



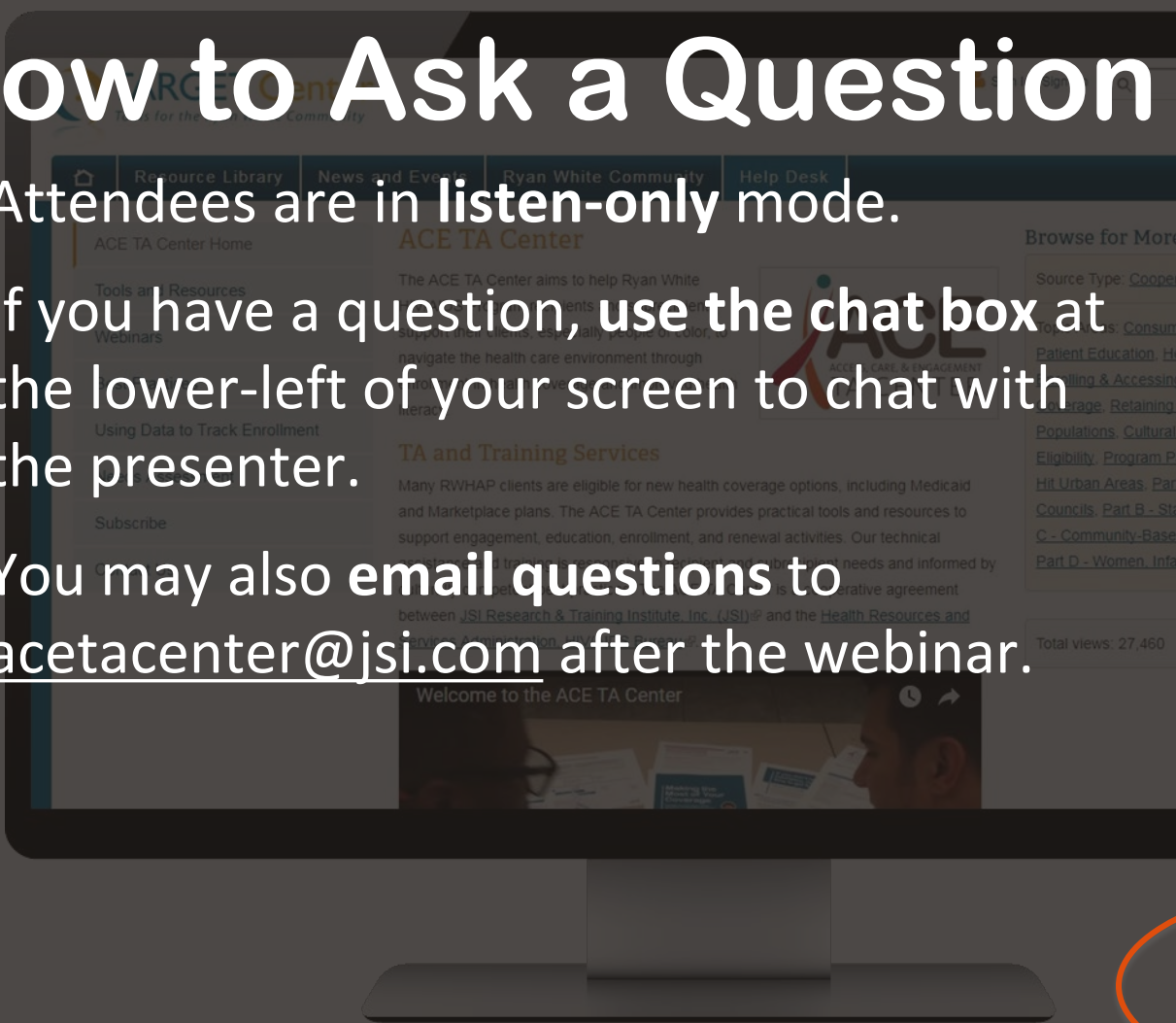
# Basics of Health Coverage: Enrollment Tools and Resources

Access, Care, and Engagement (ACE) TA Center  
August 23, 2017



# 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](mailto: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. The main content area features the ACE TA Center logo and a description of its mission to help Ryan White clients. A sidebar on the right lists various resources like Patient Education, Eligibility, and Program. At the bottom of the monitor, there is a video player showing a person's face.

Overlaid on the right side of the monitor is a chat box. At the top of the chat box are two buttons: "Hide Chat" and "Raise Hand". The main area of the chat box is a large white rectangle for messages. At the bottom of the chat box, there is a text input field with the placeholder text "<Type Message Here>" and a "Send" button. This bottom section of the chat box is circled in orange.

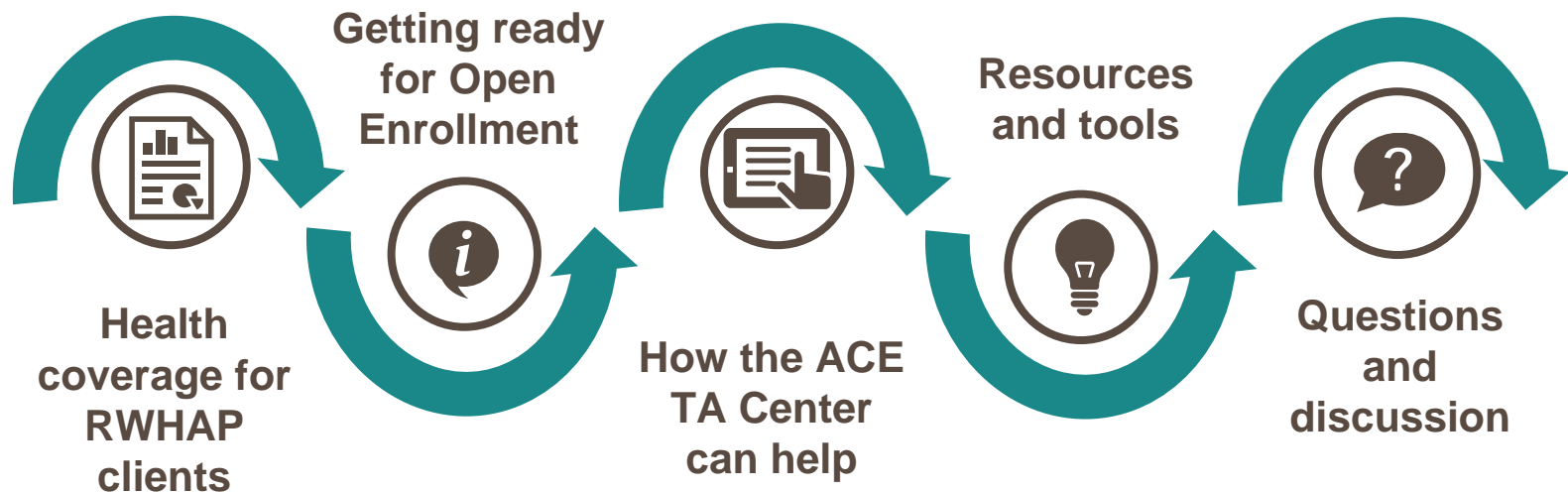
# Can You Hear Us?

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# Session overview





Today's presenters






# Audience Poll

**Have you been on an ACE TA Center webinar before?**

- Yes
- No



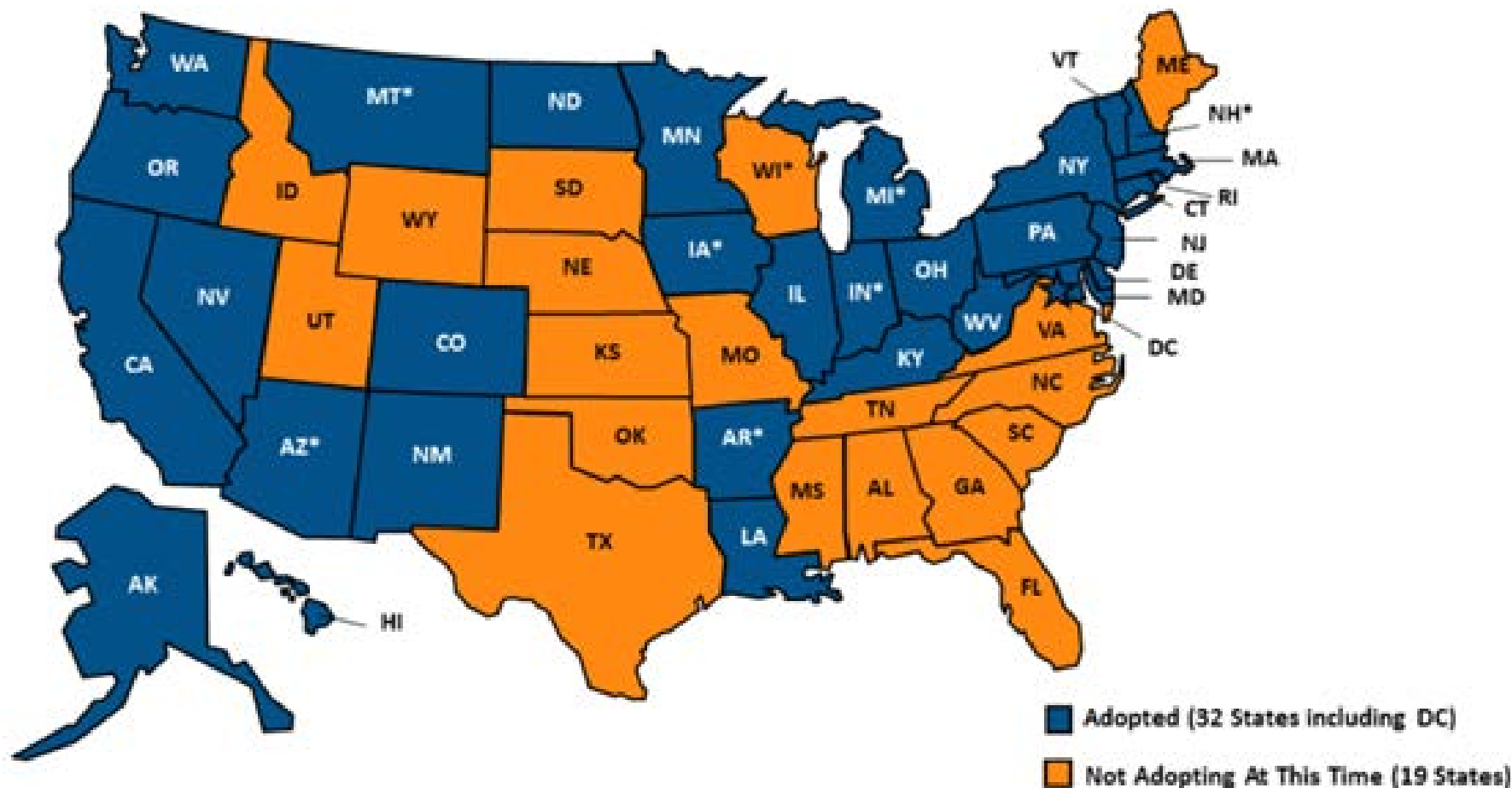
# What does health coverage mean for RWHAP clients?

# Who can apply for Marketplace coverage?

- Plans can't drop you if you're sick
- Young adults can stay on parents' plans until age 26
- You 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 eligibility is expanded to 138% of FPL in 32 states



# Which states have expanded Medicaid?

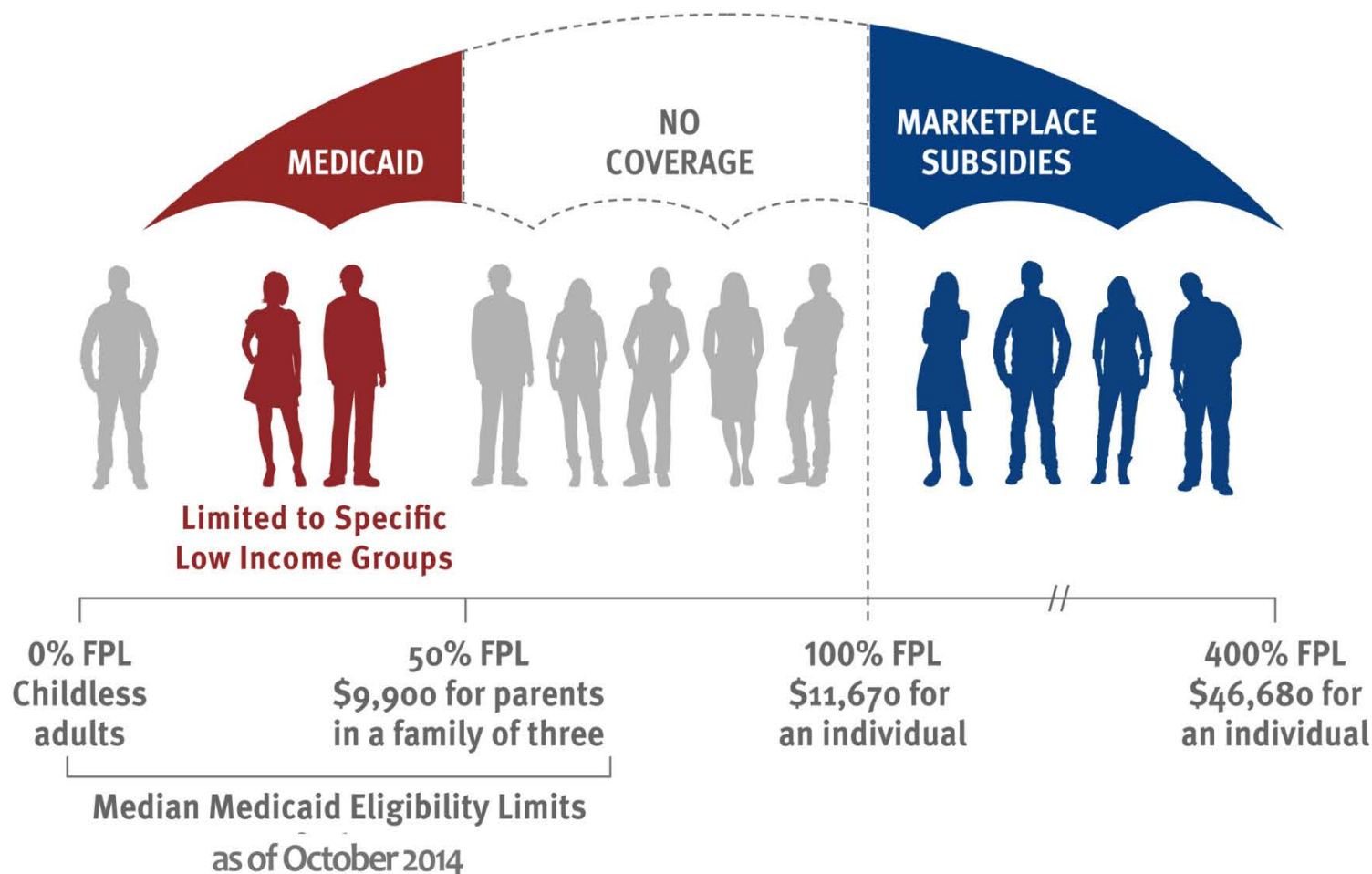


NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. \*AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 1, 2017.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

# Who is eligible for Medicaid?





# Audience Poll

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

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

# Benefits 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 ADAP can help

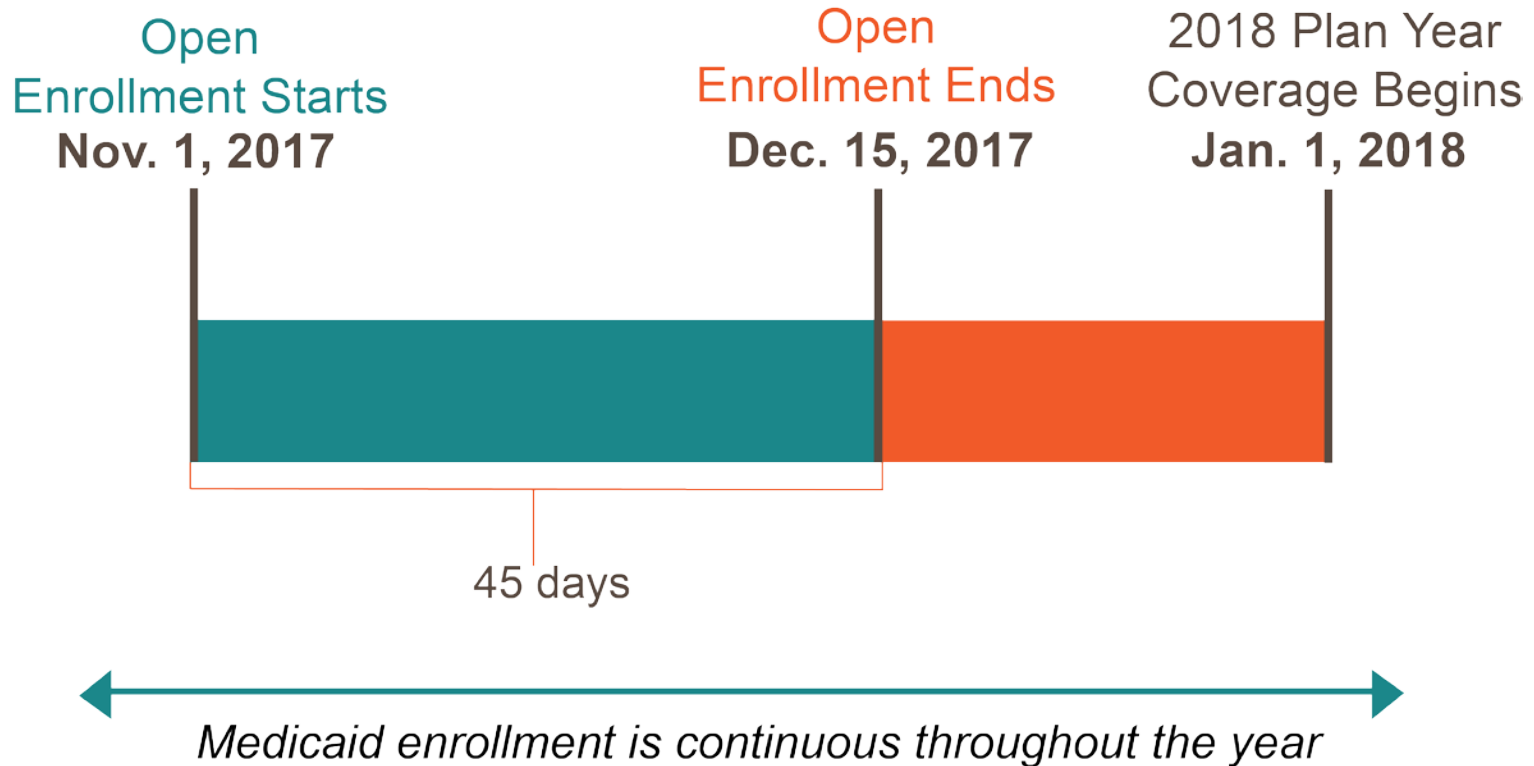
- **Ryan White HIV/AIDS Program funds can help** with premium payments, co-pays and deductibles
- In addition, Premium **tax credits** (PTCs), **cost sharing** reductions (CSRs) make Marketplace insurance more affordable
- RWHAP ensures HIV **coverage completion** for insured clients and a safety net for the uninsured (including ineligible clients)





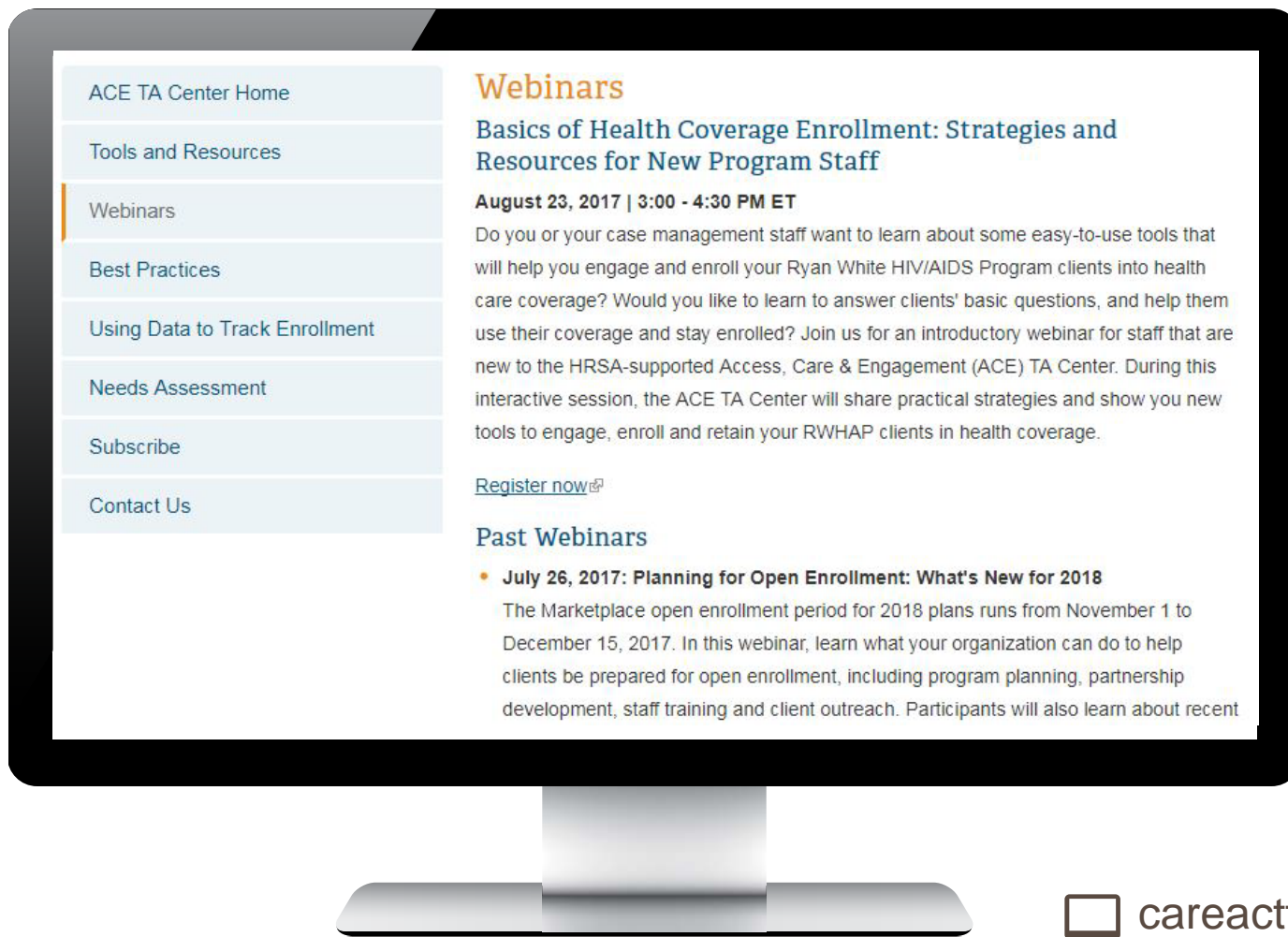
# Getting Ready: Open Enrollment for 2018

# Open enrollment timeline for 2018 plans



- Six-week enrollment period applies to both Federally-facilitated marketplace states (FFMs) and state-based marketplaces (SBMs).
- SBMs are allowed to extend the Open Enrollment Period with a Special Enrollment Period, as a transitional measure.

# Recent webinars



**April 26, 2017:**  
Building Consumers'  
Capacity to Use  
Their Health  
Coverage and Stay  
Enrolled

**November 17,  
2016:** Engaging  
Hard-to-Enroll  
Clients During Open  
Enrollment

# Getting ready for 2018 open enrollment

- **Summer:** focus on staff and partnerships
- **September:** begin account “tune-ups”
- **October:** start scheduling enrollment sessions
- **November:** Open Enrollment begins!



# Summer: Focus on staff and partnerships

- Begin staff training.
- Assess staff capacity and develop a framework for scheduling enrollment work.
- Identify enrollment partnerships and train partners on the needs of PLWH.
- Communicate with other organizations and groups that support your clients.
- Prepare for consumer outreach.



# September: Account “tune-ups”

- Help clients organize their paperwork and update Marketplace account details.
- Confirm enrollment in ADAP or other RWHAP premium/cost-sharing assistance
- Make sure premium payments are up to date.
- Ensure that clients who received APTCs have filed their federal taxes.
- Help clients identify their coverage priorities including medications and providers.



# October: start scheduling enrollment sessions


- Continue with account tune-ups and start shopping around.
- Schedule enrollment sessions.
- Finalize staff schedules, and prepare to train staff on plan options.
- Educate clients about the importance of active plan renewals.

# 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 budgets

# 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



How can the ACE  
TA Center help you  
with enrollment?



# The ACE TA Center

## Objectives:

- Develop and share tools and resources
- Provide TA and training
- Identify and promote best and promising enrollment practices
- Support health literacy (organizations and their clients)



ACE TA Center Home

Tools and Resources

Webinars

Best Practices

Using Data to Track Enrollment

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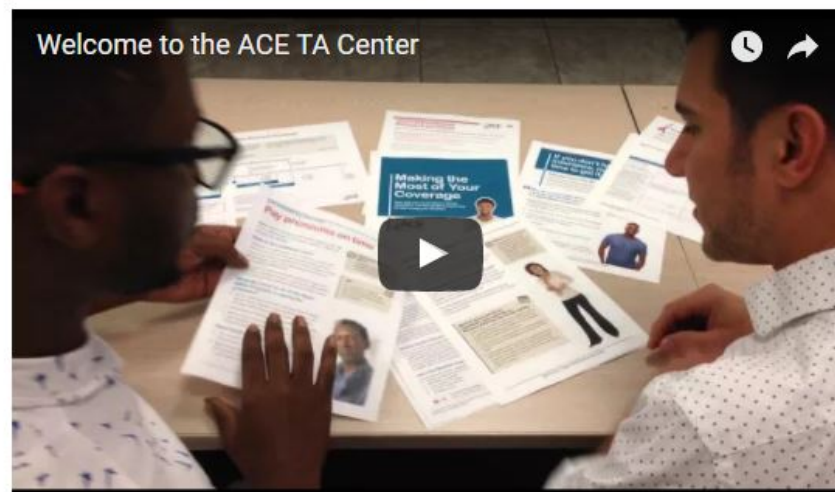
## ACE TA Center

The ACE TA Center aims to help Ryan White HIV/AIDS Program 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.



## TA and Training Services

Many RWHAP clients are eligible for new health coverage options, including Medicaid and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities. Our technical assistance and training is responsive to recipient and subrecipient needs and informed by culturally competent best practices. The ACE TA Center is a cooperative agreement between [JSI Research & Training Institute, Inc. \(JSI\)](#) and the [Health Resources and Services Administration, HIV/AIDS Bureau](#).



## Browse for More

Source Type: [Cooperative Agreement](#)

Topic Areas: [Consumers/Patients](#), [Patient Education](#), [Health Care Reform](#), [Enrolling & Accessing ACA Health Coverage](#), [Retaining in Care](#), [Populations](#), [Cultural Competency](#), [Eligibility](#), [Program Parts](#), [Part A - Hard Hit Urban Areas](#), [Part A - Planning Councils](#), [Part B - States/Territories](#), [Part C - Community-Based Early Intervention](#), [Part D - Women, Infants, Children, Youth](#)

Total views: 27,460

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

# 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





# 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 program still help me?
- What if I don't enroll?



# Resources to Help You Engage, Enroll and Retain Clients in Health Coverage



## ACE TA Center Home

## Tools and Resources

## ► Engaging and Enrolling Clients

## Enrolling Diverse Clients

Staying Covered and Using  
Coverage

## Assisters New to HIV

## Financial Help and Taxes

## Resources for Consumers

## Webinars

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## Using Data to Track Enrollment

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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](#).





**Learn to anticipate and respond to your client's concerns.**



# Audience Poll

**What do you think is the biggest enrollment challenge that your clients face?**

- Changing health care providers
- Medication coverage
- Basics of health insurance
- Mistrust of health systems
- Paying for coverage/medications
- Something else (chat us!)

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

## Take the next step for a healthy life.

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

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

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

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

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

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



#### GET COVERED FOR A HEALTHY LIFE

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

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

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

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

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

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



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

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

Most plans require a co-pay for medicines and doctor visits. This means you pay a set amount each time.

#### GET COVERED FOR A HEALTHY LIFE

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

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

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

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

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

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

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

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

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



# Engaging Hard-to-Enroll Clients and Tracking Your Efforts

November 2016

ACE TA Center

## *Step 1. Determine if your client may be eligible for health coverage.*

Explore health coverage options such as Marketplace plans, Medicaid, CHIP, Medicare, employer-sponsored health insurance coverage, or other private health insurance. [Jump to resources and strategies](#)

## *Step 2. Engage hard-to-enroll eligible clients in conversations about coverage.*

Consider aligning your engagement and enrollment activities with RWHAP eligibility determination and recertification activities. [Jump to resources and strategies](#)

## *Step 3. Develop policies and procedures to document your efforts to enroll clients in coverage.*

These policies and procedures can also help you to demonstrate “vigorous pursuit” of clients into health coverage. Document the steps you take toward enrolling eligible clients. [Jump to resources and strategies](#)

## *Step 4. Document and monitor your efforts to enroll clients in coverage.*

Implement your policies and procedures from Step 3, which may include collecting data

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

Are you a case manager or enrollment assister that helps 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.

Please keep in mind that this tool is a work in progress. Your program has agreed to use this tool and share feedback with ACE. ACE is a 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@nhi.com](mailto:acetcenter@nhi.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 enroll. 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.targetnhi.org/ace](http://www.targetnhi.org/ace)).

Remember that 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  
Anticipated ADAP recertification date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
Date to remind client about renewal: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
Notes: \_\_\_\_\_

The ACE "A Center" helps RWHP grantees and sub-grantees enroll diverse clients, especially people of color, in health insurance and build providers' cultural competence. [www.targetnhi.org/ace](http://www.targetnhi.org/ace)

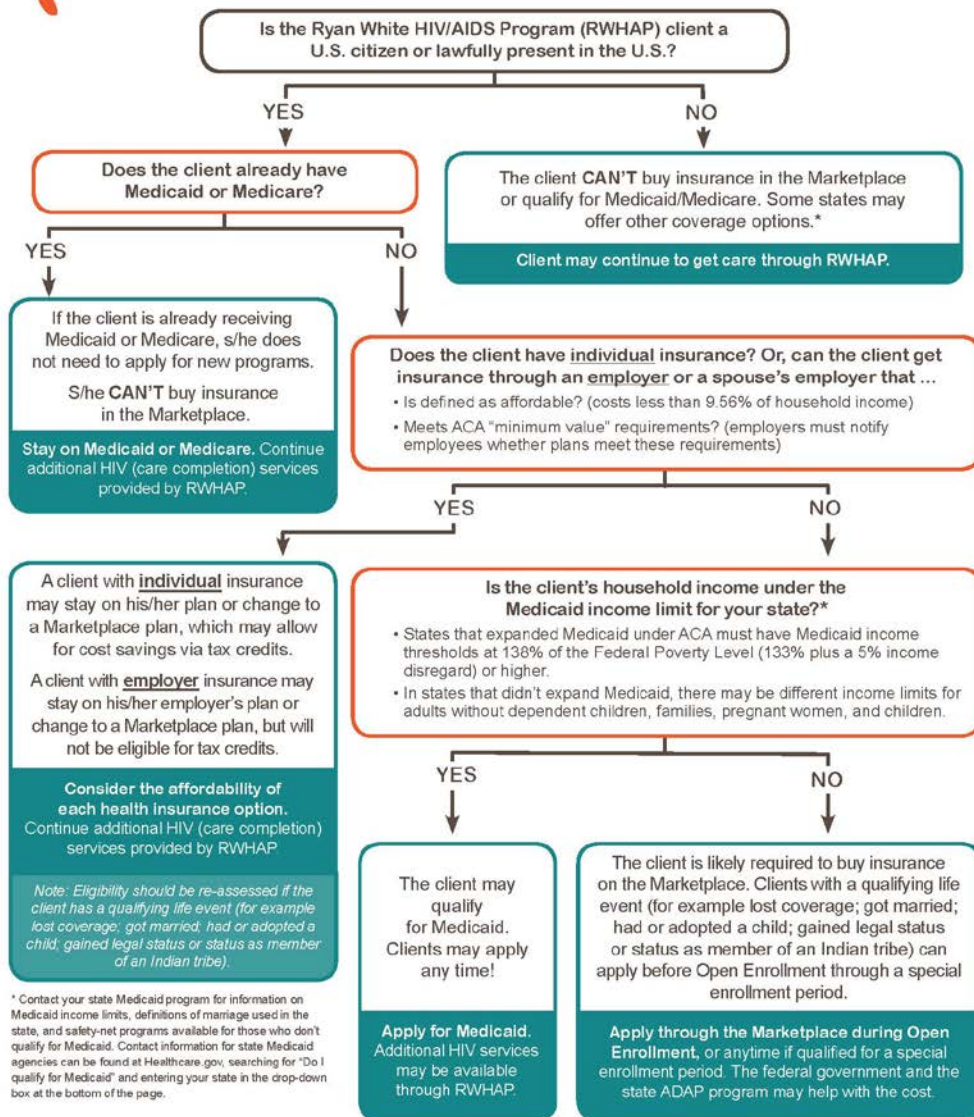
**ACE**  
nhi

**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 July 2015.



This document was prepared by JSI Research & Training Institute, Inc. under Grant #U72HA26520 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 grantees and subgrantees enroll diverse clients, especially people of color, in health insurance. [www.targethiv.org/ace](http://www.targethiv.org/ace)



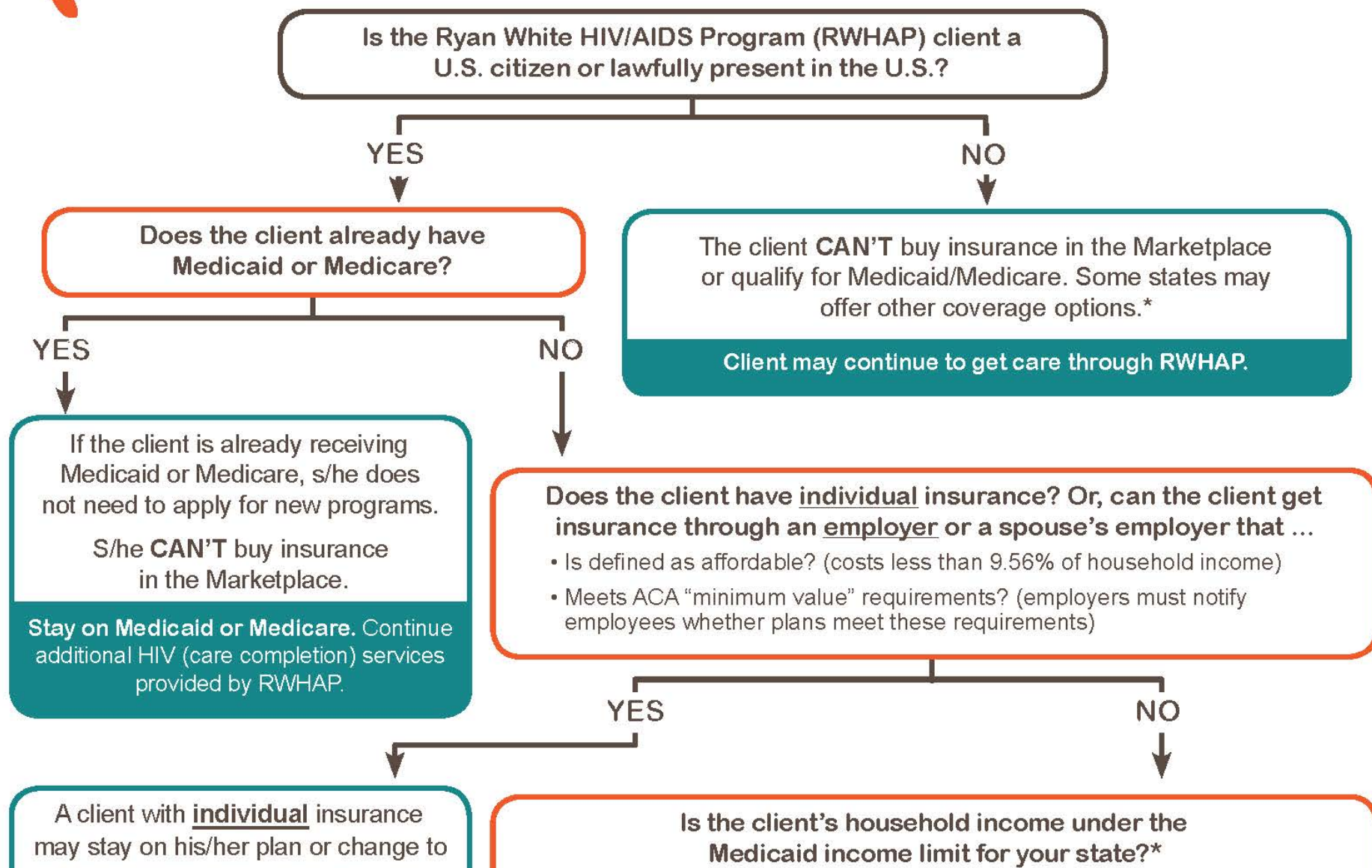
# Eligibility Decision Tree





# 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 July 2015.



# Health Insurance Enrollment Tracking Checklist



Use the following checklist to help your Ryan White HIV/AIDS Program (RWHP) clients enroll in health insurance, use benefits, and stay enrolled.

Do you need a more detailed worksheet?  
Use the ACE TA Center [Enrollment Tracking Worksheet](#) to document your activities.

Are you helping a client through the renewal process?  
Use the ACE TA Center [Health Insurance Renewal Tracking Checklist](#).

## Enrollment Steps



### Step 1: Get started.

- ☒ Discuss why health insurance is important and the insurance options the client may be eligible for.
- ☒ Describe the enrollment process, how to apply, how long it will take, and when benefits would start.
- ☒ Talk to the client about available financial help, such as premium assistance tax credits, cost sharing, and/or ADAP.

### Step 2: Address client concerns, questions, and fears about health insurance.

- ☐ Talk with the client about any concerns they may have about insurance.
- ☒ Explain that RWHP can still provide services not covered by insurance.

### Step 3: Fill-in application.

- ☐ Help the client gather required documents.
- ☐ Begin the application process for Medicaid or Medicaid account.
- ☐ Explain that to be eligible for tax credits, the client must be enrolled in a health insurance marketplace to collect tax information.
- ☐ Help the client select a health insurance plan.
- ☐ Help the client find assistance with the application.
- ☐ If you do not provide application assistance, document the reason.

Keep track of important dates, outcomes and notes

Explain the value of actively comparing plan options every year to all clients.

# 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.



# Marketplace Plan Renewals Flowchart

1

Was your client enrolled in a qualified health plan (QHP) in 2016?

**NO.**

Eligible clients can choose and apply for a QHP during Open Enrollment.

**YES.**

Most clients will automatically be re-enrolled in coverage, with the exception of discontinued plans. Whether or not renewal is automatic, clients should log into their Marketplace application to compare plan options. Clients can select a new plan during Open Enrollment and update their income and household information.



Use the [ACE TA Center's Health Care Plan Selection Worksheet](#) to help clients find the best plan for them.

Use the [ACE TA Center's Pre-Enrollment Worksheet](#) to help clients prepare for their first visit with an enrollment assister.



Even if the client is not eligible for as much financial help in 2017, s/he can review plans to compare costs and coverage for medications and services. RWHP remains available to ensure coverage completion and may be able to help cover remaining premium and out-of-pocket expenses.



Tell your clients that the Marketplace mails a *Health Insurance Marketplace Statement* each February with information they will need to complete Form 8962, which is a form that will get submitted with their tax return.

## 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.

**NO.**

If plan is discontinued at the end of 2016, the client may be auto-enrolled in a similar plan from the same insurer if one is available. If the insurer is leaving the Marketplace, the client may be auto-enrolled in a similar plan from another insurer. Encourage clients to examine any new plan carefully to ensure it still meets their needs. If a similar plan is not available, auto-renewal will not occur unless s/he actively chooses a new plan.

2

Is your client's QHP available in 2017?

**YES.**

Even if your client's same plan is offered in 2017, encourage him/her to review new plan options to compare costs and coverage options, and see if s/he qualifies for financial help to lower the price of a new plan.

3

Did your client receive financial assistance, such as premium tax credits (PTCs) and/or cost-sharing reductions (CSRs), in 2016?

**YES.**

The Marketplace will use the client's tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2017.

**NO.**

The client can apply for help paying for premiums and out-of-pocket expenses in 2017. Clients with incomes up to 400% FPL may be eligible for PTCs. Clients with incomes up to 250% FPL may also be eligible for CSRs.

4

Did the client file taxes this year?

**YES.**

Great! Clients who filed the previous years' taxes will have an automatic redetermination of their PTC/CSR in the new year.



See [Tax Credits and Cost Sharing: Federal Support for Health Insurance](#) for more information.

**NO.**

Clients must file a tax return for every year that they receive a PTC/CSR to continue to be eligible for future PTC/CSRs. Clients who were enrolled for the first time in 2016 and received a PTC/CSR will need to file their 2016 taxes in 2017.

5

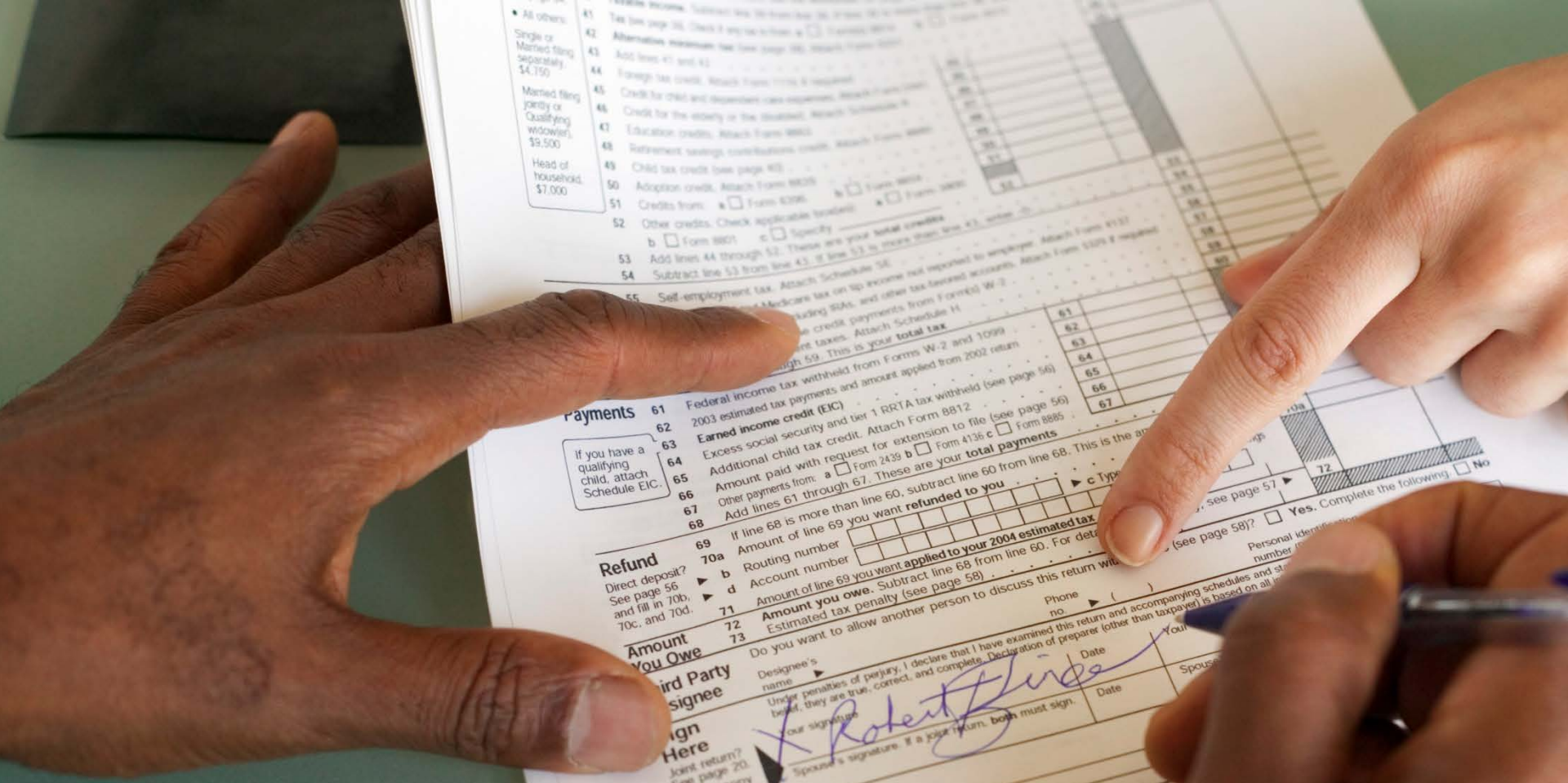
Did the client authorize the collection of tax data from the IRS in 2016?

**YES.**

The Marketplace will use the client's tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2017.

**NO.**

Tell your clients that without updated financial help in the form of PTCs and CSRs will end on 12/31/16.



Help clients understand what financial help is available from the Marketplace and the Ryan White HIV/AIDS Program.

# Financial help from the RWHAP

- Many ADAPs and Part A programs 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 2017 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 | 2016 Federal Poverty Level (100% FPL) | Max Income for CSR (250% FPL) | Max Income for PTC (400% FPL) |
|----------------------|---------------------------------------|-------------------------------|-------------------------------|
| 1                    | \$11,770                              | \$29,425                      | \$47,080                      |
| 2                    | \$15,930                              | \$39,825                      | \$63,720                      |
| 3                    | \$20,090                              | \$50,225                      | \$80,360                      |
| 4                    | \$24,250                              | \$60,625                      | \$97,000                      |
| 5                    | \$28,410                              | \$71,025                      | \$113,640                     |
| 6                    | \$32,570                              | \$81,425                      | \$130,280                     |
| 7                    | \$36,730                              | \$91,825                      | \$146,920                     |
| 8                    | \$40,890                              | \$102,225                     | \$160,360                     |



# 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)

November 2015

ACE TA Center

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



## *Premium Tax Credit (PTC)*

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

## *Cost-Sharing Reduction (CSR)*

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

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

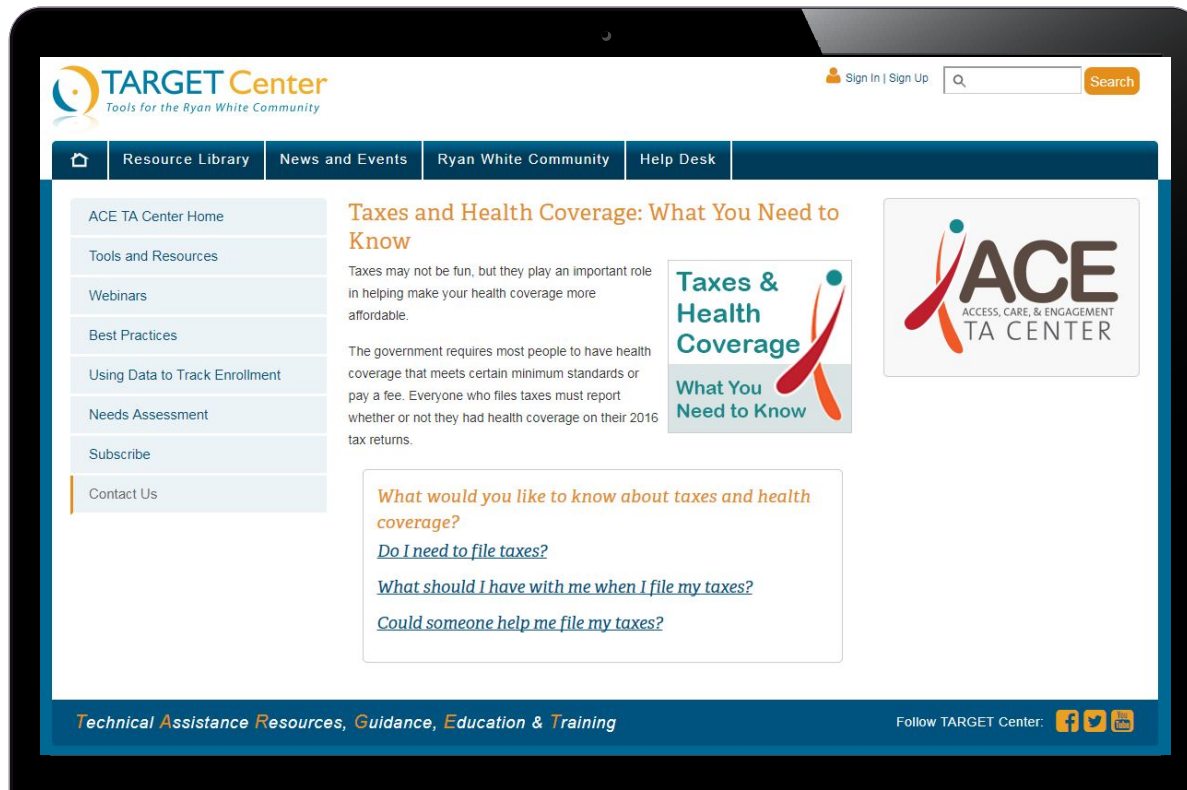
## Frequently Asked Questions

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

# FAQ: Financial Help for Health Insurance

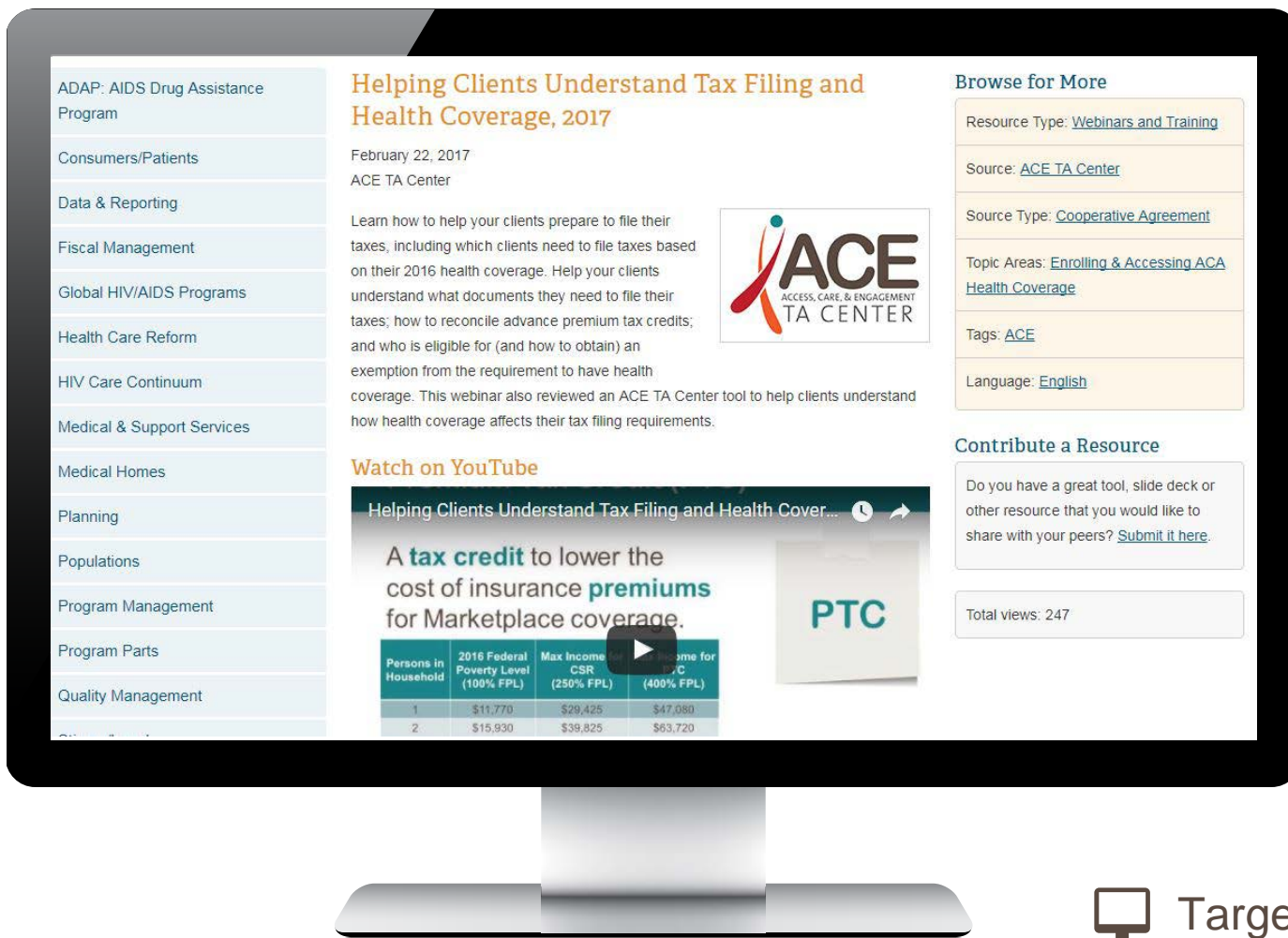


# Consumer tool: Taxes and health coverage



targethiv.org/ace/taxes

# Past webinars: financial help



**February 22, 2017 archived webinar:**  
Helping Clients Understand Tax Filing and Health Coverage

**December 10, 2015:** Everything You Wanted to Know About Cost Sharing & Tax Credits in 2016

# “Covered” videos



- ACE “Covered” educational video series topics:
  - What’s covered by insurance
  - Key insurance terms
  - Where to go for different types of care
  - How tax credits work



[careacttarget.org/ace/watchcovered](https://careacttarget.org/ace/watchcovered)





**Help clients understand how to prepare for their enrollment visit.**

# 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](http://www.targethiv.org/ACE)

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



# 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<br><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<br><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:<br><input type="checkbox"/> Copy of your most recent tax return<br><input type="checkbox"/> For anyone in your household who is working: Recent pay stubs, checks, or W-2's<br><input type="checkbox"/> If anyone is unemployed: Their unemployment benefits letter<br><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<br>if yes:<br>TYPE OF COVERAGE<br>NAME OF HEALTH INSURANCE COMPANY<br>POLICY NUMBER, IF APPLICABLE | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>if yes:<br>TYPE OF COVERAGE<br>NAME OF HEALTH INSURANCE COMPANY<br>POLICY NUMBER, IF APPLICABLE | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>if yes:<br>TYPE OF COVERAGE<br>NAME OF HEALTH INSURANCE COMPANY<br>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:<br><input type="checkbox"/> If anyone had Marketplace coverage last year. Bring any recent letters from their health insurance plan.<br><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.<br><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. |   |   |   |



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

# 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](http://careacttarget.org/assisters)



**Help newly enrolled clients start using their coverage.**



# 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

# 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



**Help clients understand how to keep coverage throughout the year.**



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## ACE TA Center

The ACE TA Center aims to help Ryan White HIV/AIDS Program 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.



## TA and Training Services

Many RWHAP clients are eligible for new health coverage options, including Medicaid and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities. Our technical assistance and training is responsive to recipient and subrecipient needs and informed by culturally competent best practices. The ACE TA Center is a cooperative agreement between [JSI Research & Training Institute, Inc. \(JSI\)](#) and the [Health Resources and Services Administration, HIV/AIDS Bureau](#).

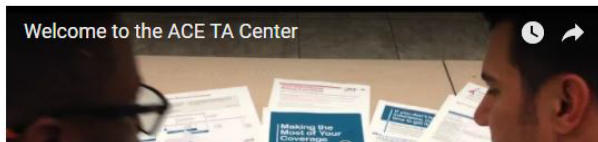
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Welcome to the ACE TA Center



[careacttarget.org/ace](https://careacttarget.org/ace)



# Questions?

# Thank you for joining us!

## Please complete the evaluation!

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**[acetacenter@jsi.com](mailto:acetacenter@jsi.com)**

