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## ACE TA Center

### What We Do

The goal of the ACE TA Center is to help RWHAP grantees and sub-grantees enroll diverse clients, especially people of color, in health insurance.

In collaboration with HRSA, the ACE TA Center will work with grantees and providers to engage newly eligible clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewal/re-enrollment.

- View all ACE TA Center [enrollment tools and resources](#)
- View [webinars and presentation slides](#)
- Learn about the ACE TA Center's [needs assessment](#)



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Source Type: [Cooperative Agreement](#)

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careacttarget.org/ace

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# Engaging Hard-to-Enroll Clients During Open Enrollment

Access, Care, and Engagement (ACE) TA Center  
November 17, 2016

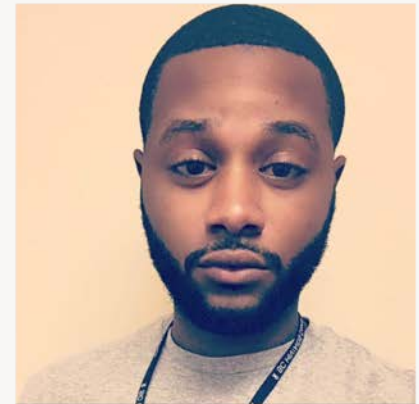




Mira



Krieg



Fredrick

Today's presenters

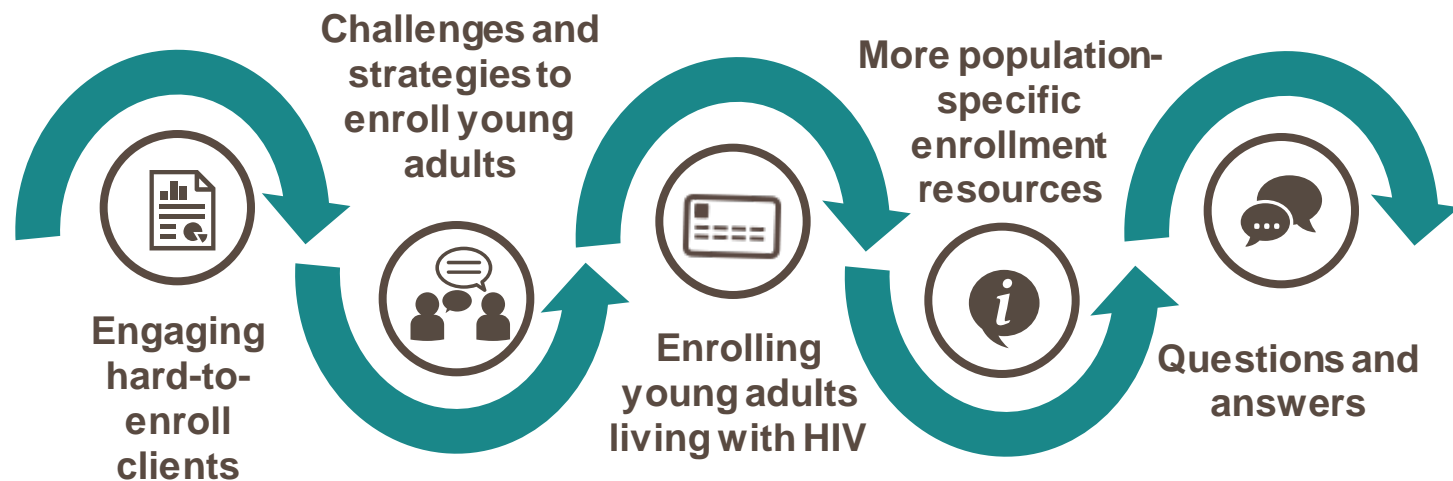


# Participant Learning Objectives

1. Describe why some clients may be particularly hard-to-enroll in health coverage
2. Describe promising practices to engage hard-to-enroll clients in conversations about coverage
3. Determine how to document and monitor your engagement with these clients
4. Know where to go for resources to support enrollment of specific populations, including young adults



# Session overview



# Common enrollment challenges

- Complex medical/behavioral health conditions
- Housing instability
- Ineligibility (e.g., immigration or Medicaid gap)
- Questions and concerns about getting health insurance



# Client questions and concerns




# Poll

What are the main reasons your clients may still be unenrolled? *[check all that apply]*

- ☐ Complex medical/behavioral issues
- ☐ Unstable housing
- ☐ Ineligible for coverage
- ☐ Don't want to change providers
- ☐ Concerned about HIV disclosure
- ☐ Mistrust of the health care system
- ☐ Concerned about plan costs
- ☐ Questions or confusion about the ACA
- ☐ Other (please chat responses)





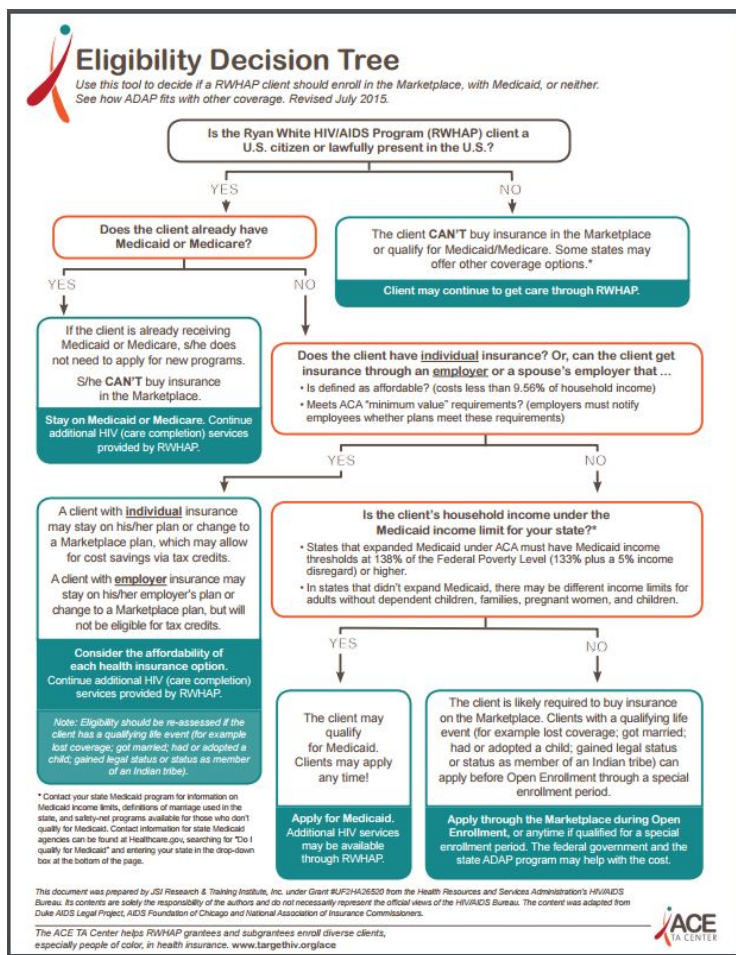
# Promising practices to engage hard-to- enroll clients in health coverage

# Four steps to engage hard-to-enroll clients

1. Determine if your client may be eligible for health coverage.
2. Engage hard-to-enroll eligible clients in conversations about coverage.
3. Develop policies and procedures to document your efforts to enroll clients in coverage.
4. Document and monitor your efforts to enroll clients in coverage.

# Step 1. Determine eligibility

- Determine if your client is eligible for Marketplace or Medicaid coverage



# For ineligible clients

- Monitor status of eligibility including opportunities for Special Enrollment Periods.
- Help client complete and submit an attestation form (see Step 4).
- Explore eligibility for other coverage options including CHIP, Medicare, and employer coverage.
- Make sure clients know that the RWHAP, including ADAP, remains available to assist eligible clients.

# For eligible, unenrolled clients

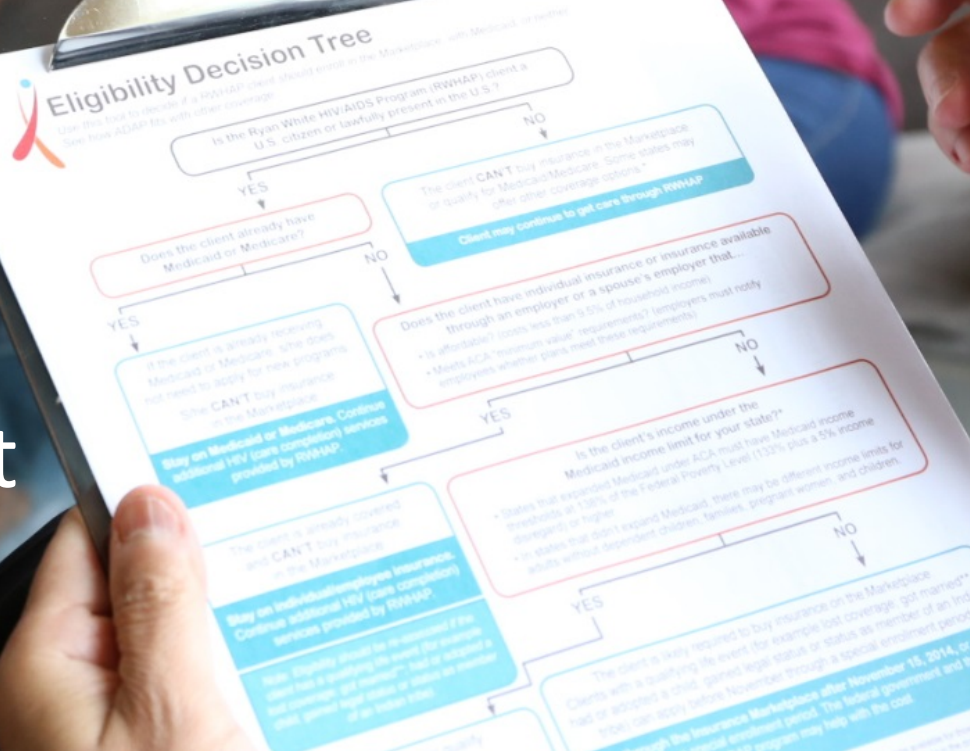
- Identify and address clients' concerns and questions.
- What to do when clients aren't forthcoming:
  - Establish open communication
  - Use strategies such as motivational interviewing to identify barriers and work toward addressing them
  - Use ACE discussion guide and consumer tools

**Eligibility Decision Tree**

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

Is the Ryan White HIV/AIDS Program (RWHAP) client a U.S. citizen or lawfully present in the U.S.?

- NO**: The client **CAN'T** buy insurance in the Marketplace or qualify for Medicaid/Medicare. Some states may offer other coverage options. **Client may continue to get care through RWHAP.**
- YES**: Does the client already have Medicaid or Medicare?
  - YES**: If the client is already receiving Medicaid or Medicare, she does not need to apply for new programs. She **CAN'T** buy insurance in the Marketplace. **Stay on Medicaid or Medicare. Continue additional HIV (case completion) services provided by RWHAP.**
  - NO**: Does the client have individual insurance or insurance available through an employer or a spouse's employer that...
    - is affordable? (costs less than 9.5% of household income)
    - Meets ACA "minimum value" requirements? (employers must notify employees whether plans meet these requirements)
    - NO**: Is the client's income under the Medicaid income limit for your state?
      - States that expanded Medicaid under ACA must have Medicaid income thresholds at 138% of the Federal Poverty Level (138% plus a 5% income disregard) or higher
      - In states that don't expand Medicaid, there may be different income limits for adults without dependent children, families, pregnant women, and children.
      - YES**: The client is likely required to buy insurance on the Marketplace. Clients with a qualifying life event (for example lost coverage, got married, had or adopted a child, gained legal status or status as member of an Indian tribe) can apply before November 15, 2014, or through the special enrollment period. The federal government and RWHAP may help with the cost.
      - NO**: Stay on individual/employee insurance. Continue additional HIV (case completion) services provided by RWHAP. Note: Eligibility must be re-evaluated if the client loses a qualifying life event (for example lost coverage, got married, had or adopted a child, gained legal status or status as member of an Indian tribe).





# Poll

Which of these questions or concerns have you heard from your clients? *[check all that apply]*

- ☐ The health plan will be too expensive
- ☐ My medication will be too expensive
- ☐ I don't want to change providers
- ☐ I don't need coverage
- ☐ I already have coverage through RWHAP
- ☐ I am worried about my immigration status
- ☐ I am focused on other issues right now



# Address clients' questions and concerns

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.”*



ACE TA Center | Get Covered for a Healthy Life | Page 1

**Get Covered for a Healthy Life** provides answers to many questions clients might have regarding cost, care and access concerns.

**“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.



# Practice role-playing

## 1 CHANGES IN PROVIDERS AND COVERAGE

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



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

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



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



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

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



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



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

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



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

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

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

## Available in English and Spanish!

## 3 COMMUNICATION CHALLENGES

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



**CLIENT:** The enrollment process is so confusing.

**STAFF:** I agree, and it's especially confusing for people who don't speak English. I'm here to help you, and if there's something you don't understand, I'll explain it to you. Be aware of and sensitive to the client's concerns and any past experience with health coverage. This applies to in-person coverage, as well as online coverage. Provide information in plain language and, when needed, use an interpreter. Meet with interpreters (if needed) in advance of the enrollment process to discuss care enrollment terms.



**IN** Refer to the ACE TA Center's [Plain Language in English and Spanish](#)



**CLIENT:** I've never had health insurance before. I don't know what to do.

**STAFF:** A health insurance plan will cover your medical costs. Health insurance helps pay for high medical costs. **Get Covered for a Healthy Life - Consumer Q&A** is for people who don't know what to do when enrolling in health coverage. It answers common questions they may have about enrolling in health coverage.



**CLIENT:** All the forms are in English — I can't read them.

**STAFF:** Unfortunately, not all forms are available in [client language]. But we have translators and interpreters who can help. I have the phone numbers here. Should we call now?



**IN** For Supervisors: Provide staff training on effective ways to work with interpreters to support clients



**IN** Find out what resources a call center can provide before referring multilingual clients.



**IN** Refer to the ["Getting Help in a Language Other Than English"](#) webpage to assist clients.



**IN** The ACE [Making the Most of Your Coverage - Consumer Guide](#) can help newly enrolled clients get started using their coverage.

ACE TA Center resource:  
Common Questions &  
Suggested Responses for  
Engaging Clients in Health  
Coverage





**CLIENT:** My spouse/partner/family doesn't think we should enroll.



**STAFF:** A lot of people have doubts. Tell me about yours. *[Address client's concerns]*. Your plan may cover your family, too. Talk it over with your spouse/partner/family so you can decide together.



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



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



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# Step 3. Develop policies/procedures and document your efforts

- HRSA HAB policies for documentation of eligible clients, including “vigorously pursue.”
- Understand policies in your state, and follow any guidance from your local RWHAP Part A and/or Part B.
- Develop your own procedures to document enrollment activities.
- Talk with your HAB Project Officer about your plans and ask any questions.



# HRSA Policy Clarification Notices

- Guidance on “vigorously pursue”
  - PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost Sharing Assistance for Private Health Insurance
  - *“Grantees and their contractors are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible...”*
- Other relevant PCNs:
  - PCN 13-01: Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program
  - PCN 13-04: Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program

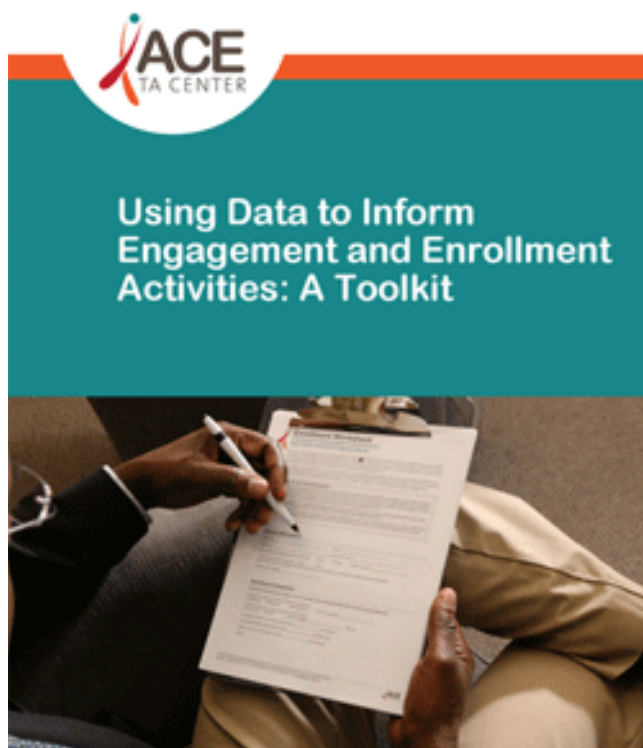




# Step 4. Document and Monitor

- Document your efforts to assess, engage, enroll and retain clients in coverage.
- Track enrolled clients and those who decline to enroll or are ineligible.
- Use the ACE Data Toolkit to make a data collection plan and use data to improve your efforts.

# ACE Data Toolkit



Designed to help (RWHAP) recipients and subrecipients use data to document, monitor, and improve enrollment of PLWH in health insurance coverage options.

## **Toolkit helps:**

- Track activities and progress in enrollment
- Identify populations in need of assistance
- Inform organizational quality improvement efforts and future enrollment activities
- Demonstrate effectiveness of enrollment
- Help show “vigorously pursue”



# Tracking and monitoring

- Demonstrate efforts to “vigorously pursue” enrollment.
- Keep track of your efforts with all clients who enroll, decline to enroll or are ineligible:
  - Eligible and successfully enrolled
  - Eligible, not yet enrolled
  - Declined or not currently eligible
- Clients who decline coverage or are not eligible should complete an attestation form.

# Poll

Does your organization use an attestation form? [check only one]

- ☐ Yes, we use one routinely
- ☐ Yes, but we don't always use it
- ☐ No, we don't have one
- ☐ I'm not sure
- ☐ N/A

New!

# 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

# More ACE best practices


- ACE archived webinar: April 27, 2016: Best Practices to Engage, Enroll, and Retain Ryan White HIV/AIDS Program Clients in Health Coverage
- Organizational Self-Assessment Tool

Learn more about best and promising practices here:

<https://careacttarget.org/ace/best-practices>







# Challenges and strategies to enroll young adults



YOUNG INVINCIBLES

# Millennial Engagement Best Practices: *Notes from the Field*

Presented by:

**Krieg Rajaram, State Organizing Coordinator**

@YoungInvincible

YoungInvincibles.org

facebook.com/together.invincible

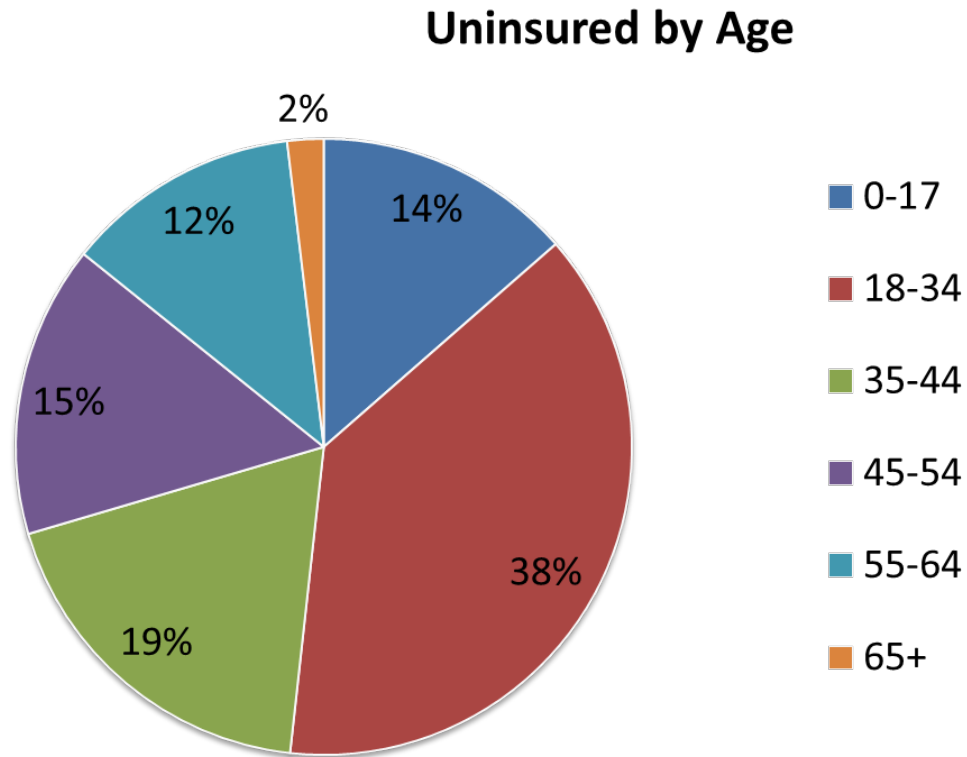
# Who is Young Invincibles?



# Healthy Young America

- Campaign goals:
  - Educate and help enroll 25,000 young adults nationwide
  - Train partners to effectively reach young adults
  - Reach another 1 million young adults through digital engagement
  - Increase health care literacy through workshops and focus groups

# Uninsured Millennials



Source: (US Census Bureau) <http://www.census.gov/cps/data/cpstablecreator.html>



YOUNG INVINCIBLES

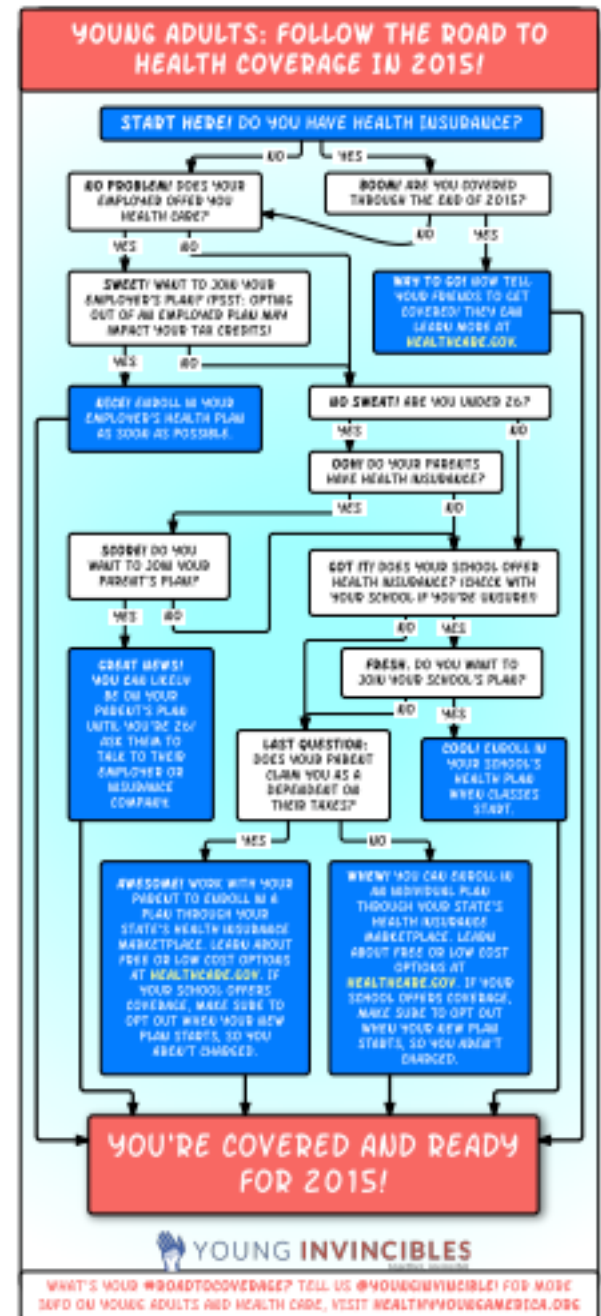
Strategies & Messaging

**REACHING MILLENNIALS**



# Ways to get covered

- [HealthCare.Gov](http://HealthCare.Gov) or state website, the official health insurance marketplace
  - Medicaid
  - Qualified Health Plans (QHP)
- Stay on a parent's plan (if you're under 26 and the plan covers dependents)
- Student health plans
- Job-based coverage



# The ACA: What Affects Young Adults

- Provisions that most affect young adults ages 18-34:
  - Pre-existing conditions
  - Preventive services
  - Medicaid
  - Marketplaces & tax credits
  - Catastrophic plans (not recommended)
- What to highlight about the ACA:
  - Built-in assistance
  - Affordable options



# Young Adults & Pre-existing Conditions

- No more “pre-existing condition” discrimination
  - Cannot be denied coverage for being sick
- No annual or lifetime dollar limits on benefits
  - Can no longer “max out” on coverage
- No discrimination based on gender
  - Women are no longer charged higher premiums

# Preventive Services

- Be proactive about your health!
- **Free** preventive services covered by all plans:
  - Flu shots
  - Blood pressure and cholesterol screenings
  - HIV screening
  - Immunizations, like Hepatitis and Tetanus
- Preventive care also includes women's health benefits



# Women's Preventive Services

- Well-woman visits
- Support for breastfeeding
- Domestic violence screenings and counseling
- Mammograms and cancer screenings



YOUNG INVINCIBLES  
together, invincible

# What is a Qualified Health Plan?

- Certified by a marketplace
- Has adequate provider networks
- Uses Navigators to conduct outreach and enrollment assistance
- Streamlined application and coverage information
- **Provides Essential Health Benefits**



YOUNG INVINCIBLES  
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# 10 Essential Health Benefits



Ambulatory  
patient services



Emergency  
services



Hospitalization



**Maternity/  
newborn care**



**Mental health  
and substance  
use disorder  
services**



**Prescription  
drugs**



Rehabilitative and  
habilitative  
services



Laboratory  
services



Preventive and  
wellness  
services/chronic  
disease  
management



Pediatric  
services



# Tax credits

- Those making between 100-400% of FPL could qualify for premium tax credits (subsidies)
- An ***advance premium tax credit*** allows a person to receive assistance at the time that they purchase insurance

Household Size	100% FPL	400% FPL
1	\$11,770	\$47,080
2	\$15,930	\$63,720
3	\$20,090	\$80,360
4	\$24,250	\$97,000
5	\$28,410	\$113,640

# Individual Mandate and Penalties

- Individuals must have “minimum essential coverage” (MEC) or **pay a penalty**
- Penalty is pro-rated
- Grace period for those insured less than 3 months
- Capped at national average annual premium for a Bronze plan
  - 2015: \$2,484 per individual, or \$12,240 for a family of 5+



# Medicaid Overview

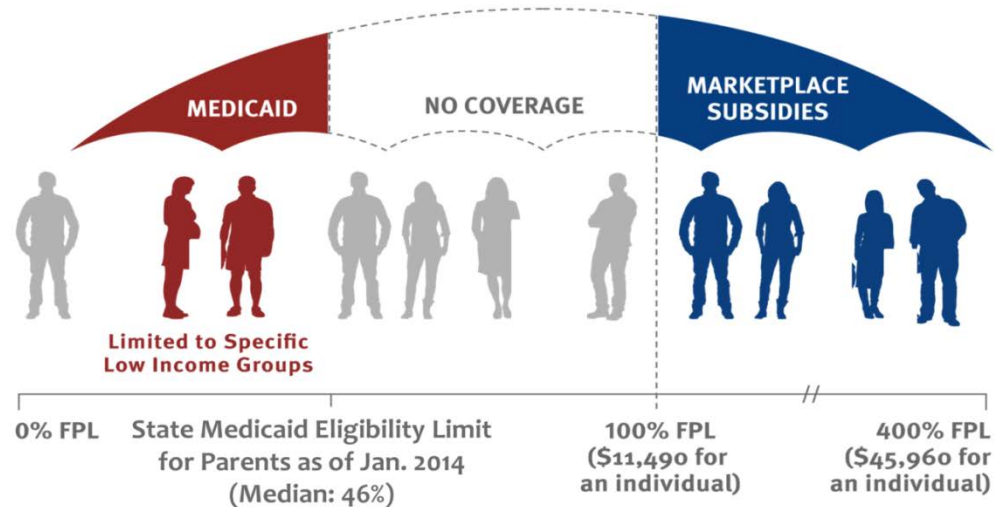
- Federal-state partnership
- Provides free or low-cost health coverage to some low-income people
- Not to be confused w/ Medicare, which is health coverage for people 65+



# The Medicaid Coverage Gap

Figure 3

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.



NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.

# Messaging to Young Adults

- Benefits of having insurance
  - Get preventive care free
- Financial security
  - Young adults end up in the ER more than any other age group outside the elderly
- Financial assistance
  - Vast majority receive financial help
- Individual mandate & penalty
  - Why pay something for nothing?



# Deadline Pushes



- December 15<sup>th</sup> Deadline  
For plans starting Jan 1<sup>st</sup>
- January 15<sup>th</sup> Deadline  
For plans starting Feb 1<sup>st</sup>
- January 31<sup>st</sup> Deadline  
Last Day for Open Enrollment  
Plans start February 1<sup>st</sup>



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YOUNG INVINCIBLES

# SPECIAL ENROLLMENT PERIODS



# Special Enrollment & Qualifying Life Events

Turning 26 & losing coverage

Having a baby

Moving to a new area

Gaining a new immigration status

Getting married

Leaving a parent's plan

Returning Citizens

Individuals have 60 days from the qualifying event to enroll in an insurance plan

# Young Adults & Qualifying Life Events

- Young adults *more likely* to experience qualifying life events than any other age group
  - 83% of new mothers are 18-34
  - Median age for marriage: 28 for men, 26 for women
  - Change jobs every 2 years
  - Move at twice the national rate
  - **~4.2 million people turned 26 in 2014**

# Turning 26 – Its Your Birthday

- You **have 60 days before or after** your 26<sup>th</sup> birthday to enroll in a marketplace plan
- If you're enrolling in job-based coverage, you may only have **30 days**
- Start early to avoid a gap in coverage!

# Looking Ahead: Year Four



- Open Enrollment:
  - November 1<sup>st</sup> – January 31<sup>st</sup>
- 2017 plans begin:
  - January 1<sup>st</sup>
- Deadline to actively renew:
  - December 15<sup>th</sup>
- National Youth Enrollment Day:
  - December 10<sup>th</sup>

# Key Takeaways

- Message based on affordability of plans through tax credits.
- Plans offer free preventive care and other benefits.
- Avoiding the penalty, why pay for something and get nothing.
- Deadline pushes.

# Want more information?



@YoungInvincible

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[younginvincibles.org](http://younginvincibles.org)





*We are the South Carolina HIV/AIDS Council (SCHAC), an organization dedicated to the reduction of the spread of HIV/AIDS. We believe this is a mission for all communities, governments and families throughout the state –*

*We are in this struggle together.*

# Young adults and HIV

- In 2013, almost 40,000 individuals aged 13-24 were living with HIV.
- Approximately 9,000 individuals in this age group were diagnosed in 2014.
- In 2014, African American youth were diagnosed at a rate 11 times higher than whites.

*Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection among adolescents and young adults in the United States and 6 dependent areas, 2010–2014. <http://www.cdc.gov/hiv/library/reports/surveillance/>*



# Challenge: Helping young adults understand why they need coverage

- Many uninsured young adults living with HIV that receive RWHAP services
  - Don't feel they need health coverage for other medical services.
  - May not see the benefits of coverage beyond HIV care (e.g., catastrophic care, mental health, substance use disorder services, preventive screening).
  - The 'big picture' benefits of health insurance are not understood.
    - *'Clients think a quick run to the drugstore will be okay – they aren't thinking about the long game.'*



# What you can do: explain the value of coverage

- Highlight services that may be covered by health insurance but not available through the RWHAP.
- Explain how coverage can improve financial security.
- Encourage clients to ask questions.
- Assure them the ACA is a law meant to help and protect them and is not as complicated as it might seem.



# Challenge: addressing concerns about affordability

- Affordability issues
  - Ability to pay premiums
  - Cost-sharing responsibilities
- Constrained by employment options
  - Feel they must choose between taking undesired employment for employee sponsored health insurance, or remaining uninsured.
- Lack of knowledge about financial help through premium tax credits and cost-sharing reductions.



# What you can do: explain that financial help is available

- Understand what financial assistance is available to consumers through the Marketplace
- Know what the RWHAP, including ADAP, can help consumers pay for in your area
  - May include premium support and/or co-pay assistance
  - Check with your state ADAP or Part A program





# Lack of HIV knowledge among enrollment assisters

- Many enrollment agents/brokers and enrollment assisters do not know about the specific health care needs of PLWH.
- Young adults are hesitant to disclose HIV status to agents/brokers with whom they don't have a relationship.
- Lack of information on either side can result in selecting a plan that ends up costing more and covering less.



# What you can do: identify and educate enrollment partners

- One-on-one enrollment assistance is crucial.
- HIV providers should have at least one enrollment assister on staff.
- Educate consumers about the importance of enrolling through these trusted partners.





Telephone: 803-254-6644

Web: [schivaidsCouncil.org](http://schivaidsCouncil.org)

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



 [targethiv.org/assisters](http://targethiv.org/assisters)

# 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

# New ACE TA Center Twitter Toolkit

The screenshot shows the TARGET Center website with the following elements:

- Header:** TARGET Center logo with the tagline "Tools for the Ryan White Community". A "Sign" button is in the top right.
- Navigation Bar:** Home, Resource Library, News and Events, Ryan White Community, Help Desk.
- Left Sidebar:** A list of categories including ADAP, AIDS Drug Assistance Program, Consumers/Patients, Data & Reporting, Fiscal Management, Global HIV/AIDS Programs, Health Care Reform, HIV Care Continuum, Medical & Support Services, Medical Homes, Planning, Populations, Program Management, Program Parts, Quality Management, and Stigma/Legal.
- Main Content Area:**
  - Title:** Twitter Toolkit for Marketplace Open Enrollment
  - Date:** November 2016
  - Source:** ACE TA Center
  - Description:** Use the following tweets and associated graphics to promote key messages for Marketplace Open Enrollment and ACE TA Center materials on Twitter. Adapt the tweets to include your own hashtags and/or local links whenever possible. This toolkit features tweets for both consumers and providers.
  - Key:** C = Tweet targeted to consumers, P = Tweet targeted to providers
  - Section:** Shareable tweets and social media images
  - How to use:** Right click images below to save to your computer.
  - Tweet Examples:**
    - "Covered"**: Includes two images. One shows a person with the word "covered" in red. The other shows a person with the word "cubierto" in red.
    - C:** Confused about health insurance? Think it costs an arm & a leg? #WatchCovered to #GetCovered! <http://ow.ly/D848305cGJ>
    - P:** Watch and share! #OpenEnrollment videos reminding consumers to #GetCovered <http://ow.ly/D848305cGJ>
    - "Know your terms"**: Includes two images. One shows a person with the words "know your terms". The other shows a person with the words "know your terms".

- Follow the ACE TA Center on Twitter **@acetacenter**
- Re-tweet to your audiences or download our messages all at once







# More enrollment resources for key populations

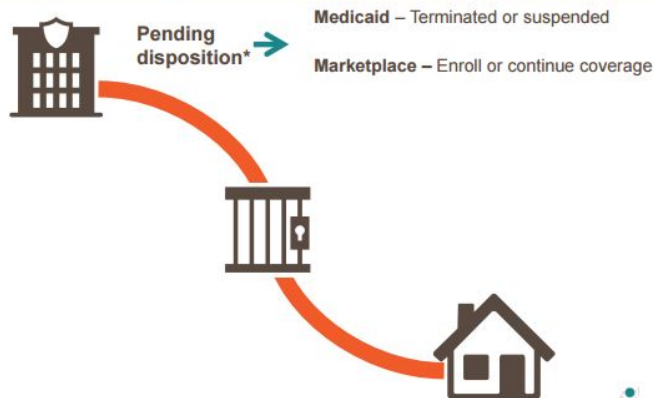


# Archived webinar: recently incarcerated individuals

## Strategies for connecting to health coverage and HIV care

- ADAP application completed pre-release
- Marketplace Special Enrollment Period
- Support enrollment through partnerships
- Case managers as enrollment assisters

## Coverage eligibility for criminal justice-involved population



\* Pending disposition means being held without conviction and waiting for sentencing or other final settlement of a case.

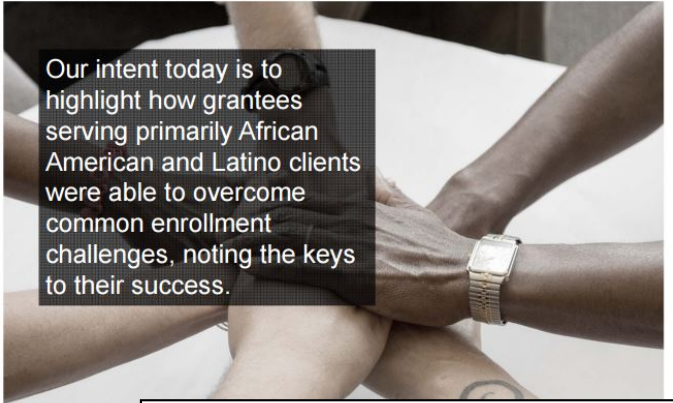


## Connecting Recently Incarcerated People Living with HIV to Health Coverage and Care

Affordable Care Enrollment (ACE) TA Center  
June 23, 2016



# Archived webinar: diverse communities



Our intent today is to highlight how grantees serving primarily African American and Latino clients were able to overcome common enrollment challenges, noting the keys to their success.

## Strategies to Reduce Disparities among PLWH

- Linkage to comprehensive, culturally appropriate care and treatment services
- Broad support for PLWH to remain engaged in care and to stay on treatment
- Ensuring access to care and insurance coverage for all PLWH

Source: National HIV/AIDS Strategy for the United States: Updated to 2020. Released July 2015.



## Engagement and Enrollment in Diverse Communities

Affordable Care Enrollment (ACE) TA Center  
November 18, 2015



# In It Together- National Health Literacy Project for Black MSM



**WE'LL GET THROUGH THIS TOGETHER** Health information, especially about HIV, can be confusing.

IF THERE ARE THINGS YOU DON'T UNDERSTAND, PLEASE ASK.

 **In It Together**  
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

**HRSA**  
Health Resources & Services Administration


<https://hivhealthliteracy.careacttarget.org/>



**OUR COMMITMENT**

We will give you all the information you need to understand **your** HIV care and treatment.

**YOUR HEALTH IS OUR #1 PRIORITY.**

 **In It Together**  
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

**HRSA**  
Health Resources & Services Administration



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## ACE TA Center

### What We Do

The goal of the ACE TA Center is to help RWHAP grantees and sub-grantees enroll diverse clients, especially people of color, in health insurance.

In collaboration with HRSA, the ACE TA Center will work with grantees and providers to engage newly eligible clients across all stages of the health coverage access continuum, including outreach and education, enrollment assistance, post-enrollment support, and renewal/re-enrollment.

- View all ACE TA Center [enrollment tools and resources](#)
- View [webinars and presentation slides](#)
- Learn about the ACE TA Center's [needs assessment](#)



### 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](#)

careacttarget.org/ace

### CONTACTS

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### Add a Comment

[Log in](#) or [register](#) to post comments



# Questions?

# Thank you for joining us!

## Please complete the evaluation!

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

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

Contact Us

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

