a short gap in coverage (less than three consecutive months)

You will need to file **IRS Form 8965** (Health Coverage Exemptions). Most Americans are required to have health insurance or pay a fee, but if you only had a short gap in coverage, you are exempt from the fee.



ACE tool: Interactive BP guide



- Descriptions of 19 best and promising practices
- Suggestions for implementation
- Helpful resources to help you get started

Learn more at: targethiv.org/ace/best-practices



An abstract graphic on the left side of the slide, featuring a large red swoosh and two orange swooshes, all with white outlines. A solid teal circle is positioned at the top of the red swoosh.

Questions?



Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

