Navigating the Affordable Care Act (ACA): Implementation Opportunities and Strategies for HIV Patients and Providers

Amy Killelea
NASTAD

Holly Kilness Packett
AAHIVM

Xavior Robinson
NASTAD
What issues are we seeing in the New Landscape?

**TOP FOUR**

1. Patient and Client Issues
2. Affordability Gaps
3. Gaps in Coverage
4. Provider Networks
Patient and Client Issues
Patient and Client Issues: Enrollment

Exchange/Marketplace Portal

Medicaid

Qualified Health Plan (QHP)

Federal Subsidies for Private Insurance:
- Premium Tax Credits
- Cost-sharing reductions

Federal Data Services Hub
- SSN verification via SSA
- Citizenship and immigration status via DHS
- Incarceration verification via SSA
- Title II benefits information via SSA
- MAGI income from IRS

Apply for coverage through Marketplace
Screen for Medicaid and subsidy eligibility
Evaluate QHP options
Select QHP
Pay first month’s premium
Client Enrollment: Transparency

BlueChoice HSA Silver $1,300
CareFirst BlueChoice, Inc.
HMO | Silver

More information from the insurance company:

- Summary of Benefits
- Provider Directory
- List of Covered Drugs

This health plan includes child dental coverage.
Ryan White Coordination

Why not just stay on Ryan White?

Ryan White = Payer of Last Resort

Expectation to “Vigorously Pursue”

- Grantees and their contractors are expected to vigorously pursue enrollment in other relevant health care coverage sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance)

- Be able to document process for pursuing enrollment

- Beware: The Claw–Back!
Patient and Client Issues: Federal Advocacy Efforts

1. Clear and consistent guidance from
2. Outreach and enrollment resources
3. Timely publication of Qualified Health Plan (QHP) information for comparability
4. Require insurance companies to provide complete and accurate formulary information in a standard format
5. Require insurance companies to maintain up-to-date formularies and provider directories
Affordability Gaps

DEDUCTIBLES, OUT-OF-POCKET MAXIMUMS, COINSURANCE, AND COPAYS & THE ROLE OF RYAN WHITE
Affordability Gaps: Transparency

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Affordability Gaps: Qualified Health Plans

BlueChoice HSA
Silver $1,300
HMO | Silver
CareFirst BlueChoice, Inc.

Monthly premium
$242/mo
One enrollee

Deductible
$1,300/yr
Per individual

Out-of-pocket Maximum
$6,350/yr
Per individual

Copayments/Coinsurance:
Primary Doctor: $30 Copay after deductible
Specialist Doctor: $40 Copay after deductible
Generic Prescription: 20% Coinsurance after deductible
ER Visit: 20% Coinsurance after deductible
The Role of Ryan White

Ryan White as third-party payer:
- Nearly 53,000 people in 44 states and territories covered by ADAP Insurance Assistance Programs
- Varies state-to-state
- Must demonstrate cost-effectiveness of purchase (silver plans)
- HRSA encouraged!
# Affordability Gaps: The Role of Ryan White

<table>
<thead>
<tr>
<th>Types of Insurance</th>
<th>Types of Costs ADAP/Part B Covers</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAP/Part B</td>
<td>Premiums</td>
</tr>
<tr>
<td>Assists Clients to Purchase</td>
<td>Prescription co-pays and co-insurance</td>
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<tr>
<td>Employer-based coverage</td>
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<tr>
<td>COBRA</td>
<td>Prescription deductibles</td>
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<tr>
<td>PCIP</td>
<td>Medical co-pays and co-insurance</td>
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<td>State high risk pools</td>
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<tr>
<td>Individual plans</td>
<td>Medical deductibles</td>
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<tr>
<td>Medicare Part D</td>
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<tr>
<td>Medicaid</td>
<td></td>
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</table>
Affordability Gaps: The Role of Ryan White

Third Party Payment Challenges:

- Insurance Companies in Louisiana and North Dakota refusing to accept premium payments from ADAPs
  - Contained to affiliation of companies
- Federal Court Injunction
- Discriminatory Practices
Affordability Gaps: Federal Advocacy Efforts

1. Require insurance companies to develop tools that allow enrollees to determine the estimated out-of-pocket costs for medications

2. Require insurance companies to accept insurance premium payment from RW insurance assistance programs
Gaps in Coverage

REIMBURSABLE SERVICES, COVERAGE OF ARVS & HIV DRUGS, AND PRIOR AUTHORIZATION
## Gaps In Coverage: Reimbursable Services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>QHP</th>
<th>MEDICAID</th>
<th>RW/ ADAP/CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Testing</td>
<td>✓</td>
<td>✓</td>
<td>Continue to cover in certain settings</td>
</tr>
<tr>
<td>RX</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>MEDICAL CASE MANAGEMENT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ORAL HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LABS</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>MENTAL HEALTH SERVICES</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>SUBSTANCE ABUSE TREATMENT</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>HIV PRIMARY CARE</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>MEDICAL TRANSPORTATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INPATIENT HOSPITAL SERVICES</td>
<td>✓</td>
<td>✓</td>
<td>Limited Coverage</td>
</tr>
</tbody>
</table>

Adapted from West Virginia Ryan White Part B Program
Gaps in Coverage: Formularies

ARV coverage

- ACA requires that QHP formularies cover one drug in each class of the US Pharmacopeia
  - US Pharmacopeia does not currently classify combination therapies
  - Alternatively, QHPs can use the formulary of the state benchmark plan

Single Tab Regimen (STR) Coverage

- In December 2013, a nationwide analysis revealed that 47 QHPs did not cover STRs
<table>
<thead>
<tr>
<th>Tier</th>
<th>Types of Prescription Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>Medications with the highest coinsurance and copayment to the consumer</td>
</tr>
<tr>
<td>3</td>
<td>Non-preferred brand name medications</td>
</tr>
<tr>
<td>2</td>
<td>Preferred brand name medications</td>
</tr>
<tr>
<td>1</td>
<td>Commonly prescribed generics</td>
</tr>
</tbody>
</table>
Gaps in Coverage: Prior Authorization
Gaps in Coverage: Federal Advocacy Efforts

1. Reimbursement
   - At levels that reflect the true cost of care
   - Medical Case management
   - Prevention services covered at no cost to the patient (includes HIV screening)
2. Removal of ARVs from tiers (specialty tier!)
3. Eliminate Prior Authorizations for HIV meds
   - in state Medicaid programs (state-by-state process)
   - Monitoring & assessing in the QHPs
Provider Networks and Contracting Challenges

ESSENTIAL COMMUNITY PROVIDERS, CONTRACTING & NETWORKS, SPECIALIZATION & REFERRALS
Provider Networks

Attempting to contract with QHP issuers

- Essential Community Provider (ECP) provision contracting requirement
  - Includes Ryan White Providers
  - Federally-Qualified Health Centers
  - STD Clinics, TB Clinics, and other entities that serve predominantly low-income individuals
  - Also includes providers who serve historically medically underserved populations (You!)
Provider Networks: What can providers do?

Attempt to Contract with QHPs in your area:

- Process can take a couple years
- Ensure that QHP provider directories are accurate
- Document & Report attempts to contract and information on network inclusion - rejections
- Familiarize yourself with the Exceptions Process

*HIVMA Contracting Guidance Document
Inform Patients:

- Provide direct information to patients about network inclusion
- Let them know what going “out of network” might mean to them
Provider Networks: Federal Advocacy Efforts

1. Analysis of discriminatory practices & ECP violations:
   - Monitor and collect stories of denials to include in network
   - Analysis of geographical coverage of ECP inclusion in networks
   - Reports to federal partners

2. Advocate for HIV providers to be considered for special status: both Primary care and Specialists
Federal and State Regulators
Medicaid Expansion

State Medicaid Expansion and Marketplace Status as of January 13, 2014

Expanding Medicaid with State-Based Marketplace
Expanding Medicaid with State-Partnership Marketplace
Expanding Medicaid with Federally-Facilitated Marketplace
Not Expanding Medicaid with State-Based or State-Partnership Marketplace
Not Expanding Medicaid with Federally-Facilitated Marketplace

1 State-Based SHOP Exchange
2 Classified as State-Based, but using federal I.T. infrastructure assistance
3 Holds a 1115 demonstration waiver that permits expansion up to 100% FPL
Which Cop is on the beat?

State Government

Maintain primary regulatory oversight over insurance companies

Collaboration Between State and Federal Governments

States can choose to receive federal enforcement assistance

Federal Oversight

States can choose to abdicate responsibility  CMS can determine that a state is not in compliance
Federal Regulators

Department of Health and Human Services

Centers for Medicare and Medicaid Services

Human Resources and Services Administration

Office of Civil Rights

Center for Consumer Information and Insurance Oversight (CCIIO)
Contacting Regulators

**Office of Civil Rights**

Complaints front Page:
https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf

How to file a complaint:
http://www.hhs.gov/ocr/civilrights/complaints/index.html

**CMS**

CMS External Appeals web page at:
### Contacting Regulators

<table>
<thead>
<tr>
<th><strong>HRSA HIV/AIDS Bureau</strong></th>
<th><strong>CCIIO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White and the ACA:</td>
<td>Resources and FAQs:</td>
</tr>
<tr>
<td>Inbox to answer ACA questions:</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:RWP-ACAQuestions@hrsa.gov">RWP-ACAQuestions@hrsa.gov</a></td>
<td></td>
</tr>
<tr>
<td><strong>Call toll-free at:</strong></td>
<td><strong>Call toll-free at:</strong></td>
</tr>
<tr>
<td>1-888-866-6205</td>
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<tr>
<td>HealthCare.gov</td>
<td>Call the Marketplace Call Center: 1-800-318-2596</td>
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<td></td>
<td>TTY users: 1-855-889-4325</td>
</tr>
<tr>
<td></td>
<td>Non-English speakers: 1-800-318-2596</td>
</tr>
</tbody>
</table>

Fact Sheets on Appeals from healthcare.gov:

- [https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=1](https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=1)
- [https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=2](https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=2)
- [https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=3](https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=3)
Advocacy Efforts: Documenting & Reporting Problems

The Most Important Thing: *Document* and report discriminatory, illegal, and medically inadvisable practices & requirements!

1. State health and insurance departments
2. Federal Agencies
3. Report to AAHIVM and NASTAD

* AAHIVM Health Reform Reporting Survey
Resources

- American Academy of HIV Medicine (AAHIVM)
  [www.aahivm.org](http://www.aahivm.org)
  - **AAHIVM Health Reform Reporting Survey**
  - Holly Kilness Packett [holly@aahivm.org](mailto:holly@aahivm.org)

- National Alliance of State & Territorial AIDS Directors (NASTAD), [www.NASTAD.org](http://www.NASTAD.org)
  - Amy Killelea, [akillelea@nastad.org](mailto:akillelea@nastad.org)
  - Xavior Robinson, [xrobinson@nastad.org](mailto:xrobinson@nastad.org)