

# Impact of Medicaid 1115 Waivers on the Ryan White HIV/AIDS Program

*Case Studies on Experiences of RWHAP  
Providers and Clients*

Study Completed May 2014

# Objectives

- Present the study rationale
- Review case study methodology
- Provide a synopsis of the study's main findings
- Discuss the lessons learned and implications for current Affordable Care Act context

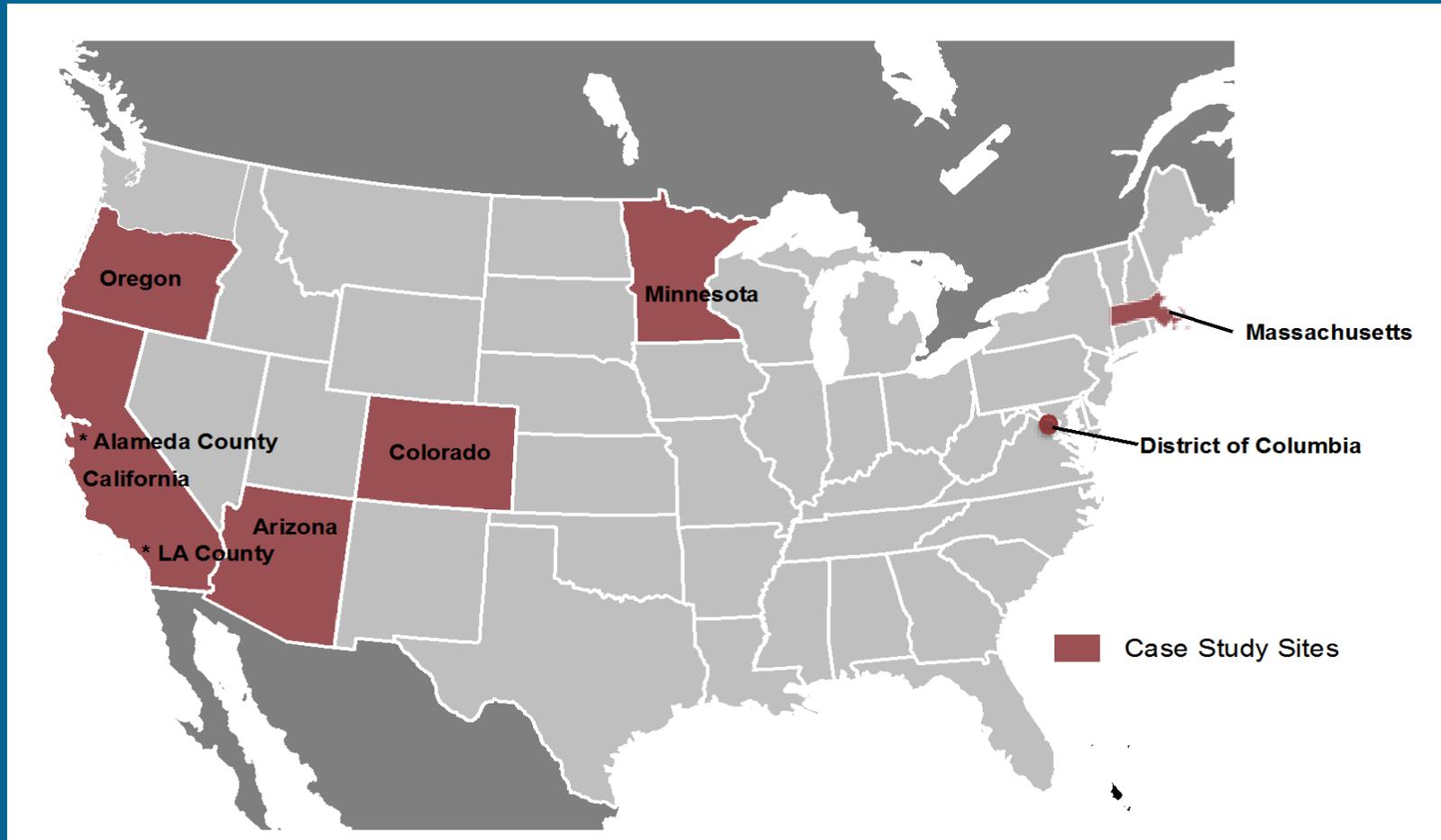
# Rationale for Study

- Understand nature of the waivers
- Identify any effects on RWHAP, including clients and service providers
- Implications for RWHAP after implementation of the Patient Protection and Affordable Care Act in 2014

# Methodology

- Case study approach
- Selection criteria: Waiver duration, size of RWHAP, willingness
- Interviews: Medicaid, RWHAP Parts A, B (ADAP), and C grantees
- OMB clearance; IRB exemption
- Exploratory analysis of secondary quantitative data from HAB
- Products: 8 detailed case studies, synopsis of findings report, quantitative data report

# Jurisdictions Studied



# Case Study Sites: Waiver & Medicaid/HIV Background

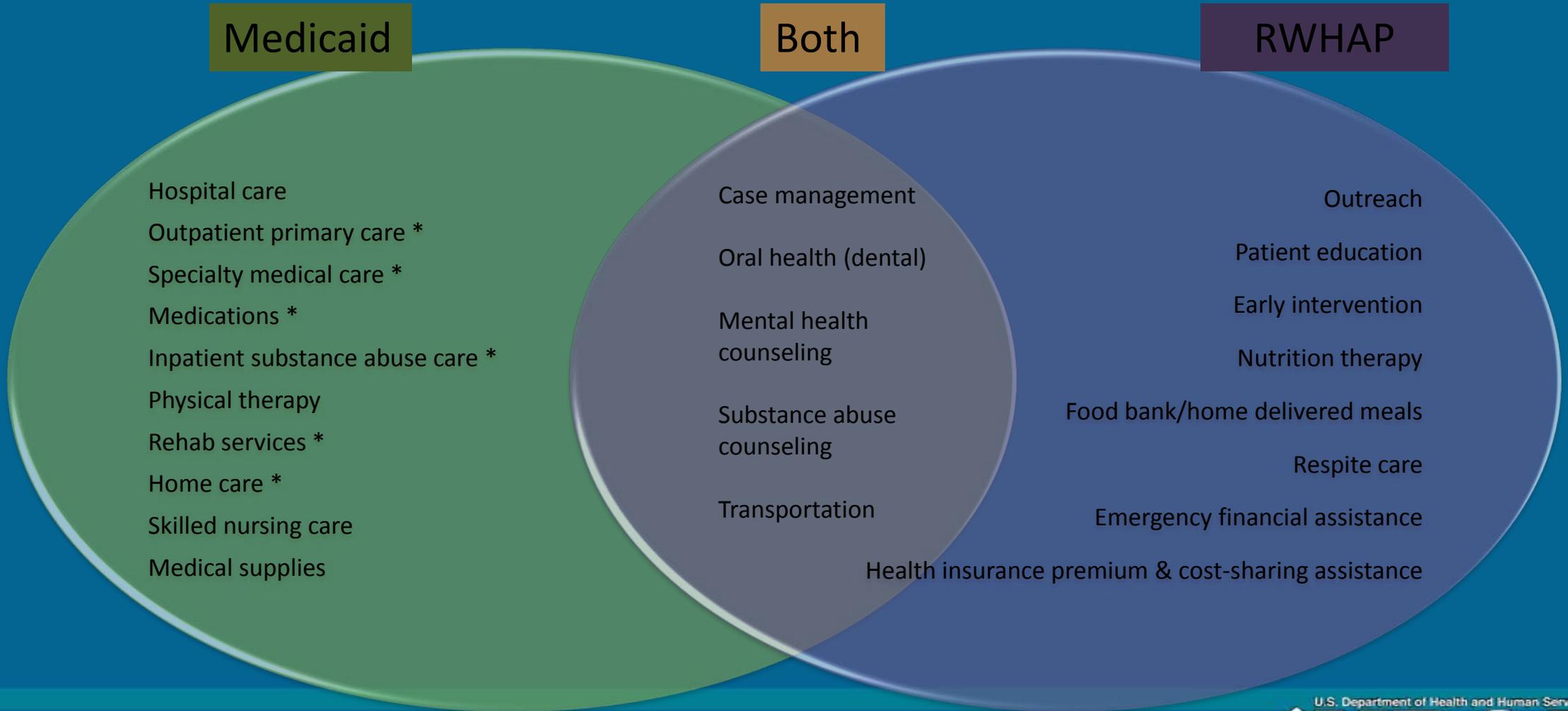
	AZ	CA	CO	DC	MA	MN	OR
Medicaid waiver/expansion implemented (year)	2001	2011	2012	2004 (HIV) broadened in 2010	2001 (HIV)	2011	1994
Waiver eligibility % FPL*	100	133 & 200	10	200	200	75 & 250	100
Total PLWH (2010)	12,532	111,666	11,006	14,359	17,502	6,564	5,130
PLWH on Medicaid (2010)	2,964	24,129	751	4,879	7,901	1,618	1,019
% PLWH on Medicaid (2010)	24%	22%	7%	34%	45%	25%	20%

# KEY FINDINGS & LESSONS LEARNED

# Finding 1: Medicaid Does Not Replace RWHAP

- Medicaid adds inpatient and specialty medical care coverage
- Medicaid coverage more limited and less flexible than RWHAP
- Some Medicaid services overlap but often do not equal RWHAP case management, oral health, behavioral health care and transportation services
- Mental health and substance abuse treatment is variable across state Medicaid/RWHAP programs
- Oral health care for adults is often not offered by Medicaid

# Case Study Sites: Medicaid & RWHAP Services



## Finding 2: Pivotal Role of ADAP Insurance Purchasing

- Insurance continuation, premium assistance, deductible and co-payment coverage very valuable
- Medicaid pharmacy coverage usually requires co-payments
- Multiple medications monthly make even small out-of-pocket costs difficult
- Case study ADAPs heavily invested in insurance and co-pay use

# ADAP Funding: Health Insurance Continuation, 2013

	AZ	CA	CO	DC	MA	MN	OR
ADAP clients served (6/13)	1,831	22,702	2,265	872	4,153	640	2,849
ADAP % of PLWH	15%	20%	21%	6%	24%	10%	56%
ADAP eligibility (% FPL)	300	400	400	500	500	300	300
Total ADAP \$ (mil) FY 2013*	\$27.03	\$426.54	\$20.53	\$14.65	\$24.58	\$11.00	\$9.80
Insurance continuation clients	961	8973	989	340	4011	233	2382
% ADAP clients on insurance continuation	52%	40%	44%	39%	97%	36%	84%

Includes all Federal, State, rebate and other revenue

Data Source: NASTAD ADAP Monitoring Report 2014

## Finding 3: Decreased Demand for RWHAP Core Medical Services

- Medication and clinical care shifting to Medicaid
- Part A grantees most affected
  - MA: Boston Part A saw dramatic decline in spending on primary medical care and mental health after waiver
- Likely more core medical service waivers in Medicaid expansion states

# Finding 4: Communication Challenges: Medicaid & RWHAP

- Lack of clarity regarding “payer of last resort”
- Strict privacy rules obstruct data sharing between agencies
- Inability to forecast need or monitor trends
- Need for transparency and real-time information exchange

# Finding 5: Medicaid “Churning” Burdens, Loss to Care

- Eligibility rechecked frequently
- Income levels fluctuate often
- Complicated by data access problems
- Heavy administrative burden
- Risk of coverage gaps

# Finding 6: Network Rules Can Complicate HIV Care Access

- Obstacles result from new regional health plans and Medicaid care networks
- HIV medications: Shift from ADAP pharmacies and/or refill methods (e.g., requirements to use mail order services)
- Physician provider: HIV specialists (ID physicians) excluded from PCP role by plan definitions
- Ryan White clinical sites: Some not part of Medicaid network

## Finding 7: Novel Contracting Approaches for RWHAP Providers

- Response to rapidly changing insurance environment
  - DC: New funding guidance formalized clinical-CBO relationships
  - MA: Use of external organization to administer ADAP and insurance continuation program

# Finding 8: Fiscal Challenges for Safety Net Providers

- Multidisciplinary medical home model costly but effective
- Some safety net clinics are not FQHCs (get lower Medicaid/Medicare payments)
- Increased Medicaid reimbursement = Less revenue
- May pursue FQHC status

# Finding 9: Effective Communication is Important and Challenging

More effective strategies use:

- Established, trusted RWHAP channels
- Messages targeted to PLWH

**REACH FOR IT  
Get Tested. Get Care.**

**If you are HIV+ you can get  
health-care coverage.  
MassHealth can help!**



## Don't get dropped!

### ATTENTION AHCCCS MEMBERS

AHCCCS has frozen enrollment in the Childless Adult (AHCCCS Care) program. If you are an adult without dependent children and currently have AHCCCS, you must renew on time or you will lose coverage. Once you lose AHCCCS, you will not be able to re-enroll unless you qualify under a different category or program.

**When you receive your AHCCCS renewal notice, don't delay. Don't get dropped.**

If you are currently an AHCCCS member, your coverage will continue as long as you renew on time and continue to meet all eligibility requirements. If you are not currently an AHCCCS member, you should still apply even if you do not have dependent children because you may qualify under another available category.

We strongly encourage all AHCCCS members to renew coverage online at [www.healthearizona.org](http://www.healthearizona.org). If you would like help with your renewal, visit [www.DontGetDroppedAZ.org](http://www.DontGetDroppedAZ.org) for a list of groups that will assist you with your renewal.

For help with an application:

To get your renewal date:

- Call the automated DES number (602) 542-9935 if your area code is 480, 602, 623 or call (800) 352-8401 for all other area codes. You will need your case number.
- Visit [www.MyAHCCCS.com](http://www.MyAHCCCS.com)
- Your AHCCCS medical provider can get your renewal date for you.

Don't Get Dropped AZ is a joint campaign by Keogh Health Connection and the Arizona Association of Community Health Centers.



## Finding 10: Lessons for Medicaid Enrollment/Future Waivers

- Flexibility and timely problem-solving -- transition of complex populations takes time
- Avoid excessive and inefficient administrative burdens -- plan for long range and maximize stability
- Effective communication with PLWH -- targeted, clear messages through trusted information sources

# Recap of Findings

- Medicaid Does Not Replace RWHAP
- Pivotal Role of ADAP: Insurance Purchasing and Costs
- Medicaid Coverage Decreases Demand for RWHAP Core Medical Services
- Medicaid/RWHAP Data Sharing and Communication Crucial
- Medicaid Churning Creates Burdens, Risks Coverage Loss
- Medicaid/Health Plan Rules Can Complicate Access to HIV Care
- Novel Contracting Approaches for RWHAP Providers
- Fiscal Challenges for HIV Safety Net Providers
- Transitioning Requires Clear Client Communications
- Lessons for Medicaid Enrollment/Future Waivers

# Conclusions

- Incomplete Affordable Care Act Medicaid expansion creates dichotomy for RWHAP
  - 28 states including DC expanding, 23 states not (as of October 2014)
- States may elect to expand through the state plan process
- With expansion, shift in need toward supplementing services and filling gaps (excluded populations); continuous monitoring of impact
- Without expansion, “business as usual” with the prospect of future waivers; sharing of lessons learned by early expansion/waiver states
- Continued need for RWAHP funding under terms that allow maximum flexibility, responsiveness and value-added