



Webinar Transcript | August 23, 2017

## Basics of Health Coverage: Enrollment Tools and Resources for New Program Staff

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Mira Levinson:

Good afternoon, everyone, and welcome to today's ACE TA Center webinar. I'm Mira Levinson, the ACE TA Center Project Director and a senior consultant here at JSI. Our goal 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 in health coverage and improved health literacy. One of our responsibilities is to provide clear understandable and actionable information to help you work successfully with clients. 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 coverage.

Before we started, here are some technical details for those of you that are new to our webinars. First, attendees are in listen-only mode; but we encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the call, or right at the end. Our presenters will take as many of your questions as we can at the end of today's sessions. If you think of a question after the webinar, that's fine, too. You can always email questions to us at [ACETACenter@JSI.com](mailto:ACETACenter@JSI.com). The easiest way to listen to our webinar is through your computer. If you can't hear very well, check to make sure that your computer audio is turned on. If you still can't hear us, or if you experience a sound delay at any point, try refreshing your screen. Finally, if you do need to do so, you can request the call-in number from the host using the chat box.

After completing today's webinar, we hope participants will be able to understand the unique health coverage needs and concerns of people living with HIV, answer clients' basic questions about enrolling in health coverage and staying covered, use practical approaches and tools to engage, enroll, and retain Ryan White clients and health coverage, and explain how the Ryan White HIV/AIDs Program, including ADAP, compliments health coverage and supports continuity of care.

Since 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 HIV/AIDs Program. 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. Third, we'll talk a bit about how the ACE TA Center can help, before we get into a walk-through of a selection of ACE TA Center resources we think you'll find particularly helpful as you get ready for open enrollment.

After that, as always, we'll have time for questions. Again, you can submit your questions any time throughout the session and we'll take them at the end.

Today, you'll be hearing from Liesl and Molly, who are both members of the ACE TA Center project team. Liesl Lu is the ACE TA Center Project Manager; and specializes in health communication, online learning, and technical assistance for HIV community-based organizations and healthcare providers. She's been working on the ACE project since 2013. Molly Tasso is the policy analyst for the ACE TA Center, and specializes in health reform and it's implications for people living with HIV, as well as on Ryan White HIV/AIDs Program community planning efforts.

I'm a bit under the weather this week, as you might be able to tell by the sound of my voice. I'm going to leave it to Liesl and Molly to present most of today's webinar; but I'll be back at the end of the webinar to help take your questions. Molly's going to get us started. Molly, can you pick it up from here?

Liesl Lu: Hi, and this Liesl. I'm just jumping in for a moment. We've received a number of messages that people can't hear anything. ... We just want to make sure to ... that people, if you're having difficulties, to refresh your browser that you're using, and to make sure your computer is turned on. We'll be chatting out information as well. Go ahead, Molly.

Molly Tasso: Great. Thanks Liesl, and thanks Mira. Let's start with a quick poll. You will see up there that we're curious if you have ever participated or been on an ACE TA Center webinar before. You can click 'yes' or 'no.' We'll start seeing the results coming in. ... Great. It looks like we have a pretty good mix of folks new and returning people. This is really great to see here. This webinar has been designed for staff who have never been exposed to our center's work. However, there will certainly be new things to learn for those of you who are returning as well. Let's get started with the presentation.

I'm going to start talking about why health insurance is important for Ryan White program clients. After all, Ryan White providers have been providing excellent HIV care to clients for years; and consumers have developed great relationships with these providers over time. Clients can have lots of healthcare needs beyond their HIV, including complex health conditions like diabetes and heart disease, and expensive hospitalizations, as well as coverage needs for family members. The Ryan White HIV/AIDs Program isn't designed to address all of these complex issues. Having health insurance can help clients manage their overall health and also avoid the financial impact of unexpected medical crises.

The Affordable Care Act provides a lot of benefits for consumers. 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' plans until age 26. You can't be denied coverage for health reasons, not even pre-existing conditions like HIV. Before the Affordable Care Act, many people living with HIV were unable to get health insurance.

In 32 states, Medicaid eligibility has been expanded to include people up to 138% of the federal poverty line, even if they aren't disabled and even if they don't have children. This change alone has expanded access to millions of Americans. Also, the marketplace where consumers sign up for health coverage, provides financial help to people who earn up to 400% of the federal poverty line. Financial help means lower premiums and help with out-of-pocket expenses. In fact, last year, 84% of people who enrolled in a marketplace plan received financial assistance in the form of premium tax credits. 57% got additional help in the form of cost sharing reductions. We'll talk more about these two types of financial subsidies later in the webinar.

You'll notice on the previous slide that I mentioned that Medicaid eligibility is expanded in 32 states, including DC. The 32 states in the dark blue have expanded Medicaid to people at or below 138% of the federal poverty level. However, that means that there are still 18 states that have not yet expanded their state Medicaid program. Take a quick look at this map to find your state. The states in orange, including many of the states in the deep South, have not expanded their Medicaid programs.

Now, here's a picture of what Medicaid eligibility looks like for consumers in those orange states that haven't expanded their Medicaid programs yet. First, let's look at the red part of the umbrella on the left side of this 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 right side. The blue part represents financial assistance available for marketplace coverage. As you can see, there are subsidies available for everyone between 100 and 400% of the federal poverty line. 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.

What about the people in the middle, the empty part of the umbrella? This is what we call the Medicaid gap. In states that have not expanded Medicaid, there are a lot of people that don't qualify for Medicaid, and they also earn less than 100% of the federal poverty line. 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. That can be challenging. But remember, the Ryan White HIV/AIDS Program continues to help low income people with their HIV care and support services. For people that don't have health insurance, the Ryan White programs, including the AIDS drug assistance program, ADAP, also pays for medications.

Okay, so now we've talked about some of the benefits of health insurance, as well as some of the limitations in non-expansion states. Now, I'd like to hear from you about what you think is the most important benefit to your clients having health insurance. If you're talking with one of your clients and they're considering getting health insurance, what is most important to them? Coverage for non-HIV services, coverage for medications, or something else? ... It looks

like coverage for medications seems to be a very important benefit to clients, along with both coverage and protection against high costs is coming evenly at second there. ... This is very helpful information to have, and we appreciate these responses.

Moving on, again looking back to that slide, we talked about the general benefits of health coverage. Now we should be focusing on health coverage for people living with HIV. In 2010, just 17% of people living in the United States with HIV and AIDs had private insurance, compared to 65% of the general US population. Many people living with HIV were low income and did not have children, making them ineligible for Medicaid in most states. Now, with the help of the Affordable Care Act, there are insurance options that help ensure 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 are too sick to qualify for Medicaid, and they have a new level of protection against high and unexpected costs. When it comes to helping consumers find a plan that meets their needs, one of the first topics that comes up is affordability. As we've discussed, [inaudible 00:11:38] allows programs to use Ryan White funds to pay for premiums and out-of-pocket costs. The options vary between states in terms of whether all plans are covered, or specific plans, or whether their support is handled through Part A of the Ryan White Program, or a contracted provider agency. Regardless of the form it takes, there are at least some financial assistance in most states through the Ryan White program. If you aren't sure what's covered in your area, ask your program manager or talk with your ADAP coordinator.

Also, we've talked about financial assistance provided through the marketplace that helps reduce costs. Help with premiums is called 'premium tax credits,' and help with out-of-pocket costs is called 'cost sharing reductions.' If you'd like to learn more about financial assistance, just make sure you are on our ACE email list. We are planning to do a webinar on this topic in early November.

Regardless of the insurance question, you should know that Ryan White is still available to ensure coverage completion for your insured clients. Services to help your clients stay in care, like medical case management and transportation, are still available through the Ryan White Program. Plus, the Ryan White Program is available to your clients that are not eligible for coverage and those that are eligible for insurance that haven't enrolled yet. If some clients are not ready to get health insurance, that's okay, too. We know it can be a challenging process with some of your clients. [inaudible 00:13:06] has been clear that you can keep these clients covered with the Ryan White services, as long as you are documenting and tracking your efforts to enroll them.

We'll share some resources later in today's webinar that are focused on working with these clients and helping them get covered. For those case managers that are on the line today, know that you play a crucial role in making sure

consumers know about all these different sources of financial health for insurance, as well as coverage completion through the Ryan White Program.

Now, we're going to transition to the next part of today's webinar to focus on getting ready for the upcoming open enrollment period. This year, the marketplace annual open enrollment period will run from November 1st to December 15th, 2017. That's 45 days rather than the 90 days we had last year. This change applies to both federally facilitated marketplace states and state-based marketplaces. However, state-based marketplaces are allowed to extend the open enrollment period with a special enrollment period. This is a means to address any transitional issues that might account, in terms of operations, that they may encounter while implementing this new policy. For example, California, Minnesota, and Massachusetts have all extended their open enrollment periods into January. For those who are interested in understanding if your state-based marketplace may or may not extend the open enrollment through a special enrollment period, you can check with your state's enrollment portal to find out the exact dates in your state.

We will now chat out a link to the [Kaiser 00:14:49] website that will show you whether or not you live in a state that is a federally facilitated marketplace or a state-based marketplace. ...

There are a number of considerations around open enrollment this year beyond the time period. We spent a good amount of time talking through these issues during a webinar that we held last month. During that webinar, our presenters shared practical strategies to prepare for open enrollment and also talked about recent updates to special enrollment periods, including documentation requirements and what options consumers have for plan selection if they enrolled through the special enrollment period. We also spent some time talking about the importance of timely premium payments and the relationship between non-payment and a client's future enrollment eligibility. I would encourage all of you to listen to the archived recording of last month's call, if you haven't already. We're also going to chat out a link to our webinars page, where you can access last month's archived webinar, along with more than 25 other past webinars on a variety of other topics.

Now, before we begin our review of ACE TA Center tools and resources, I'm going to spend a few minutes talking about what you can do to get ready for open enrollment and make sure you are ready to hit the ground running on November 1st. I'll keep this fairly high level, so do if you do find this interesting, I again encourage you to listen to last month's webinar, where we presented specific tools that people can use to implement all of these steps. I'll start by talking about what you should be doing right now, in terms of focusing on staff development and partnerships. Then, I'll talk about the idea of account tune-ups, which is something everyone should consider starting as soon as possible; and using the month of October to get these enrollment sessions scheduled.

First is some good news. You're taking a great step towards the first bullet point on this slide right now. It's definitely time to make sure that all of your staff are trained and up to speed. If you're planning on getting any of your staff trained and certified application counselors, now is the time. It's also time to think about whether your current workforce will be able to handle an open enrollment period that's going to be more intense than last year, in addition to their current workloads. In last month's webinar, David [Stewart 00:17:11], a team member at the Western Maryland Health Connector shared an Excel tool he developed to make sure he had coverage for all of his shifts, including evenings and weekends.

If you're not sure you'll have enough staff, then it's time to reach out to your community partners to find out if they will be able to help you this year. Later in today's webinar, we'll share some resources to help you train these community enrollment partners on the particular plan needs of people living with HIV. Finally, it's time to get your materials and talking points ready so that your staff are ready to begin consumer outreach.

What is an account tune-up? This is a great approach from the team at the Western Maryland Health Connector. Essentially, you want to make sure that your clients have all their information organized and in place ahead of open enrollment so that their actual enrollment appointment is as efficient as possible. The first step in this tune-up session is to make sure that the client is able to log into the marketplace, that they are able to locate their login details, and also update whatever information they can ahead of time. During last month's webinar, we also talked about the idea of giving consumers a folder to keep all their paperwork organized and asking them to bring that folder each time they come to see you.

This is also the time to make sure consumers are enrolled in ADAP or other Ryan White premium or cost sharing assistance programs and to check their paperwork to make sure premium payments are up-to-date. In addition, there may be some clients who receive premium tax credits for their 2017 coverage, but who haven't yet filed or reconciled their federal taxes. It's crucial that this be taken care of now; or else, they won't be eligible for advance premium tax credits for 2018.

Finally, September is the time to help clients identify plan priorities, such as critical medications and preferred providers. Later in today's call, we will show you our pre-enrollment worksheet, which can help you pull together all of this information.

In October, you should continue with any remaining account tune-ups. Also, if plan options are announced in your area in advance of November 1st, encourage your clients to start shopping around. October is also the time to start scheduling enrollment sessions and make any final adjustments to staff schedules. Speaking of plan options, October is also the time to educate your clients about the importance of active plan renewals.

Now let's talk a little bit more about the plan selection process. Even for consumers that are already enrolled, it's very important that you encourage them to actively compare plans. 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 assume it's still the best one. For example, premium 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. Some might be better for your clients, and others might not be as good. Also, a client might need different things from a plan than they did last year. They may be on a different medication, or need or want to see a new doctor. They may also have a different income level than last year, which could impact the costs of different plans.

Finally, there are always changes from year to year in terms of which plans are available. This is a really important reason why consumers should not let the system auto renew them. If they don't actively choose a plan and their current plan is not available, 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 consider a similar plan; but your idea of a similar plan might be different than the insurance company's. Plan features that are important to your client may not be available in the new plan. Then again, they might be; so make sure to compare plans. If your client's insurer has left your area entirely, the marketplace will auto-enroll the client into another insurer's plan. The premium will be similar, 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.

Now that we've gone through a checklist of what you need to do to get ready for open enrollment, Liesl is going to spend some time talking about the ACE TA Center and how we can help you.

Liesl Lu:

Great. Thanks, Molly. Yup, we're going to into how the ACE TA Center's tools and resources can help with the enrollment process. Our resources are designed to help you engage clients and conversations about health insurance, support them through the enrollment process, help make sure that they stay covered, and provide resources to help consumers learn to make the most of their health insurance.

The goal of the ACE TA Center is to help Ryan White HIV/AIDS Program grantees and providers enroll diverse clients, especially people of color, in health coverage. We have four main objectives. To develop and share tools and resources to help providers enroll clients of color, always considering cultural and historical barriers to enrollment. We provide TA end training to use these tools and resources. We identify and promote best and promising enrollment practices for organizations. We support health literacy for organizations and consumers.



All of our tools and our resources can be found on our webpage on the Target Center, which is located at [TargetHIV.org/ACE](http://TargetHIV.org/ACE). You'll see a menu on the left-hand side of this screen capture, where you can easily find our tools, and resources, and webinars. You're also able to find other resources, including our best practices guide and information about how to use data to track enrollment, as well as subscribe to our email list and contact us directly. We're going to chat out a link directly to this page right now.

The ACE TA Center has a number of target audiences. They include program staff, clients, and program managers, and administrators; but also people who help enroll Ryan White clients such as navigators and certified application counselors. Today, we'll focus primarily on resources for case managers and other staff that work directly with consumers. You'll also get to see a few of our consumer tools.

Before we jump in, let's take a quick poll. ... We want to know what are some of the questions that consumers have about health coverage right now. Which of these questions that you see here have you heard from consumers in your community? Is it possibly why do I need health insurance? How will I afford coverage? Can I keep my doctor? Will insurance cover my medications? Can the Ryan White Program still help me? What if I don't enroll? ... I'll just give you another few seconds to respond. I see a lot of responses coming in, so it sounds like ... you're hearing questions pretty much across the board but a lot on the lines of affording coverage. Will your consumers be able to keep their doctor, will it cover their medication? Those seem to be the three top responses coming in. Great. Well, it's helpful to know what the pulse is in your communities right now, so thanks for answering that.

Now I'm going to talk about some of the key approaches and resources to help you engage, enroll, and retain your clients in health coverage. Also, to help them learn to make the most of their new coverage. We've organized this part of the presentation by best practices that we have learned through our ACE activities. Then, each one of the best practices has a corresponding resource that helps to implement the practice. Some of the tools are great for training or building capacity in your organizations. Others are designed to be used directly with your clients, either as engagement or enrollment resources. Because of the time, we won't be able to go through all of the resources in detail. If at any point in the presentation, we highlight a tool too quickly, feel free to chat us. We can always go back to any of the tools during the Q&A session at the end.

All of these tools that we're going to present are located on the Target Center website. Here is the ACE tools and resources page for engaging and enrolling clients on the target center. You can access tools in other sections by the menu on the left-hand side. The other sections include enrolling diverse clients, staying covered, and using coverage, assisters new to HIV, financial help and taxes, and finally, resources for consumers. We'll chat out to the link to this page right now.



Let's look at our first approach. An early strategy that can help anyone who's working in health insurance, outreach, or enrollment, is to find ways to learn how to anticipate and respond to client concerns. One tool that was designed specifically to help you get more familiar with appropriate responses to your clients' concerns is what we informally call our discussion guide. The formal title is 'Common Questions and Suggested Responses for Engaging Clients in Health Coverage.' This tool is available in both English and Spanish, as are all of our consumer-facing tools. You can find this tool in the link that we had just chatted out a minute ago.

The guide is designed to enrollment assisters in a couple of ways. The first is to consider cultural and linguistic factors that may impact enrollment. The second is to try and anticipate clients' questions and prepare responses. The tool provides sample dialogues of what the client's question may be, and then a sample response that you could provide; as well as helpful tips and resources for five of the most common enrollment concerns, which include communication challenges, changes in healthcare providers and medication coverage, paying for insurance and health services, mistrust of health systems, and immigration status.

You'll have seen this tool used in a number of ways, and one example of having enrollment assisters and other staff use the tool to help do some role playing around enrollment conversations with clients. Obviously the language must be tailored to each client's unique circumstances, but simply hearing yourself use some of the sample responses or how you might respond to a certain question or concern is a great way to start to become more comfortable addressing some of your client's concerns. Again, we're going to chat out the link to the ACE page where you can find this tool, and the next two resources that I'm going to talk about in just a minute.

Before we jump into those resources, we're going to do another poll. What do you think is the biggest enrollment challenge that your clients face right now? Is it changing healthcare providers, medication coverage, basics of health insurance, mistrust of the health systems, paying for coverage and medications, or something else? If there's something else, please chat us. We'll just give you a few moments to respond, but it seems like ... the biggest enrollment challenge that clients are facing is paying for coverage or medications, by about a large margin of 50%. ... Okay, well thank you. It's helpful for us to see where the challenges are so we can continue to develop resources that will be most helpful for you and your staff.

The next tool is an example of a resource that staff can use for their own preparations. This next one, I'm going to refer to as a consumer tool, meaning that it's designed for clients in plain language. This one is called 'Get Covered for a Healthy Life.' It is designed to help clients who have not enrolled in health insurance learn about the benefits of health insurance. This consumer facing resource addresses common questions about the importance of health insurance and how to enroll. An assister can go over this tool while sitting with a

client, and/or give it to a client to take home. This tool is really intended to motivate clients to enroll and move them from the quote/unquote contemplation stage, hopefully to the action stage. Like all of our consumer facing tools, this also has been translated into Spanish.

Another key activity you can work on early is to reach out to clients that are not yet enrolled in coverage, but are eligible. Perhaps their life circumstances, age, or income, has made them newly eligible, or perhaps it's just that they are now ready to start talking with you about the idea of getting covered. This resource, titled 'Engaging Hard to Enroll Clients and Tracking Your Efforts,' is designed to walk case managers through a four stage process using some key strategies and resources.

Step one is focus on how to determine whether a client is eligible for coverage. Step two is designed to help case managers engage eligible consumers in conversations about coverage. Step three and four are focused on how to document and monitor all the important work that goes into engagement and enrollment. Step four also includes some sample self attestation forms.

Moving on to the next approach that we have. The tools that I'll talk about next have to do with helping your client determine if they're eligible for marketplace insurance, Medicaid, or perhaps neither. One tool to help you throughout that process is called the eligibility decision tree. To help your client decide if they should apply for Medicaid marketplace coverage or neither, the eligibility decision tree will take you through a series of yes/no questions about what each client may or may not be eligible to apply for when it comes to Medicaid or marketplace coverage.

We're going to walk through a bit of this tool right now. Let's say you have a Ryan White client who's sitting in your office and trying to figure out if they're eligible for marketplace insurance, Medicaid, or neither. 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 that is our first question at the very top in the first bubble. If the answer is 'no,' that they aren't a US citizen or lawfully present, then they can't access the marketplace or Medicaid options. That would terminate using the eligibility decision tree for that client. But if the answer is 'yes,' the next question in our worksheet is whether or not they already have Medicaid or Medicare. If they already have coverage under one of these programs, then they don't need to apply for a new program and cannot buy insurance in the marketplace. In that case, you don't need to go any further on the worksheet.

You will have clients who have neither ... Medicare or Medicaid, so you need to find out if they have individual insurance. That takes us to the next question in the orange box. This includes access to insurance through an employer or a spouse's employer. The eligibility questions continue from there.

As you can see, it can be very helpful in walking through the process. Remember, even if someone is not eligible for Medicaid or the marketplace, the Ryan White HIV/AIDs Program is available to provide support for all low income individuals; whether it's providing medical care for uninsured clients, or support services like case management and transportation, to help all clients continue to access medical care. We'll chat out a link to the AIDs page with all four resources that I just talked about. Now I'm going to pass it back to molly to discuss the next strategy.

Molly Tasso:

Thanks, Liesl. Now, as we discussed at the beginning of this webinar, it's crucial that clients compare all options before enrolling into a marketplace plan. While some clients may be happy with the current plan they have, there is a chance that the premiums, deductible, or medication coverage may have changed for the 2018 plan year. As a result, that plan may no longer be the best option for a client. There may also be situations where plans are no longer offered in the marketplace and clients may be getting auto-enrolled into a new plan that the insurance company believes is comparable, but that might not actually be the best fit for a client. Without reviewing plan options each year, there is a risk that a client might find themselves enrolled into a plan that may be too expensive or that doesn't meet their medical or medication needs.

To help clients avoid this situation, it's essential that you stress the importance of closely comparing plan options each year to all your clients. To help educate clients on the importance of active enrollment, we've created a poster series called 'My Health Insurance Works for Me.' The enrollment posters feature messages that highlight the importance of enrolling into health coverage, 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 with comparing plans and making enrollment decisions to drive home the importance of taking action during the plan renewal process. Lastly, we have the 'stay covered' posters that you can use later in the year to help people stay covered.

We've also created a marketplace plan renewal flow chart that walks you and your clients through the process of determining what steps need to be taken to determine eligibility and enroll them to an appropriate healthcare plan. The flow chart walks you through a series of questions, including was your client enrolled in that qualified health plan in 2017? Is that plan available in 2018? Did the client receive financial assistance during 2017, and did they file taxes? And, did the client authorize the collection of data, 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 to them through both the marketplace and the Ryan White Program. You can find the posters and the renewals flow chart on the same page as the resources that Liesl presented on Target ACE 'Engaging and Enrolling Clients' webpage.

Now, once you've figured out what the eligibility and plan options are for clients, it's time to help them understand what financial help is available from the marketplace in the Ryan White Program. Concerns around affordability play a major role when a client is choosing a plan. Financial concerns may make them hesitant to seek coverage. It makes sense that if someone doesn't feel like he or she can afford health insurance, they may not even look closely at the options. To help, ACE TA Center has developed a handful of tools that provide information on the financial assistance that is available to clients, including tax credits and cost sharing reductions. We've also created resources to better understand how the Ryan White program can help.

Before I introduce these, however, I need to give a brief overview of the types of financial assistance available to clients and the role of the Ryan White Program. As mentioned before, concerns around plan affordability can impact a client's decision whether or not to seek coverage. For this reason, it's very important that they understand that the Ryan White Program can 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. In addition to providing financial help, Ryan White Programs in an area may also be able to provide helpful information about the marketplace being offered in your area, including costs for premiums and co-payments, and lists of medications each plan covers.

Prior to open enrollment, we encourage you to contact your ADAP and/or Part A programs to see if they're reviewing plans; and if so, if there are specific plans they support for the 2018 plan year. We're going to chat out a link now to [inaudible 00:37:24]'s ADAP coordinator directory if you'd like to find contact information for the program in your area.

Now, in addition to assistance in the Ryan White Program, some clients may also be eligible for financial assistance from the marketplace in the form of a premium tax credit and/or cost sharing reduction; most of which help lower the cost of premiums and out-of-pocket costs for marketplace plans. When you apply for coverage on the marketplace, the marketplace will use information that you provide about your household size and projected incomes to estimate the amount of financial assistance you'll qualify for. Generally, those with a household income between 100 and 400% of the federal poverty line will be eligible for a tax credit. However, the exact amount of credit will vary.

As I mentioned on the previous slides, the federal government provides financial help via a tax credit to lower the cost of premiums; that bill we pay every month to keep our coverage. If a client is eligible to receive a premium tax credit, he or she 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 a PTC you'll sometimes see. It essentially lowers the monthly premium cost. Most ADAPs recommend or require that eligible clients choose to take the advanced premium tax credit. Individuals who receive the premium tax credits in advance must reconcile the amount of assistance they receive with the IRS

when they file taxes. We'll talk about this process called tax reconciliation in a couple slides.

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 are applied to existing silver level marketplace plans, and reduce the out-of-pocket costs associated with deductibles, co-pays, and co-insurance. Cost sharing reductions are paid to the insurer upfront and they're not connected to an individual's taxes in any way; so there's no reconciliation process at the end of the year. It's important to note that cost sharing reductions do not reduce the cost of premiums. Clients should still be encouraged to seek financial assistance from the Ryan White Program, even if they do qualify for these cost sharing reductions.

Now, as you prepare to discuss issues of financial assistance and taxes with clients, it's likely that you might have some questions yourself. To help, we've put together a list of frequently asked questions related to financial assistance for health insurance. This is a great place to start, particularly if you aren't very familiar with the topic of tax credits or cost sharing reductions. This list was compiled by listening to enrollment assisters, patient navigators, and Ryan White providers, and hearing the types of questions they were asking and asking each other. We provide information for questions such as who is eligible for these cost sharing reductions? How much can they get? How do they apply? How can ADAP still help, even if someone is already receiving these financial assistance?

I'm going to talk about a few other resources related to financial assistance, but just as a reminder, if you have questions that come to mind during this presentation, please feel free to chat those to us or email us after the presentation.

As I mentioned before, taxes are a crucial aspect of insurance, both in terms of affordability and eligibility. To help clients get a better understanding of taxes and health coverage, the ACE TA Center has created a consumer tool to help clients prepare to file their taxes and understand what they need to do based on the type of coverage they had in the previous year. The tool is geared consumers as opposed to enrollment staff, and will answer the following questions: do I need to file taxes? What should I have with me when I file taxes? Can someone help me file my taxes?

For clients who have marketplace coverage, the tool includes information about how to reconcile any premium tax credits that he or she received in advance, or apply for the quote 'lump sum' tax credit when they file their taxes. For your clients who may not have had access or don't have access web-based resources, or who simply prefer a hard copy, that same resource on taxes and health coverage is also available in a slightly different format that is three print-friendly PDF documents; each one specific to the type of coverage the client may have had.

It's important for clients to have an understanding of the tax filing process, but it's also important that Ryan White staff learn the basics as well. To help prepare you, we've put together and have hosted a few webinars. We recommend you check these out. The first webinar listed is called 'Helping Clients Understand Tax Filing and Health Coverage.' This webinar was presented last February and focused on ways to help your clients prepare to file their taxes, including which clients need to file their taxes based on their health coverage, and which documents they should gather before they begin the filing process. The webinar also walks through the tax credit reconciliation process for clients who received advanced premium tax credits, and explains who qualifies for and how to obtain an exemption from health coverage.

The second is a webinar on cost sharing and tax credits. This is where you can hear more about the financial help available to your clients that will help pay for health insurance premiums and out-of-pocket costs. There is part of the presentation that describes the similarities and differences between premium tax credits and cost sharing reductions. We also present case studies to help illustrate these sometimes complicated topics using real world situations.

Also today, we're excited to announce that we'll be hosting a webinar on the same topic in early November of this year with updated information on premium tax credits and cost sharing reductions for the 2018 plan year. Again, we encourage you to sign up for our ACE TA Center list serve and do keep an eye out for an email announcement coming soon. We're now also going to chat out a link to the ACE financial help and tax page that has the resources and webinars I just presented.

Lastly, I encourage you to check out our series of four short consumer videos offered both in English and Spanish that focus on learning key health insurance terms, understanding where to go for care, financial help for health insurance, and what's covered by health insurance. The videos are lighthearted and fun, and designed to be shown in waiting rooms during case management discussions or even promote discussion during group sessions. We're going to go ahead and chat out a link to those videos now.

Now that we've touched on ways to help address financial and enrollment concerns, we'll talk about a few tools that can help clients understand how to prepare for the first enrollment visit, making it easier to submit the application before open enrollment closes. Preparing for open enrollment includes everything we've already talked about, such as helping clients decide what kind of coverage they may be eligible for and understanding financial assistance that they might have available to them.

The tools I'll talk about now, though, are specifically designed to help consumers be prepared for their first visit with an enrollment assister, and to help make the enrollment process go as smoothly as possible. First, we've developed a fact sheet for consumers who are considering enrolling in a health insurance plan through the marketplace. The fact sheet provides a high level overview of the

steps involved in becoming covered, including ways to get ready for enrollment, learning how the Ryan White Program can support enrollment, and provides information on financial assistance, locating an enrollment assister, and finally, enrolling into a plan.

For case managers, we've developed this pre-enrollment worksheet which was specifically designed to help clients gather and document all the information they will need for their enrollment appointment. First, the worksheet provides space for the client to write down his or her preferred health providers, medications they are prescribed, where they like to go to care, and which pharmacy they'd prefer to pick up their medication from. Then, the worksheet prompts consumers to gather and record various pieces of information that will be needed to complete an application, including someone's household size, household income, and details of any health coverage they may currently have. Lastly, there is a section that a client will fill out with an enrollment assister during the enrollment appointment where they'll record information, detailed information on the health plan the client enrolls into.

The enrollment worksheet is helpful not only in guiding a client, case manager, and enrollment assister through the application process; but also helps maintain a record of enrollment for consumers to go to if any questions come up during the plan year. We're now going to chat out a link to this worksheet now for you to take a look at.

Like we touched on at the beginning of this webinar, there are a number of common enrollment concerns that are unique to people living with HIV. For example, clients will want to know if they'll be able to keep seeing their current provider, where they'll have to go to pick up their medication, and if they're receiving Ryan White services, perhaps why they need health insurance at all. Some of you may be engaging with enrollment assisters outside of your HIV programs who may not be aware of these specific concerns. It's likely they'll need your help learning about the specific needs of your clients, as well as the role of Ryan White Program and helping with costs.

It's important for you to work in partnership with these outside assisters to ensure your client has a smooth and successful enrollment. To help facilitate this partnership, we've developed a fact sheet and a video. First, this one page fact sheet covers eight key things that enrollment assisters need to consider and know about working with people living with HIV. Topics include the need to maintain continuous medication coverage, helping clients find a plan that covers their medications, and making sure a client's doctor is in network for their new plan. The fact sheet also covers the role of the Ryan White Program in providing care and support to all consumers. We've developed a webpage specifically for enrollment assisters where you can find this information. The URL is [TargetHIV.org/Assisters](https://TargetHIV.org/Assisters), and will be chatted out right now.

Second, we've created an assister video, which you can find on that same webpage for assisters. It covers the same content as the fact sheet in less than



three minutes. It's a nice, easy way to start the conversation with a partner or assister organization as you think about training them on the needs of your clients. If you haven't already watched it, definitely take a couple minutes and watch after today's webinar. You can watch the video and find the fact sheet, again on the page we've chatted out just a minute ago. Now, I'll hand it back to Liesl.

Liesl Lu:

Thanks, Molly. Now I'm going to cover the last few helpful approaches. The next one is we've developed a number of tools to help consumers learn to use their coverage for the first time as many low income people living with HIV have never had health insurance before. The first resource is for consumers and it's called 'Making the Most of Your Coverage,' which is 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 differences between a primary care provider, specialty care provider, 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. You can hand copy it to clients with you meet with them, or even give copies to enrollment assisters or benefits coordinators you work with. We'll chat out the link to the ACE page where you can find that tool now.

Let's take a quick poll. What's the number one challenge consumers in your community have as they learn to manage 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. We're just looking for the number one challenge consumers in your community have as they learn to manage their new coverage. Just give you a few more seconds, but it looks like the two biggest challenges that consumers are experiencing is understanding insurance terms, which we have heard for a number of open enrollment seasons; and also, keeping track of paperwork. Those tend to be two of the biggest challenges for consumers, so thanks for ... responding to that.

The next tool that we have may help with some of those challenges. We 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 is available in both English and Spanish. The information is available for download or it's also available in a web-based clickable format to use online.

You'll notice this small call-out box on the right-hand side of this slide that has a list of terms in both English and Spanish. That box doesn't appear on the front of the actual tool. It's just an image we've added there so you can see there's a complete list of the terms at the end of the Spanish version that provides the

Spanish and an English equivalent for each term so that you can map those. This is a great tool for you to use to help explain confusing terms to consumers. We'll chat out the link to that one now as well.

Finally, the last best practice that I'll share is about helping clients understand how to keep their coverage throughout their year. There are two tools that we would recommend for consumers. The first is our 'Stay Covered All Year Long' tool. 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 includes information on what clients need to do to manage these changes. There's a second premium tool 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 premiums. It also goes over what happens if a payment is missed. Then finally, there's a section on what a consumer should do if they lose coverage.

Then, another tool is our special enrollment period fact sheet for consumers. We'll chat out a link now to the Target Center page with both of these tools. There have been some recent changes to special enrollment periods, or SEPs, as they're referred to for short. We updated our consumer SEP fact sheet last month. The updates include some guidance on some of the most common SEPs that now require verification.

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 special circumstance that qualifies them for that SEP. For example, we've 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. These changes are explained in the SEP fact sheet for consumers, and we're chatting out a link to the page where you can find those now.

That brings us to the end of all of our key approaches and resources to engage, enroll, and retain clients in health coverage. All of the tools presented on today's call can be found here on the ACE TA Center webpage on the Target Center. This particular webinar is also being recorded and will be archived on the ACE TA Center site. All participants will receive an email when it's posted so you can share it with your colleagues. We will also be sharing the slides from today's webinar with all of you. Now we'll turn it over to questions. If you do have a question, please chat us in the chat box. We will answer those. Let me just look through and see what questions have come in during the webinar.

The first one that we have, ... the question is, 'Is the Medicare Part D enrollment the same as ACA and Medicaid enrollment?' No, these are actually different programs. Medicaid Part D, also called the 'Medicare Prescription Drug Benefit,' is designed to help with the costs of prescription drugs and prescription drug insurance premiums for Medicare beneficiaries. Medicaid is the single largest source of health coverage in the US. While the ACA provides access to health insurance for many additional Americans through the marketplace, you can learn more about access to health insurance through the marketplace coverage at [Healthcare.gov](http://Healthcare.gov).

We'll just go down. I'm looking for the next one. ... Okay, so we also have ... 'Where does a client fall if they aren't legal residents, but do hold a legal state identification card?' This really depends on the client's federal legal status. We would encourage you to take a closer look at the eligibility decision tree, and also review our immigration fact sheet. We'll chat out a link to the quick reference guide for immigrants who are living with HIV right now, so that you can take a look at that. We hope you find those resources helpful.

Okay, so then the next question we're going to address is Molly's going to take. The question is, 'When are they going to fix the family glitch?' I think this participant has asked whether there's a plan to address the family glitch within the ACA. Molly, you want to take that?

Molly Tasso:

Sure. The family glitch is definitely still a problem within the ACA. As of now, we are not aware of any efforts to fix it. It is important for people to understand what it is. If an individual has a family income between 100 and 400% of the federal poverty level, they can get a premium tax credit to help with the costs of monthly premiums. The problem is that the family is not eligible for premium tax credits if anyone in the family has an employer sponsored health insurance plan that is considered affordable but actually costs more than 9.66% of one's income to cover the whole family. Often, what can happen is that through an employer, a family can be added to that individuals' plan, but at additional cost. That does then bump them out of the eligibility for a premium tax credit on the marketplace. They are kept then within their ... the individual's plan that is offered through the employer, but it is can be quite costly. Unfortunately, again, we are not aware of any efforts to fix this, but we keep folks updated if we do hear anything or if there are any policy changes.

Liesl Lu:

Great. Thanks, Molly. We're just looking over to see what other questions are coming in. ... If you do have a question, do chat us in the chat box, and we'll ... see if we can respond. If we're not able to respond right now, we will be sending out ... We will post the Q&A in a couple of weeks for people's reference. ... Okay, so one question that's come in is, 'Do you know when the CAC training will be available?' Molly, do you want to take that one?

Molly Tasso:

Sure. That's a great question, and a very important question as we talked about in the presentation. Now is the time to get staff trained. You can apply for the CAC training now. It was offline, but it's now up and available, and it's free. We

are going to send out a link where you can learn more to the chat. We encourage you to explore that, and again, encourage your staff to get trained and enrolled.

Liesl Lu: Great. Thanks, Molly. Just give us one minute. We're just reviewing the questions. ... Okay, so we got a specific question in from ... asking about Virginia. The question said, 'What about our state of Virginia that does not have expanded Medicaid. Who will pick up the premiums?' I think they're saying this for people not ... who are not HIV positive and are unemployable. That's a great question. You should go ahead and contact your state ADAP coordinator to get this information. We're going to ... We did chat out that link earlier to all the state ADAP coordinators. We'll chat that again now so you have that for your reference. That would be the best place to check. ...

Molly Tasso: We've got another question here about auto enrollment. The question just says, 'Last year, auto enrollment happened on December 15th.' The question is, 'When will it happen this year, if it will happen on the same date?' We are, at this time, not exactly sure. As you did note, this does typically at the time of the first deadline. We're guessing that auto enrollment will happen again on December 15th this year because of the shortened open enrollment period. The key difference this time, though, is that you won't have time after auto enrollment ends or happens, rather, to select a different plan because open enrollment will have closed by December 15th. Again, this is another reason why it's incredibly important to encourage clients to do active plan comparisons during open enrollment to make sure that they are enrolling into a plan that is both appropriate for their medical needs and also affordable for them to obtain. ...

Liesl Lu: Great. We had a question come in that asks, 'What's the difference between Part A and B, and the Ryan White Program?' Just to quickly summarize, and we'll provide a link for more information, but the Ryan White Program HIV/AIDS program is divided into five parts. It's A through F. Part A provides grant funding for medical and support services to EMAs, which are eligible metropolitan areas; and to transitional grant areas, which are TGAs. EMAs and TGAs are population centers that are most severely affected by the HIV/AIDS epidemic. Then, Part B provides grant funding to states and territories to improve the quality of the availability and the organization of HIV healthcare and support services. In addition to, Part B also includes grants for ADAPs, which is the AIDS Drug Assistance Program. Hopefully that provides more information and we will chat out a link to the [inaudible 01:02:53] website with more information on the program. ...

The next question that we had is, 'What insurances is available for a reasonable amount for an individual that makes \$35,000 a year.' That's a good question. First, plans have not yet been released. It's not quite time to compare plans. Then, it also really depends on which plans are available in your area, and your entire household's income, or the individual's entire household income. We would encourage you to log on to the marketplace now to set up an account, or

encourage that individual to do so if they don't already have an account on the marketplace, and start shopping around to start comparing plan options as soon as they're announced.

Molly Tasso: Great, Liesl. To sort of piggy back off that question, someone has asked if there's a deadline by which the 2018 marketplace plans have to be released. Marketplace plans need to be released for sure no later than November 1st, the first day of open enrollment. However, it is possible that in some areas, plan information will be available sooner than that. We encourage you to keep your eyes open and monitor the Department of Insurance website in your state, as well as perhaps the enrollment portal in your state. We also encourage you to keep in touch with your state ADAP program. As mentioned before in the presentation, they often will do plan reviews and you can find out information about plans that they might be recommending, or ways that they can provide financial help for specific plans. ...

Liesl Lu: Thanks, Molly. We're just looking over a few additional questions that have come in. ... One additional question is, 'What if a client is self employed?' That's a great question. Self employed clients are a really important group of people that should take a look at the marketplace plan options to see what might be available to them. That's the best place that they can go to to find out what insurance plans would be available. They should create an account on the marketplace and shop around to see what plans they are eligible for. ... We're just checking to see if any other questions have come in. ...

Just a reminder that we will be sending the slides to today's webinar in a few days for your reference. Then, we will, once we have the Q&A reviewed, we will post that on the Target Center under our archived webinars page for your reference in the future. ...

I think we're going to take one final question. Give us one moment. Molly, do you want to take it?

Molly Tasso: Sure. There's a question here about whether if ADAP only covers, ... provides financial assistance that covers costs for medications. No. ADAP covers medications, but it also in some states provides financial assistance for marketplace premiums and other insurance plans. We encourage you to reach out to your ADAP program to learn more about the financial assistance that might be available in your program, or in your area, rather. ...

Liesl Lu: Thanks, Molly. ... All right, I think that's all the questions we're going to have time for today. With that, we just want to thank you all for joining us today and for all of your great questions. I'll just remind you to keep your webinar window open to complete the evaluation when it pops up, and to sign up for our mailing list if you haven't already. Remember, if you think of any further questions after this session ends, you can always send us an email at the ACETACenter@JSI.com. With that, thanks everyone and have a great afternoon.