Ryan White HIV/AIDS Program and the Affordable Care Act: North American Housing and HIV Research Summit

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Support for the Ryan White HIV/AIDS Program

• The Administration strongly supports the Ryan White HIV/AIDS Program (RWHAP) and the continuation of the services provided

• The Administration recognizes the need to continue the RWHAP, even as full implementation of the Affordable Care Act moves forward
  – Critical role in improving outcomes along the Continuum of Care/Treatment Cascade
Housing and Health Care

- Researcher have shown that housing is an effective structural intervention

- Positive relationship between stable housing and access to care and maintenance of care

- Unmet or unaddressed housing needs are a significant barrier to accessing and maintaining appropriate medical care
Housing and Health Care

• Housing assistance increases access to and retention in medical care among PLWHA
• Access to adequate housing significantly affects the health of individuals at risk of or living with HIV
• The lack of housing interacts with other risk factors such as:
  – Substance use
  – Risky sexual and injection practices
  – Physical violence
HIV Housing Providers and ACA

• ACA brings new opportunities for clients to get health coverage

• HIV housing providers have experience with hard to reach populations and co-existing conditions

• HIV housing providers can play a role in linking clients to health resources

• ACA creates new opportunities to integrate housing, support services, and core medical services
Who the Ryan White HIV/AIDS Program Serves

• 553,999 clients served in 2011

• Uninsured:
  – 28% uninsured for non-ADAP services (approximately 128,000) (HRSA CLD 2011)
  – 65% uninsured in ADAP 2012 (NASTAD Request For Information)

• Income of the uninsured:
  – 69% ≤100% FPL
  – 21% 101-200% FPL
Who the Ryan White HIV/AIDS Program Serves

• Conclusion
  – Most RWHAP patients for non-ADAP services have coverage
  – Most uninsured will qualify for Medicaid in states where it is expanding
Health Coverage Options for PLWH BEFORE the Affordable Care Act

- None, 28%
- Medicaid, 27%
- Medicare, 9%
- Private, 13%
- Multiple, 13%
- Other, 3%
- Other Public, 7%

Note: Data only reflective of Ryan White HIV/AIDS Program clients, not of entire HIV/AIDS population; Source: 2011 Preliminary Ryan White Services Report Data (RSR)
Health Coverage Options for PLWH AFTER the Affordable Care Act

PLWH eligible for health coverage

- Employer-Based Insurance
- Medicaid
- Medicare
- Other Public
- Health Insurance Marketplace
- Other Private

Cover comprehensive HIV medical and support services not covered, or partially covered, by public programs or private insurance

Ryan White HIV/AIDS Program

PLWH who remain uninsured

Cover comprehensive HIV medical and support services not covered, or partially covered, by public programs or private insurance
Payer of Last Resort Requirements within the Context of ACA

- By statute, RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made…” by another payment source.

- Grantees and their contractors are expected to vigorously pursue enrollment in other relevant funding sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance).

- RWHAP grantees must make every effort to ensure that individual clients who are not eligible for public programs (Medicaid, CHIP, Medicare, etc.) and not exempt from the Affordable Care Act’s requirement to enroll in health coverage, are assessed for eligibility for private health insurance.

- The RWHAP will continue to pay for items or services received by individuals who remain uninsured or underinsured.
How is HRSA Preparing Grantees for ACA?

• HRSA is working on administrative flexibility and guidance to grantees necessary to assure a smooth transition of the program with ACA

• HRSA’s Accomplishments to Date:
  ▪ Communication with Grantees
  ▪ Development of Policies
  ▪ Training
  ▪ Development of Technical Assistance Tools
How is HRSA Preparing Grantees for ACA?

Communication with Grantees

- Launched RWP-ACA Mailbox for grantees to submit ACA questions - January 2013: RWP-ACAMailbox@hrsa.gov
- Launched ACA Webpage on HIV/AIDS Bureau website – March 2013
  - Website is updated regularly with new information, guidance, policies and tools to assist with the ACA transition.
  - http://hab.hrsa.gov/affordablecareact
- Launched ACA Section on TARGET Center site – March 2013
- New ACA update component to the HIV/AIDS Bureau bi-weekly email
- Quarterly meetings with HIV/AIDS Bureau national partners. Most recent meeting on April 17, 2013, which focused on ACA implementation issues, particularly outreach and enrollment
How is HRSA Preparing Grantees for ACA?

Development of Policies

• Review of existing policies and making revisions as necessary within the context of the ACA

• New Policy Notices, Policy Clarification Notices, and other ACA-related information posted to date:
  – Outreach and Enrollment Letter
  – Key Provisions of the ACA for the RWHAP
  – Essential Community Providers (non-Exhaustive List and Letter)
  – Policy # 13-01, Client Medicaid Eligibility Policy # 13-02, Client Recertification Requirements
  – Policy # 13-02, Client Recertification Requirements
How is HRSA Preparing Grantees for ACA?

Development of Policies (cont.)

- New Policy Notices, Policy Clarification Notices, and other ACA-related information posted to date (cont.):
  - Coordination between Medicaid and Ryan White HIV/AIDS Programs - Joint HRSA/CMS Document
  - Policy # 13-03, RWHAP Eligibility Post-ACA
  - Policy # 13-04, Client Private Health Insurance and Coverage by RWHAP
  - Policy # 13-05, Use of RWHAP Funds for Premium and Cost-Sharing Assistance for Private Health Insurance
  - Policy # 13-06, Use of RWHAP Funds for Premium and Cost-Sharing Assistance for Medicaid
How is HRSA Preparing Grantees for ACA?

Training

• Launched series of HIV/AIDS Bureau-specific ACA trainings for HIV/AIDS Bureau staff

• Collaborating with CMS to co-host a series of webinars for RWHAP grantees
  – April 5: The Affordable Care Act and the Ryan White HIV/AIDS Program: Eligibility 101
  – May 7: Potential Impact of the Affordable Care Act on Ryan White Providers in 2014
  – August 14: Preparing for 2014: Overview of Ryan White Program Policy Updates and Guidance
  – August 28: The Intersection of the Ryan White HIV/AIDS Program with Essential Health Benefits in Private Plans and the Marketplace
How is HRSA Preparing Grantees for ACA?

Development of Technical Assistance and Tools

- Working with HRSA Outreach and Education Workgroup to ensure HRSA grantees are assisting clients to enroll in new health insurance options
- Posting FAQs for common ACA questions
- Contracting to develop other tools needed by grantees and RWHAP clients
- Funding a co-ag with NASTAD to work with ADAPs on ACA-related issues and analysis
HIV/AIDS Bureau’s New FOA for ACA-Related Outreach & Enrollment

Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in ACA Supported Health Coverage (July 2013)

Purpose:
Build the capacity of RWHAP grantees and related providers to provide outreach to PLWH and screen and enroll eligible PLWH in expanded health insurance during the annual open enrollment period beginning in October 2013.

Objectives:
1. To assess RWHAP grantees’ technical assistance needs related to building capacity for outreach and enrollment of minority PLWH into expanded health insurance options
2. To work with HRSA, CDC, SAMSHA, and CMS to assess best practices for minority client outreach and enrollment activities that would facilitate access to health care in the Medicaid expansion and Health Insurance Marketplaces
3. Work with HHS agencies and national organization partners to develop strategies, tools, and trainings for RWHAP grantees to utilize for outreach and enrollment activities
Collaborating Across Federal Government

- RWHAP legislation specifically references coordination across DHHS
- National HIV/AIDS Strategy
- Collaborate and coordinate to:
  - Align across federal programs to reduce reporting burden on grantees
  - Partner to advance evidence base and develop interventions to improve care and treatment across the HIV Care Continuum
  - Share resources and expertise to build capacity at the grantee level

• Increase the number of Ryan White HIV/AIDS Program clients with permanent housing from 82 percent to 86 percent

• 2010 RSR data show that among clients who received a Ryan White HIV/AIDS Program funded outpatient ambulatory medical care, medical case management, non-medical case management or housing service; 84 percent were stably housed
Maximize Payer Options

- **Private Insurance / Marketplaces**
  - Find out more about QHPs and provider credentialing requirements via your State Insurance Commissioner: [www.naic.org/state_web_map.htm](http://www.naic.org/state_web_map.htm)
  - Contact the top three insurers in the small group market in your state to join new networks: [cciio.cms.gov/resources/files/largest-smgroup-products-7-2-2012.pdf](http://cciio.cms.gov/resources/files/largest-smgroup-products-7-2-2012.pdf)
  - Review list of non-exhaustive Essential Community Providers, take steps to ensure your program is included: [http://hab.hrsa.gov/affordablecareact/ecp.html](http://hab.hrsa.gov/affordablecareact/ecp.html)

- **Medicaid**
  - Contact your state Medicaid office to join new networks: [www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html](http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html)

- **Review third-party billing systems and seek Technical Assistance as necessary**
  - [targethiv.org/category/topics/fiscal-management](http://targethiv.org/category/topics/fiscal-management)
Contact Information

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