

AIDS.gov Webinar:
Toward an AIDS-free Generation: Healthcare Outreach and Enrollment for People Living with HIV

November 24, 2014
1:00 pm CT

Operator: Welcome and thank you for standing by. All participants are now in a listen-only mode until the question and answer session of today's call. Please be advised the call is now being recorded. If you have any objections, please disconnect at this time. I will now turn the conference over to Dr. Ronald Valdiserri. You may begin.

Dr. Ronald Valdiserri: Thank you, ma'am. Hello, this is Ron Valdiserri of the U.S. Department of Health and Human Services and welcome to today's webinar, "Toward An AIDS-Free Generation: Health Care Outreach and Enrollment for People Living with HIV."

Before we begin, I would like to remind all of our listeners that this not a media call nor is it a press event.

We know that many of you are preparing for next Monday's annual observance of World AIDS Day. That observance provides us with an opportunity to reflect not only on the global impact of the HIV epidemic but also on our domestic progress in responding to it.

This year's theme is "Focus, Partner, Achieve: An AIDS-free Generation." The convergence of World AIDS Day and the Health Insurance Marketplace open enrollment period inspired our colleagues at AIDS.gov to organize this webinar.

They noted that efforts to enroll people at risk for or living with HIV or viral hepatitis are activities on which we can all *focus* as well as *partner* and that doing so will help us *achieve* our national HIV goals.

So today we'll be discussing how the Affordable Care Act helps people at risk for or living with HIV or viral hepatitis and also sharing resources to help you reach out and enroll individuals, particularly from communities of color, in coverage available to them through the Health Insurance Marketplace.

Thanks to the Affordable Care Act, millions of Americans have gained access to health coverage. This recent map from the New York Times highlights the change in insured Americans resulting from the first open enrollment period last spring.

Among those who gained access to coverage are many Americans at risk for or living with HIV or chronic viral hepatitis. Our colleagues at the National Alliance of State and Territorial AIDS Directors estimate that during the first open enrollment period that concluded last spring, AIDS Drug Assistance Programs transitioned over 25,000 clients to new coverage options.

This represents a significant portion of the estimated 56,000 previously uninsured Ryan White clients.

The reduction in the number of uninsured Americans is an important accomplishment for those of us who are working to achieve the goals of the National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan. The Affordable Care Act and the expansion of coverage it makes possible is a very important tool for us as we work to achieve the life-saving goals of both plans.

Now as you know, just over a week ago, the 2015 Health Insurance Marketplace open enrollment period began. So we have an opportunity over the next three months to ensure that those who obtained coverage previously stay covered and that we reach out to and enroll still more individuals who qualify for coverage.

As a reminder, open enrollment for the Health Insurance Marketplace runs through February 15, 2015 for both new consumers as well as for those who purchased coverage through the Marketplace during the last cycle and who now need to review their plan and determine if their coverage still meets their needs or if they want to make a change.

Those who don't already have coverage should visit healthcare.gov to review and compare their health plan options and find out if they are eligible for financial assistance which can help pay for monthly premiums and reduce out-of-pocket costs when receiving services.

All consumers shopping for health insurance coverage for 2015, even those who currently have coverage through the Marketplace, should enroll or re-enroll before December 15 if they wish to have coverage that takes effect on January 1, 2015.

Those who are eligible for Medicaid or the Children's Health Insurance Program - otherwise known as CHIP - may enroll at any time during the year.

Finally, remember that you can apply for coverage in the Marketplace by phone, online, in person, or by mail. The call center will be closed on Thanksgiving Day, but it is otherwise open 24/7. Assistance is available in English and Spanish, and there are language lines for 150 additional languages.

Now to explore all this further, I'm pleased that we are joined today by a great panel of presenters.

We have Ms. Tamia Booker, the Director of African American Outreach at the HHS Office of Intergovernmental and External Affairs, Ms. Jeanette Contreras, Outreach Lead in the CMS Office of Communications, Dr. Laura Cheever, HRSA's Associate Administrator who leads the HIV/AIDS Bureau at HRSA, and representing our colleague Dr. Jonathan Mermin of CDC, who had an unexpected conflict arise, we are delighted to have his colleague, Ms. Eva Margolies, who is the Associate Director for Planning and Policy at the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention.

Welcome to all of you. Our panelists will each give a brief presentation and once all of the presentations have been made, we will take questions from the participants. Tamia, let's begin with you.

In the Secretary's office, you're working on outreach to African American communities about the Health Insurance Marketplace. Can you tell us more about those efforts?

Tamia Booker: Yes I can. Thank you so much and thank you everyone for allowing me to be on this call today. And as you know, we are in the open enrollment period, and my concentration and focus is on African Americans. And you can click the next slide – move to the next slide.

So as you know, African Americans are at high risk for many chronic diseases, and thankfully the Affordable Care Act helps us utilize preventive services like blood pressure screenings, cancer screenings, and HIV testing and counseling, without having to pay a co-pay.

So we have done a lot of outreach around making sure that people understand what benefits are available to them to help them go through and deal with this particular care. Next slide, please.

All right, thanks to many of our partners, many of you on the line, we have helped spread the word about the importance of being covered. Particularly African Americans who are risk or living with HIV or viral hepatitis. And as you can see here, because of your partnerships we thus far have been able to reach millions of African Americans and allow for them to gain access to care.

A big piece of this of course is the 7.8 million African Americans who've been able to access preventive services and over 5 million African American women with access to women's preventive services. Next slide please.

Now we've got 1.7 million African Americans that have been covered through the first open enrollment period, and as you know we have millions of African Americans who still aren't covered, and we need a lot of help to make sure with the limited amount of time in this enrollment cycle that people are receiving coverage.

And so therefore we are asking that many of you help us in these efforts in spreading the word, educating people that you know, to help them gain health insurance through the marketplace. And as was mentioned before, you can direct people to [healthcare.gov](https://www.healthcare.gov) or our call center at 1 (800) 318-2596. And I will refer to that once again throughout my presentation. Next slide, please.

And also, as you know, we also have expanded Medicaid. So far 27 states and the District of Columbia have expanded Medicaid. And this greatly benefits African Americans because, unfortunately, we do have a very large number

that would qualify for Medicaid, particularly in states that have yet to expand.

So we've been working with a lot of partners who have been helping to educate people on the ground on why they have not been able to receive Medicaid through expansion but also letting them know and providing them with other avenues for coverage.

So this is a big piece for us in making that we continue to educate people on if they do qualify for Medicaid in states that have expanded and also providing them with other opportunities for states if they haven't expanded. Next slide, please.

So this is how you can help. We are working with many partners - the NCAAP, the National Urban League, the Black Women's Health Imperative, fraternities and sororities, and mayors and elected officials to spread the word and make sure people know that there is an open enrollment period and that they have until February 15.

Some of the cities that we're focusing on when we're doing enrollment events - our idea is to have at least a week of events in all these cities from now until the end of open enrollment. The next big city that we'll hit, it'll be Dallas, the first week of December.

And so if you're located in any of these cities and you know partners or people that would be willing to help, we can connect you in making sure that we get people in these areas informed on the Marketplace.

And we also have really encouraged - because last year we had thousands of Certified Application Counselors, but people of color, particularly African Americans, will seek in-person assistance. And what we need are more trusted

partners that can apply to be Certified Application Counselors and help people at these events.

Because what we saw last year was a surge at the very end of open enrollment of people interested in helping out, but we did not have a lot of Application Counselors to help people at these events, so many people would leave frustrated. So we want to avoid that this time around.

So if you are part of an organization that can apply to become a CAC, we do have a training and I can - you'll see on the next slide - give you information on how to do that.

And then, of course, we also have many resources and tools on healthcare.gov where people can use them for events. And we send that information out as well so people can have handouts and materials available, and also online materials including infographics and other widgets so people can have this information and send it out also through online efforts. Next slide, please.

And speaking of online efforts, social media outreach is very key for us. African American women use Twitter more than any other demographic, so we do a lot of tweeting. And every Wednesday we've been having Twitter chats with African American organizations. And we do one particularly for an hour, but we tweet throughout the day.

But other organizations have reached out to us to host different Twitter chats on different topics. And we're happy to do that. And we do them weekly. And actually I'm doing two in a week because we're doing one also for AIDS awareness next week. So anyone that would like to help with that, we do have monthly education webinars that we have with African American organizations.

Our next one will be with the Delta Sigma Theta sorority, which is the largest African American women's sorority. And we'll be talking about the ACA through that. And then we'll also have a Google hangout with our Secretary and then we also do Facebook chats.

So if anyone wants to get involved in any of these efforts, I'm setting the schedule now, and continue it on from now until the end of - or to mid-February. So there's my e-mail address there. All that e-mail comes straight to my inbox, and we'd love to have your help.

Again, healthcare.gov is very key. The call center, 1 (800) 318-2596, is key, and then also making sure you e-mail us and I'll be around for questions. Thank you. Dr. Valdiserri, I'll turn it back over to you.

Dr. Ronald Valdiserri: Thank you so much, Tamia. It's great to hear about such thoughtful efforts focused on raising awareness in the African American community. And they're bound to help us connect more African Americans who are at risk for living with HIV or African Americans with chronic viral hepatitis, to make sure they get the health coverage that they need.

Next, we're going to hear from our colleague, Jeanette Contreras from the Communications Office at the Centers for Medicare and Medicaid Services, otherwise known as CMS.

Jeanette, I understand that much of your work is focusing on identifying and supporting partners in the Latino community who are working to raise awareness and help qualified individuals enroll in coverage through the Marketplace. Would you be willing to tell us a bit more about that?

Jeanette Contreras: Thanks, Dr. Valdiserri. That's right, and I'm pleased to report - I'll go ahead and start my first slide - next slide, please - to say that I'm pleased to report that as of June 2014, 2.6 million Latinos have gained health coverage since the initial open enrollment period began in October 2013.

I'm sure some of the stakeholders on today's call contributed to this important achievement. So I want to begin by thanking them. What we learned during open enrollment last year was that many of those Latino consumers prefer to complete the enrollment process with the help of in-person assistance, such as from a navigator or a Certified Application Counselor organization within their community.

And with like many of our minority communities, Latinos prefer to get their information and assistance from trusted sources within their communities, such as churches or schools. What works best is not only bilingual but culturally competent enrollment assistance from within our communities. And healthcare.gov has a great online search tool to help consumers find local and personal assistance.

On the next slide we'll talk about how we know many of our stakeholders on today's webinar are already helping to educate our communities about the benefits of the Affordable Care Act and the Marketplace. So I'd like to thank those of you who've already answered the call to action to provide enrollment assistance. But with such a great need, we're hoping that more of you will volunteer to become Certified Application Counselor organizations.

Because many of your organizations or agencies are already providing HIV and other health services in your communities, you are uniquely positioned to provide that culturally competent in-person assistance to individuals who are at risk for or living with HIV or viral hepatitis and who may be in most need

for coverage, but don't yet have it.

So, how do you become a Certified Application Counselor organization? It's actually really easy. CMS is accepting applications all year round and processing them on a rolling basis. You fill out a brief online form, which asks if you already have processes in place to screen staff and volunteers, and if you're already providing social services in your communities.

All the assister training is done online, and each organization can choose to train one or several persons within the organization, depending on your needs or capacity. And then enrollment assistance becomes another service that you can offer to your clients or the members of your community.

Once you're certified by CMS, you'll also need to complete an additional certification in your state, which is often provided online and completed fairly quickly. I'll add that it's not too late to apply now to get certified to help during this open enrollment period.

Now I'd like to tell you about the resources available on marketplace.cms.gov, where we post all of our outreach tools and materials available for download and print.

As you know, education is extremely important. Many of you may have seen the Kaiser Health Tracking Poll in October showing that nine out of ten uninsured Americans reported being unaware of the dates for open enrollment. And two-thirds said they know little or nothing at all about the Marketplaces. So you can definitely help us to close this information gap.

Let me give you an example of an organization that's been a great partner in helping us to educate the HIV/AIDS community. Through the summer and

fall of this year, we partnered with the Latino Commission on AIDS's Latinos in the Deep South Program to conduct webinars on health insurance literacy and best practices for Marketplace outreach in Latino communities.

The Latinos in the Deep South Program provides capacity building services to organizations in the South around the implementation of the Affordable Care Act as well as the National HIV/AIDS Strategy and High-Impact Prevention. And we're proud to say the Latino Commission on AIDS is one of our Champions for Coverage.

On the site marketplace.cms.gov, you'll also find out how to become a Champion for Coverage or apply to become a Certified Application Counselor organization. The resources available in print can be ordered online through the CMS product ordering Web site for free.

We actually ship the resources to your home or organization within about ten days at no cost. We'd love to see more of our posters and fact sheets posted in laundromats, nail salons, barbershops, grocery stores, and anywhere people gather to help raise awareness.

We also have great drop-in articles that you can use to share Marketplace information in your local newsletters and blogs. I'll stop here by saying that we hope you find these resources useful and share them widely. Thank you.

Dr. Ronald Valdiserri: Thank you so much, Jeanette. Really appreciate that information, especially the information about how folks can request more information. And it was an outstanding example of how an HIV/AIDS organization is lending its important support to Marketplace outreach and enrollment.

I suspect that there are many other stakeholders on this call who are engaged

in similar efforts with Latino and other minority populations.

Now I'd like to turn to our colleague, Dr. Laura Cheever, who leads the Ryan White HIV/AIDS Program at HRSA. Laura, I know that the Ryan White HIV/AIDS Program and all of your grantees have been very busy helping to support clients with the transition to health coverage that has become available to many of them under the Affordable Care Act. Could you tell us more about this process?

Dr. Laura Cheever: Sure. Thank you, Ron, for hosting this important call today and to Tamia and Jeanette for your really great presentations on outreach and enrollment directed towards African American and Latino communities.

Within the Ryan White HIV/AIDS Program, we serve the majority of people with HIV who are either African American or Latino, so I think my comments will follow right on those very well.

In this slide, you see our framework that provides a visual depiction of the Ryan White Program as we see ourselves moving forward with full implementation of the Affordable Care Act. So a central goal of ours is reaching people who live with HIV, helping them with access to support, care, and treatment services that they need in order to reach viral suppression.

So getting to zero new infections is a key part of what we do. And we do that through providing a comprehensive system of care, not merely individual services, and really taking a public health approach to that.

On the outside are the petals of the key activities we have that include service delivery, policy development, assessment, capacity development, and quality that we're involved in here at HRSA as well as our grantees in their

communities. Next slide.

So outreach and enrollment is certainly a key part of what we do in the Ryan White Program. And that really gets back to the fact that within the Ryan White legislation, we have a provision called “payer of last resort,” which means if there’s anyone else that can be paying first, they should be paying first, and Ryan White pays second.

We fully appreciate - I think our grantees do as well - the importance of insurance. The Ryan White Program is not an entitlement or an insurance program, so that our dollars only go as far as the dollars can go within any given community. So it’s critical that we get people engaged, enrolled, and on health insurance or on Medicaid.

Now, we don’t do this just once a year. This is really a year-round activity for us. And we do it within the framework of engaging our grantees, which are state health departments, city health departments, as well as community-based organizations, educating them about the Affordable Care Act and how to get clients enrolled.

We reinforce some of these messages over time through conference calls and sharing success stories of individual grantees. And then we support our grantees through ongoing technical assistance, including site visits and monitoring calls between our project officers and our grantees. Next?

So in terms of payer of last resort and getting people enrolled, we’ve used a framework we call “vigorously pursue,” which means that our grantees, when they’re working with individual clients, should vigorously pursue getting them enrolled in either Medicaid or the exchanges - insurance through the exchanges - if a person living with HIV is eligible for one of those.

So we've encouraged them first to make sure they've established clear policies around how to vigorously pursue individual clients, establish procedures that they'll follow in order to enact those policies, and then document what they've done with individual clients.

So at the end of the day, there may be some people that they never do successfully enroll, but we know that they've done all they can to reach those people. Next slide? Next slide? Okay, thank you.

In addition to what we're doing here within the Bureau, we have funded three different technical assistance partners through cooperative agreements to help us. We have "Supporting the Continuum of Care," which is a cooperative agreement funded through John Snow, Incorporated to help with outreach and enrollment of minority populations.

In the first year of this cooperative agreement, the grantee spent a year doing in-depth analysis of what the needs were of our individual grantees to help them enroll patients. From that, they developed a really extensive and outstanding set of tools that our grantees can use to help with the enrollment process. And those are available at the TARGET Center.

If you go the HIV/AIDS Bureau Web site, you can link to the TARGET Center and find those tools.

We've also funded "Engaging in Marketplace Insurance Plans under the Affordable Care Act," a cooperative agreement that's really meant to work with our individual medical providers to help them learn to contract better with the providers in the Marketplace.

And finally, we funded a third cooperative agreement called, “Establishing AIDS Service Organization Service Models,” funded through Fenway Community Health. And this cooperative agreement exists to help support AIDS service organizations that may not be medically oriented but are critical to reaching the populations we need to reach in individual communities, minority populations, and connecting those populations into medical services, including into insurance plans.

So those three cooperative agreements work together to really maximize continuum of care services and to improve health outcomes. And with that I’ll turn it over, Ron, and look forward to the question and answer period.

Dr. Ronald Valdiserri: Thank you so much, Laura. You and Tamia and Jeanette have given all of us some very important information about outreach activities and resources that are available to assist people on this call and other partners in their enrollment efforts.

I think it’s also important for all of us to take a moment and remind ourselves about the many benefits that the ACA offers to people at risk for living with HIV or those with chronic viral hepatitis.

And for this I’ll turn to our colleague from CDC, Ms. Eva Margolies. Eva, you and I both work on HIV and viral hepatitis, among other issues, and I know that we both strongly support the national plans aimed at improving our public health response to these epidemics. Can you share with the participants on the call what roles you see the Affordable Care Act playing in helping us to meet the goals of these two national plans?

Eva Margolies: Sure, Ron. Thank you. So I’m happy to be here today to highlight how the ACA supports HIV and viral hepatitis prevention. My first slide serves as a

reminder of what the NHAS goals are - reducing new HIV infections, increased access to care, and improved health outcomes for people living with HIV and reduced HIV-related disparities.

And my next slide lists the Viral Hepatitis Action Plan goals - increase the proportion of persons aware of their hepatitis B or hepatitis C virus infections, reduce the number of new cases of hepatitis C infection, and eliminate mother-to-child transmission of hepatitis B infections. Next slide, please.

The ACA helps us support these goals by eliminating discrimination due to pre-existing conditions, making health insurance accessible and affordable to people already diagnosed with chronic infections like HIV or hepatitis C, and ensures that coverage can't be discontinued by insurance carriers because of these conditions.

The tax credits and Medicaid expansion plans available through the marketplace help people with low or moderate incomes afford coverage for themselves and their families. This is particularly important for low-income males, since single childless men are less likely to meet traditional Medicaid eligibility criteria.

Many preventive services - i.e., those with an A or B recommendation by the U.S. Preventive Services Task Force, those recommended by the Advisory Committee for Immunization Practices, or by HRSA for Children and Women - are now covered by most insurance plans without cost sharing.

These include services such as hepatitis A and B vaccination; screening for HIV, hepatitis B and hepatitis C; and high intensity behavioral counseling.

And the ACA opens up opportunities for correctional systems to facilitate

health insurance enrollment and linkages to care for inmates upon re-entry into the community. This type of approach is promising in addressing health disparities and promoting community health.

The National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan outline a series of recommended steps, many of which have been advanced by the Affordable Care Act. I am going to highlight just a couple.

One recommended NHAS step is to enhance program accountability. We are particularly happy to note that a measure of HIV viral load suppression was included in the 2014 adult Medicaid core measure set, a set of quality measures required by the ACA.

And treatment is one of our most important strategies for stopping new HIV infections. A key role for CDC and partners will be to make sure that increased access to preventive services translates into ongoing receipt of HIV care, particularly as more people living with HIV seek care from primary care providers and other health care providers with limited HIV care experience.

In the future, we will release updated “Prevention with Positives” guidelines to help make providers aware of key preventive services that are highly recommended for people living with HIV.

Helping more people with HIV know their status and stay in care are essential to confronting this epidemic. And the expanded coverage offered by the ACA also helps us work towards achieving the viral hepatitis goals for increased hepatitis B and C screening, since they are covered with no co-pay or deductible. Thank you.

Dr. Ronald Valdiserri: Thank you so much, Eva. All of our presenters have provided extremely

valuable information this afternoon. But I know that our participants are likely to have additional questions. So, at this point in time I would like to invite the operator to review with us the instructions for how to get in line to ask a question on this call. Operator?

Operator: Thank you. At this time, participants may ask a question by dialing Star 1 on their touch-tone phones. Please record your name when prompted, so that I may introduce your question. Once again, that is Star 1 and record your name when prompted to ask a question at this time. One moment please for our first question to arrive.

Dr. Ronald Valdiserri: Sure. Thank you, Operator, and while we wait for the questions to come in from listeners, let me introduce another colleague who will be joining us for the question and answer period. It's my pleasure to welcome Dr. Eugene Freund, who is a medical officer from the Centers for Medicare and Medicaid Services Center for Consumer Information and Insurance Oversight, known to most of you by the acronym CCIIO. And Gene, we're happy to have you join us.

Now while we wait for the first question to come on board, we did have a few that came in advance by e-mail, and I'm going to start by asking a question of Jeanette. Jeanette, in your remarks you ended by talking about the important partnership with the Latino Commission on AIDS.

But you referred to something known as "Champions of Coverage." I wonder if you could tell us more about the Champions of Coverage effort.

Jeanette Contreras: Of course. Thanks, yeah, we're happy to report that we now have over 2000 registered champions for coverage who basically help us to get the word out and educate communities about the Marketplace.

They share information with their members, customers, and stakeholders about the Marketplace and how to get covered and stay covered by sending e-mails. They host calls. They share information during meetings or trainings, and even partnering with local Certified Application Counselor organizations, and navigators to host in-person enrollment events, as we're calling them.

So, for example, some would provide a space for an enrollment event or a fair to take place, maybe even offering computer access to the public or people that don't have computer access at home and other resources and support like that.

Actually, last time I reviewed our Champions list, there were at least 17 national, state, and local HIV/AIDS organizations or agencies among our Champions for Coverage. So I'll name a few of them, such as from the City of Philadelphia's Office of HIV Planning to AIDS Project of the Ozarks in Missouri, along with the National Minority AIDS Council, and the National Black Women's HIV Network.

So if other HIV or viral hepatitis organizations on the webinar are interested in becoming a Champion for Coverage, I'd invite them to visit the website, marketplace.cms.gov to learn more.

Dr. Ronald Valdiserri: Thank you, Jeanette. We actually had another e-mail question come in, Jeanette, that should be directed toward you. And this question is whether - can you clarify whether individuals can become enrollment counselors through CMS or is this targeted to organizations? What are the criteria for an entity to become an enrollment counselor?

Jeanette Contreras: Yeah, this is a really good question, and I think because it's always - you

know, we have to clarify that the organization is the one that CMS certifies. The organizations can then choose to train or to have several members of their staff trained to become assisters.

So I think the reason for this is that we want to make sure that the enrollment assisters - or that the organization can certify that the staff people have been screened and they have processes in place to protect people's personally identifiable information, which comes up during the enrollment process.

So really to ensure people's privacy, we certify an organization. And then that organization is allowed to then train and choose how many people that they'll have trained under their organization.

Dr. Ronald Valdiserri: Thank you for that clarification. Operator, do we have a question in the queue?

Operator: We do. Our first question is from (Irvin Holland). Your line is open.

Dr. Ronald Valdiserri: (Irvin), go ahead.

(Irvin Holland): Yes. Hi my name is (Irvin Holland). I'm a patient advocate at an AIDS service organization which is community-based here in Detroit. My question is for the organizations that are becoming Certified Application Counselors, will we be in charge of helping everyone in the community sign up for the Affordable Health Care Act or just for our patients?

Dr. Ronald Valdiserri: So, Jeanette, I am going to go to you again on that and then we'll ask Tamia if she might want to add something. But, Jeanette?

Jeanette Contreras: Yeah, excellent. So, yeah actually you have the option once you become a

Certified Application Counselor organization to be listed on our website, the localhelp.healthcare.gov search tool.

And it's really up to the organization because if we list you and put you up there then you'll get phone calls from everyone. But if you just want to offer that service to your clients and the people that come to your door, for example, then you don't have to be listed as a public resource but it's still something that you can offer in your organization.

Dr. Ronald Valdiserri: Thank you, Jeanette. Tamia, anything you'd like to add to that response?

Tamia Booker: No she covered it.

Dr. Ronald Valdiserri: Thank you. Operator, do we have another question in queue?

Operator: Our next question is from (Winborn Williams). Your line is open.

(Gwendolyn Williams): My name is (Gwendolyn Williams).

Dr. Ronald Valdiserri: Okay, (Gwendolyn).

(Gwendolyn Williams): I'm executive director of Our Lifeline, Incorporated, which is a grassroots organization here in Benton Harbor, Michigan. And we exist to establish support, peer recovery support services, and other substance abuse prevention-related issues and activities in our community.

And by us being grassroots, we don't have an (unintelligible) at the present. However, I was thinking is it possible to assist potential clients, allowing the organization to obtain a CAC as in the one that went before me was talking about - and then do this through teleconference or over the phone? Is that a possibility?

Dr. Ronald Valdiserri: Okay (Gwendolyn), this is Dr. Valdiserri. You're asking about enrollment or are you asking about providing services?

(Gwendolyn Williams): Enrollment.

Dr. Ronald Valdiserri: Enrollment. Okay, so let me turn to Tamia. Do you have any comments for (Gwendolyn)? I think basically what she's asking is how her organization can be involved in enrollment, what kinds of options are open for her and her organization. Tamia?

Tamia Booker: Yes. So - and I think you said that you were in Michigan. So we do have a lot of partners there on the ground putting together events. And we're actually going to be doing a week of activities, particularly enrollment events, in January in Detroit.

We can also do stuff before then, so if you're interested, the e-mail address I put in the slides is African Americans with an "S" at HHS dot G-O-V. And we can connect offline, and I can connect you with some partners, and we can talk about ways to do some events in the community if you would like.

Dr. Ronald Valdiserri: Thank you for that, Tamia. We have another enrollment question come in from e-mail and this participant wants to know whether a church can apply for the enrollment counseling. Are they one of the kinds of organizations? Can a faith-based organization apply? So either Tamia or Jeanette or both of you.

Jeanette Contreras: So this is Jeanette and yes, I would say that they can certainly apply. Churches are considered 501(c)3s. If they have the 501(c)3 status, then they can certainly apply.

Dr. Ronald Valdiserri: Thank you. Operator, do we have any other questions in queue?

Operator: (Kim Subrine) has our next question. Your line is open.

(Kim Subrine): Hi my name is (Kim Subrine) from the New York City Health Department. I know in New York State we usually have a special health care needs plan for those that are HIV-positive.

And seeing that the Marketplace is now having one umbrella for everyone to apply, I was just checking to find out if plans still have those special health care needs for HIV population or if providers have a specific network for those that are infected with HIV or for the families of those affected by HIV.

Dr. Ronald Valdiserri: Laura, I'm going to let you at least address part of that question. And then we might turn back to our enrollment specialist. But Laura Cheever?

Dr. Laura Cheever: Yeah, hi. So you're asking about a specific program that New York ran through Medicaid, right?

(Kim Subrine): Right.

Dr. Laura Cheever: Your special needs populations.

(Kim Subrine): Right.

Dr. Laura Cheever: Yeah, so I don't have any direct information about those ending. But I can't actually specifically answer that question of what the plans for New York State are regarding that particular Medicaid program they had. So I'm sorry, I can't answer that specifically.

Dr. Ronald Valdiserri: Do you have any idea about how the caller could get more information? I

mean does she need to contact the state Medicaid director?

Dr. Laura Cheever: Oh yes, I'm sorry. So yes, I think that would be the way to go, to contact either the state Medicaid director or - that's what I would do - or the people specifically running the AIDS program in New York State. Either could answer that question for you.

Dr. Ronald Valdiserri: Okay.

Dr. Laura Cheever: The AIDS Institute, yeah. It's in New York State.

Dr. Ronald Valdiserri: Thank you, Dr. Cheever.

Dr. Laura Cheever: Uh-huh.

Dr. Ronald Valdiserri: Do we have - Operator, do we have any other questions in queue?

Operator: Yes sir. Our next question is from (Eddie). No last name provided. Your line is now open.

(Eddie): Can you guys hear me?

Dr. Ronald Valdiserri: Yes we can hear you, (Eddie). Go ahead.

(Eddie): I'm actually going to be participating in a three-day seminar to be a Navigator for people with HIV for Miami-Dade HIV/AIDS Partnership in Miami. And so I wanted to find out if that particular training will also - will give me the tools to not only just provide the services for the HIV community, but also for the hepatitis and all the rest of these populations.

Dr. Ronald Valdiserri: Well, we're definitely glad to hear that. I'm not sure if you were just

sharing that with us, with is fine, or if you had a specific question.

(Eddie): The question that I had was if the training that I'm going to be taking, is it going to be useful for me to offer the services to be a Navigator for other people with other conditions?

Dr. Ronald Valdiserri: Yeah, I mean to answer that question, I'll make a comment and then Dr. Cheever and others may want to comment. I think we probably have to know a lot more about the content of the training, but the patient navigation is obviously something that's becoming increasingly important for a lot of chronic diseases, whether we're talking about HIV or viral hepatitis or diabetes.

But I don't know, maybe other participants understood a little better what (Eddie) was asking. Does anyone want to respond to that?

Dr. Eugene Freund: This is Gene Freund with CCHIO. It's a little out of my area, but the Navigator training is basically the Navigator training, so it really applies to anybody who - it provides you with the training that you would need to assist anybody in making decisions via the marketplace for whatever health care they are going to sign up for.

So it would work for other populations. What you bring into it is your knowledge of that population and a better understanding of what kind of questions they might ask in that context.

Dr. Ronald Valdiserri: Thank you, Gene. We have a question that's come in from e-mail. And I think this is a really important one and this is one I think that we'll ask Tamia first and then Jeanette, if Jeanette wants to add anything.

But this e-mail participant says, “Would you please let me know what you might recommend that we could say to clients who are hesitant to enroll in our state?” She names the state and I won’t - “Because they are afraid they will not receive a tax subsidy since we are a federal exchange state and this is being challenged in court.”

Now, we’re not looking for a legal answer here, federal colleagues, but is there some general information or some general approach that you might share with this participant? Tamia?

Tamia Booker: Yes, so - and yes, I have to give the disclaimer that this is not legal guidance on this, but my take right now because many states that we work with, as you know, are all Federally Facilitated Marketplaces. And people are currently enrolling and they’re receiving their subsidies.

So, I just think we just have to continue to encourage people and let them know that people are still receiving these benefits and that’s the thing right now. And I am not authorized to give real guidance on this, but I just think for now, you know, as it is today, subsidies are still permitted through the Affordable Care Act.

And as the law still stands, that is how the money’s been appropriated. So they can still qualify for a subsidy. It is tough because there is a legal side to it that I can’t comment on.

Dr. Ronald Valdiserri: And we don’t want you to comment on the legal side, but Jeanette, is there anything you’d like to add to that?

Jeanette Contreras: No that’s great; that’s perfect.

Dr. Ronald Valdiserri: So we are really coming up against the end of the call. And there were two questions that came in via e-mail about pre-exposure prophylaxis or PrEP. And the questions had to do with just generally asking about coverage for PrEP under the Affordable Care Act.

And I'm wondering, Dr. Freund, if you could answer this at a very high level obviously. But the interest here is, is the Affordable Care Act going to make it easier for people to get PrEP? Dr. Freund?

Dr. Eugene Freund: The short answer - or actually, there's not a super short answer - but the answer is that people need to check the medications that are covered by a plan that they are considering. A lot of plans do cover pre-exposure prophylaxis and it's - there isn't a specific requirement in the essential health benefits that would say a plan must cover that.

But the main thing to do is to check the formulary and other aspects of the plan such as co-pays, drug tiers, and the things like that for those medications. And that's probably the best advice I have for you in regards to that.

Dr. Ronald Valdiserri: And I think that's good advice, Dr. Freund. Unfortunately, our time is coming to a close here. I'm sorry that we weren't able to take everyone's questions.

But I do want to let folks know that they can continue to get updated information or up-to-date information either by checking healthcare.gov. You should always - when it comes to HIV and viral hepatitis - by all means, make sure that you go to AIDS.gov and follow our blogs.

And there's going to be a lot more information coming out, particularly about HIV as we come closer to World AIDS Day next week.

Let me end by thanking all of our presenters for doing an outstanding job sharing their insights and expertise. Thank you so much.

And I really want to thank all of our participants who were on the call with us today for your interest and certainly for your commitment to try to extend health care coverage to vulnerable populations through the ACA enrollment period.

We want to continue to work with all of you to implement the Affordable Care Act so that we can achieve the promise of the ACA. And thank you so much. Again I encourage all of you to continue to get information from healthcare.gov, from AIDS.gov.

I know that CMS and HRSA have a lot of good information on their websites as well. So there's a lot of good information out there. With that, I would like to end the call. I'd like to thank our colleagues at AIDS.gov who came up with this idea as we approach World AIDS Day.

And thank you all very much and let me close by saying I hope all of you have a healthy and happy Thanksgiving holiday. Thank you so much and thank you, Operator.

Operator: Thank you.

Dr. Ronald Valdiserri: That concludes our call today.

Coordinator: This now concludes today's conference. All parties may disconnect at this time.

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