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ACE TA Center

Description

What We Do

The ACE TA Center provides training and technical assistance (TA) to build Ryan White agency capacity to enroll minority clients in ACA coverage options. 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](#)
- Register for upcoming [webinars](#)
- Learn about the ACE TA Center [needs assessment](#)



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careacttarget.org/ace

July 10 (3:00-4:00 PM ET)

New tools and resources to help enroll people of color living with HIV in health care coverage

This overview webinar will provide grantees and providers with an overview of eight new tools and how they can help staff (enrollment assisters, case managers, etc.) who are enrolling clients of color.

[Register now](#)

July 17 (3:00-4:00 PM ET)

Ready for the next open enrollment period? A new



Planning ahead for Open Enrollment: what's new for 2018

Access, Care, and Engagement (ACE) TA Center
July 26, 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 after the webinar.

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Call-in number: 888-299-7210

Passcode: 355711



MIRA



DAVID



RACHELLE

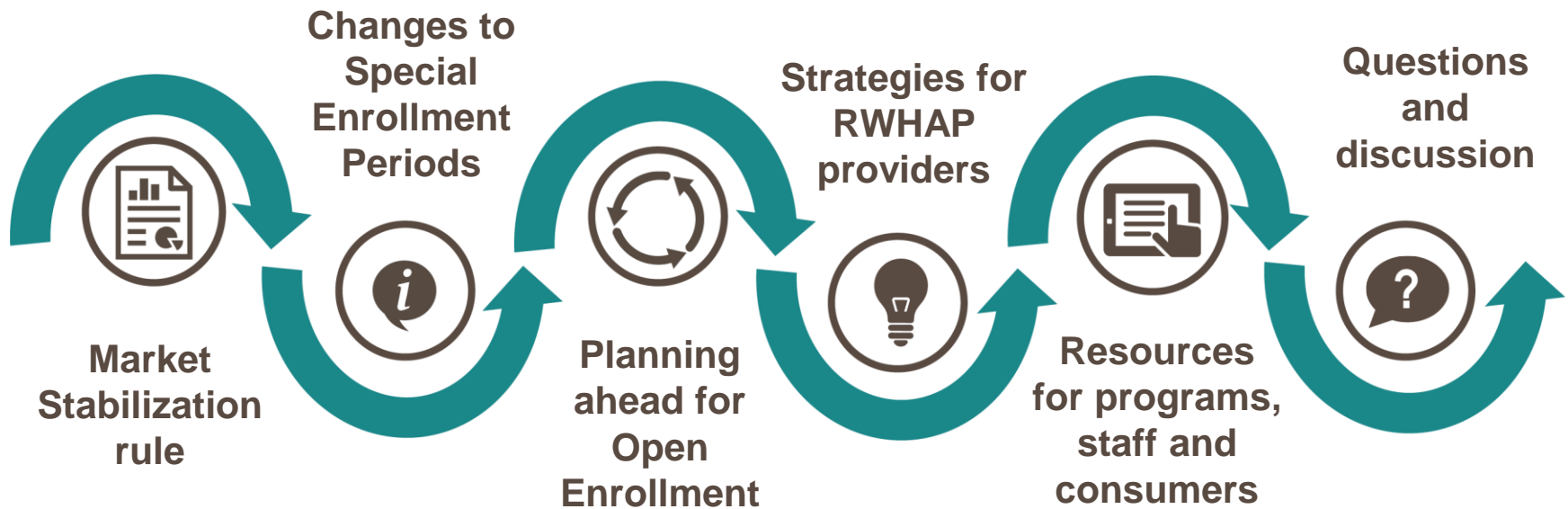


AMY

Today's presenters



Session overview





Audience Poll

Have you been on an ACE TA Center webinar before?

- Yes
- No





What's new for 2018: Overview of Market Stabilization rule

Open enrollment timeline for 2018 plans



← *Medicaid enrollment is continuous throughout the year* →

- 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.

Open Enrollment for 2018 (OE5)

- All enrollees will have full-year coverage
- Aligns with employer-sponsored insurance and Medicare open enrollment periods
- Plan comparison will be available for people who are eligible for more than one of these programs
- New time frame provides an opportunity for consumer outreach and education

RWHAP considerations for OE5

RWHAP Consideration:
Plan information should become available a little before November 1; states should check in with departments of insurance for plan information as well

RWHAP Consideration:
Plans are allowed to accept premium payment up to 30 days from date of enrollment; many require it on or before coverage begins

Open Enrollment Starts
Nov. 1, 2017

Open Enrollment Ends
Dec. 15, 2017

2018 Plan Year Coverage Begins
Jan. 1, 2018



45 days

Medicaid enrollment is continuous throughout the year

What's new:

Payment of past due premiums

- Applies to individual and small group market (on and off Marketplace)
- Consumers who owe premiums may not be allowed to enroll in coverage in any product offered by that insurer until the premiums are paid.
 - Does not apply to products sold by other insurers, only products sold by insurer to whom the individual owes past due premiums
 - Insurers do not have to apply this policy if they choose not to
 - Insurers may accept installment payments or set a threshold of payments they will accept
 - Insurers must provide written policy on past due premiums

What's new:

Payment of past due premiums

- **Bottom line**: Case managers and assisters should work with clients to determine if there are past due premiums and work with the insurer on a payment plan or choose a different insurer.

What's new:

Higher consumer cost sharing

- Applies to individual and small group market (on and off Marketplace)
- The Market Stabilization Rule allows issuers to sell slightly less generous plans with higher consumer cost-sharing than they had been allowed to offer under previous rules
- The changes do not apply to cost-sharing reduction silver level plans

What's new: Higher consumer cost sharing

- **Bottom line**: it will be important to assess which plans will provide the best coverage for clients, with close attention to out-of-pocket costs



Audience Poll

Which of these activities can you start working on now?

- a) Assess plans' out-of-pocket costs
- b) Check on any past due premiums**
- c) Explain 2018 updates to colleagues**
- d) Monitor coverage of HIV providers
- a + b
- b + c



Changes to Special Enrollment Periods



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*Because we all should have a say
in decisions that affect our health*

Changes to Special Enrollment Periods

1. Pre-enrollment verification (SEPV)
2. Restrictions on metal-level changes
3. Restrictions on eligibility

What is a Special Enrollment Period?

- In most cases a person can only sign up for (or change) health insurance coverage during an open enrollment period.
- A Special Enrollment Period (SEP) is a time outside of open enrollment when a person can enroll in or change their qualified health plan (QHP) offered through the health insurance Marketplace.
- An SEP starts when a person has a qualifying life event, like having a child, losing a job, or losing health coverage.



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What's new: Pre-Enrollment SEP Verification (SEPV)

- What is an SEPV?
 - A new process requiring the submission of verifying documents for SEP eligibility prior to enrollment.
- Who does the SEPV process affect?
 - New marketplace enrollees, and people who are not currently enrolled.

SEPV: Which SEPs does it apply to?

- Starting June 23, 2017:
 - Loss of coverage SEP
 - Permanent move
- Starting in August 2017:
 - Marriage
 - Gaining a dependent through adoption, foster care (not birth SEP)
 - Medicaid/CHIP denial

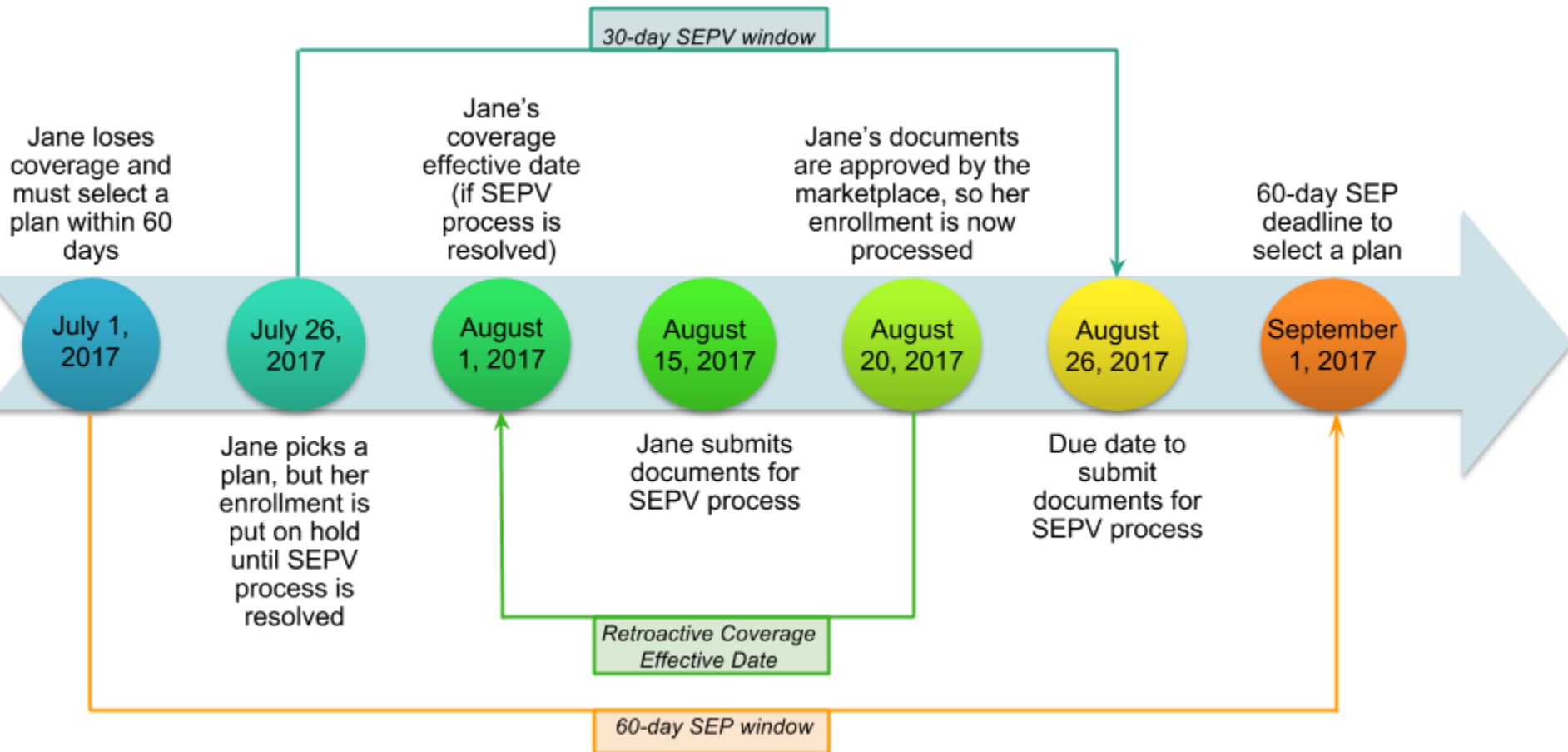
Pre-enrollment SEPV process

- Consumers have 60 days to select a plan within SEP window.
- Once plan is selected, consumers have 30 days to submit verification documentation.
- Enrollment will be put on hold until documents are submitted and approved.
- Once documents are approved, coverage becomes effective based on date of plan selection.

Tips for pre-enrollment SEPV

1. Remind consumers to pick a plan within 60 days of SEP and submit documents within 30 days.
2. Review any notices or messages received from the Marketplace – deadlines, types of documents, etc.
3. If documents are approved, remember to pay premium to start coverage.

SEPV Case Study





Audience Poll

Going forward, what do new marketplace enrollees need to do to successfully enroll in coverage through the SEPV process?

- Pick a plan w/in 60-day SEP window
- Submit documentation w/in 30 days
- Pay first month's premium
- **All of the above**



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Changes to Special Enrollment Periods

1. Pre-enrollment verification (SEPV) ✓
2. Restrictions on metal-level changes
3. Restrictions on eligibility

Marketplace metal levels

- Available at four different metal levels: bronze, silver, gold and platinum.
 - Bronze plans have lower premiums but cover less out-of-pocket costs
 - Platinum plans have the highest premiums but cover the most out-of-pocket costs (typically lower deductibles and copays).
- All metal levels qualify for tax credits (for income-eligible individuals)
- Silver plans qualify for both Tax Credits and Cost Sharing subsidies



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Restrictions on metal level changes

- Enrollees will not be able to change their metal level when enrolling through most SEPs.
 - **Exceptions:** SEPs for victims of domestic violence/spousal abandonment, error/misrepresentation/misconduct by the Marketplace, exceptional circumstances and eligibility for IHS services
- Household members seeking to be added to application must enroll in same metal level.
 - **Exception:** Addition causes silver-level eligibility



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Changes to Special Enrollment Periods

1. Pre-enrollment verification (SEPV) ✓
2. Restrictions on metal-level changes ✓
3. Restrictions on eligibility

Other restrictions on SEP eligibility

- **Prior coverage requirement**
 - Marriage SEP
 - Permanent move SEP
 - Exceptions: living outside U.S. or territory, or American Indian/Alaskan Native
- Loss of coverage SEP
- Exceptional circumstances SEP



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Other restrictions on SEP eligibility

- Prior coverage requirement
- **Loss of coverage SEP**
 - Consumer may not be eligible for this SEP if they have a history of missed payments (until/unless the payments are made up)
- Exceptional circumstances SEP

Other restrictions on SEP eligibility

- Prior coverage requirement
- Loss of coverage SEP
- **Exceptional circumstances SEP**
 - Consumer faced a serious medical condition or natural disaster that kept them from enrolling. For example:
 - An unexpected hospitalization or temporary cognitive disability, or were otherwise incapacitated.
 - A natural disaster, such as an earthquake, massive flooding, or hurricane.



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connecting
the enrollment
community

www.enrollmentloop.org



Audience Poll

Which of these Special Enrollment Periods now has a “prior coverage” requirement?

- a) Change in income
- b) Permanent move
- c) Change in household size
- d) Loss of a job
- e) Marriage
- b + e**
- c + d**



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Special Enrollment Periods

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

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

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

Report changes as soon as possible

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



Preparing for OE5

Planning ahead for a busy time: workflow, staffing
and consumer outreach



Western Maryland Health Insurance
CONNECTOR

www.wmdhealthconnect.org Toll Free: 1-888-202-0212

Plan now!

- What can happen before Open Enrollment?
- Look at appointment flow & other procedures
- Staffing considerations
- Set consumer expectations



Western Maryland Health Insurance

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Before open enrollment starts

- Outreach & messaging
 - Make sure to include community organizations and other agencies



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Before open enrollment starts

- Contact the HealthCare.gov Marketplace Call Center ([800-318-2596](tel:800-318-2596)), or your state Marketplace:
 - Decide in advance when to use it
 - Don't spend more than 2 minutes on problems
 - Use hold time to educate or compare plans
 - Know in advance when to escalate



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Before open enrollment starts

- Account “tune ups” starting in September
 - Does consumer know password, email & security questions?
 - Does consumer need an account?
 - Income estimate
- Shopping appointments in October
 - “Shop in October, buy in November”
 - Consumers who know what plan they want are much easier than those who don’t



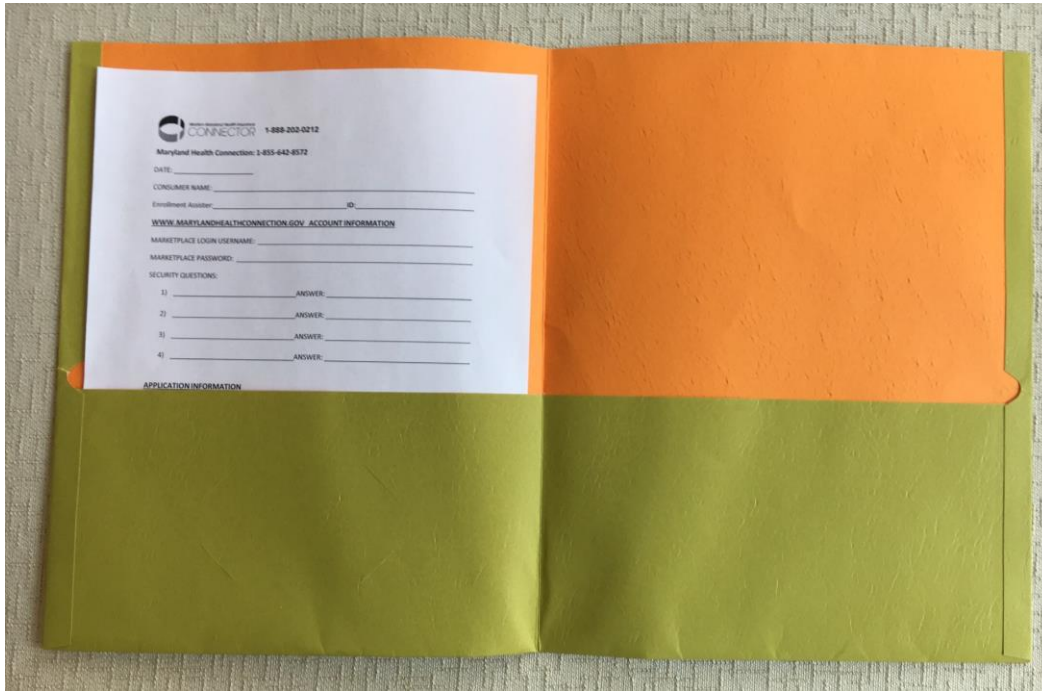
Western Maryland Health Insurance


CONNECTOR

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Folder and cover sheet

Educate consumers to keep track of Marketplace account details and save all paperwork.



 **CONNECTOR** 1-888-202-0212
Maryland Health Connection: 1-855-642-8572

DATE: _____
CONSUMER NAME: _____
Enrollment Assister: _____ ID: _____
WWW.MARYLANDHEALTHCONNECTION.GOV ACCOUNT INFORMATION
MARKETPLACE LOGIN USERNAME: _____
MARKETPLACE PASSWORD: _____
SECURITY QUESTIONS:
1) _____ ANSWER: _____
2) _____ ANSWER: _____
3) _____ ANSWER: _____
4) _____ ANSWER: _____

APPLICATION INFORMATION
INCOME ESTIMATE: _____ TAX CREDIT AMOUNT: _____
APP. ID #: _____ TAX HOUSEHOLD SIZE: _____

INSURANCE INFORMATION
PLAN NAME: _____
PLAN ID #: _____ PREMIUM: _____ EFFECTIVE: _____
DENTAL PLAN: _____
PLAN ID #: _____ PREMIUM: _____ EFFECTIVE: _____

Notes:

If your income changes over the course of the year, please contact the Marketplace to report the change.



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Appointment flow/procedures

- Adapt your workflow
 - What takes the most time?
 - What is most important?
- Triage/Pre-appointment check list
- Manage the encounter effectively
- Know your quick problem solving resources
- Know when it's time to quit and move on



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Maximize availability

- Make a schedule that is easy to share and change
- Staggered start times
 - 8 am to 4:30 pm
 - 11 am to 7:30 pm
- Staggered work weeks
 - Tuesday to Saturday
 - Monday to Friday



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Example 1: tracking staff

Date	County	Location	Staff	Start Time	End Time	Hours	Appts
Wednesday, November 1, 2017	Garrett	Community Action	David	9:00 AM	3:00 PM	6:00	6
Wednesday, November 1, 2017	Garrett	Community Action	David	4:00 PM	8:00 PM	4:00	3
Wednesday, November 1, 2017	Washington	One-Stop	Allyson	8:30 AM	12:00 PM	3:30	2
Wednesday, November 1, 2017	Washington	One-Stop	Allyson	12:30 PM	4:30 PM	4:00	5
Wednesday, November 1, 2017	Garrett	Garrett Outreach	Clark	8:00 AM	11:00 AM	3:00	3
Wednesday, November 1, 2017	Garrett	Garrett Outreach	Clark	12:00 PM	5:00 PM	5:00	6
Wednesday, November 1, 2017	Washington	Health Dept.	Henry	8:00 AM	12:00 PM	4:00	5
Wednesday, November 1, 2017	Washington	Health Dept.	Henry	12:30 PM	4:30 PM	4:00	5
Wednesday, November 1, 2017	Allegany	Wash. St. Library	Catie	4:00 PM	8:00 PM	4:00	6
Wednesday, November 1, 2017	Allegany	Wash. St. Library	Catie	9:00 PM	11:00 PM	2:00	4
Wednesday, November 1, 2017	Allegany	South Side Library	Carol	11:30 AM	3:30 PM	4:00	5
Wednesday, November 1, 2017	Allegany	South Side Library	Carol	4:00 PM	8:30 PM	4:30	3
Wednesday, November 1, 2017	Washington	Meritus	Nefertiti	8:00 AM	12:00 PM	4:00	4
Wednesday, November 1, 2017	Washington	Meritus	Nefertiti	12:30 PM	4:30 PM	4:00	6



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Consumer expectations

- Securing coverage is prime focus
- In order to be fair to everyone
 - Have to be time conscious
 - Questions unrelated to enrollment may have to be answered by phone or later appointment
 - Amount of time spent on problems will be limited
- Yes exceptional circumstances do happen
 - Internal escalations



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David Stewart

Program Director

david@wmdhealthconnect.org

301-501-5057



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Audience Poll

Which of David's suggested activities are you most interested in implementing?

- Review staffing
- Sept. account "tune ups"
- Oct. shopping appointments
- Folders and/or cover sheets
- Review workflow and procedures
- Two or more of the above
- Something else (chat response)



Resources to support tracking and enhance enrollment partnerships

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



Health Care Plan Selection Worksheet

Use this worksheet to help your client choose the best health care plan.

Step 1: Get client's current information.

Current Prescription Medications			HIV-Related Medication?
1	Drug name		_____ Yes _____ No
2	Drug name		_____ Yes _____ No
3	Drug name		_____ Yes _____ No
4	Drug name		_____ Yes _____ No
5	Drug name		_____ Yes _____ No
6	Drug name		_____ Yes _____ No
7	Drug name		_____ Yes _____ No

Current Sources of Care

Primary care provider (PCP) _____

Clinic or hospital where PCP is seen _____

Is PCP also an HIV specialist? _____ Yes _____ No

Is PCP certified in specialty infectious disease? _____ Yes (If yes, specialty?) _____ No

HIV specialist (if different than PCP) _____ Clinic or hospital where seen _____

Facility (clinic/hospital) where client goes when sick _____

Mental health provider _____ Clinic or office where seen _____

Substance abuse provider _____ Clinic or office where seen _____

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

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



Strategies to Ensure a Smooth Open Enrollment

#1 Start preparing enrollment workforce

- Encourage case managers and enrollment staff to work with clients well ahead of open enrollment to update their healthcare.gov accounts.

#1 Start preparing enrollment workforce (cont'd)

- Establish partnerships early:
 - Identify Navigators, Certified Application Counselors, and other assisters in your jurisdiction and make sure they are aware of RWHAP, including ADAP roles
 - Consider partnering with an agent or broker
- Ensure that clients who received APTCs have filed their federal taxes

#2 Develop strategy for plan assessment


- For RWHAP recipients doing insurance purchasing:
 - Consider contracting with a third-party to do a plan assessment once plan information becomes available.
 - Assess all plan options, including off-Marketplace plans.

#2 Develop strategy for plan assessment (cont'd)

- For RWHAP case managers and enrollment staff:
 - Check with ADAP and/or other RWHAP insurance purchasing programs on plan options available to clients.
 - Use existing plan assessment tools and templates.

#3 Stay Calm

- Address client and case manager concerns and questions early and often
- Start planning ahead of November 1
- Monitor department of insurance and enrollment partners



**Resources to help
consumers
understand and
maintain their
coverage**

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.

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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.



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Pay premiums on time

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

How is the premium paid?

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

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

WHAT DOES PREMIUM MEAN?

The amount you pay for a health insurance plan. A premium is paid monthly.

TIP

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

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

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

How much is my premium?

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



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When is my premium due?

Most premiums are due by a certain day each month.

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

What happens if I miss a payment?

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

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

WHAT IS A GRACE PERIOD?

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

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

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



Posters and videos



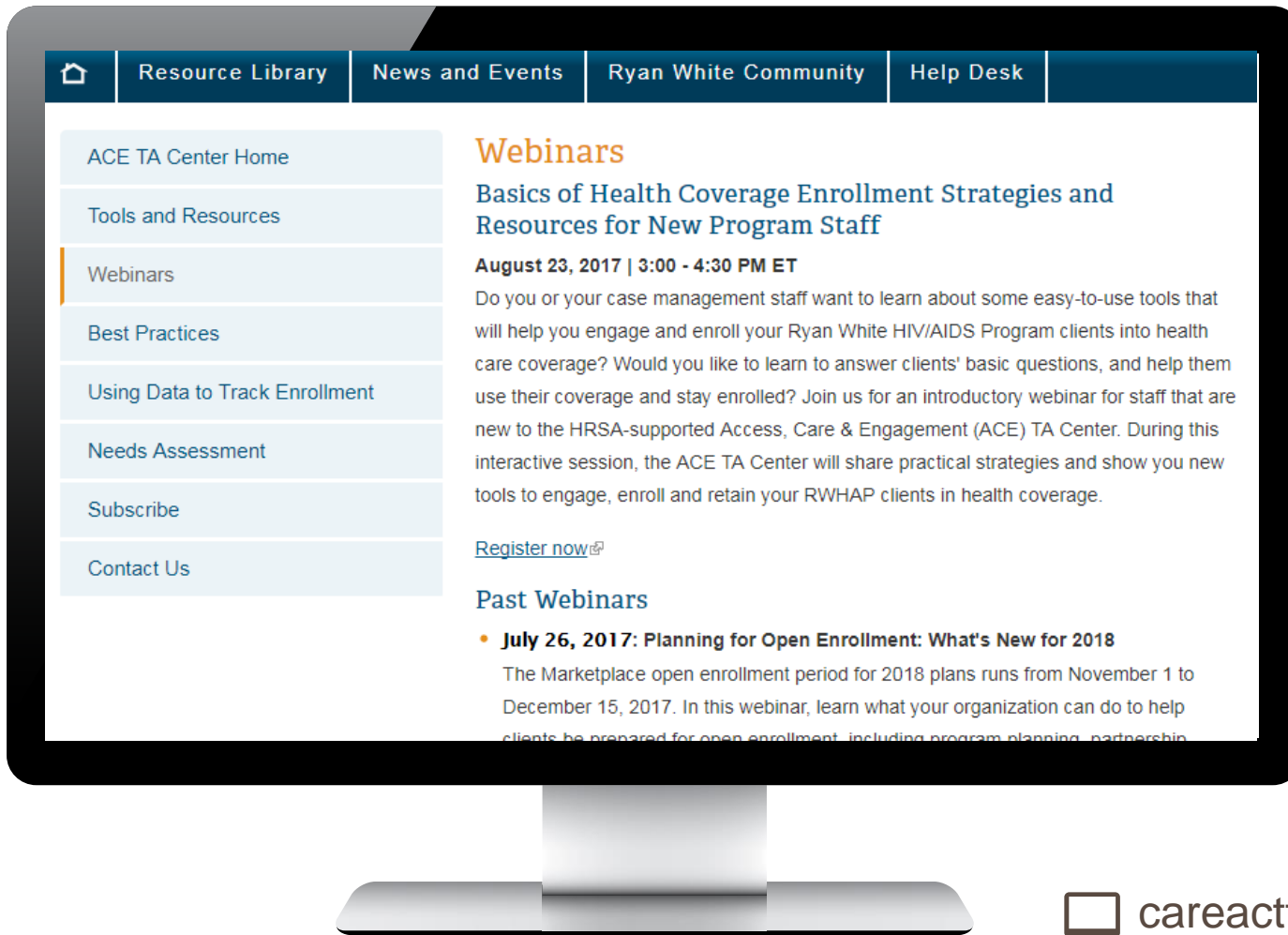
- My Health Insurance Works for Me (three sets of posters)
 - “Stay covered” posters focus on helping clients keep track of paperwork, make sure premiums are paid, and manage gaps in coverage.
 - “Enrollment” and “Renewals” posters focus on the benefits of health insurance and help spark conversations about enrollment and renewals.
- 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



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Webinar highlights



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

February 22, 2017:
Tax Filing and
Health Coverage

November 17, 2016:
Engaging Hard-to-
Enroll Clients

December 10, 2015:
Cost-sharing and tax
credits.



Questions?

Thank you for joining us!

Please complete the evaluation!

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Contact Us:

acetacenter@jsi.com

