



Building Consumers' Capacity to Use Their Health Coverage and Stay Enrolled

Access, Care, and Engagement (ACE) TA Center
April 26, 2017





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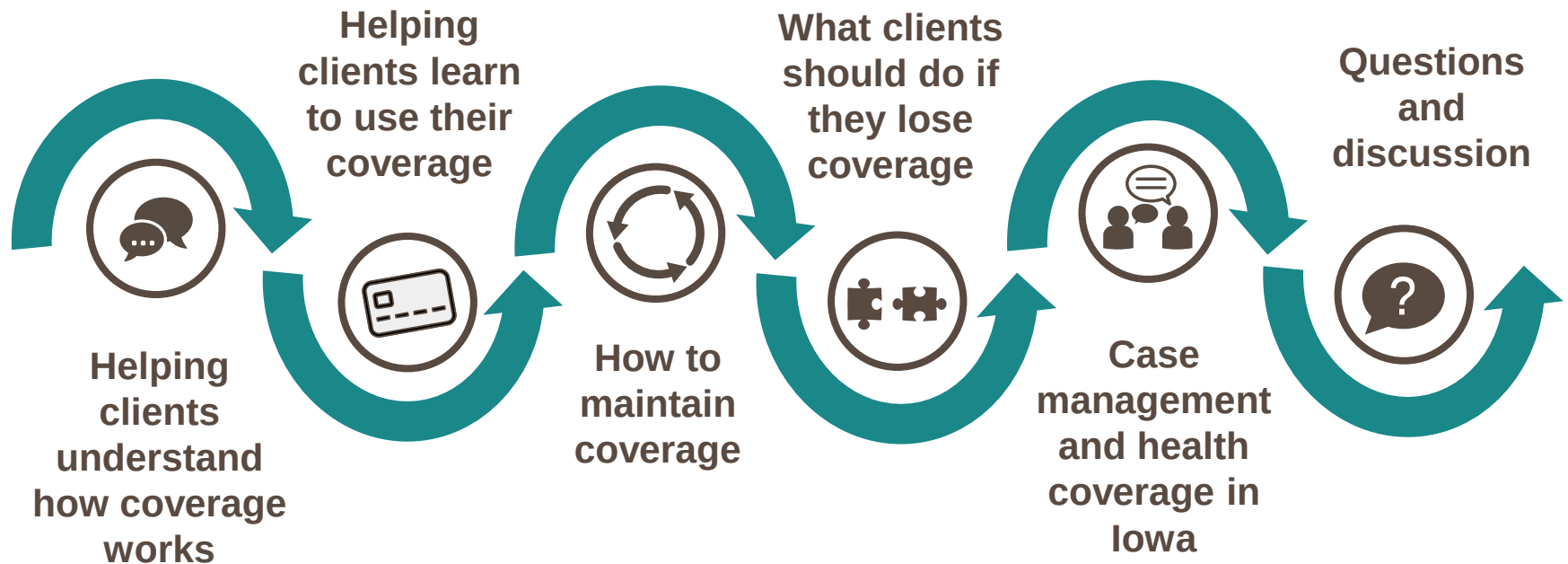


SUZI

Today's presenters



Session overview





Audience Poll

Have you been on an ACE TA Center webinar before?

- Yes
- No



Audience Poll

What is most confusing for consumers as they learn how health insurance works (check all that apply)?

- Insurance vs. RWHAP
- Private insurance vs. Marketplace
- Importance of opening mail
- Understanding bills and notices
- Other (please chat)



How Coverage Works



Why is it important to talk with insured clients about checking the mail?



Insurance companies and the Marketplace send a lot of mail. Clients may need coaching on what to look for and when.

You've got mail: key messages

- Open *and* read mail right away.
 - Helps avoid missing deadlines.
 - Can include important details that affect coverage.
- Important mail includes notices and bills.

Review mail with client

- Schedule regular in-person meetings to review mail from insurance companies and other related paper documents either:
 - In person
 - By phone
 - Digitally
- Keep copies of mass mailings in order to answer FAQs that may arise from clients with the same plan.

Assist with online accounts

- Help clients create online accounts through their health insurance website or the Marketplace.
- Explain the difference between the Marketplace website and the insurance company website.
- Help clients maintain their credentials.

Knowing how the Ryan White HIV/AIDS Program can help

- Clients may be eligible for help with premiums and/or out of pocket costs through the Ryan White HIV/AIDS Program (RWHAP), including ADAP.
- Many ADAPs require eligible clients to submit a copy of their premium bill to receive assistance.

A photograph showing a person in a green shirt holding a white document. A hand in a red sleeve is pointing at the document. The document has some text and a small red stamp. The background is a yellow surface.

Why is it important for clients to understand their health insurance costs?



Understanding health insurance costs helps clients read bills and notices, and know when and how to ask questions.

Help clients know their costs

- Educate clients on common insurance terms that apply to their plan:
 - Premiums, co-payments, co-insurance and/or deductibles
- Make sure clients know who is paying for which costs (e.g., RWHAP).

Review insurance card

- Review co-payment information on the client's insurance card.

Sample Insurance Card. Your actual card may look slightly different.

INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: XXX-XXX-XXXX	EFFECTIVE DATE: VDD/MM/YYYY
GROUP #: XXXX-XXXXXXX	PRESCRIPTION GROUP #: XXXX
PCP CO-PAY: \$15 SPECIALIST CO-PAY: \$35 EMER. ROOM: \$75	PRESCRIPTION CO-PAY: GENERIC: \$10 NAME BRAND: \$25
MEMBERSHIP SERVICES: 1-800-XXX-XXXX	



Role-play customer service calls

- Practice calls to health insurance customer service:
 - Questions to ask
 - Taking notes
 - Getting to the right representative
- It will help them be more comfortable.

MA ADAP perspective

- Case managers can facilitate client communication with insurers on a client's behalf even if ADAP has limitations.
 - Case managers can ask for a client's authorization to communicate directly with an insurer on the client's behalf when needed.
 - Consider having the client's premium bills sent to a case manager's office.
- When information or documents are not sent to ADAP/CHII on time, it can result in interruption of coverage.



Learning to Use Coverage



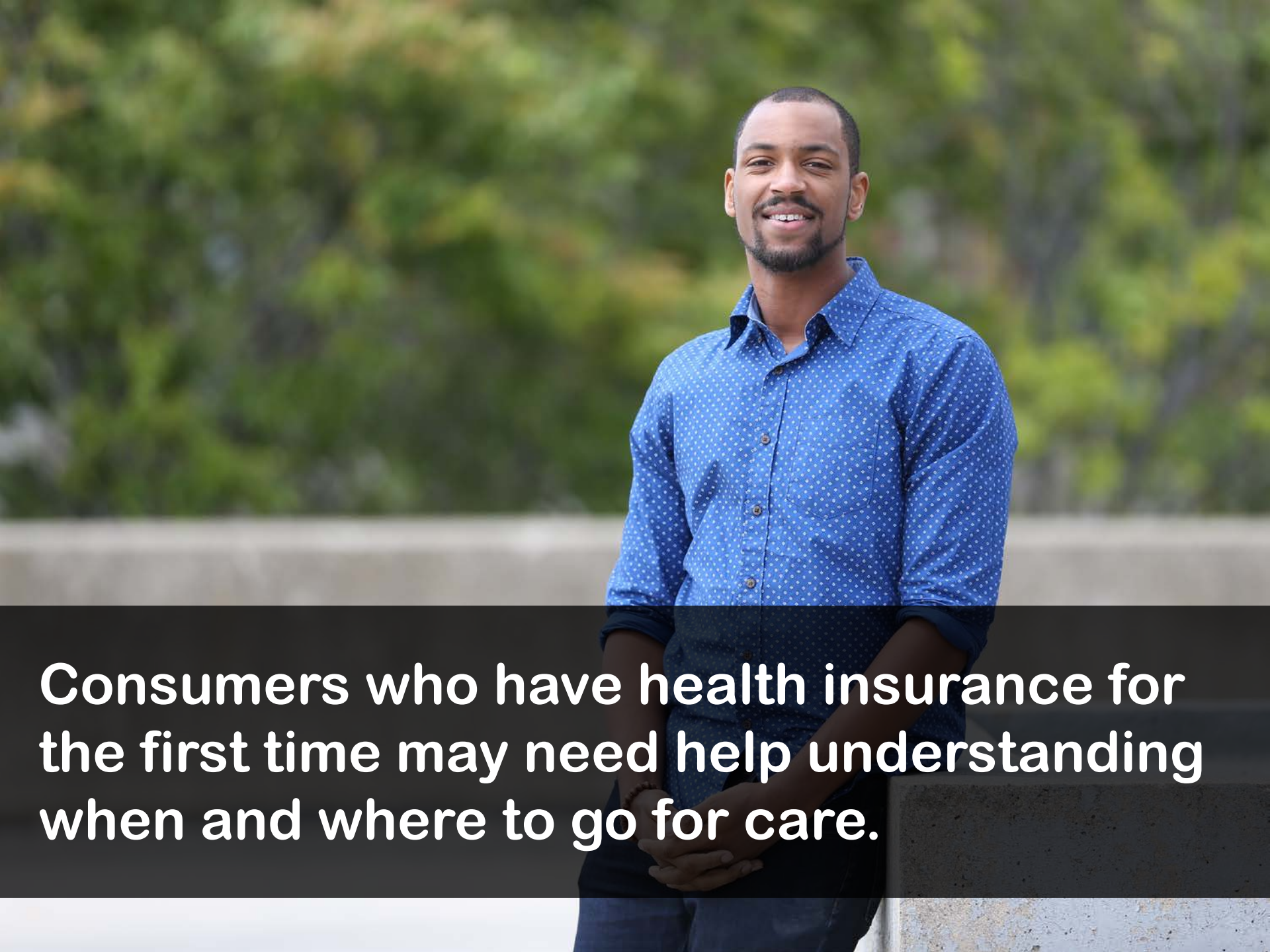
Audience Poll

What is most challenging about helping clients learn to use their coverage? (select all that apply)

- Where they can go for care
- In-network v. out-of-network
- When/how to get a referral
- Preparing for appointments
- Other (chat us)

**Why does it
matter that
clients know
where to go for
care?**





Consumers who have health insurance for the first time may need help understanding when and where to go for care.

Understand where to go for care

- Formerly uninsured and underinsured are now able to access expanded care options.
- Identify a Primary Care Provider (PCP) and/or Infectious Disease (ID) Specialist.
 - Discuss differences between specialists and PCPs
- Educate clients about points of care:
 - When to call their regular doctor
 - When and how to use an Urgent Care facility
 - When/why to go to the Emergency Department
 - Preferred hospitals and pharmacies



“In-Network” vs. “Out of Network”

- Educate clients about insurance networks and referral processes.
- Explain financial implications, including differences in out-of-pocket costs.

Referrals to external providers for follow-up appointments

- Educate clients on referral forms and scheduling.
 - Release of information (ROI)
 - Sharing of discharge paperwork, visit summaries
- Insurance considerations:
 - Type of coverage (e.g. PPO vs. HMO)
 - Prior authorization requirements
- Keep all providers involved in a patient's care team informed.

Helping clients make the most of their health coverage

- Educate client on recommended follow-up for their HIV care.
 - Timing of follow-up visits (e.g. 6 months, 3 months, 1 month) will depend on client's needs.
- Help clients transfer care to a new provider or facility when needed.
 - Identify potential barriers to attending appointments with a new doctor.
 - Discuss concerns with seeing a new doctor.

ACE TA Center Resources

- Making the Most of Your Coverage Consumer Guide
- ACE TA Center “Covered” video series



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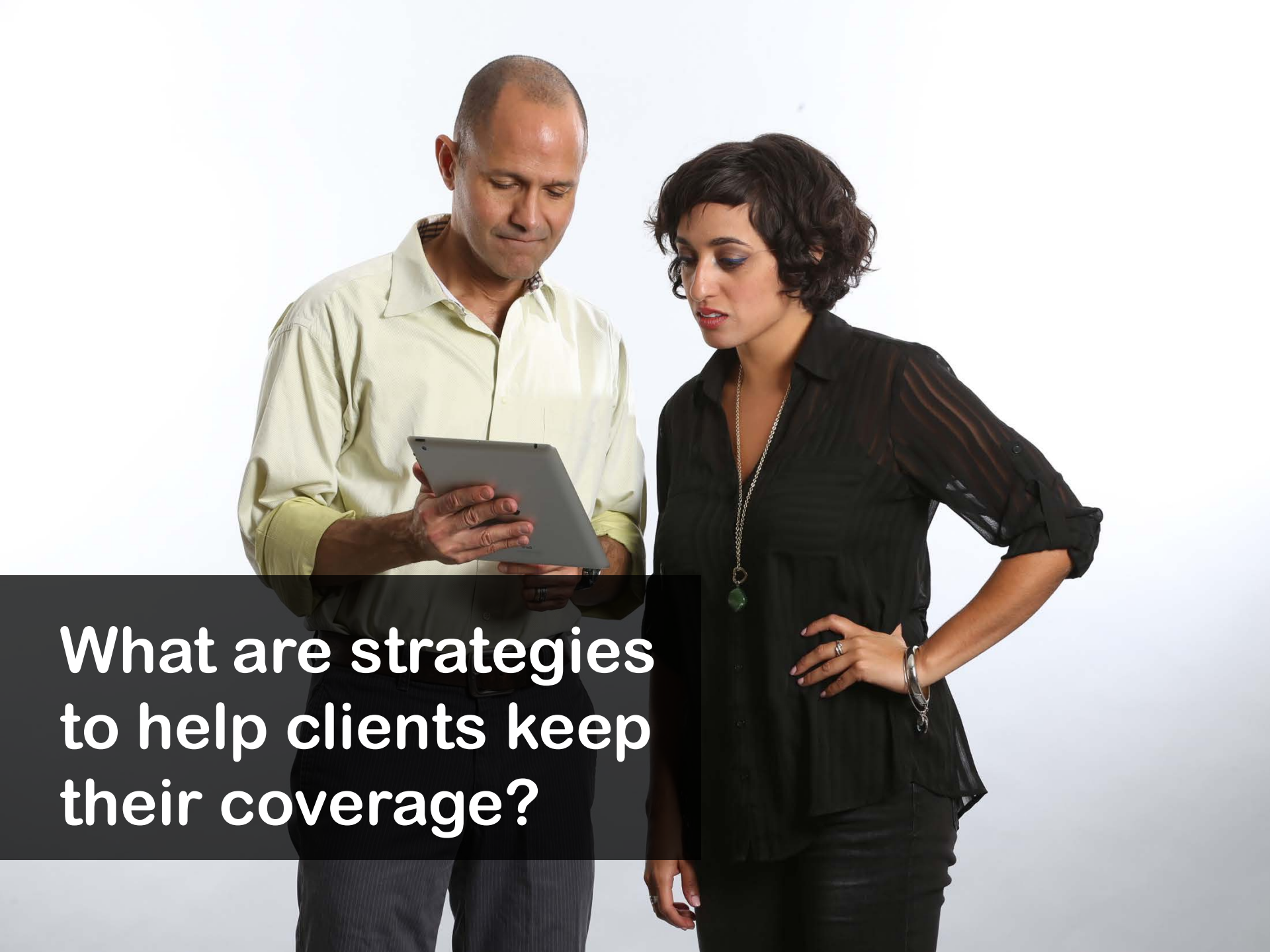
Keeping Covered & Staying Enrolled



Audience Poll

What is most challenging as clients try to stay insured? (select all that apply)

- Paying premiums on time
- Renewing ADAP certification
- Reporting income changes
- Reporting life events
- Managing coverage gaps
- Other (chat us)



**What are strategies
to help clients keep
their coverage?**



Clients need to understand the benefits of coverage, how to make sure premiums are paid on time, and how to stay in touch with the Ryan White HIV/AIDS Program.

Benefits of coverage

- Explain to clients the specific ways coverage impacts their health.
 - Insurance covers more than just HIV services.
 - Insurance includes access to services and medications for HIV and other health issues.
 - Protects clients against high (and unexpected) costs.
- ‘Make it work for them’

Stay in touch with the RWHAP

- Where allowable, help clients maintain enrollment in ADAP.
 - In many jurisdictions, ADAP provides financial assistance for health insurance.
 - In some jurisdictions, other RWHAP entities provide financial assistance for health insurance.
- In all jurisdictions, ADAP provides emergency medications in case of a gap in coverage.
 - Encourage individuals without a case manager to develop their own relationship with ADAP.



Get premiums paid on time

- Make sure each client understands the implications of not paying a premium on time.
 - Clients can lose coverage if their current premium is not paid on time, or if past premiums were not paid.
- Remind clients to review their premium bill each month to check for any increase.
 - Report changes to RWHAP immediately.

Reminder!

- Clients need to report changes in household income to the Marketplace.
- Not doing so may result in financial consequences such as losing assistance or owing more money on taxes.

A photograph of two men sitting on a grey couch in a community center. The man on the left is wearing a blue and white plaid shirt over a dark t-shirt and grey pants. The man on the right is wearing a blue long-sleeved shirt. They are both looking towards a person whose back is to the camera. In the background, there are shelves with various brochures and pamphlets. A glass coffee table is in the foreground with some items on it.

**What should a client do
if they lose coverage?**



**Contact the Ryan White HIV/AIDS Program
to get help with medications and assess
coverage options.**

Assisting a client who loses coverage

- When a client loses coverage, they should immediately:
 - Contact their case manager
 - Ensure they are enrolled in ADAP to continue receiving medications, or get enrolled (request urgent processing).
 - If ADAP cannot help immediately, clients should ask their doctor about short-term help with medications.

Steps to re-gain health coverage

- Call the insurance company and ask about a potential reinstatement.
- Help the client assess if they are eligible for a special enrollment period.
- Continue to monitor client eligibility for health coverage options.

Additional support for non-HIV related care

RWHAP, including ADAP, provides HIV-related services and fills gaps in care, coverage and affordability.

Additional sources of support for non-HIV related care include:

- Community health centers
- Clinics and other organizations with sliding scales
- Non-profit pharmacy or one that accepts RWHAP vouchers
- Pharmaceutical patient assistance programs



Audience Poll

In your jurisdiction, how quickly can a client be reinstated in ADAP if they lose health insurance?

- Automatically re-enroll clients
- Within 1 month
- Within 3 months
- Other (chat us)

ACE TA Center Resources



- **Stay Covered All Year Long Consumer Guide**
- **My Health Insurance Works for Me Poster Series**



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Case Management Pre and Post Health Care Reform in Iowa

Health Care Reform and HIV

- Health Care Reform (HCR) had a tremendous impact on the HIV delivery system.
- RWHAP organizations had to adapt.



Where do Iowans get health insurance?

Iowa's Marketplace

A new way to compare and buy health insurance.

Iowa Health and Wellness Plan

Two 1115 waivers were approved by CMS. Iowa's version of Medicaid Expansion.

Employer Sponsored Insurance

Those whose employers provide affordable ($\leq 9.5\%$ income) benefits will continue to receive benefits through employer. These individuals will NOT be eligible for tax credits through the Marketplace.

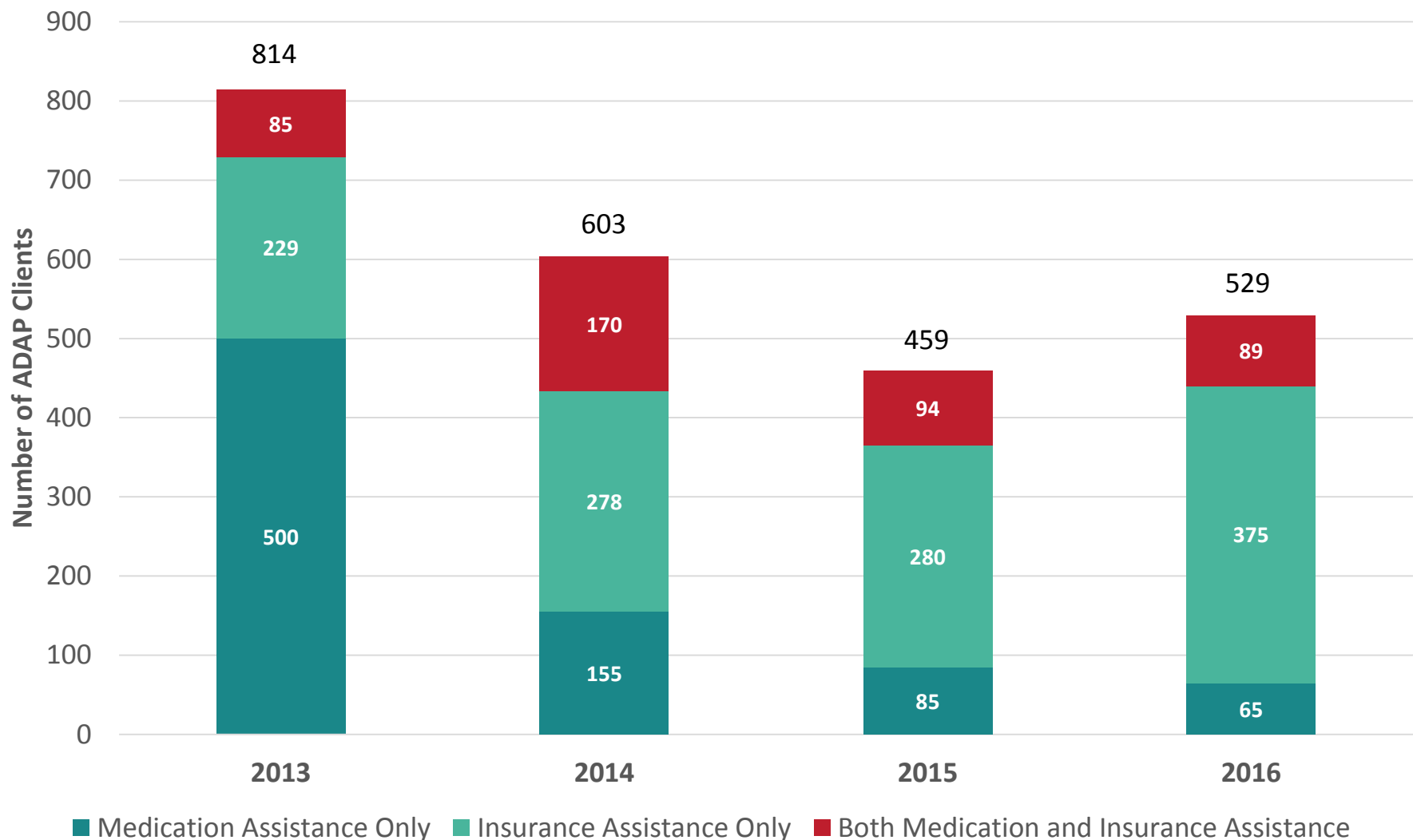
Medicaid/Medicare

Those that qualify for Medicaid through the traditional avenues will continue to receive traditional Medicaid (Title 19).
Those that qualify for Medicare will continue to receive Medicare benefits.

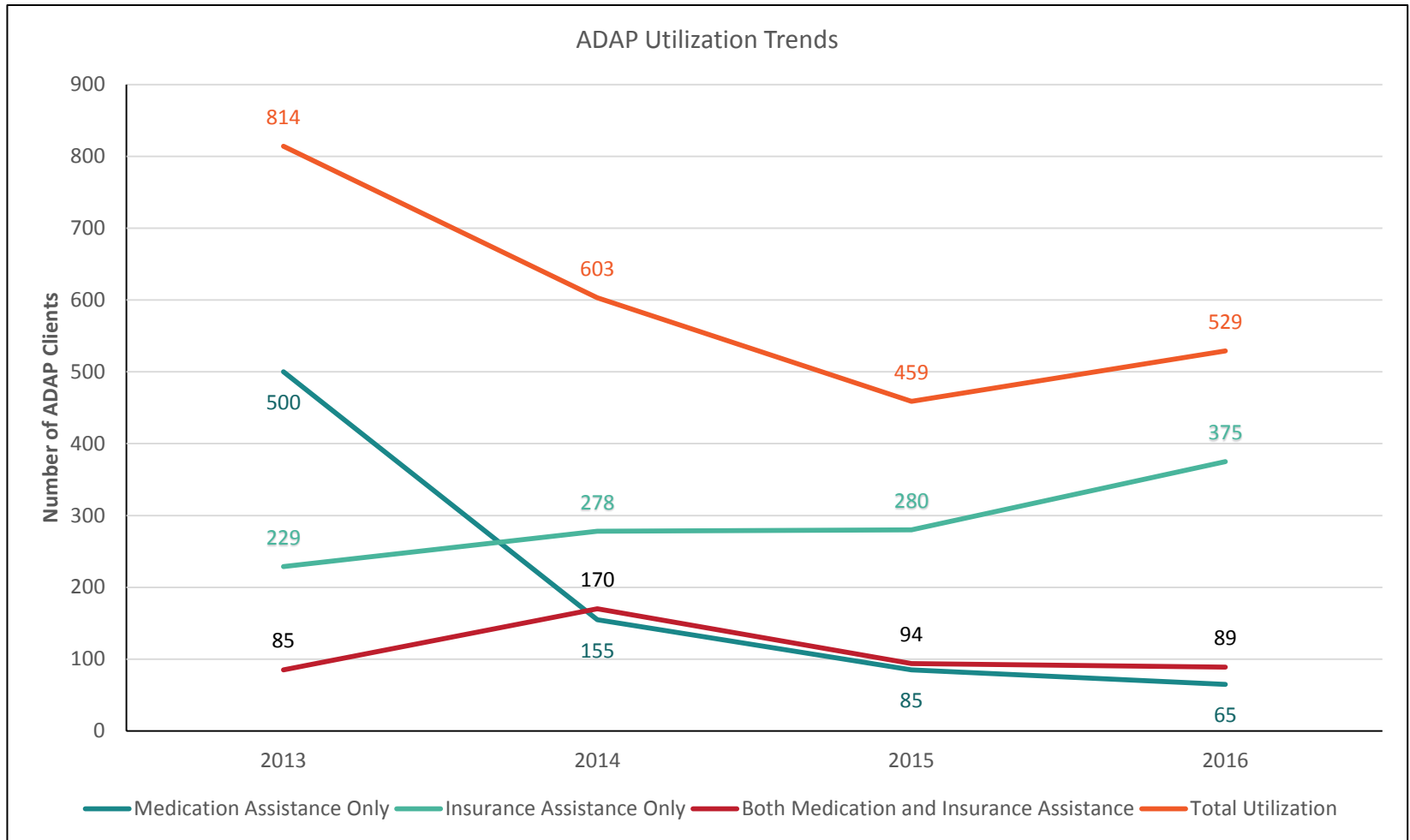
Private Insurance Companies

Individuals can also purchase insurance through private insurance companies who choose not to provide policies through the Marketplace. An example in Iowa is Blue Cross Blue Shield.

ADAP utilization (unduplicated)



ADAP utilization trends



Rethinking case management



Iowa Case Management Program

Team-based
approach



1

Medical Case
Management (MCM)

2

Non-Medical Case
Management (Non-MCM)

3

Brief Contact
Management (BCM)

4

Maintenance Outreach
Support Services
(MOSS)

Referral or
“brokering”

Case management is critical

- HIV case management exists to connect an often-fragmented system.
- Case management is a catalyst for quality, cost-effective care by linking:
 - Patient
 - Physician
 - Other members of the care coordination team
 - Payer
 - Community

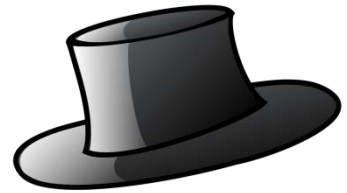
Consequences of fragmentation

While the absence of case management can hamper client access to needed services, *multiple case managers working in an uncoordinated system can **contribute** to the fragmented service delivery that case management is meant to alleviate.*

Workforce needs

RWHAP Case Managers are Experts in:

- Establishing relationships
- Assessing client needs
- Identifying client strengths & challenges
- Developing and monitoring care plans
- Navigating systems
- Community resources
- Coordination and referral
- Benefit coordination
- Insurance...???



Workforce needs summary

- RWHAP case managers were already over-extended.
- State Navigators and Certified Application Counselors (CACs) did NOT have the needed expertise in HIV and RWHAP services.
- IDPH needed additional capacity to support field staff and other health care reform activities.

Workforce response

Field Benefits Staff

- Provide support and assistance to Iowans living with HIV/AIDS to find their coverage “home.”
- Provide outreach and education to clients about Health Care Reform, Insurance, Enrollment, etc.
- Enroll clients (all are Certified Application Counselors)
- Serve as experts for clients and case managers!

IDPH Benefits Specialist

- Position at the state health department



Training and capacity building

- Regional Collaborative (Iowa, Minnesota, and Nebraska)
 - Annual Case Management Certification
 - Online Modules
 - In-person course
 - Continuing Education
 - Expanding the HIV Prevention Framework for Gay and Bisexual Men and other MSM, Mental Health First Aid, Financial Health for Case Managers

Training and capacity building

- Trauma Informed Excellence
- Regional Meetings (within Iowa)
 - Case managers and other partners
 - Linkage, managing case loads, adherence, etc.
- Monday Messages
 - Weekly e-mail to contractors
 - Updates, policy changes, resources, announcements
- Regular meetings and correspondence with IDPH and fields benefits staff
 - Field benefits staff work closely with case managers

Reasons for success

- Reframing the ultimate goal of case management
- Team approach between health department and contractors in both development and implementation
- Intensive capacity building

Lessons learned

- Change is a [long] process
- Communication is **key**
 - Case managers, field staff, and clients
 - Continuous via different “modes”
 - Need for simplified educational materials
- Simplification is **key**
- Focus on Health and Insurance Literacy
- Include the right people for pilot initiatives
 - Choose your go-to folks AND your biggest critics

About Us

Technical Assistance Providers

RW Listservs & Mailings

FAQs

New to the TARGET Center

Contact Us / Feedback

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.

Learn about the ACE TA Center needs assessment

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Targeting



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Source Type: Cooperative Agreement

Topic Areas: Engagement in Care, Health Care Reform, Enrolling & Accessing ACA, Health Coverage, Populations, Cultural Competency, Eligibility, Program Parts, Part A - Hard Hit Urban Areas, Part A - Planning Councils, Part B - States/Territories, C - Community Care, D - Women/Infants/Children, Youngsters of Color, Consultants/Planners, Education

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

<http://targethiv.org/ace>



Questions?

Thank you for joining us!

Please complete the evaluation!

targethiv.org/ace

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

Contact Us:

acetacenter@jsi.com

