Readiness for Health Insurance Participation by Ryan White Program Providers: The Time is Now!

HRSA HIV/AIDS Bureau All Grantee Meeting
Session 230, November 27, 2012

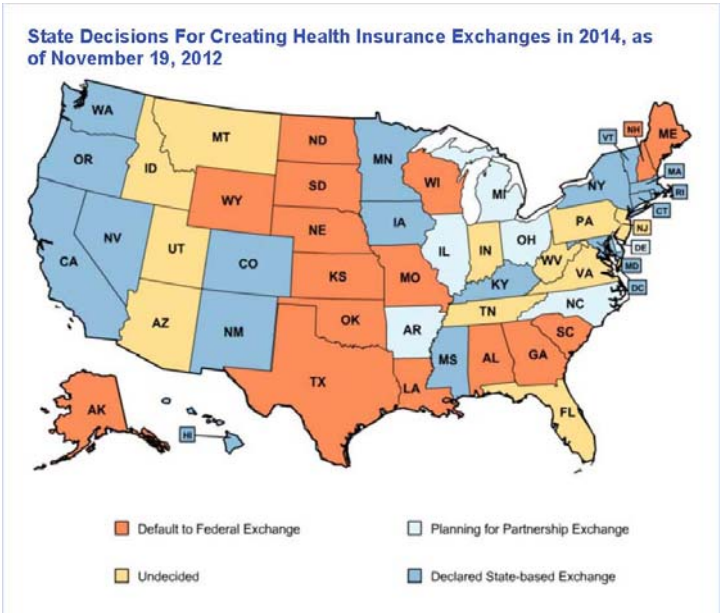
Julia Hidalgo, ScD, MSW, MPH
Positive Outcomes, Inc. & George Washington University
Julia.hidalgo@positiveoutcomes.net

Jonathan Hanft, PhD
Hennepin County Human Services & Public Health Department
Jonathan.Hanft@co.hennepin.mn.us

Michael Goldrosen
HIV/AIDS Services Division, Boston Public Health Commission
MGoldrosen@bphc.org

Introduction

- **Healthcare reform is taking place at varied speed across the US, with some states moving quickly to implement reform while others lag behind**
  - New models of care and financing are being rapidly implemented in some states
  - Other states waited to implement State-level policies to address the Patient Protection and Affordable Care Act (ACA) until the Supreme Court decision and the outcome of the November election
- **There are several other AGM sessions offering information about the ACA legislation, implementation schedule, and status of key ACA components**
- **In this session, we focus on practical steps to ensure that the HIV care and financing system is sustained in this new era of expanded health insurance coverage for many US residents**
- **We benefit from the experience of Ryan White (RW) Program Part A grantees operating in Massachusetts and Minnesota- states with long-term publicly funded health insurance expansion programs**
- **We will end by opening the discussion to address your questions and comments**



Furthering the National HIV/AIDS Strategy (NHAS)

Goals

- Reducing new HIV infections
- Increasing access to care and improving health outcomes for HIV+ persons
- Reducing HIV-related health disparities
- Achieving a more coordinated national response to the US HIV epidemic

Operationalizing the Goals

- Educating and mobilizing HIV+ individuals, their care providers, planning groups, and policy makers
- Sustaining and improving the existing HIV services infrastructure
- Eliminating redundancy, adopting good business practices, and fostering an HIV-experienced workforce
- Designing an HIV financing system that covers the costs of care

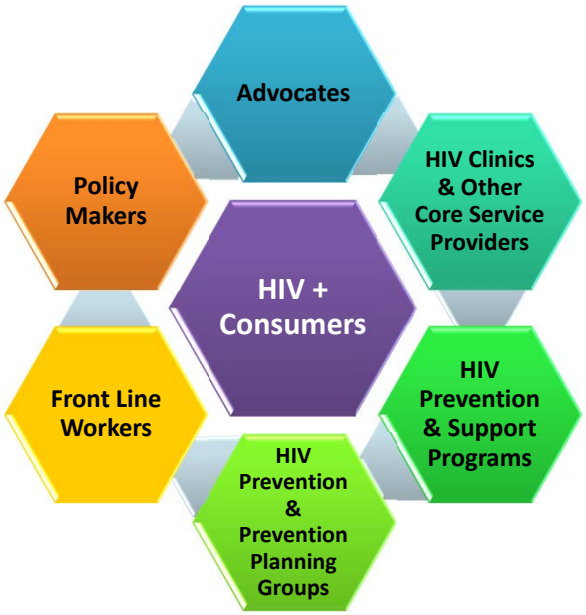
Our New Normal

- **Rapidly growing rate of newly identified HIV+ individuals in care due to routine testing and lost-to-care initiatives**
- **HIV therapeutics have helped HIV+ patients to increase their survival time- resulting in a sharply increased number of patients in care**
- **Shifting focus from primary prevention to "treatment as prevention"**
- **The result of efforts to reauthorize the RW Program are unclear**
- **Transition of RW core services from the RW Program to public and commercial insurance markets**
  - Further erosion of State and local government funds for HIV prevention and treatment services
  - Transition of core services from RW Program grant-based budgeting to public and commercial payment systems, including fee for service reimbursement and prospective capitation payment

Our New Normal

- **Increased monitoring of HAB and the RW Program's grantees and providers to ensure adherence to statutory requirements (e.g., payer of last resort, client charges)**
  - Balanced billing in which RW Program funds are used to supplement insurance payments likely to be eliminated
- **Demand for RW Program-funded health insurance premium, co-payment, and deductible assistance is likely to increase sharply as HIV+ individuals enroll in health insurance**
- **An increasing number of RW Part A and Part B grantees will seek a waiver from the 75% core / 25% support service requirement**

Key Players in Operationalizing the NHAS Goals



Strategies

- Turn anxiety into action
- Do not substitute education for gossip about the RW Program or the ACA
- Remember our history of HIV activism, and personally work to revitalize those efforts

Part A and Part B Grantees

- **Call on HAB and the CDC to help you navigate this troubling time through clear and realistic policies, reduced complexity and administrative burden, effective advice, and practical TA**
- **Monitor State Medicaid and Health Insurance Exchanges in their efforts to expand health insurance enrollment, covered benefits, and payment systems**
  - Contribute to the design of these policies to address the unique clinical needs of HIV+ individuals
- **Educate insurers and managed care systems about HIV services that may be included in essential and covered health benefits**
  - Medical case management, linkage to care services, patient navigators, outreach, treatment educators
- **Collaborate with HIV providers to educate government officials and health insurers about HIV finance systems that adequately cover HIV program costs**
- **Help educate Medicaid staff about the HIV enhanced reimbursement and service models adopted by other states**

Part A and Part B Grantees

- **Work with funded providers to adopt effective organizational models and basic functions of health care businesses**
  - Assess their capacity to operate in the new health care financing and service delivery systems
  - Determine if core service providers participate in managed care panels
  - Assist providers to develop marketing materials for presentation to managed care plans
  - Assist providers to compute accurately their costs to ensure adequate payment through contracting with public and commercial insurers
- **Examine your RW payment systems to determine their adequacy and unintended consequences**
- **Adopt HAB's Monitoring Standards, and work with your funded programs to adopt them as well**
  - Conduct constructive and thorough monitoring, reduce administrative inefficiency, and organize training and TA
  - Streamline forms and processes
- **Assess your program's ability to pass federal audits, and ensure that your subgrantees can pass too**
  - Identify and address their vulnerabilities through TA and training
  - Conduct test audits before federal auditors and site visit teams visit

Part A and Part B Grantees

- **Assess and improve providers' capacity to conduct effective eligibility determination (ED) and assist clients to enroll in health insurance and entitlement programs**
- **Gather and disseminate information needed by providers to operate effective programs**
- **Conduct constructive and thorough monitoring, reduce administrative inefficiency, and organize training and TA**
  - Streamline forms and processes
- **Evaluate the capacity of your client-level data system to manage your program, provide decision support, and determine the impact of funded services**
- **Adopt quality management (QM) techniques to assess and improve prevention and treatment services**
  - Activate your QM Program to assist providers to meet HAB and grantee benchmarks and meet insurers' and managed care plans' performance targets and outcome measures
- **Identify and work with organizations that would benefit from consolidation or closure**

Part A and Part B Grantees

- **Many HIV+ individuals are likely to continue to require income assistance due to disability**
  - Educate your State Disability Determination unit about HIV clinical conditions and associated disability to ensure accurate application of Social Security Administration (SSA) disability criteria
  - Collaborate with SAMHSA SOAR trainers to train RW Program staff regarding effective disability claims: http://prainc.com/SOAR/trainings/training_detail.asp?LocState=PA
  - Collaborate with SSA field office staff to arrange for fast tracked SSA disability claims
  - Sponsor training of consumers regarding disability programs
  - Fund legal services to assist HIV+ individuals to enroll successfully in SSI and SSDI

HIV Service and Prevention Planning Groups

- Strengthen coordinated community planning efforts that focus on truly identifying and addressing community needs
- Provide regularly scheduled forums to educate planning group members, consumers, providers, front-line workers, and other stakeholders
- Reach out to Planning Council members representing SSA, Medicaid, and Medicare to gain their insights into implementation of the ACA and Medicaid and Medicare reform
- Coordinate efforts with local and State public health agencies to learn about the impact of changes due to the ACA, Medicaid reform, and State and local revenue funded STI, communicable disease, family planning, and other public systems
  - Call on representatives of other systems to educate planning group members about those systems and emerging changes in policies and funding
- Research what is being done in other States and HIV service delivery and financing systems

HIV Core and Support Providers

- **Ready your program to participate fully in expanding health insurance markets**
  - Ensure that your program's board and managers are committed to change
- **Identify services that can be marketed to health insurers and managed care plans**
- **Become familiar with the services that health insurers and managed care plans fund through contracts (e.g., HIV prevention, screening, care)**
  - Become familiar with health insurers and managed care plans operating in your service area, their networks' HIV expertise, and ways you can help them
  - Educate your staff about the basics of health insurance contracting, including fee for service, capitation, and other payment models
- **Assess your staff to determine if they met health network credentialing standards**

HIV Core and Support Providers

- **Among HIV programs located in hospitals, universities, public health systems, or other large institutions, coordinate with policy makers to ensure that health insurance and managed care plan contracting address your program's unique circumstances**
  - Work to avoid contracting that undermines the solvency of your HIV program
- **Assess your program's capacity to conduct ED, assist clients to enroll in health insurance, bill health insurers, participate in managed care networks, apply client fees and collect charges, conduct QM, contract with health insurers and managed care plans, collect and report data**
  - Identify and address your program's deficiencies
- **Evaluate the diversity of your funding portfolio and develop a strategy for alternative funding sources**
  - Review your program's current portfolio and consider other funders or other populations that might benefit from your services
  - Identify gaps in needed services that are not met by other agencies
  - Assess your HIV program's financial health
  - Is the program solvent and how much financial risk can you absorb?

HIV Core and Support Providers

- **Determine if pursuing federally qualified status would benefit your program**
- **Calculate the cost of providing your services so that you can determine if RW Program, health insurance, managed care, and other contracts cover your costs**
- **Establish or improve health insurance billing systems**
- **Assess your space and staffing capacity, and determine the number of new clients you could serve**
- **Improve your program's capacity to conduct ED**
  - For insured clients, become aware of their covered benefits and do not charge the RW Program for those services
- **Assess the quality of your services to ensure that clients receive high quality prevention and care, identify deficiencies, and improve performance**
  - Assess broken appointment and lost to care rates and improve your processes
- **Streamline your services and collaborate with other agencies if they have demonstrated their capacity**
  - Avoid duplicating services

Front-Line Workers

- **Adopt effective ED to help clients achieve the optimal benefits that they are legally entitled**
- **Communicate with your program managers about ways you could improve your performance, barriers to obtaining services for clients, and your training needs**
- **Educate clients about health insurance options**
- **Help clients to apply for disability and income maintenance programs**
- **Improve your understanding of health insurance and disability program enrollment criteria**
- **Document when patients are denied services by managed care plans and the impact of that denial**
  - Such documentation is important in formulating complaints to Medicaid or other plan sponsor

Advocates

- **Provide well-researched, accurate, and timely information to consumers and providers**
- **Organize and coordinate effective advocacy to sustain State and local HIV funding**
- **Collaborate and coordinate your efforts with advocates for the mentally ill, substance abusers, cancer patients and other chronic disease groups**

HIV+ Consumers

- **Advocate for change in the care you receive**
- **Ask for help if you do not understand what a worker is telling you**
- **Open and read mail from government agencies about your health insurance benefits**
- **Accurately discuss your situation with the workers that serve you**
- **Be a role model by keeping your appointments and showing others that HIV treatment can work**

ACA Resources

- Families USA: http://www.familiesusa.org/
- Health Care and You: http://www.healthcareandyou.org/
- HIV Health Reform: http://www.hivhealthreform.org/
- Kaiser Family Foundation: http://www.kff.org/
- National Association of Community Health Centers: http://www.nachc.com/healthreform.cfm
- Project Inform: http://www.projectinform.org/projects/healthcarereform/
- Treatment Access Expansion Project: http://www.taepusa.org/

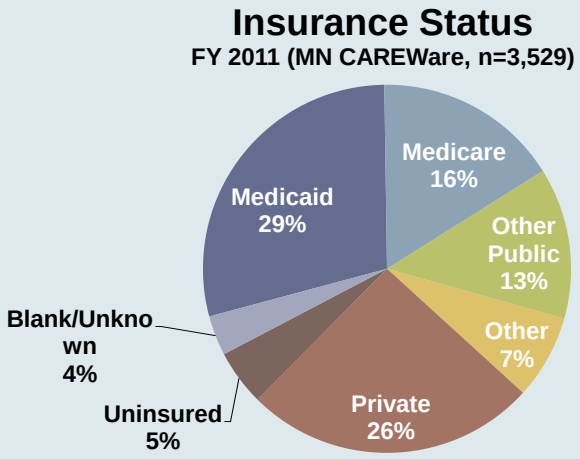
ACA Resources

- Families USA: http://www.familiesusa.org/
- Health Care and You: http://www.healthcareandyou.org/
- HIV Health Reform: http://www.hivhealthreform.org/
- Kaiser Family Foundation: http://www.kff.org/
- National Association of Community Health Centers: http://www.nachc.com/healthreform.cfm
- Project Inform: http://www.projectinform.org/projects/healthcarereform/
- Treatment Access Expansion Project: http://www.taepusa.org/

History

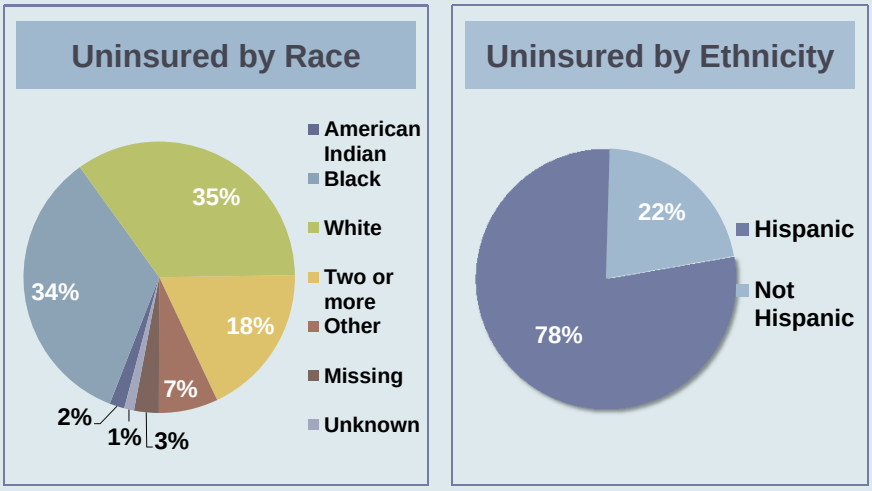
- ***1976*** - Legislature creates MN Comprehensive Health Association (non-profit **high risk insurance pool**)
- ***1990*** - Legislature appropriates state funds for **HIV insurance premium program** and HIV case management
- ***1992*** – Legislature creates **MN Care**
- ***1995*** - MN **ADAP begins purchasing cost-effective insurance** and provides assistance through insurance specialists
- ***1999*** - Part B funds **benefits counselor** at largest ASO
- ***2002*** - MN ADAP (Program HH) **claims administered through MMIS**
- ***2003*** - Part C funds **benefits counselor** at largest metro HIV clinic
- ***2010*** - **Centralized Part A and B MN CAREWare** goes into production
- ***2011*** - **Early Medicaid expansion** (75% FPL) under ACA
- ***2012*** - Part B funds **benefits counselor** in greater MN

MSP TGA Ryan White Client Insurance



Uninsured by Race & Ethnicity

FY 2011 (Minnesota CAREWare, n = 170)

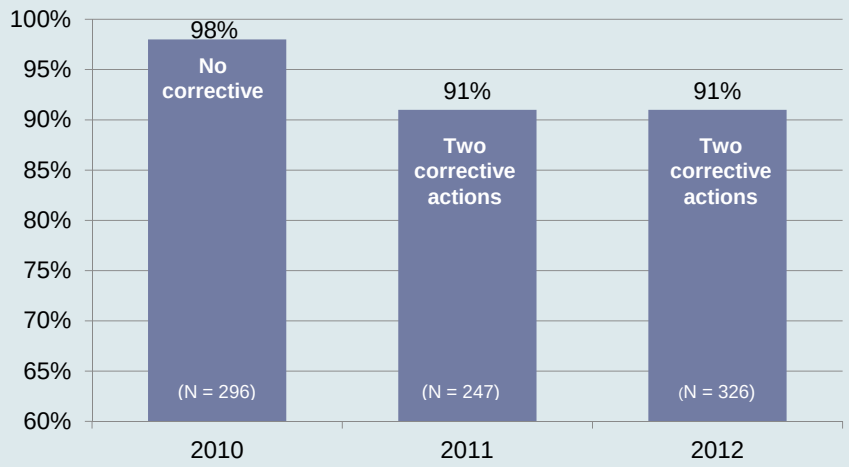


Insurance Assurance

- ✓ Universal Standards
- ✓ Medical Case Management Standards
- ✓ Chart reviews at annual site visits
- ✓ Centralized Minnesota CAREWare
- ✓ Program HH administration

Client Record Review Results

Service providers shall ascertain each client's health insurance coverage status



2014 Possibilities

- ☺One stop for insurance
- ☺Program HH insurance specialists
- ☺Medical case managers and benefits counselors
- ☺Navigators – state subcontract with an ASO?
- ☺Ryan White and State-funded premium assistance
- ☹New gap for immigrants "out-of-status?"

Minnesota Contacts for More Information

Jonathan Hanft, PhD
Ryan White Program Coordinator
Hennepin County Human Services & Public Health Department
525 Portland Ave., L963
Minneapolis, MN 55415
Phone: 612.348.5964
jonathan.hanft@co.hennepin.mn.us

Dave Rompa
HIV/AIDS Program (Program HH) Director
Minnesota Department of Human Services
P.O. Box 64972
St. Paul, MN 55164-0972
651.431.2378
Dave.Rompa@state.mn.us

BOSTON PUBLIC HEALTH COMMISSION

Readiness TA for Health Insurance Participation by Ryan White Program Providers

The Massachusetts Experience

Michael Goldrosen, Director
HIV/AIDS Services Division
Boston Public Health Commission

History

- **1997 MA received its first Medicaid Waiver and began operating its own version of Medicaid with expanded access and coverage (MassHealth)**
- **2001 Medicaid 1115 Waiver for HIV+ (2001)**
  - Expanded access to State Medicaid for low income PLWH (not AIDS) up to 200% FPL irrespective of disability status
  - Initial enrollment of 225 people and grew to 1,416 people by 2012
  - Expenditure of over $20m in 2012
- **2006 Health Care Reform**
  - Expanded Medicaid program
  - Creation of a health insurance exchange (the MA Health Connector)
  - An individual and employer mandate, with subsidies to purchase insurance
  - Health Safety Net for “non-eligible” residents
  - Automatic eligibility for PLWH <200% FPL codified

Key Elements of Mass Health Care Reform

- For individuals who are not eligible for other public or employer sponsored health insurance, provides
  - Completely subsidized, comprehensive health insurance to adults earning up to 150% of FPL
  - Substantial premium subsidies to people between 150%-300% of FPL
  - Reforms non-group and small group health insurance markets to lower price and offer more choices for those purchasing on own
  - Requires adults who can obtain affordable insurance to do so
- Commonwealth Care: subsidized program for those up to 300%
- Commonwealth Choice: unsubsidized private plans that have been approved by the Health Connector
- Health Safety Net: for residents who fall below 400% FPL and do not qualify for MassHealth or Commonwealth Care

Coverage Summary for PLWH

- HIV+ residents <200%FPL eligible for Medicaid
- HIV+ residents 200% - 300% FPL purchase subsidized health insurance plans—Commonwealth Care
- Over 300% FPL purchase non-subsidized plans via the Commonwealth Choice (Health Insurance Exchange)
- Those PLWH below 500% of the FPL can enroll in ADAP for premium assistance

Access to Care for PLWH

- 14 Part C funded CHCs within EMA
- 36 FQHC in State, many with multiple sites
- Broad range of HIV expertise and capacity throughout the region
- The Boston Part A EMA has successfully applied for a waiver to the core medical services (75%/25%) requirement since FY 2007 (6 years), allowing RW services to focus on engagement and retention in care

Impact

According to an estimate by the MA Division of Health Care Finance and Policy published in December 2010:

- 98.1% of all residents are insured

Impact: HDAP Expenditures by Category (EMA)

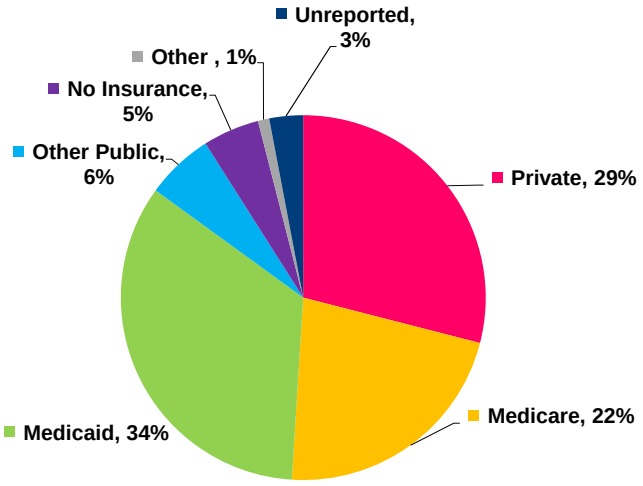
Fiscal Year	Full-Pay	Premiums	Co-Pay
FY03	$7,313,764	$1,327,752	$733,431
FY04	$10,022,364	$2,445,890	$1,173,005
FY05	$8,698,394	$5,019,173	$1,434,885
FY06	$4,089,792	$6,010,225	$1,576,339
FY07	$3,505,786	$7,254,377	$1,701,213
FY08	$3,436,071	$8,119,254	$1,718,634
FY09	$4,055,614	$7,605,950	$2,092,994
FY10	$3,961,328	$8,254,902	$2,367,508
FY11	$3,673,250	$8,969,507	$2,577,769
FY12	$3,680,964	$9,437,154	$2,842,416

Impact: Better Health

Based on epidemiologic data, results of large scale consumer study and a clinical chart review project all jointly undertaken by the Part A and B Grantees

- Reported new HIV diagnoses in MA have declined by 45% (1,179 to 648) between 2000 and 2009
- Nearly all (99%) HIV+ survey respondents report receiving medical care and 92% of patient charts had documented two or more medical visits separated by at least four months in the past year
- 91% of survey respondents and 96% of patients indicated were prescribed and were taking ARVs
- 72% of survey respondents and 71% of patient charts indicated current and/or sustained viral suppression

Insurance Status of Part A Clients FY 2011



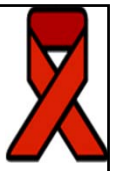
Getting People Enrolled

- MA undertook aggressive outreach and enrollment efforts successfully utilizing broad networks of community partners in the state
- During the first four years following reform, the state awarded $11.5 million in grants to CHCs, hospitals, and non-profits to assist residents in obtaining coverage
- Community partners and providers can assist residents in applying for coverage through an electronic system that determines eligibility for MassHealth, CHIP, and Commonwealth Care
- Six in ten families have enrolled in public coverage with the assistance of a community-based partner or provider
- Early enrollment in Commonwealth Care was jumpstarted by the state automatically enrolling residents who had received uncompensated care at hospitals or CHCs
- MA has continued to adopt enrollment simplifications and make greater use of technology
- Uses a single application form – Medical Benefit Request – then Mass Health determines what applicant qualifies for

Utilizing RW Post Health Care Reform

- Focus on non-third party reimbursable services that focus on access, retention and adherence to care
  - Case Management in both clinical and non-clinical settings and should include
    - Medical Care Coordination
    - Social Services Coordination
    - Adherence Support
    - Benefits Counseling
  - Peer Support and Patient Navigators
- Planning Council: participation by Medicaid representative

Ongoing Challenges



- Adult Dental benefits were cut
- Open enrollment periods have been cut back creating the potential that people may go without insurance
- Still folks entering late to care with simultaneous HIV and AIDS diagnoses

Resources

- www.mahealthconnector.org (mass health)
- www.hcfama.org (health care for all)

Sharing Lessons Learned

Studies and toolkits examine the Massachusetts model and can inform the work of other states.

Blue Cross Blue Shield of Massachusetts Foundation - Lessons from the Implementation of Massachusetts Health Care Reform

Toolkit #1 - Building an Effective Health Insurance Exchange Website

Toolkit #2 - Implementing a Successful Public Outreach and Marketing Campaign

Toolkit #3 - Determining Health Benefit Designs

Toolkit #4 - Mitigating Risk in a State Health Insurance Exchange

Toolkit #5 - Effective Education, Outreach and Enrollment for Populations Newly Eligible for Health Coverage

Georgetown University and the Robert Wood Johnson Foundation - The Massachusetts and Utah Health Insurance Exchanges: Lessons Learned

- https://www.mahealthconnector.org

Contact Info

Michael Goldrosen, Director
HIV/AIDS Services Division
Boston Public Health Commission
mgoldrosen@bphc.org
617-534-2370

Questions And Discussion