

Better Together: State Strategies for Medicaid-Ryan White HIV/AIDS Program Coordination

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Thursday, August 29, 2013
3:00 - 4:00pm EDT

*This webinar is made possible through the support of the
Health Resources and Services Administration (HRSA)*

Agenda

- **3:00 – 3:05pm** – Welcome and Overview
- **3:05 – 3:45pm** – Conversation with State Panelists
- **3:45 – 3:55pm** – Question and Answer
- **3:55 – 4:00pm** – Wrap Up

Today's Speakers

- Moderator: **Katharine Witgert**, Program Director, NASHP
- State Panelists:
 - **Dr. Karen Mark**, Chief, Office of AIDS, Center for Infectious Diseases, Department of Public Health, California
 - **Dr. David Collier**, Associate Medical Director, Bureau of TennCare, Tennessee
 - **H. Dawn Fukuda**, Director, Office of HIV/AIDS, Bureau of Infectious Disease, Department of Public Health, Massachusetts
 - **Barbara Lantz**, Manager, Quality and Care Management, Washington State Health Care Authority

NASHP Overview

- Non-partisan, non-profit dedicated to helping states achieve excellence in health policy and practice
- Works across agencies and branches of state government to advance health policy development, analysis, and solutions
 - Conducts policy analysis and research,
 - Convenes forums for problem solving, and
 - Facilitates peer learning and provides technical assistance

Project Overview

- Mutual interest to Centers for Medicare and Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA)
 - Issued Joint Bulletin on coordination between Ryan White HIV/AIDS Programs (RWHAP) and Medicaid on May 1, 2013
- NASHP conducted interviews with HIV/AIDS and Medicaid program leadership in several states to:
 - elicit feedback on strategies for coordination
 - learn about examples of coordination and challenges in states
- Next step: develop short issue brief to highlight state coordination strategies

Topic #1 Interagency collaboration

*What does coordination look like in practice
in your state?*



Connections with Medicaid Massachusetts

- 1115 Medicaid Waiver for HIV+ (2001)
- Medicaid member on Part A Planning Council
- Collaboration with Medicaid Pharmacy Director on PrEP and Truvada coverage
- Coordination between Medicaid and State ADAP—HIV check box on Masshealth application
- Plans for quarterly meeting between Office of HIV/AIDS and Medicaid staff

California's Low Income Health Program (LIHP)

- Medi-Cal 1115 Waiver Program *CA's Bridge to Health Care Reform*
- Administered by California's Department of Health Care Services (DHCS)
- Comprehensive medical care and medication coverage
- Eligible individuals up to 200% FPL, by county
- Initially implemented in 10 counties in July 2011
- To date, 19 LIHPs implemented in CA, covering 53 of California's 58 counties
- Over 600,000 clients expected to be enrolled statewide by December 31, 2013, including an estimated >8,500 clients who would otherwise be California ADAP clients

California's LIHP and Ryan White (RW) "Payer of Last Resort"

- Many clients who got medical care at RW clinics and medications from ADAP now get care and medications through LIHP
- Many county LIHPs initially developed with the assumption that they would NOT be taking care of persons living with HIV/AIDS (PLWHA)
- Required that a plan be developed to transition ADAP and other RW clients into the LIHPs
 - HIV provider network adequacy
 - Continuity of care
 - Pharmacy network adequacy
 - Formulary adequacy

LIHP Stakeholder Advisory Committee

- Jointly organized by the CDPH Office of AIDS (OA) and the DHCS LIHP Division
- Intensive collaboration between CDPH/OA; DHCS/LIHP Division; county AIDS Directors; county Ryan White, ADAP and LIHP Coordinators; medical and non-medical HIV providers; advocates; PLWHA; and other stakeholders to create policies to enable a smooth transition for clients from RW services to the LIHPs
- Biweekly teleconferences
- Model of collaboration among stakeholders to maintain PLWHA in care during transitions between payer sources
- Now expanded to include all transitions related to health care reform

OA/DHCS Health Care Reform Stakeholder Advisory Committee



- LIHP
- Medi-Cal Expansion (California's Medicaid)
- Covered California (California's Health Benefit Exchange)
- Cal MediConnect (Duals Demonstration Project)

TennCare

- TN Medicaid (TennCare) Associate Medical Director member of Ryan White Part A Planning Councils (PC) in Memphis and Nashville
 - Participation requested by Davidson and Shelby County health departments
 - Cooperate with fellow public health agencies
 - Opportunity to interact with members of the public with significant special needs
 - Nashville PC: serve as a committee chair
 - Memphis PC: participate with a committee

- TennCare benefits by interaction with consumers, providers, grantees



Coordination of Services in Washington

- Background on Washington
- Coordination with Partner Agency
- Sharing of Information
 - Formulary Medications
 - Contracted Providers
 - Ryan White Care Managers
- Health Homes



Topic #2 Data Sharing

Why is data sharing so important in coordinating these programs?

What makes it difficult?

Enhancing Data Sharing in California

- California law very restrictive in sharing of HIV public health data, especially ADAP data
- In 2012, state statute amended for the purposes of implementing LIHP to allow CDPH to share relevant data related to a beneficiary's enrollment in RW programs who may be eligible for LIHP with the local LIHP, and for the LIHP to share relevant data related to persons diagnosed with HIV/AIDS with CDPH
- Similar state statute amendment for the purposes of implementing the movement of dual-eligible (Medi-Medi) beneficiaries into managed care plans
- Current bill (SB 249) proposes to allow similar data sharing with PPACA qualified entities

Continued Data Sharing Challenges



- Data sharing between CDPH Office of AIDS and DHCS (Medi-Cal)
- Data sharing between CDPH Office of AIDS and enrollment system for California's Health Benefit Exchange (Covered California)

Managed Care in Washington

- Federal regulations – a common set of standards
- Washington compliment with NCQA Standards
- Ensure baseline access, quality, and performance standards
- Used to ensure unique population needs are met



Topic #3 Prescription drug access

What issues can arise with regard to prescription drugs and mail order pharmacies?

How can states ensure prescription drug access for PLWHA?



Prescription Medication Policies Massachusetts

- Recent experience with major private insurer
- 90-day mail order policy on maintenance medications
- Requirement for beneficiary co-payment obligation in advance
- Restriction on accepting payment from any 3rd party (including State ADAP)



Prescription Medication Policies Massachusetts - Concerns

- Confidentiality
- Security of medications delivered to the home
- Client cost-burden of up-front 90-day co-payment
- Lost opportunity of contact with pharmacist
- Exclusion of ADAP as allowable payer
- Undue burden (discrimination) for PLWH
- Beneficiary preference for pharmacy pick-up



Prescription Medication Policies Massachusetts - Outcomes

- ADAP certified as allowable payer 😊
- Limited network of “brick and mortar” pharmacies identified for pick-up 😊
- Payment accepted at time of pick-up 😊
- 90-day policy remains for both pick-up and mail order prescriptions 😞

Prescription Drug Access in Tennessee

- TN Centers of Excellence established in 2001 through cooperation with the TN Department of Health, TennCare, managed care organizations, & certain individuals with support of the Robert Wood Johnson foundation
 - TN COEs to ensure access to high-quality HIV care from experience providers
- Medicaid PDL determined with input from Chief Medical Officer of AIDS Center of Excellence



Topic #4 Preparing for the Affordable Care Act (ACA)

How will Ryan White and Medicaid work together to assure care for PLWHA continues as the ACA is implemented?



Health Insurance and Ryan White Massachusetts

- Medicaid (and other insurance) will cover required medical visits, laboratory monitoring, prescription medications, and hospitalizations
- RW-funded services include those that are categorically not covered by insurance OR not sufficiently reimbursed by health insurance, and are necessary to fully meet the care and treatment needs of persons living with HIV



Yes, We Still Need Ryan White

- AIDS Drug Assistance Program (ADAP)
 - Co-pays, premium continuation, treatment continuity during coverage gaps, populations categorically ineligible for coverage
- Medical Case Management
 - High-acuity clients, care coordination, benefits advocacy, housing services
- Linkage, Engagement, and Retention in Care
 - Surveillance-informed outreach and linkage support, transportation, peer services, mental health, substance use treatment, nutrition and food security

Health Homes in Washington

- Program allowed under Section 2703 of the Affordable Care Act
- Provides for care coordination/care management function
- Washington's model includes HIV/AIDS as a qualifying condition under 2703 SPA
- Data sharing with Health Homes



Cultural Shift in California



- CDPH Office of AIDS has statutorily-mandated lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS.
- Historically focused on programs we administer, including Ryan White Part B, with less focus on programs we don't administer, such as Medi-Cal.
- As increasingly more HIV care is paid for by non-Ryan White programs, focus shifting to ensure that all PLWHA have access to and are receiving optimal medical care and supportive services, regardless of funding source for these services.
- Consistent with National HIV/AIDS Strategy

Audience Q&A

Audience members: Please feel free to type your questions into the chat box.

Thank you for joining today's webinar!

Shortly you will be directed to complete a
short evaluation:

We appreciate your participation –
your feedback guides our work.