Successful implementation of Health Care Reform for PLWH in San Francisco *Recommendations*

Presented by Anne Donnelly, Director of Health Care Policy, Project Inform, & Kym Dorman, Harder+Company

San Francisco HIV Health Care Reform Task Force

January 27, 2014

Today's Presentation

- Provide an overview of the SF HIV Health Care Reform Task Force
- Review key facts related to Health Care Reform
- Review current issues related to transitions in care for persons with HIV
- Question & Answer

OVERVIEW OF TASK FORCE

Members and Mission

- The Task Force is comprised of members from the HIV prevention and planning councils, consumers, SFDPH, the HIV/AIDS providers network, and other key stakeholders
- To develop recommendations for a transition plan that:
  - Minimize disruption in client care and ensures access
  - Prepare community-based HIV providers for ACA transition and help them plan for changes
  - Prepare the broader health care system to better respond to the needs of clients living with HIV

Timeline

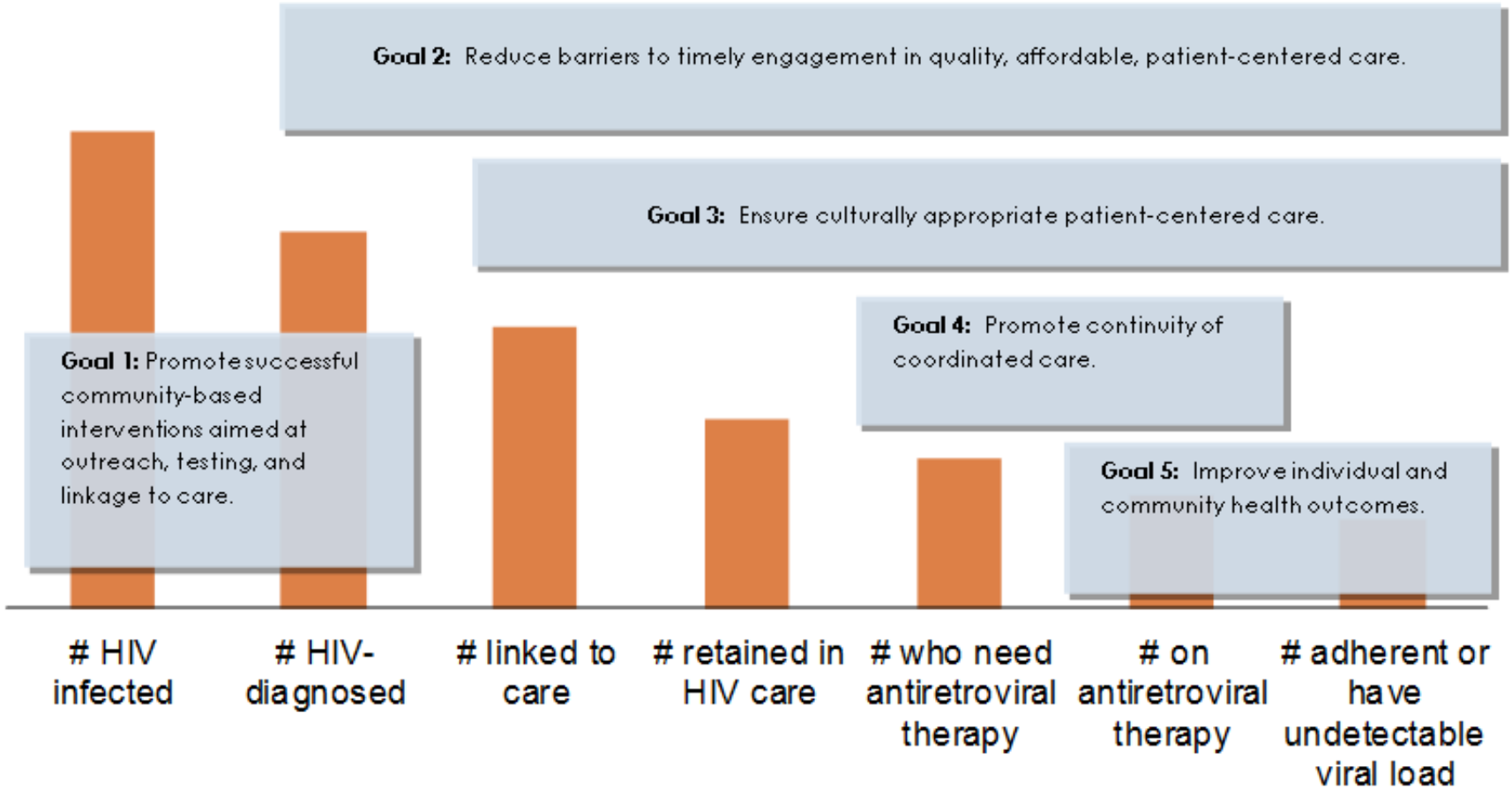
- Established in Summer 2012
- Seed funding from SF DPH
- Awarded Blue Shield of California Foundation Grant in Dec 2012 to fund work through February 2014

Goals

The Recommendations support the following goals:

- **Goal 1:** Promote successful community-based interventions aimed at outreach, testing, and linkage to care.
- **Goal 2:** Reduce barriers to timely engagement in quality, affordable, patient-centered care.
- **Goal 3:** Ensure culturally appropriate patient-centered care.
- **Goal 4:** Promote continuity of coordinated care.
- **Goal 5:** Improve individual and community health outcomes.

Goals are informed by the Continuum of Care



Key Deliverables

- ✓ Researched Best Practices for integration of HIV services, including models that ensure access and quality
- ✓ Created recommendations for a re-envisioned local system of care that builds on our historical success
- ✓ Developed and shared tools to inform and prepare HIV Service Organizations and consumers for a smooth transition
- ✓ Prepared providers and consumers for ACA transition through Community Forums
- ✓ Shared recommendations with key stakeholders, decision makers, HSOs, and consumers

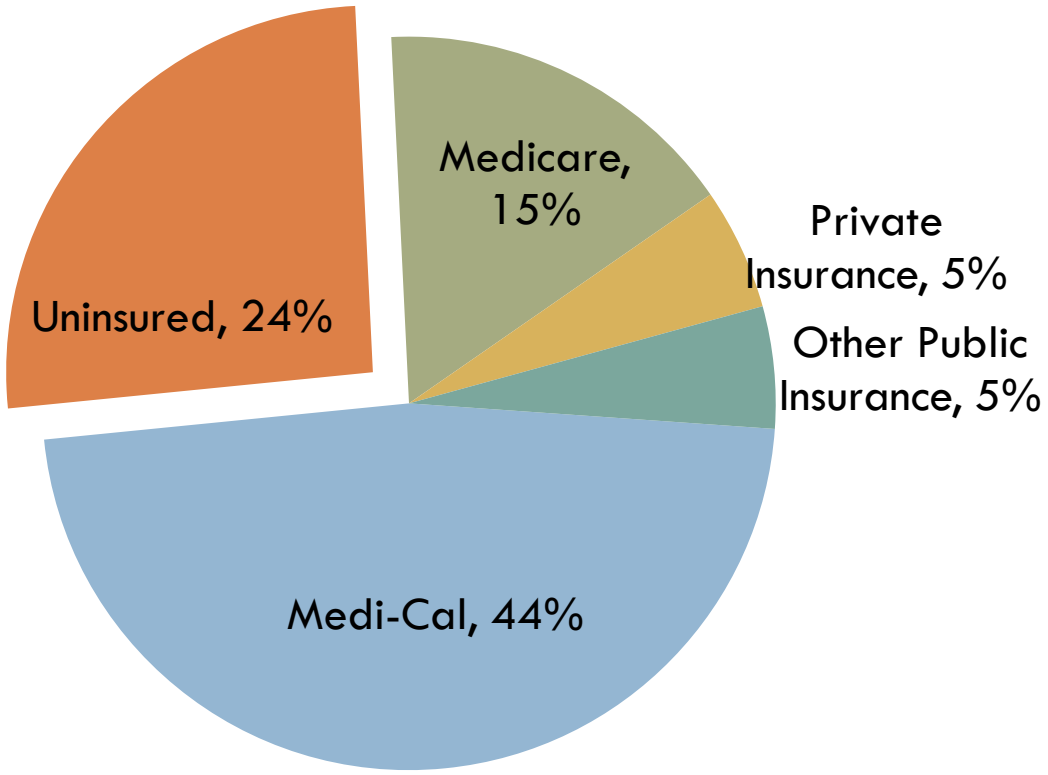
HEALTH CARE REFORM KEY FACTS

What does HCR actually do?

- Provides ***Consumer Responsibilities & Protections***
  - ***Individual mandate***: U.S. Citizens and Legal Residents must maintain health insurance coverage or face tax penalty
  - ***Insurance reforms:*** Affordable coverage for those with pre-existing conditions & women
- Addresses ***Affordability:***
  - Provides ***subsidies*** for lower income people;
  - ***Exemption from penalties*** for hardship;
  - ***Out of pocket caps*** on coverage
- ***Expands Coverage:*** Medi-Cal & Covered California
- Creates a standard package of ***Benefits,*** including ***free preventive services***

PLWH in SF – who will be most impacted by Health Care Reform?

Percent of SF RW Consumers by Insurance type



Data were obtained from the SFDPH HIV Health Services ARIES database. The reporting period for the data presented is from October 1, 2011 through September 30, 2012

New Insurance Options

Improves Medicaid (Medi-Cal)

- Expands eligibility to everyone below 138% FPL regardless of disability status
- No asset test
- Provides essential health benefits (EHB);
  - Details decided by state: almost the same package as traditional Medi-Cal in CA
- State option

Creates Private Insurance Marketplaces in all states (Covered California):

- Federal premium help up to 400% FPL; help with out of pocket costs up to 250% FPL
- Provides Essential Health Benefits (EHB)
  - Kaiser small group insurance plan is CA "benchmark"
- supports outreach, navigation and enrollment

Who is left out?

Undocumented immigrants:

- Barred from state-based exchanges
- Not eligible for non-emergency Medicaid
- Eligible for restricted "emergency" Medicaid
- Can access services through community health centers and/or safety-net providers

Still at risk:

- Medically Fragile and perpetually out-of-care

Ryan White – Challenges for PLWH and their Providers

- Ryan White program (RW) – patient centered comprehensive HIV care
- Payer of last resort : RW can't pay for services that can be provided under other coverage
- HCR expanded coverage means transitions
  - Transitions to new plans, providers, pharmacies
  - Once in new coverage, may need continued access to some RW services:
    - Those not offered by other coverage: specific types of case management, adherence, linkage to housing
    - Help with costs: out of pocket and premium costs for care and medications

Ryan White "PAYER of LAST RESORT": HRSA Requirements for Health Care Reform

For every RW funded client your organization MUST:

1. Make every effort to enroll RW clients in other insurance coverage or payer options
2. Document your efforts to do so…

Language from HRSA Guidance:

- RW funds cannot be used for items or services "for which payment has been made or can reasonably be expected to be made" by another source. (PHS Act)
- Grantees must "vigorously pursue" enrollment, "make every effort" to enroll clients, document their efforts to enroll clients, etc.
- HRSA enforces the requirement through audits; organization could be liable to repay HRSA for care provided under RW that could have been paid for by a different program

Continued Need for RW Services

- Ryan White programs will and must continue to serve clients who are not enrolled in other coverage
- 70% of people currently on RW have some type of insurance and still need RW to fill gaps
- The priority must be to ensure clients don't drop out of care and have access to appropriate high-quality care.
- *Critical services not covered in most insurance plans:*
  - Outreach, HIV testing, referral & linkage to care
  - Dental, vision, specific types of case management, navigation assistance with new coverage, adherence, linkage to housing, food, transportation
- Help with Insurance Premiums & out of pocket costs for care and medications

What services will RW continue to pay for?

- Primary Care: for clients in transition, who don't qualify, or who have difficulty enrolling
- Case Management: only complex care management currently covered by medical and some private insurers
- Linkage and engagement in care services
- Treatment adherence counseling, education and support services
- Mental health services: scope of insurance benefits are unclear and unlikely to be comprehensive enough
- Substance abuse counseling: scope of insurance benefits are unclear
- Dental care, emergency financial assistance, housing assistance, legal support, workforce development, etc. (may be room to expand these services over time)

TRANSITION ISSUES

Major Transitions for persons in RW services

- Major Transitions in care for persons living with HIV who have been receiving most of their care through Ryan White
- Medi-Cal: have to enroll if eligible
  - Medi-Cal Share of Cost Clients may enroll
    - Medi-Cal SOC is not considered complete coverage under health care reform
- Covered California: "vigorously encouraged" to enroll,
  - Premium support from OA-HIPP
  - Support with drug costs from ADAP for those drugs on the ADAP formulary
  - No support for out of pocket medical costs, i.e. doctor's visits

Issues with transitions

- Medi-Cal and Covered California systems not yet "talking" to one another
  - Enroll in Medi-Cal at county offices
- Covered CA enrollment:
  - Website and call center improving
  - HIV experienced guidance strongly encouraged
    - Very few certified enrollment counselors have HIV expertise, including knowledge of additional benefits, i.e. RW, ADAP, OA-HIPP

Issues with transitions

- Premium support through OA-HIPP is essential for most
  - Coverage starts only once the premium is paid
  - Delays in getting the information necessary for premium paid
- Provider networks
  - Adequacy unclear in San Francisco – DPH system not contracted with QHPs
  - Many could have to change providers
- Drug formularies
  - Extremely difficult to access information, including cost sharing
  - Not all drugs are on formularies, especially HCV drugs
  - Very important to understand cost – sharing, particularly for those who don't qualify for ADAP or use drugs not on ADAP

Ongoing coverage issues

- Need to understand new systems
  - What is a network
  - When and how can you go "out of network"

- Understand rights and how to invoke them
  - Continuity of care protections
  - Protections regarding access to medications
  - Protections regarding wait times to see doctors and other providers
  - Appeals, grievances, exceptions, fair hearings
    - When to invoke each

- Be able to access assistance with navigation and trouble shooting access

Action Steps

- HSF extended eligibility through 2014 for persons with HIV who are Covered California eligible but do not enroll
- Request pending with DPH to establish a specific leader to oversee these major transitions in HIV care
- Need to establish an ongoing monitoring process, to capture systemic issues in the transition and solicit the assistance to correct them
- Some clients may need temporary assistance to help pay premiums, while OH-HIPP application is pending
- More HIV experienced navigation/benefits help is necessary in SF

APPENDIX: RECOMMENDATIONS

Recommendation #1

Ensure that resources are in place to preserve the continuum of HIV services including outreach, primary prevention, and status awareness services.

- Insurance products do not cover the outreach and community testing services that will be necessary to engage the most at-risk and disenfranchised communities, including minorities, recent immigrants, youth, and gay/bi men and transgender women.
- Dissemination of successful outreach and community testing service models will be essential to ensuring their sustainability.
- ***The Council can help*** ensure/advocate for these services and promote models that work.

Recommendation #2

Reduce barriers to care and enhance client engagement and retention through coordinated and streamlined benefit eligibility screening/enrollment processes.

- Current enrollment systems are fractured and create administrative barriers to care (e.g. – multiple renewals every 6 months)
- ACA calls for streamlined enrollment systems
- Opportunity for CA to improve enrollment system for Ryan White services, including ADAP
- ***The Council can help***, by advocating with the State Office of AIDS to support alignment of enrollment requirements. Locally, the Council can support coordination of ADAP enrollment workers to enhance access for clients.

Recommendation #3

Ensure a sufficient number of culturally and linguistically competent benefits counselors/advocacy workers are trained and available throughout the community to support the education, screening, and enrollment and retention needs of PLWH who require multi-program enrollment/re-certification, including ADAP/RW, Medi-Cal and/or access to an insurance product through the Health Benefits Exchange.

- Enrollment will be a major barrier to care that must be addressed.
- ***The Council can help*** by identifying service categories or sub-categories funds that can support additional enrollment and benefit advocacy services, especially in 2014. The Council may also sponsor trainings for current new benefits counselors/enrollment workers.

Recommendation #4

Ensure affordability of insurance coverage, including Medi-Cal Managed Care and qualified health plans offered in Covered California.

- Primarily a responsibility of the State Office of AIDS to ensure that system is set up to pay premiums and cover co-pays and deductibles
- During the transition, there will be confusion and gaps in coverage that lead to excessive health care costs for some of our most vulnerable clients
- ***The Council can help*** ensure adequate local resources to provide emergency assistance with out-of-pocket health care cost for eligible PLWH that may not be covered elsewhere.

Recommendation #5

Ensure that HIV service organizations (HSO) and PLWH have accurate and useful information in advance of ACA implementation and as systematic changes are implemented in the future.

- This was the primary work of the Task Force, however, education will be on-going, well after January 1, 2014

- ***The Council can help***, by promoting materials produced by the Task Force and others to help educate HSOs and PLWH, as well as hosting forums for education, like the Consumer Forums. Additionally, it may be appropriate for The Council to allocate funds for staff trainings/client education through HSOs.

Recommendation #6

Ensure that HIV safety-net medical providers, private physicians, and community based pharmacies have the opportunity and technical assistance required to engage with the multiple insurance products offered through Covered California and Medi-Cal.

- In order to continue to provide services to their current clients and ensure an adequate number of diverse providers of HIV specialty care, medical providers should maintain and expand their relationship with multiple payers.

Recommendation #7

Engage both SF Medi-Cal managed plans (San Francisco Health Plan and Anthem Blue Cross Partnership Plan) as key partners in ACA.

- Most PLWH who are currently uninsured will move in to the Medi-Cal expansion and receive insurance through one of two Medi-Cal health plans offered in SF.

- These health plans will be well positioned to provide education and support for clients to ease the transition and limit any disruptions in care.

Recommendation #8

Continue to support and enhance the role of the public health community in coordinating with primary care to ensure continuous quality improvement, optimum health outcomes for PLWH, and decreased risk of HIV transmission.

- There is the challenge that PLWH who previously participated in Ryan White, will now be scattered throughout many systems of care, decreasing the ability to collect sufficient data
- Promote utilization of ARIES among all recipients of Ryan White funds, not just part A
- ***The Council can help***, by advocating for Standardized outcome-based HIV quality measures across all systems of care serving PLWH AND for continuous quality improvement of the ARIES database to enhance ease of use and overall utility.

Recommendation #9

Ensure that Ryan White funds continue to be utilized to address gaps in service and improve health outcomes for PLWH.

- The main area of action for the Council; Over time, beginning in 2014, Ryan White funds traditionally allocated to core medical services will begin to be freed up by increased participation of other payers

- As some funds become available for re-allocation, the Council can be pro-active to identify gaps in the current system of care and address those with the most urgent and largest unmet need

- The Council may consider applying for a federal waiver to the 75/25 requirement, in order to begin slowly re-allocating services to areas of higher need.

- ***There will still be a substantial, ongoing need for funds for core medical services***

Recommendation #10

SFDPH should develop and implement a leadership and communication plan for HIV care during the ACA transition, including a mechanism to track and respond to systemic challenges caused by the transitions in care.

- Requires a high-level position with HIV clinical expertise to oversee transitions; ensure effective communication for providers and clients about enrollment and HRSA guidance related to Ryan White services and payer-of-last-resort provisions
- Develop and implement a monitoring process, including a mechanism to capture individual access issues that are indicative of larger systemic challenges, as well as identify potential solutions and/or recruit the necessary support from local/state/federal partners.