Successes and Challenges in the Affordable Care Act: Beyond Access

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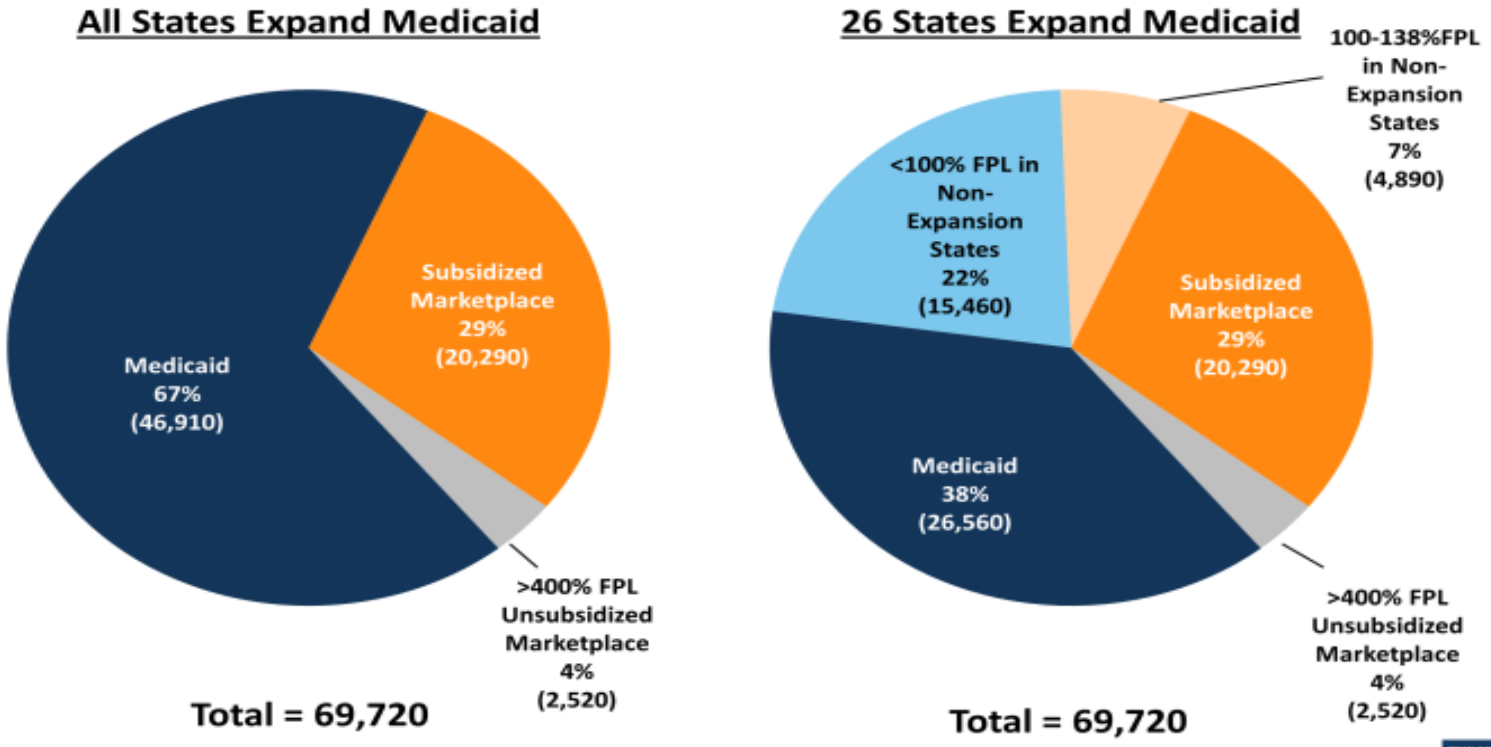
ACA Health Care Coverage for People Living with HIV (and the Impact of Optional Medicaid Expansion)

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/.

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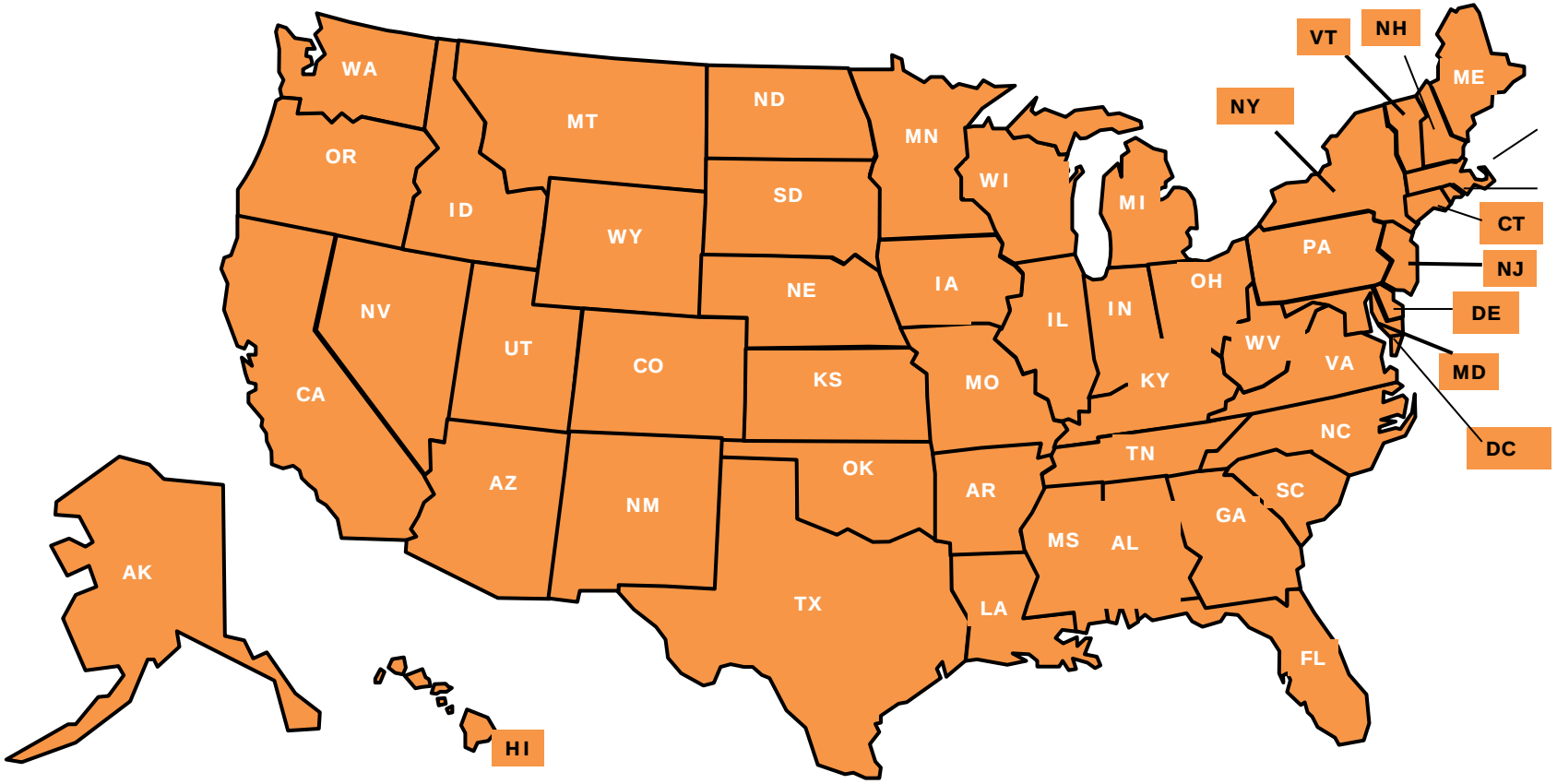
Over 25,000 ADAP Clients Transition to Medicaid Expansion and Marketplace Qualified Health Plans

(as of May 2014)



Medicaid	QHPs	Total
12,004	13,129	25,133

Services and Costs under Medicaid Expansion-Based Care

Coverage includes access to the essential health benefits package, including:

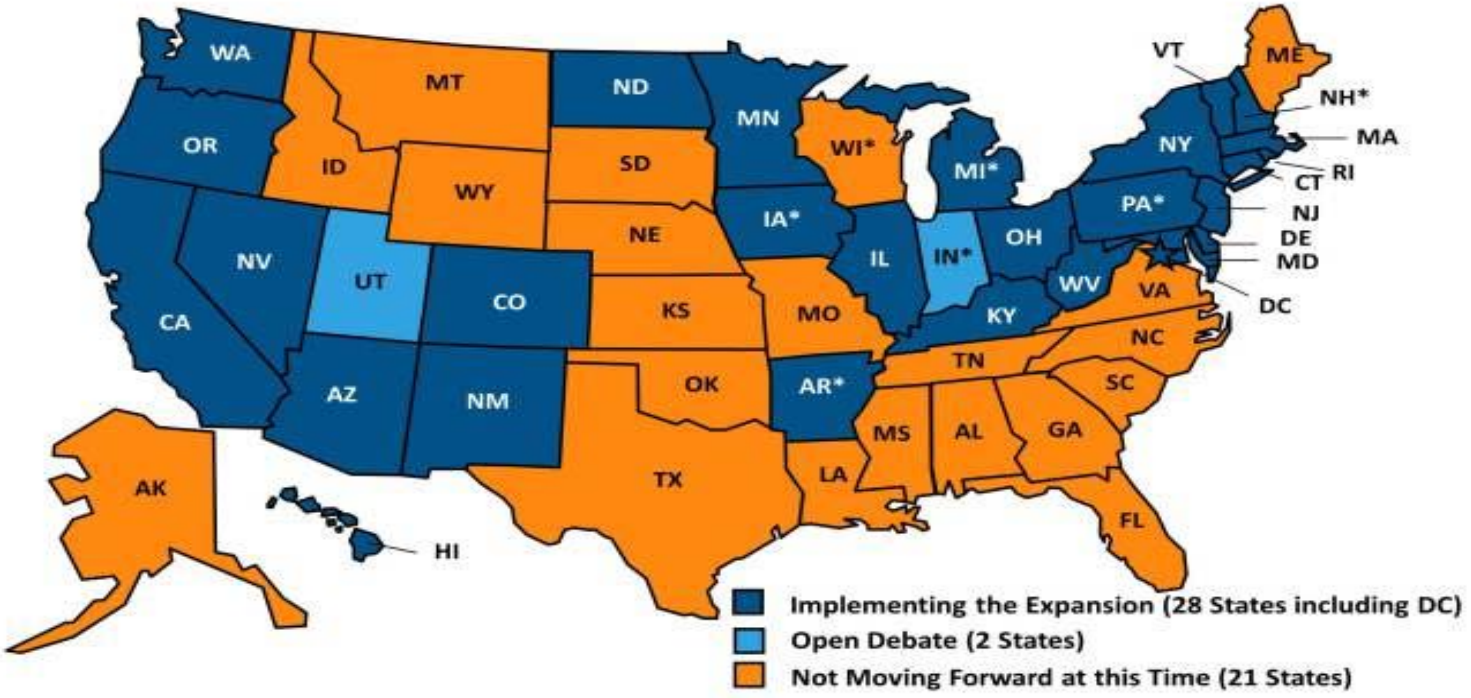
- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventative and wellness services and chronic disease management; and
- Pediatric services.

Very low cost-sharing requirements for individuals enrolled:

- $4 maximum copayment for outpatient services.
- $75 maximum per inpatient admission.
- $8 maximum for non-preferred drugs and non-emergency use of the emergency department.
- Total premiums and cost-sharing cannot exceed 5% of income on a quarterly or monthly basis.
- Most states offer lower co-payments than the maximum.
  - Generally $1-3 co-payments.

The Lack of Medicaid Expansion in States Threatens the Health of People Living with HIV

Current Status of State Medicaid Expansion Decisions



NOTES: Data are as of August 28, 2014. *AR, IA, MI, and PA have approved Section 1115 waivers for Medicaid expansion. In PA, coverage will begin in January 2015. NH is implementing the Medicaid expansion, but the state plans to seek a waiver at a later date. IN has a pending waiver to implement the Medicaid expansion. WI amended its Medicaid state plan and existing Section 1115 waiver to cover adults up to 100% FPL in Medicaid, but did not adopt the expansion.
SOURCES: Current status for each state is based on data from the Centers for Medicare and Medicaid Services, available here, and KCMU analysis of current state activity on Medicaid expansion.

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Lack of Transparency on Marketplace

- ACA Marketplaces fail to provide consumers with the ability to review plans, compare them and make informed decisions.
- Several trends undermine transparency objectives:
  - Inadequate Drug Coverage or Essential Provider Information on Plan Website
  - Failure to Include Adequate Information as to the Cost of Covered Services and Medications on Plan Website
  - Lack of Standardization of Plan Formulary Information
  - Inconsistencies between Marketplace and Insurer Websites
  - **Changing Plan Design and Cost-Sharing Subsequent to Enrollment**

Recommendations for Addressing Transparency

- Require all Marketplace plans to provide complete, accurate and accessible formulary information in a standard format, including the actual out-of-pocket costs that will be imposed on enrollees
- **Limit the ability of plans to change benefits and costs after close of open enrollment period**
- If plans change benefits and/or costs in such a way as to deny access to care and treatment needed, allow beneficiaries to change plans under the “qualifying event” provisions

Inadequate Coverage

- **Despite early advocacy efforts, plans sill do not cover all HIV medications including single tablet regimens (STRs)**
  - Plans in many states are covering fewer Protease Inhibitors than required by the Essential Health Benefits rule
  - 28% of all HIV drugs not covered*
  - 19% of single tablet regimens (STRs) not covered*
- There is also evidence of increased utilization management such as prior authorization and step therapy, which reduce access to needed medications

*Based on an assessment of 15 states QHPs conducted by Avalere

Recommendations for Addressing Coverage

- **Amend the Essential Health Benefits rule to require coverage of all specialty drugs that are widely accepted in treatment guidelines or best practices**
  - For example, this would require coverage of all HIV antiretroviral drugs, including fixed-dose combinations and single tablet regimens, in accordance with the federal HIV treatment guidelines
- Enact new regulations defining ACA non-discrimination protections to ensure that formularies and utilization management do not discriminate against people living with HIV, HCV and other chronic health conditions

Lack of Affordability

- **Many plans are placing all HIV medications on formulary tiers with very high levels of cost-sharing**
  - 50% of HIV/AIDS drugs covered on silver plans (plans eligible for tax credits and subsidies in Marketplaces) are subject to an average of 36% co-insurance
  - Some plans are placing all HIV and HCV medications on 50% co-insurance

Recommendations for Addressing Affordability

- **HHS should prohibit excessive coinsurance for specialty drugs (where no generic equivalent exists) that are widely accepted in treatment guidelines or best practices**
  - HHS should also clarify that all Marketplace plans must accept private co-payment assistance for brand name medications without a generic equivalent
- **All states should enact laws that limit cost-sharing for specialty drugs**
  - States have already enacted laws that: limit copayment for specialty tier drugs at $150 for a 30 day supply; require appeals process for exceptions; and prohibit placement of all drugs of a class on specialty tier
- Congress should also enact legislation to limit cost-sharing
  - Patients' Access to Treatment Act of 2013 (H.R. 460), would prohibit specialty tier cost-sharing that exceeds the dollar amount of cost-sharing for the lowest cost, non-preferred drug tier

Preserving and Promoting a Well-funded and Well-Integrated Ryan White Program (RWP)

- RWP will still be the primary provider of care & services to many in non-expansion states, immigrants and others who are left behind
- Ongoing RWP is needed to address gaps in care and affordability
- “Vigorously pursue” standard must allow people to chose not to enroll in ACA Marketplace insurance plans based on individual circumstances

When You See Discrimination Related to Transparency, Coverage, Cost or Any Other Issue: SPEAK UP!!!

- A team of national and state partners has established "SPEAK UP" to monitor, assess and document barriers to HIV care
- Through SPEAK UP we see patterns of discrimination emerging that need to be addressed, educate state and federal officials about what's happening on the ground, advocate for change, and report back to the community
- We need to help inform and shape state and federal policy to ensure the needs of people living with HIV are addressed as the ACA is implemented

To SPEAK UP, visit:

http://www.hivhealthreform.org/speakup/

If You Want To See More of Me….

- ***Presidential Advisory Council on AIDS Update***

  Friday, October 3rd at 8:30 am-11:30 am

- ***Everything You Want to Know About the Affordable Care Act: But Haven't Gotten to Ask***

  Saturday, October 4, 2014, 8:30 a.m. - 11:30 a.m.

- ***SPEAK UP: Implementation of Health Reform for People Living with HIV***

  Saturday, October 4, 2014 4:30 PM – 6:00 PM