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

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

Health Resource Services Administration
HIV/AIDS Bureau (HRSA- HAB)
Ryan White Treatment Extension Act of 2009
RYAN WHITE CARE ACT

PART A
EMAs - TGAs
Denver Mayor's Office of HIV Resources

PART B
States and Territories
ADAP & Base Funding
State of CO - CDPHE

PART C
Infectious Disease Clinics
Beacon, Denver, Pueblo Comm., St. Mary's

PARTS D-F
WICY-DENTAL
SPNS
Children's University Hosp.

Minority AIDS Initiative
PARTS A B C
Part B - ADAP outreach
Part A- Sub. abuse, mental health

Medicaid
Colorado Indigent Care Program (CICP)

Medicare
Colorado AIDS Drug Assistance Program

AIDS Drug Assistance Program (umbrella term)
CORE ELIGIBILITY

- HIV Medication Assistance Program (HMAP) Direct distribution HIV medications
- Health Insurance Assistance Program (HIAP) - Access to medications through private insurance
- Bridging the Gap, CO St. Pharm. Assistance Access to medications through Med Pt D or Adv.

GettingUSCovered P.C.I.P Cover Colorado ending Dec. 2013
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
This slide should be the churn slide

sncmahon, 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

Not Insurance

Covers emergency medical, outpatient medical services (not specialty care)

Some clinics (Denver Health) cover extra medications and some dental services

Ryan White dollars help wrap-around CICP services, including salaries, individuals over 250% of FPL, and the undocumented
I have CICP and HMAP, why do I need insurance?

**CICP/HMAP**
- CICP 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.

<table>
<thead>
<tr>
<th>YOU ARE...</th>
<th>MONTHLY INCOME ABOUT...</th>
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<tbody>
<tr>
<td>Individual</td>
<td>$1,250*</td>
</tr>
<tr>
<td>Family of 2</td>
<td>$1,700*</td>
</tr>
<tr>
<td>Family of 3</td>
<td>$2,150*</td>
</tr>
<tr>
<td>Family of 4</td>
<td>$2,600*</td>
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*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)

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
More Ways to Get Insurance

Marketplace
> 400% FPL

Marketplace
> 250-400% FPL*

CHP+
> 133-250% FPL

Medicaid
< 133% FPL

Children

Marketplace
> 250-400% FPL*

CHP+
> 185-250% FPL

Medicaid
< 185% FPL

Pregnant Women

Marketplace
> 133-400% FPL*

CHP+
> 185-250% FPL

Medicaid
< 133% FPL

Adults

* 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

Apply by Phone

Apply In Person

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

1-800-221-3943
TDD: 1-800-659-2656

1-855-PLANS-4-YOU
(1-855-752-6749)
TDD: 1-855-346-3432

Call 1-800-221-3943 or 1-855-PLANS-4-YOU for a location in your community
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!
What Clients Can Expect

Potential client submits application for Medicaid

Client receives denial for immediate enrollment

Does the client qualify today?

No

Client’s income is below 133% FPL

No

Client receives Medicaid denial and notice he/she may qualify for financial assistance through the Marketplace; client information is sent to Marketplace

Yes

Client receives notice that he/she may qualify in Jan. (no need to re-apply)

Yes

Client is enrolled

Late Nov./early Dec.: client information is run for Jan. enrollment
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

Region 1: 76,390
Region 2: 41,482
Region 3: 123,972
Region 4: 64,386
Region 5: 93,318
Region 6: 60,089
Region 7: 66,113
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 RCCO 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

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 \(<\text{phone number}>\). 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 \(<\text{phone number}>\) before \(<\text{DATE}>\). 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 Plan available in your area are:

- \(<\text{Health Plan Name}>\)
- \(<\text{Health Plan Name}>\)

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 \(<\text{BHO}>\) at \(<\text{BHO number}>\).
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.echacares.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/list-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

Member works with social worker, case manager, or other staff

Contact and enrollment through CBMS, Colorado Peak or Connect for Health CO portal

Update ADAP data system with confirmation information for reporting purposes

Fill out transition form to be faxed to ADAP

Set up new plan information for Supplemental Wrap-Around Plan for Jan 1 2014

Terminate HMAP plan @ 12/31/2013, send new SWAP card in December
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

- Assignment health coverage guide
- Contact and enrollment through Connect for Health Colorado Portal
- Plan choice, federal subsidy assigned, remaining balance to be paid by HIAP
- Assignment to HIAP Enrollment Worker at Regional ASO
- Set up new plan information, including premium and cost-sharing info for Jan 1 2014
- Terminate HMAP plan @ 12/31/2013, send new HIAP card in December
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 & CICP. 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 CICP
• 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

**UNINSURED CURRENTLY USING CICP AND HMAP**
- 1,800 individuals

**INSURED AFTER HCR IMPLEMENTATION**
- 1,100 Medicaid /SWAP members
- 300 new HIAP members
- 100 new HIAP members

**UNINSURED AFTER HCR IMPLEMENTATION – RYAN WHITE**
- 200- 300 individuals
Like us on facebook!
www.facebook.com/COADAP
Questions?

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- Lori Roberts ValueOptions Colorado Partnerships
- HIV Health Reform