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And the meantime I have, like automatic English captions on so

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Okay, it's 10 o'clock. Should we go ahead and get started? Then

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Sounds, good

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Okay, I will launch the Webinar

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Hi! Everyone welcome to our webinar supporting survivor access to health insurance during open enrollment.

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My name's Elena Joshua, and we'll be starting in just one moment.

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Okay, before we begin. We just have a few brief announcements.

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This presentation will have simultaneous English and Spanish interpretation, and we also have simultaneous American sign.

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Language, interpretation. Our interpreters, Andrea and Annabel from Linguae fish will walk us through some brief instructions for how to use the interpreter function for English and Spanish on your zoom and this

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Much as grace is Elena. Hi, everyone so I'm gonna guide you through a brief set of instructions, so that you are able to hear the interpreters renewed, or so that you're also able to participate in Spanish and English during today's session as a

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Please go ahead and select language interpretation. That you maybe see this icon at the bottom of your screen.

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Please go ahead and select English as your language. The Icon looks just like this on the screen if you're joining through a tablet or through a smartphone, you will have to tap lightly on the screen to bring up the 3 dot menu then go ahead and select language interpretation and then

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English make sure to not mute, original audio, so that you're able to hear everything that's happening in English in the presentation.

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Lopez: as a hmm. Okay, so now interpretation has been activated.

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You've probably already made a language selection.

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If you have any trouble listening to the interpreter throughout the presentation, please let us know in the chat, and one of us will help you out.

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Oh, other than that! I will pass it back to Elena.

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Thank you.

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Thank you, Andrea, and welcome again. Everyone to our Webinar as we introduce ourselves, invite you all to introduce yourself, and put your name where you're from in the chat and the organization, that you're at if you're coming to us from an organization, my Name's Elena

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Joshua. I work at features without violence. I'm a program director here on our health team, and I'm gonna be joined today.

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By my colleague, Lena O'rourke.

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Lena is the founder and principal at Owork.

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Health policy strategies. Lena is an experienced health care, policy, analyst and strategist, focused on expanding access to health quality, affordable health insurance and medicaid.

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And we're so lucky to have been able to work with Lena for the past 10 years here at futures

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To the next slide. So today we'll be talking about open enrollment and some important rules related to survivors of domestic violence.

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We will be reviewing how health, insurance, support survivors and make service services affordable.

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We will be talking about the types of health insurance available during open enrollment, and we'll also be learning about how advocates can help survivors enroll in health insurance

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We are bringing you this Webinar from our national health resource center on domestic violence.

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We'll have a reminder about some of the resources that are available through the health resource center at the end of the Webinar, but also encourage you all to visit Ipv.

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Health org for more information about the resource center for resources, for tools, and to visit our store as well

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So we wanted to start with a big picture. Why are we here?

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Why are we talking about health insurance today? We know that health professionals play a key role in supporting survivor health and safety and intimate partner for violence contributes to injuries and chronic health issues, health care providers, deliver medical treatment and support our health they can also help promote

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Prevention, and they offer support and resources and services in the community about the community, provide information about healthy resources and healthy relationships and share strategies to provoke resilience, so access to high quality, affordable health coverage can make a significant difference in the lives of survivors.

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We also know that the cost of health, care, and services continues to be a barrier for many people to access.

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Health care, and that having health, coverage, kind of a really important part of providing needed services and give individuals and families peace of mind.

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So we wanna start with the affordable care. Actor, also known as the Aca, which was an important piece of legislation that dramatically reformed the health.

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Insurance market set new rules for how insurance companies have to behave, and what services they offer, and it makes help affordable health insurance guaranteed and more widely available for a lot of communities the Aca as it's called means access to quality low cost or even free health care coverage for individuals and

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Families and and makes that reality. Aca plans have a guaranteed set of benefits for everyone, including some really important services for survivors that leena will be talking about a little bit more so with that I will pass it over to Lena to share a little bit more about some of

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These important. Rules related to survivors.

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Thanks, Elena, and thank you to everyone for being here.

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It was so good to see. Everyone introduced themselves in the chat, and clearly there is a lot of expertise in enrollment amongst all of you on the on the chat. So I hope You'll share your experiences as we go as well, today.

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I'm going to be going through some of the the rules, and really processes for helping survivors enroll in health insurance.

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But as well. Ina said, we're starting by really grounding this conversation.

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In why, that work is important and what it can really bring to survivors on their families, and just to acknowledge upfront.

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I will be talking at a national level and we'll be talking about healthcare.

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Gov: I know a lot of you are based in California, so a bunch of enroll Usf folks in real California folks come through the the overarching framework is the same nationally and state but I know that there will be slight tweaks.

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Depending on where you are in the country and specifically in California.

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So we can iron some of those out as we go. But the basic overview is that one of the things that the Aca did was really ensure that all health plans that are available through the health care marketplace or healthcare.gov must cover a package of core health care services, and this

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Includes primary care and emergency care, as well as behavioral and mental health screening substance use services and importantly screening and brief counseling for intimate partner violence and and having these services as well as said may having access to this comprehensive package of services makes it much easier and much more affordable

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to actually access the services next slide, please, so survivors can get health insurance in a number of different ways.

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Through the marketplace, through Medicaid. The options that are available are for themselves or for their families, and all offer this comprehensive benefit package importantly, insurance companies can no longer deny you or charge you more if you become sick if you have a pre-existing condition or if

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You experience Ipv. And again the plans will all cover screening and brief counseling for Ipv and Dv.

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And other behavioral health services next slide, please, and why we're having this conversation at this very moment is open.

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Enrollment has started the marketplace is now open, so open enrollment is a special, a special time of the year where people can purchase health, insurance or change the health insurance that they have through their health care gov and financial help is available and you go through the redetermination process to see

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How much your health care will cost, and what plant best fits your family's needs.

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During this time. Next slide, please. So open enrollment starts.

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Now you can enroll at any time, and when you go you can shop around for plans for yourself, for your families, you can input the information about any changes in your family to figure out what would be the best fit coverage can begin as soon as January first it depends on when you enroll and

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Open enrollment for health care, Gub for the Federal ends on January the fifteenth, so we have a what's that?

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6 weeks left in open enrollment, and some states, including California, have slightly longer open enrollment periods, for example, in California, the deadline to enroll is January, thirty-first of of note the healthcare Gov is a great Entry Point Wherever you are in the country it will

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Ask, what state you're in and automatically redirect you to the state you live in into the right place to shop for health insurance and give you the information about the dates.

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Next slide, please, when you are shopping on healthcare.gov.

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They offer a range of these plans. Again the plans all have to offer similar benefits.

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Similar categories of benefits, and the marketplace offers an apples to apples.

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Comparison of what those plans are, and how much they would cost.

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The the plans are available for individuals or for families, and it doesn't need to be tied to the head of the household.

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So when you are there you put the information in. And it pulls you to the plans that are available to you.

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The when doing that determination, it also will offer you the opportunity to be redirected to medicaid or chip. If that is a better fit for your family based on the household income and one in one application will determine eligibility, and provide those resources, next slide please

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During open enrollment. Almost anyone can buy health insurance through healthcare.

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Gov: you do need to be a citizen or a national National of the United States, and you cannot be incarcerated.

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Members of tribes are invited to purchase health insurance through healthcare.

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Gov. And lawfully present immigrants, including those in the five-year bar, are eligible to purchase marketplace coverage, and can receive a financial assistance next slide

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Undocumented immigrants, however, may not purchase coverage for themselves on the marketplace, they are ineligible to cut to purchase coverage even at full price.

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On the marketplace, however they may purchase health insurance on behalf of other documented individuals.

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So, for example, an undocumented spouse can go through the application and purchase health insurance for their their citizen children.

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For example, and again lawfully present immigrants including those within the five-year bar, may buy insurance and be eligible for subsidies.

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Next slide please

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So what is important about the marketplace and something just to think through is that most people who purchase health insurance through health care. Gov.

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Which, will be offered a significant discount on the cost of buying their health, insurance.

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Financial help is available based on income and family size, and it is on a sliding scale.

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People apply for financial help. After answering questions about their basic household, including the number of people in the household marital status, and that is done through the app.

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There are some special rules for survivors and how they can apply, and we'll get to that in just a second next slide, please

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Coverage on the marketplace has always been affordable, but I do.

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I do want to call attention to the fact that a new law actually makes it even more affordable than it had been in the past, which is why it really makes sense to send people to shop on the marketplace or to go back to renew their coverage to make sure they're getting as much help as

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possible, the American rescue plan which took place in 2021 helped further bring down costs, and then the inflation Reduction Act, which passed last summer continued that extra help particularly coming out of the pandemic particularly recognizing the need for health engine and that is affordable the premiums have gone down.

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and continue to be based on household income. So it's worth. It's really worth looking at what those costs are, because I think they increasingly go down, which puts coverage much more in in range for people to get their their insurance next slide please

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And that all sounds hard and complicated, but with the marketplace has done is made it very easy to sign up.

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There's lots of different ways and available in English and Spanish and other translation.

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Services are available, you fill out the application you can do it on line.

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You can do it through a call center. So you have supported assistance or you can do a paper application and that really the place to start, though, is at healthcare. Gov.

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You will be asked for basic information, including demographic information, income, information and household information.

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Next, slide, please to make enrollment easier and more supported, particularly for families with complicated situations.

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Free help is available, and again, so many of you on this call clearly are doing this work or an organization's that have in-person help available for enrollment.

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If you don't know where to help connect a survivor to the free and person help here in the slides, or and we can put it in the chat as well.

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If you go to healthcare Gov. They have a list of the free navigators and enrollers, and you go by zip code to find the people who nearest to you you can also call to get free help and be connected to a local program near you and these programs are available you can find

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Help! 24 h a day. Transation services are available, and in in my experience, having watched open enrollment over the years, the navigator programs are just extraordinarily helpful in helping people with complicated situations under the options that are available understand what it means to be in a different plan and really help people go

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Through the process of figuring out what health insurance is best for them.

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I do want to underscore for people who are already insured.

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It is worth shopping around and during open enrollment is the only time you can do this and change your plans.

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As I said, the prices change every year, and for many people they will see no increase in their costs this year, and some may even see a decrease in costs, and it really does pay to shop around so even if you are working with a survivor.

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Who is already insured. It is worth coming to the marketplace to see what options are available that would include people who have experienced a household status change, a job change any other life circumstance that could have an impact on family income or on the cost of your care

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Next. Slide please now now now we're gonna get into some really nitty, gritty enrollment stuff, or we we started really big picture and now we're gonna go way.

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Into the weeds. So this is, though really what it is important about enrolling survivors, and in our experience the type of information that in having a conversation with someone about and enrollment these are helpful pieces to really just understand what is happening and how to engage with healthcare Gov and the

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Enrollment process. So when you apply for insurance through healthcare Gov or through the state marketplaces, the application will ask you for your address.

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It is okay, to use an alternate address you can use a shelter, a po box, a friend's address as the mailing address or the home address.

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On your application. Sometimes those 2 are the same mailing address and home address, and sometimes they may be different but you'll be asked for both the insurance cards.

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Like your actual card and any actual paperwork obviously gets me mailed to the mailing address.

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So it needs to be a place that you would check frequently to be able to get this paperwork, if next slide, please

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If you want to use an alternate address that is not your home or your residence, the thing to really keep in mind, though is, it needs to be in the same region.

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Where care is needed. So your home address is used to determine what plans you can buy, and what providers you have access to what your network of providers is and that can change you know within.

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A mile, you could find yourself in another region, so it is important that if a survivor is using an alternate address as their home address, but that home address, the alternate home address is in the same plan region as where they buy their insurance

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So we know that coverage through the marketplace. We've already covered.

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This can be for an individual, or for families and that help is available honestly. So.

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An individual survivor can go to the marketplace and apply for coverage.

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However, financial help is based on a household income. So if an individual is married, the income of the spouse will be counted towards that person's financial determination

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Again the household income determines any individuals ability to get financial help.

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So I want to pause here for a second, because one of the scenarios we've heard quite a bit over the years has an implication for this.

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Where a married spouse refuses to cover a survivor through their employer-sponsored plan, leaving the leaving the survivor unable to get health insurance for themselves or for their child in the past that family would not have access to subsidies on the marketplace, however, due to new policy

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that just came out this year under the Biden administration was called the Family Glitch.

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Now, if in that scenario, or in a scenario where employers sponsored coverage is extremely expensive, it is sometimes possible to get help, without including the the full household income, it is if the cost and this is really technical but they're with me if the cost of the employer family

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Premium is a over 1.9 point, 1, 2% of households income, a spouse, or their children could be eligible for financial assistance so innocent where health insurance is being withheld.

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It is still worth applying, because it is possible for that survivor to qualify under this new fix.

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If the cost of that family premium is over that 9 point, 1 2% of income which health insurance is expensive, so it really could be now the details of that you you don't need.

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To remember the application. Does this for you? The thing I want you to take away, though is that it is worth applying, and putting in accurate information, regardless of regardless of the situation the worst case is, that you don't find an Option that is affordable.

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Or it becomes unavailable. But the best case is, we are able to connect survivors in the situation, to insurance on their own, that they can afford.

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And so worth applying worth testing with this new sort of carve out exemption which has really the potential to get people enrolled, whereas we didn't have that before so this is new for this enrollment session and and very good news.

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Finally, and then, if I sort of separately to complete the application, I do want to say you need to include all family members, but you do not need to include their social security numbers, so that information is, not required even though you are required by law, to list all of the people, in the households, on their

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Income. Next slide please

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So there is another workaround rule for getting survivors.

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Coverage based solely on that income and not on their family income, and to qualify for that this applies to survivors who are legally married, but who live apart from their spouse or are estranged from their spouse and plan to file taxes separately so if you have a survivor who

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Fits these 3 categories, legally married, live apart from their spouse and plan to file taxes separately from their spouse at next slide.

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Please. They should not mark married on their application. This feels a little counterintuitive, because the application asks for marital status, and you just don't check married, even though you were legally married but the irs and Hhs have separately, put out guidance, on this that clarified that this is

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The way to apply for financial help on your own. If you have done, the if if you fit those previous 3 categories, this is for survivors of domestic violence, however, no documentation is needed to prove domestic violence.

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You will have to attest to it on your taxes, because this is an Irs requirement, but it is not.

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No documentation is needed during the application, process, and this allows the survivor who meets those criteria to see what financial help they are available for based only on their own income, and then they can choose the plan that best meets their needs.

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So I made a big deal about how it's open enrollment, and it is, and it's a huge deal that it's open enrollment.

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And this is the time to do outreach. This is the time to work on enrollment.

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However, it is important to say that survivors of domestic violence actually have a special enrollment period all year round, and can apply at any time to get coverage.

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It is important to use the call center to start that application.

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You cannot do this online or through a paper application. You must call the call center.

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To get a domestic violence. Special enrollment period, when you call you have to say I am a survivor of domestic violence, and it's very specific, and that is the language that the health center uses but when you briefly state that that begins an application.

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Process, through a special enrollment period. And again, these rules apply outside of open enrollment, but are important to know, because it is part of the whole coverage environment for survivors.

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I do want to again lift up that no documentation is needed.

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You can begin your amplification through the call center, but you will not be asked to document or to prove the domestic violence in order to get this special opportunity to enroll outside of open enrollment.

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It is also important to know that for individuals who are less than 150% of the Federal poverty level, there is a a brand new and really great special opportunity to enroll year round as well so, even once we've passed that January fifteenth or January

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Thirty-first when you're in California deadline.

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Always try to enroll. There may be an opportunity through these special enrollment periods to still get coverage, particularly if you're a survivor or are an individual with a low income it's also important to know that Medicaid enrollment year.

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Round and so again, year round enrollment is worth worth looking into.

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If you have a change of circumstance throughout the year, and that was a lot, and it was really technical.

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So Elena, I'm gonna turn it back to you.

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Great. Thank you, Lena. I noticed when folks were sharing where they're from, and the work that they do in the chat, that there are also a lot of folks here from agencies that are serving survivors of domestic violence advocates and we know that advocates that

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we're working with survivors play a critical role in supporting survivor health and part of the reason why we're sharing this information through this Webinar is because we also know that advocates pl can play an important role in providing information to survivors about health insurance about i'll open enrollment periods

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and explain why health insurance can be so helpful.

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So we have created some resources as well for advocates that are doing work in this area. And more talking to survivors about their health that will share at the end of the world

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And just to sort of recap Lena a little bit about what you shared.

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You know what some of the basics that are super critical to remember that open and enrollment ends.

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January, the fifteenth in most states. As Lena shared, that coverage is available, it's affordable that all plans can cover comprehensive benefits.

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And it's okay to use that alternative address to apply as Lena described, and that there are special rules for married survivors who do not look with their spouses and file taxes separately and trusted enrollment experts are available to help and then just lastly that

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Healthcare.com does not ask for documentation about domestic violence.

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These are just some of the high-level takeaways, Lena, that we heard you share during that important section.

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And Lena. I think I'll pass it to you for these next few

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Great, and these are really just again a sum up of what we've already talked about.

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But it's important just to continue to hear these resources in these options.

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To connect free help is available a lot of folks on this call do this type of work.

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It's pretty clear, and these are the resources that are available to help with enrollment, and outside of the open enrollment period.

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This is the call center through which you would apply for a special enrollment period next slide.

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So the

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When I think about what happens now, and how we really help get people enrolled.

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What's that linkage between the service providers and the enrollment assistors?

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And what does it really take to enroll someone I think it's the relationships that will be most important while there is the call center that we just saw the slide for building a relationship with a local enrollment professional knowing who the navigators in your area?

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Are, and knowing what? Where survivors may go to enroll those relationships can be really beneficial.

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Advocates can provide training and technical assistance to the enrollment assistors about best practices for supporting and survivor.

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They can do warm referrals. We can together the relationships can really underscore that a survivor will not need to disclose information about domestic violence.

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You know, underscoring that at no point should a survivor be required to provide documentation as part of their application ensuring that all parties understand the best practices for talking about this and what is and is not required is an extremely impactful way to help people.

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Complete the enrollment, application to view their choices, to pick the plan that fits their family best and ultimately to get enrolled, which is the goal we are trying for here, hey?

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Yeah, next slide, please I cheat sheet when you come back and look at these slides.

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This is one that might be helpful, a remoteing how and when we can get coverage outside of open enrollment, Medicaid is open year round members of tribes can enjoy in plans throughout the year and there is a special enrollment period for survivors of domestic violence

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Next slide, please. I do again. Just want to

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We covered this before. But again, since we're we're we're lifting up the things to remember the laws about immigrant eligibility for health care have not changed in some States State policy has changed but not at the Federal level and information we'll.

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Have to be provided to the to the marketplace about household status.

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But the information provided during an application process can only be used to determine.

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Eligibility for financial assistance and for the for the coverage. It cannot be used for immigration enforcement, and importantly, the biden. A public charge rules are crystal clear that medicaid and marketplace subsidies cannot be used as part of a public charge determination

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Next slide please

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Finally, I do just want to pause, and Elaine and I can help think through more solutions to this, that there are some people for whom marketplace coverage, medicaid coverage will not be available, we know that I'm drifted immigrants in many states will have no access to coverage.

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We know that even with financial assistance, health insurance may be out of reach for some individuals.

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There is a role we can all still play, though, in connecting survivors to the care they need that can include developing partners with the local health centers with local providers and professionals who who work in the health care space health centers serve people regardless of their system and operate

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On a sliding scale as well. So there are communities, community solutions, and community-based organizations who can help fill in the gaps while health insurance is a great choice for many people, and it makes ensure makes care more affordable for those individuals who will remain uninjured and don't have access

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To health, insurance, finding those community-based solutions, those community-based providers, you can deliver the services are a critical role for all of us, and are very important in ensuring that individuals get the services that they actually need so Elena, let me turn it back to you then to wrap it

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Great thanks, Lena. I think we want to share some of the resources that are available through our websites here at futures and through the resource center.

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The first one that we'll share is, I believe, ipv help.org

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Thanks page for putting it in the chat. You'll find on ipv health.org resources both for health care providers that are thinking about ways to collaborate with partners at domestic violence.

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Organizations in order to better provide referrals and services for survivor patients.

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There's also resources on ipv health org for advocates who are looking to build partnerships with health care providers.

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There are Pdfs and Faqs model Templates for certain policies that you can also find on Ipv.

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Health org. Go to the next slide.

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The next resources that will share our resources that we have built over the years with Lena related to a lot of the information that Lena shared today in the Webinar we've built several fact sheets top 5 ways. That health centers.

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Can promote health care, access to survivors. There's also a top 5 ways that advocates can promote health care, access for survivors and Pdf pamphlet cheat.

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There's information about healthcare.gov enrollment, and there's also information for advocates who might be looking to get to know the Medicaid department and questions to ask things to consider as you're doing this work as well, and we can drop those Links in the

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Chat, as well

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And the last, resource that we'll share is a podcast that Lina did with our colleagues here at futures.

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Our Podcast is called expanding, the continuum. It's a podcast on providing HIV care to survivors of violence, and Lena, I think last year right, Lena recorded in the episode for the podcast with our colleagues related to open enrollment and some of the pieces

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Of information from last year, and some similar information that was shared on the Webinar today.

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So check it out, but check out all of the podcast episodes because they're all great, and you can find it wherever you get your podcast I think, take correct me if there's perfect particular places to get it but I believe you can wherever you normally get your podcasts thanks you can go to the next slide.

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And and then just lastly, you know, we include our website again.

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Ipv. Health, org and feel free to reach out to us with questions.

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We'll take questions now, too, if you have some, you can drop them in the chat.

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Feel free to drop them in English or in Spanish, or reach out to us after the Webinar, as well.

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If you're have other questions or want to chat about some things you're thinking about in your practice.

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And with that I will take a moment and see if there are any questions

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We're live. Okay.

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There was a question that came in kind of around timing, and the question is, is coverage available only right?

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Up, and then we can. I'm happy to answer any questions

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After victims are able to get away, or can they access this years later

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So

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Yes, so the question is, is coverage available only right after victims are able to get away, or can they access this years later?

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So I'm not sure I'm gonna get at the exact answer.

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Your looking for, so I encourage you to write a clarification in the chat, and I'm happy to reapproach.

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Con marked those coverage of available to anyone anytime, and during an open enrollment which is usually December, ish start and January ish the dates change every year anyone at any point can go there and buy the Coverage.

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The so one part of the answer to your question is, Yes, this coverage is available to survivors at any point in their life for them or for their households, for them.

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And their children. The insurance is available. What may change is the pathway to getting the coverage, whether they need to enroll during open enrollment, whether they experience another life change like a job change or they move to a new state that can trigger a special enrollment period, the perhaps the question is really getting

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at? How when can you use the the special enrollment period and some of these special protections for survivors to purchase health insurance on their own?

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The special enrollment period for Dv. I don't know what the time limitation is, and if you could use that in future years later, I'd have to go back and look honestly I haven't been asked that it is likely that you could but it?

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Is just as likely that there would be other changes in circumstances, or that open enrollment would be available on that situation.

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The married but living separately from your house, the spouse and filing taxes separately.

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That can be used years later, and in fact, that protection also includes abandoned spouses, which is a which is an Irs term.

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So it's actually for survivors, domestic violence, or abandoned spouses.

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And there's a I don't know it, but there's a statutory time limit before you can have be considered an abandoned spouse, so that that protection can be used in the future

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And I think those are all the pieces aligned. And does anything else occur to you to answer that

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And I see a clarification, maybe, in the chat. Let me look at that.

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No I think that what you shared helps. Yeah.

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I I I can't get multitask, so I can do one thing at a time.

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If I didn't admire, could I apply on the marketplace as a dB survivor?

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You could, but you could also apply just as an individual at any point, because it is open enrollment.

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So at this moment. During this period you would not need to apply as a survivor, because we are in open enrollment, so that information is not you're enrollment would not be predicate not necessarily be predicated on the fact that you are a survivor you could just buy health

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Insurance. I hope that answers it. I hope I'm getting close to what you needed to know

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Lena, there's another question that came in. That's asking, What does marketplace mean?

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Our clients usually apply medical? Do they also consider marketplace, coverage, slash, plan, as well

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That's a great a really great question. And so medicaid coverage

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Depends so much on where you live, and the income levels for medicaid.

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Very dramatically from state to state and in in, and who who can get insurance, for example, in California, even in documented individuals, can apply for the medical program.

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But that is not true. Across the country medicaid is health insurance for low income.

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Individuals, and again varies by state, so it is very likely that many of the individuals who you would talk to who you would try to be enrolling could be eligible for medicaid, and shouldn't should apply marketplace coverage are the private health insurance plans that are available through

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Healthcare. Gov for your state marketplace. These are not medicaid plans, but they are private health insurance options.

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You would buy, and again they're they're highly regulated.

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So. They are similar in scope, and then they're subsidized by the financial help which is available through the marketplaces and so the marketplace plans sit at a slightly higher income level than medicaid again, the composition sort of depends on the state but the sliding scale goes up for financial

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Help in the marketplace to 400% of poverty.

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So marketplace subsidies are available to individuals at much higher thresholds than Medicaid.

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So, if you are applying, if you have a an individual or a family who's applying for medicaid, and they are found in eligible, due to their income.

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They should apply for marketplace coverage. There's not a downside, and the upside is that that coverage is so subsidized that they are likely to find a plan that will meet their needs the reverse.

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Is also true, and I think this is important to know, too, the the marketplace, the healthcare.gov

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Platform is a one snapshot for health and insurance.

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So when you go into the to the to help care Gov.

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Into the application. You fill out your household income, and you fill out your basic demographics.

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If you are eligible for medicaid, it would, it would tell you, and send you to the Medicaid application site and medicaid coverage is is much more comprehensive both for adults, and for children and adolescents and is provided at no no or low cost to

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To those individuals. So if an individual would qualify for medicaid that pass through would also happen so theoretically, whatever or you're going in, you'd find the coverage that is that you can get and is most appropriate and affordable for your family, so that was a really long answer to

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Actually answer the question.

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Absolutely apply for medicaid absolutely apply for marketplace, and just know that that is the landscape, and that they should connect together.

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But that is where the help, the the navigator programs and the enrollment assistors are really good.

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They're really good at figuring out how to navigate that to the coverage that is most appropriate and affordable

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Thanks, Lena. I didn't go ahead

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There's another question that came in

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Someone is wondering about does the domestic violence special enrollment period for the time of the year that's not during open enrollment.

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Also apply to sexual assault victims who do not necessarily have a relationship with their perpetrator

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So

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I do not know the answer to that, and I have not heard that tested.

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However, it is a self attestation process, the the way the rules are written is that it is a special enrollment period for for victims of domestic violence.

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Is what the language is, and to trigger the application through the special enrollment period.

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I'm sorry I'm trying to find the exact language, but as we've already attested, I can't multitask because the script that the call center uses you have to do the scp the special enrollment period through the call center you would have to say i'm a

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Victim of domestic violence, in order to begin that process.

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That would be the that would be the the line that answers that question.

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It is not clear. It is not stated that victims of sexual assault would get that that scp, but

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But that is where the language is. So I would, though also point people to the new special enrollment period for individuals who are at or below 150% of poverty.

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So in this situation. If the individual has an income below 150% of poverty, and it's interested in buying subsidized coverage that might be another pathway into

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Sounds a great question. I'll see what we can do about that

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Kate? Were there other questions that came in

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I think that all of the ones that we got were answered throughout the presentation.

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But if folks have other questions.

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I actually see one from Katherine in the Q. A.

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Box. Is there a resource or training on safety, planning with survivors that share insurance with their abuser on health? Ipv.

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Help.org or somewhere. Is there a resource that we can point 2, or maybe one that needs to be made safety, planning around health, insurance

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Well, I'll talk to the things that I know which don't really answer that question.

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But or adjacent to that question we do have and have put a lot of thought into the privacy and security concerns, and really the confidentiality issues, of health insurance, and to how

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How survived the information survivors really need to know about how their information is collected, and what could be sent home, for example, explanations of benefits that are sent to the primary the primary policy holder which could include information about the services that are delivered so we've spent a lot of time

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Thinking about the national and State policy landscape of those choices that give that that require the health care system and the insurers to put in place better privacy and confidentiality services so that isn't those resources though are really about creating a policy infrastructure and less about the the safety planning that

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is required at the individual level, they may or may not be helpful in terms of thinking about some of the issues, and there are many, but that is a little different than what you're asking for.

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Elena, I'm not sure if you have a better specific resource

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Yeah, it, Lisa Kate, or my other colleagues.

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Let me know if you're thinking about something that I'm not thinking of.

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I can't think of something that we have. That is exactly specific to this.

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But I do know that we do have a lot of resources at Ipv.

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Health org that might touch on some of the questions that might come up while thinking through this issue with survivors.

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But Lisa, is there a resource I'm not thinking about.

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That might be helpful

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No, I think you both kind of covered it in the sense that we have the tip sheet around enrollment, and we have the policy, recommendations, and kind of principals around privacy explanation of benefits.

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So thank you for the question, because now we know we need to do a quick and dirty safety planning that kind of brings the 2 of them together.

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So all of it's there, but not not really in the format that you just it's got so it's a good idea, thank you.

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Yeah, I mean we'll do it. Yeah, and I'm already thinking about what we need to put on it.

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We'll do it. We'll do it, and you can tell us if it's helpful

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Well, and it's things like I mean to preview what we'll write eventually is, you know there are.

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There are ways. For example, when enrolling in health insurance to to get email notifications instead of written notifications.

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So that is, you know, when you apply for healthcare.com, you can request that the materials are sent to your email instead of to a mailbox similarly, you know, we will include those protections such as using an alternate address and the importance of picking an alternate address

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That's in your region. So you know some of those enrollment tips and tricks are important in that context as well.

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So we've covered pieces of it. But yeah, we will obviously.

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Now have to write this one up

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So we're at time. I I I just wanna thank all of our participants for your wonderful questions and for coming and participating in this Webinar and learning, and and for the work that you're doing it's so clear how many of you are already doing work to support survivor and survivor

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health, and I wanna especially think our interpreters are interpreters from Heart song.

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Elsie and Hillary, and our interpreters from linguistic and Annabel and Andrea for your work and for helping us make these series more accessible.

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And just want to thank everyone for coming and think Lena.

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Thank you, Lena, for all of your wisdom and expertise and experience, and appreciate you, and if you have other questions, hey?

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Just put the email in the chat feel free to reach out to us there's any other questions.

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Have a great day, everyone thanks for coming

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Thanks. Paul.