

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

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San Francisco HIV Health Care Reform Task Force

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# Today's Talk

- ❑ Overview of Task Force
- ❑ Key Issues Addressed
- ❑ Preliminary Recommendations
- ❑ Q & A
- ❑ Resources/More Information

# 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
- ❑ Developing recommendations and transition readiness plans with the goal of:
  - Minimizing disruption in client care and ensures access
  - Preparing community-based HIV providers for changes in funding
  - Preparing the broader health care system

# Timeline

- ❑ Established in Summer 2012
- ❑ Seed funding from SF DPH
- ❑ Awarded Blue Shield Foundation Grant in Dec 2012 to fund work through December 2013

# Key Deliverables

- ✓ Research Best Practices for integration of HIV services, models that ensure access and quality
- ✓ Create recommendations for a re-envisioned local system of care that builds on our historical success
- ✓ Develop and share tools to inform and prepare HIV Service Organizations and consumers for a smooth transition
  
- ❑ Share recommendations with key stakeholders, decision makers, HSOs and consumers

# HEALTH CARE REFORM KEY FACTS

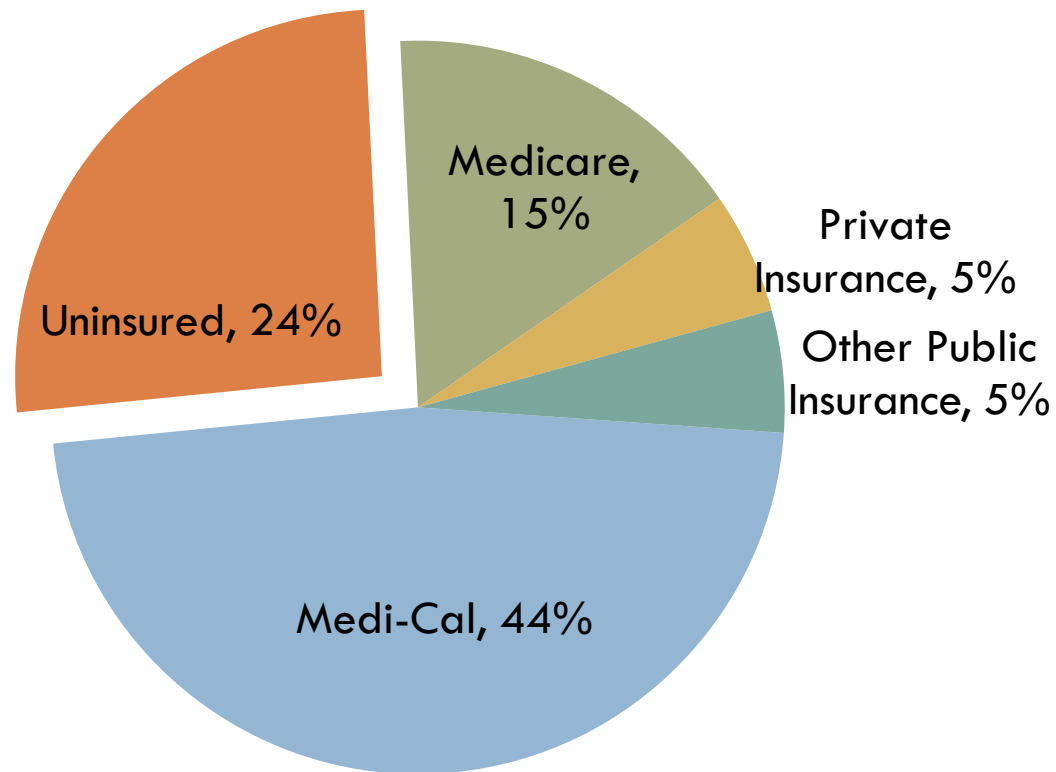
# What does HCR actually do?

- ❑ **Individual mandate:** U.S. Citizens and Legal Residents must maintain health insurance coverage.
- ❑ Addresses **Affordability:**
  - ▶ Provides **subsidies** for lower income people;
  - ▶ **Exemptions** for hardship;
  - ▶ **Out of pocket caps** on coverage
- ❑ **Expands Coverage** and creates a standard package of **Benefits**, including **free preventive services**
- ❑ Provides **Consumer Protections**



# PLWH in SF – who will be most impacted by HCR?

## Percent of SF RW Consumers by Insurance type



Data were obtained from the SFPDH 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 (~ 60% of currently uninsured people with HIV):**

- ❑ Expands eligibility to everyone below 138% FPL regardless of disability status
- ❑ provides essential health benefits (EHB); same package as traditional Medi-Cal in CA
- ❑ allows for free preventive services

## **Creates Private Insurance Marketplaces (~ 30% of current uninsured people with HIV):**

- ❑ Federal subsidies up to 400% FPL
- ❑ Called **Covered California**
- ❑ eliminates premiums based on health/gender
- ❑ provides EHB
- ❑ supports outreach, navigation and enrollment
- ❑ Allows for Basic Health Plan – not this year

# Who is left out?

Undocumented immigrants:

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

Legally present immigrants:

- ❑ 5 year waiting period for Medicaid services continues
- ❑ Can purchase with subsidies in Marketplace

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

# What Ryan White Services will ACA Cover?

## Ryan White Core Services

- ✓ **Ambulatory and outpatient care**
- ✓ **AIDS pharmaceutical assistance**
- ✓ **Mental health services**
- ✓ **Substance abuse outpatient care**
- Home health care
- Medical nutrition therapy
- Hospice services
- Home and community-based health services
- Medical case management, including treatment adherence services
- Oral health care (not an EHB)

## ACA “Essential Health Benefits”\*

- ✓ **Ambulatory patient services**
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
- ✓ **Mental health and substance use disorder services, including behavioral health treatment**
- ✓ **Prescription drugs**
  - Rehabilitative and habilitative services and devices
- ✓ **Laboratory services**
- ✓ **Preventive and wellness services and chronic disease management**
  - Pediatric services, including oral and vision care

*Broad categories are the same - specific services within categories may not be the same*

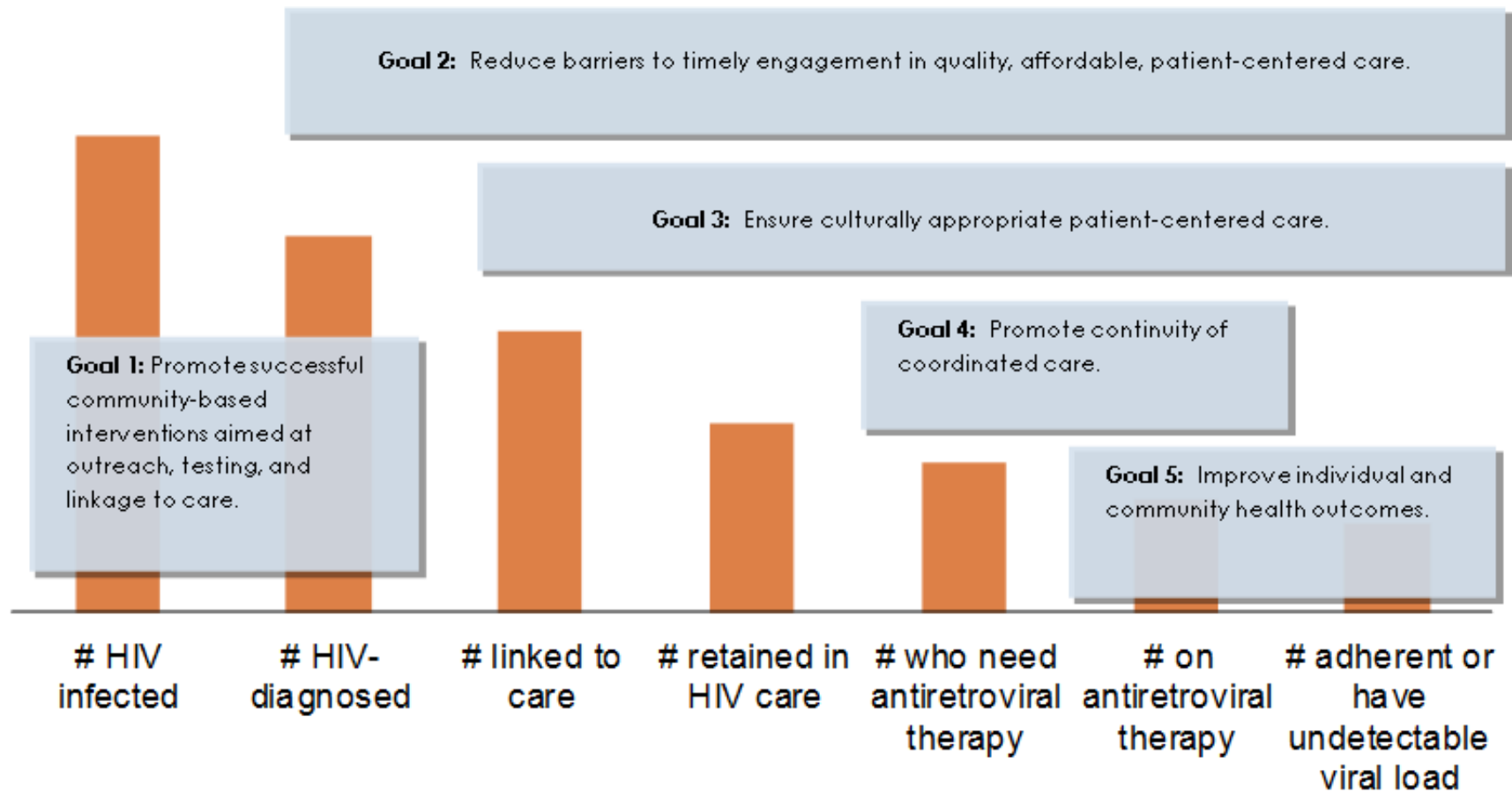
# PRELIMINARY RECOMMENDATIONS

# 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





# Recommendation # 1

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

- ❑ 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.**

- ❑ The primary work of the Task Force
- ❑ 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 this one. 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 care 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***

# MORE INFORMATION

# HIV HEALTH REFORM

# HIV HEALTH REFORM

Affordable Care Act

[www.hivhealthreform.org](http://www.hivhealthreform.org)

[BLOG](#)

[LIVING WITH HIV?](#)

[DEFEND HEALTH REFORM!](#)

[HIV PREVENTION](#)

[MAKING IT A REALITY](#)

[UNDERSTAND THE LAW](#)

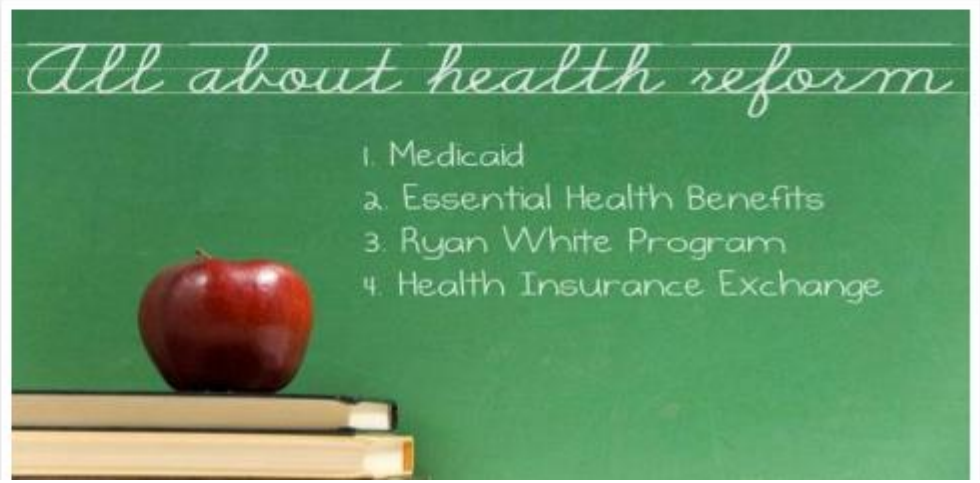
[RESOURCES](#)

[SIGN UP!](#)

## Understand the Law

The first step to becoming an effective advocate is to understand the basics of the new law. You don't need to get bogged down in the details, but it's good to know some of the most important factoids to impress your friends and family and chat with your elected officials. Click below to learn away! [...]

[CONTINUE READING](#)



# Resources

- State HCR Information - [www.statereforum.org](http://www.statereforum.org)
- Enroll America  
[www.enrollamerica.org](http://www.enrollamerica.org)
- Center for Budget and Policy Priorities - [www.cbpp.org](http://www.cbpp.org)
- Treatment Access Expansion Project – [www.taepusa.org](http://www.taepusa.org)
- Kaiser Family Foundation – [www.kff.org](http://www.kff.org)
- Families USA – [www.familiesusa.org](http://www.familiesusa.org)
- National Health Law Program – [www.nhelp.org](http://www.nhelp.org)



- NASTAD – [www.nastad.org](http://www.nastad.org)
- Health Resources and Services Administration – [www.habhrsa.gov](http://www.habhrsa.gov)

# CA Resources

- Covered California – [www.coveredca.com](http://www.coveredca.com)
- Health Access - [www.health-access.org](http://www.health-access.org)
- Western Center on Law and Poverty – [www.wclp.org](http://www.wclp.org)
- National Senior Citizens Law Center – [www.nsclc.org](http://www.nsclc.org)
- Health Consumer Alliance – [www.healthconsumer.org](http://www.healthconsumer.org)
- **SF HIV Health Reform Task Force**  
<http://www.sfhiv.org/community-planning/hiv-healthcare-reform-task-force/>