



LIVE UNITED[®]

Part B Network Meeting

September 27, 2023



Heart of Florida United Way

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Welcome!

*Please drop your name, role,
and agency in the chat 😊*

Yasmin Andre, Associate VP, Compliance & Risk Management

Doris Huff, Planning & Evaluation Manager

Vera Smith, Accountant

Mika Mendoza, Program Director

Whitney Marshall, PCS Manager

Nyla Tapley, PCS Outreach Specialist



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Agenda

1. Planning Council Updates
2. Understanding Health Coverage for RWHAP Clients, Part 2
3. Provider Announcements

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Central Florida HIV Planning Council

Whitney Marshall

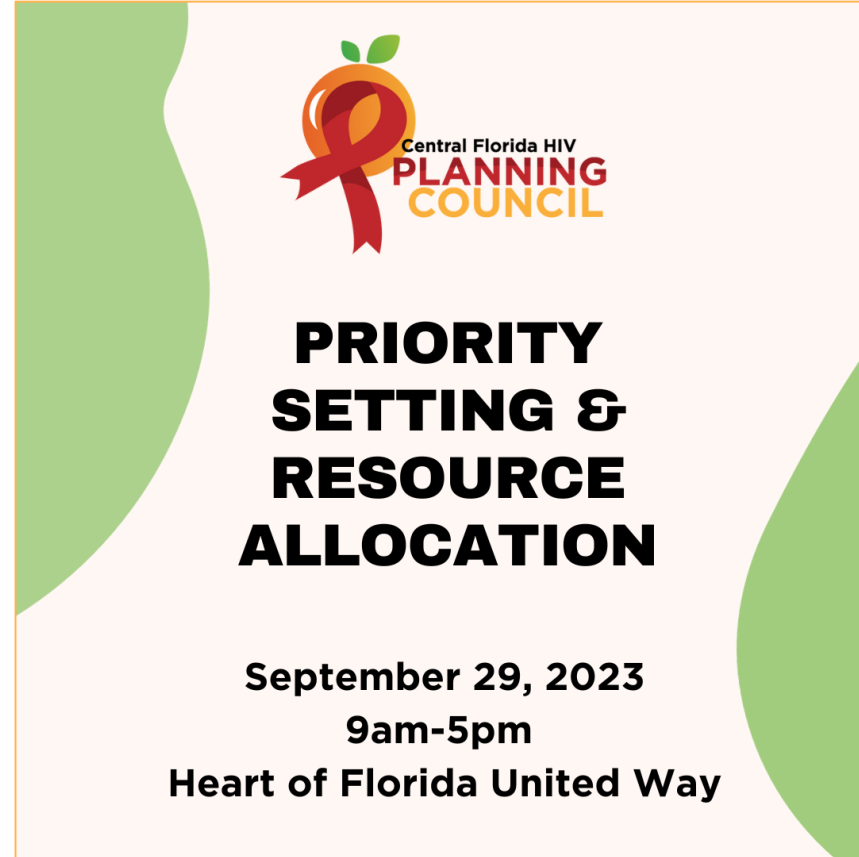


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Priority Setting & Resource Allocation



Webex link:

<https://www.addevent.com/event/KY17437085>

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WAD Solidarity Project



The poster features a central graphic of a globe with a red AIDS ribbon. The globe is surrounded by the text 'Central Florida' at the top, 'WORLD AIDS DAY' in the center, and 'GLOBAL SOLIDARITY' and 'SHARED RESPONSIBILITY' on the sides. A green leaf with '2023' is at the top. Below the globe, the text reads 'WORLD AIDS DAY SOLIDARITY PROJECT' and 'Paint by #'s Mural'. A dotted line separates this from the event details: 'November 12th, 2023', '12:00pm - 4:00pm', 'LAKE EOLA: SPERRY FOUNTAIN', and '512 East Washington Street, Orlando, FL 32801'. At the bottom, the 'United Arts' logo is shown, followed by 'OF CENTRAL FLORIDA' and a paragraph of funding information.

2023

Central Florida

WORLD AIDS DAY

GLOBAL SOLIDARITY SHARED RESPONSIBILITY

WORLD AIDS DAY SOLIDARITY PROJECT

Paint by #'s Mural

November 12th, 2023
12:00pm - 4:00pm
LAKE EOLA: SPERRY FOUNTAIN
512 East Washington Street
Orlando, FL 32801

United Arts

OF CENTRAL FLORIDA

The Central Florida HIV Planning Council Solidarity Project is funded in part by United Arts of Central Florida, home of OrlandoAtPlay.com, UAArtsEd.com and Orlando Arts magazine.



October Calendar



OCTOBER 2023

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3 Membership & Engagement Meeting 2:00 PM	4	5 Service Systems Planning & Quality Meeting 10:00 AM	6	7
8	9	10	11	12 Integrated Plan Ad Hoc 2:00 PM	13 World AIDS Day Workgroup Meeting 10:00 AM	14
15	16	17 Ryan White Community Meeting 6:00 PM	18	19 Executive Committee Meeting 10:00 AM	20	21
22	23	24	25 Planning Council Meeting 6:00 PM	26	27	28
29	30	31				30

Core Values:

- Empowerment
- Commitment
- Quality
- Integrity

NOTES



October 15 is National Latinx AIDS Awareness Day (NLAAD). NLAAD is an opportunity to help address the disproportionate impact of HIV on Hispanic/Latinx communities, promote HIV testing, and stop HIV stigma.

Planning Council Support

Phone: (407) 835-0906

Email: cfhpc@hfuw.org

Website: centralfloridahivpc.com



Meeting Location:

Heart of Florida United Way
1940 Cannery Way
Orlando, FL 32804



• The October meetings will be held at the Heart of Florida United Way. Go to centralfloridahivpc.com/calendar and click the subscription button to receive updates about the meeting schedule.

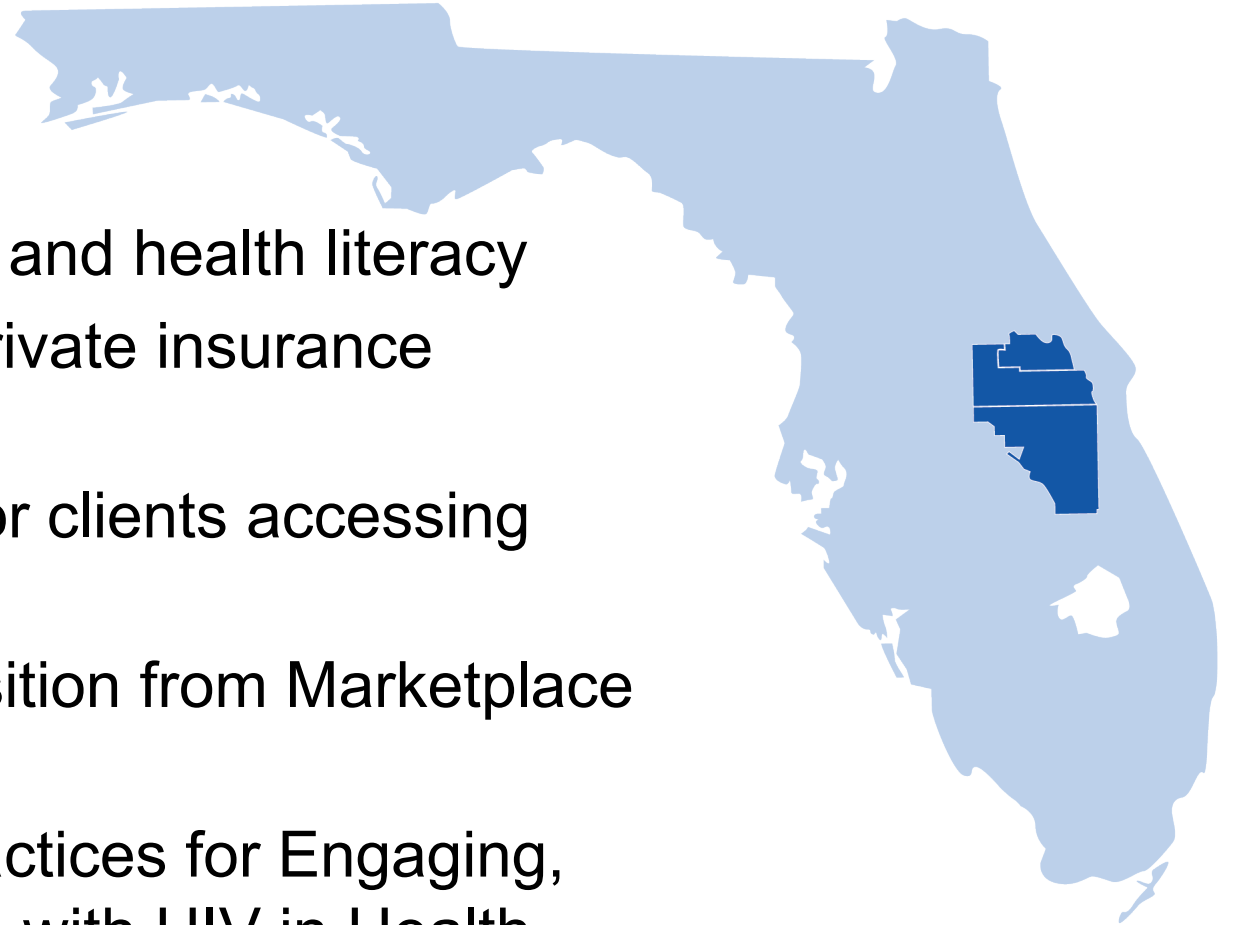


Understanding Health Coverage for RWHAP Clients – Part 2

OBJECTIVES

Part 2

- Review health coverage basics and health literacy
- Understand different types of private insurance coverage
- Review important information for clients accessing private health insurance
- Learn how to navigate the transition from Marketplace to Medicare
- Identify Best and Promising Practices for Engaging, Enrolling, and Retaining People with HIV in Health Coverage



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Health Coverage Basics

Terms to Learn

- **Exclusive Provider Organization (0)**
- **Individual Mandate (2)**
- **Navigator (3)**
- **Cost-sharing reduction (3)**
- **Exchange (4)**
- **Essential Health Benefits (4)**
- **Managed Care Organization (5)**
- **Health Maintenance Organization (5)**
- **Health Insurance Literacy (5)**
- **Health Equity (5)**
- **Expenses (5)**
- **Enrollment Assister (5)**
- **Comprehensive Coverage (5)**
- **Advance Premium Tax Credit, APTC (5)**
- **Special Enrollment Period (6)**
- **Public Coverage (6)**
- **Minimum essential coverage (6)**
- **Cost-sharing (6)**
- **Qualifying Life Event (7)**
- **Out of Pocket Max (7)**
- **COBRA (7)**

Key Terms - Review

Out-of-Pocket Costs (OOP)

- health care costs that aren't paid by the insurance plan, but are instead paid with your own money

Cost-sharing

- the amount of out-of-pocket costs for services covered by health insurance such as co-payments, deductibles, and coinsurance

Qualifying Life Event

- a change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage

Special Enrollment Period

- a period of time outside of the Open Enrollment Period when you become eligible to sign up for, or change job-based health coverage or Marketplace health coverage

What is Health Literacy?

- **Health insurance literacy** is the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their own (or their family's) financial and health circumstances, and use the plan once enrolled.
- Building *your* personal health insurance literacy builds *your organization's* health literacy, and enables you to help clients become more informed and engaged participants in their health care.
- Personal health literacy is **dynamic** – meaning it can change from moment to moment as a result of the environment and information.

Types of Health Coverage

- **Public coverage** includes health coverage programs that are funded and administered by a state and/or federal government, such as **Medicaid, Medicare, TRICARE,** and the **Children’s Health Insurance Program (CHIP).**
- **Private coverage** refers to health insurance that is provided through an **employer or union,** purchased through a **state or federal Marketplace,** or purchased off-market from a **private health insurance company.**
- **The RWHAP is not health coverage.** The RWHAP, including its AIDS Drug Assistance Program (ADAP), provides HIV primary medical care, essential support services, and medications, and fills gaps in HIV care, coverage, and affordability. Eligible RWHAP clients will benefit greatly from enrolling in health coverage to address their broader health needs.
- The RWHAP and ADAP programs are intended to support only the **HIV-related** needs of eligible individuals, including core medical and support services in **non-emergency and non-urgent care settings.** It does not provide “minimum essential coverage.”

Ways to Access Private Insurance

Employer-Sponsored

Eligible through a person's job

Employer pays a portion of the cost to insure the employee

Employee may have one or multiple options

Employee loses this benefit if they leave the job

Marketplace Plans

Purchased through a federal or state exchange

Designated as Qualified Health Plans

Enrollees may qualify for financial assistance to help with premiums and tax credits

Off-Marketplace Plans

Private plans purchased directly from private insurers

No premium assistance or tax credits

Not all considered QHPs

Short Term Limited Duration (STLD) plans available

Employer-Sponsored Insurance: Pros and Cons

- **Advantage:** Premium contributions from an employer are not subject to federal taxes, and employee contributions can be made pre-tax, which lowers an individual's taxable income.
- **Benefits:** health insurance makes treatment less expensive, preventative care helps individuals stay healthy; they may qualify for financial help, and peace of mind.
- **Disadvantage:** May offer limited coverage options depending on disease or condition.

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Marketplace & Private Insurance

Key Terms - New

Qualified Health Plans (QHPs)

- Insurance plan that is approved by Marketplace
- Provides essential health benefits and establishes limits on out-of-pocket expenses

Benefits

- The health care services or items covered under a health insurance plan.
- Covered benefits and excluded services are listed in the plan's coverage documents

Enrollment Assister

- A person who is trained to help you look for health insurance options through the Marketplace

Comprehensive Coverage

- A health insurance plan that covers the full range of care that you may need.
- May include preventive services, physical exams, Rx drugs, and doctor or hospital care

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, referred to as the Affordable Care Act is a comprehensive reform law, enacted in 2010, that increases health insurance coverage for the uninsured and implements reforms to the health insurance market. Also known as "Obamacare."

- Makes affordable health insurance available to more people through the **Marketplace**
- Provides consumers with subsidies (premium tax credit).
- Household incomes between 100% and 400% of the federal poverty level (FPL).
- Expands the Medicaid program to cover all adults below 138% of the FPL. (Not in Florida)
- Support innovative medical care delivery methods designed to lower the cost of health care generally.

Marketplace Eligibility

- The Health Insurance **Marketplace** is where individuals, families, and small businesses can learn about health insurance options, compare health insurance plans, choose a plan, and enroll in insurance (aka the **Exchange**).
- All health insurance plans offered through Marketplaces are considered **Qualified Health Plans (QHPs)**.
- A Qualified Health Plan is a plan that is approved by the Marketplace and provides 10 **Essential Health Benefits** that must be covered. There are four “metal” categories: Bronze, Silver, Gold, and Platinum

Eligibility

- Live in the United States.
- Be a U.S. citizen, national or lawfully present.
- Not be incarcerated.
- Have income above 100% of the federal poverty level.
 - Report changes to income or household as soon as possible.
 - These changes could result in Premium or plan adjustments.

Common Types of Health Insurance Plans

Managed Care Plans

- Services are covered only if in-network (except in emergency)
- EPO, HMO, POS, and PPOs

Health Maintenance Organization (HMO)

- Limits coverage to care from doctors who work for HMO
- In-network only except for emergencies
- Seeing a specialist requires a referral from a primary care provider

Point of Service (POS)

- Enrollee pays less if they use providers in the network
- Seeing a specialist requires a referral from primary care provider

Preferred Provider Organization (PPO)

- Enrollee pays less if they use providers in the network
- Can use out-of-network providers without a referral for an additional cost

Paying Premiums

- **Premium:** The amount a person pays for a health insurance plan. A premium may be paid every month, every three months, or every year. Part or all of a person's premium may be paid by their employer, ADAP, or someone else.
- Insurance clients are required to make sure their premium is paid each month in order to keep their coverage.
- If a premium is not paid on time, the client will receive a notice from their insurance company, and their insurer can end their coverage.
- Many health insurers offer a **grace period** on payments, which is a short period of time after the premium is due when a person can make a payment without losing coverage.

Cost-Sharing

Cost Sharing: The amount of out-of-pocket costs that a person must pay for services covered by health insurance. Some examples of out-of-pocket costs include deductibles, co-payments, and coinsurance.

Deductible: The amount that a person may have to pay for health care services before the health insurance plan begins to pay.

Co-payment (co-pay): A fixed amount a person pays for some health care services. People usually pay a co-pay when they get the service. The amount may change for different types of care.

Coinsurance: Coinsurance is a fixed percentage of a health care service that a person is responsible for paying for after they have reached their deductible.

Cost-Sharing Examples

- **Deductible:** If a person's deductible is \$500, the plan won't pay anything until the person has paid \$500 for health care services covered by their health plan. After that, their health insurance plan will begin paying for eligible services. Some plans have lower deductibles but include other costs that the client must pay. **Premium payments do not count towards a person's deductible.**
- **Co-payment (co-pay):** A person might pay \$15 when they go in for a doctor's visit and \$100 when they go to the emergency room.
- **Coinsurance:** A person may be responsible for paying 20% of the overall cost of a service after meeting their \$500 deductible.

Remember:

Co-insurance and co-payments are different.

- Co-payments are flat fees usually paid at the time of service, and coinsurance is paid after the insurance company pays their percentage of the cost.
- Co-insurance is paid after a client reaches their deductible and until they reach the **out-of-pocket limit**:
 - If the plan's out-of-pocket limit is \$3,000, once the client has paid \$3,000 of their own money in deductibles, co-pays, and co-insurance (all added together), they won't have to pay any more health insurance costs in the year.

Financial Support for Marketplace Coverage

Premium tax credits (PTCs) and Advance premium tax credit (APTC)

- Lowers monthly premium payment
- Available to clients between 100-400% of FPL*
- APTCs are paid directly to the insurer before filing taxes
- *Recommended for RWHAP clients to take the APTC*

*New rules from 2021 ensure that individuals who make more than 400 percent FPL pay no more than 8.5 percent of their annual income towards a benchmark Silver-level Marketplace plan.

Cost-sharing reductions (CSRs), AKA “extra savings”

- Lowers the amount of out-of-pocket costs
- Discount applied automatically to the plan
- Available to clients between 100-250% FPL (Silver plans only)

Dental Insurance Options

Marketplace Plans with Dental coverage:

- Some Marketplace health plans have dental coverage.
- If a health plan includes dental, the premium covers both health and dental coverage.

Standalone dental plans:

- In some cases, separate dental plans are offered.
- Separate plans require a separate premium.

Key Terms - New

Claim

- A request for payment that a person/provider submits to their insurer to be paid for services they have received

Appeal

- A request for the health insurance company or Marketplace to review a decision that denies a benefit or payment

In-network

- The clinical providers, clinics, health centers, hospitals, and pharmacies whose services are covered by a health insurance plan

Out-of-network

- The clinical providers, clinics, health centers, hospitals, and pharmacies whose services may cost more, or not be covered at all, by the health plan

Identifying Important Documents

1. Welcome packet
2. Insurance cards
3. Summary of Benefits and Coverage (SBC) (pre-enrollment)
4. Explanation of Benefits (EOB) (post-enrollment)
5. First bill

INSURANCE	
COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: AB1-234-567	EFFECTIVE DATE: 12/3/20
GROUP #: CD01-234567	PRESCRIPTION GROUP #: 0001
PCP CO-PAY: \$15 SPECIALIST CO-PAY: \$35 EMER. ROOM: \$75	PRESCRIPTION CO-PAY: GENERIC: \$10 NAME BRAND: \$25
MEMBERSHIP SERVICES: 1-800-123-4567	

Once clients receive these documents, help them develop a system so that they do not lose these important coverage documents. Encourage clients to carry their insurance cards in their wallets.

Explanation of Benefits (EOB)

- An **Explanation of Benefits (EOB)** shows a person the costs associated with the services they received and what insurance will pay.
- The EOB includes the following information:
 - What was billed by the provider
 - Any discounts applied
 - What the insurer pays
 - The total amount covered by insurance
 - The amount that the client is responsible for paying

Explanation of Benefits (EOB)

IMPORTANT

An Explanation of Benefits is not a bill. The EOB is typically clearly marked as “not a bill” and is sent by the insurer. The provider will send the bill to the patient.

Sample EOB

Main Street Insurance Company

EXPLANATION OF BENEFITS – This is not a bill.

Patient name: John Doe
Member number: AB1-234-567
Group: CD01-234567

This is your Explanation of Health Care Benefits. This statement shows how we applied your coverage to claim(s) submitted to us. This is NOT a bill and there is no payment due for these services at this time.

Date of service	Type of service	Amount Charged	Network Savings	Amount paid by health plan	Deductible	Copay	Coinsurance	Amount not covered
1/27/2021	Office medical care	\$150.00	\$20.00	\$82.00	\$0.00	\$15.00	\$0.00	\$0.00
	Office laboratory	\$36.00	\$15.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00
	Office laboratory	\$30.00	\$20.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00
	Claim total:	\$168.00	\$40.00	\$113.00	\$0.00	\$15.00	\$0.00	\$0.00
Patient is responsible for \$15.00								

What to do when client receives an EOB

- The information presented within the EOB can make it easier to match bills from providers and ensure accuracy. When the client receives their EOB, you can help the client to:
 1. Verify that the name of the patient and provider seen is accurate.
 2. Verify the date for the service performed.
 3. Review the procedure code and brief description of the service performed.
 4. Review the billed amount as well as the allowed amount for the service.
 5. Review the amount the insurance company paid as well as the amount the patient is responsible for paying. Help the client to understand if the Ryan White HIV/AIDS Program (RWHAP) can help pay for a portion of their remaining costs.
 6. Understand their right to **appeal** a charge and how to do so.

Avoiding Gaps in Coverage

- **Qualifying life event:** A change in a person's life that can make them eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in income, and changes in family size (for example, if a client marries, divorces, or has a baby)
- **Special Enrollment Period (SEP):** The time outside the Open Enrollment Period when a person can sign up for job-based health coverage (health insurance paid in part or fully by the employer) or Marketplace health coverage.

Note: There are also Special Enrollment Periods and Open Enrollment Periods for Medicare. Eligible individuals are allowed to enroll in Medicaid and CHIP at any time.

What Clients Should Bring to Every Visit

- Advise the client that they should bring the following items to every health care visit:
 - Current insurance card
 - Photo identification (ID)
 - A list of medications the client is currently taking
 - Information about any other health care providers the client has seen since their last visit (e.g., mental health/substance use, dental, specialists)
 - Information about any ongoing health conditions or symptoms
 - A list of any questions the client would like to ask the provider
 - Recent mail from their insurer, the Marketplace, or the Ryan White HIV/AIDS Program (RWHAP), if they have found the information confusing

Transitioning from Marketplace to Medicare

Marketplace to Medicare

1. Can Marketplace enrollees who become eligible for Medicare decline Medicare enrollment?
 - **It's not a good idea.** They could face late enrollment penalties if they eventually decide to enroll. They would be ineligible for APTCs and cost-sharing reductions. Medicare coverage is generally more comprehensive and less costly than Marketplace coverage.
2. Can individuals enrolled in Marketplace coverage (prior to enrolling in Medicare) keep it once they get Medicare?
 - **Yes, with caution.** They would need to terminate APTCs and cost-sharing reductions.

Medicare to Marketplace

1. Can those who have Medicare also enroll in Marketplace coverage?
 - **No.** Current Medicare enrollees cannot purchase Marketplace coverage unless they drop their Medicare coverage first.
2. Can Medicare enrollees drop it and enroll in Marketplace instead?
 - **It's not a good idea.** People with premium-free Medicare Part A cannot drop it without also dropping their retiree benefits and repaying all SS benefits and Medicare costs. Medicare enrollees cannot enroll in duplicate coverage and may experience a gap in coverage.
3. Can those eligible for Medicare, but not yet enrolled, opt out and choose Marketplace instead?
 - **It's not a good idea.**

[Resource: Transitioning from Marketplace to Medicare for RWHAP Clients](#)

Key Takeaways

1. Clients should enroll in Medicare as soon as they are eligible
2. Enrollees may be able to keep their Marketplace coverage after transitioning to Medicare
3. Medicare enrollees should drop Medicare coverage before enrolling in Marketplace
4. Provide assistance with Medicare enrollment questions before assisting with Marketplace enrollment

Best and Promising Practices for Engaging, Enrolling, and Retaining People with HIV in Health Coverage

How do I help clients enroll in health coverage?

1. Know that Ryan White supports access to HIV care for insured, uninsured, and underinsured.
2. Explain why continuous HIV medication coverage is essential.
3. Explain insurance terms and benefits.
4. Help clients find plans that cover their HIV drugs.
5. Support continuity of care.
6. Listen to clients' needs and concerns.
7. Show compassion and cultural sensitivity.

Prepare yourself to best meet the enrollment needs of clients

1.1 Train all staff on the basics of health insurance.

- Suggested resource:

[Health Insurance Literacy eLearning Module](#)

1.2 Stay informed of state and federal health care policies.

- Suggested resources:

1. [ACE TA Center Mailing List](#)

2. [National Association of Insurance Commissioners](#)



Prepare yourself to best meet the enrollment needs of clients (cont.)

1.3 Train all staff on the importance of using inclusive language and practicing cultural humility.

- Suggested resource:

[Common Questions and Suggested Responses for Engaging Clients in Health Coverage](#)

1.4 Train staff on how your organization and the RWHAP, including ADAP, may provide services for clients who are not eligible for health coverage.

- Suggested resource:

[NASTAD ADAP Coordinator Directory](#)

Engage clients to enroll in health coverage, use their coverage, and stay enrolled

2.1 Develop a comprehensive plan to engage and enroll clients in health coverage and help them stay enrolled.

- Suggested resource:

[Account Tune-Ups: Getting Ready for Marketplace Open Enrollment](#)

2.2 Train staff with direct client contact to determine eligibility, enroll clients, and help clients maintain coverage.

- Suggested resources:

1. [Eligibility Decision Tree](#)

2. [The Basics of Medicare for RWHAP Clients](#)

3. [Making the Most of Your Coverage - Consumer Guide](#)

Engage clients to enroll in health coverage, use their coverage, and stay enrolled (cont.)

2.3 Assess your work flow to routinely screen clients for eligibility and plan renewals.

- Suggested resource:

[Preparing for Open Enrollment](#)

2.4 Develop procedures for eligible clients that do not enroll.

- Suggested resources:

1. [Tracking your Efforts to Engage Clients who Experience Barriers to Enrollment](#)
2. [Policy Clarification Notice \(PCN\) #18-01: Clarifications Regarding the Use of RWHAP Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

Engage clients to enroll in health coverage, use their coverage, and stay enrolled (cont.)

2.5 Tailor messaging and communication appropriately for your client population.

- Suggested resources:

1. [ACE Shareable Media for consumer messaging: Posters, Videos and Twitter Toolkit](#)
2. [The ABCDs of Medicare Coverage - Consumer Resource](#)
3. [Common Questions and Suggested Responses for Engaging Clients in Health Coverage](#)

2.6 Train staff on health insurance literacy to communicate with clients about how to enroll in health coverage, use their health coverage, and stay covered.

- Suggested resource:

[Health Insurance Literacy eLearning Module](#)

Engage clients to enroll in health coverage, use their coverage, and stay enrolled (cont.)

2.7 Provide one-on-one enrollment assistance for clients, especially those who haven't had health insurance before.

- Suggested resource:

[Common Questions and Suggested Responses for Engaging Clients in Health Coverage](#)

2.8 Have at least one staff person trained as an enrollment assister or partner with organizations that provide enrollment assistance

- Suggested resources:

1. [One-on-One Medicare Enrollment Assistance for RWHAP Clients](#)
2. [Free Certified Application Counselor Training from the Centers for Medicare and Medicaid Services \(CMS\)](#)
3. [ACE TA Center Resources for Enrollment Assisters](#)

Use Teachback Technique

The **Teachback** is a technique that helps you to know whether you explained the information well enough to the client. Often used by medical providers, the Teachback technique can also help *you* ensure that your clients know and understand the information that you went over during your appointment.

- **Step 1:** Explain information as simply and clearly as possible
- **Step 2:** Check that **you've** explained the information to the client well.

"I want to ensure that I explained everything well. Can you tell me what we just talked about?"

"If you were to tell your partner about what we discussed at our appointment today, what would you tell them?"

- **Step 3:** Re-Explain, if necessary. Try explaining the information in a different way. Keep it simple. Continue until they can explain it back to you clearly in their own words.

Use ShowMe Technique

If you want to check that the client understands how to do something, you can still use the Teachback, but instead of asking the client to explain it to you, ask them to show you. For example:

"Show me which sections of this form you will complete when you get home."

"Show me how to navigate to the 'Find a Provider' page on your health insurance's website."

UNITED WE FIGHT.
UNITED WE WIN.

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Teachback and ShowMe Technique in Action



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Evaluation

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Mentimeter



Menti.com

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Provider Announcements

