

The Affordable Care Act and the Potential Impact on Ryan White in Virginia

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Overview

- ▶ Provide an overview of the Affordable Care Act (ACA), including four key features for PLWHA
- ▶ Virginia's decisions thus far regarding the ACA
 - ▶ Health insurance marketplaces
 - ▶ Essential health benefits benchmark
 - ▶ Expanding Medicaid
- ▶ Potential impact to Ryan White
- ▶ Future considerations

ACA Implementation

- ▶ We are already in an ACA environment!
- ▶ Implementation is ongoing since March 2010
- ▶ ACA expands access to coverage but it is not “just” about the uninsured getting health insurance
 - ▶ ADAP counting as TrOOP
 - ▶ Medicare Part D Donut Hole eliminated by 2020

Key Feature 1: Private Insurance Market Reforms

- ▶ Guaranteed availability of coverage
- ▶ Fair health insurance premiums
- ▶ No annual dollar limits on essential health benefits
- ▶ Dependent coverage extension (up to age 26)
- ▶ Preventive health services covered without cost-sharing

Key Feature 2: Health Insurance Marketplace

- ▶ Marketplace is an online site where someone can shop for coverage
- ▶ Plans offered in the marketplace are called Qualified Health Plans (QHPs)
 - ▶ Plans will be identified by “medal” levels: bronze, silver, gold, and platinum
 - ▶ All insurers must offer at least one silver and one gold plan
 - ▶ Primary difference will be in the amount the plan pays versus the out-of-pocket for an individual

Health Insurance Marketplace - Continued

- ▶ **Eligibility for the Marketplace:**
 - ▶ Live in the U.S.
 - ▶ Be a U.S. citizen or national, or lawfully present
 - ▶ Can't be currently incarcerated
- ▶ Undocumented are excluded from Marketplace
- ▶ Federal premium tax credits and/or cost sharing reductions to help pay for private health insurance incomes between 100-400% Federal Poverty Level (FPL)
 - ▶ Cannot be eligible for other insurance through an employer or other government program

Health Insurance Marketplace - Continued

- ▶ Single application for coverage (online, paper, fax)
- ▶ “Smart” application
- ▶ Connected to other systems (even with paper applications!)
 - ▶ Income and other coverage checks (Medicare, Medicaid, etc)
- ▶ Will consumers be passive or active purchasers?
- ▶ Future open enrollment periods will follow Medicare

Health Insurance Marketplace - Continued

- ▶ States had three options for marketplace facilitation: the federal government, the state, or a partnership
- ▶ Virginia opted for a federally-facilitated marketplace (FFM)
- ▶ Marketplace opens October 2013
- ▶ Open enrollment from October 2013-March 2014
- ▶ Earliest coverage would begin January 2014
- ▶ Specifics on the QHPs available in the Fall 2013
- ▶ ADAP plans to fully participate with the Marketplace

Health Insurance Marketplaces - Continued

- ▶ Plans are required to include a number of Essential Community Providers (ECPs) in their plan networks – at least 20%, including at least one Ryan White provider
 - ▶ ECPs are providers that serve predominately low-income medically underserved individuals – includes RW and FQHCs.
- ▶ HHS has a searchable database of ECPs online and will use as it reviews applications from issuers who will be selling plans
- ▶ Direct service providers should reach out to health insurers now to get into their networks for 2014!

Key Feature 3: Essential Health Benefits

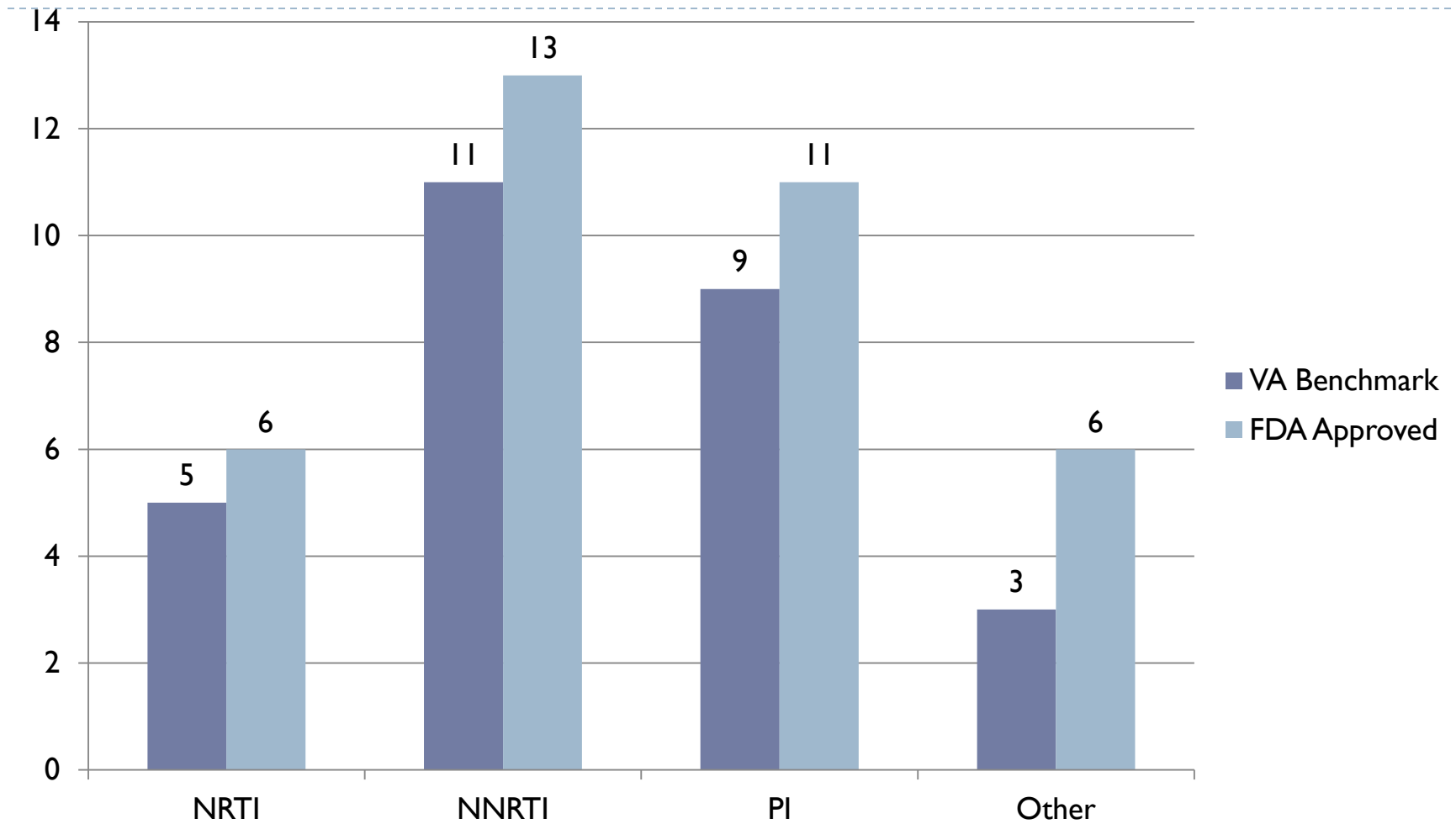
1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management;
10. Pediatric services, including oral and vision care.



Essential Health Benefits - Continued

- ▶ States required to select a “benchmark” for essential health benefits coverage
- ▶ Benchmark is a baseline example of what can be expected in the marketplace
- ▶ Virginia chose Anthem Blue Cross/Blue Shield Key Care
- ▶ HIV Care Services is assessing benchmark choice for impact to Ryan White services – information forthcoming.

Number of Antiretrovirals by USP Drug Class/Category



Sources: <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/virginia-ehb-benchmark-plan.pdf> and <http://www.fda.gov/ForConsumers/ByAudience/ForPatientAdvocates/HIVandAIDSactivities/ucm118915.htm>

Key Feature 4: Medicaid Expansion

- ▶ Expand Medicaid to all non-Medicare eligible individuals under age 65 with incomes up to 138% FPL
- ▶ In 2013, 138% = \$15,856 for household of one
- ▶ Lawfully present immigrants here less than five years and the Undocumented are excluded from Medicaid Expansion
- ▶ Supreme Court gave power to decide expansion to states
- ▶ No deadline for states to expand but there is financial incentive for earlier implementation
- ▶ Virginia has not yet made a decision
- ▶ EHBs would have to be covered
 - ▶ Benchmark may be different than with QHPs

Projected Virginia Medicaid Expansion

	Current FPL Eligibility	Proposed FPL Eligibility
Children & Pregnant Women	Up to 200%	Remains the same
Parents	24%	138%
Elderly or Disabled	80%	138%
Adults without children	Ineligible	138%

Potential Impact to ADAP

- ▶ Current Traditional VA ADAP enrollment approx 1,269 clients in the EMA
 - ▶ 766 (60%) within 138% FPL
 - ▶ 641 (51%) within 100% FPL
- ▶ ADAP is strategizing ways to assist clients in the Marketplace if there is no expansion
 - ▶ Tax credits/cost sharing reductions not available for those below 100% FPL
 - ▶ Marketplace specifics needed first!

Future Considerations

- ▶ Fluid situation
- ▶ Numbers of insured clients will increase
- ▶ Becoming a Federally Qualified Health Center (FQHC) or a FQHC “look-alike”
- ▶ Contract with FQHCs and other medical institutions on wrap-around and support services
 - ▶ Understanding Essential Health Benefits
 - ▶ Market your expertise!
- ▶ How will funding streams change?
 - ▶ SWOT Analysis with decision makers
- ▶ What will it look like if Ryan White is not the primary payer?

Future Considerations - Continued

- ▶ Some services are likely to not be covered under the marketplaces
 - ▶ Oral Health, Many Ryan White Support Services
- ▶ Small number of clients will not be eligible for the Marketplaces or Expanded Medicaid – will vary regionally
 - ▶ What about your client population?
- ▶ Where will there continue to be gaps?
- ▶ Ryan White Reauthorization
- ▶ How do we keep consumers informed?

ACA Resources

- ▶ AIDS.gov: <http://aids.gov/federal-resources/policies/health-care-reform/>
- ▶ CMS: <http://marketplace.cms.gov> and <http://cciio.cms.gov/>
- ▶ HHS: <http://www.healthcare.gov/>
- ▶ HIV Health Reform: <http://www.hivhealthreform.org/>
- ▶ HRSA: <http://hab.hrsa.gov/affordablecareact/>
- ▶ Kaiser: <http://healthreform.kff.org/>