The Affordable Care Act & Ryan White Program:
Tigers & Bears, Oh My!

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Special thanks to Harvard Law School/Treatment Expansion Access Project for sharing some of the original slides with us.
Check out HIVHealthReform.org
The clock is ticking!

- October 1, 2013: enrollment begins into Medicaid & health plans
- January 1, 2014: coverage begins
- March 31, 2014: open enrollment ends for plans
Today’s Goals

• Learn how health reform will help your clients get the care they need
• Get an update on how the law is being implemented
• Find out how you can be a champion for health reform

But remember: health care reform won’t fix everything.
These scenarios are based on real people living with HIV, although some details have been changed to protect confidentiality.
Michael, an uninsured man who makes $14,000 annually, is HIV-positive. He’s newly diagnosed and doesn’t have any symptoms, although he does suffer from depression. He has a history of heart disease and diabetes in his family.
Michael’s situation today

- Michael can’t qualify for Medicaid because he is not totally disabled.

- Michael can get HIV medications through the AIDS Drug Assistance Program (ADAP).

- Michael gets HIV primary care paid for by the Ryan White Program. However, if Michael develops diabetes or heart disease, he’ll have to pay out-of-pocket for the medications that will control these conditions.

- Michael has to pay out-of-pocket for medications to treat his depression.
Michael will have access to Medicaid based only on his income* (<133% FPL) and will not need to wait for an AIDS diagnosis to access the program.

Medicaid will pay for medical care and medications for any condition that Michael may have, which will help him to better manage his health and prevent costly hospitalizations.

* If Illinois passes SB 26
Karyns’s Road to Health

These scenarios are based on real people living with HIV, although some details have been changed to protect confidentiality.
Making it real: Karyn Positive and Working

Karyn, 40 year-old woman in Chicago, runs a small business and makes $40,000 per year (just under 400% of FPL). She just tested positive for HIV.
Karyn’s situation today

- Can’t buy private insurance: HIV is a pre-existing condition.
- She makes too much money for ADAP
- Might be able to get HIV meds through a pharmaceutical assistance program.
- Might be able to join a special insurance program for people with pre-existing conditions
- Worst case: pay out of pocket for treatment, could very well file for medical bankruptcy, and would then need to wait until she became totally disabled until qualifying for Medicaid
Karyn’s situation in 2014

She can purchase private insurance through a health insurance marketplace (exchange) – insurance companies will be required to sell policies to people with pre-existing conditions.

Health insurance will be more affordable:

• She’ll receive a sliding scale subsidy so her health care premiums are limited to 9.5% of her income.
• Insurance companies will be allowed to charge rates based only on age, geography and whether someone smokes or not (rates can’t depend on gender or how sick someone is).
Health care reform will completely change the landscape for prevention, treatment, care, and essential services for people living with HIV.
Context for Reform: The Current System is Not Working...

A Patchwork System with Many Gaps and Holes

- Even people with insurance have a hard time meeting cost sharing obligations
- Safety net programs (Medicaid and Medicare) have strict eligibility requirements

Status Quo = Public Health and Access to Care Crisis

The Current Crisis

- Demand for Ryan White care and services > funding
- Thousands on ADAP waitlists
- 25% of PWHIV uninsured
- 42-59% of low-income PWHIV not in regular care
- Disparities in health access, health outcomes
How will Obamacare fight HIV?

• More access to HIV testing ➔ more individuals know their HIV status ➔ more likely to use protection to prevent future infections

• More HIV-positive people on medications ➔ fewer infections

• More HIV-positive people able to obtain medications and regular medical care ➔ fewer will become sick, totally disabled and will avoid more severe, costly health problems down the line
Top 4 ways people with HIV will benefit from health care reform

1. Most low-income adults will get Medicaid
2. Middle-income people will be able to buy more affordable, private insurance
3. Private insurance companies will have to play by the rules
4. Medicare will get better
1. 2014: Most low-income people will get Medicaid (If states exact Medicaid Expansion)

- Expands eligibility: Starting in 2014, anyone who is poor can get Medicaid - no more requirement to be totally disabled
- Improves services: State will be required to provide benefits that can’t be cut
- Improves payments to providers: Enhances reimbursement for primary care providers in 2013-14
- Makes it easier to apply and enroll
If your state is NOT expanding Medicaid

- The Ryan White program will still be there to provide services.
- Does your state have an insurance payment program that can buy coverage for low-income people on the exchange?
2. 2014: Middle-income people will be able to buy affordable, private insurance

- Starting in 2014, middle-income people can purchase private health insurance through online health insurance marketplaces (“exchanges”)

- Anyone earning up to about $44K for an individual will get help from the federal government to afford their private plan (sliding scale subsidy)

- Plans cannot charge higher premiums based on gender or health status and must sell to anyone – ever if they are sick

- Plans must include Essential Health Benefits (EHB)

- Plans must contract with “community providers,” including Ryan White Programs
3. Private insurance companies have to play by the new rules

- Cannot be denied insurance because of HIV (or other chronic condition) (2014)
- Health plans cannot drop people from coverage when they get sick (already in effect)
- No lifetime limits on coverage (already in effect)
- No annual limits on coverage (2014)
4. Medicare is getting better

- 50% discount on all brand-name prescription drugs
- AIDS Drug Assistance Program (ADAP) contributions now count toward copayment obligations
- Part D “donut hole” phased-out by 2020
- Improved access to prevention/screening
New responsibilities

- Everyone will be required to have health insurance
- The requirement will be enforced by the IRS
- Employers must offer insurance or pay a tax
- But there are lots of exceptions...
What about the Ryan White Program?

• Its primary role is to provide care for the uninsured – if most people have insurance, why should the Ryan White Program exist?

• Reauthorization will be postponed, but the program will (and must) continue in mostly the same form until people transition to new health care programs

• Ryan White Programs should wrap around insurance and provide critical services help people with HIV access medical care – case management, transportation, emergency financial assistance, legal assistance, etc.

• Reauthorization webinar: HIVHealthReform.org/webinar
Health care reform isn’t perfect

• Undocumented immigrants aren’t covered
• How affordable will private insurance be?
• In Illinois, by 2016 1.3 million more people will have insurance or Medicaid coverage – will there be enough health care providers?
RECAP: Top 4 ways people with HIV will benefit from health care reform

1. Most low-income adults will get Medicaid
2. Middle-income people will be able to buy more affordable, private insurance
3. Private insurance companies will have to play by the rules
4. Medicare will get better
What you should know *and do* to make the ACA work
What should you be thinking about to prepare for the ACA?

• Ryan White is “payer of last resort”: If eligible for any other program, you must apply for and USE that program.

• EXAMPLE: So if eligible for Medicaid, then not eligible for Ryan White services that could be covered under Medicaid
  – Primary care, pharmacy, long-term care services, behavioral and mental health services all covered under Medicaid
  – Dental, emergency assistance, case management and other services still can get from Ryan White
• 50% of people with HIV are not in care, and they have worse health outcomes and greatest risk of transmitting HIV.
  – What services can your jurisdiction invest in to identify these individuals, get them in care, and keep them in care?
  – The RW program should be used to COMPLETE COVERAGE for people with HIV.
What should you be **thinking about** to prepare for the ACA? (continued)

• Primary care, mental health and substance abuse are mostly covered by Obamacare.
  – Can your jurisdiction reallocate some of that money for other services? How soon?

• What services are NOT covered by Obamacare and will need to continue to be funded by RW?
  – Case management, emergency assistance, dental, legal, non-medical transportation, food, etc.
What should you be thinking about to prepare for the ACA? (continued)

• Who WILL NOT be covered by the ACA? RW will be needed to provide ALL services to them (including medical).
  – Undocumented immigrants
  – People who can’t afford the ACA
  – People who miss enrollment and need a bridge
  – Others

• How will you assess health plans to figure out which ones are best for clients?
What you need to do now to prepare for health care reform

1. Sign up for HIVHealthReform.org and participate in webinars!
2. Find out if your state is expanding Medicaid (kff.org/health-reform)
   – If not, what is your state ADAP planning to do to help?
3. Find out what kind of marketplace your state has (federal, state, or partnership) (kff.org/health-reform) & learn the implementation timeline
4. Get plugged in to local coalitions working on ACA advocacy
What you need to do now to prepare for health care reform (continued)

5. Start planning how you will help clients enroll in ACA programs (e.g., partnerships with navigators and in-person assisters who are funded to do enrollment)

6. Start educating clients & staff about health care reform (forums, materials, etc.)
Download & customize this Q & A for clients: HIVHealthReform.org, click on “enrollment” tag

Health Care Reform and YOU!

Frequently Asked Questions for People with HIV who receive care through Ryan White

What is Health Care Reform?
President Obama signed the Patient Protection and Affordable Care Act—sometimes called ACA, “Obamacare,” or health care reform—in March 2010. This law is designed to make it easier for everyone to get health insurance and access health care, including people with HIV. The full law starts on January 1, 2014, but you might be able to sign up for new insurance before then.

What kind of insurance or health access program will I be eligible for after January 1, 2014?
There are three main programs that Ryan White clients who are currently uninsured may be eligible for next year:

<table>
<thead>
<tr>
<th>If you...</th>
<th>Medicaid</th>
<th>You may be eligible for...</th>
<th>Enrollment starts...</th>
<th>For more information...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earn &lt;$15,000/year</td>
<td>Earn between $15,001 and $44,680</td>
<td>Earn &lt;$50,000</td>
<td>October 1, 2013. Coverage will not begin until January 1, 2014</td>
<td>Talk to [Insert title of staff person, e.g. Case Manager]</td>
</tr>
<tr>
<td>Are lawfully present in the US</td>
<td>Are lawfully present in the US</td>
<td>Are not lawfully present in the US</td>
<td>October 1, 2013 and ends March 31, 2014. It is important you enroll during this time.</td>
<td>Visit <a href="http://www.coveredca.com">www.coveredca.com</a> and talk to [Insert title of staff person, e.g. Case Manager]</td>
</tr>
<tr>
<td>Are a resident of CA</td>
<td>Are a resident of CA</td>
<td>Are a resident of CA</td>
<td>Ongoing</td>
<td>Talk to [Insert title of staff person, e.g. Case Manager]</td>
</tr>
</tbody>
</table>

Your access to health care is not expected to change.
You will still be able to get medical care and HIV medications through Ryan White and ADAP.

How do I enroll for one of the insurance plans or health access programs?
Whether or not you currently have insurance, you might get information in the mail about changes to your insurance options. Keep an eye out for this information and make sure to review it! You can bring that mail—or any other enrollment questions—to your Case Manager and/or medical care provider.
Learn More about Health Reform

- **www.HIVHealthReform.org**
  - Webinars recordings, “state-by-state” resources
- Kaiser Family Foundation
  - **www.kff.org**
- Families USA
  - **www.familiesusa.org**
- HIV Medicine Assn: **www.HIVMA.org**
Questions?

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