

# Affordable Care Act (ACA) Implementation and Ryan White Funding



Bill Blum, Interim Director, San Francisco Department of  
Public Health - HIV Health Services

# Goals of Presentation

---

- ▶ Provide information and options for the use of Ryan White Funding post ACA implementation for the consideration of the HIV Planning Council
- ▶ Link options to current HRSA/HAB service categories
- ▶ Focus on options that:
  - ▶ Expedite the transition to ACA system
  - ▶ Wrap around services of a medical home with focus on Gardner cascade
  - ▶ Fill gaps in care for populations ineligible for ACA coverage

# Goals of the National HIV/AIDS Strategy

---

## ▶ **Reducing New HIV infections**

- By 2015, lower the annual number of new infections by 25% .
- Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30%.
- By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus.

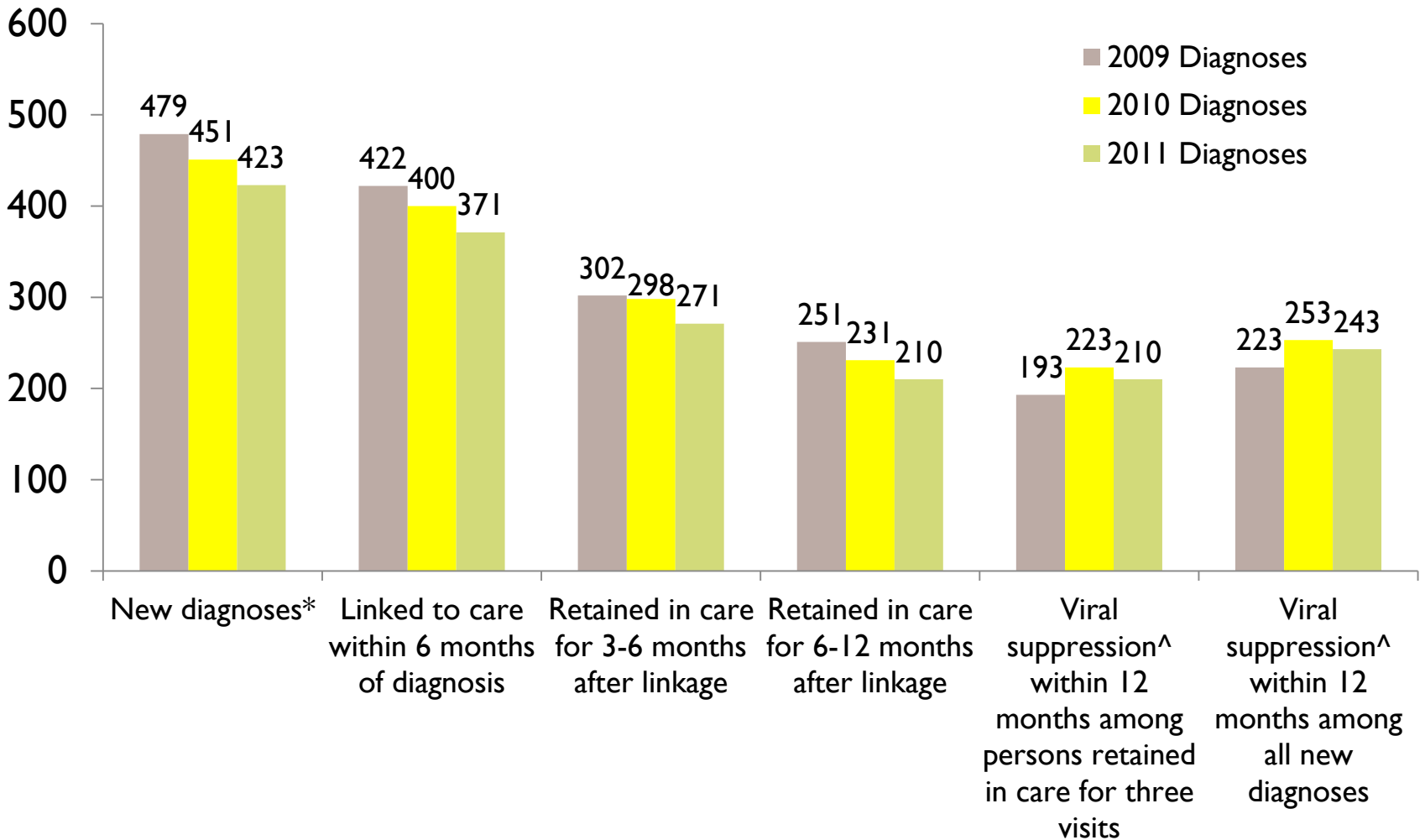
## ▶ **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

- By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%.
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%.
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86%. (This serves as a measurable proxy of our efforts to expand access to HUD and other housing supports to all needy people living with HIV.)

## ▶ **Reducing HIV-Related Health Disparities**

- Improve access to prevention and care services for all Americans.
- By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.

# Gardner Cascade - Spectrum of engagement in care among persons diagnosed with HIV, 2009-2011, San Francisco



# Emerging State landscape – Health Care Exchanges – “Covered California”

---

- ▶ State Contracted Insurance Plans for People between 138 – 400 % of Federal Poverty Levels
  - ▶ Services will be similar but may not be identical to Medi-Cal
  - ▶ HHS & Planning Council will need to continue to track benefits package
- ▶ SF DPH in Health Care Exchange participating through Chinese Community Health Plan
  - ▶ Will offer 4 tiers of service & cover SF and northern San Mateo
  - ▶ Enrollment began in 10/13
- ▶ SF Community Consortium Clinics have developed individual contractual relationships with insurance plans in health care exchange.

# HIV/AIDS Client Services Comparison for RW Eligible Clients Who Become/Are ACA Enrollee

ACA Services may include:

- Ambulance Services
- Diagnostic and Laboratory
- Durable Medical Equipment
- Emergency & Post-Stabilization Services
- Family Planning
- Home Health Care
- Hospital Care
- Mental Health Care (outpatient and acute inpatient services)
- Non-Emergency Medical Transportation
- Oral Health Care (Dental Services)
- Outpatient Alcohol and Drug Treatment
- Podiatry Care
- Prescriptions (including ADAP/HIV medications)\***
- Preventive and Primary Care Services
- Radiology
- Short-term Rehabilitation
- Specialty Care
- Therapy (Occupational, Physical, Speech)
- Urgent Care

**\*Disenrollment from ADAP is required for clients**

Enrollee may become ineligible for these RW Core Service Categories:

Outpatient/Ambulatory Medical Care

Home Health Care

Oral Health Care – (Dental Services)\*\*

Medical Case Management (including Treatment Adherence)\*\*

Outpatient Mental Health Services\*\*

Outpatient Substance Abuse Services\*\*

\*\*Level of service provision and frequency TBD by state of CA

Enrollee: Remains eligible for these RW Service Categories:

**Ryan White Core Services:**  
Facility-based Care (not acute hospital care)

Hospice

**Ryan White Support Services:**

Housing Services

Food Bank/Delivered Meals

Psychosocial Services

Legal Services

Case Management (Non-Medical):

Benefits Counseling

Money Management

Outreach Services

Emergency Financial Assistance

Residential Substance Abuse

Services

# The ACA Primary Care System

---

- ▶ No special carve outs in ACA funding or exclusions based on pre-existing based on a specific medical condition
- ▶ Services delivered through a managed care system
- ▶ Funding based on capitated payments
- ▶ Services based on essential benefits package
- ▶ Care delivery is Team based
  - Professionals operating at the top of their professional scope and licenses
  - Increased reliance on mid- level providers and technicians
- ▶ New emerging roles: behaviorists, behaviorist assistants and panel managers
- ▶ Carve out for severely mentally population (SMI)

# Wrap Around Primary Care services

---

- ▶ Maintain Outpatient/Ambulatory Medical Care support services that will either not be funded or may be under funded to retain patients in quality medical care
  
- ▶ HAB Service Categories:
  - ▶ Outpatient/Ambulatory Medical Care
    - Nutrition as a sub-service
  - ▶ Medical Case Management (including Treatment Adherence)
  - ▶ Non-Medical Case Management
  - ▶ Early Intervention Services
  - ▶ Outpatient Substance Abuse
  - ▶ Mental Health Services
  - ▶ Outreach



## Specific Opportunities for Ryan White to wrap around the essential benefits package

---

- ▶ Paying for services not funded or with limited service through the essential benefits package
  - ▶ Pharmacy consultation? (refills, education, evaluation and consultation)
  - ▶ Medication adherence support? (RN and health educators)
  - ▶ Panel management and Practical support
    - ▶ Practical support Case managers (behaviorist assistants - health educators)
    - ▶ Panel managers (health educators)
    - ▶ Benefits Counselors (navigators and advocates)
    - ▶ Peer Navigators (outreach and linkage workers)

# Augment Services to Benefits Counseling

---

- ▶ Timely and on-going focus on those individuals enrolling through health care exchanges (Covered California) as well as those transitioning to Medi-Cal managed care.
- ▶ **HAB Service Category:**
  - ▶ Non-Medical Case Management

# Post ACA Implementation populations that will continue to receive medical services through Ryan White Funding

- ▶ Residually ineligible individuals (undocumented and those documented with resident status of less than five years)
- ▶ ?Those that choose not to buy into the health care exchanges?
- ▶ Other HIV populations at-risk to be under-served in capitated care systems
  - ▶ Patients with significant behavioral health issues
  - ▶ HIV elders

# Patients with Significant Behavioral Health Issues “Severely Severe Need”

---

- ▶ At high risk for falling out of care
- ▶ Often are 86-ed out of multiple programs
- ▶ At higher risk for depression, chaotic substance use, violence and suicide than general population
- ▶ Have limited insight to modify behavior
- ▶ Don't meet criteria for “mental disability”
- ▶ DSM5 Axis II “Personality Disorder” fixed traits or diagnosis
  - ▶ Important to move beyond labels to see what is needed both for patient and system
    - ▶ Borderline is often over diagnosed and underdiagnosed
    - ▶ Often described as “low threshold patients”
- ▶ HAB Service Categories:
  - ▶ Outpatient/Ambulatory Medical Care
  - ▶ Mental Health Services
  - ▶ Outpatient Substance Abuse
  - ▶ Early Intervention Services

# Augment Prevention with Positive Services Funding Embedded in Primary Care Settings

---

- ▶ **Groups**
  - ▶ support, psycho-educational, health and wellness
- ▶ Funding HIV educators in clinical and community settings
- ▶ Funding positions with a phlebotomist certification for HIV testing
- ▶ Health maintenance and promotion programs
- ▶ HAB Service Categories:
  - ▶ Early Intervention Services

# Augment Services for the Categorically Ineligible

---

- ▶ Increase Funding for the CoE targeting Latinos
- ▶ Increase funding or Develop CoE targeting API
- ▶ Augment housing support services
- ▶ Increase service access services through multilingual navigators
- ▶ HAB Service Categories:
  - ▶ Outpatient/Ambulatory Medical Care
  - ▶ Mental Health Services
  - ▶ Outpatient Substance Abuse
  - ▶ Early Intervention Services

# Potential COE Development

---

- ▶ **COE for severely severe need**
  - ▶ Augmented staffing for wrap around services
  - ▶ HAB Service categories : Non-medical case management
- ▶ **COE for Elders**
  - ▶ Understanding needs not covered by Medi-Care
  - ▶ Wrap around services to Medicare
  - ▶ Augmented funding for pharmacists
  - ▶ Funding for physical and occupational therapy
  - ▶ Funding Psychological testing (early signs of dementia)
- ▶ **HAB Service Categories:**
  - ▶ Outpatient/Ambulatory Medical Care
  - ▶ Mental Health Services
  - ▶ Outpatient Substance Abuse
  - ▶ Early Intervention Services

# Augment Funding for Dental Services

---

- ▶ **Current State:**
  - ▶ Full scope coverage currently available to pregnant women and children through 01/14
  - ▶ Only emergency services covered for adults though 01/14
  - ▶ CA legislation has authorized \$16.9M this year and \$77M next fiscal year
- ▶ **Augment both amount of service as well as fee schedule to bring closer to market rate**



# **Review Substance Use and Mental Health Services for potential augmented funding**

---

- ▶ Limited benefits in both Health Care Exchanges and Medi-Cal Coverage
- ▶ Only severe mental health diagnoses meet the criteria for Short- Doyle Billing
- ▶ Explore Collaborations with SF DPH Community and Behavioral Health Services

# Steady State for first half to full first year post ACA Go-Live

---

- ▶ Limit disruptions as health care reform is initially implemented for all service categories
- ▶ HAB Service Categories:
  - ▶ All Core and Support,
  - ▶ Some expansion of billable services and provider types within Outpatient/Ambulatory Medical Care
- ▶ Potential augment services to benefits counseling
  - ▶ HAB Service Category: Non-Medical Care management

# Considerations: Balance Diverse funding Streams with Sustainability

---

- ▶ Given uncertainty of RWPA funding in future years
  - ▶ Focus on sustainability- if RWP does decrease which services could be integrated into emergin primary care system?
  - ▶ Which services categories of service have funding streams in addition to RWP?
  - ▶ Use Gardner Cascade as a tool to assist in determining service funding priorities
  - ▶ Federal government is placing increased importance on clinical health care outcomes
    - ▶ what does the data show for what are considered “support service categories”?

# Conclusions and Opportunities

---

- ▶ CY 2014 is a unique opportunity to determine the best way for RWVP services and funding can wrap around ACA services
- ▶ HHSPC can help ensure successful payer transitions while maintaining continuity of care both of which will be a more immediate and on-going need
- ▶ HHSPC should focus on reviewing and potentially expanding services within a given service category as well as expanded and new uses of existing HAB service categories
- ▶ HHSPC with support of HHS should track gaps in services and unused funding to ensure maximization RWVP funding effectiveness
- ▶ HHSPC should ensure the adequacy of services for the residually uninsured (undocumented HIV+ individuals and recent immigrants)
- ▶ HHSPC should sustain and improve the strength and coordination of multiple partnerships :
  - ▶ HIV Care and Prevention Services.
  - ▶ Consumer, Provider, Council and SF DPH