Alphabet Soup: ACA and HIV, SUD, TB, and HCV on the Border

Tom Donohoe, MBA
Associate Professor of Family Medicine
Associate Director, UCLA Center for Health Promotion and Disease Prevention
David Geffen School of Medicine at UCLA
Director LA AETC, Pacific AETC

Tucson, Arizona
May 8, 2015
Border Heroes
Which best describes what you do?

0% a. Clinician
0% b. Case manager
0% c. Health education
0% d. Administrator
0% e. Researcher
0% f. Other
I feel the ACA will make my job more secure

0%  a. Yes
0%  b. No
0%  c. I’m not sure
The Affordable Care Act and Implications for TB Education, Training, and Evaluation

Tom Donohoe, MBA
Associate Professor of Family Medicine
Director, UCLA Pacific AIDS Education and Training Center
Associate Director, Center for Health Promotion and Disease Prevention

David Geffen School of Medicine at UCLA
The Affordable Care Act and Tuberculosis Control: Navigating New Territory

A National Webinar
August 23, 2013

This 90-minute training was created for public and private clinicians and allied health personnel who work with tuberculosis (TB). It clarified key information that TB Programs need to know related to the implementation of the Affordable Care Act (ACA).

Goals

- Give a broad overview of changes that the implementation of the ACA will have on TB control
- Understand the steps that public health programs can take to assess the impact of ACA implementation on clinic services for TB

CME and CE units are not being offered for this recording and there is no participant evaluation

System Requirements

- Adobe Flash Player
- Adobe Acrobat Reader
The Curry International Tuberculosis Center is pleased to announce the availability of the following archived webinar:

The Affordable Care Act and Tuberculosis Control: Navigating New Territory

http://www.currytbccenter.ucsf.edu/training/webarchive/acatbc/arch_acatbc.cfm

This 90-minute webinar was created for public and private clinicians and allied health personnel who work with tuberculosis (TB). It clarified key information that TB Programs need to consider as they prepare for implementation of the Affordable Care Act (ACA).

The webinar was presented live on August 23, 2013.

Faculty and Panelists:

Christine Ho, MD, MPH
Medical Officer
Centers for Disease Control and Prevention

Julie Higashi, MD, PhD
Tuberculosis Controller
San Francisco Department of Public Health

Tom Donohoe, MBA
Principal Investigator/Director
UCLA Pacific AIDS Education Training Center
University of California, Los Angeles

2014…

What About HepC and ACA?

Rachel McLean, MPH
Brian Risley, Danny Jenkins…..

Medicaid expansion? Co-pays, Payment assistance, budget busters, reinfection rates, Costs costs costs costs …sustainable? Undocumented?
What area do you most work in?

0%  a.  HIV
0%  b.  TB
0%  c.  HCV
0%  d.  SUDs
0%  e.  STDs
0%  f.  Other
How many HIV and ACA trainings have you attended in last 12 months?

0%  a.  0
0%  b.  1-2
0%  c.  3-4
0%  d.  5 or more
I feel I can explain the ACA to an uninsured friend

0%  a. Yes
0%  b. No
0%  c. I’m not sure
I feel I can explain the ACA to a PLWHIV

0% a. Yes
0% b. No
0% c. I’m not sure
Learning/Teaching Domains

Affective

Cognitive

Skills
In a word...
How do you **FEEL** the ACA roll out went in **Arizona**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<tr>
<td>0%</td>
<td>1. Flawless</td>
<td></td>
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<td>0%</td>
<td>2. Decent</td>
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<td>4. Perfect</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>0%</td>
<td>5. Broken</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0%</td>
<td>6. __________ (Other)</td>
<td></td>
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</tr>
</tbody>
</table>
I already participated in one of your ACA workshops or webinars

0% a. Yes
0% b. No
0% c. I’m not sure
Educational Objectives

• State the importance of understanding ACA implementation for Arizona (and California) and how it will impact border communities & people living with HIV

• Explain the importance of Routine HIV screening for controlling the HIV epidemic and helping to keep HIV patients in care

• Utilize Arizona AETC for HIV training resources
Agenda

• Welcome & introductions
• Health reform timeline
• Defining “the border” & U.S. border challenges
• Case studies
• ACA implementation resources
• Questions & evaluation
THE BORDER
The HRSA/Federal definition of the U.S. border region is how many miles from Mexico?

0%  a. 5 miles
0%  b. 12 miles
0%  c. 62 miles
0%  d. 75 miles
0%  e. 100 miles
The Border
U.S. Border Region Challenges

• Health Professional Shortage Area (HPSA)
• Higher incidence of infections diseases compared with the U.S. average
• If made a state, the border region would rank:
  – 1\textsuperscript{st} in number of uninsured children
  – 2\textsuperscript{nd} in death rates due to hepatitis
  – 3\textsuperscript{rd} in deaths related to diabetes
  – Last in access to health care
  – Last in per capita income

Source: US/Mexico Border Health Commission
Where the Poor and Uninsured Americans Live

Adults ages 19 to 64, excluding residents of institutions and ineligible immigrants.
Current Status of State Medicaid Expansion Decisions

![Map of the United States with states colored to indicate their Medicaid expansion status. Blue indicates states implementing the expansion (28 states including DC), light blue indicates states with open debate (2 states), orange indicates states not moving forward at this time (21 states).]
Arizona expanded Medicaid

0%  a. Yes
0%  b. No
0%  c. I’m not sure
Which border state did NOT expand Medicaid?

0%  a. California
0%  b. Texas
0%  c. Arizona
0%  d. New Mexico
States refusing to expand Medicaid will leave 5.7 million Americans uninsured.
HIV Treatment Cascade

AFFORDABLE CARE ACT (ACA)
Health Insurance Milestones

Post-war Private Health Insurance Expansion

Medicare & Medicaid

ACA
Health Reform from the Beginning...

1965
Medicare & Medicaid established

2010
Affordable Care Act (ACA) signed into law

2011
Supreme Court upholds ACA
Where We Are Now & Where We Are Going

2013
- Outreach/Education
- Assistors/Navigators
  Marketplaces
  *Sign-up starting October 1, 2013*

2014
- Health Insurance
  (Marketplaces & Medicaid expansion)
  *coverage begins January 1, 2014*

2019
- ACA fully implemented
Where We Are Now & Where We Are Going

2013
- Outreach/Education
- Assistors/Navigators
  Marketplaces
  Sign-up starting October 1, 2013

2014
- Health Insurance
  (Marketplaces & Medicaid expansion)
  coverage begins January 1, 2014

2019
- ACA fully implemented
Where We Are Now & Where We Are Going

2014
- Outreach/Education
- Assistors/Navigators
  
  Marketplaces
  Open Enrollment
  November 15, 2014 – February 15, 2015

2015
- Health Insurance (Marketplaces & Medicaid expansion)
  Coverage begins January 1, 2015
  Reconciliation (filing 2014 taxes)

2019
- ACA fully implemented
Affordable Care Act (ACA) & HIV Services

- Elimination of pre-existing condition exclusions
- Expansion of Medicaid to non-disabled adults with incomes of up to 133% of FPL
- Subsidies to purchase insurance through exchanges for people with income up to 400% FPL
- **MORE PLWH ARE ELIGIBLE FOR MEDICAID/MARKETPLACE EXCHANGES**
Under the ACA a child can stay on a parent’s health insurance policy until age 26

1. True
2. False
3. I’m not sure
What is the tax penalty to be paid this year for someone who should have had health insurance in 2014 but didn’t get it?

- 0%  a. A tax penalty of $95 or 1% whichever is greater
- 0%  b. A tax penalty of $95 or 1% whichever is smaller
- 0%  c. There is no penalty the first year
- 0%  d. I don’t know
## TAX Penalty Phase In

<table>
<thead>
<tr>
<th>Percentage of Income</th>
<th>Set Dollar Amount</th>
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</thead>
<tbody>
<tr>
<td>2014 1%</td>
<td>$95</td>
</tr>
<tr>
<td>2015 2%</td>
<td>$325</td>
</tr>
<tr>
<td>2016 2.5%</td>
<td>$695</td>
</tr>
</tbody>
</table>

Whichever is **GREATER**
Exemptions from penalty payment

You may qualify for an exemption if:

1. You’re uninsured less than 3 months
2. Lowest price plan is >8% income
3. You don’t have to file a tax return (income too low)
4. You’re a member federally recognized tribe or eligible for IHS provider
5. You’re a member of a recognized health care sharing ministry
6. You’re a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
7. You’re incarcerated, and not awaiting the disposition of charges against you
8. You’re not lawfully present in the U.S.
Exemptions from penalty payment

You may qualify for a HARDSHIP exemption if:

1. You are /were homeless
2. You were evicted in past 6 months or face eviction/foreclosure
3. You received a shutoff notice from utility
4. You recently experienced domestic violence
5. You recently experienced the death of a close family member
6. You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.
7. You filed for BK in last 6 months
8. You had medical expenses you couldn’t pay in last 24 months
Con’t

You may qualify for a **HARDSHIP** exemption if:

9. You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or again family member
10. You expect to claim a child as tax dependent who’s been denied coverage in Medicaid or CHIP.
11. You were deemed ineligible for Medicaid because your state did not expand Medicaid under the ACA
12. Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable
13. You experienced another hardship in obtaining health insurance
Ryan White Funds: Payer of Last Resort

Ryan White Program funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made by another payment source.”
Income status of individuals who receive Ryan White-funded services


FPL = Federal Poverty Level
What was 100% of the FPL for an individual in 2013 in the 48 contiguous states?

0%  a. $5,025/year
0%  b. $7,110/year
0%  c. $11,490/year
0%  d. $13,170/year
# 2013 Federal Poverty Level

**CoverageforAll.org**

138% FPL = $15,856

## 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Family Size</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>81%</th>
<th>100%</th>
<th>133%</th>
<th>175%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
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<tr>
<td>1</td>
<td>$2,873</td>
<td>$5,745</td>
<td>$8,618</td>
<td>$9,307</td>
<td><strong>$11,490</strong></td>
<td>$15,282</td>
<td>$20,108</td>
<td>$22,980</td>
<td>$28,725</td>
<td>$34,470</td>
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<tr>
<td>2</td>
<td>$3,878</td>
<td>$7,755</td>
<td>$11,633</td>
<td>$12,563</td>
<td><strong>$15,510</strong></td>
<td>$20,628</td>
<td>$27,143</td>
<td>$31,020</td>
<td>$38,775</td>
<td>$46,530</td>
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<td>3</td>
<td>$4,883</td>
<td>$9,765</td>
<td>$14,648</td>
<td>$15,819</td>
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<td>$25,975</td>
<td>$34,178</td>
<td>$39,060</td>
<td>$48,825</td>
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<td>4</td>
<td>$5,888</td>
<td>$11,775</td>
<td>$17,663</td>
<td>$19,076</td>
<td><strong>$23,550</strong></td>
<td>$31,322</td>
<td>$41,213</td>
<td>$47,100</td>
<td>$58,875</td>
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<td>5</td>
<td>$6,893</td>
<td>$13,785</td>
<td>$20,678</td>
<td>$22,332</td>
<td><strong>$27,570</strong></td>
<td>$36,668</td>
<td>$48,248</td>
<td>$55,140</td>
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<td>$82,710</td>
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<td>$15,795</td>
<td>$23,693</td>
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<td><strong>$31,590</strong></td>
<td>$42,015</td>
<td>$55,283</td>
<td>$63,180</td>
<td>$78,975</td>
<td>$94,770</td>
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<td>7</td>
<td>$8,903</td>
<td>$17,805</td>
<td>$26,708</td>
<td>$28,844</td>
<td><strong>$35,610</strong></td>
<td>$47,361</td>
<td>$62,318</td>
<td>$71,220</td>
<td>$89,025</td>
<td>$106,830</td>
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<td>8</td>
<td>$9,908</td>
<td>$19,815</td>
<td>$29,723</td>
<td>$32,100</td>
<td><strong>$39,630</strong></td>
<td>$52,708</td>
<td>$69,353</td>
<td>$79,260</td>
<td>$99,075</td>
<td>$118,890</td>
</tr>
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</table>

UCLA Center for Health Promotion and Disease Prevention

CoverageforAll.org
Medicaid Expansion & Marketplaces

Medicaid Expansion States
(Medicaid) 138% of Federal Poverty Level (FPL)

$15,856 (Individual)
$32,500 (Household of 4)

100% 138% Immediate (or deferred) Premium Tax Credits 400%

$11,490 (Individual)
$23,550 (Household of 4)

$45,960 (Individual)
$94,200 (Household of 4)

100% 138% Cost-sharing Subsidies 250%

Silver Plan

$11,490 (Individual)
$23,550 (Household of 4)

$28,725 (Individual)
$58,875 (Household of 4)
Health Insurance (Marketplace) Exchanges

States Decisions For Creating Health Insurance Marketplaces

- State-based Marketplace (16 states and DC)
- Partnership Marketplace (7 states)
- Federally-facilitated Marketplace (26 states)
- Undecided (1 state)

State-Based Marketplace Exchanges: California & New Mexico
Federally Facilitated Marketplace Exchanges: Arizona & Texas

Health Insurance Marketplace

When key parts of the health care law take effect in 2014, there’ll be a new way for individuals, families and small businesses to get health insurance.

Whether you’re uninsured, or just want to explore new options, the Marketplace will give you more choice and control over your health insurance options.

About the Marketplace

The Marketplace is designed to help you find health insurance that fits your budget, with less hassle.

Get Ready to Enroll

Learn what you can do now to get ready for Marketplace enrollment in October 2013.

Get a Break on Costs

More people than ever will qualify for free or low cost health insurance in 2014. In the meantime, you or your child may be able to get help with costs NOW.
New Arizona law could imperil health care for 150,000

Gov. Doug Ducey signed a bill that could jeopardize health insurance for more than 150,000 Arizonans if the U.S. Supreme Court rejects subsidized coverage in Arizona and 33 other states.

Ducey last week signed House Bill 2643, which forbids Arizona from setting up its own Affordable Care Act health exchange. The bill has little immediate impact on the Arizona residents who get coverage through the federal marketplace, but it could have a big impact in a few months.

In June, the U.S. Supreme Court is expected to rule in King vs. Burwell, a case that examines whether subsidies are allowed for people who buy health insurance through the federal marketplace or should be limited to states that run their own insurance exchanges.

Arizona is one of 34 states on the federal health marketplace, healthcare.gov. If the high court strikes down subsidies through the marketplace, states could decide to establish their own marketplaces to ensure consumers continue to collect subsidies to help purchase health insurance.

But HB 2643, sponsored by Arizona Rep. Justin Olson, R-Mesa, and Rep. Vince Leach, R-Oro Valley/Marana, takes that option off the table for Arizonans. The bill bars the state from funding or implementing a state-based health exchange or federal marketplace.

Ducey told reporters this week that he signed the bill because he doesn't support the use of state funds to implement the Affordable Care Act, which he labels a failed experiment. The bill was signed into law May 6.
ACA Implementation on the Border
Expert Reviewers

California

- Susan Benson, MS
  Director, Programs & Operations, UCSD Owen Clinic
- Patrick Loose
  Chief, HIV, STD & Hepatitis Branch of Public Health Services, County of San Diego HHSA
- Amy Sitapati, MD
  UCSD Owen Clinic, UCSD PAETC, and San Ysidro Health Center

Arizona

- Alyssa Bittenbender, MPH
  Program Director, Arizona AETC
- Shannon Smith
  Program Director - Ryan White, Univ. of Arizona, Dept. of Medicine
- Laura A. Henry, MSW, MPA
  Associate Director of Clinical Services, Southern Arizona AIDS Foundation
- Carol Q. Galper, EdD
  Director, Arizona AETC

New Mexico

- Travis Leyva
  Disease Prevention Program Manager
  Public Health Division - Southwest Region, NM
- Tracy Tessmann, MA
  Program Manager, New Mexico AETC

Texas

- Jesse Carter
  HIV Services Planner, HIV/STD Prevention & Care Branch, Texas DSHS
- Jorge L. Salazar
  Administrator, La Fe CARE Center

Other

- Jennifer Flood, MD
  Curry International Tuberculosis Center
- Alan Gambrell, MPA
  Principal Managing Partner, Public Ink
ACA Implementation on the Border

- Expanding health insurance coverage in every state
- Increasing access to Medicaid
- Establishing Health Insurance Marketplaces
- Covering preventive services with no deductible or co-pay
ACA Implementation in Arizona

- Increasing access to Medicaid
- Implementing federally-run health insurance marketplace
Qualified Health Plans (QHPs) by Metal Group

<table>
<thead>
<tr>
<th>Metal</th>
<th>% Total Costs Covered</th>
<th>Deductible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>No deductible</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>No deductible</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>(sliding scale in CA)</td>
</tr>
<tr>
<td>Bronze</td>
<td>60%</td>
<td></td>
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</tbody>
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Plan Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>EPO</td>
<td>Exclusive Provider Organization</td>
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</tbody>
</table>
Medicaid Expansion (AHCCCS) 138% of Federal Poverty Level (FPL)

100% 138% Immediate (or deferred) Premium Tax Credits 400% 500%

HIV------ADAP <$46,680

$16,104 (Individual)
$32,913 (Household of 4)

$11,670 (Individual)
$23,850 (4)

$46,680 (Individual)
$95,400 (4)
AHCCCS and Ryan White

- Ryan White funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made by another payment source.”
- Arizona Ryan White programs, including ADAP, require clients to seek AHCCCS services annually, or in the event of changes in income, household size, or residency.
- Beginning in April 2012, AHCCCS incorporated medical and medication copays for certain services delivered to members above the age of 19 and with an income level above 106% FPL. PLWHA may qualify for use of Ryan White to assist with these costs if unable to pay on their own.

<table>
<thead>
<tr>
<th>Nominal Copay Amounts for Some Medical Services</th>
</tr>
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<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Prescriptions</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
</tr>
</tbody>
</table>
To be eligible for the ADAP program, one must:

1. Be enrolled in the AIDS Drug Assistance Program (ADAP)
2. Be an Arizona resident
3. Be 18 years old or older
4. Have an adjusted gross income of no more than $46,680
5. NOT be enrolled in AHCCCS
6. Have, or attempted to get, a comprehensive health insurance plan with prescription drug benefits (through work, the Federal Marketplace, or through the Part D Prescription Drug Plan if on Medicare).
ADAP and FFM Enrolled Clients

• While ADAP’s central office manages application and eligibility processes, the central office only provides direct medication support to clients enrolled in Medicare and private plans. For support of ADAP clients enrolled in FFM plans, the program contracts with the Southern Arizona AIDS Foundation (SAAF) for health insurance benefit management services.

• On behalf of ADAP eligible and FFM enrolled patients, ADAP/SAAF pays up to $350 per month for insurance premiums, and up to $3,000 a year for outpatient medical costs.

• Active enrollment in ADAP is required and services are exclusive to clients who receive health insurance through the FFM.

• ADAP will only extend wraparound support to clients who are enrolled in ‘Silver’ plans.
Case Study: Arizona

Pedro is a 28 year old resident of Nogales, Arizona making ($12,253 or 105% FPL) who commutes to Tucson for HIV care at a Ryan White clinic. He has been in the U.S. legally for 7 years. He also receives HIV dental care and case management services through the Ryan White program in Tucson. He wants to stay at his HIV clinic.
Under the ACA will Pedro be required to purchase health insurance (FPL=105%, Medicaid expanding state)?

0%  a. No, he will get Medicaid

0%  b. Yes, and he will get help with payment

0%  c. Yes, and he has to pay entire payment

0%  d. No, he is not a US citizen
Will Pedro be able to continue to receive dental care through Ryan White?

0%  a. Yes
0%  b. No
0%  c. I’m not sure
Pedro is in a car accident and ends up in the ER, then the hospital. Does he have health insurance?

0%  a. Yes
0%  b. No
0%  c. I’m not sure
ACA Implementation in California

✓ Increasing access to Medicaid
✓ Transition to Medicaid expansion: Low Income Health Programs (LIHPs)
✓ Implementing state-run health insurance marketplace
Qualified Health Plans (QHPs) by Metal Group

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</tbody>
</table>
ACA, FPL, HIV, and OAHIPP

Medicaid Expansion
(MediCal) **138% of Federal Poverty Level (FPL)**

- $15,856 (Individual)
- $32,500 (Household of 4)

Immediate (or deferred) Premium Tax Credits
- 100% **138%**
- 400%
- 500%

HIV--------OAHIPP<$50,000

- $11,490 (Individual)
- $23,550 (4)
- $45,960 (Individual)
- $94,200 (4)

Subsidies
- 100% **138%**
- 250%

Silver Plan
- $11,490 (Individual)
- $23,550 (4)
- $28,725 (Individual)
- $58,875 (4)
OA-HIPP – Current Eligibility

To be eligible for the OA-HIPP program, one must:

1. Be enrolled in the AIDS Drug Assistance Program (ADAP)
2. Be a California resident
3. Be 18 years old or older
4. Have an adjusted gross income of no more than $50,000
5. NOT be enrolled in Medicare, Full-Scope (free) Medi-Cal
6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits.
7. NOT have health insurance through work
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program

- Pays insurance premiums up to $1,938 per month for eligible PLWHA without access to employer-based health insurance, Medicare, or Full-Scope Medi-Cal.
- Eligibility aligned with ADAP eligibility, and co-enrollment in ADAP is required.
- Clients who earn between 139%-200% FPL ($15,971-$22,980 for individuals) can minimize their out-of-pocket expenses by choosing a Covered California “Silver” plan.
- Clients who earn between 201% FPL ($23,095 for individuals) and $50,000 annually and qualify for OA-HIPP can minimize out-of-pocket expenses by choosing a Covered California “Platinum” plan.

From SOA Webinar October 30, 2013
Case Study: California

Juan is a single construction worker with no children living with HIV. He lives in San Diego and earns $23,555/year (205% FPL). He does not have health insurance and goes regularly to a Ryan White clinic for his HIV care. He has bonded with his HIV treatment team who he says “saved my life.” Juan has been in the United States legally for 5 ½ years.
Under the ACA will Juan be required to purchase health insurance (FPL=205%, Medicaid expanding state)?

0%  a. No, he will get Medicaid
0%  b. Yes, and help with his entire payment
0%  c. Yes, but he must pay entire payment
0%  d. No, he is not a US citizen
Health Insurance Terminology I

- Premium
- Deductible
- Co-pay/Co-insurance
- Total out of pocket expense
- Premium assistance/tax credit
- Cost-sharing subsidies

Tax Time: “Reconciliation”
# Health Insurance Terminology II

Qualified Health Plans (QHPs) by Metal Group

<table>
<thead>
<tr>
<th>Metal</th>
<th>% Total Costs Covered</th>
<th>Deductible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>No deductible</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>No deductible</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>(sliding scale in CA)</td>
</tr>
<tr>
<td>Bronze</td>
<td>60%</td>
<td></td>
</tr>
</tbody>
</table>

## Plan Types

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>EPO</td>
<td>Exclusive Provider Organization</td>
</tr>
</tbody>
</table>
ACA, FPL, HIV, and OAHIPP

**Medicaid Expansion** (MediCal) **138% of Federal Poverty Level (FPL)**

- **Immediate (or deferred) Premium Tax Credits**
  - 100% 138% Immediate (or deferred) Premium Tax Credits
  - **HIV------OAHIPP<$50,000**
  - HIV:
    - $11,490 (Individual)
    - $23,550 (Household of 4)
  - OAHIPP:
    - $45,960 (Individual)
    - $94,200 (Household of 4)

**Subsidies** 250%

- 100% 138% Subsidies
- **Silver Plan**
  - Individual:
    - $11,490
    - $28,725
  - Household of 4:
    - $23,550
    - $58,875
OA-HIPP – Current Eligibility

To be eligible for the OA-HIPP program, one must:

1. Be enrolled in the AIDS Drug Assistance Program (ADAP)
2. Be a California resident
3. Be 18 years old or older
4. Have an adjusted gross income of no more than $50,000
5. NOT be enrolled in Medicare, Full-Scope (free) Medi-Cal
6. Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits.
7. NOT have health insurance through work
Counties and Rating Regions

The previous pages highlight which counties are within each rating region, below is a breakdown of where the rating regions reside.
Border Rating Regions/Plans

San Diego

- HealthNet (HMO)/$269
- Anthem (EPO)
- Kaiser Permanente (HMO)
- Molina Healthcare (HMO)
- SHARP Health Plan (HMO co-pay)
- Blue Shield (PPO)
- SHARP Health Plan (HMO co-insurance)
- Anthem (HMO)/$336

Imperial

- Kaiser Perm (HMO)
- Blue Shield (PPO)
- Anthem (PPO)

Border Rating Regions/Least expensive plan
San Diego

<table>
<thead>
<tr>
<th>Age</th>
<th>Plan</th>
<th>Income</th>
<th>Least $ Option (per mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Silver</td>
<td>No Tax Credit (&gt;400% FPL)</td>
<td>HealthNet (HMO): $269</td>
</tr>
<tr>
<td>40</td>
<td>Silver</td>
<td>With Tax Credit (200% FPL)</td>
<td>HealthNet (HMO): $81 (plus subsidies)</td>
</tr>
<tr>
<td>40</td>
<td>Silver</td>
<td>With Tax Credit (150% FPL)</td>
<td>HealthNet (HMO): $18 (plus subsidies)</td>
</tr>
</tbody>
</table>
Case Study: Juan

**Platinum** (eligible for Federal Subsidy)

Premium: **$184/month**
(of a **$372/month** premium--per Covered CA calculator)

**Copays:**

- Primary Care Visit: **$20 (1st free)**
- Generic Drugs: **$5**
- Lab Test: **$20**
- X-Ray: **$40**
- Deductible: Zero
- Out of pocket maximum: **$4,000**
What You Can Do ....
What You Can Do...
Community Based Organizations

Measure disparities and outcomes.

Become familiar with the language/concepts of PCMH.

Make tight connections with medical providers in your area.
What You Can Do: Border Clinicians/Clinics

- Contract with your local Medicaid providers
- Identify a benefits counselor
- Get recognized as a PCMH
What You Can Do:
Border Patients

- Pick one medical provider/case management agency and stick with them
- Open your mail
- Tell your story
TARGET Center

Learning Modules

Affordable Care Act and the Ryan White HIV/AIDS Program: Learning Modules

April 2013
TARGET Center

Go to webpage

Description
What Ryan White HIV/AIDS Program grantees and consumers can do to prepare for the changes in the U.S. health care financing and delivery systems.

- Learn about Reform
- Participate in the Marketplace Process
- Educate and Assist Your Clients
- Adjust Your Systems
- Key Websites

Tools

Toolkits

Affordable Care Act and the Ryan White HIV/AIDS Program: Learning Modules
TARGET Center
April 2013
What Ryan White HIV/AIDS Program grantees and consumers can do to prepare for the changes in the U.S. health care financing and delivery systems.

TACT TA Costing Tool
HRSA
January 2004
Excel-based software tool that lets providers identify how much their services cost.

Health Reform Readiness Index Resources: A Provider Change Guide
University of Wisconsin-Madison
May 2013
Questions (and tools) for substance abuse providers (with applicability to all safety net providers) to address around the Affordable Care Act (ACA).

Interim Billing and Financial Worksheets
SAMHSA and HRSA Center for Integrated Health Solutions
May 2013
Worksheets to cross-compare CPT billing and diagnostic codes for integrated health services.

HIV Service Organizations: Planning Considerations for the ACA Transition
San Francisco HIV Health Care Reform Task Force and Harder+Company Community Research
April 2013
Considerations for medical and non-medical providers of HIV services to prepare for this transition.
Regional AETCs
U.S.-Mexico Border Federal Training Center Collaborative

Welcome/Bienvenidos

This website features resources from the U.S.-Mexico Border AETC Steering Team (UMBAST) and its Federal Training Center partners. Together we offer free, expert training, technical assistance, and capacity building programs on the prevention and treatment of HIV, tuberculosis, hepatitis C, sexually transmitted diseases, reproductive health, and related topics for clinicians working in the U.S.-Mexico border region.

UMBAST is supported by the HRSA HIV/AIDS Bureau and the Minority AIDS Initiative.

Focus on Health Care Reform along the Border
Visit the online TARGET Center for education and implementation tools for Ryan White Providers.

Participate in the May 30 Webinar, ACA Implementation and the Border featuring UMBAST trainers.

Border Blog
The Border Blog is a place to discuss what's happening with HIV, clinical training, and health care in general on the border. Read, comment, and join in!

Resource Maps
Find local HIV testing and treatment resources, and sources for related health services such as substance abuse treatment.

Border Training Calendar
Find out what's happening in your area.

State Profiles
These profiles summarize the impact of the HIV/AIDS epidemic in border communities.

Library
Our team of trainers have developed fact sheets on topics such as care options for patients returning to Mexico and Central America, and working with patients with substance abuse problems. Check here for important reports and publications related to border health.
Federal Training Centers Border Collaborative

- AIDS Education and Training Center (AETCs - HRSA)
- Prevention Training Centers (CDC)
- TB Training Centers (CDC)
- Addiction Technology Transfer Centers (SAMHSA)
- CARDEA Services (Office of Population Affairs)
Other Resources

- HRSA: http://www.hrsa.gov/affordablecareact/
- Ryan White TARGET Center: https://careacttarget.org/
- HHS: http://www.healthcare.gov/
- Insure the Uninsured Project: http://itup.org/
- Kaiser Family Foundation: http://kff.org/health-reform/
- UMBAST: http://AETCBorderHealth.org
- Dose of Change: http://www.doseofchange.org/
- HIV Medicine Association: http://www.hivma.org/
- FamiliesUSA: http://familiesusa.org/
- Community Catalyst: http://www.communitycatalyst.org/
Case Study: Maria

Maria is a single 28 year old hotel cleaner living in Tucson who estimates she made $21,027 in 2014 (183% FPL), but has no health insurance. She says she could never afford the rates for “someone my age.” She has not seen a doctor for years, but sometimes goes across the border for antibiotics and dental care. She wants health insurance as she has some chronic back problems and owns a small house worth about $140,000. She is afraid an ER trip could bankrupt her or cause her to lose the house. Otherwise, she believes she is in good health and feels great.

However, she does not know that she is living with HIV and hepatitis C. She would not report any risks for either if asked.
Under the Affordable Care Act, Maria was required to purchase health insurance or face a tax penalty.

1. a. True
2. b. False
3. c. I’m not sure
I think someone like Maria would have signed up for health insurance (NOT pay the penalty)

1. a. True
2. b. False
3. c. I’m not sure
Let's say Maria signed up & chooses a qualified health plan primary care provider. Do you think she will be tested for HIV as part of her routine care with her provider in Tucson 2015?

0% 1. a. Yes
0% 2. b. No
0% 3. c. I’m not sure
The last time I went to my primary care provider I was offered an HIV test as part of my routine visit...

1. No.

2. No, as we already knew my HIV status

3. Yes, I think they offered one

4. Yes, I clearly remember they offered one
Contact Information

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