Affordable Care Act

WHAT AN HIV PROVIDER NEEDS TO KNOW

Kathleen Clanon, MD
Health Care Services Agency
Alameda County, CA
Introductions and Materials

- Table introductions: Name, where you work, and your number 1 question.
- Review the packet.
  - PEF
  - Materials on
    - Contracting with plans
    - Appealing denials of coverage
    - National advocacy on formulary design
Albert S: Refusenik

• 29 yo born in Chicago
• Works as a dishwasher, income is $16,000 (139% of FPL)
• Has been seen at Acme AIDS Center for 10 years, wants to continue.
• Stable for years on Atripla
  – Should he buy into a Marketplace plan?
  – What if he doesn’t?
  – Can RW $ be used for his doctor visits?
  – How about his meds?
HIV and Health Reform: the Dream
Holistic Care and More Choices

• Medical Care:
  – Receive care at an HIV expert Medical Home
  – Whole person coverage, not just HIV
  – Medically necessary meds all covered. No more waiting lists and PAPs!
  – Medicare Part D donut hole closes; less OOP expenses for PWHIV

• Prevention:
  – More RW $ now available for adherence and retention support
  – Cascade is flattened, the epidemic sputters to an end
  – We retire happy.
HIV and Health Reform: the Nightmare

Lost in the Managed Care Crowds
Mini-Needs Assessment
Human Likert Scale

How are you and your clients/patients doing with ACA implementation so far?

• Prepared, proactive and looking to the future = 10.
• Staying calm and carrying on. Managing each day’s problems = 5
• Deer in the headlights. Every day is chaos, massive confusion = 1

Go stand by the number that best represents your current state.....
Roadmap for the Presentation

• Basics of what ACA does.
• Immediate concerns for HIV consumers and providers
• Integrating ACA and Ryan White
• Planning for the future of HIV care
Health Insurance Milestones

- Post-war Private Health Insurance Expansion
- Medicare & Medicaid
- ACA
The Affordable Care Act: Hopes and Expectations

Public Insurance Reform
- Medicaid Expansion
  - Medicare Part D Reforms

Private Insurance Reforms
- Marketplaces
  - Prohibition of Discriminatory Practices

Infrastructure Reforms
- Investments in CHCs
  - Provider Workforce
  - Emphasis on Prevention and Coordinated Care
Coverage Expansion and Access to HIV Care
EMPLOYER OR PRIVATE INSURANCE? → NO → YES → EMPLOYER-BASED OR PRIVATE INSURANCE

MEDICAID OR MEDICARE ELIGIBLE? → NO → YES → MEDICAID

OTHER AFFORDABLE COVERAGE AVAILABLE? → NO

YES → other coverage:
- State High Risk Pools
- State-only funded programs

RYAN WHITE WRAP-AROUND SERVICES

BEFORE 2010
EMPLOYER OR PRIVATE INSURANCE?

NO

YES

MEDICAID OR MEDICARE ELIGIBLE?

NO

YES

SUBSIDY ELIGIBLE? OR AFFORD HIE?

NO

YES

EMPLOYER-BASED OR PRIVATE INSURANCE

MEDICAID

MEDICARE

HEALTH INSURANCE EXCHANGE

????? RYAN WHITE WRAP-AROUND SERVICES ?????

2014+

"3rd party payments problem"
Coverage Expansion

- **Medicaid** (≤ 138% FPL)
  - States choose whether to participate.
  - No categorical qualification – young men can get in!
  - Majority of uninsured PWHIV eligible nationwide
  - Enhanced Federal match (100% → 90%)

- **Health Insurance Exchange**
  - Private insurance supported by government subsidies
  - Income based premium & cost-sharing subsidies (<400% FPL)
  - Individuals & businesses up to 100 employees
  - Federal vs State-run Exchange

- **Individual Mandate**
  - US citizens & legal residents must have insurance
ACA and Immigrants

Exchanges/Marketplaces

- **All** lawfully present immigrant residents are eligible for subsidies
- Undocumented immigrants are **not eligible** for subsidies or even full-priced Exchange plans

Medicaid Expansion

- Most lawfully present residents must wait 5 years for federal Medicaid. Refugees, survivors of trafficking and other humanitarian groups are federally eligible with no wait.
- Undocumented immigrants only eligible for ‘emergency’ Medicaid and, in some states, prenatal services.

Source: A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs, National Immigration Law Center www.nilc.org
Most RW pts qualify for Medicaid or HIE Subsidy
What are the immediate challenges for providers and patients?

• Helping pts with plan choice/assignment
  – Provider in network?
  – Finding the formulary
  – Making comparisons

• Continuity of care
  – Contracting with plans
  – Getting listed

• Pharmageddon
Exchange Enrollment Deadline Looming.....

March 31, 2014 Deadline to Apply
Buyer’s Remorse:
Can you change your mind about a plan?

• Lots of leeway if the Plan agrees to let pt go; cannot change medal level, though
  – Window closes 3/31
  – Reopens 10/1
• Otherwise, only a qualifying event will make a plan change possible between open enrollments......
## Should PWHIV Just Opt Out?

### TAX Penalty for Being Uninsured...

<table>
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<tr>
<th>Year</th>
<th>Percentage of Income</th>
<th>Set Dollar Amount</th>
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<tbody>
<tr>
<td>2014</td>
<td>1%</td>
<td>$95</td>
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<tr>
<td>2015</td>
<td>2%</td>
<td>$325</td>
</tr>
<tr>
<td>2016</td>
<td>2.5%</td>
<td>$695</td>
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Whichever is **GREATER**
Acme AIDS Center: Managed Care Neophyte?

- 25 yo clinic in Chicago
- HIV specialty clinic; mostly RW and Medicaid pts
- About 1500 clients total
- Approached two Marketplace plans to contract as ECP. Afraid to violate Stark laws – did not let patients know which plans Acme had contracts with.
- 150 pts chose plans that did not include Acme in their networks.
  - Can Acme still see those pts?
  - How will their meds, labs, visits be covered?
Pharmageddon
Homer S.

46 yo man. Has not been to clinic in 2 months. Goes to his usual pharmacy, Donuts ‘n’ Drugs, to pick up refills on ARVs, antidepressants, and vicodin. Pharmacy has a line out the door of angry pts. The Medicaid and Managed Care Plan help lines have 2 hour waits. They give Homer his scrips back and tell him there is a problem and he should call his clinic for help.

What is your differential for what went wrong here?
Problems Galore

- Did he enroll in a plan, and the pharmacy is still trying to bill ADAP?
- Did he enroll and not pay his premium?
- Are his drugs not on the plan’s formulary?
- Do they require a prior authorization and you haven’t been informed yet?
- Do they require a co-pay and Homer didn’t have it?
- Is there a share-of-cost or deductible?
- Is there a new pharmacy procedure regarding the vicodin?
What We Can Do Right NOW: Clinicians/Clinics

- Check your plan listings and let your patients know which ones you are in!
- Invest in benefits experts.
- Tune up your pharmacy problem-solving process.
What You Can Do Right NOW: Consumers

- Learn to speak a little insurance lingo.
- Open your mail. Bring your insurance card.
- Tell your story.
ACA and Ryan White

Payer of Last Resort Issues....

For people with Medicaid or private insurance, we cannot use Ryan White to cover basic medical care.

- If a clinic now uses RW $ in line item budgets, will require new documentation and accounting practices......
- Rethinking 75/25? Waivers?
Overlap Issues....... 

Care that MIGHT be covered by insurance

• Medical Case Management
• Standard vos Enhanced medical visits (including adherence counseling, prevention counseling, etc)
• Substance abuse treatment
• Transportation

We will need to document how what we do with RW $$ does not overlap with any service the plan is covering (or pretending to cover.)
Patient Choice

• RW patients now have “coverage card” and choice of care sites.
• Customer service more a priority
• Long waits for service and long clinic appts no longer acceptable. Is the 3 hour intake still a good model?
Looking to the Future:
Three possible models

Focus on the AIDS Free Generation

Focus on MCC care

Focus on PCMH/FQHC
What Might Be Different
Blending Personal and Public Health

- Investing in PrEP programs
- “Dosing” services; less for those doing well; more for those who are struggling.
- Incentives for linkage and retention?
- Incentives for undetectable viral load?
- Using surveillance data to find out of care pts?
## Winners & Losers

<table>
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<tr>
<th>Service</th>
<th>Pt</th>
<th>Doc</th>
<th>Pt</th>
<th>Doc</th>
<th>Pt</th>
<th>Doc</th>
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</thead>
<tbody>
<tr>
<td>More Medicaid</td>
<td></td>
<td>-</td>
<td>+++</td>
<td>-&amp;+</td>
<td></td>
<td>+++</td>
</tr>
<tr>
<td>HIE</td>
<td>++</td>
<td>+&amp;-</td>
<td></td>
<td></td>
<td>?</td>
<td>+/-</td>
</tr>
<tr>
<td>Ryan White wrap around (not all services covered) {legal, CM etc}</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>High variation in coverage (Formularies, covered services)</td>
<td>+/-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>More Managed Care</td>
<td>++</td>
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