Colorado’s Ongoing Transition to ACA: A Progress Report

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Progress Report Topics

- The situation for PLWH/A in Colorado before 2014
- The impact of ACA so far
- Continued challenges
- The road ahead
Before 2014 . . .

- Extremely limited opportunities for PLWH/A to be covered under Medicaid
- Pre-existing condition exclusions and denials of coverage by private plans
- Thousands of uninsured PLWH/A dependent on Ryan White funding for medications and health care
AIDS Drug Assistance Program (umbrella term)
CORE ELIGIBILITY

- HIV Medication Assistance Program (HMAP) Direct distribution HIV medications
- Health Insurance Assistance Program (HIAP) - Access to medications through private insurance
- Bridging the Gap, CO St. Pharm. Assistance Access to medications through Med Pt D or Adv.
People who have lived with diagnosed HIV infection for at least 12 months in Colorado with laboratory evidence of medical care in the last 10 years*

At least one care visit past year

Engaged in care or virologically suppressed past year**

Virologic suppression***

HIV Care Continuum for Colorado, July 1, 2012 - June 30, 2013

10,671

6,794

6,193

5,349
The Opportunity of ACA

- Expansion of Colorado Medicaid to Adults without Dependents up to 138% of federal poverty level
- State-run health benefits marketplace (Connect for Health Colorado)
- Expansion and improvements in employer-based plans
Strategy for PLWH/A

- Outreach and community education started in 2012
- Focused on the 3,000 people enrolled in the Colorado AIDS Drug Assistance Program
- Individualized approach, not relying on clients to “figure it out on their own”
Preparing for ACA Expansion

Step 1

- Break the ADAP enrollees into four groups:
  - Those who are likely not affected by ACA
  - Those likely moving to Medicaid
  - Those likely moving to Marketplace plans
  - Those likely staying on or moving to qualified employer based plans.
Preparing for ACA Expansion

Step 2

- Better understand the new possibilities offered by Medicaid and Connect for Health
- Identify which plans offer the most benefit for PLWH/A in terms of network and formulary
Preparing for ACA Expansion
Step 3

- Design and implement a network of health care navigators throughout the state.
- Combination of permanent state staff, temporary employees, and contractors
- Hire, train, and position in clinical and nonclinical settings
- Build the IT and communication infrastructure to keep the efforts coordinated
Preparing for ACA Expansion
Step 4

- Design wrap-around ADAP assistance for Medicaid and select marketplace plans
  - In most cases, reduce marketplace premiums and out of pocket costs to $0 for those at or below 400% of FPL
  - Pay pharmacy copayments for Medicaid clients
AIDS Drug Assistance Program (umbrella term)
CORE ELIGIBILITY

- HIV Medication Assistance Program (HMAP) Direct distribution HIV medications
- Health Insurance Assistance Program (HIAP) - Access to medications through private insurance
- Bridging the Gap, CO St. Pharm. Assistance Access to medications through Med Pt D or Adv.
- Supplemental Wrap Around for Medicaid Assistance with medication copayments
Preparing for ACA Expansion
Step 5

- Beginning with October 1, deploy the navigators
- Every ADAP enrollee potentially affected by ACA was assigned to a navigator
- “Vigorously pursued” by mail and phone calls
- Thousands of one-on-one sessions, often more than one per enrollee
Preparing for ACA Expansion
Step 6

- Multiple attempts to reach the “stragglers”
- Final letter offering an “opt out”
- Taking stock of our efforts
- CELEBRATE!
Colorado AIDS Drug Assistance Program (ADAP)
Request to Remain on the HIV Medication Assistance Program and to Decline Health Insurance Coverage

If you decide not to enroll in health coverage for which you are eligible, there may be serious consequences.

- Under the Affordable Care Act, if you don’t have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year: from 1% of income (or $95 per adult, whichever is higher) in 2014 to 2.5% of income (or $695 per adult) in 2016.
- Some people are exempt from the ACA fee for failing to enroll in health coverage. For example, if you do not make enough money to file a tax return, you are exempt from the fee. However, this does not automatically guarantee continued access to medications through ADAP. To continue receiving ADAP assistance, you must obtain a Certificate of Exemption from the Internal Revenue Service and provide a copy to ADAP.
- The future of the Colorado Indigent Care Program (CICP) is uncertain. As CICP funding declines, some clinics may refuse to provide services to people who do not enroll in Medicaid or other health coverage for which they are eligible.
- If Colorado ADAP does not have sufficient resources to meet client need at any point in the future, people who refuse to enroll in health coverage for which they are eligible will be the first to be placed on an ADAP waiting list or to have their ADAP assistance suspended or cancelled.

Initial all of the following items:

_______ I choose not to enroll in Medicaid or other forms of health insurance although I understand I may be eligible for such coverage.

_______ I request to continue receiving medications from the ADAP HIV Medication Assistance Program.

_______ I understand that my refusal to enroll in Medicaid or other forms of health insurance could have serious consequences, including the payment of a fee to the Internal Revenue Service, which ADAP will not cover.

_______ I understand that there is a risk that my health care provider(s) may refuse to continue to provide me with health care services due to my choice not to enroll in health coverage for which I am eligible. I will not hold ADAP responsible for correcting or compensating for these actions by my health care provider(s).
“Final” Results

- 1579 people transitioned to some form of new third party payer
- 95 people still in the process of transitioning
- 500 people staying on current insurance
- 672 people on Medicare
- 247 people remaining uninsured
- 219 people awaiting assistance
Challenges

- Specialty/mail order pharmacy requirements
- Lack of clarify about what plans are accepted at our RW funded clinics
- Fluctuating formulary and prior authorization requirements
- “Reasonably accessible” services
- Managing “churn” between plans
Meeting the Challenges

- Colorado ADAP has successfully negotiated wrap around with most of the specialty and mail order pharmacies.
- Connect for Health has been very helpful allowing clients to switch plans due to misunderstandings about coverage.
Meeting the Challenges

- If services are not “reasonably accessible” from third party payer, RW funds can be used to provide the service
  - Do not meet Standards of Care
  - Are far away (70 miles one way)
  - Involve long wait (base on urgency, 60 days)

- Must get prior authorization from program monitor
Churn Analysis, April 2013 – March 2014

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The Road Ahead

- How will the RW funded clinics adapt to a new business model, where most clients are insured and “payer of last resort” is more complicated?
- How do we build sufficient infrastructure to pay many more out-of-pocket medical costs?
- Can we insure the undocumented?
- What is “vigorous pursuit” in the long term?