NASHP
NATIONAL ACADEMY FOR STATE HEALTH POLICY

Targeted Policy Resource Series: States Strategies to Promote Consistent Enrollment and Care across Medicaid-Ryan White HIV/AIDS Programs

Lyndsay Sanborn and Natalie Williams

Introduction

Medicaid and the Ryan White HIV/AIDs Program (RWAP) provide access to critical health care services, including antiretroviral therapy (ART), to a large proportion of people living with HIV (PLWH).[1] Consistent access to ARTs and HIV-related services and supports is a critical component in successfully managing HIV, improving health outcomes and avoiding health care costs resulting from delayed or poorly coordinated treatment. Eligibility for these two programs can be complicated and this complexity can pose barriers to care, particularly when eligibility criteria differ between the two programs. Beneficiary circumstances often change, and PLWH often cycle through eligibility for one or both programs. Even short-term lapses in eligibility can increase the risk of disease progression, advance damage to the immune system, and increase the risk for viral rebound, which may result in HIV transmission, because PLWH may not have consistent access to care and treatment.[2] States have a number of factors to consider when structuring eligibility to support consistent access to care, including:

- Whether the state has expanded its Medicaid program;
- How to leverage waiver authorities and managed care to support consistent enrollment; and
- How Medicaid and state RWHAP grantees can work together to reduce "churn" and minimize coverage disruptions for PLWH.

About This Series

States, through their Medicaid and Ryan White HIV/AIDS programs, play critical roles in supporting access to care for people living with HIV (PLWH). PLWH can be among the most medically complex individuals covered by state health programs, incurring costs up to five-times greater than the average Medicaid beneficiary. Research shows that early, comprehensive treatment can significantly improve health outcomes for PLWH and reduce their overall cost of care. Given increasingly constrained state budgets, state policymakers are working to ensure that care to this population is accessible, well-coordinated, and effective. This series of reports are designed to give Medicaid and RWHAP administrators an understanding of each other's programs, and highlight key opportunities for collaboration.

Medicaid Eligibility Overview

Medicaid is a means-tested entitlement program, funded by federal and state governments, administered by states within the parameters of federal guidelines. Within these guidelines, each state can define eligibility criteria and benefits for its Medicaid program. Generally, to qualify for Medicaid benefits, individuals must be low-income and belong to a group that is categorically eligible -- such as pregnant women, children, or disabled individuals; depending on the type of coverage, , assets may also be reviewed.[3] Low-income PLWH may become eligible for Medicaid when their disease progresses to a point where they meet their state's criteria for disability. States also have the ability, using medically needy criteria, to provide Medicaid benefits to individuals with high medical expenses whose income exceeds the state's limits, but who are otherwise eligible.[4] Under this option, a state can subtract health care costs, from an applicant's income, which then places him/her below a state's medically needy income limit (MNIL).[5]

> ### What is modified adjusted gross income?
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> States calculate an individual's modified adjusted gross income. This calculation uses federal income tax guidelines and the tax-filer's family size to determine a person's household size and income.
>
> *Reference: 42 CFR 435.603 - Application of modified adjusted gross income (MAGI).*

States can also request permission from the federal government to waive certain requirements related to eligibility and/or provide more comprehensive benefits for certain populations, such as PLWH. Medicaid Section 1115 waivers allow states to test innovations, including expanding services, while maintaining budget neutrality.[6] Section 1915(c) home and community-based services waivers allow states to provide Medicaid coverage to individuals, including PLWH, who would otherwise only be eligible for Medicaid services in an institutional setting.[7] Under the Affordable Care Act (ACA), most states (34 states as of August 2018) have expanded Medicaid eligibility for adults between ages 19 to 64 with incomes up to 133 percent of the federal poverty level (FPL). The expansion of Medicaid eligibility has increased enrollment of PLWH in expansion states, who previously may have had to wait until they were qualified as to become disabled by HIV/AIDS before becoming eligible for Medicaid coverage.[8]

Ryan White HIV/AIDS Program Eligibility Overview

The RWHAP is authorized under Title XXVI of the Public Health Service Act[9] and is administered by the Health Resources and Services Administration (HRSA). The program provides grants to cities, states, and community-based organizations to provide primary care and support services for low-income PLWH who have insufficient or no health care coverage. To be eligible for RWHAP services, individuals must have an HIV/AIDS diagnosis, be low-income, and show proof of residency in the state where they are applying for services.[10] However, the definition of low-income, including any specific income or asset requirements, is defined by each state.[11] HRSA's HIV/AIDS Bureau, which administers the RWHAP, recommends that states use modified adjusted gross income (MAGI)-based methodologies to determine an individual's financial eligibility to receive RWHAP services.[12] State RWHAPs may limit eligibility for specific services in order to prioritize limited resources. RWHAP clients must have their eligibility recertified and documented at least every six months, with a more thorough recertification conducted at least once a year.[13] The RWHAP is the "payer of last resort" and must ensure that RWHAP funding does not pay for services that are otherwise covered by Medicaid or other payers.[14] If a RWHAP client becomes eligible for coverage under another payer, the RWHAP must retroactively back-bill for services to recoup costs.[15]

> **Medicaid or the RWHAP: Which is the payer of last resort?**
>
> Section 2617(b)(7)(F) of the Public Health Service Act requires states to provide assurances that RWHAP funds will not be used to pay for items or services that could be paid for by any other federal or state health benefits program. While Medicaid typically pays a claim only after other liable third parties have made payment, Section 2617(b)(7)(F) mandates that RWHAP be the payer of last resort, behind Medicaid and other state and federal programs.

Key Policy Issues

Medicaid and state RWHAP policymakers share a mutual interest in working together to ensure that coordinated and efficient eligibility processes are in place across the two programs. Increased coordination can help target limited financial resources, reduce program and funding silos, and minimize gaps in coverage as individual eligibility changes. Highlighted below are strategies Medicaid and RWHAP officials can use to coordinate eligibility for their respective programs.

Explore how Medicaid waiver authorities can better support this population. States can use the flexibility offered by Medicaid Section 1115 waivers to expand eligibility, support new services, and implement payment innovations. Section 1915(c) Home and Community Based Services waivers allow states to develop specialized benefits for a target population, such as PLWH, who may need more intensive supports as their disease progresses. A Section 1915(c) waiver can provide flexible, tailored benefits designed to keep people at home or in the community while enabling states to cap enrollment and manage costs.

- **Section 1115 Waivers:** Maine has had an HIV/AIDS Section 1115 Demonstration Waiver in place since 2002. The waiver's goal is to provide low-income PLWH with improved access to high-quality, cost-effective care in order to improve health outcomes. The waiver provides a limited benefit package, including case management, to two groups: uninsured PLWH with incomes at or below 250 percent of FPL who do not qualify for MaineCare [Medicaid]; and MaineCare-eligible individuals living with HIV with incomes at or below 100 percent of FPL. Many waiver participants are responsible for some cost sharing,

however, they can co-enroll in the state's AIDS Drug Assistance Program (ADAP) and receive assistance paying for some prescription drug co-pays and applicable premiums.[16] The state waiver materials note that ADAP enrollees are notified about the waiver program and encouraged to apply.[17]

- **Section 1915(c) Waivers:** Illinois' §1915 (c) Individuals with HIV/AIDS Waiver benefits include adult day services, transportation, respite care, personal assistants, meal delivery, and speech therapy.[18] In order to be eligible for services under this waiver, beneficiaries must have long-lasting and severe functional limitations, be at risk of nursing facility placement, and have the capacity to "safely live in the home or community-based setting with the services provided in the plan of care."[19]

Engage Medicaid and RWHAP officials and PLWH when planning for changes in state health insurance landscapes. Changes in a state's health insurance landscape, such as Medicaid expansion or transitioning between the federally-facilitated and state-based marketplaces, can impact how PLWH access services and qualify for programs. During times of transition, Medicaid and the RWHAPs can communicate and work collaboratively to address and anticipate the needs of PLWH and monitor the impact of both programs. For example, when Maryland expanded Medicaid eligibility and created a state-based health insurance marketplace, state policymakers worked closely with an advisory council that included RWHAP representatives to develop the state's essential health benefits packages. During this process, regional RWHAP representatives worked with Medicaid to address concerns about access to case management and oral health services, how to preserve these services, and how to help PLWH navigate these services under the newly-implemented Medicaid expansion and insurance marketplace.[20]

Support policies that minimize coverage disruptions. Each state's Medicaid and RWHAP has its own program requirements and timelines for determining eligibility. Navigating this system of eligibility certification and recertification is administratively burdensome for state agencies, confusing for clients, and can cause disruption in services if there is a delay or discrepancy in determining eligibility. Below are policies to support continuous coverage:

- **Streamline the certification process.** The RWHAPs are the payer of last resort and must certify and monitor their clients' eligibility for other programs, such as Medicaid.[21] The process of collecting RWHAP client information in order to make an eligibility determination occurs during program intake and at intervals throughout the year, as often as every three months in some states. In order to reduce both client and administrative burden and sustain adherence to medications, **Colorado** implemented a number of policies that include reducing eligibility recertification to every six months, aligning recertification with clients' RWHAP enrollment anniversary date, and allowing individuals to self-attest to financial eligibility. The state also implemented a system that texts and emails clients to remind them when their RWHAP recertification is approaching and provides them with an online portal to update their eligibility information.[22] Colorado RWHAP clients can use their ADAP cards to show eligibility for other RWHAP programs and services, such as case management and transportation services, without the need for certification through that RWHAP-funded program.

- **Use similar methodologies to establish financial eligibility across programs.** The ACA mandates that state Medicaid programs use MAGI-based methodologies to make Medicaid eligibility decisions[23] and to determine tax credits and cost-sharing for purchasing qualified health plans through state or federal health insurance marketplaces.[24] HRSA recommends that state RWHAPs use this same methodology when determining financial eligibility, or use a "mock-MAGI" calculation.[25] The **Illinois** RWHAP developed an online eligibility application that uses the MAGI methodology to determine an applicant's financial eligibility for services. If applicants do not have their most recent tax return to demonstrate MAGI, the state's RWHAP uses a mock-MAGI worksheet to determine the applicants' MAGI.[26] **Texas** has also aligned

its use of MAGI for determining financial eligibility across Medicaid, RWHAP services, and the Texas HIV Medication Program.[27]

Share eligibility information across Medicaid and the RWHAPs. States find that sharing eligibility information between RWHAP and Medicaid programs can help maintain stable enrollment and improve PLWH's engagement in care. However, sharing data across agencies can be difficult due to both federal and state confidentiality laws that govern the sharing of personal health information.[28] Medicaid and the RWHAP can work in tandem to support enrollment and eligibility.

- **Leverage data and processes to support eligibility through unified applications, data sharing, and shared systems.** The **Vermont** Medication Access Program (VMAP) and Vermont Medicaid have established a data use agreement to share information across programs.[29] For clients' six-month recertification, the state automatically recertifies clients who are enrolled in Medicaid or the state's health insurance marketplace through their online Medicaid eligibility platform, ACCESS. For the annual recertification, Vermont conducts all RWHAP recertifications on the same day, regardless of program anniversary date.

- **Build cross-agency eligibility expertise to facilitate enrollment.** Through training and staffing, states, including **California**, have built expertise about Medicaid and the RWHAP within both the California Department of Health Care Services (Medicaid) and the California Department of Public Health. In preparation for Medicaid expansion in their state, California trained Medicaid eligibility specialists, patient navigators, and case managers about RWHAP services and how to identify RWHAP-eligible clients.[30] **Phoenix, Arizona** RWHAP grantees, in preparation for the state's Medicaid expansion, leveraged the CAREWare system to identify expansion eligibility for current RWHAP clients and inform them about upcoming enrollment dates, covered benefits, and enrollment assistance. In the Phoenix area, 93 percent of RWHAP grantee clients were successfully enrolled in either the state marketplace or the state's Medicaid program because of this initiative.[31]

 For additional resources detailing how state agencies can improve care for PLWH, read National Academy for State Health Policy, Toolkit: State Strategies to Improve Health Outcomes for People Living with HIV

Endnotes

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