Affordable Care Act

WHAT AN HIV PROVIDER NEEDS TO KNOW

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Alta Bates Summit
Medical Center
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

MEDICAID OR MEDICARE ELIGIBLE?

NO

OTHER AFFORDABLE COVERAGE AVAILABLE?

NO

Ryan White

YES

EMPLOYER-BASED OR PRIVATE INSURANCE

YES

MEDICAID

YES

MEDICARE

NO

MEDIICAID OR MEDICARE

NO

OTHER COVERAGE: STATE HIGH RISK POOLS

STATE-ONLY FUNDED PROGRAMS

NO

Ryan White Wrap-Around Services

BEFORE 2010
EMPLOYER OR PRIVATE INSURANCE?

NO → MEDICAID OR MEDICARE ELIGIBLE?

NO → SUBSIDY ELIGIBLE? OR AFFORD HIE?

NO → RW ??

YES → ACA MANDATES STATE MEDICAID EXPANSION TO 138% FPL W/ NO PENALTY

YES → YES

NO → YES

????? 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
Income Status of Ryan White Patients


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