

# Increasing Access, Engagement, and Retention in HIV Care and Treatment

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Understand how the capacity of RWHAP recipients and subrecipients to enroll and retain clients in health coverage has changed over time
2. Describe two state-based models to ensure continuity of care and prevent coverage gaps for clients with different coverage types
3. Identify concrete strategies for maximizing insurance coverage during open enrollment

# Introduction

The Access, Care, and Engagement (ACE) Technical Assistance (TA) Center supports Ryan White HIV/AIDS Program (RWHAP) health care service providers to:

1. Engage, enroll, and retain clients in health coverage
2. Communicate with clients about how to stay enrolled and use health coverage
3. Build organizational health insurance literacy, thereby improving clients' capacity to use the health care system.



# The ACE TA Center

## Target Audiences:

- RWHAP program staff, including case managers
- RWHAP clients
- RWHAP organizations (leaders and managers)
- Navigators and other in-person assisters that help enroll RWHAP clients



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### ACE TA Center

The ACE TA Center aims to help Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy.



Looking for resources for Open Enrollment? Check out our guide for [preparing for 2019 Open Enrollment](#).

### TA and Training Services

Many RWHAP clients are eligible for new health coverage options, including Medicaid and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities. Our technical assistance and training is responsive to recipient and subrecipient needs and informed by culturally competent best practices. The ACE TA Center is a cooperative agreement between [JSI Research & Training Institute, Inc. \(JSI\)](#) and the [Health Resources and Services Administration, HIV/AIDS Bureau](#).

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Welcome to the ACE TA Center

targethiv.org/ace

# Webinars: Attendee Characteristics

Time period: July 1, 2016 – June 30, 2018

# Resource Dissemination:

July 1, 2016 – June 30, 2018



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# Open Enrollment Successes

- Engage clients early to help them prepare for Open Enrollment (e.g., Account Tune-Ups)
- Conduct training and build enrollment staff capacity
- Build enrollment partnerships with partners who understand the needs of your clients
- Assess all plan options, including off-Marketplace plans

# Outreach and Enrollment: Key Messages for Clients

- Importance of health coverage
- RWHAP is not insurance!
- Benefits of receiving enrollment assistance to find and select a plan
- Explain importance of actively comparing plans
  - Avoid short term plans
- When reviewing plans, check for preferred HIV medications and providers
- Availability of financial assistance
- Remember: Cheaper isn't always better!



# Capacity Score Analysis

- Needs assessments in 2013, 2015, 2017
- Respondents rated capacity on a scale of low, moderate, high
- Points assigned based on the scale
  - low=1, moderate=2, high=3
- Standardized based on 0 to 100 scale to compare across years

# Capacity Score Analysis

Enrollment Capacity Score Questions	Renewals Capacity Score Questions
<ul style="list-style-type: none"> <li>• Staff can help clients understand ACA health coverage eligibility and options, including costs and medication coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Notify clients about upcoming renewal requirements, including time frame and process</li> </ul>
<ul style="list-style-type: none"> <li>• Staff can help clients assess the appropriateness of available health insurance plans based on their individual needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Help clients compare lists of prescription drugs covered by available coverage options</li> </ul>
<ul style="list-style-type: none"> <li>• Staff can help clients compile the documentation needed for the application process</li> </ul>	<ul style="list-style-type: none"> <li>• Help clients change health insurance plans</li> </ul>
<ul style="list-style-type: none"> <li>• Staff can help clients complete the application process</li> </ul>	<ul style="list-style-type: none"> <li>• Assist clients that move on/off ACA health coverage</li> </ul>
<ul style="list-style-type: none"> <li>• Staff provide information to clients on how to challenge denials of coverage or coverage limits (appeal process)</li> </ul>	<ul style="list-style-type: none"> <li>• Help clients report changes outside of the enrollment period (e.g., income, household size)</li> </ul>
	<ul style="list-style-type: none"> <li>• Help clients interpret documents from an insurance company</li> </ul>
	<ul style="list-style-type: none"> <li>• Help clients select primary care and specialty providers</li> </ul>
	<ul style="list-style-type: none"> <li>• Educate clients about their ACA health coverage benefits and how to use them</li> </ul>

# Capacity Score Analysis

Two approaches:

1. Cross-sectional: all organizations, describing capacity of recipients as a group over time
2. Paired organizations: includes only organizations who responded in more than one year

# Capacity Score Analysis

Cross-sectional:  
The median capacity scores  
have continued to increase.

	2013 N	2013 Median (IQR)	2015 N	2015 Median (IQR)	2017 N	2017 Median (IQR)	Change in Median Score 2013 - 2017	p-value*
Enrollment capacity score	145	75 (67, 92)	131	83 (58, 100)	80	92 (67, 100)	+17	0.0041
Renewals capacity score	143	67 (44, 85)	131	78 (56, 93)	80	80 (46, 96)	+14	0.0211

\*Difference between 2013 and 2017 significant at  $p < 0.05$ .  
Differences between 2015 and 2017 are not significant.  
Only scale questions that were the same across years are included in the score calculations.

# Capacity Score Analysis

Paired organization (n=48):  
Median capacity scores  
increased from time 1 to time 2

	Time 1 Median (IQR)	Time 2 Median (IQR)	Change in Median Score	p-value*
Enrollment capacity score	71 (58, 100)	92 (67, 100)	+21	0.0729
Renewals capacity score	63 (41, 74)	78 (48, 96)	+15	0.0005

\*Difference between time 1 and time 2 significant at  $p < 0.05$  using the Signed Rank test (non-parametric test for paired data). Only scale questions that were the same across years are included in the score calculations.

# Challenges Remain

- One-on-one enrollment assistance is essential, but enrollment assistance landscape is changing
- Not all coverage options support continuity of care
- State-specific health coverage landscapes continue to shift
- Staff turnover means that ongoing training is needed
  - General training (e.g., health insurance literacy, talking with clients about health coverage)
  - Topic-specific (e.g., financial assistance and tax reconciliation, supporting transitions between coverage types)





Questions?

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