AFFORDABLE CARE ENROLLMENT (ACE) TA CENTER
Supporting Ryan White HIV/AIDS Program grantees, providers and minority clients living with HIV

RWHAP Grantee Webinar
Wednesday, April 30, 2014
Today’s presenters

- **To submit questions:** Chat to the webinar chairperson (lower-left hand portion of your screen)
- Everyone that registered for today’s call will receive the Needs Assessment report and slides via email
- Subscribe to our email list: [http://eepurl.com/JPUVj](http://eepurl.com/JPUVj)
The ACE TA Center

Needs Assessment + Best Practices Review → TA/T to support outreach and enrollment for minority PLWH

Evaluation and CQI
ACE TA Center Objectives

*Provide* culturally competent tools and resources

*Build* RWHAP grantee understanding of the need for culturally competent outreach and enrollment strategies

*Enhance* the capacity of RWHAP Part A and B grantees to support their subgrantees
Overview

Needs Assessment

- Methodology
- Descriptive Data
- Key Findings

Training and Technical Assistance Plan
Grantee and Provider Needs Assessment
Methods and Descriptive Data
Methodology

• 30-minute Needs Assessment tool collected information on:
  • Background of respondent;
  • Understanding of policy requirements;
  • Among Part A/B grantees, providing support to RWHAP-funded providers;
  • Among direct service providers
    • outreach and enrollment (O&E) support;
    • post-enrollment and re-enrollment support;
  • Training and technical assistance (T/TA) needs for O&E.

• Piloted and translated into Spanish

• Disseminated online to RWHAP grantees and subgrantees

• Data cleaned, analyzed and report prepared
  • Overall and stratified results are presented
Stratification Criteria

1. State Medicaid expansion status
2. State marketplace status
3. RWHAP funding source
4. Enrollment capacity score (scale of 0-18)
5. Post-enrollment capacity score (scale of 0-27)
Assessment Responses by State

Total analytic sample included 231 respondents from 45 states, DC, Puerto Rico and USVI.
**Responses by RWHAP Part**

ACE NA response rate calculated using 2013 ACE NA respondents and total RWHAP grantees (from the 2011 RWHAP State Profiles)

<table>
<thead>
<tr>
<th>RWHAP FUNDING/PART</th>
<th>RWHAP STATE PROFILES</th>
<th># RESPONDENTS TO 2013 ACE NA</th>
<th>RESPONSE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>52</td>
<td>15</td>
<td>29%</td>
</tr>
<tr>
<td>B</td>
<td>54</td>
<td>25</td>
<td>46%</td>
</tr>
<tr>
<td>C</td>
<td>348</td>
<td>89</td>
<td>26%</td>
</tr>
<tr>
<td>D</td>
<td>91</td>
<td>31</td>
<td>34%</td>
</tr>
<tr>
<td>Subgrantees only</td>
<td>1,545</td>
<td>94</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>2,026</td>
<td>231</td>
<td>11%</td>
</tr>
</tbody>
</table>
## Type of Organization

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Overall (N=231)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based organization</td>
<td>24%</td>
</tr>
<tr>
<td>Hospital or hospital-based clinic</td>
<td>21%</td>
</tr>
<tr>
<td>Health department</td>
<td>18%</td>
</tr>
<tr>
<td>Federally Qualified Health Center</td>
<td>16%</td>
</tr>
<tr>
<td>University based health center</td>
<td>6%</td>
</tr>
<tr>
<td>Other organization</td>
<td>6%</td>
</tr>
<tr>
<td>Clinic, other</td>
<td>6%</td>
</tr>
<tr>
<td>Other private, non-profit</td>
<td>3%</td>
</tr>
<tr>
<td>Tribal Health Center</td>
<td>0%</td>
</tr>
</tbody>
</table>
Respondents by Medicaid Expansion Status and Type of Marketplace

States’ Medicaid Expansion Status (N=231)

- Expansion: 49%
- Non-expansion: 50%
- U.S Territories: 1%

Type of Marketplace (N=231)

- State-based marketplace: 33%
- Federal marketplace: 54%
- Partnership marketplace: 12%
- US Territories: 1%
Limitations

- Potential response bias (self-reported data)
- Low response rate
- Some states are over-represented
- Conducted during rollout of ACA
Needs Assessment Findings

• Many similarities across grantees and providers (including across RWHAP Parts)

• Challenges varied by:
  • Medicaid expansion status
  • State marketplace type, and
  • Enrollment capacity

• TA and training needs will vary for grantees and providers based on these factors.
NEEDS ASSESSMENT
FINDING #1
Limited knowledge & experience
FINDING #1
Limited Knowledge & Experience

• Many direct service providers faced general O&E challenges related to lack of knowledge of new coverage options

• Specific T/TA needs vary based on:
  • whether a state has opted to expand Medicaid
  • the type of marketplace a state is using
  • state-specific decisions about how ACA information may be communicated
Challenges for Subgrantees

- 67% of Part A and B grantee respondents said they provided T/TA to subgrantees on O&E services.
- These grantees said that the most challenging aspects of O&E for their funded providers were a lack of:
  - staff (60%)
  - financial resources (40%)
  - knowledge of new coverage options (40%)
  - coordination between Medicaid program and RWHAP (32%)
  - O&E efforts that respond to the specific needs of PLWH (20%)
Health Department Capacity to Train Providers to Conduct O&E

Train providers to help clients understand new health coverage program eligibility and options (n=27):
- 11% Does not provide training
- 56% Low Capacity
- 30% Moderate Capacity

Train providers to enroll clients into new health coverage options (n=27):
- 26% Does not provide training
- 11% Low Capacity
- 48% Moderate Capacity
- 15% High Capacity
## Capacity to Educate and Enroll PLWH in New Health Coverage Options

<table>
<thead>
<tr>
<th>MARKETPLACE</th>
<th>DIRECT SERVICE PROVIDERS (n=141)</th>
<th>MEAN CAPACITY SCORE (SD)</th>
<th>P-VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>75</td>
<td>12.0 (4.7)</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td>20</td>
<td>12.6 (4.9)</td>
<td>Federal vs. state 0.03</td>
</tr>
<tr>
<td>State</td>
<td>46</td>
<td>14.1 (3.2)</td>
<td></td>
</tr>
<tr>
<td>Expansion</td>
<td>72</td>
<td>13.5 (4.0)</td>
<td>0.03</td>
</tr>
<tr>
<td>Non-expansion</td>
<td>69</td>
<td>12.0 (4.6)</td>
<td></td>
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O&E Challenges among Direct Service Providers

Most common challenges of those with “low” or “moderate” O&E capacity (n=97):

- Lack of staff to conduct activities (54%);
- Lack of funding to support activities (39%); and
- Lack of knowledge of new health coverage options (39%).

Most common challenges overcome by those with "high" O&E capacity (n=76):

- Lack of knowledge of new health coverage options (53%);
- Lack of staff to conduct activities (43%); and
- Lack of funding to support activities (37%).
O&E Challenges among Direct Service Providers

Additional challenges identified:

- Infrastructure limitations
- System errors with marketplace websites
- Lack of information and knowledge
- Client-specific issues
- Lack of PLWH-specific enrollment and insurance materials
NEEDS ASSESSMENT
FINDING #2

Barriers to Accessing Care
FINDING #2

Barriers to Accessing Care

- RWHAP providers are working with minority clients who have faced barriers to accessing care.
- Clients are particularly concerned about plan affordability.
- Clients are also worried about the potential need to change providers.
- Both O&E capacity and cultural competency are critical to enrolling and retaining minority RWHAP clients in ACA coverage options.
## Top O&E Challenges Related to Serving Minority Clients

<table>
<thead>
<tr>
<th>Challenge</th>
<th>DIRECT SERVICE PROVIDERS (N=172)</th>
<th>HEALTH DEPARTMENTS (N=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of information/knowledge among clients</td>
<td>73%</td>
<td>60%</td>
</tr>
<tr>
<td>Ineligibility due to immigration status</td>
<td>58%</td>
<td>28%</td>
</tr>
<tr>
<td>Fears related to immigration status (e.g. affecting path to citizenship)</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Previous negative experiences with insurance making clients distrustful/nervous about enrollment</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>Providers’ lack of familiarity with health insurance coverage/ACA</td>
<td>41%</td>
<td>36%</td>
</tr>
<tr>
<td>Language barriers</td>
<td>39%</td>
<td>24%</td>
</tr>
<tr>
<td>Limited funding</td>
<td>37%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Client Concerns

Providers reported their clients were concerned about issues of affordability, related to co-pays, premiums, and other out-of-pocket costs, as potential barriers to care for clients.

“There are also concerns about enrolling RW clients in health plans and the possibility that some clients may choose to not access care and treatment due to the higher costs associated with doctor visits and labs.” – PART C FQHC
RWHAP providers work with clients who have historically faced barriers to accessing care and treatment. O & E capacity and cultural competency are both critical.

The fact is that we have limited providers who only take certain insurances. So if the PLWH wants to keep the same clinical provider there are limited options. Our largest provider only takes [one insurance provider]. Many primary care doctors will not treat PLWH clients. Many providers do not have bilingual staff, especially for mental health services. Many mental health providers have no experience working with gay men of color.” – PART A HEALTH DEPARTMENT
NEEDS ASSESSMENT
FINDING #3

Communication and Coordination
Communication & Coordination Needs

• **Additional guidance** from their state or local health departments and state Medicaid program

• **Basic training** about coverage option(s)

• **Help evaluating** insurance companies’ formularies

• **Collaboration** between state RWHAP and Medicaid programs
Need for Support to Implement O&E Policies

More Federal Marketplace and Non Medicaid Expansion States Reported Need for Support to Understand:

- Enrollment and eligibility rules for federal ACA coverage options
- Enrollment and eligibility rules for state Medicaid coverage
- Relationship between state policies and ACA coverage options for PLWH
ACE TA Center Objectives

*Provide* culturally competent tools and resources

*Build* RWHAP grantee understanding of the need for culturally competent outreach and enrollment strategies

*Enhance* the capacity of RWHAP Part A and B grantees to support their subgrantees
Technical Assistance and Training

Strategy 1 - NATIONAL
Development and distribution of culturally competent TA resources for all RWHAP grantees and service providers

Strategy 2 – TARGETED
Delivery of targeted TA/T in a select number of states and/or local areas to address the need for more intensive TA and tailored resources
Strategy 1- National

Culturally Competent Practices

Experience of RWHAP Clients of Color

Outreach and Enrollment Best Practices

Ongoing Assessment of RWHAP Grantee/Provider Needs

Medicaid Expansion Status and Marketplace Type

Existing Outreach and Enrollment Tools
Strategy 2 - Targeted

1. Epidemicologic & Race/Ethnicity Data
2. Partnerships/Relationships/Practical Considerations
3. Focus States/Areas
4. State O & E Model and Environment
Coming Soon…

Resources to Address Client Concerns
• Conversation guide
• Fact sheet
  • Coverage and plan selection concerns/needs of minority PLWH

Tools to Overcome Enrollment Process Barriers
• Tracking sheet for enrollment activities
• Enrollment flow chart
  • Common challenges and strategies to resolve
• Common insurance terms in plain language
Questions?

Submit questions now

• **Chat** your question to the webinar chairperson (lower-left hand portion of your screen)

After today’s call

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