

Colorado HIV Care & the Affordable Care Act: Making It Real!



Denver HIV Resources Planning Council Resource Fair - September 13, 2013

Today's Presenters

Denver HIV Resource Planning Council

- Maria Lopez

Colorado Department of Public Health & Environment

- Todd Grove, Colorado AIDS Drug Assistance Program

Colorado Department of Health Care Policy and Financing:

- Sonja Madera, Medicaid Program Specialist

Colorado Regional Care Collaborative (RCCO)

- Lori Roberts - ValueOptions Colorado Partnerships

Welcome!

Maria Lopez, Denver HIV Resources Planning Council



Today's Questions

- What do our current HIV services look like? (Todd)
- What is health reform? (Sonja)
 - Medicaid
 - The Marketplace
 - Application and Enrollment
 - Accountable Care Collaborative (Lori)
- What will change for Ryan White/ADAP? (Todd)

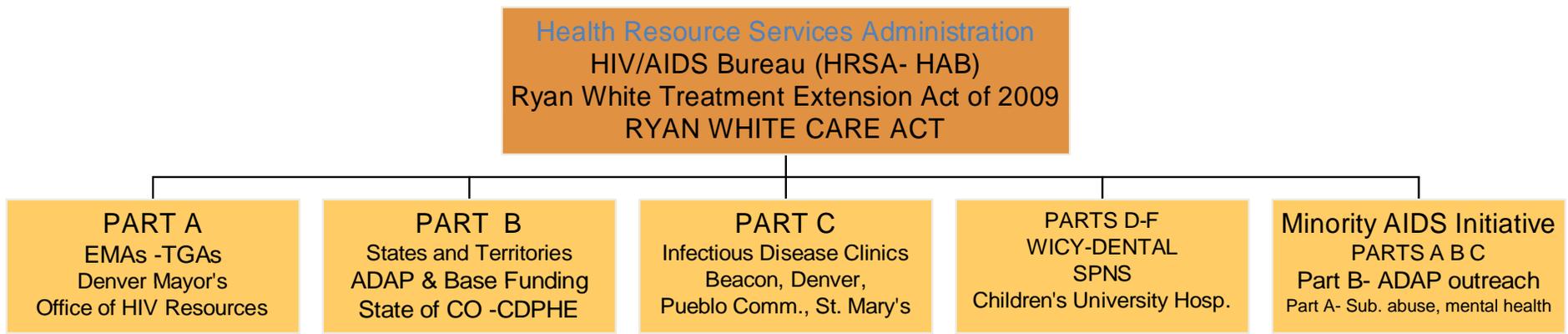
Where are we now??

Todd Grove, Colorado

AIDS Drug Assistance Program



FEDERAL HIV AIDS RESOURCES

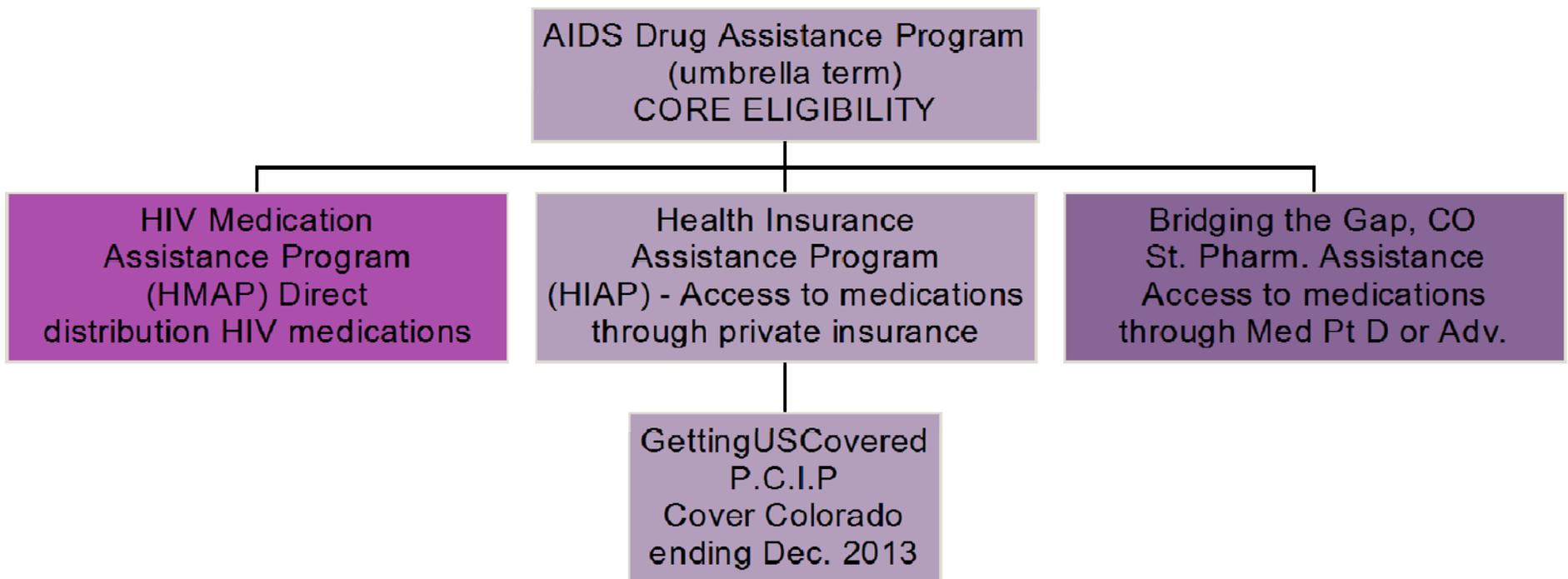


Medicaid

**Colorado Indigent Care
Program (CICP)**

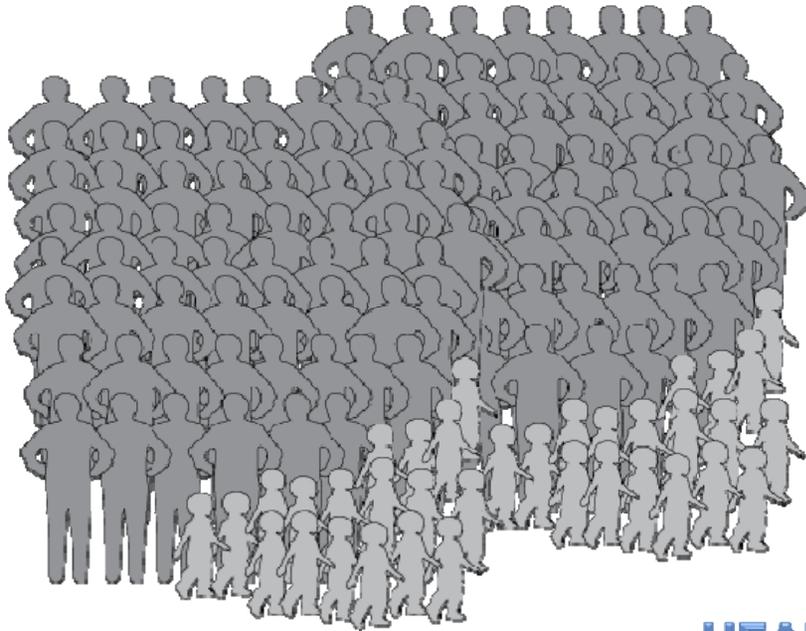
Medicare

Colorado AIDS Drug Assistance Program



Colorado HIV Care before Implementation

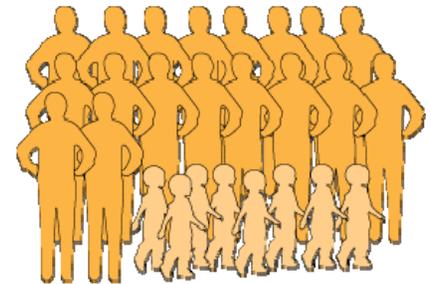
UNINSURED – CICP, RYAN WHITE & HMAP



1,600 people

BRIDGING THE GAP – MEDICARE / MEDICARE & MEDICAID

900 people



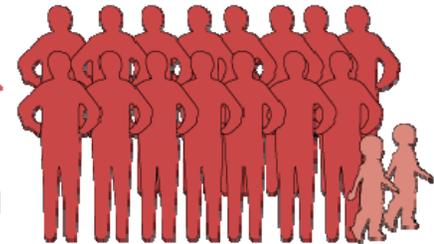
HEALTH INSURANCE ASSISTANCE PROGRAM

57 PCIP members, 20 on Cover Colorado

600 people



Employer Sponsored Insurance



Slide 8

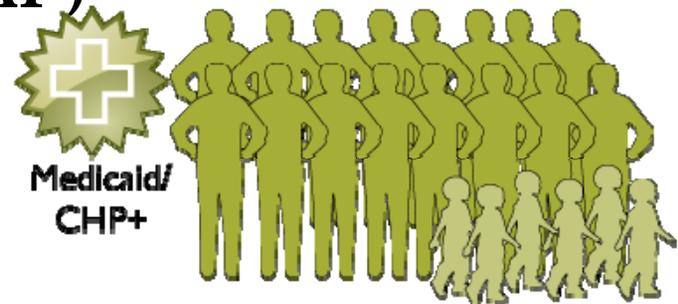
s2

This slide should be the churn slide

smcmahon, 3/14/2013

HIV population already on Medicaid

- An estimated 500- 600 people are currently on Colorado Medicaid
- Primarily those who have been declared medically disabled and receive Supplemental Security Benefits (SSI), or family Medicaid, including childless adults
- Will be able to join ADAP's new Supplemental Wrap Around Program (SWAP)



The Current System: Colorado Indigent Care Program (CICP) & Ryan White



Ryan White dollars help wrap-around CICP services, including salaries, individuals over 250% of FPL, and the undocumented

I have CICIP and HMAP, why do I need insurance?

CICIP/HMAP

- ⊗ CICIP is NOT health insurance, it is a discount program.
- ⊗ Not comprehensive coverage
- ⊗ Not all essential services covered
- ⊗ Very limited network of providers
- ⊗ Fills restricted to 3 pharmacies
- ⊗ Only ADAP-formulary medications covered
- ⊗ Requires recertification every year

Medicaid/ Health Insurance

- ✔ All plans must offer Essential Health Benefits
- ✔ Comprehensive provider networks
- ✔ More drugs are covered
- ✔ Better laboratory and medical imaging coverage
- ✔ Better mental/behavioral health benefits
- ✔ Access to more services
- ✔ Expanded ADAP network of pharmacies, including all King Soopers, City Market and Walgreens pharmacies
- ✔ Emergency Services covered when traveling outside the state

What is Health Reform?

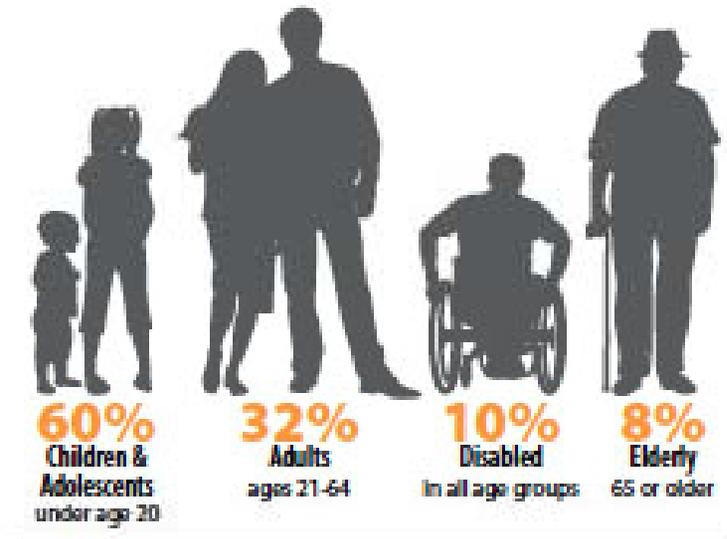


Sonja Madera, Medicaid Program Specialist
Colorado Department of Health Care Policy and Financing



Who We Are

Our mission:
Improving health care
access and outcomes for
people we serve while
demonstrating sound
stewardship of financial
resources



The Affordable Care Act (ACA)

- **Expands health insurance coverage**
 - **Medicaid expansion**
 - **The Marketplace: Connect for Health Colorado™**
- **Changes rules for insurance coverage**
- **Requires most people to get health insurance**

Medicaid Expansion

The ACA Medicaid expansion will allow more parents and adults without kids to have health care coverage.

YOU ARE...	MONTHLY INCOME ABOUT...
Individual	\$1,250*
Family of 2	\$1,700*
Family of 3	\$2,150*
Family of 4	\$2,600*

**You may still qualify if you earn more. Medicaid is changing the way income is calculated – called Modified Adjusted Gross Income (MAGI) – so even if you have been denied in the past, you may qualify for Medicaid in 2014.*

Medicaid Expansion Benefits

Alternative Benefits Plan (ABP) must:

- Cover 10 essential health benefits (EHBs)
- Meet mental health parity/ substance abuse equity requirements
- Ensure extra services for 19- and 20-year-olds
- Provide non-emergency medical transportation

10 EHBs

- 
- Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - MH and SUD services
 - 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 (children only only)

Source: Lorez Meinhold



What is the Marketplace?

Goal: Create a simpler, smarter shopping experience for health insurance

A *marketplace* and *support network*, for **individuals** and **small employers** to:

- **Compare** information regarding cost and quality
- **Shop** features of plans containing the same base benefits
- **Determine** eligibility for and **access** new financial assistance
- **Call, text or sit down** with someone for help
- **Enroll** in a plan that fits their individual needs
- Call Toll free: 1-855-PLANS4YOU (855-752-6749)
TDD 1-855-346-3432

Breaking News: This is a breaking news ticker which will provide updates on current events.

Health Insurance for Individuals & Families

Learn More

Shop Now

Individuals & Families



Young Adults



Employees



Employers



⊕ Is this for me?

Connect for Health Colorado is a new marketplace for individuals, families and small businesses looking to buy health insurance. You can shop with us if you are a Colorado resident under age 65, have legal immigration status and need health and/or dental insurance. Small businesses and non-profit organizations with up to 50 employees can also shop here.

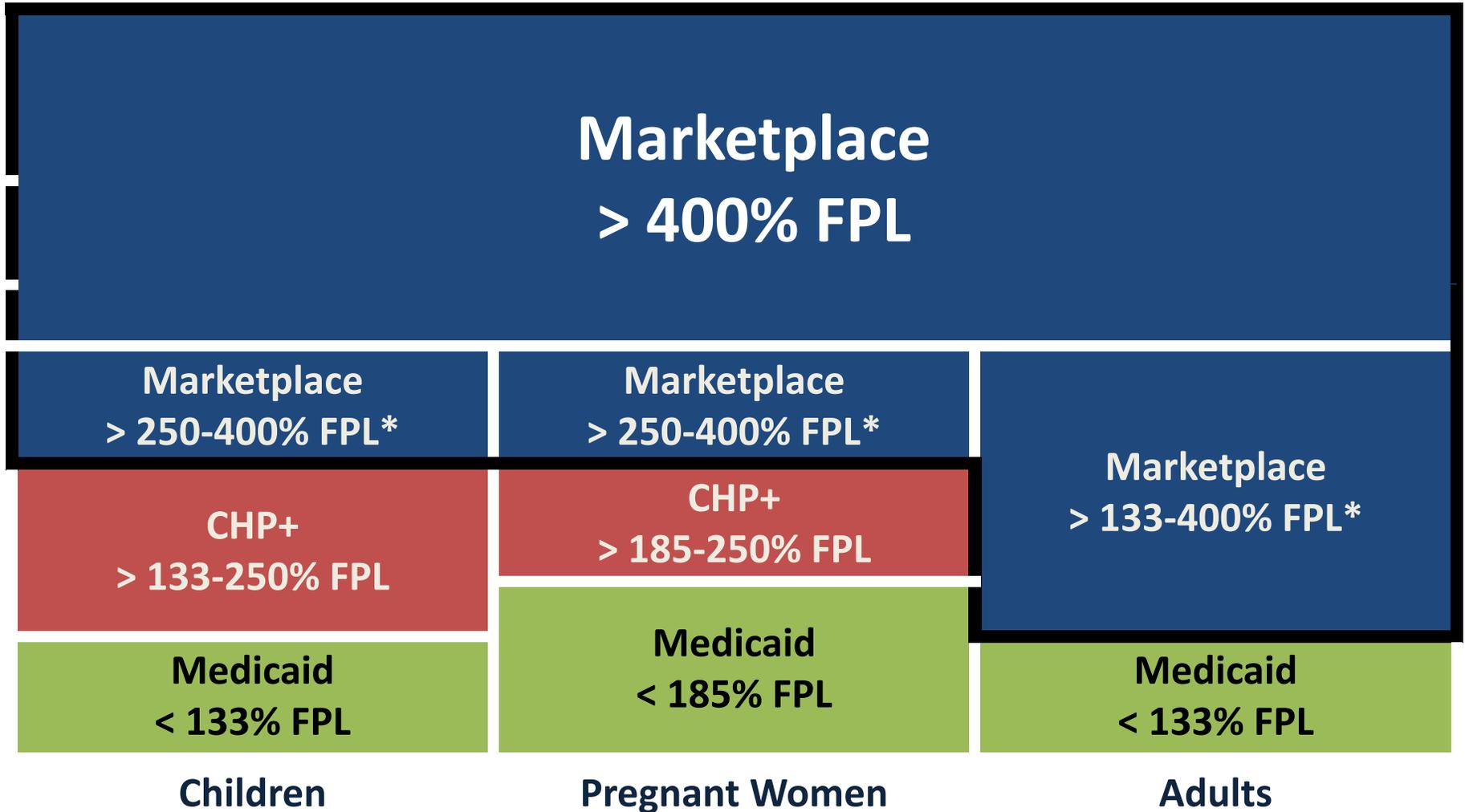
⊕ Exclusive Savings

Connect for Health Colorado is the only place where Coloradans can access new financial assistance, based on income, to reduce the cost of health insurance. You can apply through our website and find out if you qualify for a new kind of tax credit that you can use right away to lower the cost of your premium and other ways to save. We'll also

⊕ Learn about the Marketplace



More Ways to Get Insurance



* Advanced Premium Tax Credits and Cost Sharing Reductions

New Insurance Rules

- Since July 2010, any new health insurance plans, with the exception of grandfathered plans,* are required to provide coverage for preventive services.
- Starting in 2014, all health insurers will have to sell coverage to everyone who applies, regardless of their medical history or health status.
- Starting in 2014, insurers are barred from charging more or excluding coverage for individuals with pre-existing conditions.
- And don't forget – starting in 2014, you may have to pay a fine if you don't have health insurance.

** Grandfathered plans are employer insurance plans that were in place on March 23, 2010. These plans are subject to some of the new rules resulting from the health reform law, but exempt from others.*

Key Dates to Know

October 2013: Enrollment Opens

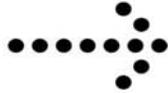
January 2014: Coverage Begins

March 31, 2014: Marketplace Enrollment Closes

 Medicaid & CHP+ accept applications year-round.

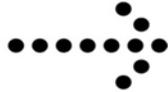
How to Apply for Coverage

Apply Online



ConnectforHealthCO.com

Apply by Phone



1-800-221-3943

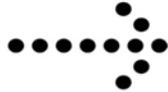
TDD: 1-800-659-2656

1-855-PLANS-4-YOU

(1-855-752-6749)

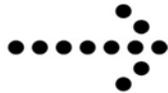
TDD: 1-855-346-3432

Apply In Person



Call 1-800-221-3943 or 1-855-PLANS-4-YOU
for a location in your community

Apply by Mail



Colorado Medicaid and
CHP+
PO Box 929
Denver, CO 80201-0929

Connect for Health Colorado
PO Box 35033
Colorado Springs, CO 80935

New Application

- There will be a NEW common application used beginning Oct. 1
- Common application will be available online in mid-September; organizations will be able to order paper applications using the same process
- Old applications will still be accepted but clients will have to complete a short additional form

Who can help you apply?

Clinical Based Social Work – CICP enrollment Staff where you are seen

County Human Services Offices

Case Management / Social Worker through Peak or Insurance Marketplace

CDPHE/ targeted enrollment

Or apply online at **PEAK!**

COLORADO PEAK - Progr x
 coloradopeak.force.com

Colorado PEAK
 Get Started → Am I Eligible? Apply for Benefits Manage My Account

Large Print Large Print En Español ?



Sign In

Enter Your User Name (Email Address)

Enter Your Password

Sign In

[Forgot User Name?](#)
[Forgot Password?](#)

Don't have an account?

Click if you are an authorized Service Provider that has been assigned a Provider Login ID by the State and you will be taken to the Provider Login page.

Account Notice

If you created an account prior to June 21, 2013, at 5:00 PM, you will need to create a new account in order to apply for benefits or access your existing benefits.

Welcome to PEAK

The fast and easy way to access benefit information - anytime and anywhere. PEAK is an online service for Coloradans to screen themselves and apply for medical, food, and cash assistance programs.

Other benefits are available, check with your county office for details.

Resources

- For Community Partners
- For Counties
- PEAK News
- PEAK Reports

Quick Links

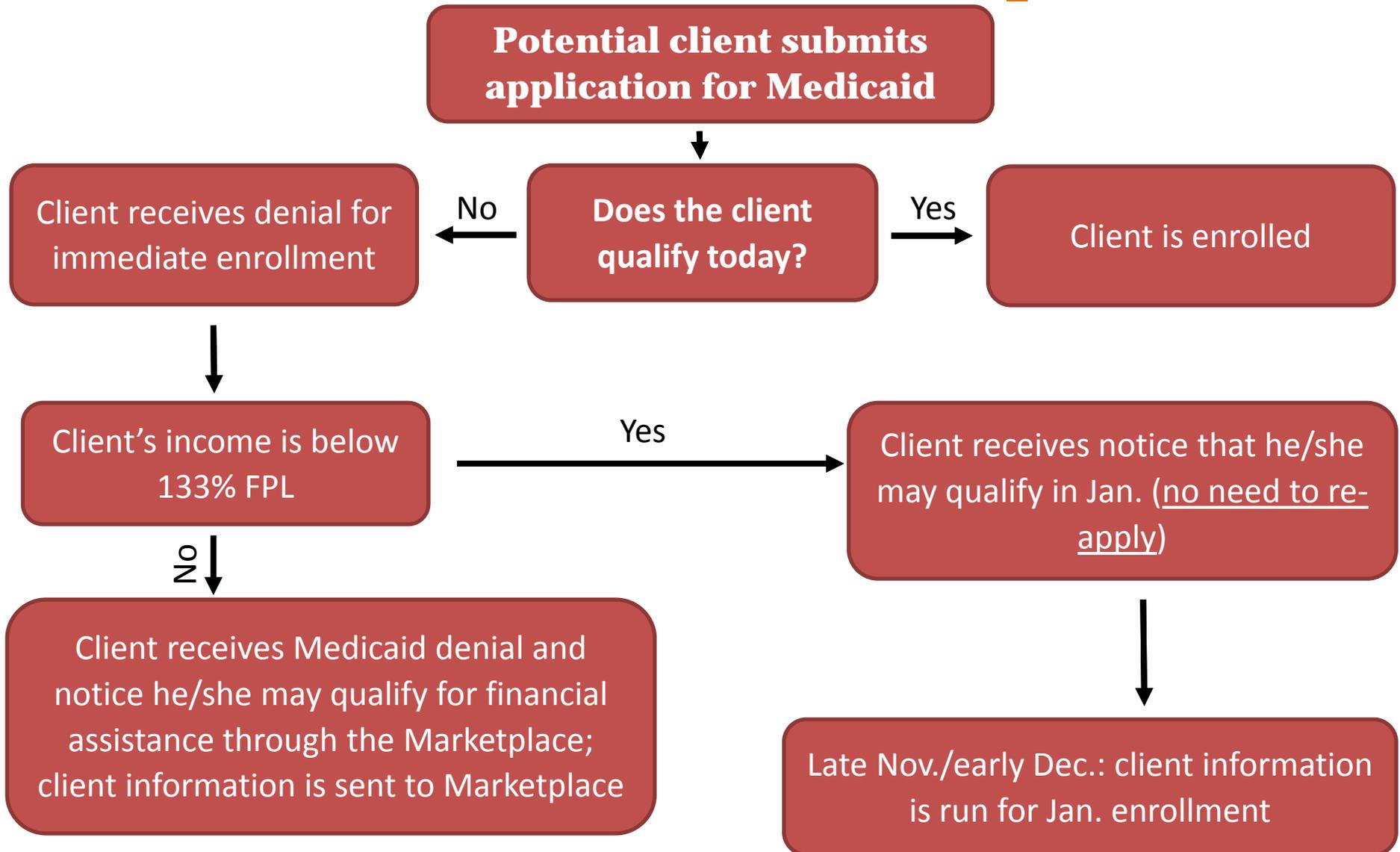
- Before You Begin
- Benefit Information
- Find Nearest Office
- FAQs

Learn More

- About PEAK
- Food Assistance
- Medical Assistance
- Colorado Works / TANF
- Adult Financial

Colorado.gov/PEAK

What Clients Can Expect



Introduction to the Colorado Accountable Care Program



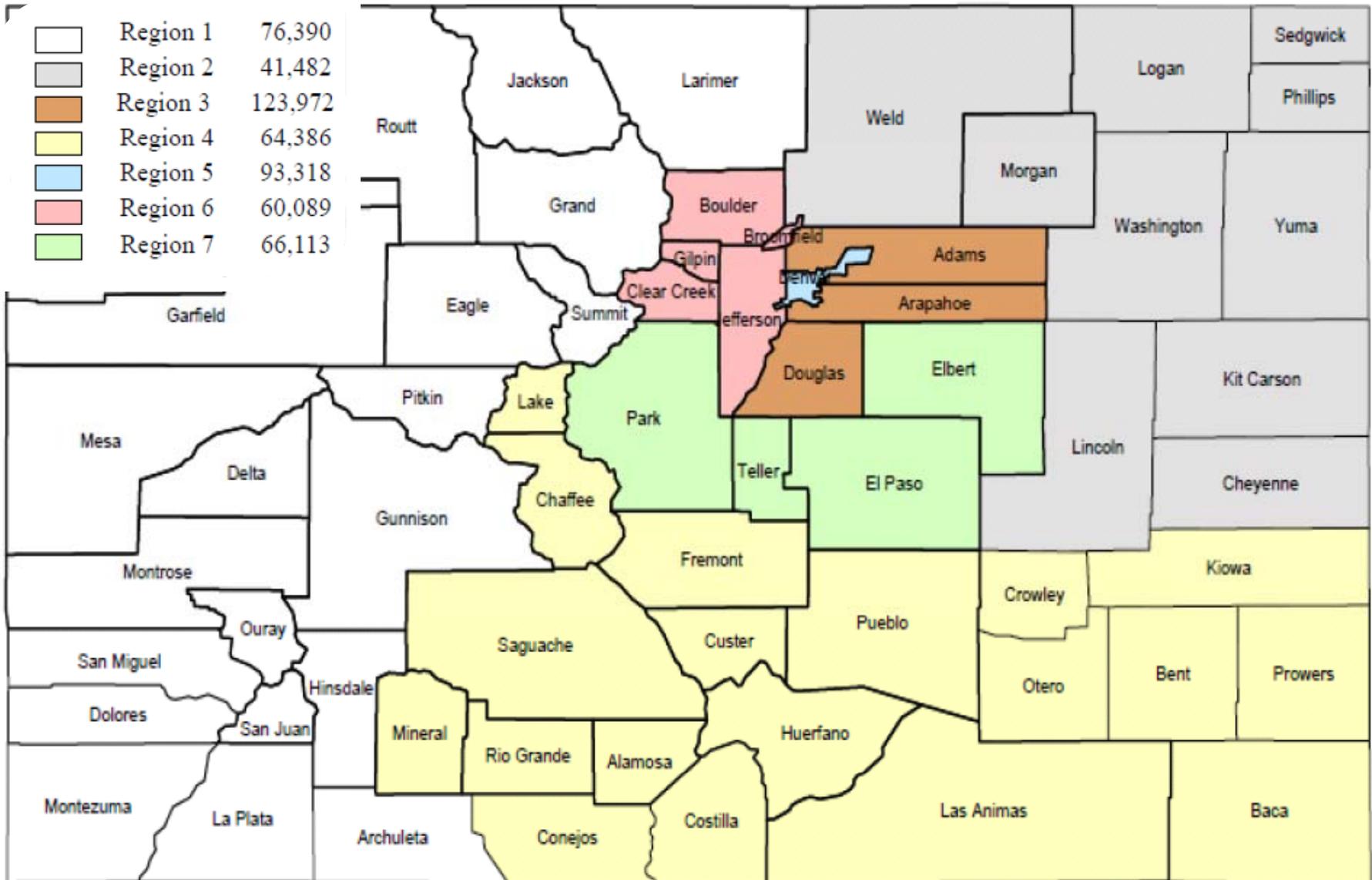
Lori Roberts –
ValueOptions Colorado Partnerships

The RCCO Role in the ACC Program

- Promote coordinated collaboration with all providers, social services, local and state governments, advocacy and client service organizations to provide care and services to clients
- Be accountable, as the regional contractor for the region, to achieve health, healthcare, and cost outcomes
- Improve the client and provider experience



7 ACC Regions



Welcome – New Words You Will Hear

- **Accountable Care Organizations (ACOs)**
 - National Health Reform
- **Accountable Care Collaborative (ACC)**
 - Colorado's delivery system of health reform
 - Developed prior to federal ACO concept
- **Primary Care Medical Provider (PCMP)**
 - The Doctor you select.
- **Regional Care Collaborative Organization (RCCO)**
 - A RCCO is an organization that coordinates your care – your physical health care, mental health care and the care you receive in the community.

Components of the ACC

What does the RCCCO do?

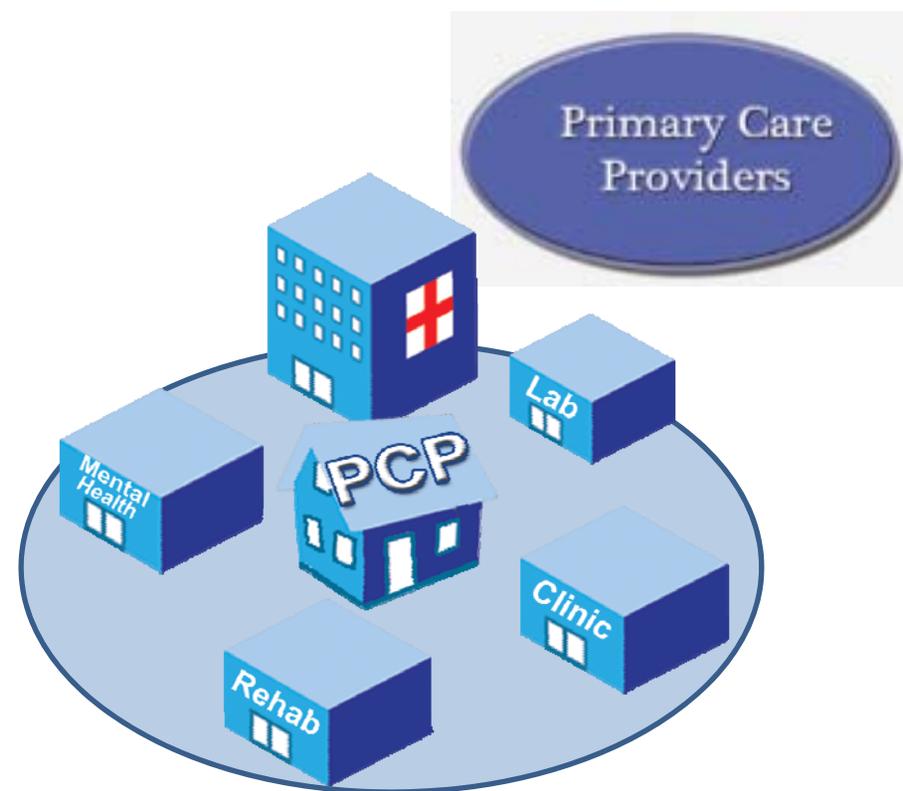


- Works to Save money by getting the right services in the right setting at the right time
- Make sure there is care coordination and a Medical Home for every Member through:
 - A Good Network
 - Supports Providers
- Has Medical Management and Care Coordination
- Reports that they are meeting ACC goals

Components of the ACC (cont.)

- The PCMP is your Doctor
 - PCMP is a Medical Home
 - Member/family centered
 - Whole person oriented
 - Coordinated
 - Promotes client self-management
- Care provided in a culturally sensitive and linguistically sensitive manner
 - Accessible

What does the PCMP do?



How does ACC Improve Health Outcomes & Control Cost?

- **Focus on Medical Home Model**
 - Connecting Members to Primary Care Medical Providers
- **Medical Management**
 - Ensure members get the right care, at right time and in the right setting
- **Care-Coordination**
 - Behavioral health, long-term-care, Single Entry Point programs, community resources and supports and other human service agencies, providers and advocates

Questions You Might Have?

- How do I know if I am in the ACC?

You will get a letter from Health Colorado. (A sample is on the next slide)

- What do I need to do if I get the letter?

You do not need to do anything if it lists your Doctor as the PCMP. If it does not, you can call your RCCO or Health Colorado to select your doctor.

- How does it benefit me to be part of the ACC?

Care Coordination, Medical Home, Customer Service from 8-5 are a few of the benefits.

Health Colorado Enrollment Letter

- You DON'T need to do anything if the letter indicates the correct PCMP
- Your RCCO and PCMP may not make the call to the Health Colorado on your behalf, but can assist you with making the call to select your doctor
- You can change PCMP selection at any time
- You can ask their RCCO to try and recruit their PCMP if not already contracted as an ACC primary care provider



This letter is your only notice about this change.

If you are hearing impaired call TTY: 1-888-876-8864

Alternative formats of this document will be provided upon request. For more information call 303-839-2120.



<Name>
<Address 1>
<Address 2>
<City, State ZIP>

<Date Letter mailed>

<Client ID>

Welcome! You or other family members listed below have been specially selected for enrollment into Colorado Medicaid's newest health plan - the Accountable Care Collaborative (ACC). The ACC is a plan where you will have a regional organization to connect you to the right doctors, coordinate your care with other providers, and help you find social and community services in your area.

Enrollment is automatically effective on <effective date> for:

<Client 1> <Client 2> <Client 3>
<Client 4> <Client 5> <Client 6>

Primary Care Provider: <PCP Name and Contact>

Your Regional Organization: <RCCO and Contact>

If you want to stay in the ACC plan

If you are happy with your primary care provider, **you don't have to do anything**. If you want to change your primary care provider, call **HealthColorado** at <phone number>. **HealthColorado** is open Monday through Friday, 8 a.m. to 5 p.m.

If you want to be a member in a different health plan

You can make that choice by calling **HealthColorado** at <phone number> before <DATE>. **HealthColorado** will help you to choose another health care plan. You may change to a different health plan for any reason within the first 90 days after you enroll. Each member will have another chance to change health plans in the 60 days before their month of birth. The Health Plans available in your area are:

<Health Plan Name> <Health Plan Name>
<Health Plan Name> <Health Plan Name>

If you need behavioral health services

Your choice of health plan does not change where you can get your behavioral health services for you or for your family members. All behavioral health services will continue to be provided by <BHO> at <BHO number>.

Some Things You Should Know about Referrals

- The Accountable Care Collaborative Program does not require that specialists get an administrative referral from the Primary Care Medical Provider
- However, regular communication and coordination of care between your PCMP and specialty provider is essential for improved health outcomes.
- If you are currently working with a specialists you should inform your Primary Care Medical Provider

Additional Information...



Region 1- Rocky Mountain Health Plans 800-667-6434; acc.rmhp.org

Region 2- Colorado Access 855-267-2094; www.coaccess-rcco.com

Region 3- Colorado Access 855-267-2095; www.coaccess-rcco.com

Region 4- Integrated Community Health Partners 855-959-7340; <http://www.ichpcolorado.com/>

Region 5- Colorado Access 855-384-7926; www.coaccess-rcco.com

Region 6- CO Community Health Alliance 877-919-2888; www.cchacares.com

Region 7- Community Care of Central CO, 866-938-5091; www.mycommunitycare.org

Health Colorado

<http://www.healthcolorado.net/>

ACC Fact Sheet

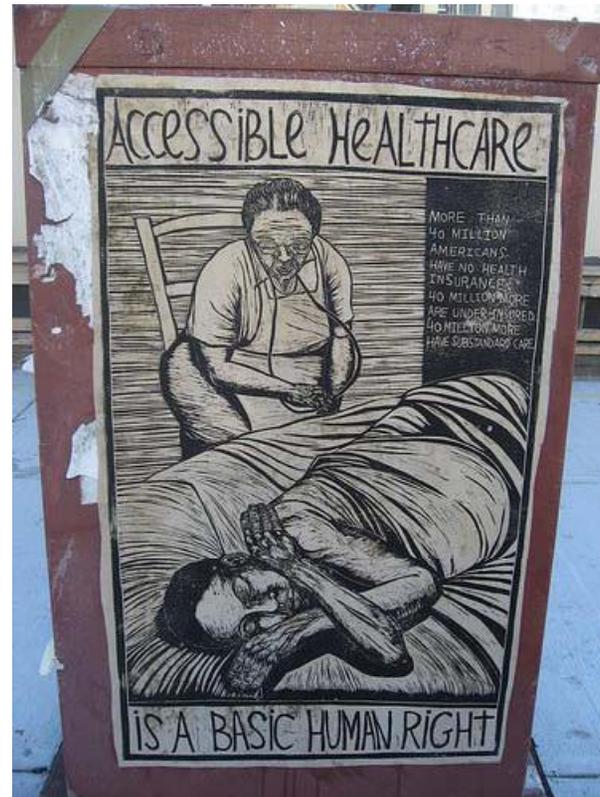
<http://www.healthcolorado.net/lists/pdfs/ACC%20Fact%20Sheet.pdf>



**So how does
this affect
current
Ryan White
and ADAP
programs?**

Top 4 ways people with HIV will benefit from health care reform

- 1) Many low-income adults will get Medicaid (below 133% FPL)
- 2) Above 133% FPL, people will be able to buy more affordable private insurance
- 3) Private insurance companies will have to play by new rules
- 4) Medicare will get better



What to do about Co-pays?

- Ryan White rules state that no one under 100% of Federal Poverty Level should be charged a co-pay for services, *but Medicaid does have co-pays at every income level.*
- Concerns:
 - How do we prevent copays from being barriers to care?
 - How should assistance be offered? Should we use the existing Emergency Financial Assistance system?
 - Would bi-annual recertification be required?
 - Do copays keep people engaged in managing their own care?

Supplemental Wrap Around Program (SWAP)

- ADAP will begin a new program to cover all Medicaid-eligible clients with medication co-pay coverage for **ADAP** formulary
- Members will be able to use many more pharmacies if they choose (King Soopers, Walgreens)
- Recertification process may become easier (as member would have been screened eligible for Medicaid)
- ADAP suggests that clients continue to use HMAP network pharmacy at least at first - easy movement to HIAP, or to HMAP if “churning” is an issue – allows for back-billing.

Members eligible for Medicaid

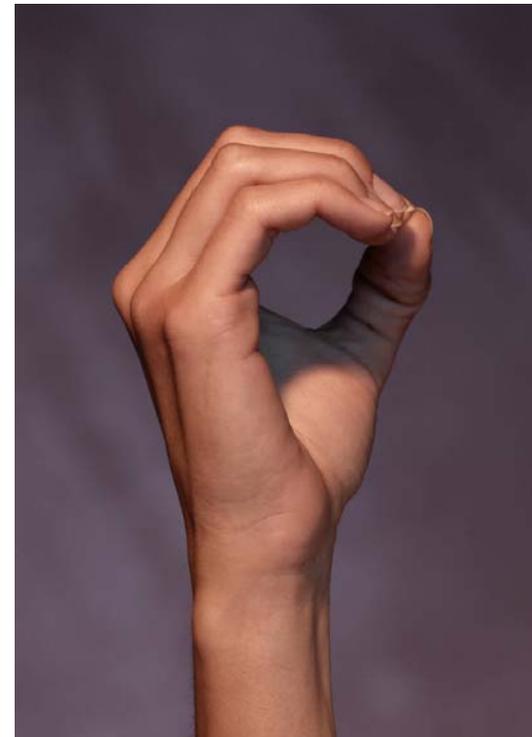


ADAP and the Marketplace

- If your income is over the Medicaid limit, you can buy insurance through “Connect for Health Colorado”.
- You may qualify for a federal subsidy to pay a portion of your monthly plan premiums.
- If you are in ADAP, the program will cover the remainder of the monthly premium on select silver-level plans.
- Copays for your ADAP-formulary medications will be covered at participating pharmacies
- Copays and coinsurance for office visits will be covered.

How Much Will It Cost Me?

- If you receive ADAP, your cost for your HIV care and ADAP formulary prescriptions using private insurance and ADAP will be:



How Will It Work?

More benefits and services with no cost to the member, what's the catch?

- Instead of paying the full cost of expensive HIV medication, ADAP's dollars can go further by paying the costs associated with insurance.
- Insurance pays a the majority of the costs of drugs and services, ADAP picks up the remainder
- ADAP saves money, members get comprehensive health coverage



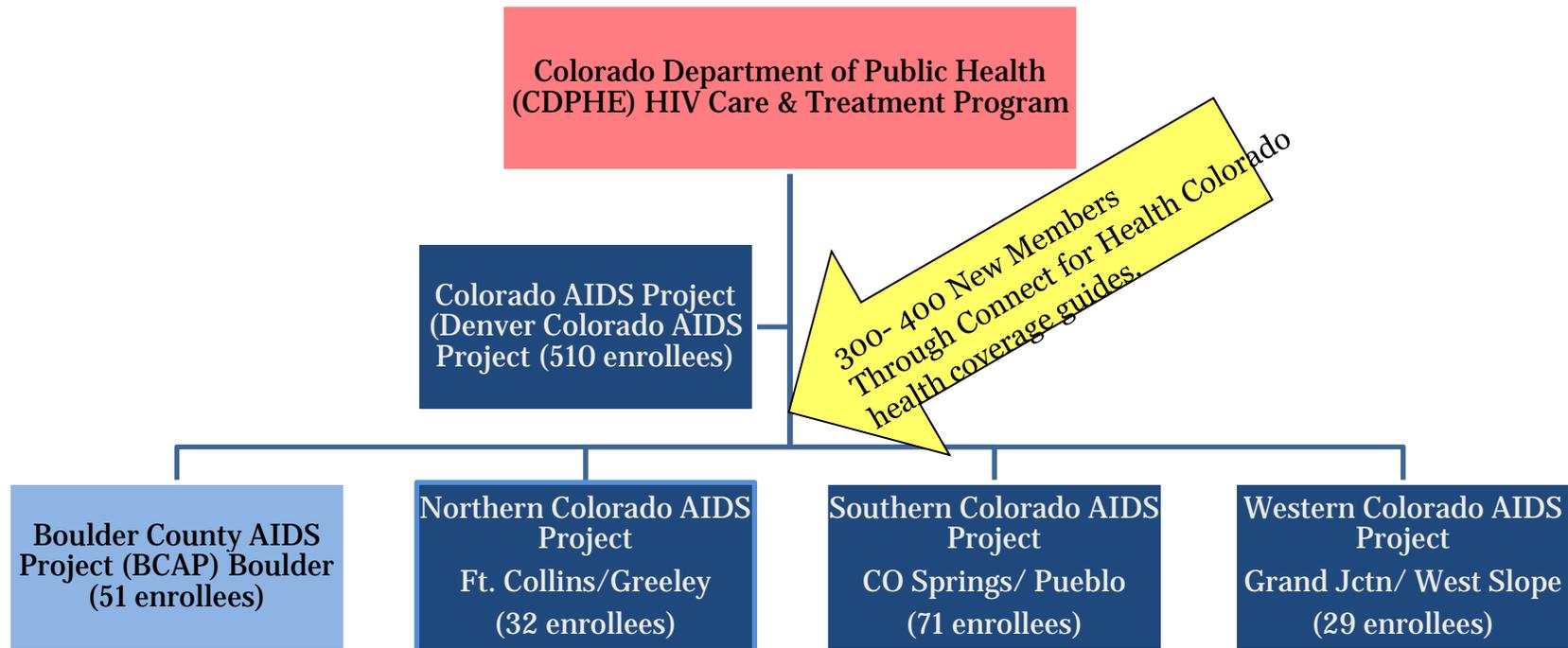
Everybody Wins.



Colorado ADAP Coordination of Hiring Health Coverage Guides

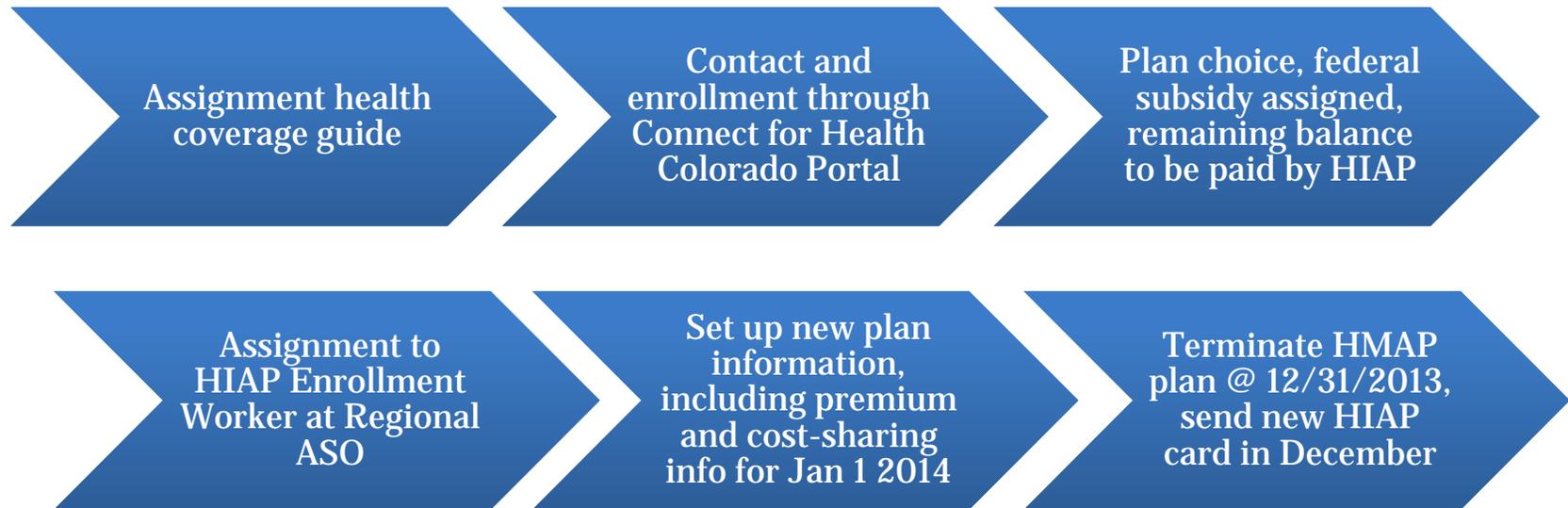
- ✓ CDPHE has applied as lead and is recognized as official assistance network entities for HIV/AIDS
- ✓ Approximately 13 -15 individuals are being trained to enroll individuals regionally
- ✓ We have purchased equipment and wifi capacity
- ✓ Mobile – ASOs, clinics, enrollment events, client homes if necessary

Current HIAP Members enrolled by Region / area



Eligibility Screening done at these enrollment sites until January 2014, then performed by ADAP?

Members eligible for the Marketplace



Changes to Medicare



- 54% discount on all brand-name prescription drugs paid by drug makers during Part D “donut hole” – to be totally phased-out by 2020
- Increased generic coverage as well
- More classes of drugs allowed
- Improved access to prevention & screening

Let's Make Healthcare Reform Real:

1) Michael and Ross



Michael & Ross

Michael

- Michael is on Medicare
- He has ADAP and Bridging the Gap, which pays his Medicare Part D premiums and his prescription Drugs
- In 2014, there are **no changes** to Michael's ADAP coverage – he should expect his renewal application for BTGC in October

Ross

- Ross has insurance through his employer, and earns about \$20,000 a year
- It is a pretty good plan, and ADAP's Health Insurance Assistance Program (HIAP) pays his premiums, deductibles & co-pays
- Ross should also expect to have **no changes** to his HIAP coverage



Making it Real# 2: Aaron

- *Aaron, 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.*



Aaron's Situation Today



- Aaron can't qualify for Medicaid right now.
- Aaron can get HIV medications through ADAP's HIV Medication Assistance Program (HMAP).
- Aaron gets HIV primary care paid for by the Ryan White & CACP. However, if Aaron develops diabetes or heart disease, he may have to pay out-of-pocket for medical care or medications that will control these conditions
- Aaron has to pay out-of-pocket for medications to treat his depression.

Aaron's Situation in 2014

FROM CICP, Ryan White & HMAP

- Aaron will have access to Medicaid based on his income* (<133% FPL) and will not need to wait for an AIDS diagnosis to access the program.

TO: Medicaid and SWAP

- Medicaid will pay for medical care for Aaron's physical and behavioral health needs, which will help him to better manage his health and prevent costly hospitalizations.



Karyn's Road to Health

Making it Real:



- *Karyn, 40 year-old woman in Aurora, runs a small business and makes \$40,000 per year (just under 400% of FPL). She just tested positive for HIV.*

Karyn's in trouble!



Karyn's Situation Today:

- Can't buy private insurance: HIV is a pre-existing condition.
- She makes too much money for CACP
- Is able to get HIV meds
ADAP's HMAP
- Could possibly get business of one insurance – expensive!
- Worst case: pay out of pocket for treatment, could very well file for medical bankruptcy, and still might not qualify for Medicaid

Karyn's Situation in 2014

Karyn has options!

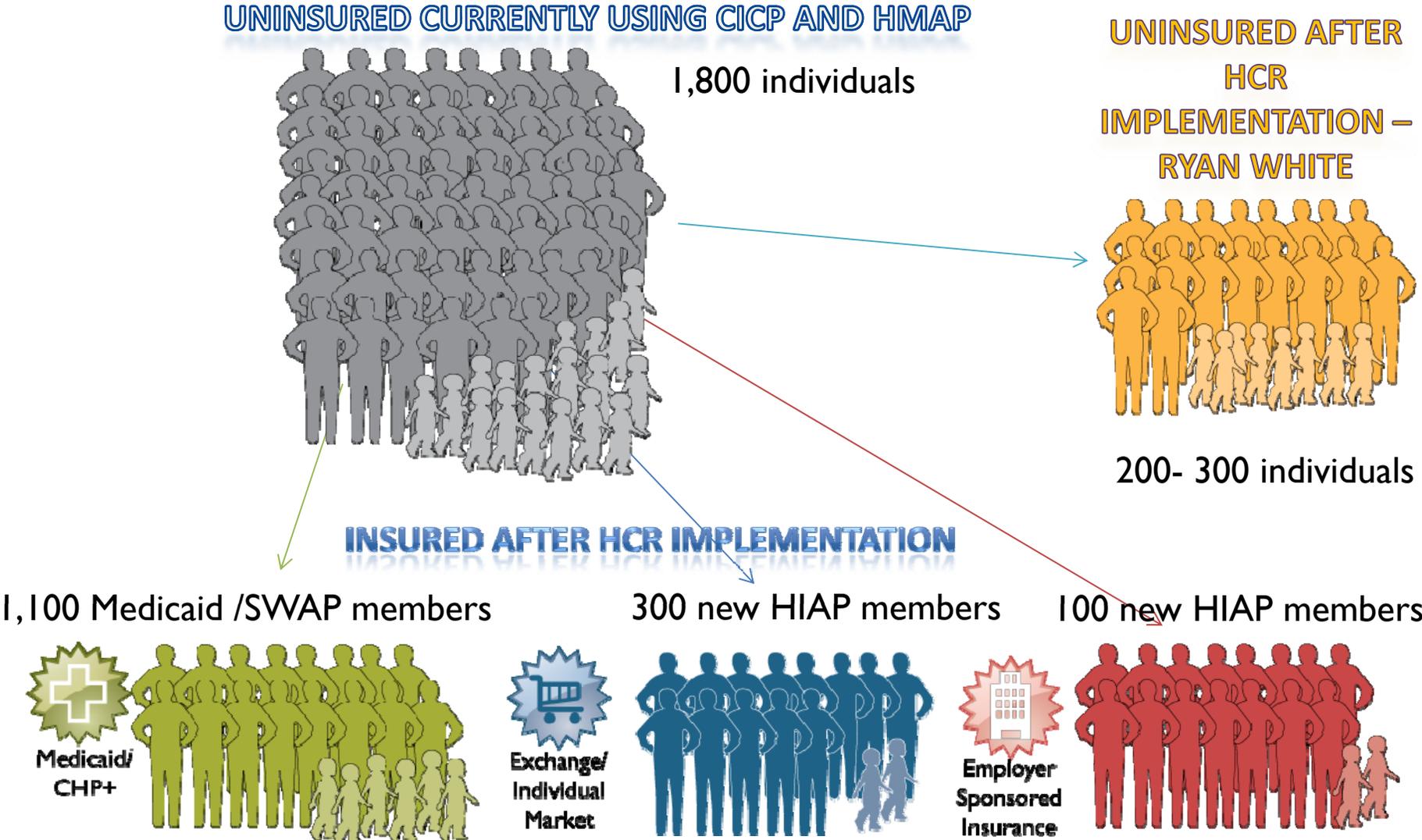
- She can purchase private insurance through Connect for Health Colorado marketplace
- Insurance companies will be required to sell policies to people with pre-existing conditions



Coverage will be more affordable:

- She'll receive a sliding scale subsidy for her health care premiums.
- 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).
- Colorado ADAP's Health Insurance Assistance Program will help pay for the cost of insurance beyond what the federal government will pay

ADAP / Insurance Status after Implementation



Like us on facebook!
www.facebook.com/
COADAP

The screenshot shows the Facebook profile for the Colorado AIDS Drug Assistance Program (COADAP). The page header includes the Facebook logo, the name "Colorado AIDS Drug Assistance Program", and a search icon. Below the header, a navigation bar shows "You are posting, commenting, and liking as Colorado AIDS Drug Assistance Program — Change to Adam Brisnehan". The main content area features a large cover photo of a mountain landscape with a "KEEP CALM" sign and the Colorado Department of Public Health and Environment logo. The profile picture is a red cross with the acronym "AIDAP" below it. The page name "Colorado AIDS Drug Assistance Program" is displayed, along with "94 likes · 47 talking about this · 0 were here". The "About" section describes the program as a government organization that provides AIDS-specific medications at no cost. Navigation tabs for "About", "Photos", "Likes", and "Map" are visible. A "Highlights" dropdown menu is present. The main post area shows a link shared by the program, titled "Colorado AIDS Drug Assistance Program shared a link. 5 hours ago". The link text reads: "Did you know that next year insurers can't charge more in premiums for pre-existing conditions, but they can charge more if you smoke? Quitting is a healthier choice for you and your wallet. Visit the folks at the Colorado Quitline if you'd like help quitting. These folks are our friends here at CDPHE and they can help you find the resources and support you need to kick the habit." Below the link is a graphic for the Colorado QuitLine with the website URL <https://www.coquitline.org/> and the text "The Colorado QuitLine is funded through the Colorado Department of Public Health and Environment. The department serves the people of Colorado by". The right sidebar contains a "Boost Page" button, a "Recent" section with "Joined Facebook", and a "14 Friends" section with a "Invite Your Friends to Like this Page" button. At the bottom, there is a "Recommendations" section with a star rating and the text "What do you think about this place?".

Questions?

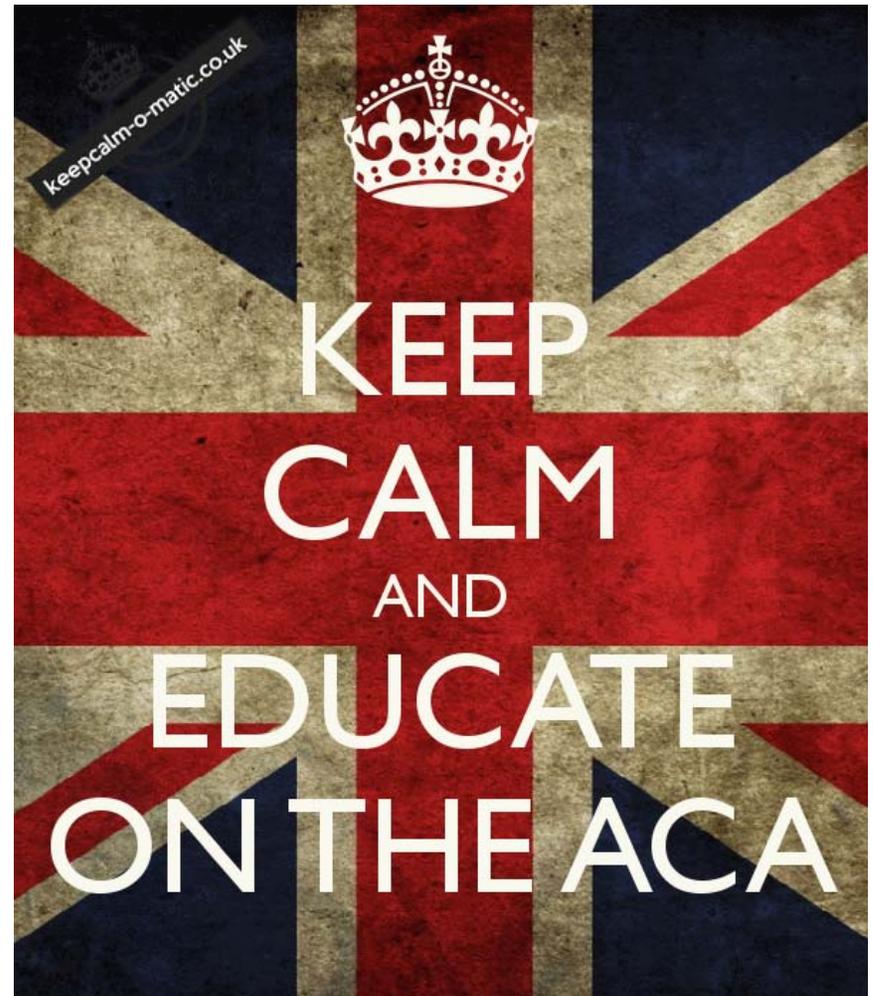
Todd Grove

ADAP Coordinator – Colorado
Department of Public Health &
Environment

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<https://www.facebook.com/COADAP>



Thanks to the following for providing slides and information for this presentation:

- John Peller -VP of Policy – AIDS Chicago jpeller@aidschicago.org
- Department of Health Care Policy and Financing – State of Colorado
- Lori Roberts ValueOptions Colorado Partnerships
- HIV Health Reform

