



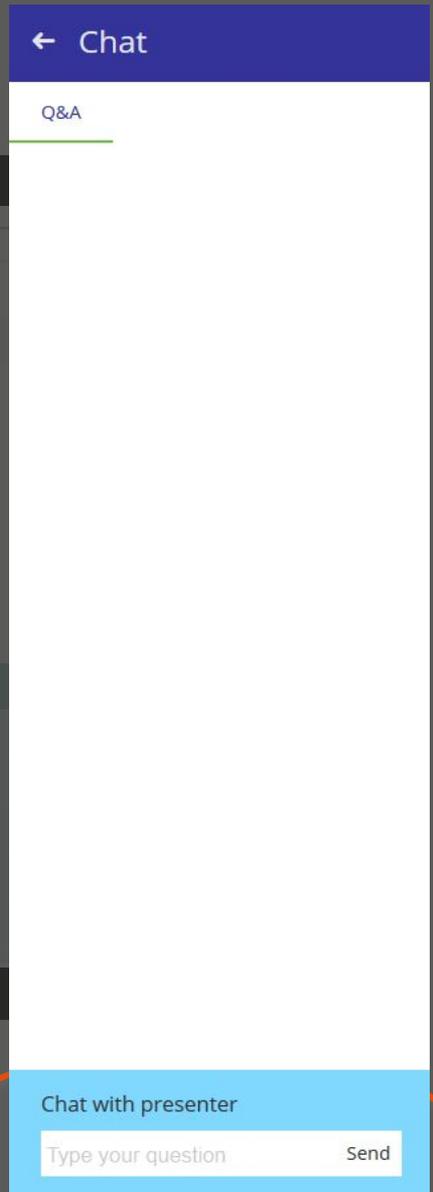
Tips and Resources for Enrollment Assistants to Help Enroll People Living with HIV in Health Coverage

Access, Care, and Engagement (ACE) TA Center
September 26, 2018



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- Attendees are in **listen-only** mode.
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- You may also **email questions to acetacenter@jsi.com** after the webinar.



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



Home » Help » Technical Assistance Directory » ACE TA Center

ACE TA Center

The Access, Care, and Engagement TA Center (ACE) Technical Assistance (TA) Center helps 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.



Check out our guide for preparing for 2019 Open Enrollment.

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

ACE TA Center Home

Tools and Resources

Webinars

Best Practices

Using Data to Track Enrollment

Needs Assessment

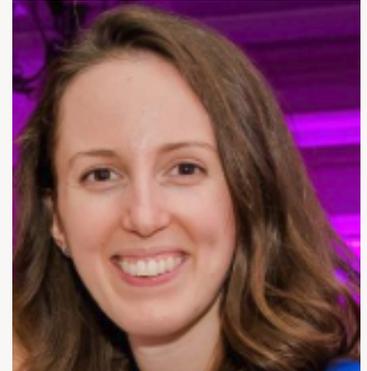
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MIRA



MOLLY

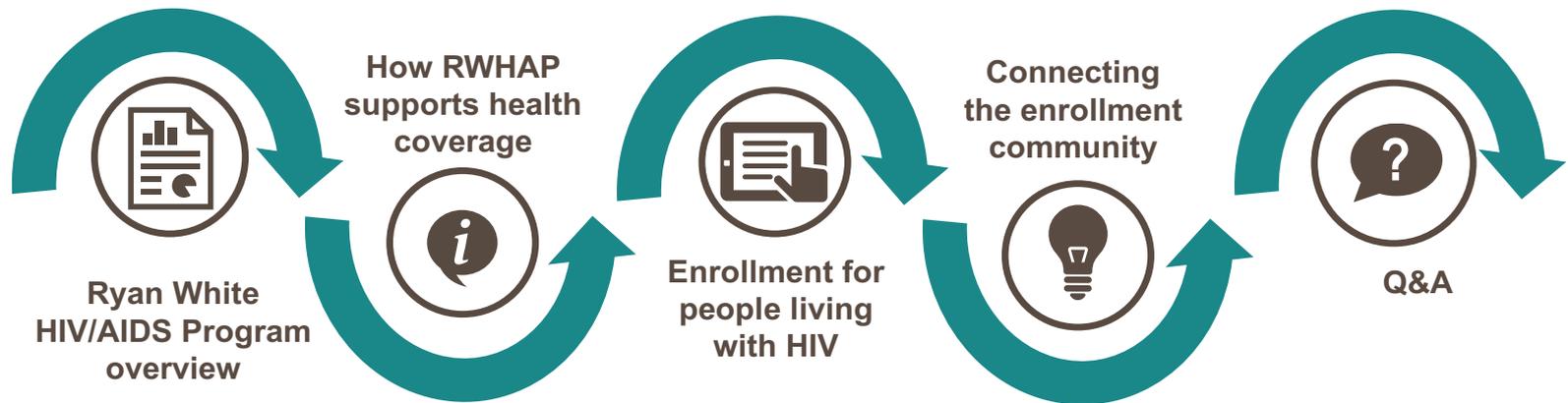


CARRIE

Today's presenters



Session overview





Audience Poll

Have you provided enrollment assistance for people living with HIV in the past?

- Yes
- No



Audience Poll

Are you a trained or certified enrollment assister?

- Yes, funded Navigator
- Yes, Certified App. Counselor
- Yes, Broker or Agent
- Yes, other (chat response)
- No



What does health coverage mean for people living with HIV?

Benefits of health coverage

- People can't be denied coverage for any health-related reason, including pre-existing conditions.
- Access to HIV and non-HIV services and medications
 - Expanded choice of medical providers, including specialists for complex health conditions
 - Coverage for mental health and substance use treatment services
 - Coverage for injury and hospitalization
- Plans can't drop you if you have an existing medical condition or get one after enrolling.





**How does the Ryan
White HIV/AIDS
Program support
people living with
HIV?**

Ryan White HIV/AIDS Program (RWHAP)

- Federal program that provides HIV-related health and support services to PLWH who are uninsured or underinsured
- Provides funding to states, territories, cities, and local community-based organizations
- RWHAP-funded programs deliver services including primary medical care, case management, essential support services, and support access to HIV medications.
- RWHAP is the payor of last resort.

RWHAP is not health insurance!



AIDS Drug Assistance Program (ADAP)

- State-based programs funded by the RWHAP that provide HIV-related prescription drugs to low-income PLWH who have limited or no prescription drug coverage.
- ADAPs and other RWHAPs are permitted to pay for eligible clients' health insurance premiums and/or out-of-pocket medication costs based on cost effectiveness of options in aggregate.

How RWHAP/ADAP supports health coverage

- Many RWHAP Part B programs (states/territories) and some RWHAP Part A programs (metropolitan areas) provide financial assistance to help eligible clients pay premiums, co-pays, and deductibles for certain health plans.
 - Assistance may be available to clients who enroll into health coverage on *or* off the Marketplace.
- RWHAP also provides a safety net for clients who are not eligible for Marketplace coverage or otherwise remain uninsured.



RWHAP/ADAP plan support

- Check with your state's ADAP or RWHAP Part A to learn if they recommend or support specific health plans.
- Plans are typically assessed for cost effectiveness, medication coverage, and network adequacy.

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*

Critical role of enrollment assisters

- Help clients understand their plan options before enrolling:
 - Ask questions about the client's coverage needs and priorities.
 - Share your knowledge about plans supported by the RWHAP, including ADAP.
 - For people living with HIV, help them select a plan that covers their **life-saving medications and care.**
- Discuss the value of coverage and importance of maintaining coverage throughout the year.



Poll:

Which of the following may be available to eligible clients through the Ryan White HIV/AIDS Program? *(check all that apply)*

- Medication purchasing
- Emergency Room visits
- Medical care
- Premium payment assistance
- Out-of-pocket payment assistance
- Medical case management



What's unique about enrollment for people living with HIV?

Common enrollment concerns for PLWH

- *Why do I need health insurance when I get my care through the Ryan White HIV/AIDS Program?*
- *Does enrolling in health insurance mean I'm going to have a new doctor? I want to stay with the one I have now.*
- *Will I still be able to get my HIV medications? Will they cost more?*
- *I tried to enroll before and was rejected. Why should this time be different?*

8 ways you can help your clients

-  1. Explain insurance terms and benefits.
-  2. Know that the Ryan White HIV/AIDS Program provides HIV care and support.
-  3. Know how to contact your state's RWHAP or ADAP
-  4. Help consumers find plans that cover their current HIV drugs.

8 ways you can help your clients

-  5. Listen to consumers' needs and concerns.
-  6. Encourage continuity of care.
-  7. Understand why continuous medication coverage is essential.
-  8. Show compassion and cultural sensitivity



1. Explain terms and benefits

- Many people living with HIV are still getting used to having health insurance.
- In the past, some people were denied insurance coverage or charged more because of a pre-existing condition.
- Insurance terms are confusing!
- Consumers may not know how to activate or use their coverage.

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 for each.

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!



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 NUMBER: 1000-000-0000	EFFECTIVE DATE: 1/1/2017
GROUP #: 0000-0000000	PRESCRIPTION GROUP #: 0000
POP CO-PAY: \$10 SPECIALIST CO-PAY: \$25 EMER. ROOM: \$15	PRESCRIPTION CO-PAY: GENERIC: \$10 NAME BRAND: \$25
MEMBERSHIP SERVICES: 1-800-000-0000	



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

MAKING THE MOST OF YOUR COVERAGE Know your costs.

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

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

Continue taking your medications.

It's important to keep taking your medications as prescribed, particularly for HIV.

If your health insurance plan does not cover your HIV medication, you have the right to ask them to make an exception. ADAP might be able to help if you are switching from ADAP to a new insurance plan.

If there is a short time that you are not covered, some pharmacies offer a short-term supply of medications (15 or 30-day refills) until your new coverage begins.

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



Stay Covered All Year Long

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

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



2. Know that RWHAP provides HIV care and support

- RWHAP helps all consumers – insured, underinsured, and uninsured.

- Encourage clients to:
 1. Stay enrolled in ADAP if possible.
 2. Stay in touch with their RWHAP case manager so they can get help if they experience gaps in coverage or unexpected costs.



3. Know how to contact your local RWHAP, including ADAP




ADAP Coordinator Directory – July 11, 2018

<p>Alabama Terri Jenkins HIV Prevention & Care ADAP Nurse Manager Bureau of Communicable Disease The RSA Tower 201 Monroe Street, Suite 1400 Montgomery, Alabama 36104 P: (334) 206-9441 F: (334) 206-6221 Terri.Jenkins@adph.state.al.us</p>	<p>Arkansas Nicholas Butler RWHP Part B ADAP Coordinator Arkansas Ryan White Program Manager Arkansas Department of Health Infectious Disease Branch 4815 W. Markham St, Slot 33 Little Rock, AR 72205 P: (501) 661-2862 F: (501) 661-2082 Nicholas.Butler@arkansas.gov</p>
<p>Alaska Susan Jones HIV/STD Program Manager Section of Epidemiology 3601 C Street Suite 540 Anchorage, AK 99503 P: (907) 269-8061 F: (907) 561-4239 susan.jones@alaska.gov</p>	<p>California Sandra Robinson, MBA Chief, AIDS Drug Assistance Program Branch California Department of Public Health 1616 Capitol Avenue, Suite 616 PO Box 997426, MS 7700 Sacramento, CA 95899-7426 P: (916) 449-5942 F: (916) 449-5859 Sandra.Robinson@cdph.ca.gov</p>
<p>Arizona Jimmy Borders ADAP Operations Manager Office of Disease Integration and Services 150 N. 18th Avenue, Suite #130 Phoenix, AZ 85007 P: (602) 542-7344 F: (602) 364-3263 jimmy.borders@azdhs.gov</p>	<p>Colorado Todd Grove Healthcare Access Unit Supervisor - ADAP STI/HIV/Viral Hepatitis Branch 4300 Cherry Creek Drive South Denver, CO 80246-1530 P: (303) 692-2783 F: (303) 691-7736 todd.grove@state.co.us</p>

The screenshot shows the HIV.gov website interface. At the top, there is a search bar for "FIND HIV TESTING SITES & CARE SERVICES WITHIN 10 MILES OF GEORGIA STATE CAPITOL, ATLANTA, GA 30334". Below the search bar is a map of Atlanta, GA, with various locations marked. A sidebar on the right lists the following services and their distances from the search location:

- HIV Testing (42)
- Housing Assistance (19)
- Health Centers (20)
- Ryan White HIV Care (13)
- Grady Memorial Hospital Corporation (0.34 mi)
- Public Health - Georgia Department Of (0.36 mi)
- Fulton County Health and Wellness (0.37 mi)
- Saint Josephs Mercy Care (0.80 mi)
- Swcs (0.80 mi)
- St. Joseph's Mercy Care Services (0.80 mi)
- Emory University (1.43 mi)
- Grady Memorial Hospital Corporation Oliva Grady Health System (1.76 mi)
- AH Midtown Atlanta Healthcare Center (1.81 mi)
- Positive Impact Health Centers Inc (2.51 mi)
- Aid Atlanta (3.41 mi)
- Aid Atlanta Inc (3.41 mi)
- Emory University (5.04 mi)
- DeKalb, County Of (6.77 mi)



IdeaBordz

- How do you get updates from the Ryan White HIV/AIDS Program (RWHAP), including ADAP, in your state?



4. Help consumers find plans that cover their HIV drugs.

- HIV treatments can be complicated and very expensive.
 - People tolerate HIV medications differently, so switching medications is not always an option.
 - Once their doctor has helped them figure out what works for them, they need to stick with that treatment.
- Some plans may only cover certain HIV drugs or combinations.
- Some plans may require increased cost-sharing for certain HIV drugs.



5. Listen to consumers' needs

- Consumers need to select a plan based on their unique needs and what is most important to them.
- Many consumers have concerns around:
 - Staying on their current medications
 - Being able to afford their plan and medications
 - Keeping their same medical providers
 - Being able to get coverage (some for the first time!)
- People living with HIV may also have concerns about other (non HIV-related) health conditions.

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.

ACE TA Center | Pre-Enrollment Worksheet | Page 2

Information about people in your household

Household Members	Yourself	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				
Estimated annual income <small>This includes income from jobs and other sources, such as unemployment or retirement benefits.</small>	\$ _____ per year			
Employer name, address and phone number				
Health Coverage				
Does the person currently have health coverage, or the option to enroll in coverage through an employer, even if s/he is not enrolled?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: TYPE OF COVERAGE NAME OF HEALTH INSURANCE COMPANY POLICY NUMBER, IF APPLICABLE
Bring these documents to help estimate your income for next year: <input type="checkbox"/> Copy of your most recent tax return <input type="checkbox"/> For anyone in your household who is working: Recent pay stubs, checks, or W-2's <input type="checkbox"/> If anyone is unemployed: Their unemployment benefit letter <input type="checkbox"/> Letters or benefits statements from Social Security, 401K, pension, or other retirement income letters				
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.				

ACE TA Center | Pre-Enrollment Worksheet | Page 3



6. Continuity of care

- Seeing the same provider regularly and maintaining a consistent supply of medication.
- When possible find a plan that includes their preferred provider because often they have developed trusting relationships.
 - They don't have to start over with someone new.
 - They know that their information is being kept confidential.

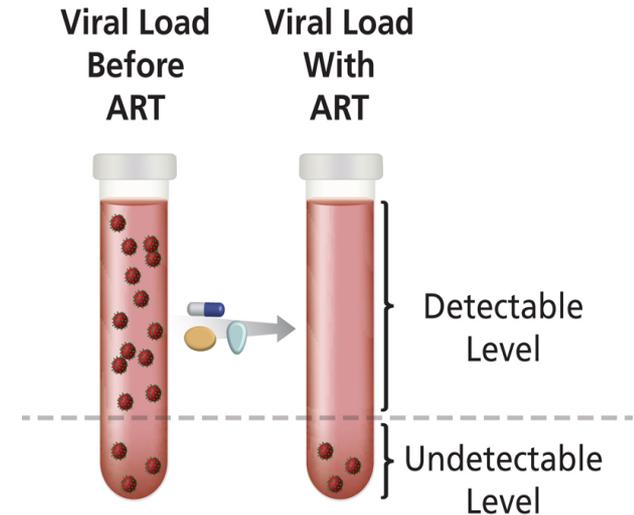


7. Access to medication

Medication access includes coverage, affordability, and accessibility.

Consistently taking the appropriate HIV medication is the key to viral suppression:

- **Viral suppression** = a very low level of HIV in the blood.
- **Viral suppression** = much less likely to get sick, and much less likely to pass the virus on to others.



Gaps in medication access can quickly lead to increased viral load and other complex health issues.

If your client experiences (or anticipates) a gap in coverage, encourage them to contact a case manager or HIV provider immediately.





8. Show compassion and cultural sensitivity

- Some people may be reluctant to disclose their HIV status because of:
 - Fear of stigma, prejudice, negative attitudes and discrimination, or
 - Discrimination in the past.

Note: Clients may also be reluctant to share any personal information because of mistrust of providers or health systems.

Sensitive health information

- Discussing sensitive health information with an individual you may not have a personal relationship with can feel uncomfortable.
- The decision to disclose one's HIV status is left to the client and you are not responsible for asking the question.
- 'Take the client's lead'.

What you can do!

- Start every conversation in a judgement free space. Show (through clear explanations and positive body language) that you are comfortable.
- Assure the client that your conversation is confidential.
- Take the time to listen to clients and answer their questions.

This will help both you and the client feel comfortable with the discussion, and help facilitate the client's enrollment into a health plan that best fits their needs.



IdeaBordz

- How do you help clients feel comfortable during enrollment sessions?

I'm new to supporting people living with HIV.

How do I help them enroll in health coverage?



Listen to consumers' needs and concerns.

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

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



Encourage continuity of care.

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

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



Understand why continuous medication coverage is essential.

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

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



Help consumers find plans that cover their HIV drugs.

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

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

targethiv.org/assisters



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.

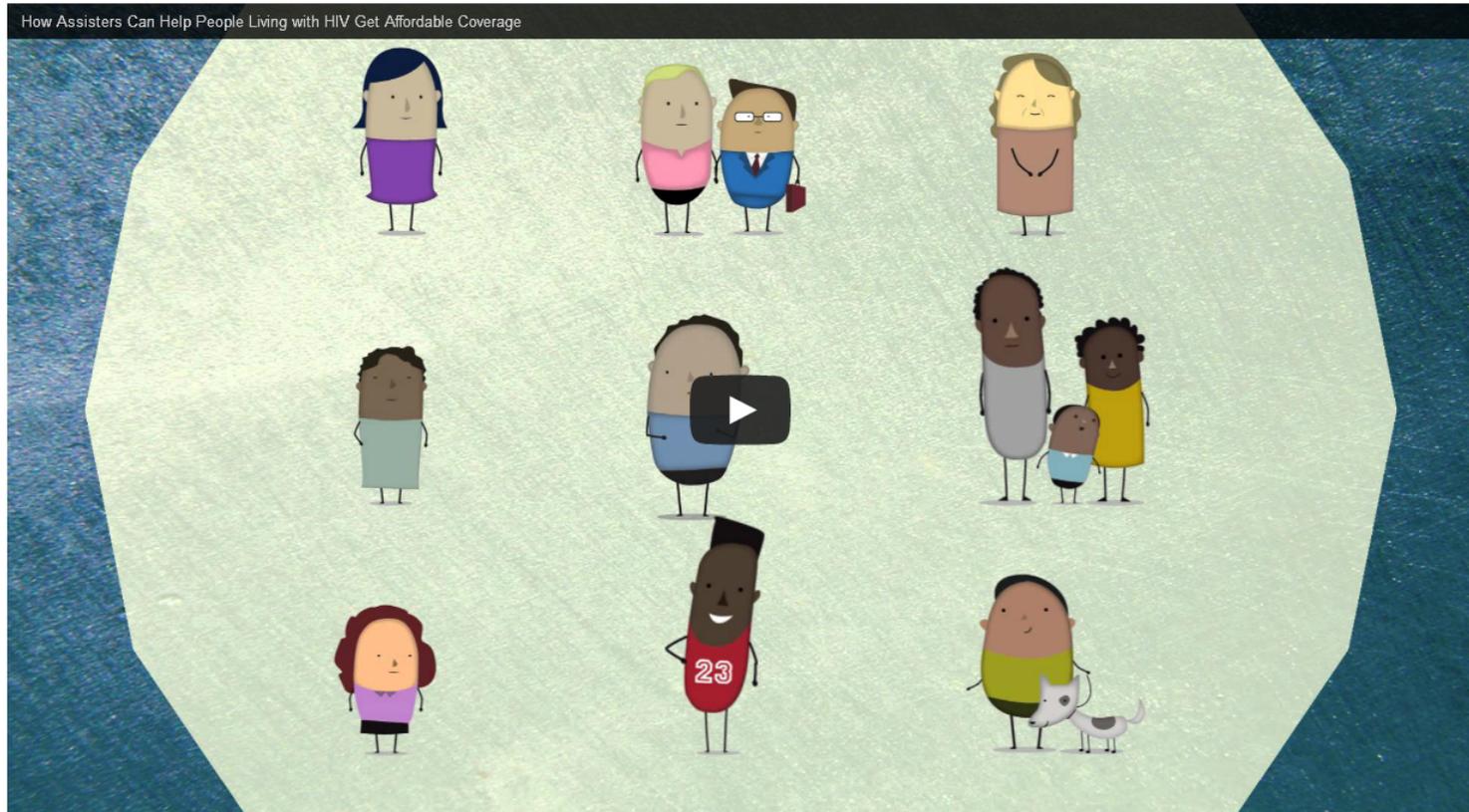


Explain insurance terms and benefits.

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





connecting
the enrollment
community

Carrie Mead
Project Manager, *In the Loop*

In the Loop

- ***In the Loop*** is a joint project of:
 - Community Catalyst
www.communitycatalyst.org
 - National Health Law Program (NHeLP)
www.healthlaw.org



What is *In the Loop*?

- *In the Loop* is a free, password-protected, online community for enrollment assisters
- Assisters can share their experiences and problem solve together
- Approximately 3,000 active assisters nationwide
- *In the Loop* staff monitor every post for accuracy

What is *In the Loop*?



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WORKING WITH VOLUNTEERS



Submitted by [Rachel Holtzman](#), Washington, District of Columbia 1 month 3 days ago

Working with Volunteers We at In the Loop know that the assister community conducts critical outreach and enrollment work, often with limited resources to support your work. The Center for Medicaid and Medicare Services' (CMS) recently announced a ... [read more](#)

STATE: [National](#)

TOPICS: [Best Practices and Training](#); [Completing Applications](#); [Other](#)

0 REPLIES

REPLY

FOLLOW

LATEST UPDATES



[CBPP HEALTH REFORM: BEYOND THE BASICS FALL WEBINAR SCHEDULE](#)

8/22 - The Center on Budget and Policy Priorities will be hosting Health Reform: Beyond the Basics webinars this fall. Click into this update for the full schedule and to register.



[BEWARE: THE SCAMMERS ARE AFOOT](#)

8/21 - It's important to be aware of the many scams targeting consumers looking for health insurance. Click into this update for information on countering fraud.



[MARKETPLACE WEBINAR INVITATION FRIDAY, AUGUST 17 FROM 2:00 PM](#)

Why join In the Loop?

1. Peer-to-peer education
2. Complex cases
3. Keep up-to-date on enrollment issues
4. Assister best practices
5. Issue specific resources

1. Peer-to-peer education

DEDUCTIBLE CHANGES WITH INCOME?



Submitted by [Ruth Kraut](#), Ypsilanti, Michigan 17 hours 32 min ago

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I am still not clear about this deductible question.

If I have a \$250 deductible, and I meet it by May, and in June I get a raise and have to update my application, and end up saying I'll make more money and moving from one plan level to another (say, from 94% to 87% or 87% to 73%)--still getting cost-sharing but my deductible changes.

Maybe my deductible goes from \$250 to \$500. If I stick with the same company, does the \$\$ start ticking on my deductible (starting in June) with my new plan from scratch? Or does it start from whatever I have already put in?

What if I have had some expenses but haven't met my deductible?

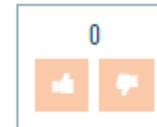
What if I switch companies?

 **REPLY**

2. Complex cases

#ETHICS: MARRIAGE/MEDICAID/MARKETPLACE QUESTION

10/10/2015
10:00 AM



Hi All,

I have a client I have been working with for a long time, and she has been Medicaid eligible--her income is about \$1,200/month or \$14,400/year.

She has a long-term boyfriend who makes about \$23,000/year.

Earlier this year they decided to get married in August. She has some health issues so she was a bit worried about the expense of the Marketplace. However, she called me last week and told me she had just been diagnosed with congestive heart failure, which means--many more medications and doctors' visits. She asked me point blank, "Should we not get married?"

Obviously, I can't tell her whether or not to get married, but what are your thoughts about things to point out to her?

 REPLY

3 REPLIES

 FOLLOW

REPORT AS INAPPROPRIATE

3. Keep up-to-date on enrollment issues

HHS ANNOUNCES REDUCTION IN NAVIGATOR FUNDING



Submitted by [Mara Youdelman](#), Washington, District of Columbia 1 month 2 weeks ago



HHS Announces Reduction in Navigator Funding

Yesterday, the Department of Health and Human Services (HHS) [released](#) the funding opportunity announcement for Navigators, which includes a nearly 90 percent cut from 2016 funding levels. The total funding amount available for Federal Marketplace states is \$10 million with a minimum of \$100,000 per state for one year of funding. Applications are due August 9, 2018 by 3:00pm EST.

In addition to statutory Navigator duties, HHS has added that all grantees will have to provide information to consumers about non-marketplace plans that are not subject to essential health benefits and other ACA requirements thereby likely not providing the services consumers need. These plans include association health plans, short-term, limited-duration insurance, and health reimbursement arrangements (HRAs). HHS has also added duties around informing potential enrollees of their option not to purchase plans that cover abortion services and providing information on rules addressing funds paying for abortion services.

[Please click here to read the Funding Opportunity Announcement.](#)

At **In the Loop**, we know that the work of enrollment assisters is essential to helping consumers access coverage. Despite these changes to the Navigator program, the work you do is crucial to consumers gaining access to health insurance. **In the Loop** will continue to provide support for enrollment assisters to help you serve consumers in their time of need.

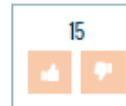
If you have any questions please post them here.

- Mara Youdelman and Dara Taylor, Co-Directors, **In the Loop**



4. Assister best practices

TIPS AND TRICKS FROM A SEASONED ASSISTER: A DAY IN THE LIFE OF DAVID STEWART



One of the best ways to learn about how to be an enrollment assister is to hear from seasoned Loopers about the systems they have in place to use when enrolling consumers and some of the tips and tricks that help along the way. David Stewart, a frequent poster, Project Director with the Rural Action Enrollment Network (RAEN), and enrollment assister with Hyndman Health Center has a very specific outline and structure for how he works with consumers and the Federally-Facilitated Marketplace Call Center. Keep reading to learn from David about how to use every minute with a consumer efficiently!

It will soon be that time again when everyone is crazy busy, including the Call Center and [In the Loop](#). If the past is prologue, there may also be a glitch or two with Healthcare.gov that assisters will need to prepare for. The off-season is a great time to prepare for open enrollment so I have been asked to share how I assist consumers with phone applications and how I prepare them for the Call Center in general.

Before we walk through the process, here's an [outline](#) of how I structure my consumer appointments. It really helps to stage out the process clearly.

Now, let's assume that consent forms are signed, that the consumer will be applying for or renewing a qualified health plan (QHP) through the Marketplace and we will be doing so by phone. And even though we already know this is about a phone application, I want explain how I usually get to that recommendation.

Consumer preference is first and foremost!

I work in a rural area where access to the internet or cell phone reception is not guaranteed. A significant number of my consumers are unfamiliar with the internet and do not trust it. I

5. Issue specific resources



Reconciliation of Advanced Premium Tax Credits

Under the Affordable Care Act (ACA), eligible consumers receive financial assistance for health insurance premiums in the form of tax credits which can be paid in advance, called Advanced Premium Tax Credits (APTCs). These APTCs make private insurance more affordable by offsetting a portion of the monthly insurance premium. When they file their federal income taxes, consumers who receive tax credits paid in advance must reconcile the amounts they received with the actual amount they are eligible for.

(Updated March 2018)

WHAT IS RECONCILIATION?

Reconciliation is the process the Internal Revenue Service (IRS) uses to make sure consumers receive the correct amount of tax credits to help pay for their monthly health insurance premiums.

A consumer's APTCs are calculated based on projected income when applying for coverage and applied to monthly health insurance premiums for a Qualified Health Plan (QHP) purchased in the marketplace. At the end of the year, the consumer's final Premium Tax Credit (PTC) amount is calculated based on his actual income. The APTC paid must be reconciled with the final PTC amount the consumer was eligible for. Consumers determine their final PTC eligibility amount and complete the reconciliation process when filing their federal income tax returns for the coverage year (e.g., 2017 APTC reconciliation occurs in 2018 when consumers file 2017 income tax returns).

Note: Cost-Sharing Reductions (CSRs) are not reconciled. If a consumer received higher or lower CSRs than she was actually eligible for, she will neither owe taxes nor receive credit for CSR amounts.

WHY MIGHT A CONSUMER'S ACTUAL PTC AND APTC DIFFER?

A consumer's APTC amount may differ from his actual PTC eligibility due to a variety of factors. APTCs are based on a consumer's projected income and household size. If a consumer has a change in circumstances mid-year and does not report the change, it is more likely that the consumer's APTC amount will differ from his PTC amount and affect his tax liability or refund. A consumer must report changes in circumstances to the marketplace.

Some common eligibility changes that could result in different APTC and PTC amounts include:

Reasons	Examples
Change in income	If a consumer changes jobs or gets a raise, her actual income could differ from the income she projected.
Change in household size	A change in household size, from events such as divorce, birth, or death, can affect a consumer's PTC calculations
Eligibility for an employer's health plan	A consumer might become newly eligible for insurance through his employer and therefore become ineligible for PTCs.

In the Loop is a joint project of



Who can join *In the Loop*?

In the Loop is open to:

- ✓ Navigators
- ✓ Non-profit in-person assisters
- ✓ Non-profit certified application counselors
- ✓ Community health center staff and other providers
- ✓ Non-profit health and consumer advocates
- ✓ Staff from legal aid and enrollment organizations
- ✓ **RWHAP/ADAP Coordinators**

Feedback from *In the Loop* Members

- “I just want to say thank you to everyone who provides information on this resource site. It is a fabulous "go to" for information. The cheat sheets and fact sheets are extremely helpful to me. I've learned to look here first if I have a question dealing with unusual issues and can usually find the answer I'm looking for very quickly.” *Assister, Michigan*
- Thank you for all the work you continue to do. I don't know what I'd do without this as a resource- it's the first one I turn to for accurate information on changes to policies, and suggestions from other assisters who are in the trenches and really understand what's going on.” *Assister, Georgia*



Questions?

Thank you for joining us!

Please complete the evaluation!

www.targethiv.org/ace

Sign up for our mailing list, download tools and resources, and more...

Contact Us:

acetacenter@jsi.com

