



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

HIV Care and the Affordable Care Act

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ACA: What was the goal?

The Goal

- Reduce the total uninsured in the U.S. from roughly 51 million to 24 million
- Improve “fairness, quality and affordability” of insurance coverage
- Improve health care quality & efficiency while reducing wasteful spending
- Strengthen access to primary care
- Improve public health via investments in preventative care

ACA Coverage Options

What are the insurance options?

- Insurance Exchange
 - All states are mandated to participate
 - Some states running their own Exchange, some are having the Feds manage enrollments through the Federal Exchange HealthCare.gov
- Medicaid Expansion
 - Supreme Court ruled that states are not mandated to participate
 - States that do not expand Medicaid will have no way to insure the very poor (those under 100% FPL--\$957/mo for 1 person)

Enrollment targets—Insurance

As of Feb 1, 2014

- 3.3 million selected a plan (not all have paid for it yet)¹
- 82% of those who selected a plan qualify for subsidy to help with premium costs¹

¹http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Feb2014/ib_2014feb_enrollment.pdf

Enrollment Targets: Medicaid

As of Feb 5, 2014

- Between 1.1-1.8 million enrolled (out of 6 million believed to be eligible)¹
- Only 26 states agreed to expand Medicaid. People under 100% of FPL (\$957/mo for single person) will not have access to coverage (estimated to be about 5 million people)²
- There is no closing date for Medicaid enrollments—enrollment is expected to remain steady throughout the year

¹<http://politicalticker.blogs.cnn.com/2014/02/05/study-puts-new-medicaid-enrollment-under-obamacare-at-fewer-than-2-million/>

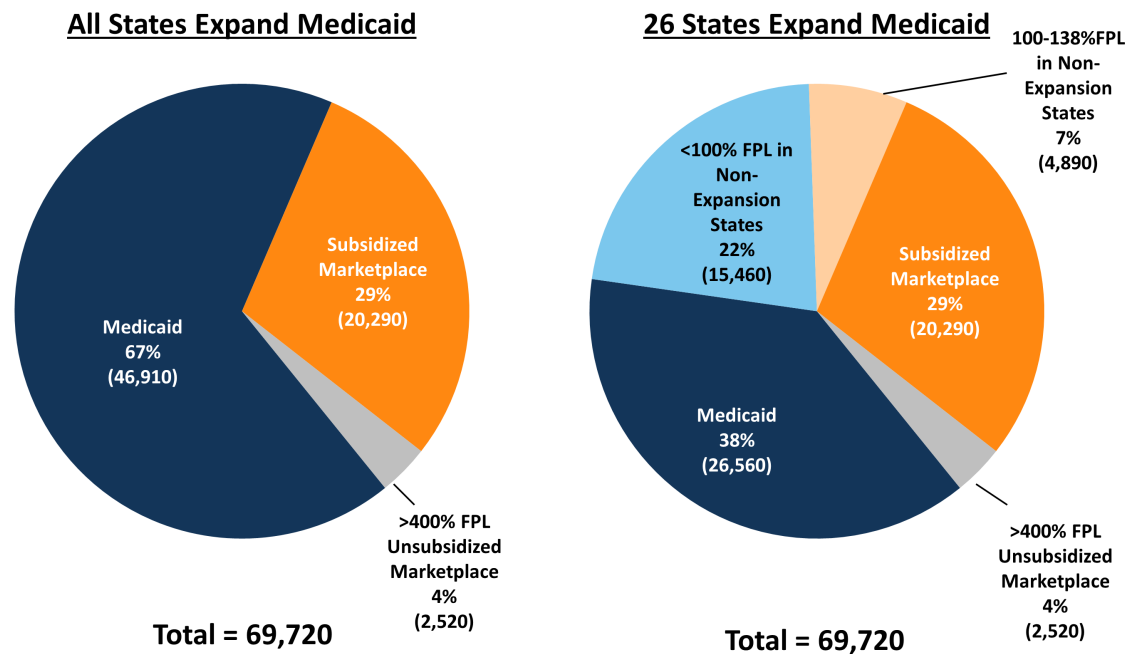
²<http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

HIV-Specific Enrollment Data

- Close to 70,000 people in care with HIV are currently uninsured (total HIV+ in care--470,000)
- 46,910 of those are believed to be Medicaid eligible, if all states were expanding Medicaid
- Because 25 states are not expanding Medicaid, more people will go into the Insurance Exchange, but 17,980 will have no coverage

Figure 5

Health Insurance Coverage Options Under the ACA for Uninsured Adults with HIV in Care



Based on state Medicaid decisions as of October 22, 2013.

Sources: CDC/KFF analysis of 2009 MMP; KFF State Health Facts, <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>; 2010 NCHHSTP Atlas data, <http://www.cdc.gov/nchhstp/atlas/>.



HIV-Specific Enrollment Data

- An estimated 700,000 HIV+ people are not currently in care, and their insurance status is unknown
- PLWHA (who are in care) getting onto ACA coverage represent <1% of the total new enrollees expected

- Gallup estimates that for the 1st quarter of 2014, the number of uninsured is down to 16.0% from 17.1% in the last quarter of 2013
- Gallup also reported that the same thing happened in 2012, however

Focus on Primary Care

Switching the Focus of Care

- Long term, one of the goals of the ACA is to move the focus of health care efforts out to Primary Care and away from hospital care and the fee-for-service model.
- Goal: to reduce health care costs
 - In 2009, health care spending was 16% of GDP
 - Projected to be 31% of GDP in 2035, and 46% in 2080
 - Americans pay 16% of their consumption dollars on health care costs
- Goal: improve quality
 - U.S. has some of the lowest scores on key health indicators

Switching the Focus of Care

- Changes to assist with this include:
 - Enhanced Medicaid reimbursement for PCP visits for 2 years
 - Employing a “Value Based Model” of care where MDs & Hospitals share in financial incentives for meeting quality & cost benchmarks
 - Reduction in hospital reimbursement, particularly around re-admission within 30 days of discharge
 - Bundling of MD & Hospital payments for certain conditions
 - Fewer patients on Charity care

Switching the Focus of Care

- However, Hospitals & MDs have concerns about these changes
 - Will provider reimbursements be enough to sustain a medical practice?
 - Will more MDs switch to accepting cash only due to paperwork requirements & lower reimbursements?
 - MD job satisfaction is believed to be low—will these changes compound this? Will providers leave the field at a time when more providers are needed than ever before?

Challenges at the Local Level

Issues & Problems

- Enrollment problems galore!
 - Both State & Federal enrollment portals are filled with thousands of incomplete apps delayed by error messages & system problems
- Unclear if these issues will be resolved before the Portal closes at the end of March
- Massive influx of insured overwhelmed the insurance companies
 - Card issuance delays
 - Computer systems not updated

Issues & Problems

- Prior Auth requests for drugs skyrocketed, delaying refills
- Issues with formularies & specialty pharmacy requirements
- Uncertain Ryan White levels have impacted contracting & staffing security

The Future

- Will retention in care improve with this increase in coverage?
- What is Ryan White funding going to do?
- Will the Provider shortage issue improve or decline?