To help HAB understand the effect of the DRA and other recent state Medicaid and health policy reforms on access to and delivery of care for PLWHA

- Examine changes in Medicaid and state health policy reforms
- Identify effects on access to care for PLWHA
- Determine implications for Ryan White
- Develop technical assistance strategies and program and policy guidances to help grantees address coverage gaps
Data Collection Activities

Data Collection Activities for Assessing Effect of Medicaid Policy Changes on PLWHA

#1 Telephone Interviews
Telephone interviews with national Medicaid experts

#2 Stakeholder Meeting
Roundtable discussion with Ryan White Program stakeholders

#3 Consumer Focus Groups
Focus groups with participants at regional consumer conference

#4 Case Study Analysis
Case study interviews with Medicaid directors and state and local Ryan White administrators, providers, and consumers

Technical Assistance Strategies and Policy and Program Guidance Options
Medicaid Policy Areas

I. Medicaid eligibility and enrollment
II. Citizenship documentation requirement
III. Covered benefits and service limitations
IV. Cost-sharing requirements
V. Provider reimbursement and availability
VI. Provider choice under managed care
I. Medicaid Eligibility and Enrollment

1. Most PLWHA qualify for Medicaid through disability.
   - Most enrollees in advanced stages of disease
   - Many have co-occurring disabilities
   - Must publicly disclose HIV status and self-identify as permanently disabled and unable to work
   - Process undermines trust with provider
   - Income threshold for disabled population varies by state and vulnerable to state fiscal priorities
I. Medicaid Eligibility and Enrollment

2. It is becoming harder for PLWHA to qualify for disability.

- Requires clinical information that Ryan White providers might not have
- Assessment based on AIDS diagnosis and OIs
- May require medical exam by physician without HIV experience
- Disability review process becoming stricter
- Increasing number of applications denied; new clients less likely to qualify
- Complexity of policies deters enrollment; some clients choosing not to reapply
I. Medicaid Eligibility and Enrollment

3. Medically needy programs are an important pathway to Medicaid for PLWHA.
   ✓ Many PLWHA on ARVs qualify through MN program
   ✓ MN programs are optional, vary by state, and vulnerable to state fiscal priorities
   ✓ Highlights need for Ryan White program to coordinate enrollment with state Medicaid
   ✓ Federal Ryan White dollars cannot be used to meet spend-down requirement
   ✓ Dual beneficiaries lost vehicle for meeting spend-down requirement after Medicare Part D
I. Medicaid Eligibility and Enrollment

4. Poverty expansion options for PLWHA vary by state and are vulnerable to state fiscal priorities.

- States are required to offer Medicaid to SSI recipients with incomes below 74% FPL
- Many states offer optional coverage above 74% FPL
- Optional coverage programs vary widely by state
- Optional coverage programs often cut during state budget shortfalls
I. Medicaid Eligibility and Enrollment

5. Ryan White providers have to spend more time and resources helping clients apply for disability and Medicaid.

- Ryan White providers are required to verify client is ineligible for Medicaid
- SSA and Medicaid application process can be burdensome and time-consuming
- Ryan White funds are used to help clients apply for disability and Medicaid
- Ryan White funds are used to cover medical costs during review process, and shifted to medical services when eligibility thresholds are cut
II. Citizenship and/or Residency Documentation Requirement

1. Effect of documentation requirement on Medicaid enrollment for PLWHA uncertain.

- Policy still relatively new and effect depends on how strict states were before DRA
- Anecdotal evidence that some legal immigrants unable to provide documentation; others may choose not to apply because of potential repercussions for family and friends
- Requirement undermines trust with provider
- Ryan White funds are used to help clients obtain documentation, and cover cost of care for clients unable or unwilling to provide documentation
III. Covered Benefits and Service Limitations

1. State Medicaid programs cover most major medical services needed by PLWHA.
   - Most clients reported being able to get the primary medical care they need under Medicaid.
   - Clients reported difficulty getting some optional services, such as dental, vision, mental health, transportation, and some screenings.
   - Optional services vary by state and may be eliminated during state budget shortfalls.
   - Ryan White funds used to cover important wrap-around medical services.
III. Covered Benefits and Service Limitations

2. States are beginning to adopt other utilization management policies to control costs.

- Medicaid programs are relying more on prior authorizations, referrals, and limits on services
- Cost control policies often part of MC reform
- Creates disruptions in care and deterioration in health for PLWHA
- Results in loss of Medicaid revenue to provider
- Adds to administrative and clinical burden of provider
- Ryan White funds are used to cover cost of care when services are denied
- Creates disincentive for providers to help clients apply for Medicaid
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IV. Cost-sharing Requirements

1. Cost-sharing requirements under Medicaid are still fairly small and not often enforced.
   ✓ Small copayments add up for PLWHA on multiple ARVS and may create barrier to care
   ✓ Medicaid expansion programs, MC reform plans, and Medicare Part D impose higher cost sharing
   ✓ MN programs require share-of-cost (SOC) payment
   ✓ Failure to cover TrOOP costs means Medicare Part D enrollees revert to Ryan White for drugs
   ✓ Federal Ryan White funds are used to pay cost-sharing requirements, except SOC and TrOOP
V. Provider Reimbursement and Availability

1. Inadequate payment rates is one of the most important problems with Medicaid facing Ryan White providers.

- Medicaid payment rates do not cover cost of care for PLWHA
- Uncovered costs growing due to increasing administrative burden and clinical complexity
- Ryan White providers are required to be Medicaid-certified providers
- Providers report relying on Ryan White funds to remain financially solvent
- Creates disincentive for providers to help clients apply for Medicaid
V. Provider Reimbursement and Availability

2. Low Medicaid payment rates are one of the main causes of HIV clinician shortages.

- Creates disincentive for specialists to accept new Medicaid patients, particularly those with complex health care needs like PLWHA
- Creates disincentive for specialists to establish or maintain status as Medicaid-certified provider
- Lack of Medicaid clinicians is particularly acute in rural areas
- Creates disruptions in care and deterioration in health for PLWHA
- Ryan White funds are used to cover cost when specialists are unwilling to bill Medicaid
VI. Provider Choice under Managed Care

1. Disabled population losing MC exemption and facing challenges keeping traditional provider.
   - Clients do not understand MC enrollment process and are autoassigned to new provider
   - Clients are denied services by traditional provider when they arrive for appointment
   - Creates in disruptions in care and deterioration in health for PLWHA
   - Increases administrative and clinical burden of providers
   - Ryan White funds used to cover cost until client gets reassigned to traditional provider
VI. Provider Choice under Managed Care

2. MC networks may not be well-suited to meet the needs of PLWHA.

- Infectious disease specialists often serve as PCP for PLWHA, but may not be credentialed as such by MCO
- MC network may be limited, making it harder to find specialists experienced treating PLWHA
- MC network may not contract with providers in local community, requiring PLWHA to travel
- Because of added administrative burden and low payment rates, MC reform may also contribute to exit of Medicaid providers
Conclusions

- Together, Medicaid and Ryan White provide comprehensive medical and social support services to low-income PLWHA
- Changes in state Medicaid policies have major effect on how local Ryan White funds are used
- Variation in Medicaid policies across states have major effect on how local Ryan White funds are used
Conclusions

- Structural and functional barriers limit the ability of programs to communicate and coordinate services effectively
  - Programs are administered independently
  - Providers and clients face disincentive to enroll
  - Priorities of two programs are misaligned
  - Local grantees lack leverage over Medicaid
  - Use of Ryan White funds is governed by federal legislation
Conclusions

- Improving the coordination of services between Medicaid and Ryan White requires:
  - Shift in perspective from independent but interrelated programs to functionally integrated service delivery system for PLWHA
  - Giving Ryan White grantees greater leverage to obtain effective participation from Medicaid
  - Increased communication and dissemination of information at all levels
  - Greater evidence of the interrelationship between the two programs