NASTAD
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

ADAP SUPPORTS EXPANDED ACCESS TO CARE

OVERVIEW

The Ryan White HIV/AIDS Program (RWHAP) provides access to medications, medical care and support services to low-income people living with HIV (PLWH). As tens of thousands of PLWH have gained access to public and private insurance through the Affordable Care Act (ACA), the RWHAP has worked in tandem with insurance coverage to provide clients with access to comprehensive care and has continued to serve as a vital safety net for the remaining uninsured. Part B of the RWHAP funds state health departments to provide supportive services as well as access to prescription drugs and insurance via the AIDS Drug Assistance Program (ADAP).

RWHAP and ADAP Insurance Purchasing 101

〉 RWHAP serves more than 500,000 clients every year, accounting for more than half of the diagnosed PLWH in the United States
〉 Between 2002 and 2014, total ADAP enrollment increased by 84%, with the percentage of insured clients increasing by 187%
〉 ADAPs have operated insurance assistance programs since 2000, covering client premiums and out-of-pocket costs for public and private insurance
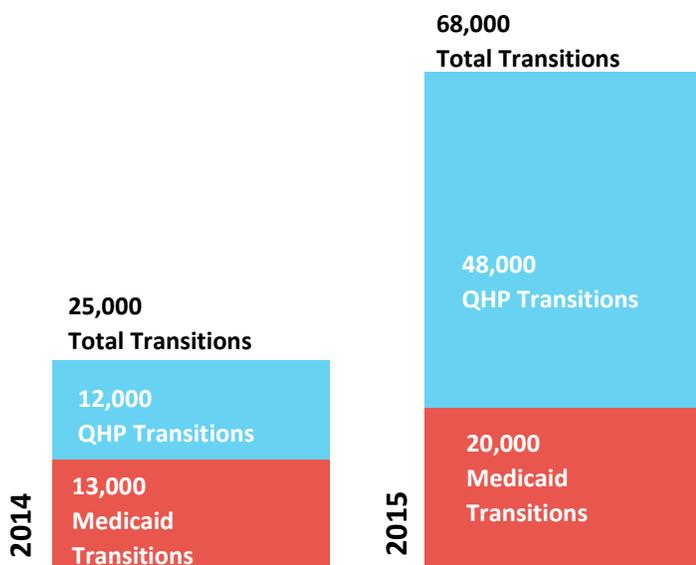〉 44 ADAPs assist clients with purchasing coverage in Qualified Health Plans

ADAPS MAXIMIZE OPEN ENROLLMENT TO INSURE PEOPLE LIVING WITH HIV

Since January of 2014, ADAPs have supported insurance enrollment for nearly 68,000 clients through the implementation of the ACA, with 47,697 (70%) transitioning into Qualified Health

Plans (QHPs) and the remainder transitioning to expanded Medicaid.

Data reported by 50 ADAPs show that 47,697 clients were enrolled in a QHP paid for in full or in part by ADAP as of March 31, 2015 (the end of the second ACA Marketplace enrollment period). Of the nearly 178,000 clients enrolled in ADAP at the conclusion of the second ACA open enrollment period, approximately 38% were either enrolled in expanded Medicaid or a QHP paid for by ADAP.

National ADAP Client Insurance Status
as of 3/31/15[1]
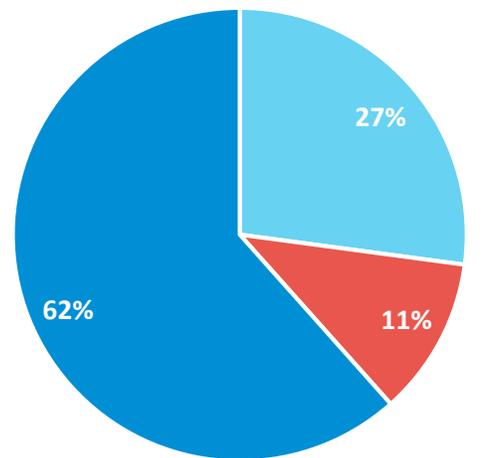
- QHP — 27%
- Expanded Medicaid — 11%
- Full Pay Medication or other insurance assistance — 62%

QUALIFIED HEALTH PLANS

As of March 31, 2015, ADAPs have supported 47,697 ADAP clients with enrollment in Qualified Health Plans (QHPs) through the first two open enrollment periods of the ACA. Of the 50 ADAPs reporting, 44 ADAPs support clients to meet QHP premiums and prescription drug copayment and coinsurance obligations. ADAP insurance assistance support has been essential to ensuring clients are

[1] *Full Pay Medication or other insurance assistance* includes clients who may have been insured prior to ACA implementation, or those who receive assistance from ADAP for expenses associated with public and private insurance coverage outside of QHPs and expanded Medicaid

able to afford their insurance and remain in comprehensive and regular care.

ACA Coverage Transition, 2014 & 2015

68,000
Total Transitions

48,000
QHP Transitions

20,000
Medicaid Transitions

25,000
Total Transitions

12,000
QHP Transitions

13,000
Medicaid Transitions

2014

2015

As clients move to QHP coverage, ADAPs continue to assist clients to navigate access challenges, including complex coordination of premium and out-of-pocket costs to insurers and pharmacies, assessment of plan formularies, costs and network adequacy. Placement of HIV medications on high specialty tiers with prohibitively high co-insurance, mandatory mail order requirements and inadequate formularies that do not cover recommended HIV treatment regimens continue to present significant barriers to care and treatment. ADAPs and other stakeholders continue to work with state insurance regulators to support enforcement the ACA's consumer protections and market reforms. These barriers compel ADAPs to invest resources to conduct expensive coverage and affordability assessments of QHPs, increasing the administrative burden and cost of administering insurance purchasing programs.

MEDICAID

ADAPs have transitioned 20,061 clients to expanded Medicaid. ADAPs play a crucial role in addressing coverage and affordability gaps for Medicaid beneficiaries in both expansion and non-expansion states, with ADAPs in 15 states indicating that they

cover premium, copayments or coinsurance for medical visits and prescription drugs for beneficiaries enrolled in traditional fee-for-service and managed care Medicaid plans. While this year's data show a 53% cumulative increase in client transitions to Medicaid, it is important to note that additional eligible people who are living with HIV may have directly enrolled in Medicaid without ADAP support, through a Marketplace's standard Medicaid eligibility screening.

By far, the most significant access challenge ADAP clients face is the failure of some states to expand Medicaid. In those states, low-income people fall into a "Medicaid gap," where they are not eligible under traditional Medicaid rules, but are too poor to qualify for federal subsidies to purchase QHPs. Forty-three percent of ADAP clients served in June 2014 live in non-Medicaid expansion states and 69% of ADAP clients served in non-Medicaid expansion states have an income below 138% FPL and would be eligible for Medicaid if their state were to expand.

68% of ADAP clients in non-Medicaid expansion states have an income below 138% FPL

In non-Medicaid expansion states, some ADAPs are purchasing unsubsidized coverage for those under 100% of the federal poverty level who would otherwise fall into the Medicaid gap. This assistance has been critical in minimizing a significant gap in coverage for low-income clients.

LOOKING FORWARD

Access to private and public insurance alone does not replace public health programs, nor does access to insurance ensure linkage to and retention in medical care in a manner that is responsive to the needs of persons living with HIV. The RWHAP continues to provide vital enabling services that are either not covered or not fully covered by QHPs and Medicaid, including case management, transportation and dental services, . The RWHAP also continues as a vital safety net for the remaining uninsured, including those who fall into the Medicaid gap as well as individuals categorically ineligible for federal programs. The RWHAP will continue to serve PLWH in order to ensure that clients do not experience gaps in coverage or access to treatment.