

HIV Care and Treatment Trends: Maximizing Opportunities Amidst a Changing Landscape

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Ryan White HIV Care Services Meeting – Austin, TX

October 8, 2015

CHANGE



OK, THERE IS A SMALL CHANGE...
RED BAG HAS THE SANDWICHES
GREEN BAG IS YOUR PARACHUTE

Overview

- National Policy Considerations
- Affordable Care Act Implementation
- Federal/HRSA Program Policy
- Program Considerations

National Policy Considerations



NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

5 MAJOR CHANGES SINCE 2010

Since the first National HIV/AIDS Strategy was released in 2010, major advances have transformed how we respond to HIV, provided new tools to prevent new infections, and improved access to care. With a vision for the next five years, our National HIV/AIDS Strategy has been updated to leverage these achievements and look ahead to 2020.

Our prevention toolkit has expanded.

Pre-Exposure Prophylaxis (PrEP)

A daily pill to prevent HIV.

When taken consistently, can reduce the risk of HIV by up to



Treatment as Prevention

The risk of transmitting HIV is reduced by



in those who start treatment early.

The Affordable Care Act has transformed health care access.



Millions more individuals now have **affordable, quality health coverage.**



 There is **no denial of coverage for pre-existing conditions, like HIV.**

Preventive services, including HIV testing, are covered without co-pays. 

 **Protections** against sex or disability discrimination in health care.

HIV testing and treatment are recommended.

Federal Guidelines now recommend **routine HIV screening** for people aged

15^{TO} 65

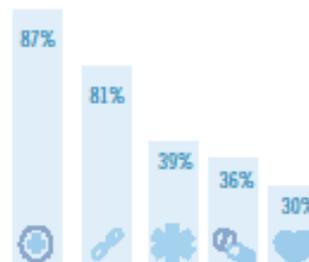
 CDC updated recommendations for HIV testing to help labs **detect infections earlier.**

Federal HIV treatment guidelines now recommend **antiretroviral therapy for all people living with HIV.** 

Improving HIV Care Continuum outcomes is a priority.

President Obama's **HIV Care Continuum Initiative** directed Federal departments to increase the number of people with HIV who are:

-  **diagnosed** with HIV
-  **linked** to HIV care
-  **retained** in HIV care
-  **prescribed** HIV treatment
-  **virally suppressed** (having very low levels of HIV in their body).



Research is unlocking new knowledge and tools.

- Evidence that **starting HIV treatment early** lowers the risk of developing AIDS or other serious illnesses
- **New HIV testing technologies**, including new diagnostic tests
- **New HIV medications** with fewer side effects, less frequent dosing, and a lower risk of drug resistance
- **Continued investigation** of long-acting drugs for HIV treatment and prevention, an HIV vaccine, and, ultimately, a cure.

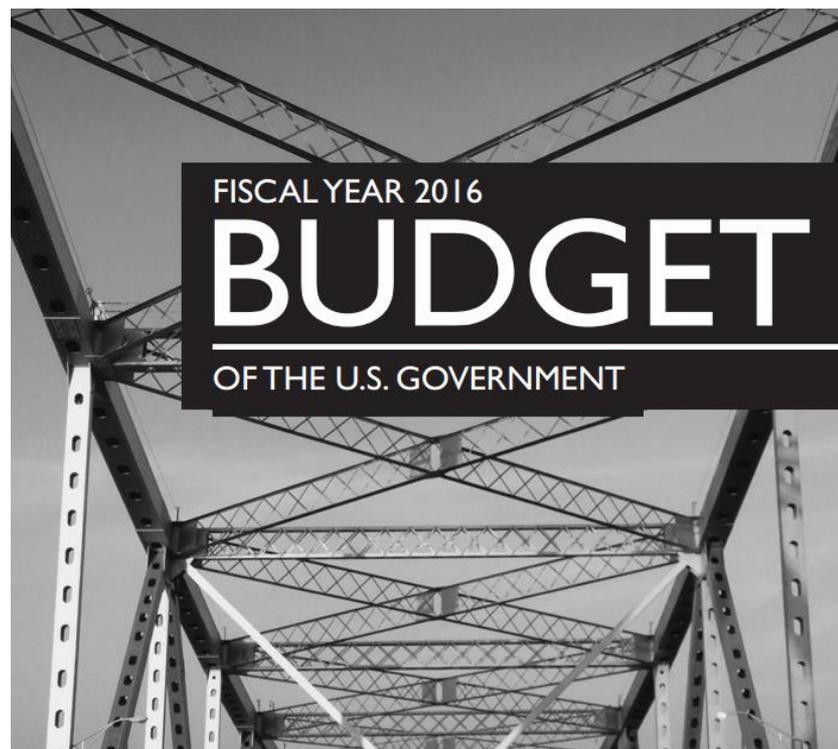


Budget Control Act

- The Budget Control Act of 2011 established budget caps for FY2016
- Sequestration will impact FY2016 funding
 - Budget cap for non-defense discretionary funding is \$494 billion, an increase of \$1.6 billion from FY2015
 - If appropriators allocate funding at the budget cap level, there will not be across-the-board cuts

FY2016 Budget

- President Obama released his **FY2016 Budget** in early February.
- Budget reflects the his priorities, which include **support for HIV and viral hepatitis.**
- Budget exceeded the Budget Control Act caps on non-defense discretionary funding.
 - To account for all proposed increases, the legislation must be changed.



FY2016 President's Budget

- Highlights of the FY2016 Presidential Budget:
 - Centers for Disease Control and Prevention
 - Division of Viral Hepatitis: \$62.8 million (**+\$31.2 million**)
 - Division of HIV Prevention: \$799 million (**+\$12.6 million**)
 - HIV Prevention by Health Departments flat funded
 - Ryan White Program
 - ADAP and Ryan White Part B Base flat funded
 - Proposed consolidation of Part C and Part D
 - Drug User Health
 - \$100 million in new funding for combating heroin and prescription drug abuse and for opioid overdose prevention

FY2016 Budget (House and Senate)

- The House Budget repeals the Affordable Care Act
- The House Budget cuts non-defense discretionary funding by 14% from FY2017 to FY2025, when compared to current law
- The House Budget transforms Medicaid into a block grant program through “State Flexibility Funds”
- Both the House and Senate budgets repeal the Affordable Care Act

FY2016 Looking Forward

Boehner Admits CR Is Fate of Appropriations

By Matt Fuller

House GOP Appro Showdown

By Emma Dumain and Tamar Hallerman

Posted at 9:07 p.m. on July 22

13

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Repost



Chance Of A Shutdown Now 40 Percent...And Rising

Ryan White Program Next Steps

- The Ryan White Program is critical despite ongoing implementation of the Affordable Care Act
- Part B and ADAPs continue to see growth in programs and strive to address unmet need
- Almost all state ADAPs are using funding for purchasing insurance
- Part B programs necessary to address gaps (i.e., premium and co-pay assistance and support services)

The Future of Ryan White: Congressional & Community Conversations

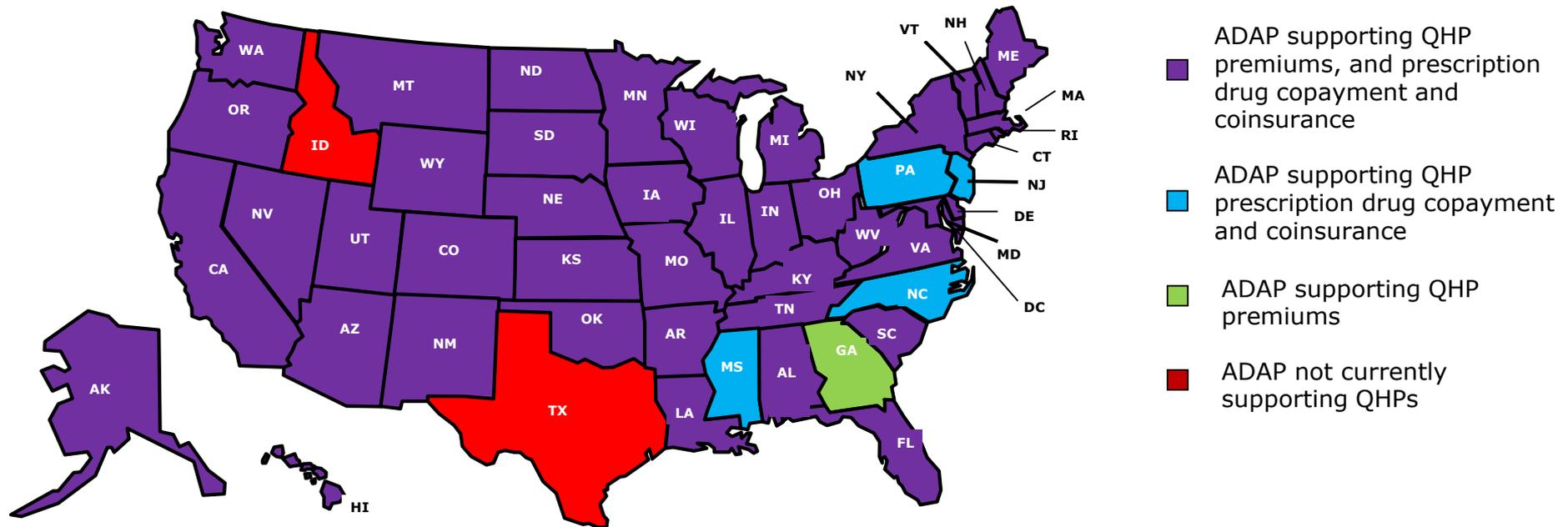
- NASTAD and majority of community still feel it is best to not seek a reauthorization at this time
- Congressional staffers have said we need “*at least* one year of data on ACA implementation” before moving forward
- The Ryan White Work Group is engaging with Congress and conducting discussions on the future of the Ryan White Program

Future of Ryan White: NASTAD Conversations

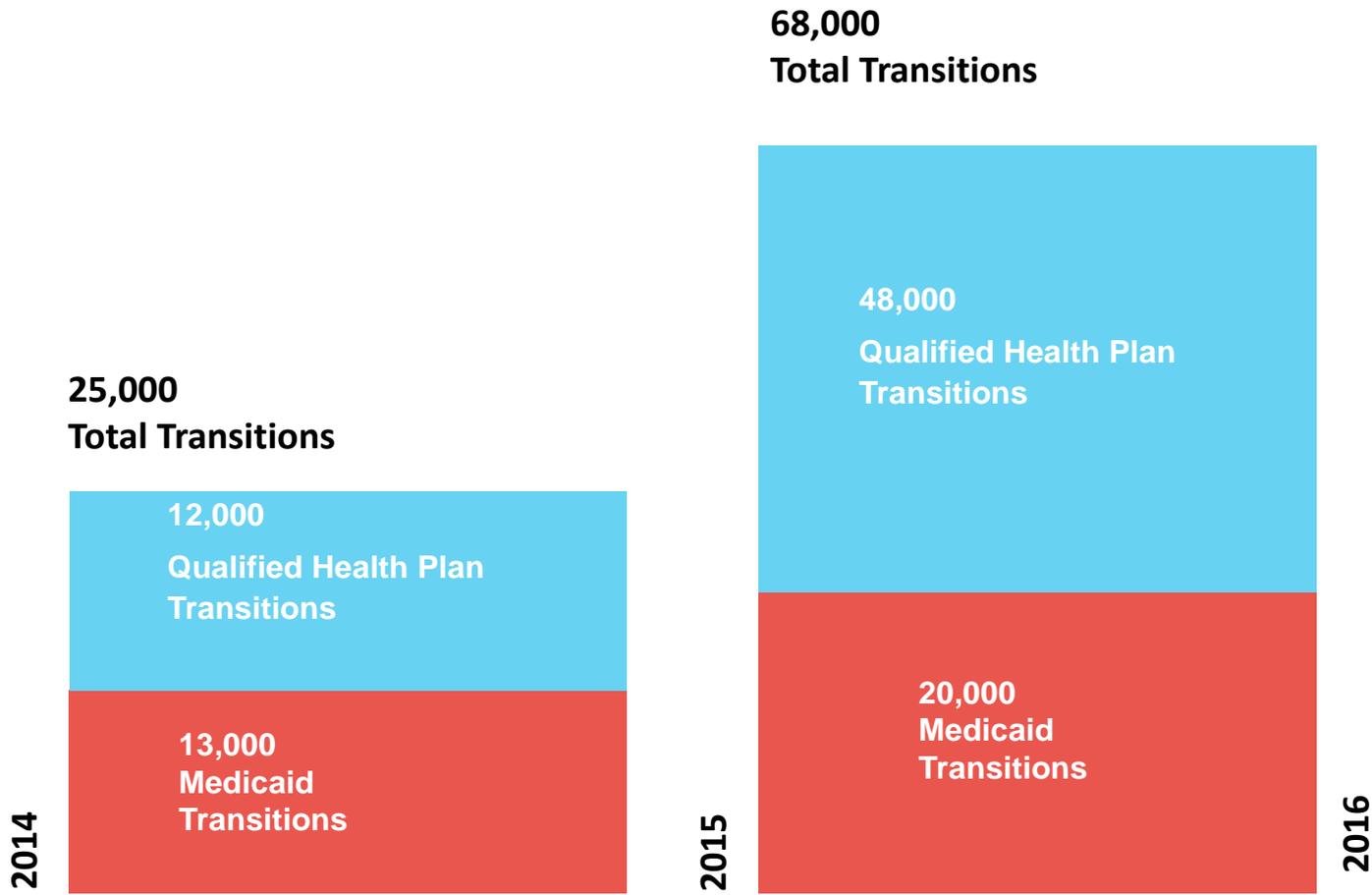
- Issues for Consideration:
 - Does Ryan White support the HIV care continuum and goals of National HIV/AIDS Strategy?
 - Part Structure
 - Planning and Community Engagement
 - Funding Formulas
 - Ryan White Program and Insurance Implementation
 - Specific Populations
 - Other co-morbidities and infectious diseases

ACA Implementation: Open Enrollment Considerations

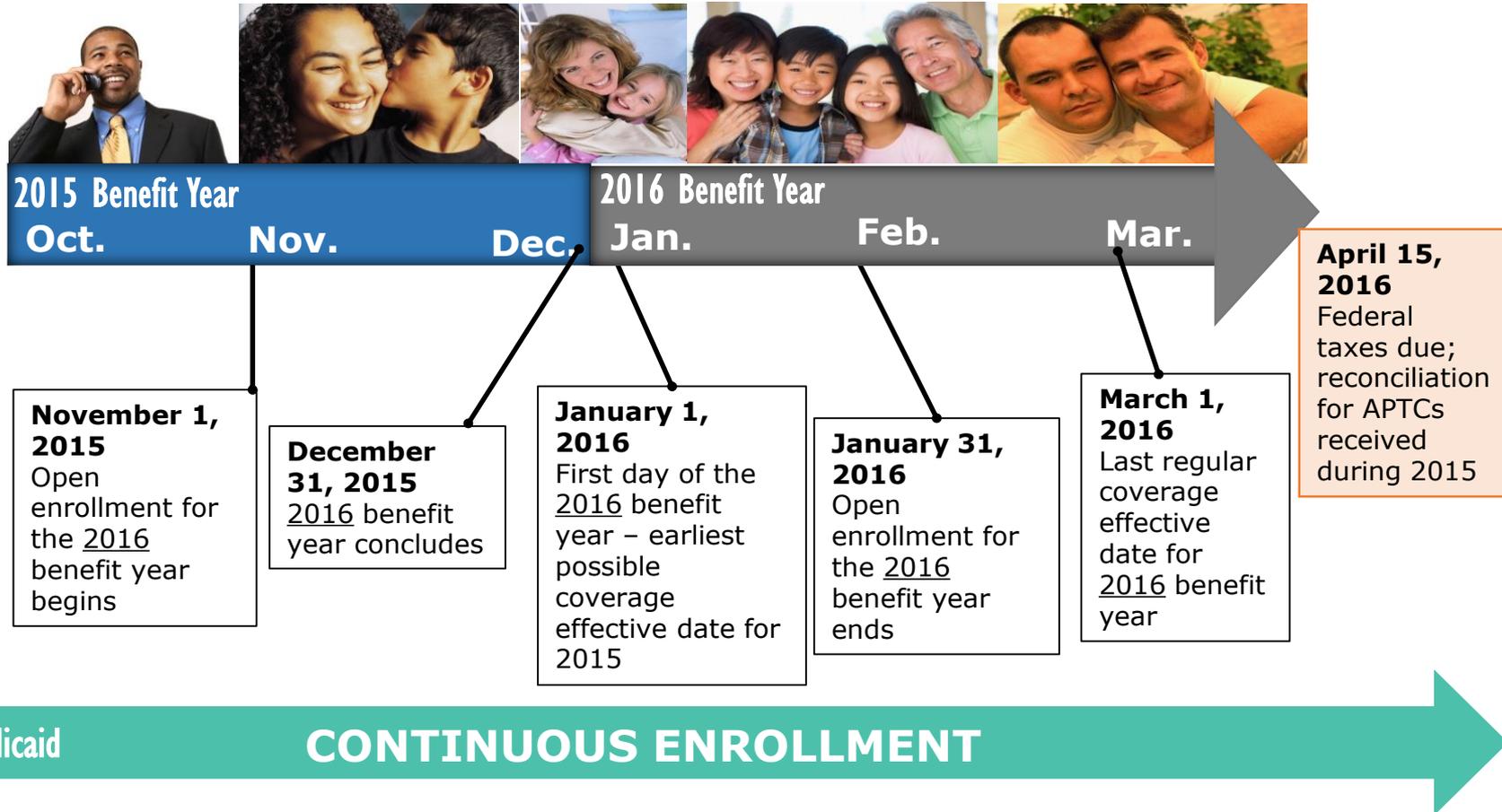
ADAP/Part B Programs Currently Purchasing Qualified Health Plans (QHPs) for Clients (September 2015)



ADAP Insurance Purchasing Enrollment



Qualified Health Plan Enrollment: Key Dates and Deadlines



Most Important Reasons to Return to Marketplace for 2016 Coverage

- 1) Review new plan options and make informed decision to stay on existing plan or to pick another one
 - *Plan formularies, prescription drug tiering, premiums, and out-of-pocket costs may change from year to year*
- 2) Clients need to update their income information for eligibility for advance premium tax credits and cost-sharing reductions

Qualified Health Plan Enrollment: Coverage Effectuation Deadlines

Qualified Health Plan Selection Period	Coverage Effective Date
November 1 –December 15, 2015	January 1, 2016
December 16, 2015 – January 15, 2016	February 1, 2016
January 16 –January 31, 2016	March 1, 2016

Special enrollment periods may apply outside of open enrollment!

Accessing Plan Information

- States have several options to obtain plan information ahead of open enrollment:
 - Federally facilitated Marketplace will have 2016 benefit year plan information finalized by October 9, 2015.
 - Plan information may not be publically available until November 1
 - States may request plan information from state departments of insurance (state rules with regard to availability of information vary)
 - States may request plan information directly from issuers

Qualified Health Plan Enrollment: Switching QHPs During Open Enrollment

Four Requirements

-  Individuals have to switch to a plan offered by the same issuer
-  The plan has to be offered at the same metal level and the same cost-sharing reduction level
-  The change must be because of a limited provider network
-  Consumers must request the change during the open enrollment period

Program Considerations

For assistance with QHP plan assessment, and Cost-Effectiveness Modeling check out:

- [NASTAD Webinar on QHP Plan Assessment](#)
- [NASTAD Plan Assessment Tools Issue Brief](#)
- [NASTAD Cost-Effectiveness Model](#) and
 - [Companion Document](#)

Re-enrollment and Redeterminations: Background and Notification

The ACA directs the Department of Health and Services to develop a process for the automatic re-enrollment into qualified health plan, and redetermination of federal subsidies in cases where enrollees take no action at the conclusion of the benefit year.

Re-enrollment and Redetermination Notices

1. Explanation of redetermination and re-enrollment process;
 2. Projection of 2016 premium tax credits and cost-sharing reductions;
- OR
3. Request to update Marketplace eligibility information.

Re-enrollment Hierarchy

1

- Remain in existing Plan

2

- Plan at same metal level as existing plan within same product

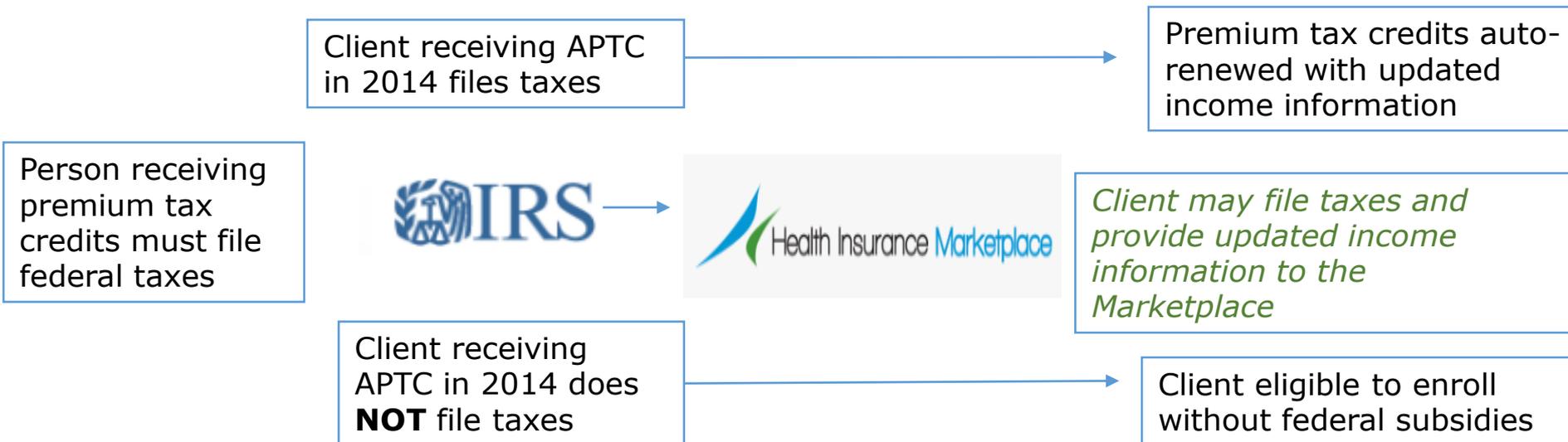
3

- Plan at one metal level higher or lower than current QHP within same product

4

- Any available plan in the **product**

What Happens to Federal Subsidies at Re-enrollment?



Taxes due April 15th, but taxpayers can get up to six month no-fault extension

OE3: November 1, 2015 – January 31, 2016

Maintaining Access to Insurance: QHP Payment Considerations

- Coverage begins with initial on-time payment of premium by consumer
 - Marketplace plans must accept: paper check, Electronic Funds Transfer, cashier's check, money order, and pre-paid debit card
 - Insurer sets deadline for payment of first premium
 - Insurance may be cancelled for failure to pay first premium by specified deadline set by plan
 - ***NOTE: unlike 90 day grace period once coverage begins, there is no initial grace period for late premium payments***
 - Plan renewals do not trigger the initial payment rule; premium payments should proceed as they normally do throughout the year

Best Practices

ADAP Client Contact and Enrollment Form | 2013/2014 Initial Enrollment

Client First Name	MI	Client Last Name
Ramsell ID (if available)	DOB	Counseling date
Person Assisting <input type="checkbox"/> Health Coverage Guide <input type="checkbox"/> Social/Case Worker <input type="checkbox"/> Other:		
Organization		
Client Residential Zip Code	Total Household Size	
Client Reported Monthly Income (MAGI method)	%FPL reported by Connect for Health	
Plan Name (if Medicaid, write Medicaid)	Is this an ADAP-approved plan?	
Method of Enrollment: <input type="checkbox"/> Connect for Health, Colorado <input type="checkbox"/> PEAK Website <input type="checkbox"/> Paper Application <input type="checkbox"/> Did Not Enroll	Monthly Premium Amount	
	Enrollment Confirmation Number	
If client did not enroll, indicate reason below:		
Plan of Action:		
Guide/Counselor Name (please print)	Guide/Counselor Signature	

By signing below, I am requesting that the AIDS Drug Assistance Program assist me by paying my monthly plan premiums, pharmacy co-pays on my ADAP-formulary medications and other out-of-pocket costs. I understand this assistance will only be available as long as I am enrolled in an ADAP-approved health plan or Medicaid and maintain eligibility with the ADAP program. I agree to make an appointment with the service organization indicated on my "Counseling Exit Form" to arrange payment of these premiums and other

"Vigorously Pursuing" Best Practices

- Implement client eligibility screening policy
- Document client contact
- Require attestation if client does not enroll in coverage
- Require client to accept full premium tax credit amount in advance and to acknowledge need to report changes in income to the Marketplace and need to file federal taxes for any year that premium tax credit was received

Discriminatory Plan Designs

- Report discriminatory plan designs that:
 - Do not cover HIV medications
 - Place HIV medications on highest tier with high co-insurance
 - Do not accept co-payments from ADAP



Template for reporting pharmacy refusal to coordinate with ADAP for payment of client co-payments

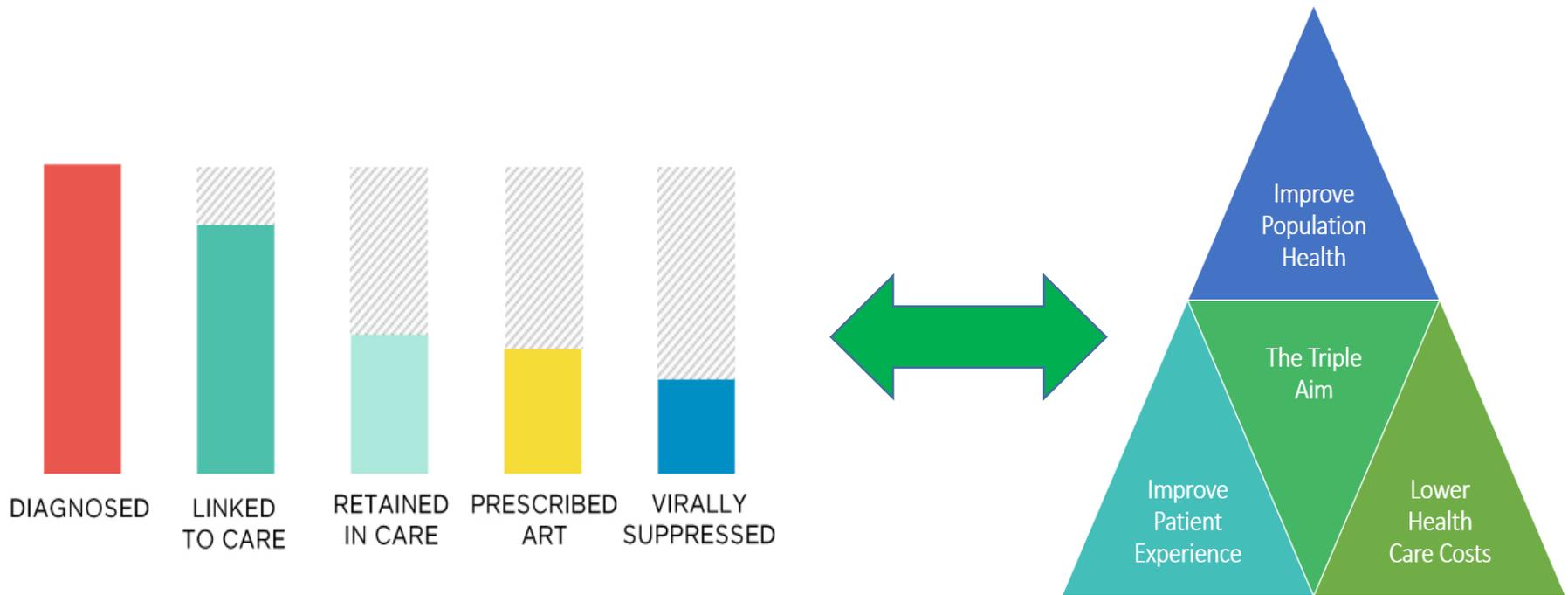


Template for reporting discriminatory plan designs to state department of insurance

Federal/HRSA Program Policy



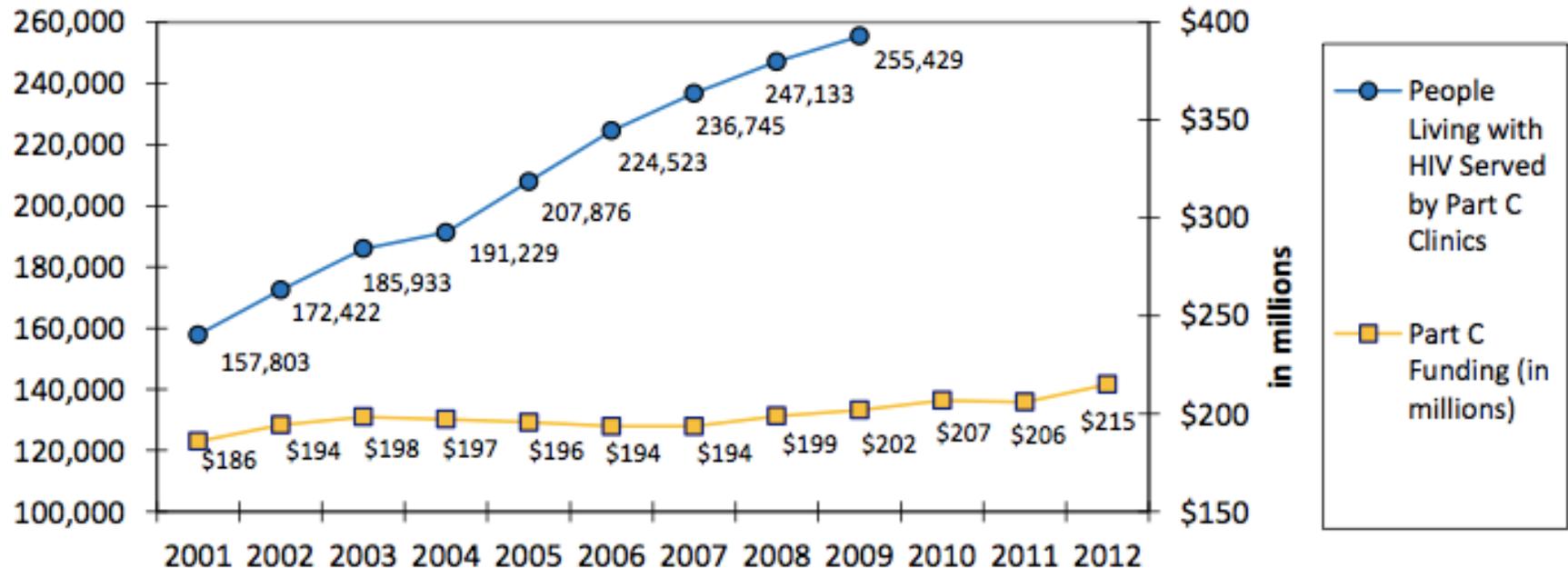
Alignment with the Triple Aim



Why are these changes necessary?

- ***We cannot fight an epidemic with discretionary funding alone***

2001 to 2009: Part C Patients Increased by 62%, While Funding Only Increased by 8.6%



HRSA PCN 15-02

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes
- Support by identified leadership
- Accountability for CQM activities
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

HRSA/HAB ACA Policies on Tax Reconciliation

- **NEW PCN 14-01 and Frequently Asked Questions:**
 - HRSA will allow RWHAP grantees to cover client tax liabilities associated with an overpayment of the premium tax credit.
 - The payment to the IRS must be made from funds available in the year when the tax liability is due, even if the premiums that generated the tax liability were incurred in a previous funding year.
 - Programs are responsible for establishing and maintaining policies and procedures for coordinating payments to the IRS (***direct payments to clients are prohibited***).
 - Programs may only pay the amount directly attributed to the reconciliation of the premium tax credits; under no circumstances can Ryan White Program funds be used to pay the fee/penalty for a client's failure to enroll in minimum essential coverage.

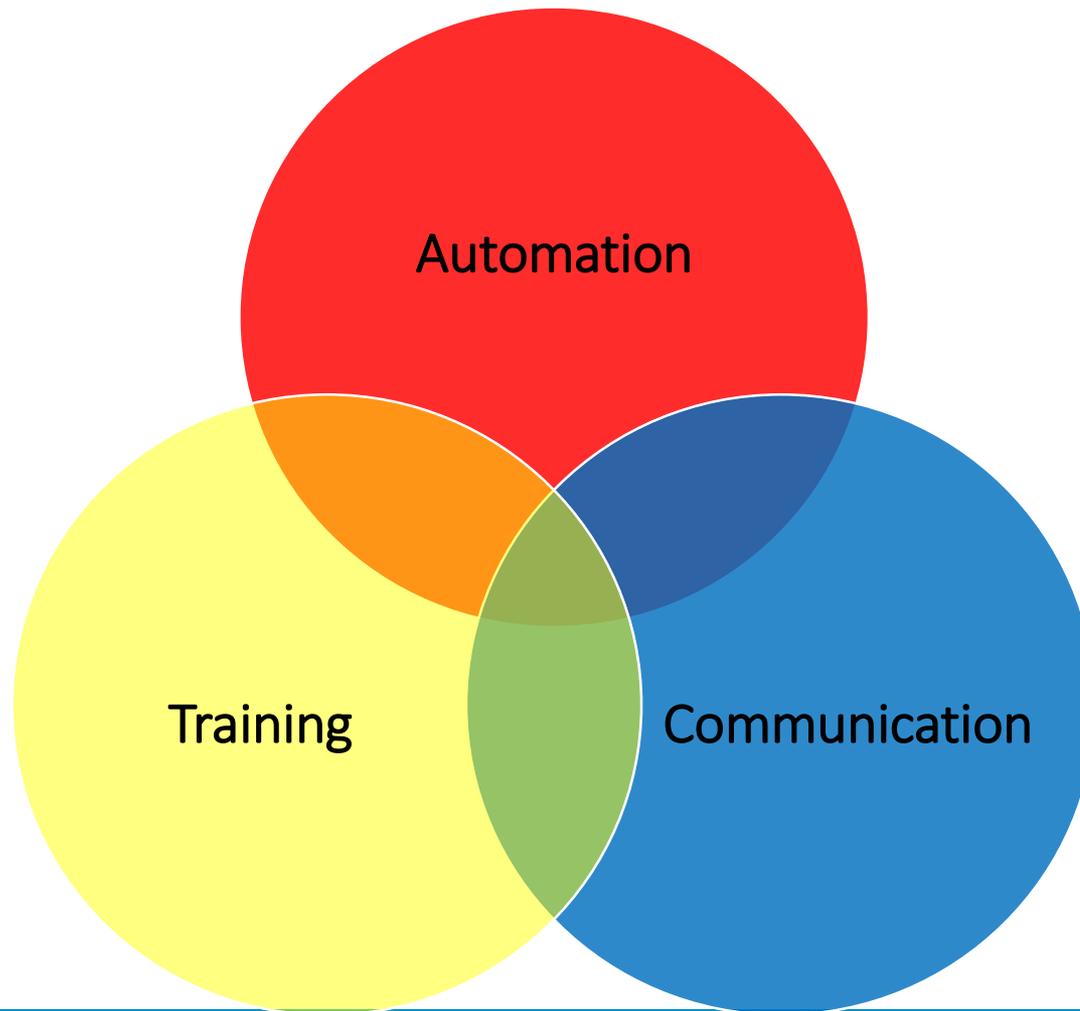
HRSA/HAB ACA Policies on Tax Reconciliation

- Ryan White program grantees and sub-grantees must vigorously pursue any excess premium tax credit a client receives from the Internal Revenue Service (IRS) upon submission of the client's tax return
 - Recovered excess premium tax credit refunds are not considered program income. Grantees must use recovered excess premium tax credits in the Health Insurance Premium and Cost-sharing Assistance service category in the grant year when the refund is received by the grantee or sub-grantee.

Program Considerations



Program Best Practices



Automation

- Systems

ILLINOIS RYAN WHITE MONTHLY HOUSEHOLD INCOME STATEMENT

Separate section must be filled out for each legal household member age 18 and over - even if they do not earn income

****All fields shaded or with *asterisks* with an amount or a "Y" require ADDITIONAL supporting documentation****

Client Name: _____

Date of Birth: ____/____/____

Social Security Number: _____

Client

Additional Legal Household Member over age 18
Name: _____

**CURRENT MONTHLY Income
(cannot leave blank)**

**CURRENT MONTHLY Income
(cannot leave blank)**

Wages, Salaries, Cash, tips, etc. * _____

Wages, Salaries, Cash, tips, etc. * _____

Do you receive pay stubs? * Y / N

Do they receive pay stubs? * Y / N

(Veteran or Employer Based Pensions, Retirements, or Disability) * _____

(Veteran or Employer Based Pensions, Retirements, or Disability) * _____

Rental real estate, partnerships, S Corporations, Trusts, ect. _____

Rental real estate, partnerships, S Corporations, Trusts, ect. _____

Farm income or loss _____

Farm income or loss _____

Unemployment Income * _____

Unemployment Income * _____

Retirement from Social Security (SSA) * _____

Retirement from Social Security (SSA) * _____

Disability from Social Security (SSDI) * _____

Disability from Social Security (SSDI) * _____

SUPPLEMENTAL INCOME FROM SOCIAL SECURITY (SSI) _____

SUPPLEMENTAL INCOME FROM SOCIAL SECURITY (SSI) _____

Profile Demo Residence Mail Household **Income** Medical Benefits Insurance Enroll Eligibility

Click to update Income Data ==>

Update

Current Employment Status

Part Time

Current Monthly Household Income

[Wages, salaries, tips, etc. \(Form W-2\)](#)

\$1,500.00

Taxable interest (1099-INT form)

\$0.00

Tax-exempt Interest (Form 1099-INT box 8)

\$0.00

Ordinary Dividends (1099-DIV box 1a)

\$0.00

Exempt Interest Dividends (Form 1099-INT box 10)

\$0.00

Taxable refunds of state/local income taxes

\$0.00

Alimony or Other Spousal Support Received

\$0.00

Business or Self Employed income/loss (Schedule C or C-EZ)

\$0.00

Capital gain/loss (Schedule D)

\$0.00

Other gains/losses (Form 4797)

\$0.00

IRA distributions - taxable amount

\$0.00

[Pensions and Annuities](#)

\$0.00

Rental real estate, trusts (Schedule E)

\$0.00

Farm income/loss (Schedule F)

\$0.00

Unemployment Income

\$0.00

Retirement Income from Social Security

\$0.00

Social Security Disability (SSDI)

\$0.00

SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI)

\$733.00

Other Client Income (Jury Duty Pay, Gambling Winnings)

\$0.00

CHILD SUPPORT WORKMAN'S COMPENSATION OR

\$0.00

Additional Automation

- Electronic Health Record or Client database reminders
- Pre-fill forms
- Staff checklists
- Client checklists

Communications

- Persistent
- Client-friendly

What is Changing in the ADAP Insurance Assistance Program and Why?

2015

Let's start with an analogy:

Think about your grocery store(s). Why do you shop there?

Imagine you go to one grocery store because you drink a lot of milk, and they always have milk for \$1/gallon. One week, you go to the store and see they are now charging \$3/gallon for milk. Do you still want to shop at that store? You know you need a lot of milk and don't want to pay three times as much for it. What else do you have to consider when looking for another grocery store?



- How much is milk at other stores?
- Do other stores have the other food you want? How much is the other food?
- Do they have the brands you want?
- Are they open the days you go grocery shopping?
- How far away are they?
- Can you use coupons to help pay for groceries there?

What does this have to do with insurance?

Buying insurance coverage is a lot like picking a grocery store. You may know you need coverage for one thing, but there are many other factors that go into choosing a plan.

- Are the drugs you need covered?
- How much do you have to pay every month?
- How much do you have to pay before the insurance will start paying?
- Can you keep seeing your doctor?
- Can you keep using your pharmacy?



Like grocery stores, insurance companies are businesses that provide you a service but have to make money to stay open. Insurance companies evaluate their business models every year and change their products to protect their profits. Just like milk went up to \$3/gallon, your insurance prices can go up **every year**, and your plan can change in other ways that make it a worse option for you.



The AIDS Drug Assistance Program (ADAP) evaluates how insurance plans all across Iowa change every year to make sure the program is helping you get the best coverage. In 2015, this means ADAP will be helping you purchase a private plan through:

Wellmark Blue Cross and Blue Shield

Why will ADAP no longer purchase CoOpportunity plans through the insurance marketplace?

- Monthly premium payments are increasing 14%
- Co-pays/co-insurance for HIV medications are increasing 1200%!
- Reporting income changes is time-consuming for you and ADAP
- The tax credits will result in many ADAP enrollees either owing money to the government or getting money back that they have to return to ADAP
- Many ADAP enrollees have had unexplained changes to their coverage and payments, sometimes resulting in loss of insurance or delayed medications



Why is Wellmark Blue Cross and Blue Shield going to be better for YOU?

- A LOT less is due before your insurance pays.

\$500 (instead of \$6,350 like last year)

- The most paid per year is less **\$3,750** (instead of \$6,600)
- There is less risk for owing ADAP money in 2016
- There is less risk you'll have changes to prices or coverage or have to deal with appeals



And, you still get to go to your doctor and use the ADAP pharmacy in 2015!

ADAP does not like having to change the program every year, and knows the system is confusing. However, when insurance companies change their business, it is ADAP's job to make sure you stay covered and make sure the program can still support you. It's like having to pick a grocery store where everyone in Iowa can shop happily.





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**AFFIDAVIT OF UNDERSTANDING FOR INDIVIDUALS ENROLLED IN A FEDERALLY FACILITATED MARKETPLACE
(FFM) HEALTH PLAN**

BEFORE INITIALING AND SIGNING, READ THIS DOCUMENT CAREFULLY AND BE SURE YOU UNDERSTAND.

If you have any questions or concerns, please call ADAP at 602-364-3610 or 800-334-1540 or your case manager.

As an Arizona ADAP client receiving premium assistance with my enrollment in a Federally Facilitated Marketplace (FFM) health plan, I understand I am required to give to the Arizona ADAP any excess refund

Training

Segment 1: Overview – *Dr. Maras*

Segment 1.5: Overview Questions and Comments

Segment 2: New Web Application Demonstration and Instruction – *Melissa Turley*

Segment 2.5: New Web Application Question and Comments

Segment 3: New PROVIDE application for ADAP/CHIC, Demonstration and Instruction – *Melissa Turley*

Segment 3.5: New Provide Application Questions and Comments?

Segment 4: New PROVIDE Client Profile Instruction – *Bryan Walsi*

Questions?

