Navigating Health Systems Changes: Considerations for HIV and Hepatitis Programs

challenges and opportunities

Ramon Gardenhire, Vice President of Policy & Advocacy, AIDS Foundation of Chicago
• Following the State’s Medicaid reform law and the federal Affordable Care Act, the Illinois Department of Healthcare and Family Services (HFS) transitioned over 2 million participants into managed care health plans.

• About 2 million out of 3 million clients (or 66%) are in care coordination.
  • Medicaid program just rebid MCO contracts. 80 percent of Medicaid enrollees must choose or be assigned to a MCO, and the initiative will expand from 30 to all 102 counties in the state.

• In these regions, HFS contracted with private health plans to manage the care of Medicaid patients to improve quality of care and control cost.

• For Medicaid enrollees, this shift meant that instead of accessing care from any provider accepting Medicaid, they now had to choose a managed care health plan. Each health plan has a network of providers that enrollees can then access.
Impact of ACA in Illinois on PLWHA

Impact of ACA in Illinois for People Living with HIV:

- As of 2016, **12,000** people living with HIV in Illinois gained health coverage through the ACA:
  - **3,000** via Marketplace / **8,750** low-income, childless adults living with HIV via Medicaid (most black gay men)
  - **32%** of people living with HIV in Illinois, or 1 in 3 of the **37,788** reported as living with HIV.
  - **20,782** or **55%** of all people living with HIV in Illinois are now on Medicaid.
  - The number of Medicaid recipients with HIV increased by **52%** from 2013 to 2016.
Engagement in HIV Care for People Diagnosed with HIV Disease (Aged ≥ 13 Years) Through 12/31/2014 and Living with HIV Disease on 12/31/2015, Illinois

- Diagnosed: 35,892 (100.0%)
- Linked to Care: 31,872 (88.8%)
- Retained in Care: 14,033 (39.1%)
- Virally Suppressed: 15,932 (44.4%)
Challenges and Opportunities
What’s next for Medicaid?

Opportunities....

• 15 non-expansion states will hold gubernatorial elections this year or in 2018. Ten of those will be open seats.

• Should these states elect Governors that choose to expand Medicaid, they could cover millions of currently uninsured people despite the Trump administration’s efforts to harm the ACA.

Data: Kaiser Family Foundation, The Cook Political Report; Note: Maine, a tossup state, was not included due to insufficient Medicaid data; Chart: Andrew Witherspoon / Axios
What’s next for Medicaid?

...and threats.

• At least seven states with GOP governors (Arkansas, Kentucky, Arizona, Maine, New Hampshire, Wisconsin and Indiana) have already drafted plans meant to introduce new rules people would have to meet to be eligible for Medicaid

• Strategies include raising premiums, creating adding work requirements, and introducing drug tests

• Illinois advocates are considering legislation to prevent these
Unique Challenges for IL Medicaid

- Immature Managed Care Model
- Redetermination (lack of consistent open enrollment period)
- Outdated Infrastructure to Support Transition to Managed Care
- Evolving Understanding of Benefits
  - Prior authorization utilization
  - Coverage of HIV medications by MCO’s
  - Medicaid care and treatment for PLWHA
Advocacy in Medicaid

Ways to engaged in advocacy to make Medicaid work better for you
Key Legislation to Improve Medicaid

- **HB2812 (P.A. 99-0181) - Explanation of Benefits (EOBs) in Medicaid Managed Care trailer bill**
  - HB2812, which became law last year. This law instructs IL Medicaid Managed Care Entities to suppress the sharing of claim related information with their members when it comes to specific "sensitive health services".
  - In the law, "sensitive health services" mean mental health services, substance abuse treatment services, reproductive health services, family planning services, services for sexually transmitted infections and sexually transmitted diseases, and services for sexual assault or domestic abuse. Services include prevention, screening, consultation, examination, treatment, or follow-up.

- **HB 2731 HA1 (P.A. 099-0086) – Strengthens Transparency in the Medicaid Managed Care System**
  - Requires The Department of Healthcare and Family Services (HFS) to publish monthly enrollment reports on its website as soon as possible but no later than January 1, 2017 on enrollment of Medicaid clients into these various care models.
  - HFS must annually publish on the Department’s website every health plan’s quality metrics outcomes and make public an independent annual quality review report.
  - Instructs HFS to compile data on Medicaid redeterminations on a monthly basis and post this data on the Department’s website. Data from prior months should be retained and available on the website as well.
Empowering Meaningful Patient Choice in Medicaid Managed Care Act

- HB 6213 puts in place measures to ensure the Medicaid Managed Care enrollees are being presented with all relevant information in order to make an informed plan choice.
- HB 6213 does this through improving the provider directory; enhancing formulary usability; improving communications related to grievances and appeals, Medicaid redetermination, and care coordination; and creating a consumer focused health plan quality comparison tool.
- **Status:** The bill passed both houses of the General Assembly unanimously. On Friday, August 5, 2016, Governor Rauner signed HB 6213 into law, becoming Public Act 99-0725.

HOUSE BILL 4554 – “Mandated Medicaid PrEP Coverage”

- This legislation codifies existing practice within the Illinois Department of Healthcare and Family Services (HFS) to mandate that Illinois’ Medicaid program provide coverage for pre-exposure prophylaxis (PrEP), both the medication and associated program.
- Very few states in the nation have mandated Medicaid coverage of PrEP.
- **Status:** The bill passed both houses of the General Assembly unanimously. On Friday, August 12, 2016, Governor Bruce Rauner signed HB 4554 into law, becoming Public Act 99-0772.
To support Medicaid-eligible people in Illinois living with HIV make informed decisions about their health care, the AIDS Foundation of Chicago (AFC) releases an overview of HIV medication coverage in selected Medicaid Managed Care plans.

This resource is a map of Medicaid Managed Care companies’ prescription drug coverage and will help people living with or at risk for HIV and other chronic health conditions to make informed decisions about their health insurance coverage. Individuals can use the formulary review to compare the availability of medications across the various managed care plan options and work with their providers to find the best coverage for their unique situation.
Advocacy within Medicaid Formulary

• In April, 2016 AFC and Howard Brown Health (HBH) received confirmation that the Illinois Department of Healthcare and Family Services (HFS) planned to remove Atripla from the preferred drug list (PDL) starting, April 25th to reduce cost.

• Atripla was the only single-tablet regimen (STR) HIV medication covered under the Illinois Medicaid program’s preferred drug list. New patients enrolling in Fee-For-Service, administrated by the Medicaid program within HFS, would have been denied access to any STR without prior authorization.

• AFC and HBH engaged in advocacy to persuade HFS to reconsider its decision. As a result, HFS Director Felicia Norwood met with AFC, HBH and HIV clinicians to address the group’s concerns.

• The group was consulted on the State’s plan to conduct a comprehensive review of HIV medications covered on the fee-for-service formulary.

• HFS in June announced, after conducting a comprehensive review of HIV medications covered on the fee-for-service formulary, it was adding new HIV treatments to the preferred drug list (PDL). Specially, HFS added an antiretroviral class to the PDL (first time for Illinois Medicaid). Included in that class and chosen for the formulary are the preferred HIV drugs Descovy and Genvoya.
Legislation this session

• HB 4096

• The Medicaid Managed Care Organization (MCO) RFP contract, due to be implemented January 1, 2019, states that the state shall adopt a single preferred drug list (PDL) that MCOs will be unable to deviate from, even to offer more generous coverage options.

• Seeks to prevent the State from establishing a Medicaid single Preferred Drug List (PDL), which would limit physicians from prescribing the best medications and limit the ability of MCOs and pharmacy benefit managers (PBMs) from controlling costs for Medicaid enrollees.

• Enables and incentivizes insurance plans to offer more robust drug coverage, mandating plans to cover at least the same number of drugs per class as what HFS offers. The legislation is crucially important for People Living with HIV to have sustained access to as many HIV treatment options as possible.
Legislation this session, cont...

• HB 4165

• HB 4165 would require the General Assembly to approve any waivers proposed by the state that would affect coverage under the ACA or Medicaid, ensuring any attempts to restrict access to healthcare are open to public debate and scrutiny.

• The bill requires that the legislature approve of any proposal submitted by Illinois to the federal government that would restrict or reduce health care coverage provided under the ACA or Medicaid.

• The bill is designed to protect the historic gains Illinois has made in insuring hundreds of thousands of residents through Medicaid and the Affordable Care Act since 2013.
SB2634, the Short-term, Limited Duration Health Insurance Coverage Act, will protect consumers and encourage enrollment into comprehensive health insurance by:

• Defining short-term, limited duration health insurance coverage in statute as individual health insurance;

• Establishing a maximum coverage period for short-term coverage of 90 days in any given year;

• Applying all of the consumer health insurance protections that are already included in the Illinois insurance code and state regulation; and

• Eliminating consumer confusion by requiring clear, plain language disclosures on all sales and marketing materials.
AIDS FOUNDATION OF CHICAGO

What you can do?
Medicaid Advisory Groups

• Attend and/or join Medicaid Advisory Committee (MAC)

  • Every state Medicaid program is mandated to have a MAC, consider joining these groups or sub-groups.

  • AFC serves on the MAC Public Education Committee, which shapes communications that go out to Medicaid beneficiaries and helps shape policy for Medicaid.
Comment on Medicaid Waivers

• Comment on Medicaid waivers

  • AFC submitted comments on our 1115 behavior health waiver to create HIV Medical Homes and increase supportive housing

  • Use templates of waiver, via SpeakUPHIV.org
Build Coalitions

• AFC is part of larger healthcare advocates networks.
• These networks are instrumental in helping develop and implement Medicaid legislation and policy.
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SpeakUP monitors, catalogs and analyzes the problem experienced by people with HIV in the ACA health care system.

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