



# Fact Sheet

## Topics To Consider When Helping People Living With HIV to Enroll In Health Care Coverage

**Are you an enrollment assister who is new to working with people living with HIV (PLWH)?** This is an overview of topics to consider when assisting PLWH to enroll in new Affordable Care Act (ACA) health care coverage options, with a focus on PLWH of color. Enrolling in the most appropriate health plan is critical to avoid disruptions in HIV care and treatment.

### Key ways the ACA helps people living with HIV:

- Having health care coverage helps ensure access to appropriate HIV care and treatment, as well as comprehensive medical services.
- PLWH cannot be denied health coverage for having HIV or other illnesses.

People living with HIV (PLWH) have unique needs and concerns when it comes to selecting health care coverage and medical providers. Racial and ethnic minorities have higher rates of infection and AIDS-related deaths than Americans in general. Many PLWH have had negative experiences with health care, been previously denied coverage due to pre-existing conditions, or experienced lifetime and/or annual spending caps.

PLWH have varying levels of experience with insurance. Some may never have had health care coverage, some may be new to private insurance coverage, and some may be switching medical providers. You may need to talk with uninsured clients—especially young African-American and Latino consumers—multiple times to get them interested in enrolling.

The Ryan White HIV/AIDS Program (RWHAP) funds cities, states, and community-based organizations to provide HIV care, treatment, and support services for individuals who do not have sufficient health care coverage or financial resources for managing the disease. The RWHAP also provides funds to all 50 states and territories to provide access to HIV medications through state-administered AIDS Drug Assistance Programs (ADAP).

The ACA helps PLWH, including those currently receiving services through the RWHAP, to increase their access to affordable, high-quality health care. Many RWHAP clients will gain access to health insurance or see their current health insurance improve.

Learn more about the RWHAP: <http://hab.hrsa.gov/>

## Health Care Coverage Topics for People Living With HIV

Consider these four essential topics when assisting PLWH to enroll in health coverage:

1. Medications
2. Continuity of care
3. Stigma and confidentiality
4. Affordability



Find basic information about HIV, including prevention, testing, and treatment, at [AIDS.gov](http://AIDS.gov). For additional details about the importance of HIV medication in keeping PLWH as healthy as possible, see the AIDS.gov page on [Medication Adherence](#).

### Medications

HIV medications, also known as antiretroviral therapy or ART, are expensive and the list of medications (also called “formularies”) covered by health plans can vary widely. There are more than two dozen drugs approved for treating HIV and a number of combination drugs (two or more HIV drugs in one pill). Single tablet regimens (one pill taken once a day) play a vital role in the management of HIV because taking fewer pills per day may make it easier for patients to stick to their medication schedule. This ultimately keeps them healthier. PLWH may also be prescribed additional drugs to prevent other conditions or manage HIV-related illnesses. As a result, HIV medication regimens may differ significantly from one person to the next. A health plan’s formulary may only cover certain drugs or combinations, place HIV drugs in higher tiers, or require increased cost-sharing for HIV drugs. Therefore, it is critical that enrollment assisters working with PLWH help clients identify which medications are

covered under the plan they are considering, and help them project their total out-of-pocket costs.

In some states, other programs such as RWHAP, ADAP or co-payment assistance programs ([CAPs](#)) sponsored by pharmaceutical companies can help cover costs of medication deductibles, co-pays, or coinsurance for individuals with insurance.

AIDS Drug Assistance Programs (ADAPs) provide HIV-related prescription drugs to low-income people with HIV who have limited or no prescription drug coverage. Nationally, ADAPs reach approximately one-third of PLWH estimated to be receiving care.



The availability of assistance from RWHAP and ADAP varies by state. Find more information about your state at [WE>AIDS.org](#).



Address medication coverage, which is particularly important for PLWH because the consequences could be dire if they cannot access or afford their medications. HIV medication decreases the level of virus in a person's body and strengthens his/her immune system. Taking HIV medication consistently is key to improved overall health, enhanced quality of life, and decreased risk of HIV transmission. Prescription drug coverage, including HIV medication, is required under the ACA's 10 Essential Health Benefits.

## Continuity of Care

For PLWH, seeing the same provider, keeping medical appointments, and maintaining a consistent supply of medications can be critical for maintaining health and decreasing HIV transmission. A relationship with a trusted provider is key to receiving continuous quality care. Studies have found that PLWH of color are less likely than other patients to be satisfied with their HIV care and less likely to be on ART. Enrollment specialists working with PLWH of color and their families should take additional steps to ensure all consumers feel welcome and safe applying for insurance coverage and with their selected providers. Health care coverage is also important because over time, complex health care needs may arise from co-infections (having more than one disease at the same time) with viral hepatitis or tuberculosis, opportunistic infections (infections that occur because of a weakened immune system), substance abuse, behavioral health concerns, or complicated and expensive medication regimens.

PLWH need providers who understand their needs and how ART fits their lifestyle and who can provide information about ART and strategies to address and minimize side effects.

Optimal care for PLWH of color should include providers who deliver culturally competent services, focus on enhanced patient-provider communication, employ diverse clinical staff, work with the patient to ensure appropriate ART based on individual circumstances, and address ART adherence.

## Stigma and Confidentiality

Under the ACA no one can be denied insurance coverage or charged more because of a pre-existing condition, including HIV. PLWH may not want to share details about their medical status and other sensitive topics out of fear of stigma (negative reactions and treatment by others) and discrimination. Anxiety about stigma can keep PLWH from accessing HIV care, either for fear of being treated with disrespect, or because of concerns about confidentiality. In addition to expanding coverage options for PLWH, the ACA offers cultural competency training for all health care providers to help reduce health care disparities.



Create an environment in which PLWH can have open conversations about how to select coverage options that best meet their needs. This means using practices that protect confidentiality and communicating the importance of confidentiality. It is vital that providers also convey to PLWH that they and their entire organization are committed to securing patient privacy.



Each person brings a unique cultural identity and life experience to his/her care visit. Accept each client and listen to the way s/he talks about concerns regardless of relationship status, gender identity, family make-up, or health status (such as HIV). Avoid making assumptions but give people the space to be themselves.

## Affordability

Currently, it is estimated that at least 30 percent of PLWH are uninsured, compared to 15 percent of the general population, according to a [study](#) from the Kaiser Family Foundation. Unaffordability was the greatest barrier to enrollment in health care coverage for uninsured adults.

Prior to ACA implementation, Medicaid covered about half of PLWH, and eligibility categories vary by state.

Under the ACA, some states have expanded Medicaid benefits to include very low-income people who would not otherwise be qualified. In those states, most people earning less than 138 percent of the federal poverty level will now be able to enroll in health care coverage, regardless of current health or pre-existing conditions. Even in states that are not expanding their Medicaid programs, more people will have access to more affordable, private health insurance through online Marketplaces. Financial assistance may be available from the government, RWHAP, ADAP, and other entities to purchase private health insurance for those who meet eligibility criteria.



Educate uninsured PLWH about the availability of financial help under the ACA. This is an important early step in helping them decide to enroll in a health coverage plan.



The availability of assistance from RWHAP and ADAP varies by state. Find more information about your state at [WE>AIDS.org](http://WE>AIDS.org).

## Tools and Resources

### ACE TA Center Tools

#### [Resources, Tips, and Tools for Enrolling RWHAP Clients in Coverage](#)

This resource guide is for anyone helping RWHAP clients through the health coverage enrollment process. It lists the enrollment steps along with links to tips, resources, and tools to help with each step.

[Eligibility Decision Tree](#) Use this to find out if a RWHAP client should enroll in the Marketplace, Medicaid, or neither, and see how ADAP fits with other coverage.

[Health Care Plan Selection Worksheet](#) Use this to help RWHAP clients choose a health care plan that best meets their needs.

[Plain Language Quick Reference Guide for Health Care Enrollment](#) This guide lists enrollment terms and phrases and provides plain language definitions. It includes general terms, and some that are most relevant to RWHAP clients.

## Report Problems and Connect with Others

[Speak Up!](#) This national project from [HIVHealthReform.org](http://HIVHealthReform.org) allows anyone, including PLWH and enrollment assisters, to report problems experienced by PLWH in the new health care system. HIVHealthReform is tracking and monitoring these problems and helping to answer questions.

[In the Loop](#) This national online community for enrollment assisters connects them to others doing similar work to share best practices and troubleshoot problems.

## Other Tools and Resources

Below are links to resources and tools that were used in the development of this document and that may be useful to enrollment assisters working with PLWH.

[Tried and True: LGBT Cultural Competency and Enrollment](#) A tip sheet developed by [Community Catalyst](#) to provide navigators with information on communicating with LGBT individuals and their families about ACA enrollment in a culturally competent manner.

[WE>AIDS: Find Your State](#) This resource site for PLWH, made available by [Greater Than AIDS](#), provides state-level information about Medicaid, Marketplaces, and private insurance under the ACA.

[WE>AIDS: Ryan White or ADAP](#) This [Greater Than AIDS](#) resource is for PLWH who are currently accessing RWHAP or ADAP services. This page covers ACA insurance requirements and provides introductory information about enrollment.

[Helping People with HIV Navigate the Transition to ACA Coverage: Summary of Roundtable Discussion](#) This site summarizes key concerns and strategies for enrolling PLWH into new coverage options under ACA that were identified during a stakeholder meeting convened by the [Kaiser Family Foundation](#).

[NASTAD: Health Reform Issue Brief - Outreach, Eligibility, and Enrollment](#) This resource explains how outreach, eligibility, plan selection and enrollment under the ACA impact HIV/AIDS and viral hepatitis programs.

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