ACA IMPLEMENTATION IN NORTH CAROLINA & PLWHA

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Allison Rice, Duke AIDS Legal Project,
Tools for expanding coverage vary by state

- **Needed components:**
  - Medicaid Expansion
  - Insurance marketplace
  - Coverage Completion
  - Enrollment outreach & assistance funding

- **Disparities among states in availability of these tools.**
North Carolina

- GOP executive & legislative branches reject all things Obamacare

- January 2013: “No Medicaid Expansion/No State Exchange” law
  - Federally Facilitated Exchange
  - State returned a $23 million grant for consumer assistance
  - No Medicaid expansion or State based exchange unless approved by the legislature

- In spite of hostile state government, NC in general has exceeded expectations in insurance enrollment
  - Anecdotally, minimal enrollment of PLWHA
  - NC ADAP does not offer insurance wrap around. Yet.
North Carolina HIV population

- 26,168 PLWHA
- ~6000 Un- or Underinsured PLWHA in care*
  - About 3756 at or below 100% FPL (64%)
    - Compared with 437,000 general population
  - About 2000 PLWHA potentially eligible for insurance subsidies (over 100% FPL) (about 33%)
    - Compared with about 920,000 total in NC

*approximate ADAP drug purchasing enrollment
NC Insurance Market: little competition

- Blue Cross Blue Shield dominated pre-ACA market
- Exchange: 2 insurers
  - Blue Cross Blue Shield:
    - Blue Advantage: all counties
    - Blue Select: all counties
    - Blue Value: 28 counties
  - Coventry: 39 counties
- Nationwide: average 8 insurers in HHS run exchanges
- Some states have only one insurer (New Hampshire, West Virginia)
North Carolina - Premiums

- Premiums higher than national average, likely due to lack of competition
- Premiums higher in rural areas
- Higher premiums for smokers –
  - 20% extra, not covered by subsidies.
  - ACA authorizes rates up to 50% higher for smokers
- Generally, high deductibles & cost sharing even in cost sharing reduction plans
# NC: Best Available Cost Sharing*

*BCBSNC plans, available statewide

<table>
<thead>
<tr>
<th></th>
<th>100-150% FPL $(11,490 - $17,235)</th>
<th>150%-200% FPL $(17,235 - $22,980)</th>
<th>200-250% FPL $(22,980 - $28,725)</th>
<th>Above $28,725 (Silver plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$500</td>
<td>$1000</td>
<td>$2700-$3500</td>
<td>$2800 (up to $3750)</td>
</tr>
<tr>
<td><strong>Out of pocket max</strong></td>
<td>$700</td>
<td>$2000</td>
<td>$4900-$5200</td>
<td>$6350</td>
</tr>
<tr>
<td><strong>Primary care</strong></td>
<td>$5 copay</td>
<td>$5</td>
<td>$25</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$10 copay</td>
<td>$10</td>
<td>$50</td>
<td>$60</td>
</tr>
<tr>
<td><strong>ER</strong></td>
<td></td>
<td>$150 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labs, Imaging</strong></td>
<td></td>
<td>30% coinsurance, after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td></td>
<td>Blue Advantage: ARVs $50, $70 per fill, after $200 drug deductible</td>
<td>Blue Value: 25% coinsurance, after $200 drug deductible</td>
<td>(Coventry plans: 40% coinsurance after $1000+ drug deductible)</td>
</tr>
<tr>
<td><strong>Premiums</strong></td>
<td>~$35-$175</td>
<td>~$96-$208</td>
<td>~$170-$283</td>
<td>~$212-848</td>
</tr>
</tbody>
</table>
NC Plans: Drugs

- NC plans cover all ARVs, including Single Tablet Regimens
- Many plans place most ARVs on highest drug tier, with 25-40% coinsurance
## Drug Coverage Details

<table>
<thead>
<tr>
<th></th>
<th>Blue Cross Blue Shield</th>
<th>Coventry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antiretroviral Drug Tier</strong></td>
<td>Blue Advantage</td>
<td>Blue Select &amp; Blue Value</td>
</tr>
<tr>
<td><strong>Drug Deductible</strong></td>
<td>Mostly 3 (a few 4)</td>
<td>Mostly 5 (a few 4)</td>
</tr>
<tr>
<td><strong>Drug Deductible</strong></td>
<td>$200 on most plans, even CSR plans</td>
<td>$200 on most plans, even CSR plans</td>
</tr>
<tr>
<td><strong>Cost Sharing</strong></td>
<td>$50 - $70/ 30 day supply</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td><strong>Utilization</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>Specialty pharmacy</td>
<td>Specialty Pharmacy</td>
</tr>
</tbody>
</table>
Drug Coverage Challenges

- Separate drug deductibles
  - Costs toward drug deductible & expenses don’t count toward medical deductible
- High drug tiers
- Difficult to determine cost of drugs with coinsurance because drug price not easily determined
- Prior authorization
- Specialty Pharmacy
NC Plans: Provider access

- BCBS plans:
  - More expensive BCBS plan (Blue Advantage) has wide network.
    - In Triangle, includes UNC, Duke, Raleigh Infectious Disease, Lincoln Community Health Center
  - Cheaper BCBS plans (Blue Value & Blue Select) have more limited networks
    - Blue Value – cheapest plan. In Triangle, includes only UNC (at least that’s what the website says); In Triad, includes Wake Forest Baptist
    - Blue Select – Tier 1 includes UNC, Duke, Lincoln Community Health Center

- Coventry plans have narrow networks, generally good HIV provider access in Carelink plans (Duke, CaroMont, Cornerstone, Carolinas Health System).
NC: Challenges

- To access particular providers or limit drug costs, consumer may need to pay for more expensive plan
- NC does not yet have program to wrap around insurance and help with premiums and/or cost sharing.
- Consumers don’t understand how health insurance works
- Minimal funds for navigators, enrollment assistance
- Many Ryan White grantees lack resources/time to provide enrollment assistance
  - Some PLHWA have enrolled through brokers who didn’t understand implications, loss of ADAP
- Ryan White grantees are struggling with how to document for HRSA efforts to enroll clients