

Health Insurance Enrollment Tracking Checklist

Use the following checklist to help your Ryan White HIV/AIDS Program (RWHAP) clients enroll in health insurance, use benefits, and stay enrolled.

Do you need a more detailed worksheet?

Use the ACE TA Center [Enrollment Tracking Worksheet](#) to document your activities.

Are you helping a client through the renewal process?

Use the ACE TA Center [Health Insurance Renewal Tracking Checklist](#).

Enrollment Steps



Step 1: Get started.

- Discuss why health insurance is important and the insurance options the client may be eligible for.
- Describe the enrollment process, how to apply, how long it will take, and when benefits would start.
- Talk to the client about available financial help, such as premium assistance tax credits, cost sharing, and/or ADAP.

Step 2: Address client concerns, questions, and fears about health insurance.

- Talk with the client about any concerns they may have about insurance.
- Explain that RWHAP can still provide services not covered by insurance.

Step 3: Fill-in application.

- Help the client gather required information and documents.
- Begin the application process, including setting up a Marketplace or Medicaid account.
- Explain that to be eligible for tax credits the client must allow the marketplace to collect tax information.
- Help the client select a health care plan.
- Help the client find assistance in another language, if necessary.
- If you do not provide application assistance, contact an enrollment assister.

Keep track of important dates, outcomes and notes.

Step 4: Submit application.

- Explain what happens after the application is submitted, including letters the client may receive.
- Copy the application for the client and file it (if allowed/applicable).
- Submit the application and keep track of the confirmation/application number.

Step 5: Follow-up on submitted application.

- Check the application status and keep the client updated.
- Update other RWHAP programs, including ADAP, about the client's new enrollment status, including completing any required paperwork.
- Discuss the client's questions and concerns about the status of their application.
- Talk to the client about protection for people with pre-existing health conditions, including new rules about denying or cancelling coverage.

Step 6: Use benefits.

- Talk with the client about how to use insurance, including access to covered medications and services, such as primary and specialty care.
- Explain how ADAP and other RWHAP providers and services will work with the client's new insurance.
- Discuss what costs the client may be responsible for, and the importance of paying premiums and other costs on time.
- If needed, help the client find a doctor covered by his/her plan.

Step 7: Stay enrolled.

- Discuss how and when to renew health insurance and ADAP eligibility, including the need for clients to log into their Marketplace account each year to activate the redetermination process, review health plan options, and/or pick a new plan if their plan is discontinued.
- Use the ACE TA Center Health Insurance Renewal Tracking Checklist to track re-enrollment activities.
- Explain when and how to report life changes that may change the client's eligibility to insurance and/or ADAP and allow him/her to qualify for a special enrollment period (SEP).
- Contact the client before open enrollment begins, or 60-90 days before the renewal date.
- Talk to the client about how and when to renew health insurance and ADAP eligibility, including the need for clients to log into their Marketplace account each year to start the redetermination process, review health plan options, and/or pick a new plan.

Keep track of important dates, outcomes and notes.

Need additional help tracking enrollment activities and client information?

Use the more detailed ACE TA Center [Enrollment Tracking Worksheet](#).

This document was prepared by JSI Research & Training Institute, Inc. under Grant #UF2HA26520 from the Health Resources and Services Administration's HIV/AIDS Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HIV/AIDS Bureau.