



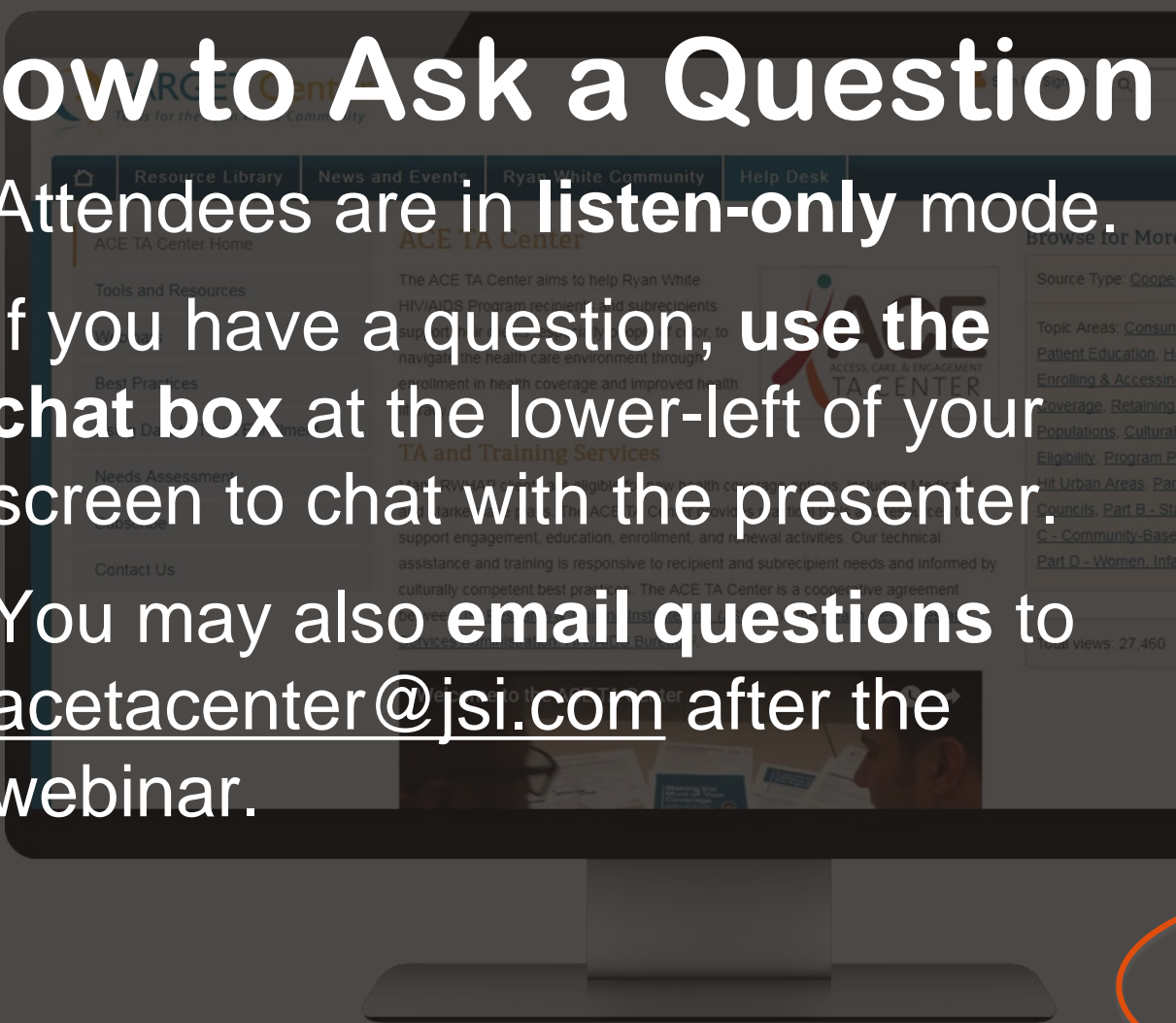
Basics of Health Coverage Enrollment: Strategies and Resources for New Program Staff

Access, Care, and Engagement (ACE) TA Center
August 22, 2018



How to Ask a Question

- Attendees are in **listen-only** mode.
- If you have a question, **use the chat box** at the lower-left of your screen to chat with the presenter.
- You may also **email questions** to acetacenter@jsi.com after the webinar.



The background image shows a computer monitor displaying the ACE TA Center website. The website has a navigation bar with links: Home, Resource Library, News and Events, Ryan White Community, and Help Desk. Below the navigation bar, there are sections for 'Tools and Resources', 'Best Practices', 'Needs Assessment', and 'Contact Us'. The main content area features a large heading 'ACE TA Center' and a paragraph about the center's mission. To the right, there is a sidebar with 'Browse for More' and 'Source Type: Cooperative'. The chat box is overlaid on the bottom right of the screen, featuring a 'Hide Chat' and 'Raise Hand' button at the top, a large text area for messages, and a 'Send' button at the bottom.

Hide Chat Raise Hand

Chat with Presenter:

<Type Message Here> Send

Can You Hear Us?



The audio is being shared via your computer speakers/headset.



If you can't hear the audio, make sure your computer audio is turned on.



If you're still having problems, please chat the host.

Call-in number: 888-378-4398

Passcode: 267738

ACE TA Center

The Access, Care, and Engagement (ACE) Technical Assistance (TA) Center supports Ryan White HIV/AIDS Program (RWHAP) health care service providers to:

1. Engage, enroll, and retain clients in health coverage
2. Communicate with clients about how to stay enrolled and use health coverage
3. Build organizational health insurance literacy, thereby improving clients' capacity to use the health care system.

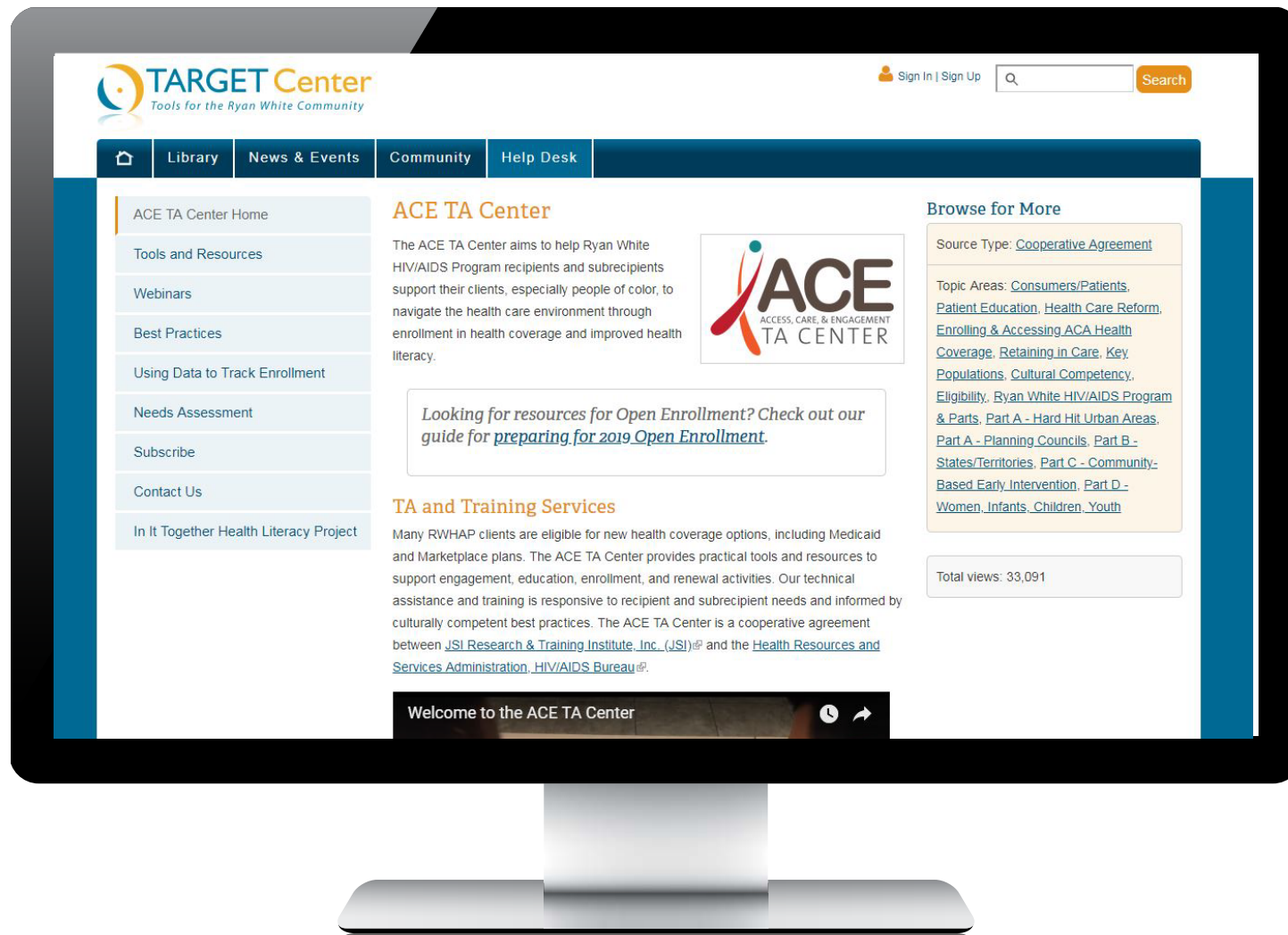


The ACE TA Center

Target Audiences:

- RWHAP program staff, including case managers
- RWHAP clients
- RWHAP organizations (leaders and managers)
- Navigators and other in-person assisters that help enroll RWHAP clients





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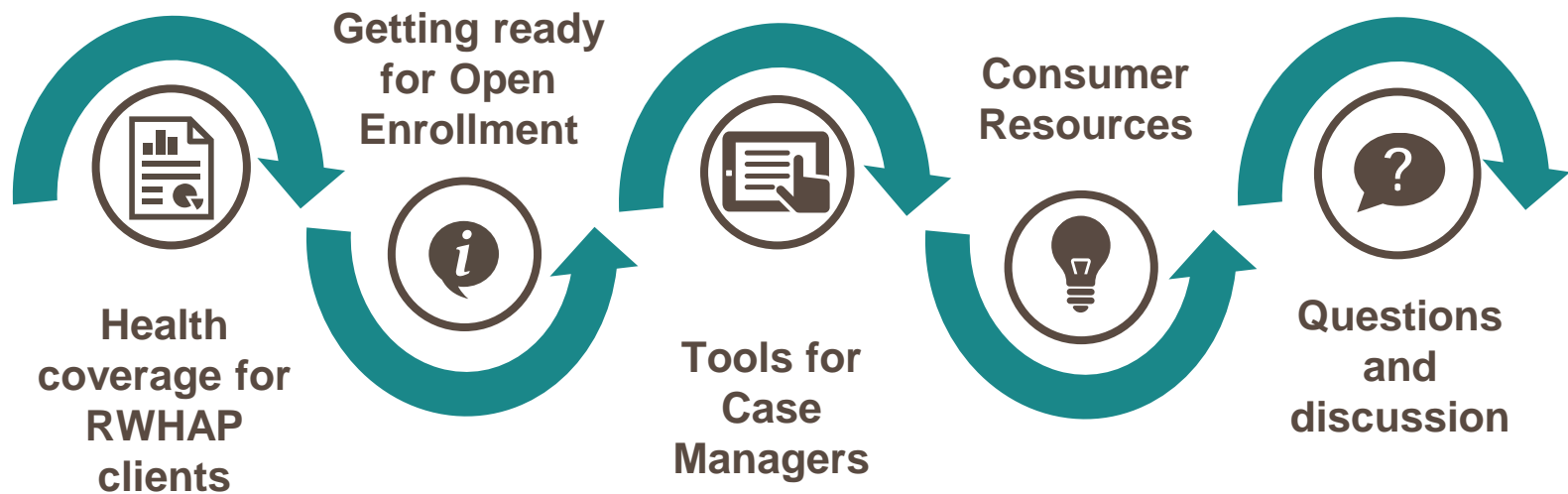


MOLLY

Today's presenters



Session overview






Audience Poll

Have you been on an ACE TA Center webinar before?

- Yes
- No



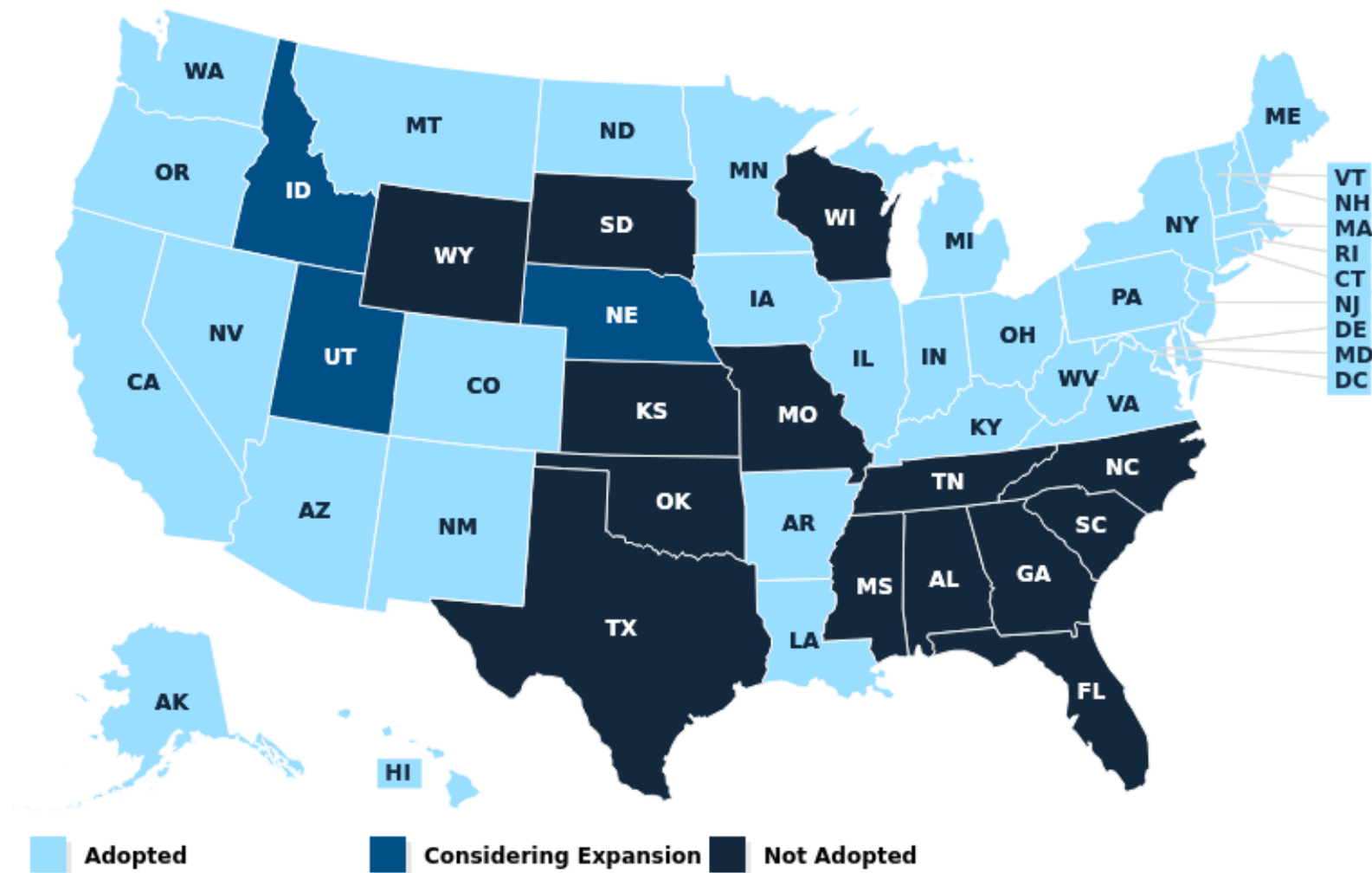
What does health coverage mean for RWHAP clients?

Coverage options and consumer protections

- Eligibility for health insurance
 - Plans can't drop you if you have an existing medical condition or get one after enrolling.
 - Young adults can stay on parents' plans until age 26
 - People can't be denied coverage for any health-related reason, including pre-existing conditions
 - Financial subsidies (between 100% - 400% FPL) to buy private health insurance through the Marketplace.
- Medicaid expansion
 - In 34 states, including Washington D.C., Medicaid coverage is now available to individuals and families at or above 138% of the Federal Poverty Level (FPL)

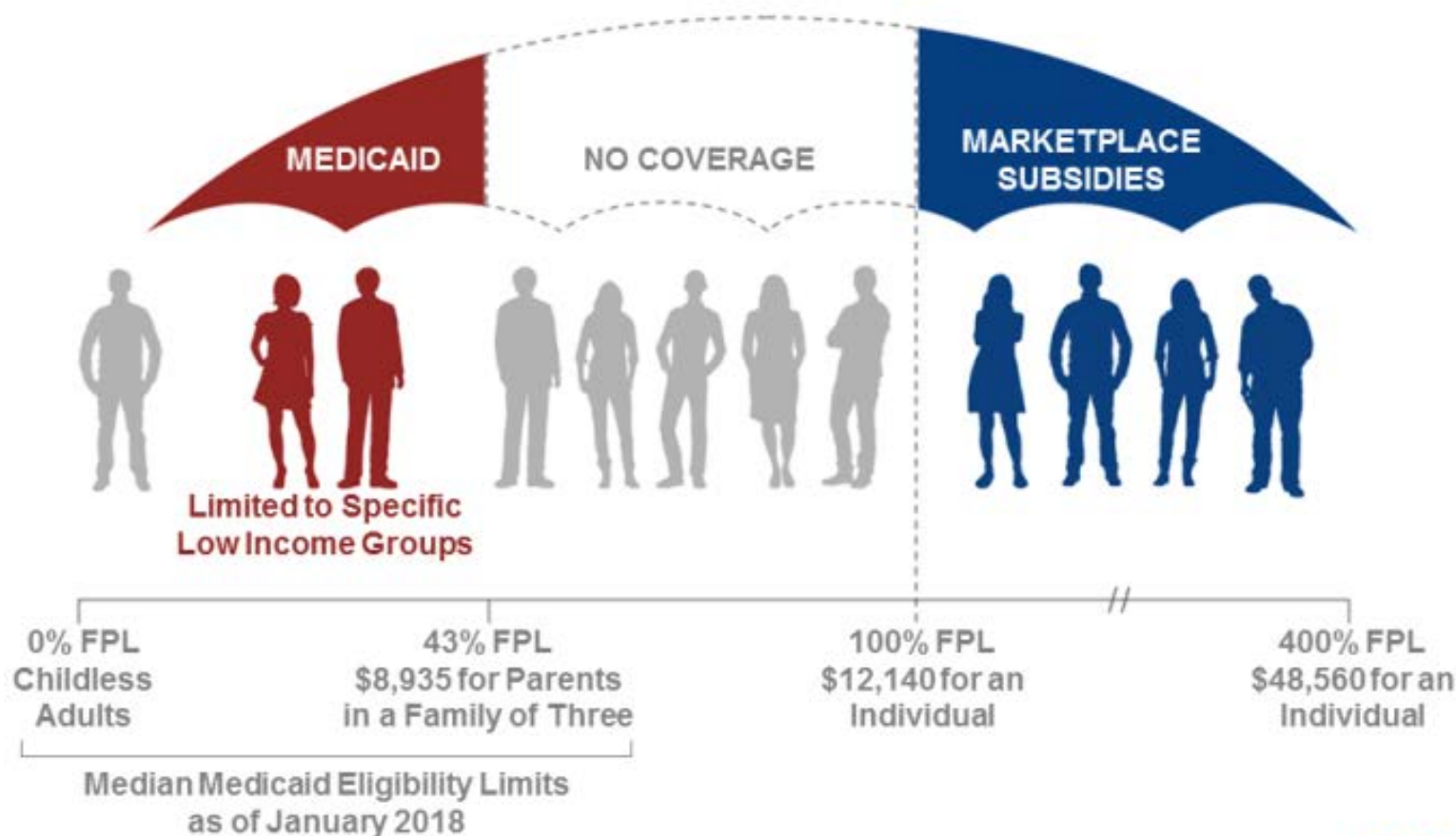
Which states have expanded Medicaid?

Status of State Action on the Medicaid Expansion Decision: Current Status of Medicaid Expansion Decision, as of July 3, 2018



Who is eligible for Medicaid?

Gap in Coverage for Adults in States that Do Not Expand Medicaid Under the ACA



Benefits of health insurance for people living with HIV

- Insurance covers more than just HIV services
 - Insurance includes access to services and medications for HIV **and** other health issues
- Clients don't have to get sick to receive health benefits
- Protects clients against high (and unexpected) costs

RWHAP, including AIDS Drugs Assistance Program (ADAP) can help

- **RWHAP funds can help** with premium payments, co-pays, and deductibles
- RWHAP ensures HIV **coverage completion** for insured clients and a safety net for the uninsured (including ineligible clients)





Audience Poll

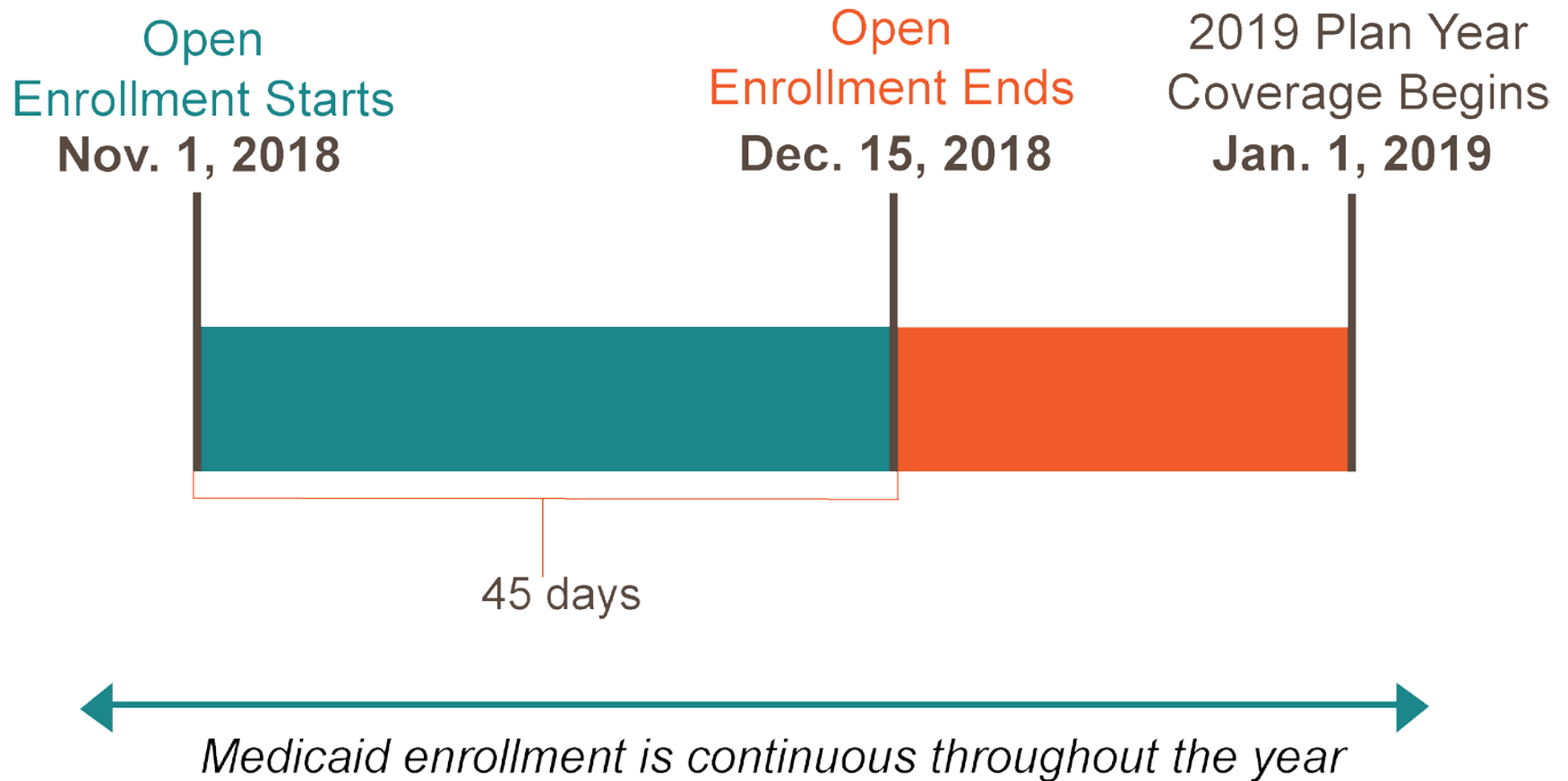
What do you think is the most important benefit to your clients' having health coverage?

- Coverage for non-HIV services
- Coverage for medications
- Protection against unexpected high costs
- Other, please specify



Getting Ready: Open Enrollment for 2019

Open enrollment timeline for 2019 plans



Individual Mandate

- Proof of health coverage
 - Required for 2018 federal income taxes
 - For 2019, the individual mandate will remain in place, however the penalty will be reduced to \$0
- New Jersey and Massachusetts have state-level individual mandates which include a financial penalty

Plans change, people change

- Active plan selection is important for everyone!
- Plan changes may include...
 - Premium and out of pocket costs
 - Medication coverage
 - Medication costs
 - Which providers are included
- Consumers' health needs can change, and so can their income

What if a plan or insurer is no longer available?

- If a plan is no longer available, the client will be enrolled in a “similar” plan offered by the same insurer
- If the insurer is no longer offering plans in your area, the Marketplace will auto-enroll the client in another insurer’s “similar plan” with a similar premium
- Clients should actively compare plans and not risk getting auto-enrolled into a new plan

Expansion of AHPs and STLD plans

Association Health Plans (AHPs)

- An AHP is health insurance for a group, purchased through an association (or a group of entities). The group may self-insure or may hold a group policy
- In the past, AHPs have typically been comprised of small businesses, typically with a common professional, industry or trade interest, or state or local chambers of commerce

Short-term Limited Duration (STLD) Plans

- STLD plans provide coverage for a short period of time and are not required to be renewed
 - Automatically terminates at the end of contract
- Not required to provide Essential Health Benefits, including prescription coverage and can deny coverage for pre-existing conditions
- Can impose lifetime and annual limits

Expansion of AHPs and STLD plans

Association Health Plan (AHP) Rule	Short-Term Limited Duration (STLD) Plan Rule
Expansion of AHPs to more people (e.g., self-employed or individuals connected only by geography)	Expands STLDs to plans that last for up to 364 days; makes it easier to renew these plans
AHPs do not have to comply with most ACA rules	STLD plans do not have to comply with most ACA rules
Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive	Creates cheaper plan options with less coverage for healthier populations to leave individual market, making ACA compliant coverage more expensive

Bottom line: *Consumers will need assistance to find plans that meet their care and treatment needs*



Audience Poll

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 the Ryan White HIV/AIDS Program still help me?
- What if I don't enroll?



How to Engage and Retain Clients in Health Coverage Tools for Case Managers

Enrollment Worksheet
Tracking Enrollment Support Activities for
Ryan White HIV/AIDS Program Clients

Are you a case manager or enrollment assister that helps people with Ryan White HIV/AIDS Program (RWHP) clients in health coverage? This worksheet can help you keep track of when your clients are in the enrollment process, and what you need to do to get them enrolled. Make sure they can use their coverage, and stay enrolled. You can incorporate all or part of this worksheet into your existing case management or client benefit screening forms.

We keep in mind that this tool is a work in progress. Your program has agreed to use this tool and share feedback with ACE-TA Center so that it can be improved and shared with other RWHP grantees and providers. If you have questions or comments about this worksheet please contact your program manager or send an email to acetcenter@ta.com.

HOW TO USE THIS WORKSHEET

This worksheet follows the seven steps of the enrollment process, from starting the conversation all the way to helping a client get enrolled. As you work on each step with your client, you'll be asked to fill in specific details (such as dates, names and other details). You will also find space to record client questions and other follow up steps for each step. Once you've completed an activity, place a check mark and date next to it.

Each page of this worksheet lists tools and resources that can help you complete each step. More information can be found on the ACE section of the TARGET Center website (www.targetta.org/ace).

This tracking worksheet will include confidential and sensitive information about your client. Follow your agency's policies and procedures to protect the client's information according to state and federal privacy laws.

Client Information

Client ID: _____
Email: _____ Phone: (____) _____
Alternate Phone: (____) _____
Permission to contact client by: ☐ Phone ☐ Text ☐ Email ☐ Other, specify: _____
Permission to leave message: ☐ Yes ☐ No
Inform client that the message will not identify him/her as HIV-positive or include other confidential health information.
Preferred Language: _____

Enrollment Snapshot

Collect this information in Steps 5 and 7 and then write the same information here for quick reference.

Program(s) client enrolled into (check all that apply):
☐ Medicaid ☐ Medicare ☐ Marketplace ☐ Other, specify: _____
Financial assistance received (check all that apply):
☐ Tax credit ☐ ADAP ☐ Other, specify: _____
Anticipated health insurance renewal date: ____/____/____ (mm/dd/yyyy) ☐ None
Associated ADAP recertification date: ____/____/____ (mm/dd/yyyy)
Date to remind client about renewal: ____/____/____ (mm/dd/yyyy)
Notes: _____

The ACE-TA Center helps RWHP grantees and sub-grantees enroll diverse clients, especially people of color, in health insurance and build providers' cultural competence. www.targetta.org/ace

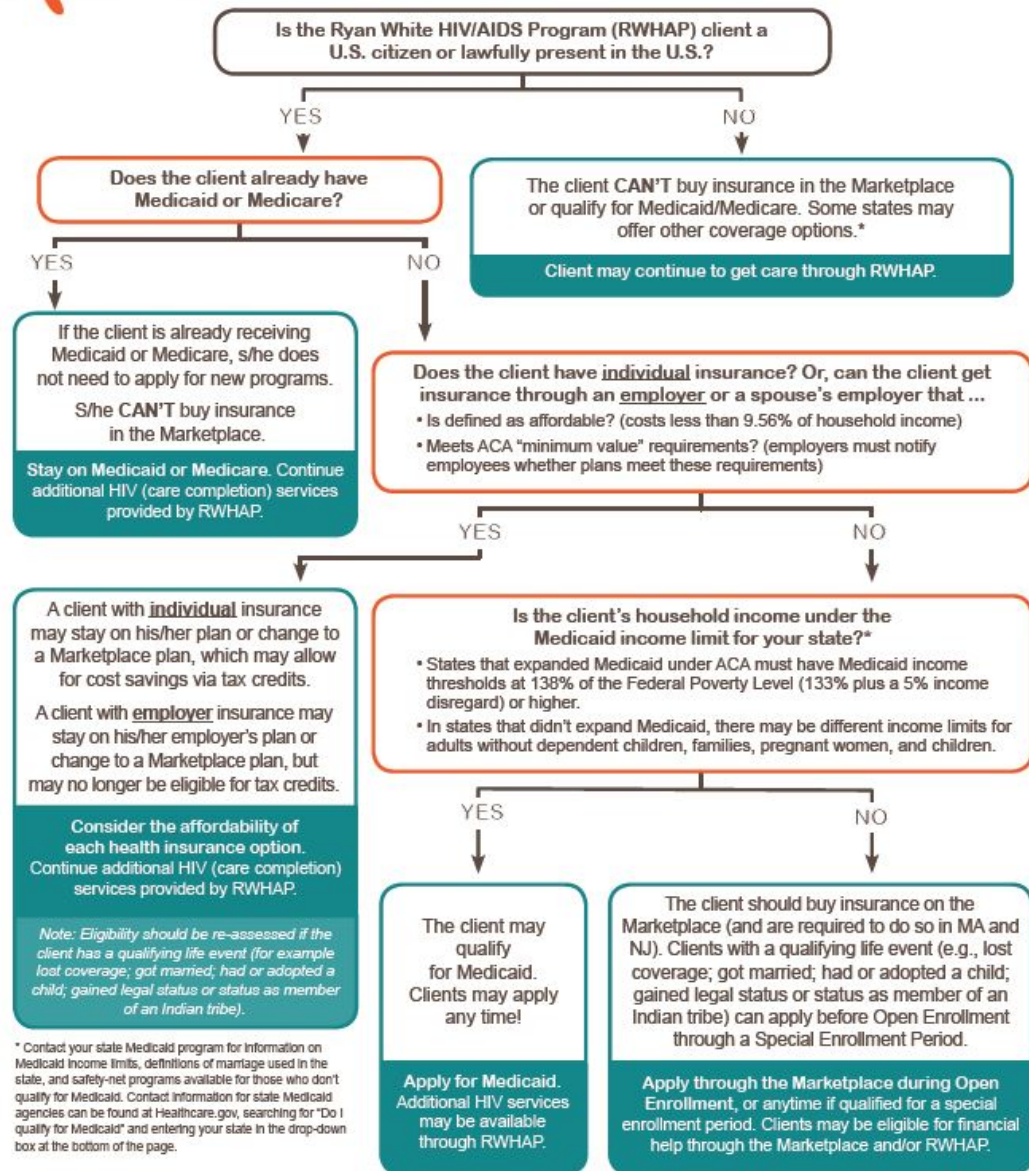
ACE
THERAPY

Decide if a client is eligible for Marketplace insurance, Medicaid, or neither.



Eligibility Decision Tree

Use this tool to decide if a RWHAP client should enroll in the Marketplace, with Medicaid, or neither.
See how ADAP fits with other coverage. Revised August 2016.



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

This document was prepared by JSI Research & Training Institute, Inc. under Grant #U49CE000520 from the Health Resources and Services Administration's HIV/AIDS Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HIV/AIDS Bureau. The content was adapted from Duke AIDS Legal Project, AIDS Foundation of Chicago and National Association of Insurance Commissioners.

The ACE TA Center helps RWHAP recipients and subrecipients enroll diverse clients, especially people of color, in health insurance. www.targethiv.org/ace



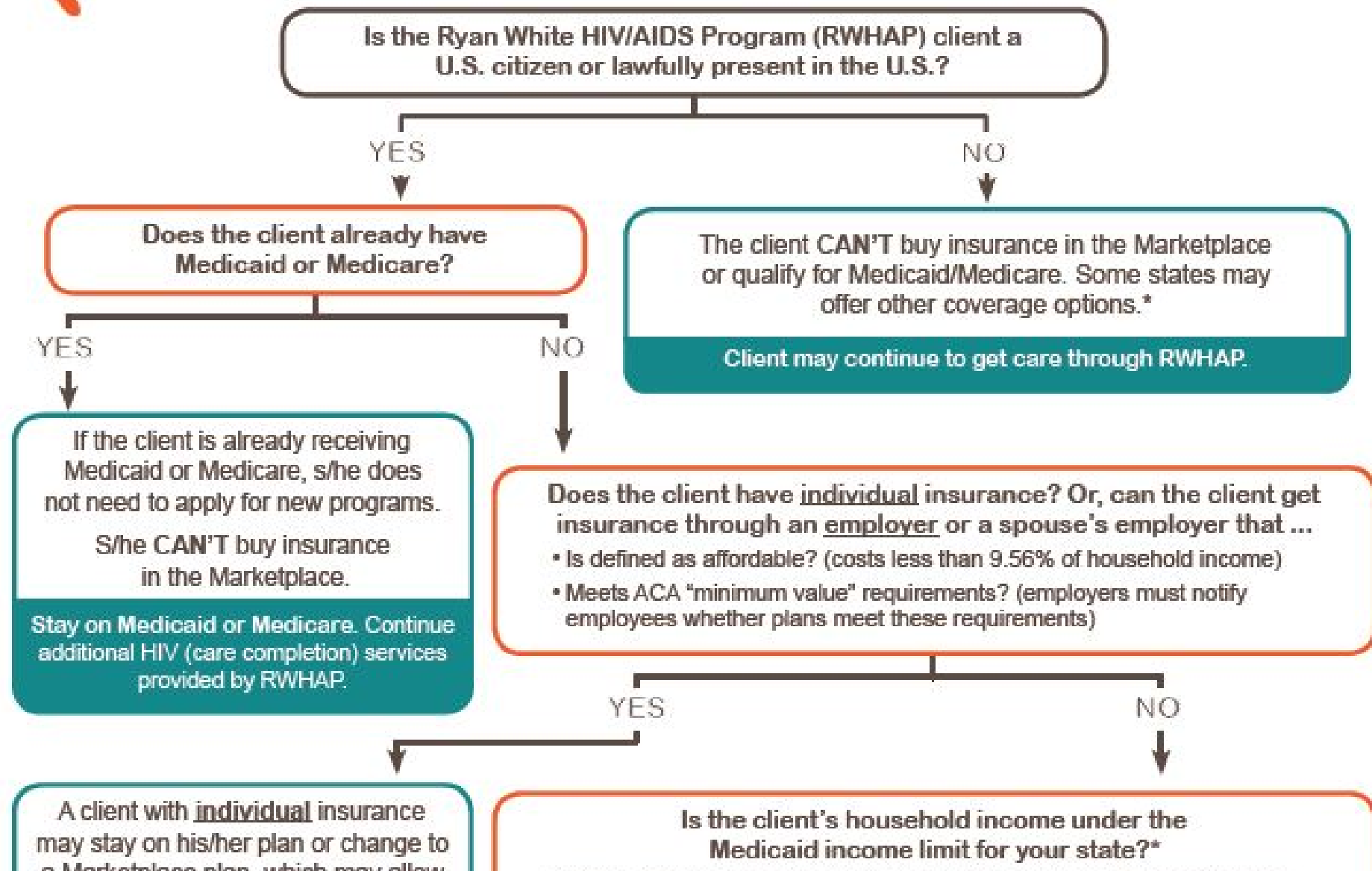
Eligibility Decision Tree



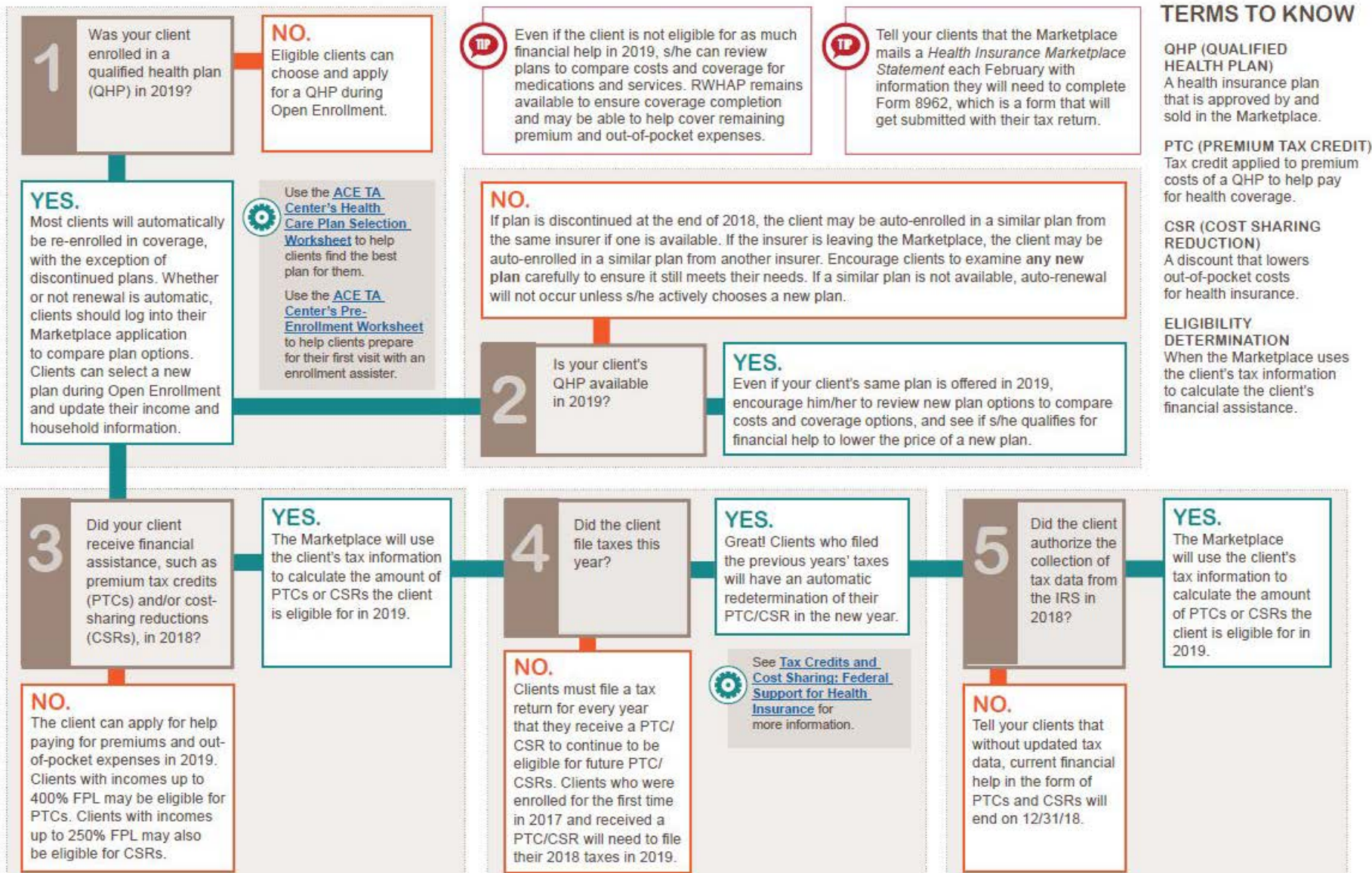


Eligibility Decision Tree

Use this tool to decide if a RWHAP client should enroll in the Marketplace, with Medicaid, or neither.
See how ADAP fits with other coverage. Revised August 2018.



Marketplace Plan Renewals Flowchart



TERMS TO KNOW

QHP (QUALIFIED HEALTH PLAN)

A health insurance plan that is approved by and sold in the Marketplace.

PTC (PREMIUM TAX CREDIT)

Tax credit applied to premium costs of a QHP to help pay for health coverage.

CSR (COST SHARING REDUCTION)

A discount that lowers out-of-pocket costs for health insurance.

ELIGIBILITY DETERMINATION

When the Marketplace uses the client's tax information to calculate the client's financial assistance.



Schedule and conduct Account Tune-Ups

What is an Account Tune-Up?

A pre-enrollment appointment to:

1. Check client paperwork, accounts, and payments
2. Review finances
3. Confirm enrollment in relevant RWHAP insurance assistance, including ADAP
4. Help clients prepare for their enrollment appointment



Account Tune-Ups:

1. Check paperwork, accounts & payments

- Help clients organize insurance and Marketplace paperwork
 - If purchasing off-Marketplace plans, gather/update information needed to complete enrollment
- Help clients update their Marketplace account details
 - If needed, help clients set up a Marketplace account
- Review insurance documents and identify any outstanding payments or credits



Account Tune-Ups:

2. Review finances

- Ensure that clients who received Advance Premium Tax Credits (APTCs) have filed their federal taxes so that they remain eligible for this financial assistance
- Estimate client income and report any changes to the Marketplace to avoid under- or over-payments

Account Tune-Ups:

3. Confirm RWHAP/ADAP enrollment

- Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance
 - If the client's certification is due within the open enrollment period, re-certify early

Account Tune-Ups:

4. Help clients prepare for enrollment

- Help clients identify their coverage priorities including HIV medications and preferred providers
- Dedicate time to educate clients on the importance of health coverage and answer questions

Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2019 Marketplace health coverage.

There are four main steps in an Account Tune-Up:

1. Check paperwork, accounts, and payments.

It's important that clients' insurance payments and Marketplace accounts are up-to-date.

- ☑ Review insurance documents and identify any outstanding payments or credits.
- ☑ Help clients organize insurance and Marketplace paperwork.
- ☑ Make sure clients can log into the Marketplace and help them update account details. If needed, help clients set up their Marketplace account.

2. Review finances.

A client's income and tax filing history help determine eligibility for financial assistance through the Marketplace.

- ☑ Make sure that clients who received Advance Premium Tax Credits (APTCs) have filed and reconciled their federal taxes so that they remain eligible for this financial assistance.
- ☑ Help clients estimate their income and report any changes to the Marketplace.

3. Confirm enrollment in the Ryan White HIV/AIDS Program (RWHAP), including ADAP.

Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.

- ☑ Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
- ☑ Re-certify a client's RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

4. Help clients prepare for enrollment and schedule enrollment appointments.

Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.

- ☑ Know what plans are being offered in their area.
- ☑ Help clients identify their coverage priorities including medication access and continuity with preferred providers.
- ☑ Dedicate time to educate clients on the importance of health coverage and answer questions.
- ☑ Schedule enrollment appointments.

Open Enrollment Dates and Tips



Staff can conduct Account Tune-Ups with clients during:

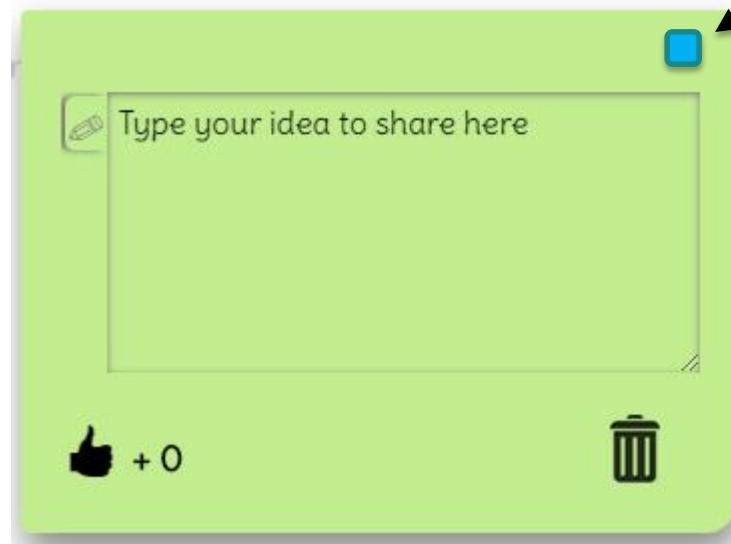
- RWHAP/ADAP certification appointments
- Routine medical appointments
- Case management or benefits counseling activities
- Separate scheduled sessions



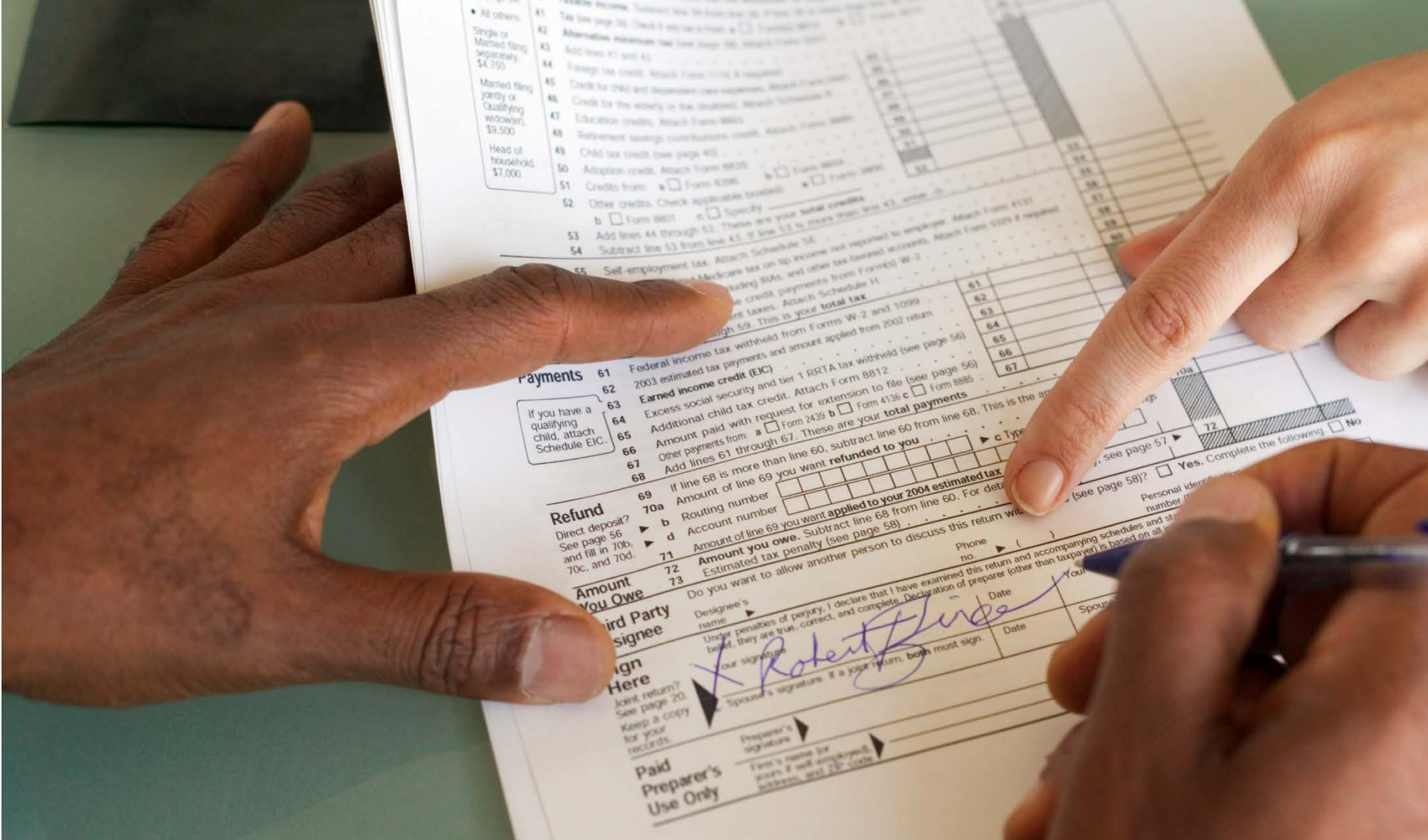
The ACE TA Center helps Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy. For more information, visit: www.targetthiv.org/ACE

This resource was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U59HA20143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. The persons shown in photographs on this resource are models and are being used for illustrative purposes only.

If you have assisted clients prepare for enrollment in the past, what strategies did you find successful?



Hover over the top right corner for a blue box to appear to close the note.



Learn about financial help

Financial help from the RWHAP

- Many ADAPs and some RWHAP Part A recipients provide financial help to RWHAP consumers
- Type and amount of financial support varies
- Find out if your ADAP and/or RWHAP Part A plans to review 2019 plans
- Find out if ADAP and/or RWHAP Part A support specific plans in your area



Financial help from the Marketplace

- Premium tax credits (PTCs) and cost-sharing reductions (CSRs) are built-into Marketplace plans
- Premium and out-of-pocket costs are reduced for eligible consumers
- Amount of financial help depends on income and family size

Premium Tax Credit (PTC)

A **tax credit** to lower the cost of insurance **premiums** for Marketplace coverage.

Persons in Household	2018 Federal Poverty Level (100% FPL)	Max Income for CSR (250% FPL)	Max Income for PTC (400% FPL)
1	\$12,140	\$30,350.00	\$48,560.00
2	\$16,460	\$41,150.00	\$65,840.00
3	\$20,780	\$51,950.00	\$83,120.00
4	\$25,100	\$62,750.00	\$100,400.00
5	\$29,420	\$73,550.00	\$117,680.00
6	\$33,740	\$84,350.00	\$134,960.00
7	\$38,060	\$95,150.00	\$152,240.00
8	\$42,380	\$105,950.00	\$169,520.00



Cost Sharing Reductions

- Given in the form of **discounts**
- Reduces deductibles, copays, and coinsurance –
no reimbursements necessary
- **CSRs are not connected to taxes**



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

July 2018

ACE TA Center

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



Premium Tax Credit (PTC)

Premium tax credits help lower the cost of premiums for health coverage purchased through the Health Insurance Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

Cost-Sharing Reduction (CSR)

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

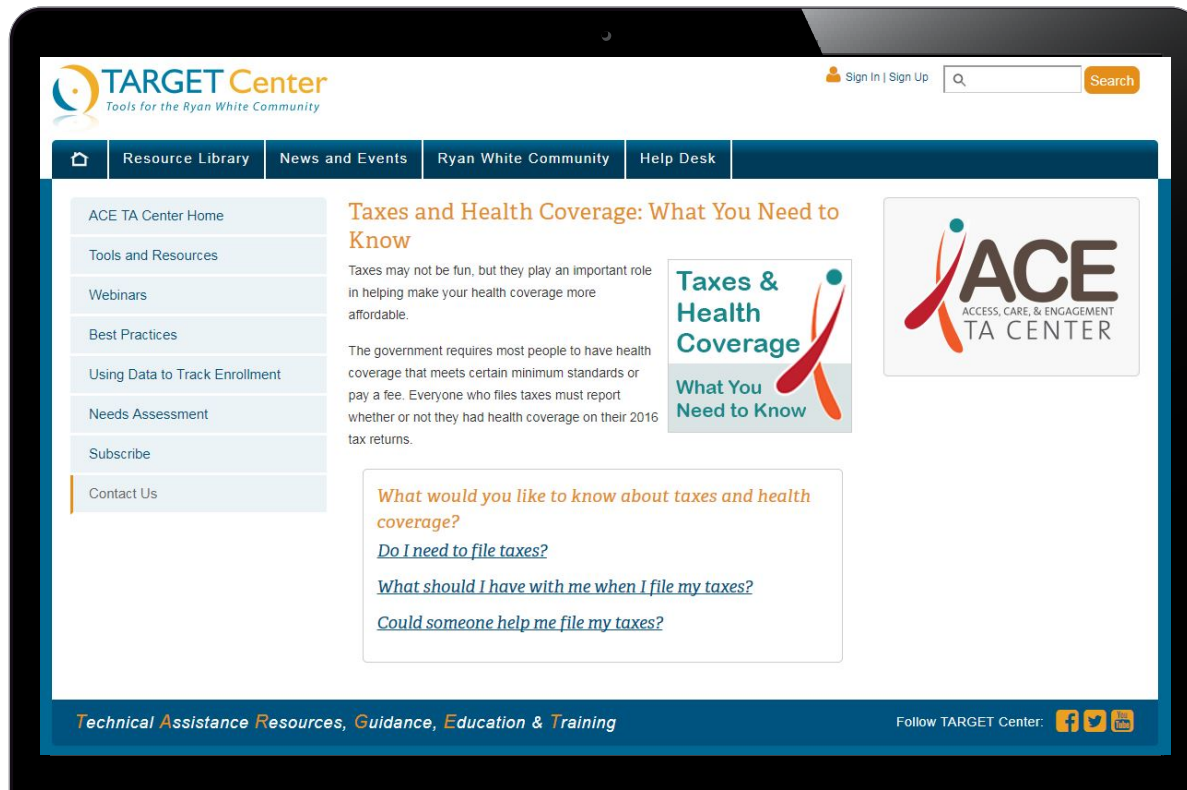
If eligible, a person may receive **both** a PTC and a CSR. People who apply for PTCs are automatically assessed for CSRs.

Frequently Asked Questions

1. [Who is eligible?](#)
2. [How much financial help is available?](#)
3. [What income is considered?](#)

FAQ: Financial Help for Health Insurance

Consumer Tool: Taxes and Health Coverage



 targethiv.org/ace/taxes





Build partnerships with assisters who are new to supporting people living with HIV

Build enrollment partnerships

- If needed, identify and establish partnerships with Navigators, Certified Application Counselors, and other enrollment assisters
 - Assisters may be found at partner organizations or within your health system
 - Train your program staff to refer clients to these partners before and during open enrollment
- Make sure partners are aware of RWHAP, including role of ADAP in health coverage.

I'm new to supporting people living with HIV.

How do I help them enroll in health coverage?



Listen to consumers' needs and concerns.

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

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



Encourage continuity of care.

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

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



Understand why continuous medication coverage is essential.

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

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



Help consumers find plans that cover their HIV drugs.

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

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



Show compassion & cultural sensitivity.

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

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



The Ryan White Program provides HIV care and support.

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

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



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

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

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



Explain insurance terms and benefits.

Many people living with HIV are new to health insurance.

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

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



 careacttarget.org/assisters

Pre-Enrollment Worksheet: Preparing for Your First Appointment

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

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

1. Before you apply.

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

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

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

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

How do you use health care?

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

My primary care provider (PCP) is: _____

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

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

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

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

My mental health provider is: _____
I see him/her at _____ clinic/hospital about _____ times per year.

My substance abuse counselor is: _____
I see him/her at _____ clinic/hospital about _____ times per year.

My current prescription medications are:

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

I prefer to get my medication at this pharmacy: _____

2. Gather the information you need for your application.

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

Who is part of your household?

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

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

TIP

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

Information about people in your household

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

Consumer Tool: Preparing for Your Enrollment Visit

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

Follow these steps to get started.

1. Get ready to enroll.

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

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

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

3. Find the right person to help you enroll.

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

4. Get covered!

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

Fact Sheet For Consumers

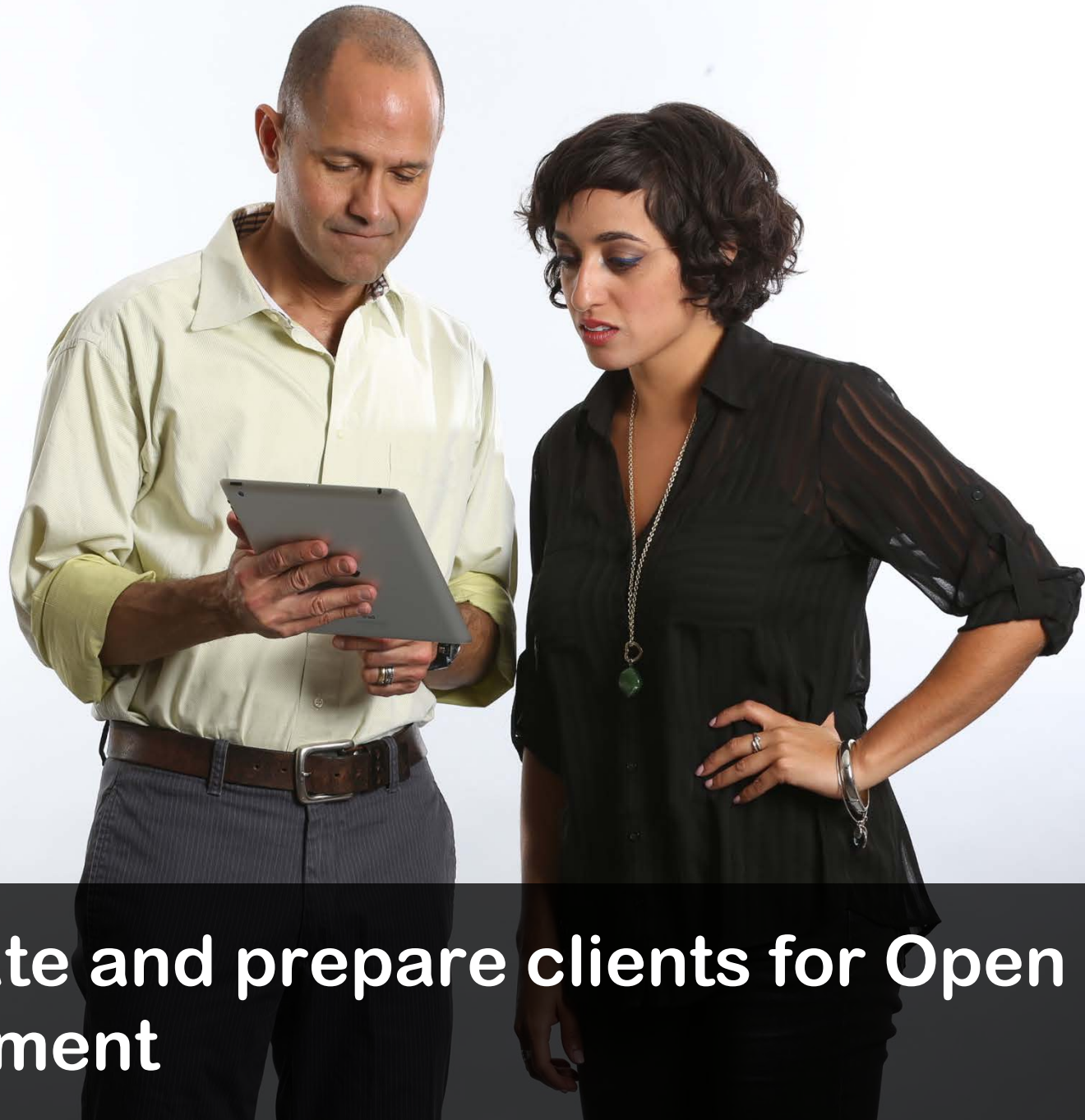


The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance. For more information, visit: www.targethiv.org/ACE
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How to Engage and Retain Clients in Health Coverage Consumer Resources



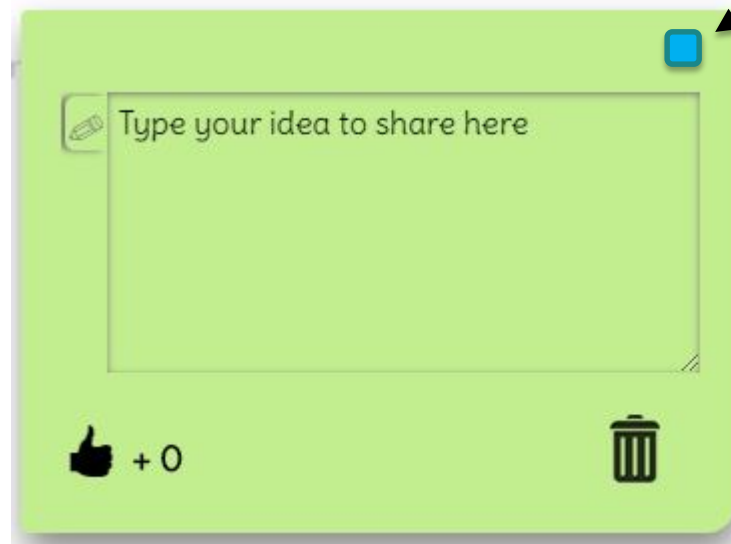
Educate and prepare clients for Open Enrollment

Client engagement and preparation

- Begin to engage clients in conversations about the value of health coverage and how it is different from RWHAP coverage
- Use ADAP re-certification or scheduled medical visits to:
 - Incorporate conversations about health coverage and enrollment
 - Schedule and conduct Account Tune-Ups
 - Schedule enrollment appointments
- Identify and engage clients who do not have a scheduled visit before November 1



How do you talk with your clients about the difference between health insurance and the RWHAP?



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1 | CHANGES IN PROVIDERS AND COVERAGE

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



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

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



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



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

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



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



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

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



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



[NASTAD Patient Assistance Programs and Cost-Sharing Assistance Fact Sheet](#)



[ADAP Eligibility & Insurance Assistance Resources](#) - lists state ADAP programs, including formularies and cost assistance programs

2 | AFFORDABILITY OF COVERAGE

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



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

3 | COMMUNICATION CHALLENGES

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



CLIENT: The enrollment process is so confusing.



STAFF: I agree, and it's especially confusing for people who have never gone through it before.

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

Common Questions & Suggested Responses for Engaging Clients in Health Coverage

Available in English and Spanish!

Plain Language Quick Reference Guide (in English & Spanish)



Guía de Referencia Rápida en Lenguaje Sencillo

Para Inscripción en Seguro de Salud

¿Está inscribiendo a clientes del Programa de VIH/SIDA Ryan White (RWHAP, por sus siglas en inglés) en nuevas opciones de seguro de salud?

Utilice esta guía de referencia rápida para:

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

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

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

A

Agente/Corredor de Seguros

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

Alcance

Maneras de dar información, de llevar personas a servicios.

Apelación

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

Asistencia

Ayuda

Asistencia Financiera/ Ayuda Financiera

Ayuda para pagar por los costos de seguro. Usted

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

Asistente en Persona (IPA, por sus siglas en inglés)

Un miembro del personal que está entrenado para ayudarle a buscar opciones de seguro de salud a través del Mercado de Seguros. Ellos pueden ayudarle a entender lo que usted es elegible para recibir, comparar los planes de salud y completar los formularios de solicitud. Los asistentes en persona pueden proporcionar información, pero no le pueden decir qué plan de salud debe elegir. La ayuda de ellos es gratuita.

Autónomo, que Trabaja por Cuenta Propia

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

B

Base(s) de Datos Electrónica(s)

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

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

de 2014, que incluye:

1. Servicio para pacientes ambulatorios (atención que recibe sin ser admitido en un hospital)
2. Servicios de emergencia
3. Hospitalización
4. Maternidad y cuidados para el recién nacido
5. Servicios de salud mental o para trastornos de abuso de sustancias, incluyendo tratamiento para salud de la conducta
6. Medicamentos recetados (medicamentos)
7. Servicios y aparatos de rehabilitación (ayudan

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

Take the next step for a healthy life.

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

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

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

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

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

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



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

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

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

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

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

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



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

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

Most plans require a co-pay for medicines and doctor visits.

This means you pay a small amount for each prescription.

Some plans also require a co-pay for doctor visits.

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Get Covered for a Healthy Life

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

You can still get services and help from the Ryan White Program if you get ADAP.

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

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

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

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

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



My Health Insurance Works for Me (Poster Series)

- **“Enrollment”** posters focus on the benefits of health insurance and help spark conversations about enrollment.
- **“Renewals”** posters focus on the value of actively comparing plan options each year, and on the importance of one-on-one enrollment support.
- **“Stay covered”** posters focus on helping clients keep track of paperwork, make sure premiums are paid, and manage gaps in coverage.



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

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

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

You may qualify for financial help.



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

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

We can help.

Ask us about health insurance today.

My health insurance works for me.

**My plan won't
be offered
next year.**

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

My health insurance works for me.

**My plan was
going to cost
more next year.**

**I got help finding
an affordable
new plan.**

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

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

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We can help.

Ask us about health insurance today.



Help newly enrolled clients start using their coverage

Making the Most of Your Coverage

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



MAKING THE MOST OF YOUR COVERAGE

Check your mail.

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

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

TIP
If you don't know your insurance company's phone number, call Healthcare.gov at 1-800-318-2596. If your state does not use the Healthcare.gov website, the person you speak to will give you the phone number for your state's website.

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

INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER ID NUMBER: 123-456-7890	EFFECTIVE DATE: 01/01/2020
GROUP ID: 1234-567890	PRESCRIPTION GROUP ID: 1234
POP COVERAGE \$10 SPECIALIST CO-PAY \$10 GEN. DR. CO-PAY \$10	PRESCRIPTION COV. NAME (DRUG) \$10
MEMBERSHIP SERVICES: 1-800-200-0000	



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

MAKING THE MOST OF YOUR COVERAGE

Know your costs.

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

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

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

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



MAKING THE MOST OF YOUR COVERAGE

Know where to go for care.

Your health insurance plan allows you to see different types of doctors depending on the type of care you need.

Primary Care Provider

You should visit your primary care provider when you feel well and need a regular checkup or when you feel sick. Your primary care provider may also be your HIV provider, helping you manage your HIV and get your lab tests and medication refills.

If your HIV provider is not your primary care provider, then he or she is a **specialist** that you will see only for your HIV-related care needs.



All insurance plans must include the same preventive services to keep you well, which you can get for free or at a low cost. Ask your doctor for help getting these services, such as counseling, vaccines, and screenings for high blood pressure, depression, diabetes, colon cancer, and more.



WHAT DOES "IN-NETWORK" MEAN? The doctors, clinics, health centers, and hospitals whose services are covered by your health insurance plan.



WHAT DOES "OUT-OF-NETWORK" MEAN? The doctors, clinics, health centers, and hospitals whose services may cost more or not be covered at all by your health plan.

If you haven't selected a primary care provider,

visit your insurance company's website or call them to choose from their list of doctors. You will need to know the type of health insurance plan you have to find doctors, clinics and hospitals that accept your insurance. If you need help, contact your case manager.

TIP



Look at your insurance card to find out what kind of plan you have and find the phone number for your insurance company.





Audience Poll

What is the #1 challenge consumers in your community have as they learn to manage new coverage?

- Understanding insurance terms
- Keeping track of paperwork
- Keeping track of payments
- Reporting income changes
- Reporting life events
- Managing gaps in coverage



Help clients understand how to keep coverage throughout the year

Stay Covered All Year Long

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

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

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

TIP

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



STAY COVERED ALL YEAR LONG Pay premiums on time

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

How is the premium paid?

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

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

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

- Send a copy of your first bill to the Ryan White Program as soon as you receive it at the beginning of each year. The Ryan White Program will pay the insurer directly.
- Send a copy of the bill any time the amount due changes.
- Bring a copy of your latest bill when you meet with your case manager to re-certify for ADAP or Ryan White Program insurance assistance.

How much is my premium?

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

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

TIP

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



STAY COVERED ALL YEAR LONG

When is my premium due?

Most premiums are due by a certain day each month.

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

What happens if I miss a payment?

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

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

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

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

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



Special Enrollment Periods

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

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

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

TIP

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



SPECIAL ENROLLMENT PERIODS

Special Circumstances

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

Your eligibility changed since you applied:

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

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

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

A technical error occurred when you applied for coverage and:

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

Other situations:

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



SPECIAL ENROLLMENT PERIODS

Life Events

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

Your household changes because of:

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

You lose the following types of health coverage:

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

You have experienced a change in immigration status by:

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

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

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

You have a change in income or household size that:

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

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

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

Something kept you from enrolling during the Open Enrollment Period:

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

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

TIP

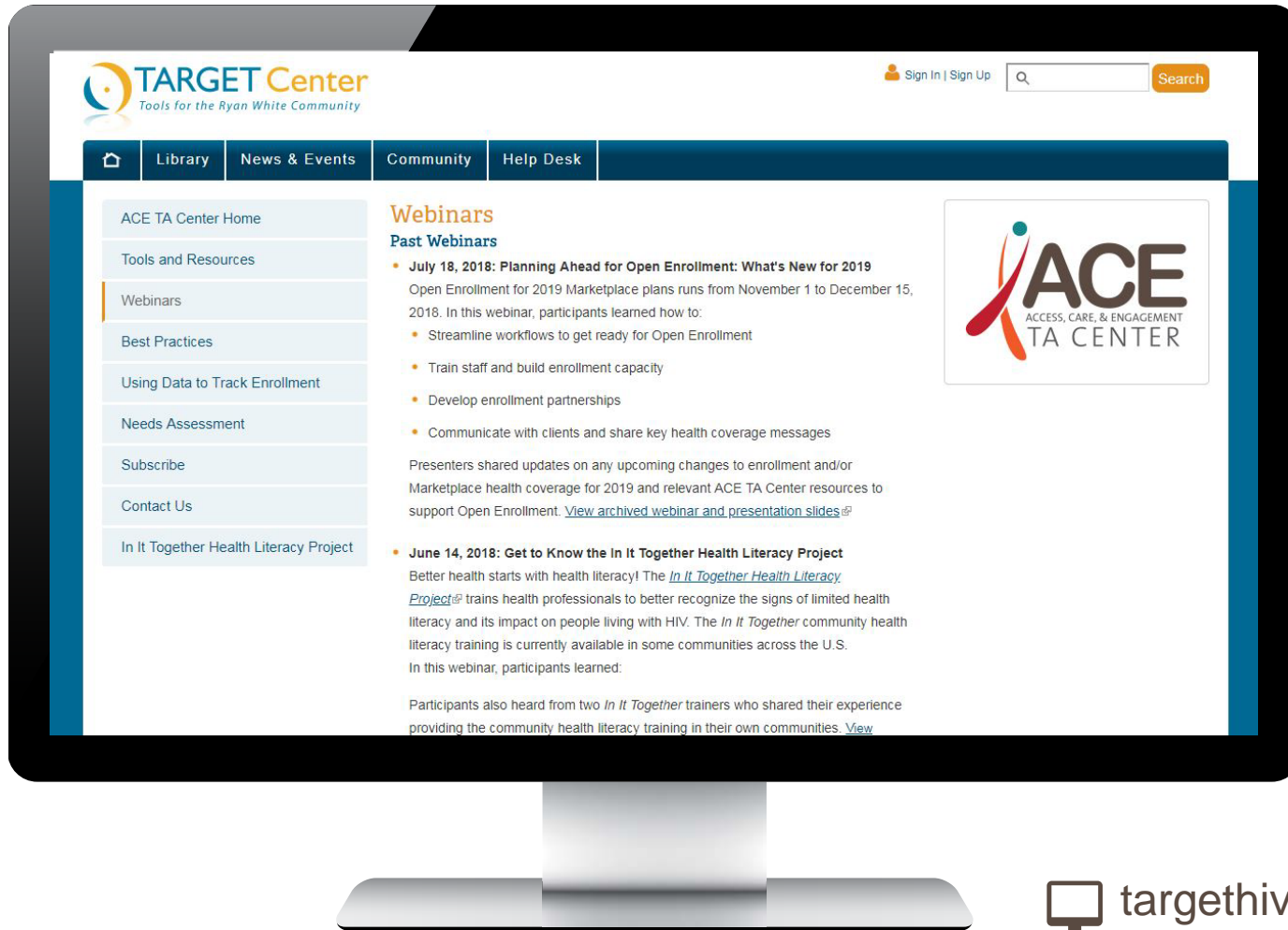
You have 60 days before and after the date you lose coverage to enroll in a new plan.



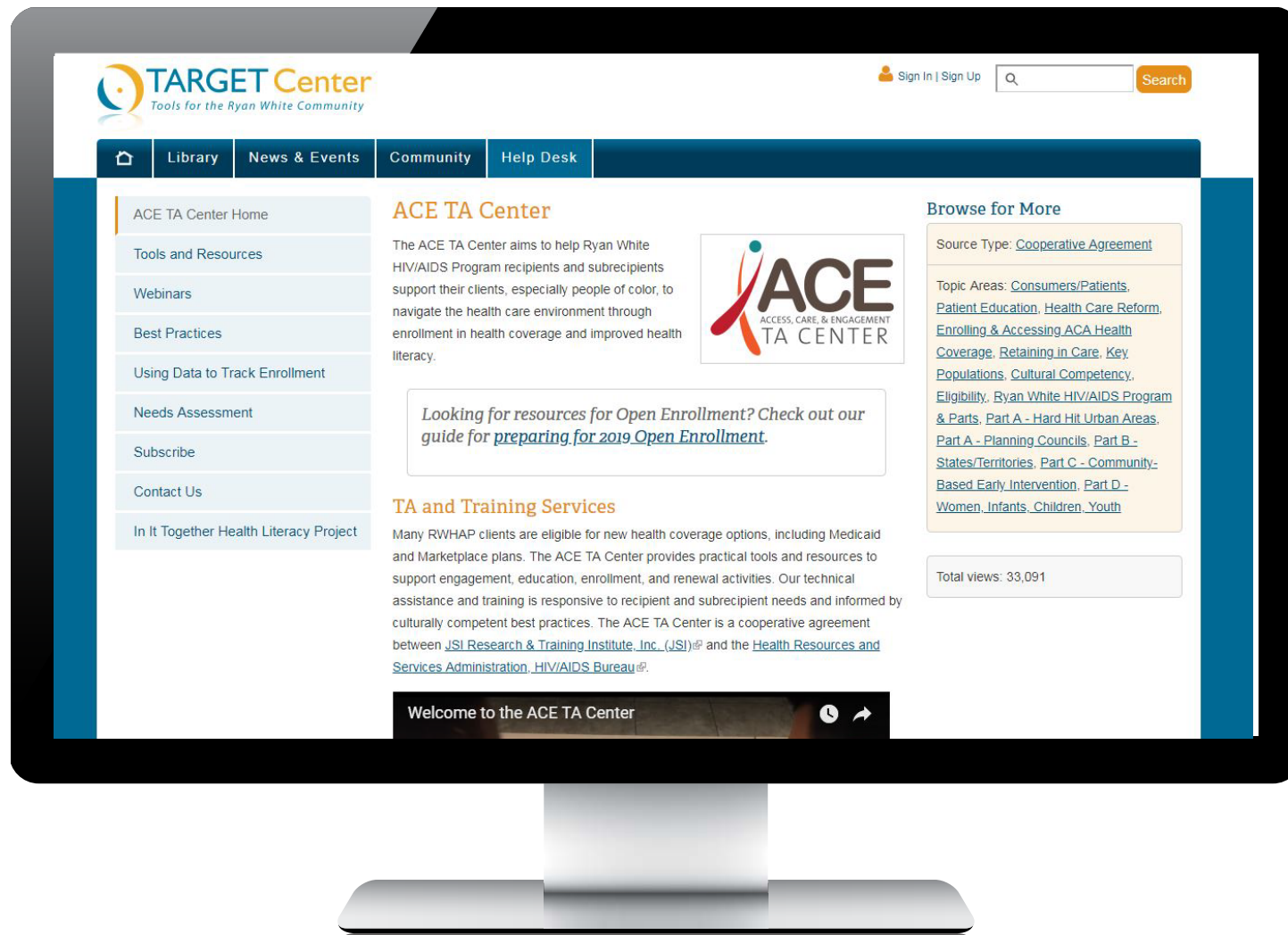
Upcoming webinar: Enrollment Assister Training

September 26
2 PM ET

Tips and
Resources to
Help Enroll
PLWH in
Health
Coverage



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Engaging and Enrolling Clients

These tools and resources are designed to help RWHAP case managers and other staff to engage and support clients throughout all phases of enrollment:

- [Determining coverage eligibility](#)
- [Engaging clients in conversations about coverage and addressing their questions and concerns](#)
- [Choosing an affordable plan](#)
- [Tracking enrollment and renewals](#)

Determining coverage eligibility

- [Eligibility Decision Tree](#)

Audience: Case managers

Decide if a client should enroll in the Marketplace, with Medicaid, or neither. See how ADAP fits with other coverage.

- [ADAP Coordinator Directory](#)  (Source: NASTAD)

Audience: Case managers

Contact information for state ADAP programs.

Engaging clients in conversations about coverage and addressing their questions and concerns

- [Common Questions and Suggested Responses for Engaging Clients in Health Coverage](#)

Audience: Case managers

Discussion guide for talking with RWHAP clients of color about enrollment in health insurance. Also available in [Spanish](#).





Questions?

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