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Getting Patients ACA Coverage, Access to Care, and Viral Suppression

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Getting Ready for Open Enrollment: Supporting Clients Living with HIV

Naima Cozier, MSPH
Juli Powers, MPH
The ACE TA Center helps Ryan White HIV/AIDS Program recipients and providers enroll diverse clients, especially people of color, in health insurance.

Objectives:

- Develop and share tools and resources to help providers enroll clients of color, always considering cultural and historical barriers to enrollment
- Provide TA and training to use these tools and resources
- Identify and promote best and promising enrollment practices for organizations
Download materials and sign up for ACE webinars and emails at: www.targethiv.org/ace
What’s your role?

- Program manager or staff
- Case manager
- Clinical staff
- Benefits and enrollment staff
- Director or administrator
- Quality assurance / compliance
- Researcher
- Other
Overview of today’s session

1. OE4 - setting the stage in rural areas
2. Engaging clients in conversations about coverage
3. Supporting clients through enrollment, renewals, and redeterminations
4. Helping clients maintain and use coverage
Setting the stage

- 16% of U.S. population (~50 million) live in rural areas outside Metropolitan Statistical Areas
- High shares of low-moderate income individuals in rural areas
- 2/3 of uninsured people in rural areas live in a state that has not expanded Medicaid
- Individuals are more likely to fall in coverage gap

Uninsured in the U.S.: 2013

Source: New York Times
Figure 1
Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA

Limited to Specific Low Income Groups
- 0% FPL Childless adults
- 44% FPL $8,840 for parents in a family of three
- Median Medicaid Eligibility Limits as of January 2016

No Coverage

Marketplace Subsidies
- 100% FPL $11,770 for an individual
- 400% FPL $47,080 for an individual

Source: Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update (January 21, 2016)
Figure 2

Distribution of Adults in the Coverage Gap, by State and Region

Distribution By State:
- Other States that Have Not Expanded Medicaid: 35%
- TX: 26%
- FL: 20%
- NC: 8%
- GA: 11%

Total = 2.9 Million in the Coverage Gap

Distribution By Geographic Region:
- South: 89%
- Midwest: 7%
- Northeast: 1%
- West: 3%

Note: Totals may not sum to 100% due to rounding.
Source: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Current Population Survey data.
Challenges

- Individuals are less likely to have employer sponsored insurance
- Number of insurers serving rural areas
- Limited provider networks
- Increasing premiums

Fewer affordable coverage options
Rates of Persons Living with an HIV Diagnosis, by County, 2012

Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.

* Data are not shown to protect privacy. ** State health department requested not to release data.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.
How the ACA and Ryan White HIV/AIDS Program Support the HIV Care Continuum

**HIV CARE CONTINUUM** | **AFFORDABLE CARE ACT**
--- | ---
**HIV DIAGNOSIS** | - Coverage for HIV testing  
- Improved screening and early diagnosis through primary medical care

**LINKAGE TO CARE** | - Expanded choice of medical providers, including specialists for HIV and other complex health conditions  
- Pre-existing conditions covered  
- Coverage for mental health and substance use treatment services

**ENGAGE IN CARE** | - Medication coverage for both HIV and non-HIV medications, ability to compare medication costs and coverage across plans  
- Financial subsidies for affordable coverage  
- Removal of lifetime and annual limits for essential health benefits

**PRESCRIBE ART** | - Access to primary care and specialists for HIV and other complex health conditions  
- Enhanced consumer participation in care decision-making  
- Enhanced coordination of care through EHRs and patient-centered medical homes

**VIRAL SUPPRESSION** | - Medication coverage for both HIV and non-HIV medications, preventive screenings, and other essential health benefits to stay healthy

The Ryan White HIV/AIDS Program provides HIV-related services, filling in gaps in coverage and affordability, and addressing remaining barriers to care.
Let’s talk about Open Enrollment
Open Enrollment timeline

<table>
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<tr>
<th>2016</th>
<th>2017</th>
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For coverage that begins:

- **JAN.**
  - 1
  - Apply before **12/15/2016**

- **FEB.**
  - 1
  - Apply before **1/15/2017**

- **MAR.**
  - 1
  - Apply before **1/31/2017**

Adapted from www.healthinsurance.org/faqs/what-are-the-acas-enrollment-periods-and-when-can-i-enroll-outside-of-the-open-enrollment-period/
Special Enrollment Periods (SEP)

Life events
- Household changes (marriage, birth of child)
- Loss of coverage
- Change in immigration status
- Income changes

Special circumstances
- Errors, technical glitches
- Eligibility changes
The ACE seven steps of enrollment

**STEP 1** Get Started

**STEP 2** Address Client Concerns, Questions and Fears

**STEP 3** Fill-in Application

**STEP 4** Submit Application

**STEP 5** Follow-Up on Submitted Application

**STEP 6** Use Benefits

**STEP 7** Stay Enrolled

Engagement

Enrollment

Retention
How can staff engage clients in conversations about coverage?
Eligibility Decision Tree

Use this tool to decide if a RWHP client should enroll in the Marketplace, with Medicaid, or neither. See how ADAP fits with other coverage. Revised July 2015.

Is the Ryan White HIV/AIDS Program (RWHP) client a U.S. citizen or lawfully present in the U.S.?

- YES
  - Does the client already have Medicaid or Medicare?
    - YES
      - Stay on Medicaid or Medicare. Continue additional HIV care completion services by RWHP.
    - NO
      - The client CANNOT buy insurance in the Marketplace or qualify for Medicaid/Medicare. Some states may offer other coverage options.*
      - Client may continue to get care through RWHP.
  - NO
    - Does the client have individual insurance? Or, can the client get insurance through an employer or a spouse’s employer that...
      - Is defined as affordable? (costs less than 9.56% of household income)
      - Meets ACA “minimum value” requirements? (employers must notify employees whether plans meet these requirements)
      - YES
        - Is the client’s household income under the Medicaid income limit for your state?*
          - States that expanded Medicaid under ACA must have Medicaid income thresholds at 138% of the Federal Poverty Level (133% plus a 5% income disregard) or higher.
          - In states that didn’t expand Medicaid, there may be different income limits for adults without dependent children, families, pregnant women, and children.
            - YES
              - Apply for Medicaid. Additional HIV services may be available through RWHP.
            - NO
              - The client is likely required to buy insurance on the Marketplace. Clients with a qualifying life event (for example, lost coverage; got married; had or adopted a child; gained legal status or status as member of an Indian tribe) can apply before Open Enrollment through a special enrollment period.

* Contact your state Medicaid program for information on Medicaid income limits, definitions of marriage used in the state, and eligibility programs available for those who don’t qualify for Medicaid. Contact information for state Medicaid agencies can be found at Healthcare.gov, searching for “Get Medicaid” and entering your state in the drop-down box at the bottom of the page.

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COMMUNICATION CHALLENGES

Health insurance terminology is complicated and difficult to understand, even for healthcare professionals. Ask questions instead of making assumptions about whether a client understands the information you give them. Limited English, literacy, health literacy, disability, and behavioral health issues may affect clients’ ability to understand health insurance information and their ability to communicate with healthcare providers. Clients may express these challenges in some of the following ways:

CLIENT: The enrollment process is so confusing.

STAFF: I agree, and it's especially confusing for people who have never gone through it before. I'm here to help you, and if there's something I don't know, I will find someone who does.

Be aware of and sensitive to the client’s concerns and any past experience with health coverage. This applies to in-person communication and written materials. Provide information in plain language and, whenever possible, the client’s preferred language. Meet with interpreters (if needed) in advance and make sure they are familiar with health care enrollment terms.

Refer to the ACE TA Center’s Plain Language Glossary of Health Care Enrollment Terms in English and Spanish.

CLIENT: I've never had health insurance, and I don't understand what it's about.

STAFF: A health insurance plan will cover your general health care needs, as well as your mental care. Health insurance helps pay for high medical costs if you get sick or hurt.

Get Covered for a Healthy Life - Consumer Q&A - is for eligible clients that have not yet enrolled in health coverage. It answers common questions they may have about enrolling in health coverage.

CLIENT: All the forms are in English — I can’t read them.

STAFF: Unfortunately, not all forms are available in (client language). But we have translators and interpreters who can help. I have the phone numbers here. Should we call now?

For Supervisors: Provide staff training on effective ways to work with interpreters to support clients

Find out what resources a call center can provide before referring multilingual clients.

Refer to the "Getting Help in a Language Other Than English" webpage to assist clients.
If you don’t have health insurance, now is a good time to get it.

Take the next step for a healthy life.

Health insurance helps you pay for the health care you need to stay healthy. Changes in health care laws have made it much easier to get health insurance now. Over 16 million people have already signed up, but others still have questions or concerns. Do you have questions about health insurance? Here are some answers.

"Why do I need health insurance? I already get my HIV care through the Ryan White Program."

Health insurance covers care for all your health needs. In addition to your HIV care and medications, you’ll be able to get other health services, such as:

- Free preventive care, like flu shots and cancer screenings
- Care and medications for other health problems you may have, like heart disease or diabetes
- Hospitalizations
- Substance use treatment and mental health services
- Maternity care

Health insurance protects your finances. If something unexpected happens, like a car accident, you won’t go broke paying hospital bills.

“My case manager helped me find an affordable health insurance plan that covered all of my health care needs, including my HIV medication.”
Essential health benefits

My health insurance works for me. Now that I have insurance I can get care for HIV and all my other health care needs.

HIV-positive? Find a health insurance plan that works for YOU. You can get in-person help to fill out the application and find out if you’re eligible. You may qualify for financial help.

We can help. Ask us about health insurance today.

Insurance covers more than just HIV services.
Protect your finances

If something unexpected happens, you won’t go broke paying hospital bills.
Continued RWHAP support

You are still able to get services from the Ryan White Program not covered by insurance.

My health insurance works for me.
I thought I couldn’t afford coverage, but the Ryan White Program helps pay my monthly health insurance premium.

HIV-positive? Find a health insurance plan that works for YOU.
You can get in-person help to fill out the application and find out if you’re eligible.
You may qualify for financial help.

We can help.
Ask us about health insurance today.
How can staff support clients through the enrollment process?
Are you thinking about enrolling in a health insurance plan through your state’s Marketplace?

Follow these steps to get started.

1. Get ready to enroll.
   - Think about what you want from your plan. Are there specific medications, doctors, clinics, or hospitals that you want your plan to cover?
   - Ask your Ryan White Program case manager about your health coverage options.

2. Find out how the Ryan White Program can help.
   - Does your local Ryan White Program, including ADAP, recommend specific plans for people living with HIV? Can the Ryan White Program help you pay for certain health plans?
   - Ask your case manager to help you find out how the Ryan White Program may support you.

3. Find the right person to help you enroll.
   - Ask your case manager to help you find an enrollment assister. This may be your case manager or someone else.

4. Get covered!
   - Make an appointment with an enrollment assister.
   - Work with your case manager to gather the paperwork you will need for this appointment.
   - Go to your appointment. Your enrollment assister will help you find the best plan for you and apply.
   - Once you’ve enrolled, make sure to let your case manager know which plan you enrolled in so the Ryan White Program can continue to support you.
Pre-Enrollment Worksheet: Preparing for Your First Appointment

Are you ready to enroll in a health insurance plan through the Marketplace? This worksheet helps you gather all the information you will need for your enrollment appointment.

1. Complete the first two sections with your Ryan White Program case manager. Then bring this sheet to your enrollment appointment.
2. Complete the third section during your enrollment appointment. Then bring the sheet back to your case manager.

1. Before you apply.

Complete this section with your **Ryan White Program case manager**.

**Does the Ryan White Program support any health insurance plans in your area?**

Some Ryan White Programs, including the AIDS Drug Assistance Program (ADAP), recommend certain health plans for people living with HIV. Write each plan name below and note if you are eligible for financial assistance for that plan through the Ryan White Program.

<table>
<thead>
<tr>
<th>Health Insurance Plan Name</th>
<th>Are you eligible for Ryan White Program financial assistance?</th>
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<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
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**How do you use health care?**

Write down the health care services, providers, and medications you currently use. If something does not apply to you, leave the line blank. Your case manager can help you think about what you have used in the past and what services and medications you may need in the coming year.

**My primary care provider (PCP) is:**

I see him/her at __________________________ clinic/hospital about ____ times per year.

**My HIV specialist is (if different than PCP):**

I see him/her at __________________________ clinic/hospital about ____ times per year.
I’m new to supporting people living with HIV.
How do I help them enroll in health coverage?

Listen to consumers’ needs and concerns.
Consumers are concerned about affordability and continued access to medications and current providers.
- People living with HIV need health care providers who understand their needs and life experiences.
- People living with HIV may have other health concerns, such as Hepatitis B or C, mental health issues, or substance use.

Encourage continuity of care.
This means seeing the same provider regularly and maintaining a consistent supply of medication.
- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- Let them know they don’t have to start over with someone new, and their information will be confidential.

Understand why continuous medication coverage is essential.
It can help people living with HIV live a healthy life.
- Taking HIV medication every day helps lower the level of HIV in your blood.
- People with less HIV in their blood are much less likely to get sick or die of HIV.

Help consumers find plans that cover their HIV drugs.
Without coverage, medications can cost hundreds of dollars per month.
- Consumers work closely with their doctor to find the HIV treatment plan that works best for them.
- Some health plans may only cover certain HIV drugs or combinations or require expensive copayments.

Show compassion & cultural sensitivity.
People living with HIV may not want to disclose their HIV status to an enrollment assister.
- They may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.
- Many consumers, particularly people of color, have experienced stigma and discrimination in the past. Some may fear negative attitudes and prejudice.

The Ryan White Program provides HIV care and support.
Its AIDS Drug Assistance Program (ADAP) also provides access to critical medications.
- Most low-income people have been able to get free or low-cost HIV care, medications, and support services through the Ryan White Program.
- The Ryan White Program only covers HIV-related services and strongly encourages eligible clients to enroll in comprehensive health coverage.

The enrollment assister resource.
- An estimated 30% of people living with HIV have never had insurance, compared with 15% of the general population.
- Before the ACA, some people were denied insurance coverage or charged more because of a pre-existing condition.
- Explain insurance terms and concepts in plain language.

Visit targethiv.org/assisters for more helpful enrollment resources.
What do staff need to know about renewals and redeterminations?
Renewals vs. Redeterminations

- **Renewals**: process through which a client re-enrolls or switches coverage, or insurer re-enrolls for 2017

- **Redeterminations**: review of enrolled client’s eligibility and re-calculation of financial assistance
Importance of logging into the Marketplace

- *Clients enrolled in 2016 Qualified Health Plans (QHPs) will be automatically renewed for 2017, if their plan is still available*

- But enrolled clients should still update their application and compare plans.

- *Active renewal is recommended!*
Supporting Clients through Renewal and Redetermination

Encourage and support active renewal
Log into the Marketplace!

1. Assess client needs
2. Look at QHP options
3. Eligibility redetermination
4. File and reconcile taxes
1. Assess client needs

- Client health care needs may have changed
- Important that client’s plan fits their current needs
- There may be new plan options. Plans change, people change
2. Look at QHP options

- Make sure the client’s QHP is available and still the best option
- Review plan features, such as medication, providers, and costs, that may have changed
- Check if your ADAP has recommended particular plans
3. Eligibility redetermination: Financial assistance

Premium Tax Credit (PTC) - A tax credit to lower the cost of insurance premiums for Marketplace coverage.

Advance Premium Tax Credit (APTC) - the credit is paid directly to the insurer to lower your monthly premium.

Cost-sharing reduction (CSR) - lowers the amount individuals and families have to pay for out-of-pocket expenses - deductibles, coinsurance, and copayments.
3. Eligibility redetermination

- All previously enrolled clients will get an updated determination based on:
  - The most recent income data
  - Updated benchmark premium data
  - Federal poverty levels

Regardless of activity in Open Enrollment
3. Eligibility redetermination

- Marketplace will use most recent income information on file – either 2015 taxes or 2016 application information

- Eligibility redetermination and APTC recalculation will be automatic
3. Eligibility redetermination: Here’s what you can do

- Make sure application information is accurate to continue qualifying for health insurance and financial assistance

- Be sure to remind clients to open and read notices received from the Marketplace
4. File and reconcile taxes

- Authorize tax data collection from the Internal Revenue Service (IRS) if they did not do this in the past.
- Make sure clients have filed 2015 taxes to reconcile APTCs.
- If not, clients will lose financial assistance by 12/31/16.
Plan renewals flowchart: Five key questions

1. Was your client enrolled in a qualified health plan (QHP) in 2015?
   - **YES.** Most clients will automatically be re-enrolled in coverage, with the exception of discontinued plans. Whether or not renewal is automatic, clients should log into their Marketplace application to compare plan options. Clients can select a new plan during Open Enrollment and update their income and household information.
   - **NO.** Eligible clients can choose and apply for a QHP during Open Enrollment.

2. Is your client’s QHP available in 2016?
   - **YES.** Even if the client is not eligible for as much financial help in 2016, she can review plans to compare costs and coverage for medications and services. RWHAP remains available to ensure coverage completion and may be able to help cover remaining premium and out-of-pocket expenses.
   - **NO.** Even if the client is not eligible for as much financial help in 2016, she can review plans to compare costs and coverage for medications and services. RWHAP remains available to ensure coverage completion and may be able to help cover remaining premium and out-of-pocket expenses.

3. Did your client receive any assistance, such as premium tax credits (PTCs) and/or cost-sharing reductions (CSRs), in 2015?
   - **NO.** The client can apply for help paying for premiums and out-of-pocket expenses in 2016. If clients with incomes up to 400% of FPL may be eligible for PTCs. Clients with incomes up to 250% FPL may also be eligible for CSRs.
   - **YES.** The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.

4. Did the client file taxes this year?
   - **YES.** Even if the client’s same plan is offered in 2016, encourage him/her to review new plan options to compare costs and coverage options, and see if she qualifies for financial help to lower the price of a new plan.
   - **NO.** The client must file a tax return for every year that they receive a PTC/CSR to continue to be eligible for future PTC/CSRs. Clients who were enrolled for the first time in 2015 and received a PTC/CSR will need to file their 2015 taxes in 2016.

5. Did the client authorize the collection of tax data from the IRS in 2015?
   - **YES.** The Marketplace will use the client’s tax information to calculate the amount of PTCs or CSRs the client is eligible for in 2016.
   - **NO.** Tell your clients that without updated tax data, current financial help in the form of PTCs and CSRs will end on 12/31/15.

**TERMS TO KNOW**

- **QHP (QUALIFIED HEALTH PLAN)**
  - A health insurance plan that is approved by and sold in the Marketplace.

- **PTC (PREMIUM TAX CREDIT)**
  - Tax credit applied to premium costs of a QHP to help pay for health coverage.

- **CSR (COST SHARING REDUCTION)**
  - A discount that lowers out-of-pocket costs for health insurance.

**ELIGIBILITY DETERMINATION**

- When the Marketplace uses the client’s tax information to calculate the client’s financial assistance.
How can staff help clients maintain and use health coverage?
Helping clients stay covered

Action Steps:

- Make sure clients stay engaged in the RWHAP (e.g., through case management)
- If possible, keep clients enrolled (and up-to-date) in ADAP
- Help clients update their Marketplace applications annually, and in the case of any life changes
- Make sure clients know they can review and change plans during open enrollment
Making the Most of Your Coverage

Now that you’ve enrolled in health insurance, use this guide to learn how to start using your benefits.

Check your mail.

Once you’re enrolled in a health insurance plan, check your mail for important information from your insurance company. You will need this information when you see a doctor.

1. Look for your welcome packet or your first bill. It will tell you what services are covered and what you will need to pay. If you have questions, call your insurance company.
2. Ask your doctor’s office what tasks you will need to do before you see them. If you are going to see a specialist, make sure to bring your insurance card.
3. Make sure you have the latest version of your insurance policy. This should be sent to you after you enroll in the plan. If you don’t have it, call your insurance company.

Know your costs.

Health insurance helps you pay for a wide range of health care needs, but it is important to know what your insurance plan covers. To understand your plan’s health care costs:

1. Ask your doctor for a list of services the plan covers. If you have questions, call your insurance company.
2. Call your health insurance company. If you have questions, you should call your insurance company.
3. Review the Explanation of Benefits (EOB) letter that will be mailed to you by your insurance company. This letter tells you what services your insurance plan covers.
4. Pay medical bills on time and keep your insurance company informed. If you have questions, call your insurance company.
5. Ask your doctor’s office for a list of your insurance benefits and get the information you need to use them.

What is a “Copay?” A copay is a set amount that you pay for each time you use a health care service. It is listed on your insurance card.
Stay Covered All Year Long

Now that you’ve enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time ........................................2
Report income and household changes ..............4
What to do if you lose coverage ......................6

TIP
Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.
New “Covered” video series

Living with HIV? The COVERED video series explains health insurance terms, where to go for different types of care, and how the Ryan White Program, including ADAP, can help.

targethiv.org/ace/watchcovered
Archived ACE webinars

- Supporting Health Coverage Enrollment for Ryan White HIV/AIDS Program Clients (August 10, 2016)
- Connecting Recently Incarcerated People Living with HIV to Health Coverage and Care (June 23, 2016)
- Access to Health Coverage for Immigrants Living with HIV (January 14, 2016)
- New tools to help organizations monitor and improve enrollment (October 8, 2015)

targethiv.org/ace/webinars
Download materials and sign up for ACE webinars and emails at: www.targethiv.org/ace
Questions?