



- Liesl Lu: Good afternoon, everyone, and welcome to today's ACE TA Center Webinar. I'm Liesl Lu, the ACE TA Center project manager, and a consultant here at JFI. Our goal at the ACE TA Center is to help Ryan White program recipients and sub-recipients support their clients, especially people of color, to navigate the healthcare environment through enrollment and health coverage and improved health literacy. One of our responsibilities is to provide clear, understandable, actionable information to help you work successfully with your clients, so today we're offering an introductory webinar for staff that are new to the ACE TA Center. Our presenters are going to share practical approaches and easy to use tools to support you in helping clients enroll in health coverage, use their benefits, and maintain their coverage.
- Liesl Lu: Just a few logistical details before we get started. Attendees are in listen-only mode, but we encourage you to ask lots of questions using the chat box, and you can submit your questions at any time during the call. Our presenters along with ACE TA Center staff will take as many of your questions as we can at the end of today's session, and if you think of a question after the webinar, that's fine too. You can always email us questions at [acetacenter@jsi.com](mailto:acetacenter@jsi.com), and also if you have any technical difficulties, please chat us via the chat box and we'll help you there as well.
- Liesl Lu: The easiest way to listen to our webinar is through your computer, and if you can't hear very well, check to make sure your computer audio is turned on and the volume turned up. If you still can't hear us, which means you can't hear us right now or you experience a sound delay at any point, try refreshing your browser window, and finally, if you're still having issues, you can mute your computer and call in using the telephone on the screen. That has been chatted out, as well as the pass code, and again, we've put this information in the chat box for you.
- Liesl Lu: At the ACE TA Center, we're focused on helping you engage, enroll, and retain clients in health coverage, and we do this by building your capacity and helping you communicate with your clients about how to stay enrolled and use health coverage. We help build your organization's health insurance literacy capacity, and thereby improving your client's capacity to use the healthcare system, and we do all this by developing and disseminating best practices and supporting resources and by providing technical assistance in training through national and localized activities.
- Liesl Lu: ACE has a number of target audiences including program staff, clients, program managers, and administrators, but also people who help enroll Ryan White clients, such as navigators and certified application counselors. Today we're going to focus primarily on resources for case

managers and other staff that work directly with consumers, but you also get to see a few of our consumers tools and a couple of resources for clinical staff and program managers.

Liesl Lu: Today's webinar will actually be archived on the Target Center webpage at [targethiv.org/ace](http://targethiv.org/ace), and all participants in today's webinar will also receive an email when it's posted so you can share it with your colleagues. You can also find links at this website for all of the tools we're going to present today, and if you forget the direct link, you can also find us by going to the target website home page, or searching the topic library.

Liesl Lu: Today you'll be hearing from Mira [Levinson 00:03:31] and Molly [Tasso 00:03:33] who are both members of the ACE TA Center project team. Mira is the project director and she has been providing on-site and distance-based technical assistance to Ryan White HIV/AIDS program grantees since 1998, developing and disseminating TA products and designing and implementing and monitoring and reporting systems. Molly Tasso is our policy analyst. She specializes in health reform and its implications for people living with HIV as well as on the Ryan White HIV/AIDS program HIV/AIDS planning effort.

Liesl Lu: Just to give you an idea of what we're going to cover today, we hope that participants will be able to understand the unique health coverage needs and concerns of people living with HIV, answer your clients' basic questions about enrolling in health coverage and staying covered, use practical approaches and tools to engage, enroll, and retain Ryan White program clients and health coverage, and explain how the Ryan White program including ADAP complements health coverage and supports continuity of care. Today's webinar is primarily intended for staff that are new to the ACE TA Center or new to health coverage in general, we're going to start today's webinar with a basic overview of what health coverage looks like for people living with HIV who are served by the Ryan White program, and after that we'll provide a quick recap of some strategies we presented on last month's webinar to make sure everyone is preparing right now for a successful open enrollment period.

Liesl Lu: Third, we'll talk about strategies for case managers to engage and retain clients in health coverage and ACE resources that support these strategies, and then we'll share some resources for consumers to help them enroll and maintain their coverage, and after that, as always, we'll have time for questions, and again, you can submit your questions at any time throughout the session and we'll take them at the end.

Liesl Lu: Finally before we get started, we just wanted to do a quick poll and find out how many of you have been on an ACE TA Center webinar, so I'll just give you a few moments to answer the poll. It looks like we have about a 60/40 split in terms of those of you that ... 60% of you have attended before and 40% of you are new, so that's great. This webinar is designed

for staff who have never been exposed to ACE's work, but also there's certainly new things to learn for those of you who are returning as well.

Liesl Lu: Now I'll hand it over to Molly to start us off with an overview of health coverage available for Ryan White program clients. Molly.

Molly Tasso: Thanks so much, Liesl. As Liesl mentioned, I'm going to start today by talking about why health insurance is important for Ryan White program clients. As you know, Ryan White providers have been providing excellent HIV care to clients for years, and consumers have developed great relationships with these providers over time, but clients can have healthcare needs beyond their HIV, including complex health conditions like diabetes and heart disease and expensive hospitalization, as well as coverage needs for client members and family members. As the Ryan White HIV program isn't designed to address all of these complex issues, having health insurance can help clients manager their overall health and also avoid the financial impact of unexpected medical crisis.

Molly Tasso: To start off, let's review some of the general benefits of health coverage and protections found in the Affordable Care Act, also known as Obamacare. First, the ACA expanded options for and protections related to eligibility for health insurance. For example, if you have health insurance, your plan can't drop you if you're sick or if you make a mistake on your application. Also, young adults can stay on their parents' plan until they are age 26. You can't be denied coverage for health reasons, not even for preexisting conditions like HIV, and this one is a particularly important protection as before the ACA, many people living with HIV were unable to get health insurance because of their diagnosis.

Molly Tasso: Also, financial help is available to people who earn up to 400% of the federal poverty level. Financial help means lower premiums and assistance with out of pocket expenses. We'll talk more about these two types of financial assistance later in the webinar. This assistance is available through the marketplace, which is where consumers sign up for health coverage. In many states, the marketplace portal is healthcare.gov, which you may have heard of, and that's run by the federal government. In other states, they have their own state-specific marketplace website. For example, Washington, D.C.'s marketplace is called D.C. Health Link, and Rhode Island's marketplace is called Health Source RI, but no matter what the name is, these are all marketplace websites where you can purchase insurance and receive financial assistance.

Molly Tasso: Right now we're going to chat out a link you can follow and it will help you navigate to the marketplace in your specific state. In addition to the coverage offered through the marketplace, 34 states including Washington, D.C. have expanded their eligibility for their medicaid program to include people up to 138% of the federal poverty level, even if

they aren't disabled and if they don't have children. This change alone has expanded access to millions of Americans.

Molly Tasso: As you can see on this map, the 34 states including D.C. in light blue have expanded medicaid eligibility to people at or above 138% of the federal poverty level. The remaining 17 states in medium and dark blue have not expanded their medicaid programs. Take a quick look at this map to find your state. Now, here's a picture of what medicaid eligibility looks like for consumers in those medium and dark blue states that haven't expanded their medicaid programs. First let's look at the red part of the umbrella on the left part of the slide. At a minimum in these states, medicaid has to cover low income children and some of their parents, pregnant women, some individuals with disabilities, and certain low income seniors. Now take a look at the blue part of the umbrella on the far right. The blue part represents financial assistance available for marketplace coverage. As you can see, there are subsidies available for everyone living between 100 and 400 percent of the federal poverty level.

Molly Tasso: Even in non-expansion states, everyone in this income group can get help paying for insurance through reduced premiums and lower out of pocket costs when buying insurance through the marketplace, but in the middle there, that white section labeled no coverage, what happens in that section? This is what we call the medicaid gap, and in states that have not expanded medicaid, there are a lot of people who don't qualify for medicaid, and they also earn less than 100% FPL, so basically their incomes are too low to qualify for financial help from the marketplace, so it would be extremely expensive for them to pay for health insurance. This can be a challenging reality for some people living in non-expansion states, but remember, the Ryan White Program continues to help low income people with their HIV care and support services, and for people who don't have health insurance, the Ryan White program, including the AIDS drug assistance program, ADAP, also pays for medication.

Molly Tasso: Moving on, we've talked about some of the general benefits of health coverage, so let's focus on health coverage for people living with HIV. In 2010, just 17% of people with HIV had private insurance compared to 65% of the general US population. Many people living with HIV were low income and do not have children, making them ineligible for medicaid in most states, now though with the help of the ACA, there are insurance options that help insure access to appropriate HIV care and treatment, as well as comprehensive medical services for many more people. In many states, clients don't have to wait until they're too sick and they qualify for medicaid, and they have a new level of protection against high and unexpected costs.

Molly Tasso: In addition to financial assistance provided by the marketplace, Ryan White clients can often get additional financial assistance through the Ryan White program. The options vary between states in terms of whether all plans are covered or specific plans, and also whether the

support is handled through part A or contracted provider agency. This assistance often includes helping pay monthly premiums as well as out of pocket costs. Mira is going to talk about this in much more detail later in today's webinar. You should also know that the Ryan White program remains available to insure coverage completion for your insured client, services that help your client stay in care, things like medical case management and transportation, these are all still available through the Ryan White program. Plus the Ryan White program is available for your clients that are not eligible for coverage, and those that are eligible for insurance but haven't enrolled yet, and some clients are just not ready to get health insurance and that's okay too.

Molly Tasso: We know it can be a challenging process with some of your clients, and [HIRSA 00:12:52] has been clear that you can keep these clients covered with Ryan White services as long as you are documenting and tracking your efforts to enroll them.

Molly Tasso: We're going to pause briefly for a poll here and we're curious, what do you think is the most important benefit to your clients having health coverage, the coverage for non-HIV services, coverage for medication, protection against high unexpected costs, or some other benefits? Great. It looks like about half of folks are mentioning that coverage for medications is really important for their clients, as well as non-HIV services. That's great. Thank you so much. Medication is absolutely important to ensure the continuity of being able to adhere to their meds and also make sure that they're able to afford that.

Molly Tasso: Moving on. We're going to transition to the next part of the webinar, which is going to focus on getting ready for open enrollment. This year the marketplace annual open enrollment period will run from November 1st to December 15th 2018. This 45 day open enrollment period applies to both federally facilitated marketplace states and state-based marketplaces. However, state-based marketplaces are allowed to extend their open enrollment period if they choose. For example, Minnesota has extended its open enrollment period to January 13th, 2019, and California is extending its open enrollment on both ends. They're starting on October 15th, 2018 and it runs through January 15th or 2019. For those of you are in a state-based marketplace state, you can check with your state's enrollment portal to find out the exact date of open enrollment. We're going to chat out a link now that you can use to look up whether or not you live in a state with a federally facilitated marketplace or a state-based exchange.

Molly Tasso: Another important update this year is related to the individual mandate. The individual mandate is the part of the ACA that requires most people to have health insurance or pay a penalty, unless your congress eliminated that penalty starting in 2019. This seems fairly straightforward but before I move on, there are a number of caveats that I do want to share about this particular change. First, the financial penalty for lack of

health insurance is still in place for the 2018 plan year, so this year. Meaning that next spring when someone files their federal income taxes for 2018, they may still have to pay a penalty if they didn't have insurance this year.

Molly Tasso: Second, New Jersey and Massachusetts have both enacted their own state level individual mandate. This means if an individual is without health insurance in one of these states during 2019, they will be fined a penalty. If you live in or work with clients in one of these states, we encourage you to contact the state's department of insurance or department of revenue for more information about the specifics of these penalties.

Molly Tasso: Lastly, it's important to remember and to really reiterate to clients that just because they may not be financially penalized for not having health insurance, it doesn't mean that they shouldn't enroll into health coverage. As we've already talked about, it's critically important for people living with HIV to have comprehensive health insurance to help avoid unexpected catastrophic costs incurred by hospitalizations or injuries, and again, important to remember that Ryan White is not health insurance and it cannot assist with those costs.

Molly Tasso: Let's talk a little bit about the plan selection process. Even for consumers that are already enrolled in health coverage, it's very important that you encourage them to actively compare plans and now just allow the marketplace system to auto renew their enrollment. In many areas, plans will have changed since last year's open enrollment period, so it's not enough to stay on the same plan and just assume that it's still the best one to meet a client's needs. For example, premiums and out of pocket costs can change and so can medication costs. Plans can also change which medications they cover and which providers are included in network. Some plans may get better for your clients and other plans may not be as good anymore. Also a client may need different things from a plan than they did last year. They may be on a different medication or they may need to see a new doctor, and they may also have a different income level than they did last year and that can impact the cost of different plans.

Molly Tasso: The major point here is that it's very important to engage in what we call active plan renewal and to review all coverage options available to clients instead of allowing the system to auto enroll. Another important reason to engage in active plan selection is that there are always changes from year to year in terms of which plans are offered in a given geographic area. If a client doesn't actively choose a new plan and their current plan is not being offered again this year, then a new plan will be chosen for them. If the same insurer is offering other plans, then the client will be enrolled into what they deem a similar plan that the insurer offers, but your idea and your client's idea of similar might be different than that of

the insurance company, and plan features that are important to your specific client may not be available on the new plan.

Molly Tasso: Again, it's very important that you want know this until you review and compare the plans. If your client's insurer has left your area entirely, the marketplace will auto enroll the client into a plan offered by a different insurance company. The premium will be the same, but again, it's important not to assume that the new plan will meet your client's needs without taking a good look at what's covered and what the out of pocket costs might be.

Molly Tasso: Finally, I want to talk to you about a few specific insurance products that are available for purchase and are important for you to know about this year. Please note though that these plans are not offered for purchase on the marketplace. The first are association health plans, which have been around for a number of years. They're essentially a mechanism small employers can use to group together and purchase insurance that looks more like a large group insurance plan. They're not particularly common, but one example that you may have heard of is the Farm Bureau insurance plans.

Molly Tasso: The second are short term limited duration plans. They're often just referred to as short term plans, and these are, as the name implies, meant to be short term and to be used as a stop gap measure for people who may experience a break in coverage for some reason, and the commonality between these two types of plans is that they do not have to comply with many of the ACA's protections, specifically the essential health benefit protections, which we discussed earlier, and the reason we're discussing these today is that there are new federal regulations that expand the availability of these plans, so association health plans, the new regulations make it easier for self employed individuals and small employers to band together and to form these plans.

Molly Tasso: Similarly, new regulations expand the availability of short term plans and notably allows them to last up to 364 days as opposed to the usual three months or so. The bottom line is that these plans again do not have to be compliant with many of the ACA protections, and as a result, it's unlikely they'll meet the coverage needs of most Ryan White clients. For example, studies have shown that short term plans often don't include prescription drug coverage, which may result in very high out of pocket costs for people living with HIV and other chronic conditions, and they were also found to often not be subject to the affordability rules found in the ACA. Because of the expanded availability of these plans, it's especially important that clients understand that they should receive enrollment assistance. If they enroll themselves or perhaps work with an agent or a broker at an enrollment health fair, there's a chance that they could enroll into one of these plans by mistake.

Molly Tasso: We strongly urge you to work with your clients and when doing so, be sure that due diligence is done to review the plans including the prescription drug coverage, and ensure that you're enrolling into a plan that best meets your client's health and financial needs. Before I hand it over to Mira, we're going to have one more poll here, so which of these questions have you heard from consumers in your community? Why do I need insurance? How will I afford coverage? Can I keep my doctor? Will insurance cover my meds? Can Ryan White program still help me? What if I don't enroll?

Molly Tasso: It looks like questions or concerns around affordability is really a major issue for clients, which is definitely understandable. Looks like keeping their doctors and curious if the Ryan White program can still help is also a concern of clients. Again, the issue around affordability is really important and Mira is going to talk in more detail later in the webinar about the ways that the Ryan White program can provide financial assistance for clients to hopefully help them be more comfortable with the idea of enrolling.

Molly Tasso: With that, I am going to hand it over to Mira. She is going to be talking with you and showing you some tools and resources developed by the ACE Center to help engage and enroll clients. Mira.

Mira Levinson: Thanks, Molly, and hi everyone. Yeah. All of those responses that you all provided in this poll just now are really important questions that we hear from consumers all the time in terms of challenges as they think about getting enrolled in health coverage or as they think about renewing or keeping their coverage, questions about how to choose between different health coverage options, and so on. What we're going to do now is provide some overview and orientation to resources for case managers in particular, and then I'm going to turn it over to Liesl to share some resources that are designed for consumers.

Mira Levinson: So these tools are designed specifically for use by case managers, benefits and enrollment staff, and there are a few at the end of my section that are also particularly helpful for programs in general and even health departments. Let's start with the basics, deciding if a client is eligible for coverage and what type of coverage they might be eligible for. We've developed a tool to help you through that process called the eligibility decision tree, and it remains among our most popular resources, and we've continued to update it since it was first released in 2014.

Mira Levinson: To help your clients decide if they should apply for medicaid, marketplace coverage, or neither, the eligibility decision tree will take you through a series of yes or no questions about what each client may or may not be eligible to apply for when it comes to medicaid or marketplace coverage. Now, let's zoom in a little bit on the tool so that I can show you how it's used. Let's say you have a Ryan White client who's sitting in your office and you're trying to figure out what they're eligible for. The first question that impacts eligibility is whether or not someone is a US citizen or



lawfully present in the US. You can see that this is our first question at the top. If the answer is no, that they're aren't a US citizen or lawfully present, then they can't access the marketplace or medicaid options, but if the answer is yes, then the next question in our worksheet is whether or not they already have medicaid or medicare.

Mira Levinson: If they already have coverage under one of these programs, then they don't need to apply for a new program, and they can't buy insurance in the marketplace. In that case, you don't need to go any further in the worksheet, but you will have clients who have neither medicare nor medicaid, so you need to find out if they have individual insurance, which takes us to the next question in the orange box. This includes access to insurance through an employer or a spouse's employer, and the eligibility questions continue from there.

Mira Levinson: As you can see, it can be really helpful in walking through the process, and even if someone's not eligible for medicaid or the marketplace, the Ryan White program is available to provide support. We're going to chat out a link to the eligibility decision tree now, and of course you can always find all of our resources at [targethiv.org/ace](http://targethiv.org/ace).

Mira Levinson: Some of you may want to know more about that first question on this tool related to US citizenship and what immigrant clients might need to keep in mind. The ACE TA Center has developed a quick reference guide to help answer these questions, and we're going to chat that link out now as well. The quick reference guide covers eligibility for health coverage and financial assistance for immigrants living with HIV, as well as resources for immigrants who are not eligible for marketplace or medicaid coverage. For those clients that are already enrolled in marketplace coverage, we've also created a planned renewal flow chart that walks you and your client through the process of determining what steps need to be taken to determine eligibility for 2019 marketplace plans and enroll in an appropriate healthcare plan.

Mira Levinson: The flow chart walks you through a series of questions including, was your client enrolled in a qualified health plan in 2018? Is your client's qualified health plan or QHP available in 2019? Did your client receive financial assistance such as tax credits or cost sharing reductions in 2018? Did the client file taxes in 2018? Did the client authorize the collection of tax data from the IRS? By answering those questions and moving through the flow chart, you and your client will be able to determine what next steps need to be taken to maintain their current coverage or enroll in a new plan all together. This tool will also help you figure out what financial help might be available through both the marketplace and Ryan White program, and I'll explain more about financial help and taxes in just a few minutes.

Mira Levinson: Tools such as the eligibility decision tree and the plan renewal flow chart can be really helpful for training staff ahead of open enrollment, and we

strongly encourage you to take some time for your team to practice answering these sorts of questions together so that your work with clients can be most efficient. Another very important step you can take right now with your clients is to conduct account tune up. An account tune up is an appointment or meeting that you have with your client before open enrollment begins. As we discussed, the open enrollment period is only 45 days long in most states, so many programs have found it helpful to meet with clients ahead of time and make sure everything is order, that way you don't lose valuable time during open enrollment trying to solve problems that could've been taken care of in advance.

Mira Levinson: There are four general steps involved in an account tune up having to do with paperwork, finances, Ryan White enrollment, and client education. The first step in an account tune up is to review and organize any paperwork, including letters, mailings, and other correspondence that a client may have received from their insurance company or from the marketplace. They may have received important information about their plan or the upcoming open enrollment period that might impact their enrollment experience in November. It would be helpful to have all that information organized in one place. This is also the best time to review the client's online marketplace account and update information that might be outdated such as income or contact information. It's good to make sure that clients are also able to log into their marketplace account and remedy username or password issues that may be preventing them from logging in. Of course, if a client doesn't have a marketplace account, go ahead and help them set one up, and if your state or jurisdiction is purchasing off-marketplace plans for Ryan White clients, this is still an important step.

Mira Levinson: Take a look at the paper requirements for those off-marketplace plans and then work with clients to gather or update their information. Lastly, you can use this time to review insurance documents and make sure clients have no outstanding payments or credits on their account. It's important for you to know that if a client has an outstanding balance on their account, this might cause their insurance plan not to effectuate, or start, starting January 1st. In other words, if there's an outstanding balance on a client's account, it could leave a client without insurance for a period of time, so definitely take a look and make sure there are no outstanding payments on those accounts.

Mira Levinson: Step two of account tune up is to review client finances. Specifically make sure that any client who may have received an advanced premium tax credit has filed their federal tax return. This will ensure that they remain eligible for the federal financial assistance during the 2019 plan year. Also take this time to estimate a client's 2019 income and report any changes to the marketplace through their online account. This will make sure that they receive the right amount of financial assistance and avoid issues in tax season.

Mira Levinson: Step three during this pre-enrollment appointment is to confirm the client's enrollment into ADAP. Make sure it's update and ensure that they'll be eligible for financial assistance through the Ryan White program once open enrollment starts. If it turns out that a client's enrollment is due for recertification during open enrollment, we encourage you to go ahead and recertify their ADAP early. This will eliminate any potential issues with eligibility for Ryan White financial assistance once the client is enrolled into a plan, and will give the client peace of mind that all their required paperwork and certifications are up to date. This way, the only thing they need to take care of during open enrollment is enrolling into a plan.

Mira Levinson: Lastly, step four is to take some time during the account tune up appointment to help your client identify their coverage priorities, including HIV medications and preferred providers. With coverage priorities identified, a client will have all the information they need to closely and critically review plans and determine which plan best meets their financial and health needs. In just a moment, I'll show you our pre-enrollment worksheet, which you can use to keep track of this and other information.

Mira Levinson: To keep track of these four account tune up steps, we've created an account tune up resource shown here that describes each step and provides helpful information to guide you through the process. The front page shows the four steps I've just gone over, and the back page shows the healthcare.gov marketplace open enrollment period, plus some tips on when to conduct these important pre-enrollment sessions. This resource is located on our website and we're chatting out the link now.

Mira Levinson: If you were on our webinar last month, you'll remember that we're trying out a new interactive webinar option called idea boards. This is basically an online sticky wall and we're chatting out a link to you now. This is a group board that only those on this webinar have access to using the link provided, so go ahead and take a moment to click on that link that we've just chatted out. When you click on the link, you will see the question there.

Mira Levinson: If you have an answer to the question, press the green plus sign at the end of the question, and it'll bring up a little post-it note where you can type your answer right into the note, and you can also see post-it notes from other people. If you see one that you like that someone else has written, go ahead and click on that note, and then press the thumbs up button in the bottom left. You can close the note in the right top corner, and a small box will appear when you hover over the top right, or you can just chat us if you're getting frustrated at all, and we'll add your idea to the board ourselves.

Mira Levinson: The question is if you have assisted clients in preparing for open enrollment in the past, what strategies did you find successful? What in particular have you found most helpful in talking with clients about enrollment, resources that you've used to help clients with enrollment,

conversations that you've had, that you remember, that you'd like to share with other enrollment assisters and case managers that you think might be particularly helpful for this upcoming open enrollment period, maybe things that you've done to plan in advance and prepare, and we'll share a PDF version of the ideas shared in the followup email after the webinar.

Mira Levinson: I think it opens in a separate window, so you can continue to check back on the strategy and resource idea boards as we continue with the webinar, but I can see that there are already quite a few nice ideas in there, so please go ahead and continue to chat those in. I see for example someone said, "It's a good time to ask some tough questions about any changes to marital status, job, income, job offers." Some people are doing special enrollment events, which is great. Make sure that consumers have all the information that they need at the time of enrollment, and I see some people talking about working directly with ADAP staff and their Navigator program to make sure that clients get a pre-packet ahead of their enrollment appointment. Lots of great ideas. Thanks, everybody. Keep on submitting those.

Mira Levinson: Next, let's talk about how eligible clients can get financial assistance from the Ryan White HIV/AIDS program including ADAP and through the health insurance program. Back to the slide deck. Concerns around plan affordability can really impact a client's decision whether or not to seek coverage. For this reason, it's very important that they understand that many Ryan White programs, including ADAP, help clients with premiums and other health coverage costs. This does vary from state to state, so it's important to find out what kinds of financial help are available from the Ryan White program in your area. Ryan White assistance may also be available for off-marketplace plans, and in addition to providing financial help, Ryan White programs in your area may also be able to help provide information about the plans being offered in your area. They may have evaluated plans and looked at costs for premium and copayments. They may have come up with lists of medications the different plans are offerings.

Mira Levinson: So prior to open enrollment, go ahead and check in with your ADAP or your part A program to see if they're reviewing plans, and if so, if there are particular plans that they're going to be supporting for the 2019 plan year. We'll be chatting out a link to [inaudible 00:37:10] ADAP coordinator directory if you need contact information for the program in your area.

Mira Levinson: As Molly mentioned earlier, clients may be eligible for financial help from the marketplace in the form of premium tax credits and cost sharing reductions. These two forms of federal financial assistance can help lower the costs of premiums and out of pocket costs for marketplace plans. When client apply for coverage in the marketplace, the marketplace uses that information, particularly about household size and projected income, to estimate the amount of financial assistance each client will qualify for. Generally, those with a household income between 100 and 400% of

federal poverty will be eligible for a tax credit, but the exact amount of credit will vary.

Mira Levinson: Here's a little bit more information about premium tax credits. As I mentioned, this is financial help through a tax credit to lower the cost of monthly premiums, and remember, premiums are the bill we pay every month to keep our coverage. If a client is eligible to receive a premium tax credit, they may choose to take the credit at the beginning of the year instead of waiting until tax time. This is referred to as an advanced premium tax credit, or APTC, and it basically lowers the monthly premium cost. Most ADAPs recommend or even require that eligible clients choose the advanced premium tax credit. Individuals who received premium tax credits in advance must reconcile the amount of assistance they received with the IRS when they file taxes. This means looking at a client's actual income at the end of the year to make sure they got the right amount of assistance. I'll talk about that process, called tax reconciliation, in a couple of slides.

Mira Levinson: In addition to financial assistance in the form of tax credits, clients may also be eligible for cost sharing reductions that are given in the form of a discount. Cost sharing reductions, or CSRs, are only applied to existing silver-level marketplace plans, so it's a good idea to pay attention to those discounted silver-level plan costs. CSRs reduce the out of pocket costs associated with deductibles, copays, and co-insurance. CSRs are paid to the insurance up front and are not connected to taxes in any way. It's important to note that cost sharing reductions do not reduce the cost of premiums, and there may still be some out of pocket expenses, so clients should still be encouraged to find out what financial assistance is available from the Ryan White program including ADAP.

Mira Levinson: The ACE TA Center will have a webinar in October or early November this year focused specifically on financial help for health insurance. During that webinar, we'll take our time walking through the basics of PTCs and CSRs. It's a very popular webinar and can be a useful refresher even if you've attended in previous years. In the meantime, as you prepare to discuss issues of financial assistance and taxes with clients, you may have some questions yourself, so to help, we've put together this list of frequently asked questions, or FAQ, related to financial assistance for health insurance. This is a great place to start.

Mira Levinson: This list was compiled by listening to enrollment assisters, patient navigators, and Ryan White providers, and hearing the types of questions they were asking us, we put together information for questions like who is eligible for PTCs or CSRs, how much can they get, how do they apply, and can ADAPs still help even if someone is already receiving a PTC or CSR? We're going to chat out a link to all of our resources on financial help and taxes. As you can already tell, there's an important relationship between taxes and health coverage. This has to do with those clients who get premium tax credits, and the reason I'm mentioning it now and not just

at tax time is because if clients had marketplace coverage in 2017, they'll probably need to show that they filed and reconciled those 2017 taxes in order to be eligible for premium tax credits in 2019. Again, reconciling taxes means that the client may need to show that they received the right amount of premium tax credits last year based on their final income at the end of the year.

Mira Levinson: To help you and your clients get a better understanding of taxes and health coverage, the ACE TA Center has created a tool to help clients understand what they need to do based on the type of coverage they had in the previous year. Before I turn it back to Liesl to talk about more consumer resources, I'm going to share one more group of resources designed for use at the program level. Enrollment partnerships can be super important for HIV programs of all kinds, including health departments. There are many different kinds of enrollment partnerships.

Mira Levinson: A few minutes ago, I talked about making sure that you have enough staff to do enrollment work, and we talked about other year-round tasks that need to get done, and we know how busy case managers might be. Some of you may be engaging with enrollment assisters outside of your HIV program. They might be within your larger organization or health center, or they may be located at a partner organization, and these assisters are often really, really good at enrollment work, but they might need your help learning about what your clients need with regard to HIV medication coverage, preferred HIV providers, and the role of the Ryan White program, including ADAP and helping with costs.

Mira Levinson: On the next couple slides, we'll show you some resources that can help build the capacity of these enrollment partners to be more aware of the particular coverage needs for people living with HIV. First though, I do want to mention that there have been some recent changes to how navigator organizations are funded and what they're funded to provide, so if you have enrollment partners you've used in the past, you may want to check with them just to confirm that they can also help you this year. If you can't find enrollment partners or if you just want to beef up your program's internal enrollment capacity, we encourage you to get your program staff trained as certified application counselors, or CACs, to make sure your clients can get the one on one enrollment assistance they need from people who really understand their coverage needs.

Mira Levinson: We're going to chat out some links for free certified application counselor training right now, and if your state is not using healthcare.gov, then you would need to use a different training since this particular CAC training is for healthcare.gov, so we're also sending out a link to state-level departments of insurance where you can look for training resources at your state level.

Mira Levinson: Now, back to training enrollment partners, and remember when we say partners, we mean enrollment assisters within your larger organization, as

well as outside organizations, so first, this one page fact sheet covers eight key things that enrollment assisters need to know about working with people living with HIV. Topics include the need to maintain continuous, consistent medication coverage, helping clients find a plan that covers their medications, and making sure that a client's doctor is in-network for their new plan.

Mira Levinson: The fact sheet also covers the role of the Ryan White program in providing care and support to all consumers, and introduces the idea of this compassion and cultural sensitivity. We've developed a web page specifically for enrollment assisters where you can find this information. We're going to chat that out now. We've also created an assister video where you can find the same content as the FAQ sheet, and it takes less than three minutes. It's on the same web page for assisters, and it's a nice, easy way to start the conversation with partner assister organizations as you think about training them on the needs of your clients. If you haven't watched it yet, definitely take a couple minutes to watch after today's webinar.

Mira Levinson: Later in this session, Liesl is also going to talk about our next webinar on September 26th which is specifically intended to share with these enrollment partners, so when we send that announcement out in a couple of weeks, it would be great if you could forward it to your enrollment partners and ask them to participate. Our pre-enrollment worksheet is shown here. It's specifically designed to help clients prepare for open enrollment, and would ideally be completed by the client and their case manager during an account tune up session. There's space to write down the client's preferred providers and the medications they need, where they like to go for care, and how they prefer to get their medication. There's also space to document key information that will be needed for the application and a space to write down key marketplace account details like username and a password hint.

Mira Levinson: You can use it in a variety of ways as you help clients get ready for open enrollment and keep track of their application details. For example, you can complete most of it during their account tune up session and then give it to another enrollment assister to make the actual plan selection process much more efficient. The worksheet is available on our website and we're chatting out a link to that one right now.

Mira Levinson: Lastly before I turn it back to Liesl, I want to show you a fact sheet that we've developed for consumers who are considering enrolling in a health insurance plan through the marketplace for the first time. The fact sheet provides a high level overview of the steps involved and becoming covered, including ways to get ready for open enrollment, learning how Ryan White can support enrollment and provide financial help, locating an enrollment assister, and finally enrolling into a plan. One really important message that Molly mentioned earlier is that clients need to get one on one enrollment assistance from a trained assister that understands the

coverage needs of people living with HIV, rather than enrolling on their own or with an assister that isn't aware of these considerations. They may not know how the Ryan White program can help with coverage for certain plans. They may not know about any plan assessment work that's already been done by ADAP or another organization in your community.

Mira Levinson: As many of you know, it can be difficult to help a client change to a plan that may be a better fit after the fact. It's much better for them to enroll in the right plan from the beginning. Now let's hear from Liesl about strategies and resources for consumer engagement.

Liesl Lu: Great. Thanks, Mira. I'm going to go over a few more tools to help case managers help their clients enroll and use their health insurance. Excuse me. A few tools to help consumers enroll and use their health insurance, and then a few more tools for case managers to help you work with your clients. Let's look at the first consumer engagement strategy, an early strategy that can help anyone who is working in health insurance outreach or enrollment is to educate and prepare clients for open enrollment and find ways to learn how to anticipate and respond to client concerns.

Liesl Lu: You want to begin engaging and educating clients about the upcoming open enrollment as soon as possible. During the summer and early fall, all appointments with clients, including ADAP recertification appointments and medical visits, should have some piece of open enrollment and health coverage education incorporated into it. You can use this time to educate clients on the importance of health coverage, provide information on the dates and deadlines of open enrollment, and answer any questions that they might have. It's important not to let the opportunity of a face to face appointment pass without engaging in these conversations and providing information to your client. While you're meeting with them face to face, you should also take the opportunity to schedule and/or conduct an account tune up which Mira went over earlier and also schedule and enrollment appointment for November so you have that on the books now.

Liesl Lu: For clients who you may not meet with before November, be sure to identify those individuals and contact them over the phone to schedule account tune up and enrollment appointments. We're going to do another idea board to share strategies, and we'll be chatting out the link to you just momentarily, and the question is how do you talk with your clients about the difference between health insurance and the Ryan White HIV/AIDS program? If you have an answer to this question, again just press the green plus sign at the end of the question and that will bring up the little post-it note that you can type in your answer, and if you want to like someone else's post-it note, you just open it up and press the thumbs up sign, and I think the trickiest part is just to close the notes, you go to the right hand corner of the green post-it note to close it.



Liesl Lu: We're doing these idea boards in order for you all to be able to see and share ideas between each other since the chat is just a one way chat between each participant and the chair people. We're hoping that you enjoy this opportunity to see different strategies and ideas that people are using across the country. Again, the question is how do you talk with your clients about the difference between health insurance and the Ryan White program?

Liesl Lu: A few are coming in. Seeing that one organization has a video on their website to discuss this difference. You explain that Ryan White just pays the bills, that Ryan White is not an insurance plan, it's a payer of last resort. Another way to talk about it is to share that your care site staff is fully aware of programs that we offer and that they are well-versed in speaking to clients. The health insurance gives them access to primary care. These are all important ways to distinguish the difference, and I saw one note disappear. You do have the ability to delete the notes too, so this is just an open board that we all can contribute to. I don't see any more coming in now, but you can continue to add additional ideas, and again, we will share PDF versions of this idea board as well as the one that Mira did earlier with you in the followup email after the webinar.

Liesl Lu: A resource that can help you prepare to talk with your clients is our discussion guide for case managers and other staff that work closely with consumers, so this and the next tool aren't specifically consumer tools, but they're ones that can help you work with your clients, so the formal title of this resource is common questions and suggested responses for engaging clients in health coverage. The guide is designed to help users consider some of the cultural and linguistic factors that may be part of a client's decision to get covered, and also to help you prepare responses for client's questions. The guide can help you talk with consumers about five common concerns that we have heard about, changes in healthcare providers and medication coverage, communication challenges, mistrust of health systems, paying for insurance and health services, and immigration status.

Liesl Lu: We've heard that programs have used this tool in a number of ways, including using it to help roleplay enrollment conversations with clients. This is definitely not a script, but just hearing yourself use some of the sample responses or play around with how you might respond to a certain question or concern can be a good way to get comfortable with some of the more challenging conversations that might come up, and as with all resources, we're sharing a link to this discussion guide now.

Liesl Lu: We also have a plain language quick reference guide for program staff to reference when explaining confusing enrollment terms and phrases to clients. It's a glossary and it's available in both English and Spanish, and the information is available for download and in a web-based clickable format as well in the Target Center. You'll notice a small call out box on the right hand side of the slide that has a list of the terms in both English

and Spanish. That box doesn't appear on the front of the actual tool, but this is just an image that you can see there's a complete list of terms at the end of the Spanish version that provides the Spanish and English equivalents for each term so that you can crosswalk those terms between the two languages, and again we'll chat out a link to this resource as well.

Liesl Lu: The next resource is a consumer resource and it's called get covered for a healthy life, and it's designed to help clients who have not enrolled in health insurance to help them learn about the benefits of enrolling in health insurance. This resource addresses common questions about the importance of health insurance and how to enroll, and an assister can go over this tool while sitting with a client or give it to a client to take home and review afterwards. The tool is really intended to motivate clients to enroll and move them from the contemplation stage hopefully to the action stage of enrolling in health insurance, so like all of our consumer-facing tools, this has also been translated into Spanish.

Liesl Lu: To help educate clients on the importance of active enrollment we've created a poster series called my health insurance works for me. There's three sets of topics within the poster series. The enrollment posters feature messages that highlight the importance of enrolling into health coverage and the benefits of having health coverage and the financial assistance that may be available for eligible clients. The renewal posters include a variety of messages that encourage clients to seek help when comparing plans and making enrollment decisions, and to drive home the importance of taking action during the plan renewal process, and lastly, we have the stay covered posters that you can use later in the year to help people stay covered.

Liesl Lu: Here's some of the posters. In addition to financial help that's available through the marketplace, it's important for consumers to know that the Ryan White program including ADAP can often help pay for insurance expenses, so you can use these posters to help you increase awareness in your offices, and we'll be chatting out a link to these as well.

Liesl Lu: Moving on to our next strategy, we've developed a number of tools to help consumers learn to use their coverage for the first time, as many long-time people living with HIV have never had health insurance before. The first tool is making the most of your coverage, and it's designed to help clients get oriented to health insurance. Making the most of your coverage provides plain language explanations of why it's important to check the mail and how to identify important documents including how to use a health insurance card and how to contact an insurer. It also explains to clients the basics of healthcare costs like premiums and out of pocket expenses. It then covers where to go for care such as in-network versus out of network, and the difference is between a primary care provider, specialty care, urgent care, and the emergency department. It also talks about how to prepare for a medical visit including what to bring and what questions to ask.

Liesl Lu: You can hand copies to clients when you meet with them or even give copies to enrollment assisters or benefit coordinators that you work with, and we'll chat out a link to the ACE page where you can find that tool now as well.

Liesl Lu: We just want to stop for a quick poll and find out what is the number one challenge consumers in your community have as they learn to manage their new coverage? Is it understanding insurance terms? Keeping track of paperwork? Keeping track of payments? Reporting income changes? Reporting life events? Or managing gaps in coverage? I'll give you a few moments to answer the poll. It looks like about 40% of you are noting that understanding insurance terms is the number one challenge for consumers in your area, so you definitely can use the plain language guide that I just talked about as a way to not only help you and your case managers understand the terms, but also as a way to explain them to clients and you can even share the glossary with your clients for those who are interested in reading up.

Liesl Lu: Another key challenge is keeping track of paperwork and next, reporting income changes. We hope that some of these tools that I'm presenting now and that Mira has presented earlier will help you with meeting some of these challenges that you face during open enrollment.

Liesl Lu: The last best practice that I'll share is about helping clients understand how to keep their coverage throughout the year. There are two tools that we would recommend for consumers. The first is our stay covered all year long tool, and it's designed for providers to share with consumers to help them understand what they can do to maintain their coverage, such as paying premiums on time, reporting income and household changes, and what to do if they lose coverage. For clients who transition between coverage through the marketplace and medicaid, the stay covered all year long tool also contains information on what clients need to do to manage these changes. There's also a section on premiums that provides clear, basic information about how often premiums need to be paid and what to keep in mind if the Ryan White program is paying the premium.

Liesl Lu: The section also goes over what happens if a payment is missed, and there's also some information on what a consumer should do if they lose coverage. The second is our special enrollment period fact sheet for consumers and we'll chat out a link now to the target center page with both of these tools. Last year there were changes to the special enrollment periods, or SEPs for short. The updates included some guidance on the most common SEPs that now require verification, so it's important to note that when clients apply, in addition to attesting that the information they provide on the application is true, clients may also be required to provide documents that prove their eligibility for the special enrollment period based on the life event or the special circumstance that qualifies them for that SEP. For example we've added a new text box, last year we added a new text box that says, "Getting married or moving? If

this is your first time enrolling in a marketplace plan, you may need to provide documents to verify your life event. The marketplace will contact you with instructions."

Liesl Lu: These changes are explained in the SEP fact sheet for consumers and we hope that you'll find that useful when using these SEPs. Finally I want to tell you about our upcoming webinar that Mira had mentioned. It's the enrollment assister training, tips and resources to help enroll people living with HIV and health coverage. In this webinar, enrollment assisters including navigators, certified application counselors, agents, and brokers and learn about the unique health coverage needs and concerns of people living with HIV and how to take these considerations into account when helping them enroll into marketplace health coverage. This webinar is intended for new and seasoned assisters and we'll be sending an email about this webinar soon to register and you'll be able to share it, and we'd like you to share it with your colleagues.

Liesl Lu: Just make sure you're on our email list, which I'll show you how to do after the question and answer period, and just so you know, all of our webinars are archived on the Target Center as a resource for you. Last month's webinar went into more depth on how to prepare for open enrollment, and we've archived that webinar as well, and that's available at [targethiv.org/ace/webinars](http://targethiv.org/ace/webinars). We'll share that link as well.

Liesl Lu: That concludes our review of our key approaches and resources to engage, enroll, and retain clients in health coverage. All the tools presented on today's webinar can be found here at [targethiv.org/ace](http://targethiv.org/ace), and this particular webinar is also being recorded and will be archived on our ACE TA Center site. All participants will receive an email when it is posted so you can share it with your colleagues, and specifically I just wanted to call out our tools and resources page, which is the first red circle on the left hand navigation bar in this screenshot, as well as our webinars I circled for you, and this page that is showing right now is all of our resources related to engaging and enrolling clients including our best practices guide and information that we went over earlier, including the eligibility decision tree and the discussion guide can be found here as well.

Liesl Lu: With that, we are going to move on to questions and I know there have been a number of questions coming in as we've been moving through the webinar, so thank you for that, and I'm just going to switch over and see what our first question is. We actually have received a number of questions that we've responded directly one on one because they were pretty specific questions, but I think we might have just one or two that we can respond to for the group. It would be great if we have a little bit of time to give folks to submit and more questions that you might have, and we'll just take a moment to put together and answer to questions that are coming in.

- Liesl Lu: The first question is do clients who have no income and get zero dollars in tax credit from the marketplace have to file taxes? How about a client with some income, but below the IRS filing threshold, which his \$10,400 for a single person? If on the marketplace, they have zero tax credits, is tax filing required?
- Mira Levinson: This is Mira. I'll take that one. Clients do need to file a tax return for every year that they receive a premium tax credit so that they can continue to be eligible for a future premium tax credit, and if they don't reconcile those tax credits, then they'll get a notice from the IRS, so basically, yes, they do need to file if they get tax credits, but if they receive no tax credits, then they don't have to file taxes, but there is certainly the option to also file taxes to check for eligibility for tax credits, so some people like to do it that way, but if somebody didn't receive tax credits, they may still want to file taxes to see if they might be eligible. Again, that's not a requirement. The only requirement is if you actually did receive the premium tax credits, so that's that one.
- Liesl Lu: Great. Thanks, Mira. We've just been getting in a few questions, so if you just bear with us a few moments. We are triaging them amongst the team. Okay great. The next question is why has it been so difficult to enroll clients into the program? Mira?
- Mira Levinson: Yeah. That's a great question. We have definitely had some conversations over the years about why clients might not be so excited about getting enrolled in health coverage, and during the early years of the ACA, like in 2014 and 2015 in particular, there were a lot of people who weren't so sure that sharing their information, a lot of people have trust issues with healthcare providers or with putting their information into a database, so there were some trust issues. There were also a lot of people who weren't really sure about what the benefits of getting health insurance were. Some people haven't really thought too much about the benefits of insurance who are receiving coverage through the Ryan White program, so we try to encourage people to think about making sure that they don't experience things like catastrophic problems financially because they don't have health insurance coverage when something that's unrelated to their HIV might happen, like if they break a leg or if they end up hospitalized or if they end up with another chronic health condition like diabetes or heart disease that requires expensive treatment.
- Mira Levinson: Some people also may have other challenges going on, some behavioral issues, some housing instability. People have complicated lives and we understand that, so that's what our discussion guide is designed for, is to really have those conversations with clients who aren't totally convinced and are nervous about getting health coverage for the first time, and it also helps clients who are getting enrolled for the first time to try to wrap their heads around this idea of having insurance and what those new responsibilities might entail, because for some people who are newly eligible, even though the ACA has been in place for five or six years now,

there are lots of people who are newly eligible. They turned 19 or they turned 27 and they're not on their parents' plan any more or their income changes and they're newly eligible because they're no longer covered by medicaid or something else.

Mira Levinson: So lots of different reasons why people might be newly eligible and therefore we need to have conversations with people just like we did five or six years ago about the value of health coverage for the first time.

Liesl Lu: Great. Thanks, Mira. Again, we're just looking at questions coming in. Okay. The next question I'm going to hand over to Molly. The question is you said that in 2019, there will be no penalties for not having insurance. Is that for all states?

Molly Tasso: Thanks, Liesl. This is a great question. As we mentioned in the webinar, Massachusetts and New Jersey have enacted their own state-level individual mandates. However, every other state, the repeal of the penalty is in place, so in those two states, Massachusetts and New Jersey, we are encouraging people who are working in those states and also working with clients who live in those states to contact their department of insurance or department of revenue to learn about the penalty and also learn about whether there are any rules or guidelines around whether or not a client may be exempt from that penalty, and as of now, there are no other states that have finalized their own individual mandate penalty, however some states I know are having those conversations in their state legislatures, and so in future years, there may be additional states that adopt this, so we will communicate any changes in first years about additional states who might adopt a mandate and a penalty, but we, again, just encourage you to stay abreast of what's going on in your state and keep an eye out for any new rules in future years about a penalty.

Liesl Lu: Great. Thanks, Molly. The next question is when the insurance auto enrolls for the consumer, does the premium always go up? Mira?

Mira Levinson: Okay, great. That's a good question. I know we all hear a lot about premium costs, but actually it depends. Premiums do fluctuate from plan to plan and premiums also fluctuate from year to year and from state to state. Sometimes costs go up and sometimes costs go down, so that's why we say that it's crucial to compare plans every single year. If there were any sort of predictable pattern that would help you save time in comparing plans, we would certainly be telling you about it, but that is not the way of things at the moment.

Liesl Lu: Great. Thanks. Go ahead.

Mira Levinson: Maybe we can see if there's any more questions coming in. It looks like there's a couple more that have come in so far. There's a question that's come in about 2019 plans and when we can expect them to be released.

Mira Levinson: I know that that really varies from state to state, so unfortunately we can't give you all a general answer, but if you're in a particular state and you would like to know the answer to that question, what I would do is check in with your state ADAP program, especially if they are evaluating plans, because the other thing that's important to know in addition to when the actual plans are released is whether your plans in your state are going to be reviewed and evaluated by your state ADAP program or by your local part A program, and in that case, it may take them a little bit of time to review before you actually get the plan review information from them, so definitely for that one, go ahead and check in with your state ADAP program and find out if they can provide you with an estimate about when the best time is for you to start looking at 2019 plan information.

Liesl Lu: Great. Thanks, Mira. Okay.

Mira Levinson: I think Molly has a-

Liesl Lu: Okay. Molly, let me know if you can answer this one. Does the 9% cost of employer insurance versus client income still apply if a client wants to go to the marketplace instead of employer coverage?

Molly Tasso: Yeah. I can take this. I think what this question is referring to is a rule of the ACA that says if an individual can receive employer-sponsored insurance, that insurance is deemed affordable if the employee's contribution is 9.56% or less of that employee's household income, and if that's the case, then that is deemed affordable, and if that's the case, even if the individual wanted to forego that employee-sponsored insurance and instead enroll in a plan on the marketplace, because the plan is considered to be affordable because of that 9.56%, they're not eligible for tax credits, however, there are situations where someone does have available to them employee-sponsored insurance, but it costs them more than 9.56% of their household income, and if that's the case, they can enroll into a plan on the marketplace and they are eligible for financial assistance.

Liesl Lu: Great. Thanks so much, Molly. I think our last question that's come in is someone asked to discuss more information about special enrollment periods. Last summer, in July of 2017, we held a webinar that went into great detail on all of the changes that happened last year with SEPs, and so I'm going to chat out that link right now, and I recommend that you go back to this webinar and listen to the recording. You can also look at the slides, but they go into all of the specific changes that occurred last year.

Mira Levinson: And take a look at our special enrollment period fact sheets that we chatted out earlier, and as always, if you have more questions about anything, you can always send us an email at [acetacenter@jsi.com](mailto:acetacenter@jsi.com).

Liesl Lu: Great. We may have just received one more question, so just give us one moment. All right. We have one more that Molly, I'll have you answer. The

question is on healthcare.gov when it asks the client, "Do you want to be considered for medicaid?" Does this pause or delay their enrollment in health insurance through the marketplace at all? Virginia is expanding medicaid this year and we're not entirely sure how to navigate it. Molly, are you able to answer that?

Molly Tasso: Yeah. In my experience, I cannot speak to each individual, like a state-specific marketplace website, but in my experience, when that question is being asked, it's being asked so that the system can screen the information that's being provided to see if they are eligible for medicaid, so I know in a lot of states, the information you provide, the system can simultaneously screen eligibility to see if you are eligible for medicaid. It can push you over into that direction and maybe direct you to your specific state's medicaid enrollment platform or give you some information, who you should contact to enroll into medicaid, and if you are screened and it sees that you're not eligible for medicaid, you'll then just keep going on healthcare.gov or whatever marketplace enrollment platform you are using, but again, in my experience, it's been a situation where the system stops you and you're paused or delayed and you're waiting for people to get back to you.

Molly Tasso: I would recommend that you do, when working with clients, I think that you should go ahead and screen eligibility for medicaid.

Liesl Lu: Great. Thanks, Molly. I think that's it for all of the questions that we have received. I just want to thank you all for all the questions and for joining us today. Again, you can sign up for our mailing list, as well as download all the tools and resources that we discussed today, and go back to our archived webinars at [targethiv.org/ace](http://targethiv.org/ace), and so we encourage you to sign up for our mailing list if you're not already there, and that way you'll receive notifications about our upcoming webinars, and please be sure to complete our evaluation. Great. If you think of any further questions after this session ends, you can always email us at [acetacenter@jsi.com](mailto:acetacenter@jsi.com). Thanks, everyone, and have a great day. Bye-bye.