



Webinar Transcript | July 15, 2020

Get Ready to Enroll: Remote Enrollment Strategies, Open Enrollment Updates, and Tips for Working with Clients

- Liesl Lu: Good afternoon, everyone and welcome to today's ACE TA Center webinar. I'm Liesl Lu, the ACE TA Center project director and a senior consultant here at JSI. So today, we're going to be talking about getting ready for open enrollment and using remote enrollment strategies. July may seem a bit early to start preparing for the 2021 marketplace open enrollment, but now is the time to train your staff and establish enrollment partnerships to be ready to enroll in November.
- Liesl Lu: And we're also going to share some remote enrollment strategies that you can use now to support clients who are eligible to enroll via special enrollment periods, and you can also use these strategies for remote assistance during open enrollment. We are going to chat out the link to download today's webinar slides as well as the document that has all the links that will be shared during today's webinar.
- Liesl Lu: So at the ACE TA Center we help build the capacity of the Ryan White HIV/AIDS program community to navigate the changing healthcare landscape and help people with HIV to access and use their health coverage to improve health outcomes and specifically we support the Ryan White program recipients and sub-recipients to engage, enroll and retain clients in Medicare, Medicaid and individual health insurance options as well as build organizational health insurance literacy thereby improving clients capacity to use the health care system, communicate with clients about how to stay enrolled and use health coverage and use treatment as prevention principles to support confident and informed decision making about coverage and care.
- Liesl Lu: So we do this all by developing and disseminating best practices and resources and by providing technical assistance and training through national and local activities. And we have a number of key audiences including program staff clients, program managers and administrators but also folks who help enroll Ryan White clients such as navigators and certified application counselors. So today, we'll focus primarily on resources for case managers, enrollment assisters and other staff who work directly with consumers.
- Liesl Lu: The recording of today's webinar will be archived on TargetHIV at targethiv.org/ace. And all participants in today's webinar will receive an email when it's posted so you can share with your colleagues. You can also find links at this website for all the tools that we're going to present today and if you forget the direct link, you can always find us by going to the TargetHIV homepage or searching the topic library.

- Liesl Lu: So I am thrilled to have a number of fabulous presenters on today's webinar. Molly Tasso is the policy analyst for ACE TA Center. She specializes in health reform and its implications for the Ryan White program and people with HIV and has experience at developing and disseminating TA products nationally. Rachelle Brill is a senior policy analyst for community catalyst's outreach and enrollment team. She's not able to join us today unfortunately, so I will be presenting her slides that she prepared for today's webinar.
- Liesl Lu: Arianna Anaya is the program manager for Austin area nonprofit, Foundation Communities, Prosper Center's Health Coverage. Arianna has worked closely with providers and service organizations that serve clients with complex medical needs like cancer and HIV, and she's played a key role in the provision of processes and trainings that have enabled her program's enrollment of more than 5,000 individuals and marketplace health insurance each open enrollment session.
- Liesl Lu: Dori Molozanov is a manager of the health systems integration team at NASTAD. And her work is focused on monitoring and responding to health system changes and supporting NASTAD members and navigating insurance enrollment assessing coverage options and ensuring medication access for insured individuals. And finally, Mira Levinson, the principal investigator for ACE will be moderating our Q&A and Amy Killelea from NASTAD will be answering questions as well.
- Liesl Lu: So to give you a quick overview of what you can expect during today's session, first Molly is going to talk about what's new for this year's open enrollment and Dori will share updates about eligibility for unemployment insurance and additional unemployment benefits available through the CARES Act. Next Arianna and I will share strategies and best practices for remote enrollment assistance. And the last section of the webinar, Molly will discuss account tune-ups and what you can start doing now to prepare for open enrollment as well as tasks for each month leading up to open enrollment.
- Liesl Lu: We have consolidated our presentation slides in this last section to ensure we have enough time for questions. So there will be some extra slides in the downloadable deck if you're following along that won't be covered in today's presentation. We'll introduce several ACE TA Center resources throughout the presentation and then we'll end with a Q&A. So let's get started with a quick poll.
- Liesl Lu: It's always helpful for us to know how many of you on today's call have been on previous ACE TA Center webinars. So if you could quickly just let us know if you have been on before or if you're new to one of our webinars. We'd love to know. I'll just give you a few moments for that.
- Liesl Lu: Okay, great. So it's looking like a little over 60% of you have been on an ACE TA Center webinar and about 35 of you, 36 have not. So I think there will be resources available for those who are returning, some new resources as well as

hopefully those of you who are new will find all this information helpful and learn some new best practices and strategies for open enrollment. Great. So with that I will hand it over to Molly.

Molly Tasso: Great. Thanks so much, Liesl. So we're going to start off today by walking through some of the changes for the 2021 plan year open enrollment and discuss how it might impact your program organization or clients. So as with past years, most of you know that marketplace open enrollment will run from November 1st through December 15th in states that use healthcare.gov. And just as a reminder, Medicaid's enrollment period lasts all year and it does not have a beginning or an end date.

Molly Tasso: For some states that don't use healthcare.gov, which are also known as state-based exchanges, open enrollment dates may be different. So California, Colorado and Washington DC, excuse me have permanently extended their open enrollment dates into January of the following year. So those end in January 2021 and there is a chance that a number of other states that run their own exchanges will also extend their open enrollment dates.

Molly Tasso: However, this information hasn't yet been finalized or made public quite yet so if you live in one of those states listed in the last bullet point, so Connecticut, Idaho, Maryland, Massachusetts, Minnesota, Nevada, New York, Rhode Island, Vermont and Washington, we really encourage you to frequently check out the enrollment exchange websites of your state throughout the summer and fall just to make sure you're keeping up to date with the latest information.

Molly Tasso: So next, we have an update on copay accumulator policies. And as a refresher, copay accumulators are policies adopted by some insurance companies that no longer count the value of a copay card towards someone's deductible or their out-of-pocket maximum. So as a result, individuals are required to pay the full deductible themselves after the copay cards have been used.

Molly Tasso: This is may come as a surprise to some clients if they've previously had their copay cards count towards their deductibles and out of pocket maxes. And so it can result in unexpected high pharmacy costs. CMS has issued rules and guidance in the past, but it's recently finalized its policy on these copay accumulator policies. So according to the final rule for 2021, issuers are allowed to adopt copay accumulator policies, but they're not required to do so. They have full discretion to make that decision.

Molly Tasso: States do however have the flexibility to prohibit these policies which would of course impact the ability of issuers to then use these type of policies with their plans. So really the bottom line is that plans on the next slide. The bottom line is that plans may or may not include copay accumulator policies as part of their 2021 market plans marketplace plans, but if they do, they're strongly encouraged to very clearly publicize this information on any plan marketing documents.

Molly Tasso: So for case managers or program staff responsible for reviewing plans ahead of open enrollment, it will be very important to closely review a plan summary of benefits and other any sort of pharmacy benefit documents to determine whether or not that plan has a copay accumulator policy in place. And you should also check with your state's department of insurance, those websites to see if they maybe regulate these policies in your state. We're going to go ahead and chat out a link to a directory of state departments of insurance.

Molly Tasso: Next, as some of you may be aware of the federal income tax penalty for not having health coverage is zero dollars. So this is a result of the federal individual mandate being repealed. However, a number of states have enacted their own state level individual mandates. And this means that for individuals in these states, they may be fined a penalty if they go without health coverage in 2021 and they don't qualify for any type of exemption.

Molly Tasso: So for 2021, California, Washington DC, Massachusetts, New Jersey and Rhode Island all have state level individual mandates which does include a financial penalty. Vermont has a mandate but there's no penalty attached to that right now. So if you live in one of these states, we encourage you to visit the website again if your department of insurance or your state's marketplace website where there will be more information you can learn about the penalty and also how to qualify for an exemption.

Molly Tasso: And just before we move on we want to remind folks that it's very important to remember and to reiterate to clients that just because they might not be financially penalized in their taxes for not having health coverage, it really doesn't mean that they shouldn't enroll into health coverage. It's incredibly important for people with HIV to have comprehensive health insurance which helps avoid unexpected catastrophic costs that can be incurred by hospitalizations or injuries and to just cover all their other health needs. So as a reminder, we always say Ryan White is not health insurance.

Molly Tasso: Then we just want to provide a few quick updates related to the COVID-19 public health emergency. Some of your clients may be experiencing job or income loss and it's important to remind them that they may be eligible for coverage through the marketplace Medicaid or CHIP. There's also options like COBRA, but COBRA can be quite expensive and it might not be the best fit for their coverage needs, so we really encourage folks to take a look at all options before deciding to use COBRA.

Molly Tasso: One way that some states are promoting access to private health insurance is by providing SEPs or special enrollment periods. So six states and Washington DC have currently active SEPs. Maryland and New York actually end today. Massachusetts and California's ends a little later this month and then Vermont and DC and in August and September. And then Idaho as of right now has sort of open-ended SEP with an unknown end date.

Molly Tasso: So if you live in one of those states and this would be a value to either you or your client, we encourage you to check this out. But as a reminder, if an individual has enrolled into a plan through an SEP this year, you need to go ahead. Everyone needs to re-enroll during this fall's open enrollment period.

Molly Tasso: And then just additionally, there are a few important updates for Medicare enrollees related to COVID-19. So first Medicare Advantage and Part D plans must cover 90 days supplies of medications and also must cover medications that are dispensed at an out of network pharmacy if the enrollee is deemed not able to reasonably receive their prescription at an in-network pharmacy. And that it is something that came about through the CARES Act.

Molly Tasso: And of course things are moving very quickly and there's a lot of information out there, so we really encourage people to check out HRSA HAB's COVID-19 FAQ document. We're going to chat out the link and it's also there on the slide. It's a really wonderful comprehensive document that answers a ton of questions related to this in the Ryan White program. We also encourage people to sign up for email updates through the HRSA HAB list serve.

Molly Tasso: So with that I'm going to hand it over to Dori from NASTAD who's going to give some updates on unemployment insurance.

Dori Molozanov: Great. Thanks, Molly. All right. So I'm going to talk about unemployment benefits available during the COVID-19 pandemic including additional benefits authorized by the federal CARES Act. Next slide please. So first, I wanted to start with an overview of unemployment insurance or UI. So generally speaking, unemployment benefits are available to workers who've lost their job or who have experienced a reduction in income through no fault of their own. But the circumstances that render someone eligible or ineligible for benefits vary by state.

Dori Molozanov: So many people believe for example that losing only a portion of their income or being furloughed, quitting their job or even being fired for alleged misconduct are an automatic bar to receiving benefits but this is not necessarily true. In general, it makes sense for a worker to apply for benefits if they lose their job or some of their income because they might be eligible even if they don't think they are.

Dori Molozanov: State laws vary significantly when it comes to the types of circumstances that render someone ineligible for benefits and even if an employer can test a claim, the worker will have an opportunity for a hearing. Workers must also meet the wage and hour requirements for their state in order to receive unemployment benefits. This means they must have worked for a certain amount of time and earned a certain amount of money.

Dori Molozanov: Typically, a worker must also certify on a weekly basis that they're actively seeking work, but some states have waived this requirement during COVID-19.

Under the federal CARES Act, also many workers who might not otherwise be eligible for unemployment can also access benefits in 2020.

Dori Molozanov: The amount of time that someone receives benefits also varies by state. In most states, workers can receive 26 weeks of unemployment benefits. Some states have a lower max and some states have higher, but most states allow for 26 weeks. The CARES Act increases the number of weeks that workers can receive benefits up to 39 weeks. But in some cases, workers might actually be eligible for up to 52 weeks of benefits.

Dori Molozanov: The amount of money that a worker receives every week also varies by state and depends on how much money they were making before they lost their job or part of their income. Under the CARES Act weekly benefits are increased by 600 per week through the end of July. This is true for everyone regardless of the type of unemployment program that they're on.

Dori Molozanov: Next slide. The CARES Act creates unemployment programs to help workers who lose their jobs or experience reductions in income during the COVID-19 pandemic. First, the CARES Act provides under the federal pandemic unemployment compensation FPUC program an additional \$600 per week in benefits to all claimants regardless of the type of unemployment they receive. The \$600 is in addition to the amount the person is already eligible for under their regular state UI program. This weekly 600 boost and benefits expires on July 31st.

Dori Molozanov: Second, the CARES Act creates the pandemic emergency unemployment compensation or PEUC program. PEUC provides an additional 13 weeks of unemployment for workers who have exhausted their regular state benefits. These additional 13 weeks expire on December 31st. They do not carry over into 2021.

Dori Molozanov: After someone has exhausted their PEUC benefits, they might be eligible for extended benefits. This is not created by the CARES Act. This already existed before COVID-19 and it's a way for states to extend unemployment benefits in periods when there's very high unemployment. At the time that this presentation was created, extended benefits were available in all but just a few states.

Dori Molozanov: Next slide please. And finally the CARES Act pandemic unemployment assistance or PUA program provides up to 39 weeks of unemployment for people who are not otherwise eligible, for example because they're self-employed, they lack sufficient work history or they fail to meet any other state requirement for benefits. Also, people who are typically eligible for unemployment but who have already exhausted their benefits can apply for PUA to extend their benefits.

Dori Molozanov: In this case, the amount of additional weeks depends on how many weeks of benefits they've already received. PUA benefits unlike the others listed here are

only available to workers who are unable to work for a reason that's related to COVID-19. PUA benefits also expire on December 31st and don't carry over into 2021.

Dori Molozanov: Next slide please. So how do unemployment benefits affect eligibility for health coverage? Both regular unemployment benefits, so that's your base award that you would be entitled to based on your income in your state if the CARES Act didn't exist, the regular unemployment benefits and the 600 weekly boost under the CARES Act are taxable and both are included in marketplace income.

Dori Molozanov: However, that \$600 per week that's available through the end of July is not included in your medicaid income, it's only included in your marketplace income. However, your regular state UI amount, that base amount that you would be eligible for under the normal rules in your state does count towards your income for Medicaid eligibility purposes. So how does this affect ADAP financial eligibility?

Dori Molozanov: This is going to vary by jurisdiction. Generally, the trend that we are seeing is that states are following Medicaid policies and they're not counting that \$600 per week boost as income for ADAP financial eligibility. Only a small handful of states have definitively indicated that they plan to count the \$600 per week towards their client's ADAP income. And that concludes unemployment eligibility, so I will hand it back to Liesl now.

Liesl Lu: Great. Thanks, Dori. So I'm going to share some strategies on how to ensure you're protecting your client's confidentiality and communicating in secure ways while providing remote enrollment assistance. And just a reminder, these slides were prepared by Rachelle Brill from Community Catalyst, but she can't join us today, so I'm presenting them in her place.

Liesl Lu: So first let's do a quick poll to find out if any of you are conducting a remote enrollment assistance right now. So is your organization conducting remote enrollment assistance? Yes, you already do. Yes, right now for SEPs or yes, you're planning to for open enrollment or no. So we're curious to know how many of you have already been conducting remote enrollment assistance in the past or currently for SEPs or have never done it before. We are anticipating that having the ability to provide remote enrollment.

Liesl Lu: Assistance will be especially important this year given the changes in all our lives due to the COVID pandemic. So responses are still coming in. About half of you have responded, which is great. It looks like about 44, 43% of you already do conduct enrollment assistance. About 15% are right now for SEPs. 24% are planning to for open enrollment and 30% of you have not conducted remote enrollment assistance.

Liesl Lu: So that's really helpful to know I think as we move toward open enrollment, we're going to be continuing to collect tips and strategies to share with you all

via email and in our next webinar to help you throughout the open enrollment period. So hopefully, these strategies from in the loop in Massachusetts and Community Catalyst will help you get some ideas of how you can either start to do a remote enrollment assistance or improve what you're already doing.

Liesl Lu: So first, next slide. Some of you may be wondering if remote enrollment assistance is allowable and in 2018 CMS announced that navigators no longer need to be in person to provide enrollment assistance. Consent can be provided in a number of ways either by clients themselves or an authorized individual and that can be done by phone in writing or both. So I'll go over how to do those.

Liesl Lu: So let's consider a scenario on the next slide. You're assisting a consumer for the first time. You're both in your own homes and will be talking over the phone. So how do you go about getting their consent. You can get the consumer's authorization by reading them your organization's standard written form or a script that provides all the necessary information from your consent form.

Liesl Lu: And you should then record in writing that the consumer's consent was obtained including their name or the name of their authorized representative, the date, your name and any limitations that the client may have asked to be put on the authorization. And if the consumer requests a copy, you want to make sure you send it to them as soon as possible and send a copy of the consent or authorization form.

Liesl Lu: So we're going to chat out a resource from CMS with more information about this and it includes details on the specifics that you need to obtain that authorization as well as additional scenarios that you can consider for performing remote enrollment assistance.

Liesl Lu: So next, it's really important to consider how to safeguard consumer's privacy in terms of your physical setup, if you're working home or in another remote location as well as your online connection and what to do when you're actually communicating with clients. Let's first look at considerations for your physical space.

Liesl Lu: So if possible, you want to set up a private area at home or wherever you're working remotely to be able to communicate securely with clients. You should use a work computer that isn't shared with someone else or even a computer that's not shared with anyone else and limit the amount of paper that you print out and has personal information on it. And if you do print things out, you should try to mark out as much of that personal information as possible. And then check with your organization's IT privacy or compliance departments for other systems that they may have to help you make your remote space more secure.

Liesl Lu: So next, you want to ensure to safeguard the consumer's privacy online. So to do this, you should use a private Wi-Fi network with a password or a hardwired

internet. Make sure your computer requires a password for login. So if you don't currently use a password on your computer right now, you can set that up, and then obtain VPN access from your IT department if needed, if you need that to access your organization's documents and so forth.

Liesl Lu: And then next in terms of communications and exchanging of information, you'll need to set up a secure email account. This is really important so that all communication by email with your clients is secure. This can often be added to existing email accounts such as outlook and if you aren't sure, check with your IT department. You'll want a password protect documents when sending a client secure information. And then you should share that password in a separate communication such as by phone or in a separate email.

Liesl Lu: So you never want to send the email for the password protect document and the same email that you're sending the document in. And just a reminder that you need to still adhere to the Health Insurance Portability and Accountability Act or HIPAA, requirements when exchanging personal health information with consumers, and to protect their confidentiality.

Liesl Lu: So then we have some tips for communicating over the phone to ensure privacy. So you want to make sure that you're speaking in a private space to protect the caller's and personal information that no one else can overhear you. So in a room with a closed door. If possible have incoming calls, go to your workflow phone and voicemail and then forward it to your personal phone. This avoids using your personal phone and maintaining your work phone as your primary contact information.

Liesl Lu: To protect your personal phone number when you're making outgoing calls, you can use star 67 which is the mechanism to which creates the blocked caller ID for making a call. You could use Google Voice or change your information to show as private through your phone. If you're not speaking directly with a client, you want to make sure you're speaking with someone who's authorized to speak on the client's behalf and that document that we chatted out from CMS has information about designating and confirming an authorized representative.

Liesl Lu: Then also you still want to consider using a language line or interpreter line for assisting clients who may speak another language other than English. And also use a headset for better sound quality and comfort since having long days on the phone can be a little tiring for your ears.

Liesl Lu: So next, in terms of signing and sending documents, you'll want any documents that you need signed by the consumer. You need to send via secure email or fax. So here are a number of suggestions for apps. DocuSign, Adobe Fill & Sign and SignNow are all free apps that you can use to obtain electronic signatures. And then eFax app, FAX app and Fax Pro are all free online fax programs that healthcare for all has found out about. So again, you want to try to limit paper documents as much as possible.

Liesl Lu: And then in terms of obtaining other documents remotely on the next slide, you can use a secure email to send images that are scanned or photos of documents if you need them, or e-fax documents using the resources I just mentioned or have the client upload the documents directly to their healthcare.gov account. So these are all really basic things but all very important considerations to use when conducting remote enrollment assistance with clients either now or as you prepare for open enrollment.

Liesl Lu: And so with that, I'll hand it over to Arianna who will share some best practices for remote enrollment assistance as well. Arianna?

Arianna Anaya: Thank you so much. I want to give you guys the background that this presentation was originally provided in the immediate wake of the COVID-19 crisis and was sort of intended for year-round. The idea is to provide [inaudible 00:30:25].

Mira Levinson: Hi, everyone. This is Mira Levinson. Just stand by. We'll try to figure out our technical issues. Thanks.

Arianna Anaya: Okay. Can you all hear me?

Mira Levinson: Yes.

Arianna Anaya: I so apologize. I don't know what that was. Let me know if I cut out again. It seems to be working okay. What I summarized basically was that this presentation was set up in the early days of COVID-19 and was intended to sort of assist with year-round remote appointments and the idea is to just provide some examples of what has worked for my team when it comes to remote assistance.

Arianna Anaya: Next slide please. So just to give you something of a history of why my program has done remote enrollment, we've established certain partnerships with different hospitals and providers that assist individuals with high medical needs, many of whom would not be able to come to our site in person. So it was actually back in 2015 that I had specifically made a request to CMS to ascertain whether or not working with clients by phone was something allowed for those of us doing in-person assistance.

Arianna Anaya: And at that time I got a very specific yes that we were and we've also been able to locate examples that CMS itself has created that shows that there is a presumption that we are able to work remotely with clients to complete a marketplace application. Because of this and because of these partnerships, every member of my team is trained specifically on how to work with clients remotely. So when March 13th rolled around this year and our clients all had to essentially stop coming to see us in person, we were able to pretty seamlessly transition to phone appointments.

Arianna Anaya: We've also made Zoom appointments available but I will be very honest about the fact that most of the clients we serve and assist have that, that would be a barrier for them. So to an extent, we try as much as possible to center the need on the clients specifics. And so Zoom and video is in certain respects often not helpful. If a client wants it, we provide it. But we tend to do this by phone.

Arianna Anaya: Next slide please. I think the immediate question that this tends to raise is that the value of CAC's navigators and in-person assistants tends to be at least I think from the client perspective well, I can work with them in person. What then is the point of working with someone by phone if I can just contact the marketplace. And I think something that is very important to continue to help clients understand is the fact that this stuff is local. When you contact the healthcare.gov call center, you are talking to someone who may not be in your same healthcare delivery service area.

Arianna Anaya: They may not have good knowledge when it comes to the hospitals and the providers that are in network. And it's not going to be offering you the same level of local assistance, again too for individuals who are not going to be eligible for the marketplace. The assisters who are local can offer usually a lot more information connected to other resources.

Arianna Anaya: And then finally, of course I think it is most helpful for our new clients for them to have a thorough understanding, not just having the application read to them, but an overview of their rights and responsibilities which is kind of the framework that in-person assistance utilize. So this is an advocacy piece. It's not so much a customer service representative, but someone who's there to educate you as opposed to just reading you that application aloud.

Arianna Anaya: Next slide please. These are two examples for how we sort of took our existing flyer and updated it to let our clients know that we were shifting from a mostly in person walk-in setting to one that would be appointment and basically phone based. So essentially, it does of course advertise our different pieces of assistance, gives clients means through which to schedule an appointment, but it also possessed language that we shared across the programs when it came to how we were informing clients, but how we were sort of setting this up as something that was intended to help keep them safe during a health crisis. Not our intention of course to make things harder, but rather to ensure that our community, our counselors, our centers are not going to be spaces where people are at risk.

Arianna Anaya: Next slide please. So I think the biggest and most important piece of assisting someone remotely is ensuring that the client understands what is going to happen at the appointment. Generally speaking, we offer different ways for clients to set an appointment. I would recommend having a route through which they can access an online appointment calendar that many of our clients as I said earlier want to talk to someone to understand what they're doing ahead of scheduling this appointment because of course many of our clients have probably been connected with sales people when it comes to health

insurance and sometimes that means they have a bad taste in their mouth about the experience of working with someone they can't see.

Arianna Anaya: So it tends to be very helpful in my mind too when setting a remote appointment, have some kind of script for the individual who does that work, so that the client has a thorough sense of what the expectations are. As an example, we tend to be very, very specific about the things we need a client to do ahead of an appointment. For example, if they are working and someone in the household has a job offer, we tend to let them know that our ability to get them enrolled in a marketplace plan will sort of to an extent be predicated on how much information they can give us about that offer.

Arianna Anaya: Likewise, if they're a returning client who has a marketplace account that we'll need to access, we tend to be very forthright about the fact that this is a big bottleneck for us. So if there's any work you can do ahead of time to get us that login information, that can save us time. So setting these expectations, letting them know what we're doing. Specifically, I would advise outside of open enrollment, you should let clients know that we are screening them for eligibility because I will say it's often a big, big hurdle for clients to come to an appointment and learn they are just not eligible to enroll right now for whatever reason.

Arianna Anaya: Sometimes they fully have the expectation, I am having an appointment to sign up to health coverage and sometimes they are simply not eligible. So it can be helpful to ensure you're on the same page.

Arianna Anaya: I highly, highly recommend even if this is part of the script for setting up the appointment before even beginning your remote appointment with the client, it is important to ensure that the client is on the same page with you in terms of where you all are headed, right? You're not going to have a client who's necessarily able to see the same screen and information. So setting yourself in the client up for success is very important.

Arianna Anaya: I would advise that working remotely especially if the client can't see your screen tends to take longer. It's quite a bit more difficult to explain all these different health insurance terms and functions to someone who can't look at what you're looking at. So my team has begun providing these appointments as an hour and a half long as opposed to an hour. But if that's not a possibility for your organization, it's a good idea to let the client know. We have this amount of time today. If we need more time we will go ahead and do that so that they don't feel pushed off the phone if the appointment takes longer.

Arianna Anaya: As was stated in the presentation before mine, you will need verbal consent from the client which you can certainly sign off on, on their behalf. My program is exploring ways to use programs such as DocuSign so that a client in theory, if they wished could digitally sign that consent form. But it is very important to ensure that you have some form of consent from that client for each enrollment season during which you are assisting them. So for example a client that you

served last year in November, you will again need that consent to serve them for this next season.

Arianna Anaya: Next slide please. These are a couple of resources that we will provide clients with ahead of the appointment. The first is our sort of sample letter where we request information on a job offer from whatever HR is associated with the client. And then next we have a very specific document we provide it to clients in English and Spanish that gives them a sort of step-by-step route to locating their login information and these are just ways in which we can get the client on board participating, seeing if they can help us get any the information we'll need for that appointment. Again, clients who cannot do this on their own, we will assist but it is sometimes helpful to elicit that client's help in these things ahead of the appointment.

Arianna Anaya: Next slide. So I think that generally speaking, my program organizes the health insurance enrollment a very specific way and I've laid out kind of the steps through which we screen the client here, where we start of course with getting that consent. And the very next step I would say year-round always kind of comes down to figuring out information on the household and then screening them to see if there's a special enrollment period because of course, if there's no special enrollment period year-round the rest of the items tend not to matter for our purposes.

Arianna Anaya: So I think that that's important to keep in mind that sometimes a client doesn't necessarily need to provide you with all the information on the employer offer if there is for example no SEP. But that order will change when it comes to working remotely with clients during open enrollment. So I think it's important to be intentional and thoughtful about it and provide the assisters at your organization with a specific pathway through which to ask these questions when working remotely.

Arianna Anaya: Next slide. This is kind of just an example of our consent form. This is what we wind up providing clients in person. And as we've been working remotely, we've done this two ways. We can email it to them if they wish, but we also can read it to them and then get their permission to sign off on it effectively.

Arianna Anaya: Next slide. Oh, one more slide please. And what you can see here is we have actually built in a box in the right hand corner of that last piece that says authorized to sign for the consumer. And we've done this for years now simply because we serve so many people remotely, but simply due to the fact that we right now are not working physically with clients this becomes very useful for us, but if your consent form does not already possess this, it's very easy to write an asterisk on it and write authorized to sign for consumer or consumer gave verbal consent and then you would sign your own name and date it and just fill it out on the consumer's behalf.

Arianna Anaya: Next slide please. I'm sharing again some of the tools that we utilize in terms of the assisters at my organization to screen clients. This is an example of

something that when clients kind of become concerned year-round about their eligibility to go further, we attempt to sometimes share a document that would prompt them for themselves to discover whether or not there might be a special enrollment period.

Arianna Anaya: We don't want clients to screen themselves out. Sometimes we can locate a special enrollment period that these regular SEPs don't necessarily identify, but this is a document that has been useful especially as my team works apart because generally my team works in one area and so where they're all remote, it can be harder for newer staff to learn how to ask the right questions and how to ensure they're screening new clients in a complete and serviceable way. So we've created some of these little helpers for clients, but also for our CACs.

Arianna Anaya: Next slide please. And then so all of that piece was to focus on the application and preparing for it. And I'm now going to walk you guys through a couple of remote enrollment best practices. So in terms of the application, I highly, highly, highly advise if the assister does the application of the client answers questions. It is not generally a good idea to have the client doing the application itself on their end. It will cause issues.

Arianna Anaya: I would highly always recommend that throughout when you run into issues, it is definitely a good idea to advise that you can schedule follow-ups simply due to the fact that without being with you in person, a client might have a little more trepidation, might want to think through or talk through the options. And so I think building [give 00:45:20] into your schedule to enable that is a good thing.

Arianna Anaya: There is that see plans and prices tool that the marketplace has the calculator. It's not the most user-friendly thing. So we actually have a tool that explains how to use it for clients for whom that is useful, which I will share with you all. I think too something that can be helpful especially given you know this kind of unknown income happening with COVID is talking to clients who are not eligible for financial assistance through whether there are other options for them to consider. If they're not going to get financial assistance through the marketplace, what are some alternatives potentially.

Arianna Anaya: And then again, I do recommend it's a good idea to build space and flex within your remote appointment calendar in order to sort of follow up with and ensure that a client has what they need from you.

Arianna Anaya: Next slide please. In terms of plan selection, once you've gone ahead and submitted that, that application, I always recommend sort of remembering the things that clients may not know and I think the first of that is it what do we need to think about, right? And if most of you are working with clients living with HIV that tends to be a medication, and of course the client does not have to give you that information, but it certainly is helpful to the enrollment process if they do.

Arianna Anaya: Keeping in mind the 13 essential benefits and the comprehensive coverage of the marketplace. A lot of the clients we are serving right now, do not know about those things. They are not familiar with the guarantees of the ACE. I know from experience that many cancer patients and clients living with HIV are like, "Well, I know that insurance doesn't cover cancer or HIV medications." And again that is not the case with marketplace plans. That is not allowed. That is part of the protections that the ACE guarantees and it's important to remember that clients signing up for marketplace plans during this sort of brave new world may not have that information. They may not know that.

Arianna Anaya: I always highly recommend that you explain how insurance works when you are actually looking at plans, using the marketplace plans. And I have another presentation on this that I'm happy to provide you all with if you want to sort of see how my team has approached that. And then finally I think when we have adequately educated clients on the fact that these plans are comprehensive, it means that to an extent, there's no plan that quote-unquote does not cover a certain medical need it's just considering the network and the cash flow. And helping clients realize those two sources of comparison can be very, very helpful.

Arianna Anaya: Next slide please. This is a tool that we create for individuals who would like to look plans over after we provide them with the education and enroll on their own. I'm happy to share this. It just kind of walks people through the steps. So if they want to look at plans, log back in without us, they have steps you one through five to kind of do that. So it includes pictures, it's something that can be emailed to clients to say, "Hey, if you want to look this through on your own without me, here's a way to do it but feel free to email me if you have questions or concerns."

Arianna Anaya: Next slide. This is sort of an email template that my whole team has been utilizing connected to completing an enrollment. Because we are communicating with so many more of our clients through email, it's been helpful to sort of zero in on what are the essential things that we all want to have said in the wake of an enrollment? So this is another sample that I'd be happy to provide y'all with where essentially there are pieces, right? There are certain things that all enrollees have in common. I think it's important to ensure that your team is consistently and concisely giving that information out to clients and it's something that you can prepare ahead of time and then share out to each enrollee.

Arianna Anaya: Next slide. Again, this is a document on how a client can themselves upload documents to the marketplace as necessary. Of course, they can get your assistance doing it, but for clients who don't have it right then and want it and get concerned, this is sometimes a very calming way to provide someone with a resource that explains to them how to do an upload and gives them some best practices in terms of completing that step after the fact.

Arianna Anaya: Next slide. Finally, we design a health insurance one pager for every company that occurs in central Texas. It provides certain overviews in terms of what constitutes a life-threatening emergency. So that being an example of a time where a client should just get themselves to an emergency room and worry less about networks. It also gives plan information such as how to make a first payment and also provides them with some to my mind high level information like the 24 hour nurses line and basically the area in network urgent care.

Arianna Anaya: So this can be adopted according to what your clientele needs, but we do build a version of this in English and Spanish for every company to give clients something, and this gets emailed to our remote appointments.

Arianna Anaya: Next slide. And that is it for me. I'm going to turn it back over to Molly. Thank you, guys so much.

Molly Tasso: Thank you so much, Arianna. That was wonderful. We see these questions being chatted in to the chat box and also the Q&A box and we are recording them and we will get to them at the end, but keep sending them in if you have any questions and we will get to those after we're done talking about how to prepare for open enrollment. So as we mentioned, open enrollment begins on November 1st in most states and like Liesl said, November may seem like it's far away, but it's really just a little more than three months away. And so it's really crucial to start preparing now so that you can successfully enroll eligible clients in that short amount of time.

Molly Tasso: So we're going to begin by talking about what your program can do right now, next slide, in July and August as this is really what we consider to be the best time to begin conducting trainings and building partnerships.

Molly Tasso: So a key step during this time is to increase internal and external enrollment capacity which starts with training. So first we encourage programs to train all staff on health insurance basics. This means helping staff across your program, improve their health insurance literacy and understand key considerations for people living with HIV like making sure the client's medications are covered and understanding how the Ryan White program including ADAP can help may be able to help cover those insurance costs.

Molly Tasso: Another important component of staff training is getting staff ready to conduct account tune-ups for clients. So this is a strategy designed to troubleshoot and gather information ahead of open enrollment and it's something we'll talk about in in more detail later on today.

Molly Tasso: So many Ryan White providers choose to have some or all staff trained as certified application counselors or CACs, and the CAC training is a free CMS training available to individuals who live in states that use the federal [healthcare.gov](https://www.healthcare.gov) marketplace website. And it's very helpful for case managers who are conducting enrollment activities as well as really anyone who may be

interfacing with or helping clients with anything related to marketplace coverage.

Molly Tasso: So the 2021 CAC training is not yet live but it will be later this summer and the ACE TA Center will be sending out an email to our listener once it's available. So please do sign up to make sure you get that information. And for folks who live in non-healthcare.gov states, we encourage you to seek out trainings offered through your state's department of insurance.

Molly Tasso: Another easy way to help staff get trained is to simply share information about the ACE TA Center. Some of you have been attending these webinars since we first got started more than seven years ago and we would love to have your colleagues sign up and join us as well. We are doing our annual new staff orientation webinar on September 23rd at 2:00 pm eastern and that's always a really nice way to get your staff and sub recipients sort of up to speed on the basics about health coverage for people living with HIV and also we'll sort of walk you through our resources and how they can be useful for you throughout open enrollment. We're sending an announcement soon for that and we also have a slide at the end with just some reminder information about that.

Molly Tasso: We also encourage you to identify and establish partnerships with navigators, CACs and other enrollment assisters who might be outside of your HIV program. So these might be people within your larger organization or health center or they might be located at a partner organization. Often these folks are really good at enrollment work. They might just need a little help sort of learning about the unique needs of your clients especially in regards to HIV medication coverage and preferred HIV providers and especially the role of the Ryan White program including ADAP in helping with those costs.

Molly Tasso: So to help with this specifically, we've also developed a nice one-page fact sheet that is specific for people who are new to supporting people with HIV. It covers eight key things that enrollment assisters need to know about working with people with HIV and it also covers the role of Ryan White and ADAP in providing care and support. And we're going to go ahead and chat that out now and it's also in the links documents.

Molly Tasso: So now just moving from summer into fall, we're going to focus on conducting account tune-ups. So before we get going, we are just curious to know with a poll here, if your organization conducted any account tune-up activities last year. So yes you did, you did all of them, you conducted some activities, a few or you did not do any of those last year.

Molly Tasso: All right. It looks like about 40 of folks did not do any activities last year and like 40% conducted some or a few. This will be a great overview of what these account tune-ups are and also just an explainer of sort of why we encourage them and how they can be useful for your clients in your program.

- Molly Tasso: So an account tune-up. What are these? These are really as sort of as a high level overview. It's really simply just an appointment or a meeting that you will have with a client before open enrollment begins. And we've broken it down into sort of four general steps involved in these meetings, having to do with paperwork, finances. Ryan White enrollment and client education.
- Molly Tasso: So the first step in an account tune-up is to review and organize any paperwork including letters, mailings and other correspondence that a client may have received from an insurance company or the marketplace. They may have received important information about their plan or the upcoming open enrollment period that might impact their enrollment process come November so it's very important to have all that information gathered and reviewed ahead of time.
- Molly Tasso: You should also take this time to review a client's online marketplace account and update any information that might be outdated such as income or contact information. And like Arianna said, it's a good time to make sure the client is able to log in, their password is all set and then if needed, troubleshoot that.
- Molly Tasso: And then lastly you should use this time to review insurance documents and make sure that clients have no outstanding payments or credits to their account. So if a client has an outstanding balance on their accounts, they didn't pay a premium, this may cause an insurance plan not to effectuate or to to start or begin come January 1st and could leave a client without insurance for a period of time.
- Molly Tasso: So very important to make sure sort of all bills are paid. And then just as a reminder, all of these things can be done over the phone or computer. Just as you could do them if you're meeting with the client in your office. So if you're doing sort of socially distanced meetings, just make sure to take the privacy and security measures that were described by Lisa and Arianna and you should be all set.
- Molly Tasso: So second in the account tune-ups is you should be taking time to review a client's finances. So specifically you want to ensure that a client who may have received an advanced premium tax credit or an APTC, you want to make sure that they filed their federal tax return. And what this will do is ensure that they remain eligible for this assistance in the coming years.
- Molly Tasso: You also want to take time to estimate a client's income for next year, so 2021 and you want to report any changes to the marketplace via their online account, and this will help ensure that they receive the correct amount of financial assistance and just helps avoid any sort of tax issues come tax season. And as a reminder today is tax day, so if you've not filed your taxes make sure you do so.
- Molly Tasso: Next up in an account tune-up, we talk about confirming a client's enrollment into ADAP. So you want to make sure that that enrollment and that certification

is up to date. Just to make sure that they are eligible for financial assistance through the Ryan White program once open enrollment begins. And if you figure out this is a good tip, if you figure out that a client's enrollment is due for re-certification during open enrollment, if your program allows it, we really encourage you to go ahead and just re-certify early.

Molly Tasso: And what this does is helps eliminate any potential issues with eligibility once a client is enrolled into a plan and it also just provides a nice peace of mind for a client that all of their required paperwork and certifications are up to date and in order and they're really ready to just focus on simply enrolling come November 1st.

Molly Tasso: And lastly you should spend time during the account tune-up appointment to help your client identify their coverage priorities. So thinking about things like their HIV medications and their preferred providers. And then with those priorities identified, a client also with that, they have all the information they need to closely and critically review plans with your help and determine which plan will really best meet their financial and health needs.

Molly Tasso: So just to help you complete these these account tune-up appointments, we created this account tune-up resource shown here that describes each step and provides some helpful information to sort of guide you through this process. We're going to go ahead and chat out that link now.

Molly Tasso: And then once you have completed your account tune up meetings or appointments with all your clients, you're moving into September-October, now is the time to start getting your staff trained and start... Oh, sorry. You've already got your staff trained, you've already conducted account tune-ups, so now you're reviewing health plans and conducting client outreach.

Molly Tasso: So if you are a Ryan White recipients and you're responsible for purchasing health insurance, September and October is the time to assess all plan options oftentimes including off marketplace plans. So we know that plan information becomes available at different times, in different states. So if possible we really encourage you to identify a third party in advance, if you don't already have one. Someone who can help you do plan assessment once that information becomes available because it could be the case that the plan's information is released and you might not have a lot of time to conduct thorough plan assessments. So we encourage you you know to enlist help if needed.

Molly Tasso: And then once you complete those plan assessments, it's important to then of course share that information with sub-recipient staff making sure that they understand what you've learned with your plan assessments. It's also important to develop relationships with insurance companies so that if issues do arise, you have a point of contact that can help you quickly troubleshoot.

- Molly Tasso: So we've talked to some of your peers and have sort of cultivated a few good tips here. So one is to work with insurance companies in your state to get help reviewing their plans and identify which ones might be sponsored by Ryan White or ADAP. And second is to set up a process to make emergency premium payments via a credit card if your program is able to do so, and this would just help avoid any gaps in coverage and medication access. We did hear that this can take some time to set up, so if this is something you are interested in pursuing, you might want to do that sooner rather than later.
- Molly Tasso: If you are a direct service provider, you may or may not need to get involved in plan analysis. You can start by checking with your state or local Ryan White or ADAP program and if they are purchasing insurance, you can go ahead and just ask them if they plan to assess the plans themselves.
- Molly Tasso: If they are, you can start training your program staff on plan options as soon as the assessment is complete. However, there is a chance that no one in your area might be doing plan analysis. And if so, we encourage you to seek out some existing plan assessment tools and templates that are out there and do exist.
- Molly Tasso: The ACE TA Center, we put together what's called a healthcare plan selection worksheet that we're going to go ahead and check the link out to. And this is something that can help you work through the process of looking at plans, assessing them, thinking through the different components and what might be good or perhaps not so good for clients. In there is a financial table that's been updated for this year's open enrollment, but all the basic information can be used every year so you can go ahead and use it for training purposes whenever you would like.
- Molly Tasso: So after all that prep you will no doubt be in great shape to conduct a very strong open enrollment period starting on November 1st. So at this time, you will want to take one last look at your staff schedule to just make sure you have the capacity to enroll all your clients, all your eligible clients and make sure to account for some walk-ins make sure staff are prepared to contact the marketplace with enrollment questions or problems and remind staff to to continue to promote enrollment throughout open enrollment to all eligible clients regardless of whether or not they've had a chance to do any of the prep work.
- Molly Tasso: We sort of think even if you didn't get a chance to do an account tune up, go ahead if they're eligible and work through that enrollment. It's better late than never once you get going on this on this work.
- Molly Tasso: So one last poll here. So having gone through all this information and thinking about your organization, we're curious to know in what areas does your organization do you feel need to improve to prepare for upcoming open enrollment period? So the poll is there on the screen. Go ahead and answer.

Molly Tasso: So it looks like staff training seems to be at about 50% of responses with the rest assessing staff workload, enrollment partnerships account tune-ups enrollment appointments and plan assessments sort of evenly distributed with the rest. So this is great. I think it's wonderful. Again, November does feel like ages away, but it's really not. And so we encourage you to get going on all of these open enrollment tasks and of course please do look to the ACE TA Center for support throughout.

Molly Tasso: And then just one last plug, before we begin the Q&A, we have created a preparing for open enrollment e-learning package, which really outlines everything I've just discussed online and it's packaged as like a training course and we really encourage you to both review this maybe later if you need, but also share this with anyone in your program or on your staff who weren't able to join today. It's a really great overview and just a nice training that sort of synthesizes everything and kind of gets you up to speed on on how to prepare for open enrollment. We're going to chat out that link, but in the meantime I'm going to now hand it over to Mira, my colleague, Mira Levinson who's going to walk us through the Q&A.

Mira Levinson: Great. Thank you, Molly. Hi, everyone. So in addition to folks you've heard from already, Liesl, Molly, Arianna and Dori. We're also joined by Amy Killelea from NASDAT and I'm Mira Levinson. We're going to go ahead and start going through the questions. Before I do, I just want to mention that we will have an evaluation form that pops up at the end of today's webinar and we really hope you'll take a moment to complete that so that we can continue to improve our offerings.

Mira Levinson: All right. Let's go ahead and get started. We've got lots of good questions that have come in. I'm going to start with a few questions for Dori. So Dori, let's start with one question that asks what kind of language should we look out for in the explanation of benefits that would signal that the plan has a copay accumulator? I've heard it referred to as different things.

Dori Molozanov: Yeah. So in terms of where to find this information, it can sometimes be in the summary of benefits and coverage, that blue chart under the prescription drug benefit description. But that's pretty rare. I usually see this in the evidence of coverage, which is sometimes also called a plan contract. It's like the longer document that has all of the details about the coverage under the plan.

Dori Molozanov: Typically, they're just publicly available on insurance company websites. Sometimes they're not so transparent and you might have to actually request one, but the evidence of coverage is what you're looking for. And in terms of what the language looks like, it does vary but typically... So when I'm looking for this, I actually... Because the evidence of coverage is a pretty long document. It's hard to read the whole thing. I typically will search and find the document for terms like manufacturer or a third party and the language is typically something along the lines of if you redeem a coupon or offer from a manufacturer, for a

drug, the dollar amount of the coupon or offer will not reduce your deductible. Something along those lines.

Dori Molozanov: But I think searching and finding for the words, manufacturer, third party, coupon, discounts, if you search for these words throughout the document, most likely one of those words will be included. If you can't find it on any of those, you can search for the word deductible, but that obviously gets you a lot more search results. That's good.

Mira Levinson: All right. Thanks, Dori. All right. Let's look at another question. So this next question is about the PEUC. This participant wants to know if the PEUC is automatic and whether it's just the continuation of the \$600 a week or whether it would be something you have to apply for after your state benefits expire. So if you could touch on that Dori, that would be great.

Dori Molozanov: Yeah, sure. So if you're already getting benefits, regular state UI benefits and then your benefits run out, typically... I haven't looked at every state's policies, but from what I've seen, typically the PEUC weeks that will just kind of automatically start. You just have to continue filing your weekly claim and then once your 26th week or however many weeks your state allows, 26th week is done, your 27th week which will be under PEUC will just start automatically.

Dori Molozanov: However, if you're not currently receiving unemployment benefits like you're not filing with the claims because you've already exhausted your benefits in the past, you're not a current claimant then you would have to actually apply. And from what I've seen state and unemployment websites have pretty good information about exactly who has to apply, when and how. So I would definitely suggest looking at your state's unemployment agency website to answer that, but generally speaking from what I've seen, if you're already getting benefits and you exhaust your weeks, if you just keep on filing your weekly claims and then your PEUC additional 13 weeks will automatically kick in.

Dori Molozanov: That being said, if you're applying for PUA which is that up to 39 weeks for people who are not otherwise eligible for people who have already exhausted their benefits, that typically will require a separate application because it has different set of rules and eligibility requirements and it's funded differently. So for PUA, most likely you would have to file a separate application, but for PEUC, you just keep on doing what you're doing.

Mira Levinson: Great. Thank you, Dori. All right. I have some questions for Liesl and also for Arianna, but before I get into those, I just want to mention that a few folks have chatted to us to find out if there's any way to get a copy of the different resources that Arianna shared. The answer is yes. If you'd like to request a copy, you just need to email us with your request. Our email address is acetacenter@jsi.com. Again, that's acetacenter@jsi.com. And just let us know in your request that you'd like a copy of one or more of Arianna's resources. And Carrie has just chatted out our email address using the chat so you can see it there as well.

Mira Levinson: A question for you Liesl, and it's regarding remote help for open enrollment 21 for navigators. It's asking basically whether a new consumer consent form needs to be signed by the client each year or whether a client can have signed a consent the prior year and it's still valid. And actually it looks like a couple of different people have asked that question, so Liesl if you could chime in, that would be great and maybe, Arianna you might have something to add.

Liesl Lu: Sure. So in the document that we shared from CMS in about how to obtain a consumer's authorization, the regulations don't specify an automatic expiration date for the consumers. And under the CMS regulations, consumers are allowed to revoke their authorization at any time. Or place like a time restriction on it if they prefer to. But in terms of CMS and the the guidance for navigators, there's no specific automatic expiration date in order to allow for flexibility of providing assistance to consumers from one year to the next. I don't know Arianna if you want to chime in just on differences for CDOs.

Arianna Anaya: Yeah. We were a navigator organization way back when, but we're now just a certified application designated organization. I just pulled up our general authorization form. It is not time bound. That's kind of interesting to note, but it's a piece of our policy to get it every single year connected to the fact that every single year we're essentially doing a new application and it kind of to an extent, I think has helped our process because clients often come in and say, "Hey, I was here last year."

Arianna Anaya: But the reality is it's a brand new year with a brand new plan, right? And so I think it has aided our operations to require it every single year, but I think it's kind of the call of the organization. It doesn't seem to be a really time-bound specific piece.

Mira Levinson: Great. Thank you. All right. Let's take another question for you, Arianna. There seems to be quite a few for you, so brace yourself. The first question is somebody wanted to know what was meant by a special enrollment question around did you recently submit an application for eligible immigration status? Could you clarify what you know about that?

Arianna Anaya: Yeah, absolutely. We work with a couple of different advocacy groups in my town again in Texas. So essentially, I don't want to get too into like immigration application stuff because that can get us into the weeds, but essentially sometimes an applicant can receive... They'll receive essentially confirmation from USCIS that states where to the fact of like, "We've received your application and it's sort of being processed." We have been successful with using that document and the date on it as a change in immigration status proof. We've gotten those granted.

Arianna Anaya: Now, having said that we have also been successful for individuals who do not come to us when they receive that letter. The date that happens when you get your green card or your lawfully present documentation that shows when that date is also works. We have just sometimes benefited from being able to sign

someone up a little bit earlier connected to the change and our understanding has been basically they have learned that they have an alien number as part of that documentation and so we've been successful in using that documentation to sometimes get an immigrant applicant an earlier SEP than waiting on the card. So I can't guarantee this will always work but it's definitely something we've used successfully a couple of times.

Mira Levinson: Great. Thank you. All right lots more questions have been coming in. We're going to take as many as we can. I don't think we're going to be able to get to all of them. One person said, "CAC training says that we should never have or know a client's marketplace login information. I'm wondering what the guidance is this year?"

Arianna Anaya: So I think my advisement on that is we've definitely struggled throughout the years to sort of get definitive guidance on the logic for that and what it means. What we've discovered is that if you get specific permission to retain it within a time-bound frame, that seems to be okay. So you could never in a million years just keep someone's login information without them knowing.

Arianna Anaya: But if it was a piece of your consent for example that that was being collected to facilitate to do that, the account preparation, right and that your organization would be getting rid of it as soon as the enrollment had been completed? We've found that as long as the client is consenting to that that is okay. And again, specific to what the needs are of your organization, right? In theory, as long as that is being kept securely and not shared out in any way, shape, or form that seems to be okay.

Mira Levinson: Great. We have another participant who's asked any word when the 2021 navigator and CAC training will be available? As I recall it maybe became available around September last year. Arianna, do you remember?

Arianna Anaya: I honestly do not.

Mira Levinson: Okay. Yeah., I think people just have to be patient. So it does take time. They tend to take it down for a period of time in the summer and then repost. So definitely just keep checking back and try to get on one of their email lists. And we typically also put out an email announcement via the ACE TA Center email list when that training becomes available. So, Molly Tasso, I have a question for you. It's from a linkage to care specialist and this person knows that benefit navigators in their organization get super busy for open enrollment and they also don't have Spanish speakers. This person is bilingual and really wants to become a certified application counselor or CAC. Molly, can you give any tips on that?

Molly Tasso: Yes. So first, I'll just remind folks I don't know where this person lives who asked the question, but the CAC designation in training is only available to folks who live in states that use the healthcare.gov marketplace exchange website. So

federally facilitated exchanges. If you do live in one of these states, so the first step is that the organization that you work for needs to be designated as a CAC designated organization, a CDO. So once your organization gets approved as a CDO, then employees and individuals who work for that organization can then work through... The CAC training is online, it's free and it's quite straightforward.

Molly Tasso: But the first step would be for your organization to become a CDO. I hope that's helpful. Arianna, I don't know if you have any other insight into that process, but I believe that the CDO process is released or the CDO designation, that information is released before the CAC training. So that might be available now. We can double check and chat out a link to that if that's the case.

Mira Levinson: Thanks, Molly. Okay, great. So I'm just going to respond myself to a couple of really quick questions and then I need to turn it back to Liesl to give you a couple more updates and wrap us up. So one person asked again about the reasoning why clients who enrolled during a special enrollment period would need to re-enroll during open enrollment. And just a reminder that the answer to that question is that when people enroll during special enrollment periods, they're only enrolling for the remainder of that calendar year.

Mira Levinson: So they need to re-enroll for a plan that begins for the following year for 2021. So a special enrollment period would get you into a 2020 calendar year plan and open enrollment is for 2021. And I think that brings us about to the end of our time. So I'm going to go ahead and hand it over to Liesl to wrap us up.

Liesl Lu: Great. Thanks, Mira and thank you all for your questions. So next, I just want to remind you about our upcoming webinar on September 23rd. Molly mentioned it, but we will share information about the life cycle of health coverage and practical strategies and tools to engage enroll and retain Ryan White clients in coverage. And it's a great webinar for staff that are either new to enrolling or don't know about the training and resources that we have at the ACE TA Center to encourage you to register for that.

Liesl Lu: We'll be sending out an email about this webinar soon that you can register or share with colleagues. So just make sure you're on our email list and to do that, you can go to targethiv.org/ace to sign up. And then next I just quickly wanted to share with you that we are going to have a number of sessions at the national Ryan White conference. And so we hope to virtually see many of you there as well. So you can see here we're going to be part of the HRSA Aging Institute and presenting on our medicare resources and training. We also have our own ACE session on the basics of medicare and open enrollment for clients.

Liesl Lu: So that'll be a combination of medicare basic training as well as some of the information we covered today and more. We're having a session on healthcare access for people with HIV, with policy updates and implementation approaches and then we're part of a resource roundup session with other TA providers through TargetHIV. So you can access this information through the

downloadable slide deck that we shared in the reminder to today's webinar and it will also be sent out again and we'll be sending out an email on our email list in the weeks leading up to the conference. So you can hear about that again.

Liesl Lu:

So I just want to thank you all so much for joining us today and a special thanks to all of our great presenters, Dori, Arianna and Molly. If you can, please complete the evaluation when it pops up. We would greatly appreciate that we really take your feedback into consideration and continue to make improvements to our webinars based on the feedback. You can sign up for our mailing list by going to targethiv.org/ace if you haven't already. And if you have any further questions or want to request some of those documents that Arianna shared today, you can email us at acetacenter@jsi.com. So with that, I just want to thank everyone again and have a great afternoon. Take care, bye.