

Getting Ready for Open Enrollment

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

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

1. Use data to plan for, document, and monitor health coverage enrollment activities.
2. Describe how to train staff to engage and enroll people living with HIV in health coverage.
3. Describe how to train staff to help clients maintain and use health coverage after they have enrolled.



Overview of today's session

1. Using data to prepare for Open Enrollment
2. Engaging clients in conversations about coverage
3. Supporting clients through the enrollment, renewals, and redeterminations
4. Helping clients maintain and use coverage
5. Where your organization can make improvements

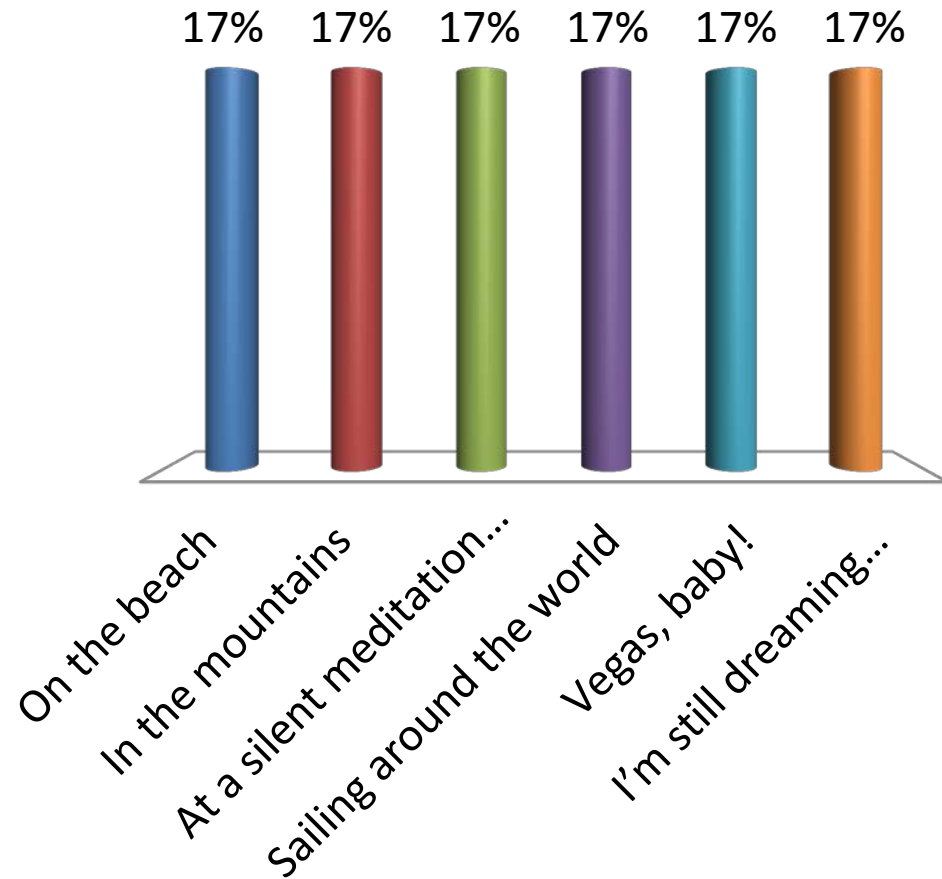
First, do you have a clicker?

- Do not press any buttons unless we ask you to!
- Before leaving this room...
 - Leave it on your chair.
 - Leave it with one of us.
 - Place it in a basket by the exit.



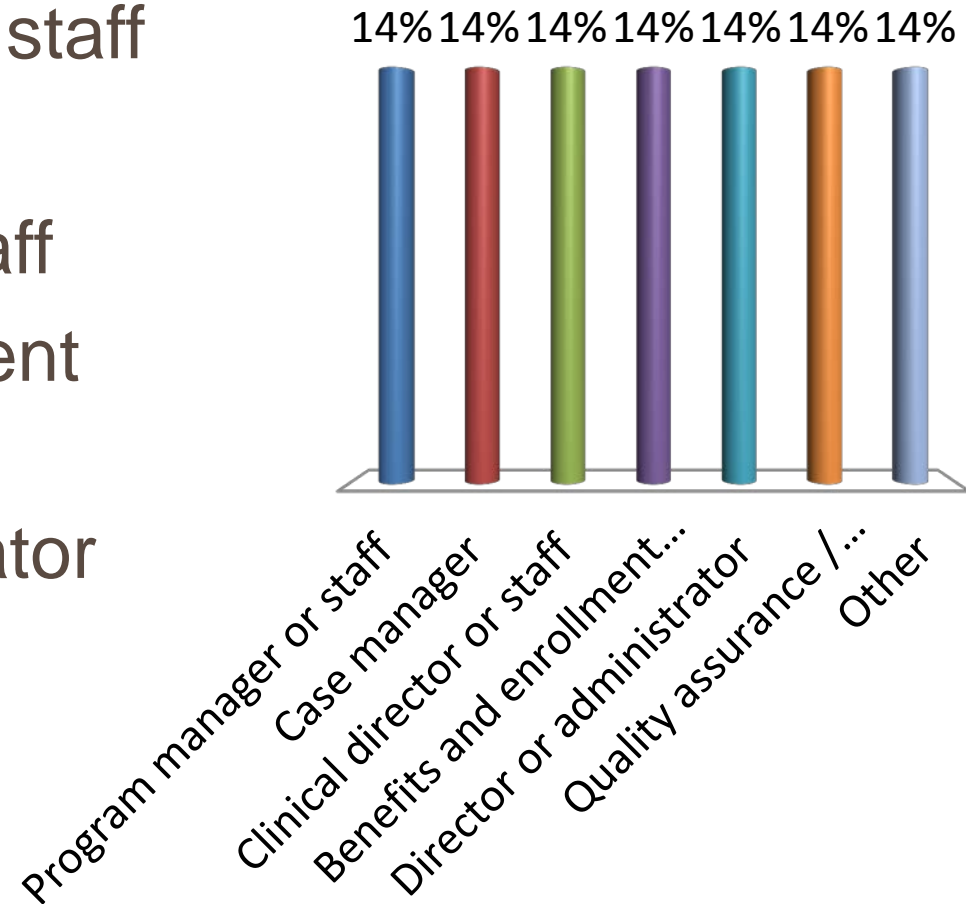
Where's your fantasy vacation?

- A. On the beach
- B. In the mountains
- C. At a silent meditation retreat
- D. Sailing around the world
- E. Vegas, baby!
- F. I'm still dreaming...



What's your role?


- A. Program manager or staff
- B. Case manager
- C. Clinical director or staff
- D. Benefits and enrollment staff
- E. Director or administrator
- F. Quality assurance / compliance
- G. Other





Open Enrollment timeline

2016									2017			
Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.
							11/1 → 1/31 Open Enrollment for Marketplace plans					

For coverage that begins:

JAN.  Apply before **12/15/2016**

FEB.  Apply before **1/15/2017**

MAR.  Apply before **1/31/2017**





Special Enrollment Periods (SEP)

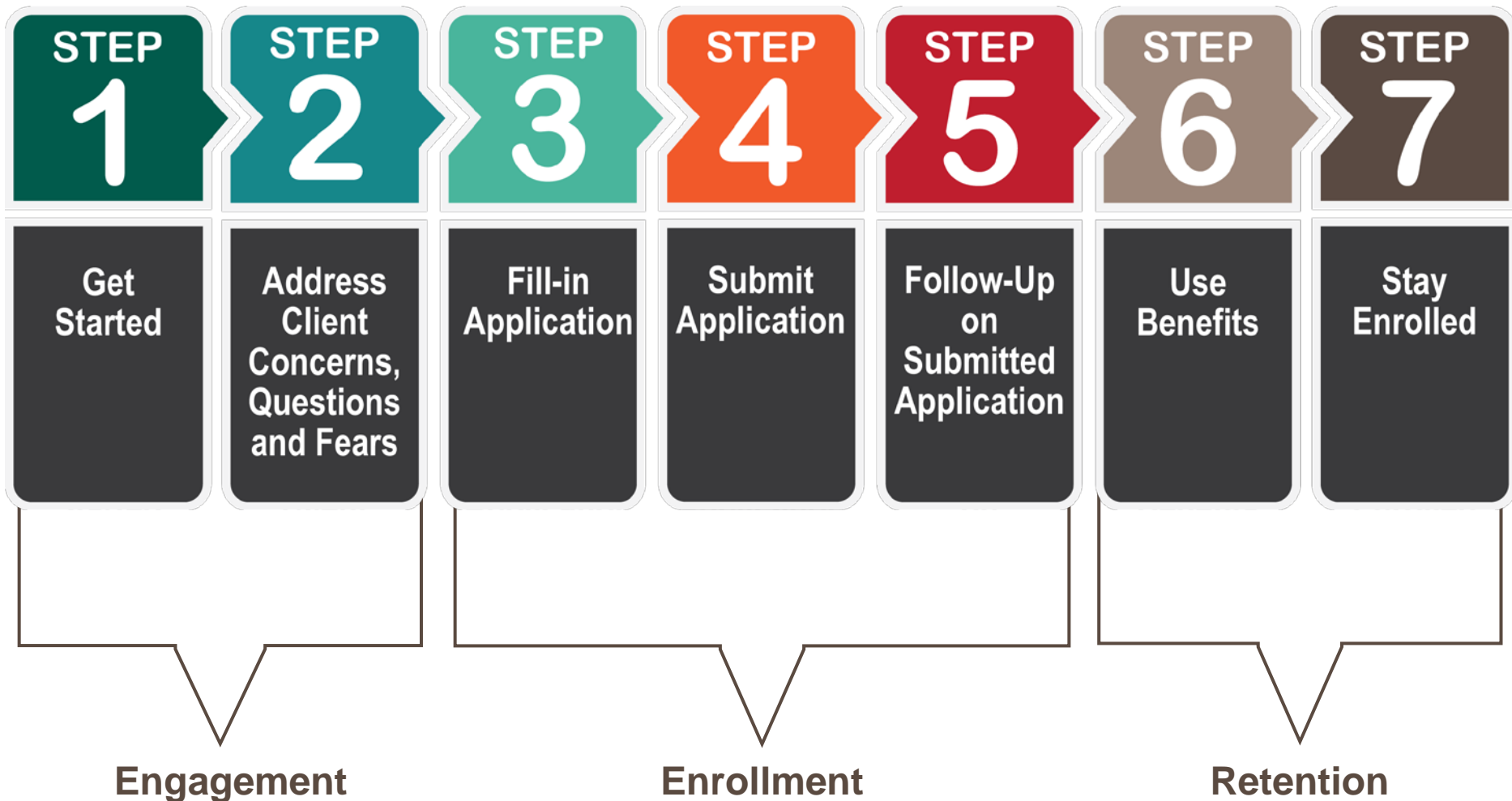
Life events

- Household changes (marriage, birth of child)
- Loss of coverage
- Change in immigration status
- Income changes

Special circumstances

- Errors, technical glitches
- Eligibility changes

The ACE seven steps of enrollment

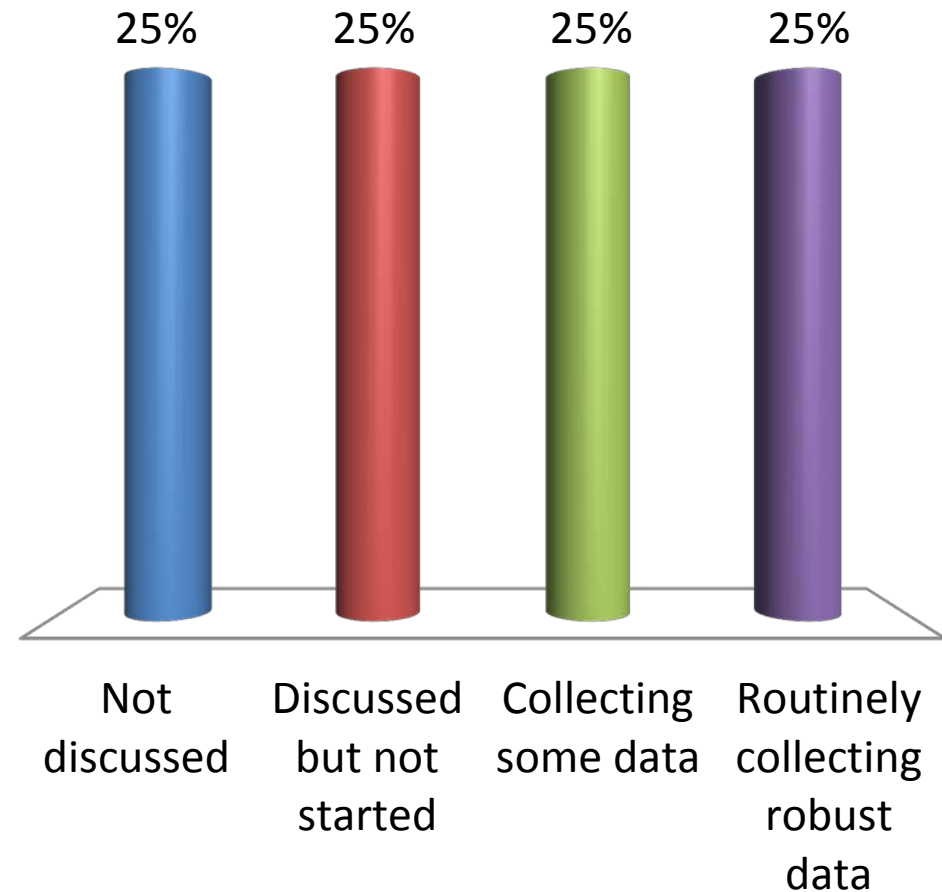




Using data to prepare for Open Enrollment

What stage is your organization in respect to collecting enrollment data?

- A. Not discussed
- B. Discussed but not started
- C. Collecting some data
- D. Routinely collecting robust data





Raise hands

For those currently collecting data, how is your organization using these data?

- Track activities/progress
- Identify populations in need
- Identify enrollment issues for QI
- Demonstrate “Vigorous Pursuit”
- Other (chat responses)



Why track enrollment activities?

- Document progress
- Identify populations in need of assistance
- Identify enrollment issues for organizational quality improvement
- Demonstrate “vigorous pursuit” of enrollment



ACE Enrollment Data Toolkit

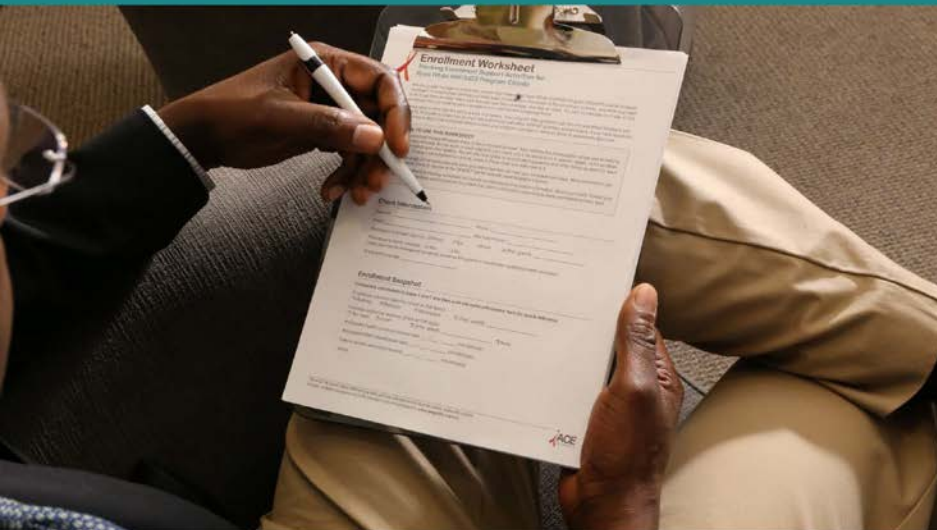
- Designed to help RWHAP recipients and subrecipients document, monitor, and improve enrollment of PLWH in health coverage
 - Guide decision-making in adopting procedures to educate, enroll, and track clients
 - Identify populations experiencing greatest barriers to accessing coverage and care
 - Ultimately, improve health outcomes by improving access for PLWH

targethiv.org/ace

> Using Data to Track Enrollment



Using Data to Inform Engagement and Enrollment Activities: A Toolkit



Using Data to Inform Engagement and Enrollment Activities: A Toolkit



Using Data to Inform Engagement and Enrollment Activities: A Toolkit
Revised October 2015

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Engagement and Enrollment Activities: A Toolkit

igned to help Ryan White HIV/AIDS Program (RWHP) recipients to use data to document, monitor, and improve the living with HIV (PLWH) in health insurance coverage

These organizations identify populations that experience the greatest barriers to care, and ultimately, help impact health outcomes by improving access to the toolkit provides organizations with sample engagement and enrollment processes and guides them in selecting a few measures to track and identifying data that can be used to:

assess and progress in enrollment

assess in need of assistance

assess organizational quality improvement efforts and future enrollment activities

assess effectiveness of enrollment

assess effectiveness of enrollment

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Using Data to Inform Engagement and Enrollment Activities: A Toolkit

	Numerator	Denominator	Measure	Notes
STEP 1: GET STARTED				
Eligibility (P)	Number of uninsured clients ¹³ potentially eligible for: - Medicaid - QHP - Medicare - Other coverage	Number of uninsured eligible clients at the beginning of the measurement period	Percent of uninsured clients potentially eligible for: - Medicaid - QHP - Medicare - Other coverage	
Engagement of uninsured clients (P)	Number of uninsured clients that service provider attempted to contact to enroll during the measurement period	Number of uninsured eligible clients at the beginning of the measurement period	Percent of uninsured eligible clients contacted by service provider during measurement period	
	Number of contacts made by service provider to uninsured eligible client until application submitted	Number of uninsured eligible clients contacted by service provider during the measurement period	Average number of contacts per uninsured eligible client until application submitted	
Ineligible clients (P)	Number of clients ineligible for coverage	Number of uninsured clients at the beginning of the measurement period	Percent of uninsured clients ineligible for coverage	
	Number of ineligible clients with a certificate of exemption on file with service provider	Number of uninsured clients at the beginning of the measurement period	Percent of ineligible clients with certificate of exemption on file with service provider	
	Number of uninsured eligible clients that signed a form acknowledging they were properly educated about benefits of coverage and the penalty for not enrolling and verified for all forms of coverage	Number of uninsured clients at the beginning of the measurement period	Percent of uninsured eligible clients with signed form acknowledging they were educated about benefits of coverage and the penalty and verified for all forms of coverage	

¹³ Eligible clients are those with a diagnosis of HIV and at least one medical visit with a health care professional at your organization in the measurement period.

P=Process measure O=Outcome measure

Last Open Enrollment Period

- What were your greatest **accomplishments?**
- What were your greatest **challenges?**



Using the toolkit to plan for OE

1. **Define/review** enrollment goals and objectives.
2. **Document** your organization's enrollment strategy.
3. **Identify** process and outcome measures that can be used to determine the effectiveness of the enrollment strategy.
4. **Determine** how (and how often) to track each measure.
5. **Plan** for how (and with whom) to share your findings.
6. **Decide** how your organization will use results for organizational improvement.



What are the tools?

- Sample enrollment process and outcome measures
- Template that can be used to collect measures
- Guidance on how to develop SOPs for calculating measures
- Process for identifying the data sources for selected measures

What is a measure?

- Used to assess performance on enrollment processes and outcomes
- Calculated using the following equation:

$$\text{Percent} = \frac{\text{Numerator}}{\text{Denominator}} \times 100$$

- Sample measures in the toolkit outline both numerator and denominator.
- **Specify relevant time period**
 - Example: during Open Enrollment for Marketplace QHP
- **Determine how often you will run the data**

Example engagement measure

STEP

1

Get
Started

- Percent of uninsured clients that service provider attempts to contact to enroll during the measurement period
 - Denominator = uninsured clients at start of measurement period = **75 clients**
 - Numerator = uninsured clients that were contacted by provider = **70 clients**

What's the engagement rate?

Example engagement measure

STEP

1

Get
Started

- Percent of uninsured clients that service provider attempts to contact to enroll during the measurement period
 - Denominator = uninsured clients at start of measurement period = **75 clients**
 - Numerator = uninsured clients that were contacted by provider = **70 clients**
 - $70/75 * 100 = 93\%$

93% uninsured clients were contacted by the provider during the measurement period

Example enrollment measure



- Percent of uninsured eligible clients receiving one-on-one enrollment assistance in the application process
 - Denominator = uninsured clients at start of measurement period = **75 clients**
 - Numerator = uninsured clients that received assistance from provider with application process = **65 clients**
 - $65/75 \times 100 = \mathbf{87\%}$

87% uninsured clients were received assistance from provider with the application process during the measurement period

Example retention measures

STEP


7

Stay
Enrolled

- Measures in retention, disenrollment, churn
 - Example: Percent of clients (with coverage at any point during the measurement period) that remain in the same coverage
 - Example: Number of clients losing coverage during the measurement period
- Renewals for Medicaid and Marketplace QHPs
 - Example: Percent of clients due for renewals during the measurement period
 - Example: Percent of clients with completed renewals during the measurement period

New “Covered” video series



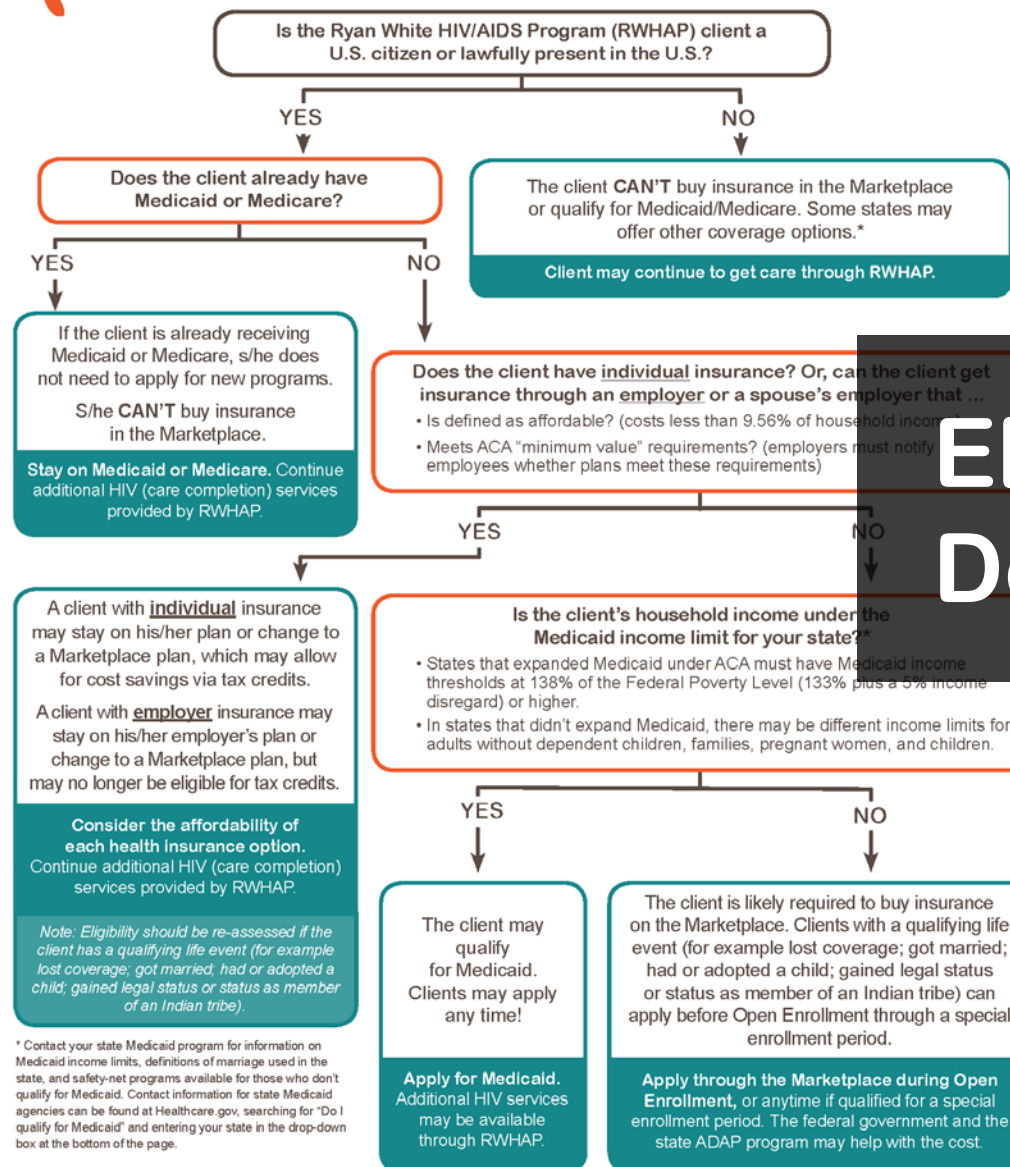


How can staff
engage clients in
conversations about
coverage?



Eligibility Decision Tree

Use this tool to decide if a RWHAP client should enroll in the Marketplace, with Medicaid, or neither.
See how ADAP fits with other coverage. Revised July 2015.

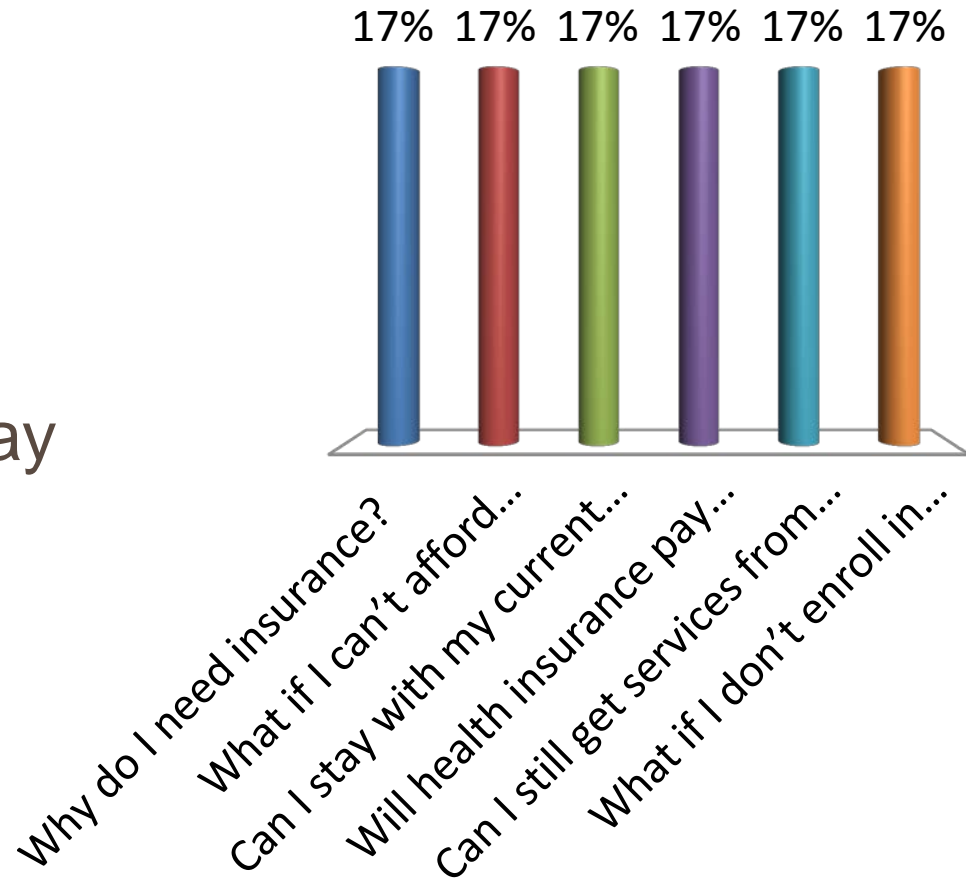


Eligibility Decision Tree

* Contact your state Medicaid program for information on Medicaid income limits, definitions of marriage used in the state, and safety-net programs available for those who don't qualify for Medicaid. Contact information for state Medicaid agencies can be found at Healthcare.gov, searching for "Do I qualify for Medicaid" and entering your state in the drop-down box at the bottom of the page.

What question do you hear most often from your clients?

- A. Why do I need insurance?
- B. What if I can't afford health insurance?
- C. Can I stay with my current HIV provider?
- D. Will health insurance pay for my current HIV medications?
- E. Can I still get services from the Ryan White Program and ADAP?
- F. What if I don't enroll in health insurance?



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, 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 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.

Talking with Clients About Health Coverage: Common Questions and Suggested Responses

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

Essential health benefits



My health insurance works for me.

Now that I have insurance I can get care for HIV and all my other health care 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.

Insurance covers more than just HIV services.



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

We can help.

Ask us about health insurance today.



Protect your finances

If something unexpected happens, you won't go broke paying hospital bills.



My health insurance works for me.
Health insurance helped me when I got in a car accident. It covers my HIV care, too.

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.



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

We can help.

Ask us about health insurance today.

Continued RWHAP support

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.

We can help.

Ask us about health insurance today.



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/infographic are models and are being used for illustrative purposes only.

You are still able to
get services from the
Ryan White Program
not covered by
insurance.

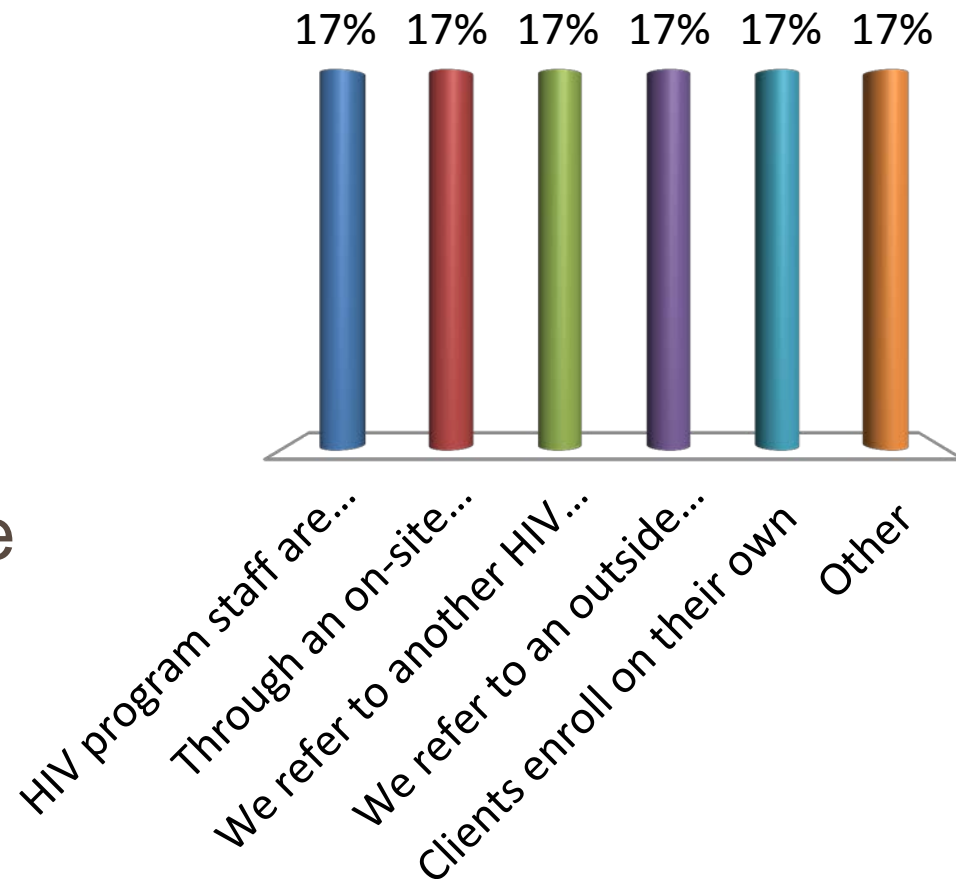




How can staff support
clients through the
enrollment process?

How do you or your subrecipients provide enrollment assistance to clients?

- A. HIV program staff are trained as assisters
- B. Through an on-site enrollment assister
- C. We refer to another HIV program
- D. We refer to an outside assister organization
- E. Clients enroll on their own
- F. Other



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.targethiv.org/ACE

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Pre-Enrollment Worksheet: Preparing for Your First Appointment

Are you ready to enroll in a health insurance plan through the Marketplace? This worksheet helps you gather all the information you will need for your enrollment appointment.

1. Complete the first two sections with your Ryan White Program case manager. Then bring this sheet to your enrollment appointment.
2. Complete the third section during your enrollment appointment. Then bring the sheet back to your case manager.

1. Before you apply.

Complete this section with your **Ryan White Program case manager**.

Does the Ryan White Program support any health insurance plans in your area?

Some Ryan White Programs, including the AIDS Drug Assistance Program (ADAP), recommend certain health plans for people living with HIV. Write each plan name below and note if you are eligible for financial assistance for that plan through the Ryan White Program.

Health Insurance Plan Name	Are you eligible for Ryan White Program financial assistance?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

How do you use health care?

Write down the health care services, providers, and medications you currently use. If something does not apply to you, leave the line blank. Your case manager can help you think about what you have used in the past and what services and medications you may need in the coming year.

My primary care provider (PCP) is: _____

I see him/her at _____ clinic/hospital about _____ times per year.

My HIV specialist is (if different than PCP): _____

I see him/her at _____ clinic/hospital about _____ times per year.

I prefer to go to this hospital(s): _____

My mental health provider is: _____

I see him/her at _____ clinic/hospital about _____ times per year.

My substance abuse counselor is: _____

I see him/her at _____ clinic/hospital about _____ times per year.

My current prescription medications are:

Drug name	Dosage	HIV-related medication?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No

I prefer to get my medication at this pharmacy: _____

2. Gather the information you need for your application.

Review this section with your **case manager** to make sure it's clear to you. You may need to collect some of this information on your own.

Who is part of your household?

You will need to provide information on your application about everyone in your household, even if they are not applying. These people may include your spouse (if legally married) and any tax dependents. If you aren't sure who to include as a dependent, ask your case manager for help.

If something on the table on the next page does not apply to you, leave it blank.

TIP

There are certain documents that may help make the application process easier. You should bring these documents with you if you have them, but you can still apply without them. Don't wait to apply.

Information about people in your household

Household Members	Person 1	Person 2	Person 3
Full name			
Date of birth			
Relationship to you <small>For example: spouse, domestic partner, parent, son, daughter, child of domestic partner</small>	Self		
Income	\$ _____ per year	\$ _____ per year	\$ _____ per year
Estimated annual income <small>This includes income from jobs and other sources, such as unemployment or retirement benefits.</small>	\$ _____ per year	\$ _____ per year	\$ _____ per year
Bring these documents to help estimate your income for next year: <input type="checkbox"/> Copy of your most recent tax return <input type="checkbox"/> For anyone in your household who is working: Recent pay stubs, checks, or W-2's <input type="checkbox"/> If anyone is unemployed: Their unemployment benefits letter <input type="checkbox"/> Letters or benefits statements from Social Security, 401K, pension, or other retirement income letters			
Employer name, address and phone number			
Health Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes: TYPE OF COVERAGE NAME OF HEALTH INSURANCE COMPANY POLICY NUMBER, IF APPLICABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes: TYPE OF COVERAGE NAME OF HEALTH INSURANCE COMPANY POLICY NUMBER, IF APPLICABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes: TYPE OF COVERAGE NAME OF HEALTH INSURANCE COMPANY POLICY NUMBER, IF APPLICABLE
Does the person currently have health coverage, or the option to enroll in coverage through an employer, even if she is not enrolled?			
Bring these documents to help verify if you or anyone in your household had access to any other health coverage: <input type="checkbox"/> If anyone had Marketplace coverage last year: Bring any recent letters from their health insurance plan. <input type="checkbox"/> If anyone currently has health coverage through Medicaid, the Children's Health Insurance Program (CHIP), Medicare, individual insurance: Bring their insurance card or summary of health plan benefits and premium amount. <input type="checkbox"/> If anyone currently has health coverage through their employer: Bring their insurance card or summary of health plan benefits and premium amount.			



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



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 of 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.

targethiv.org/assisters

Video: How Assisters Can Help People Living with HIV Get Affordable Coverage



 targethiv.org/assisters



What do staff need
to know about
renewals and
redeterminations?



Renewals vs. Redeterminations

- **Renewals:** process through which a client re-enrolls or switches coverage, or insurer re-enrolls for 2017
- **Redeterminations:** review of enrolled client's eligibility and re-calculation of financial assistance



Importance of logging into the Marketplace

- *Clients enrolled in 2016 Qualified Health Plans (QHPs) will be automatically renewed for 2017, if their plan is still available*
- But enrolled clients should still update their application and compare plans.
- **Active renewal is recommended!**



Supporting Clients through Renewal and Redetermination

Encourage and support active renewal
Log into the Marketplace!

1. Assess client needs
2. Look at QHP options
3. Eligibility redetermination
4. File and reconcile taxes



1. Assess client needs

- Client health care needs may have changed
- Important that client's plan fits their current needs
- There may be new plan options. Plans change, people change



2. Look at QHP options

- Make sure the client's QHP is available and still the best option
- Review plan features, such as medication, providers, and costs, that may have changed
- Check if your ADAP has recommended particular plans

3. Eligibility redetermination: Financial assistance

Premium Tax Credit (PTC) -A **tax credit** to lower the cost of insurance **premiums** for Marketplace coverage.

Advance Premium Tax Credit (APTC)- the credit is paid directly to the insurer to lower your monthly premium.

Cost-sharing reduction (CSR)- lowers the amount individuals and families have to pay for **out-of-pocket expenses**- deductibles, coinsurance, and copayments.



3. Eligibility redetermination

- All previously enrolled clients will get an updated determination based on:
 - The most recent income data
 - Updated benchmark premium data
 - Federal poverty levels

Regardless of activity in Open Enrollment



3. Eligibility redetermination

- Marketplace will use most recent income information on file – either 2015 taxes or 2016 application information
- Eligibility redetermination and APTC recalculation will be automatic



3. Eligibility redetermination: Here's what you can do

- Make sure application information is accurate to continue qualifying for health insurance and financial assistance
- Be sure to remind clients to open and read notices received from the Marketplace



4. File and reconcile taxes

- Authorize tax data collection from the Internal Revenue Service (IRS) if they did not do this in the past
- Make sure clients have filed 2015 taxes to reconcile APTCs
- **If not, clients will lose financial assistance 12/31/16**

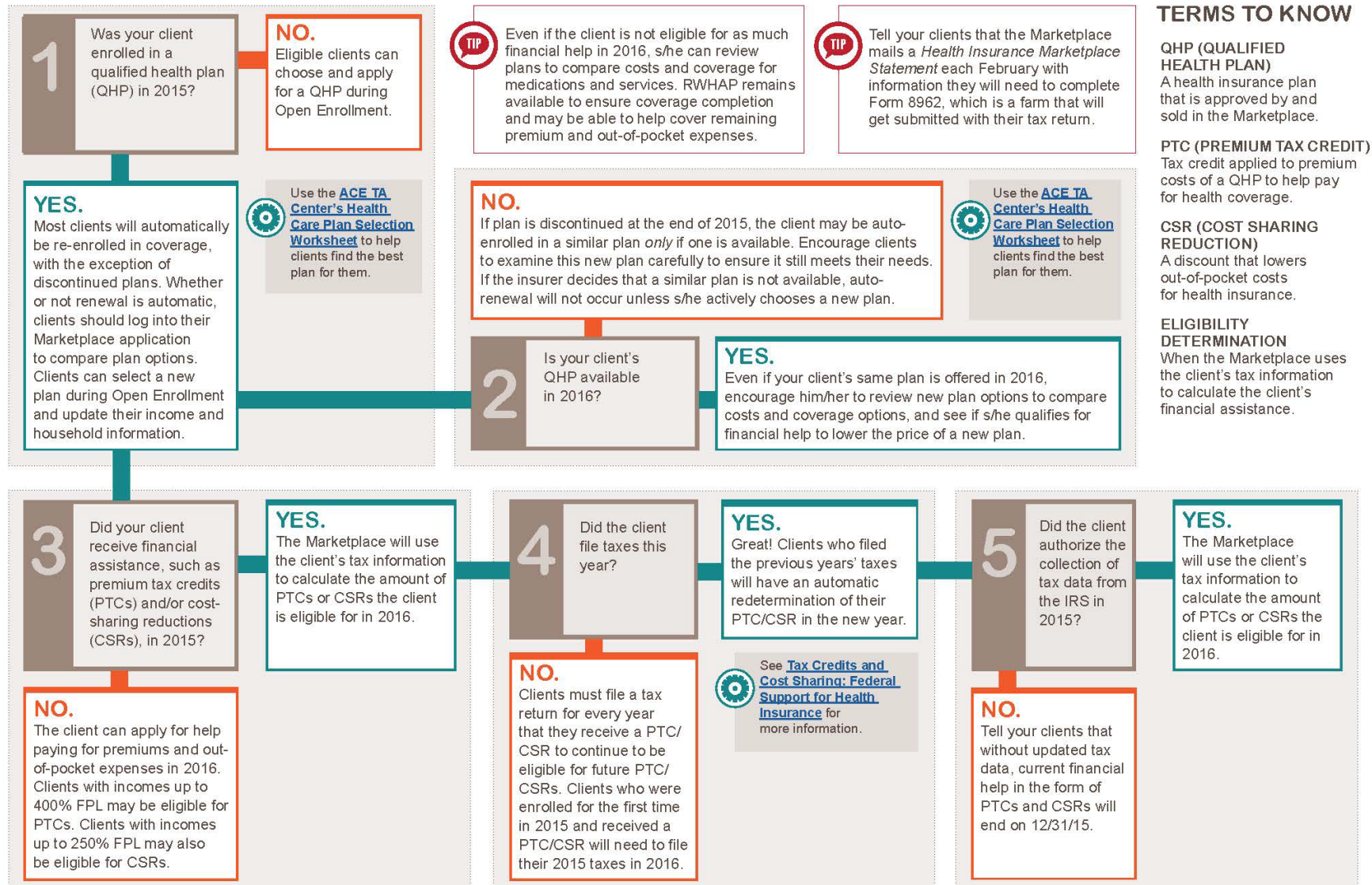
Learn more!

The Connection Between Tax Filing and Health Coverage: What Does It Mean for Ryan White Programs?

- Friday, 8 AM
- Silver Linden (Mezzanine)

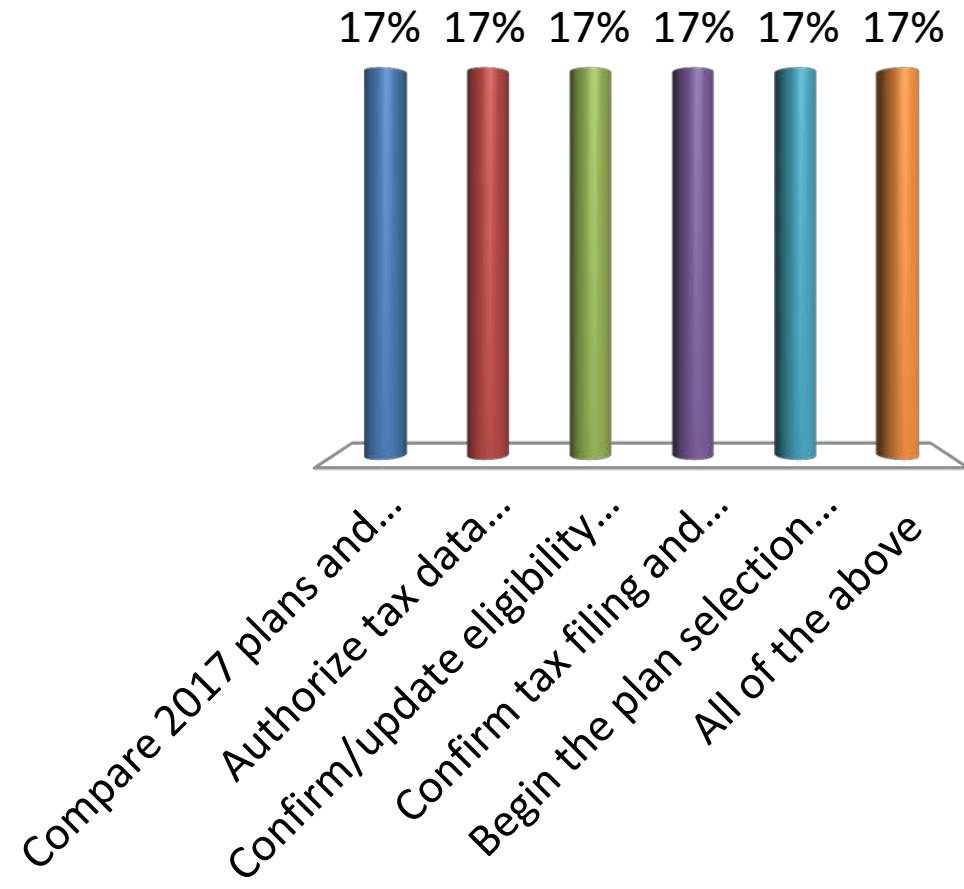


Plan renewals flowchart: Five key questions



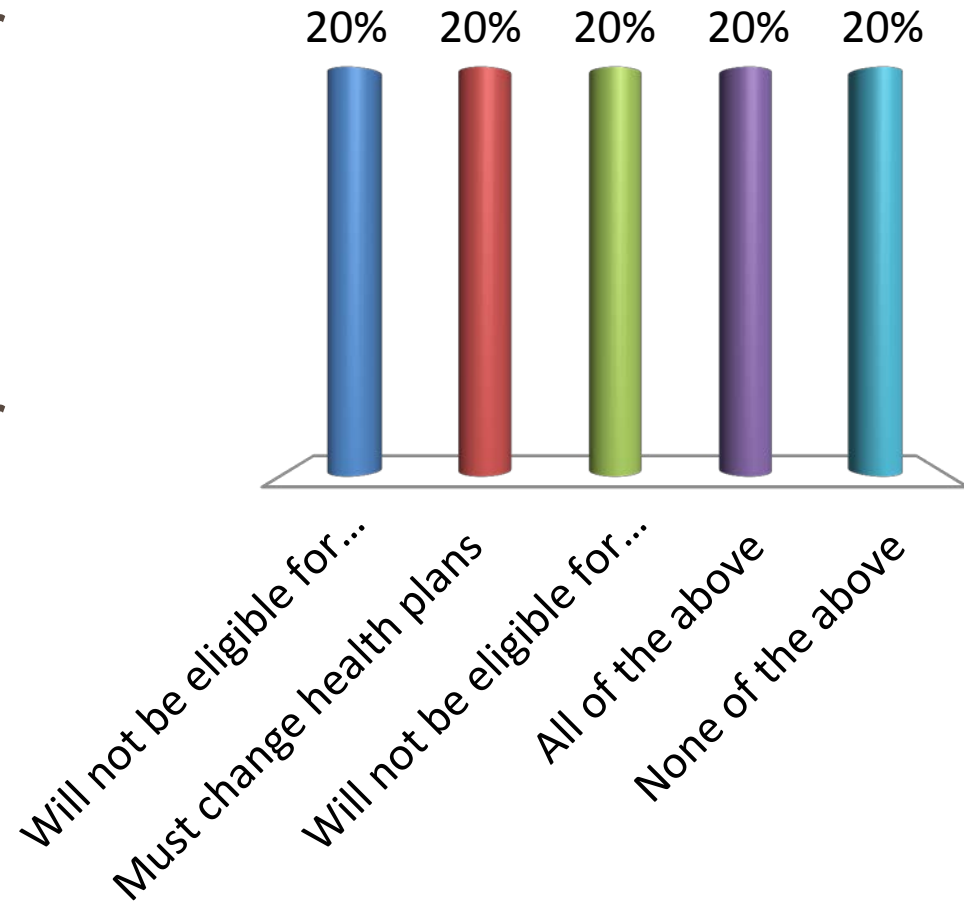
Why should you help your clients log in to the Marketplate during OE?

- A. Compare 2017 plans and prices
- B. Authorize tax data collection
- C. Confirm/update eligibility information
- D. Confirm tax filing and reconciliation
- E. Begin the plan selection process
- F. All of the above



Your client has been enrolled in a Marketplace plan and receiving APTCs. What will happen if the client has not filed their 2015 taxes? They...

- A. Will not be eligible for health coverage
- B. Must change health plans
- C. Will not be eligible for APTCs
- D. All of the above
- E. None of the above



FAQ: PTCs and CSRs



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FAQ: Premium Tax Credits (PTCs) and Cost-Sharing Reductions (CSRs)

November 2015

ACE TA Center

The federal government provides financial support for many consumers who get health coverage through the Marketplace. Learn how **Premium Tax Credits** (PTCs) and **Cost-Sharing Reductions** (CSRs) can help Ryan White HIV/AIDS Program (RWHAP) clients pay for health insurance.



Premium Tax Credit (PTC)

The Affordable Care Act provides a new tax credit to help lower the cost of premiums for health care coverage purchased through the Health Insurance Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

Cost-Sharing Reduction (CSR)

A discount that lowers the amount individuals and families have to pay out-of-pocket for deductibles, coinsurance, and copayments. CSRs are NOT used to pay premiums.

A person may receive **both** a PTC and a CSR. People who apply for PTCs are

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Source: [ACE TA Center](#)

Source Type: [Cooperative Agreement](#)

Topic Areas: [Enrolling & Accessing ACA Health Coverage](#)

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Total views: 1,847



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How can staff help
clients maintain and
use health coverage?



Helping clients stay covered

Action Steps:

- Make sure clients stay engaged in the RWHAP (e.g., through case management)
- If possible, keep clients enrolled (and up-to-date) in ADAP
- Help clients update their Marketplace applications annually, and in the case of any life changes
- Make sure clients know they can review and change plans during open enrollment



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 1-800-318-2596. 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
MEMBER NAME: JOHN DOE	MEMBER ID NUMBER: 123-456-7890	EFFECTIVE DATE: 01/01/2020
GROUP #: 1000-ABCD0000	PRESCRIPTION GROUP #: 1000	
POP CODE: 810	SPECIALIST CO-PAID: 810	PRESCRIPTION CO-PAID: 810
SMALL GROUP: 810	MEMBERSHIP SERVICES: 1-800-400-0000	



WHAT DOES "PREMIUM" MEAN? The amount you pay for your health insurance. A premium may be paid every month or all at once.

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.

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.

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.



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.
- Send a copy of the bill any time the amount due changes.
- Bring a copy of your latest bill when you meet with your case manager to re-certify for ADAP or Ryan White Program insurance assistance.

How much is my premium?

- Your insurance company will send you a bill with the premium amount.
- Make sure you pay the premium on time.

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.



Watch “Covered” Videos





Where can your
organization make
additional
improvements?



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ACE TA Center Organizational Self-Assessment

This tool was developed to help managers and planners identify where their organization is in the process of establishing ACA enrollment support systems for their clients. After completing a section of the assessment, participants will be provided with a customized collection of resources to help fill gaps in readiness or implementation.

Complete the ACA Enrollment Organizational Self-Assessment by choosing a section below



Complete Section 1: Preparing your organization to best meet the enrollment needs of clients



Complete Section 2: Engage clients to enroll in health coverage, use their coverage, and stay enrolled



Complete Section 3: Document and monitor your organization's engagement and enrollment efforts

Note: your assessment reports will always be available in the Surveys tab on your [TARGET Profile page](#).





Organizational self-assessment

- Web-based module asks questions about your current practices
- Generates a customized summary based on your responses
 - Areas for improvement
 - Helpful resources to help you get started



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Section 1: Preparing your organization to best meet the enrollment needs of clients

Please rate your organization's level of implementation for each of the statements below.

1. Familiarity with ACA Law

All staff that interact with clients, including case managers, benefits counselors, peer advocates, clinical providers, social workers, and front desk staff, should know the basics of the Affordable Care Act (ACA), new health coverage options, and the enrollment process in their state. The ACA basics should include information that you can't be discriminated against for because of their gender or health status, and that you can't be denied coverage due to a pre-existing condition. These staff should participate in at least one initial ACA training and an annual refresher training before open enrollment.

Staff that interacts with clients should participate in at least one initial ACA training and an annual refresher training before open enrollment.

My organization has trained the staff listed above by providing one initial ACA training and an annual refresher training. *

- ☐ Fully Implemented
- ☐ Partially Implemented
- ☐ Not at all Implemented
- ☐ N/A

2. Stay Informed of ACA Policies

It is important to stay up-to-date on evolving policies and federal guidance on ACA health coverage eligibility, subsidies, and enrollment procedures. Keep track of changes related to Medicaid expansion and Part B/ADAP policies in your state.

My organization keeps staff informed of state and federal ACA policies, including changes related to Medicaid expansion and Part B/ADAP. *

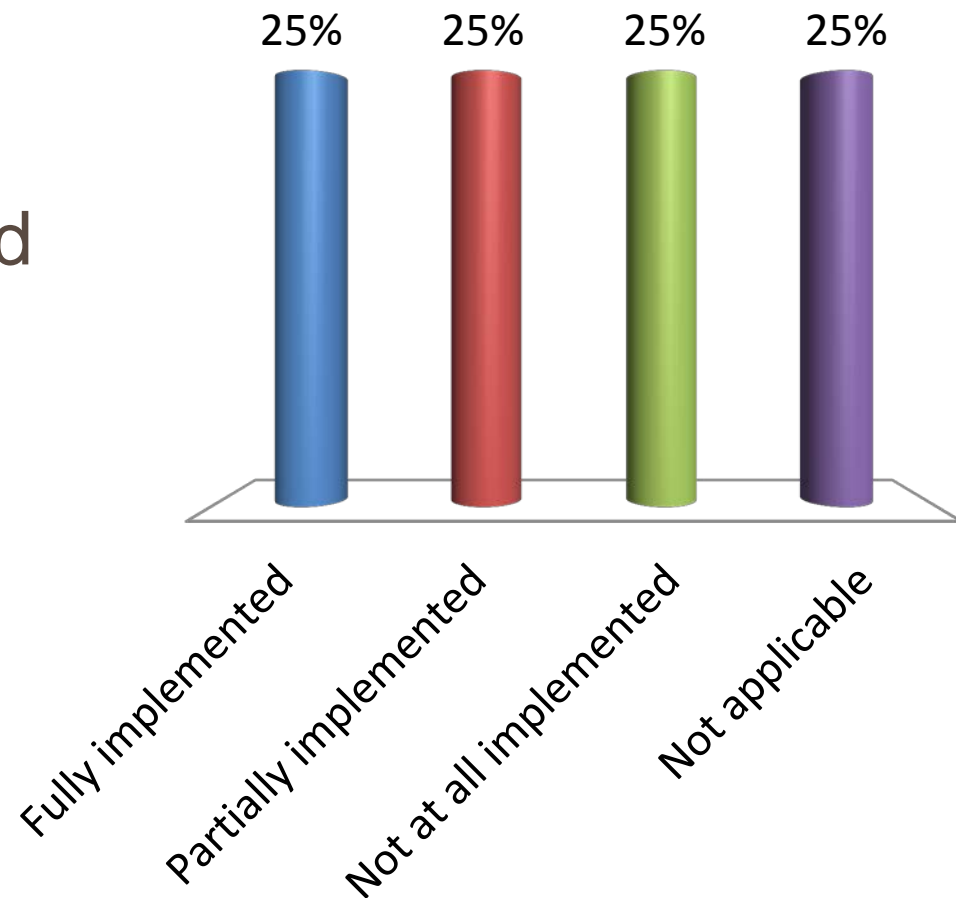
- ☐ Fully Implemented
- ☐ Partially Implemented
- ☐ Not at all Implemented
- ☐ N/A

3. Cultural Competency

Cultural competency[®] includes the ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multi-cultural staff in the policy development, administration, and provision of those services. It is important that staff have an awareness of and sensitivity to the client's concerns and prior experiences with health coverage, the health care system, discrimination, and stigma. The more your staff understands about your clients' unique culture, language, health literacy,

My organization documents its efforts to identify, engage, and educate clients who may be eligible for coverage.

- A. Fully implemented
- B. Partially implemented
- C. Not at all implemented
- D. Not applicable



Customized report with resources

ACE TA Center Organizational Self-Assessment Report

Submitted by: Julie Hook, October 5, 2015

Section 1: Preparing your organization to best meet the enrollment needs of clients

Here are best practices where you still have room for growth.

Train all staff on the basics of the ACA and how to engage and enroll clients.

Staff should know the basics of the ACA law, health coverage options (including Medicaid and Marketplace plans), and enrollment assistance available in their state. Offer training to all staff, including case managers, benefits counselors, peer advocates, clinical providers, social workers, receptionists, and other support staff to ensure all staff know the basics. Offer this training to all new staff, and conduct training every year before open enrollment.

Training should cover:

- The benefits of comprehensive health coverage for RWHAP clients
- The variety of pathways to health coverage for PLWH in your state
- Your organization's general approach to engaging and enrolling clients
- Staff roles and expectations for engaging and enrolling clients
- Any updates or changes from previous years

Resources

- [Health Reform Frequently Asked Questions](#)
A list of frequently asked questions about the Affordable Care Act. Source: Kaiser Family Foundation.
- [HealthCare.gov: Get Answers](#)
A list of questions and answers related to health insurance coverage. Source: HealthCare.gov.
- [Get Covered Academy](#)
Training, consulting, and support services designed to expand efforts and help solidify and institutionalize a durable, sustainable culture of enrollment in communities nationwide. Source: Enroll America.

Stay informed of state and federal ACA policies.

It is important to stay up-to-date on evolving state policies and federal guidance on ACA health coverage, eligibility, subsidies, and enrollment procedures as well as on changes related to Medicaid expansion and Part B/ADAP policies. In particular, keep up-to-date on the local impact of state and federal ACA policies on the communities you serve.

Source: American Academy of HIV Medicine.

- [The Marketplace in your state](#)

A list of Marketplace information by state. Source: HealthCare.gov.

Train all staff on cultural competency.

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. Cultural competency includes an awareness of and sensitivity to the client's concerns and prior experiences with health coverage, the health care system, discrimination, and stigma. While one or two trainings will not ensure staff cultural competency, the more your staff understands about your clients' unique culture, language, health literacy, and past experiences, the better they will be able to serve each client's unique needs. Whenever possible, hire bilingual and bicultural staff that reflect your client population.

Resources

- [National Center for Cultural Competence](#)
The National Center for Cultural Competence provides training and technical assistance, including in the form of online curriculum and training to support health and mental health care providers and systems promote and sustain cultural and linguistic competency. Source: Georgetown University.
- [AIDS Education and Training Center National Multicultural Center \(AETC-NMC\)](#)
The AIDS Education and Training Center National Multicultural Center provides training, education, and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care. Source: Howard University College of Medicine.

Train staff on how your agency and the state-level RWHAP may provide services for clients who are not eligible for health coverage.

RWHAP will continue to be a safety net for people who are ineligible for health coverage, including those with ineligible immigration statuses and people who fall into the coverage gap in states that have not expanded Medicaid. For some of these clients, RWHAP may purchase coverage outright. Others may continue to receive services as before.

Be sure staff understand what will happen with these clients, in line with organizational and state policies. Provide this information in new staff training and integrate it into an annual training to prepare for open enrollment. Provide guidance on how to answer questions and address the concerns of clients who are ineligible for health insurance under the ACA. Contact your city, county or state Ryan White program to find out about Part A and B resources available to your clients.

Resources

- [Ryan White & the Affordable Care Act: What You Need to Know](#)
Information about how the Affordable Care Act can increase access to affordable, quality health care for people living with HIV, including those currently receiving services through the Ryan White Program. Source: HRSA HIV/AIDS Bureau.
- [Health Reform Issue Brief: Immigrants and the Affordable Care Act](#)
This issue brief focuses on the ACA and its impact on immigrant populations, with an emphasis on implications for HIV/AIDS and viral hepatitis programs and services. Source: NASTAD.
- [Ryan White and the Affordable Care Act: Frequently Asked Questions](#)

- [Ryan White Program](#). Source: HRSA HIV/AIDS Bureau.
- [Eligible Individuals & Allowable Uses of Funds for Discretely Defined Categories of Services](#)
A policy notice with HIV/AIDS Bureau program guidance on eligible individuals and allowable uses of Ryan White Program Funds. Source: HRSA HIV/AIDS Bureau.
- [Health Reform in My State](#)
An interactive map detailing how Affordable Care Act implementation will look in each state.



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Consumers/Patients

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Global HIV/AIDS Programs

Health Care Reform

HIV Care Continuum

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Medical Homes

Planning

Populations

Program Management

Program Parts

Quality Management

Engagement and Enrollment Best and Promising Practices and Resources

October 1, 2015

ACE TA Center

Prepare your organization to best meet the enrollment needs of clients

- Train all staff on the basics of the ACA and how to engage and enroll clients.
- Stay informed of state and federal ACA policies.
- Train all staff on cultural competency.
- Ensure that your organization is part of provider networks for Qualified Health Plans (QHPs) and Medicaid.
- Train staff on how your agency and the state-level RWHAP may provide services for clients who are not eligible for health coverage.

Engage clients to enroll in health coverage, use their coverage, and stay enrolled

Planning and implementation

- Develop a comprehensive plan to engage and enroll clients in health coverage and help them stay enrolled.
- Train staff with direct client contact to determine eligibility, enroll clients, and help clients maintain coverage as appropriate to their roles and responsibilities.
- Assess your work flow to routinely screen clients for eligibility and plan renewals at the best times.
- Develop procedures for clients that choose not to enroll or refuse to be screened for eligibility.



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Resource Type: [Tools and Job Aids](#)

Source: [ACE TA Center](#)

Source Type: [Cooperative Agreement](#)

Topic Areas: [Health Care Reform](#), [Enrolling & Accessing ACA Health Coverage](#), [Enrollment Resources for Consumers](#), [Agency Readiness](#), [Planning & ACA](#)

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Archived ACE webinars

- Supporting Health Coverage Enrollment for Ryan White HIV/AIDS Program Clients (August 10, 2016)
- Connecting Recently Incarcerated People Living with HIV to Health Coverage and Care (June 23, 2016)
- Best Practices to Engage, Enroll, and Retain Ryan White HIV/AIDS Program Clients in Health Coverage (April 27, 2016)
- Access to Health Coverage for Immigrants Living with HIV (January 14, 2016)
- New tools to help organizations monitor and improve enrollment (October 8, 2015)

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ACE TA Center

What We Do

The goal of the ACE TA Center is to help RWHAP grantees and sub-grantees enroll diverse clients, especially people of color, in health insurance.

In collaboration with HRSA, the ACE TA Center will work with grantees and providers to engage newly eligible clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewal/re-enrollment.

- [View all ACE TA Center enrollment tools and resources](#)



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Source Type: [Cooperative Agreement](#)

Topic Areas: [Consumers/Patients](#),
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Questions?



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