#### HIV Service Organizations:

#### Planning Considerations for the ACA Transition

#### Countdown to January 1, 2014

*As the Affordable Care Act (ACA) is implemented in 2014 and beyond, medical and non-medical providers of HIV services will play a crucial role in supporting persons living with HIV. A successful transition process will ensure that Persons Living with HIV (PLWH) are able to engage in the new system of care with minimal interruptions in services.*

*This document presents considerations for medical and non-medical providers of HIV services to prepare for this transition. It contains information on finance and eligibility changes; how to begin preparing clients for the transition; and where to find updates and additional resources. In addition, this document is organized into sections for* ***organizations that DO provide services that are reimbursable through medical insurance****,* ***organizations that DO NOT, and ALL HIV Service Organizations****.*

#### For Organizations that Provide Services Reimbursable through Medical Insurance

### Consider the following to prepare for the ACA transition . . .

* **Conduct a basic analysis of your payer mix.** Consider what your payer mix currently is, and how it might change after the Affordable Care Act (ACA) is fully implemented. Depending on the insurance products offered in your area, consider fee-for-service (FFS) Medicaid, Managed Care Medicaid, Medicare, private insurers, and uninsured (Ryan White and/or other health access programs for the uninsured). In addition, ask the following questions:
	+ *What is your current payer mix?*
	+ *What are your current reimbursement levels from your payers/funding sources?*
	+ *How will the current reimbursement levels change in 2014?*
* **Explore how to receive reimbursement once clients shift to different payers.** In anticipation of clients shifting to different payers (i.e., from Ryan White to Medicaid Managed Care or private insurance), determine if you are able to receive reimbursement from these payers. Consider the following questions:
	+ *If applicable, are you contracted with Medicaid Managed Care?*
	+ *Are you contracted with insurance providers/plans being offered through the Health Insurance Marketplace?*
	+ *If you are part of a larger organization such as an academic center, is your “pa*r*ent” organization contracted with the relevant plans/payers?*
* **Consider future availability of Ryan White funds.** As clients shift to other payers besides Ryan White, particularly for primary medical care, consider what portion of your current Ryan White funds may be available to address continued unmet needs for your client population. Consider:
	+ *What plans can you make in advance for potential re-allocation of Ryan White funds? Discuss your options with your Ryan White contract manager(s).*

# Estimating Client Eligibility for Insurance under ACA

Several qualifying factors will be used to determine eligibility for the major forms of insurance that your current Ryan White clients may be eligible for as of January 1, 2014. This will vary significantly by state, so make sure to investigate which programs will be offered in your state and the specific eligibility details for each program within your state:

*\* “Traditional Medicaid” is the Medicaid we are familiar with now.*

* **Ensure Data Management Systems can support pay-for-performance in the future.** Continue to develop and standardize your quantitative and qualitative data collection/evaluation systems to regularly report on outcomes (quarterly for most measures). In addition, it is necessary to document your quality assurance and quality improvement methods and interventions on an ongoing basis. These steps will prepare your agency to access pay-for-performance revenue from third-party payers, enhance competitiveness in securing additional grant funding, and help prepare your organization to achieve patient center medical home (PCMH) status if desired.
* **Look into strategic diversification and strategic alliances**. In order to sustain your financial viability and a full scope of multi-disciplinary services, consider strategic diversification and the option of strategic alliances. This may mean expanding your HIV program(s) to serve patients with other complex conditions, or partnering with other community organizations to integrate services while reducing overhead costs and increasing ease of access for clients.

#### For Organizations that Provide Services

#### Not Reimbursable through Medical Insurance

### Consider the following to prepare for the ACA transition . . .

Organizations that provide a continuum of HIV care services—including prevention, outreach, testing, linkage, case management, housing, mental health and substance abuse counseling, benefits counseling, legal services, etc.—will be essential to a successful transition to ACA and the continued success of the HIV system of care. The sources of funding for such services may or may not change under the ACA; however, you should continue to prepare for potential reductions in Ryan White funding. If you are an HIV Service Organization and do not currently bill to medical insurance, you should consider the following:

* **How do your services promote linkage and engagement in testing, risk-reduction, and primary care for persons who are HIV positive or at high risk for HIV?**
	+ Engagement in primary care will continue to be a major focus for persons who are HIV positive AND persons who are HIV negative, particularly since there will be increased coverage for preventative services – including HIV testing – in a primary care setting after the ACA roll-out. Community providers can re-enforce their relevance and vital contributions by showing the continuum of HIV care services they provide for engaging community members in primary care.
* **How do you/will you document the outcomes of your services?**
	+ Documenting outcomes will continue to be very important, particularly for primary prevention, community outreach, and testing. HIV Service Organizations will need to demonstrate if and how their intervention leads to reaching at-risk groups (e.g., finding HIV+ persons who are out-of-care and successfully linking them to care; engaging high risk persons in prevention activities; reducing drivers of HIV among high-risk populations, HIV testing positivity rates, linkage to care for new positives, etc.).
* **Are there services for which you can receive grant funding and/or bill Medicaid or other payers, such as mental health and/or substance abuse services, or insurance enrollment specific services (i.e. Assistors or Navigators)?**
	+ You may need to consider the licensing/credentials of the staff providing such services, since only certain types of providers can bill insurance for their services. Other members of your staff may be able to secure specific certificates or licensing (e.g., qualified Community Health Workers, Assistors, Navigators) that will help to make your services fundable/reimbursable and enhance program sustainability.
* **Have you explored options for diversification of services?**
	+ You know the communities you serve best, and you have the ability to reach those most in need. Consider how you could expand your scope of work to address other health issues beyond HIV. For example, your expertise in outreach, education, risk reduction, driver reduction, etc. might be applicable to preventing other diseases (e.g., Hepatitis C, diabetes) affecting your community. You may be able to provide linkage to/engagement in care and support for persons with other complex medical issues, or provide Assistor/Navigator support to help persons in the wider community enroll in health insurance.
* **Have you considered strategic partnerships?**
	+ In a resource-limited setting, consider actively pursuing partnerships, including co-location with other service providers in order to continue to offer a continuum of HIV care services in a streamlined and integrated way. For example, consider co-location of peer advocates, case managers, or substance abuse counselors at a medical clinic that does not provide these services or whose clients could benefit from additional providers. You could also explore partnering with a fellow agency that provides different services to the same or similar target populations.

# Key Staff to Help

# Clients Obtain Benefits

**Helpers** can include direct service providers (such as case managers, social workers, and medical providers) who want to assist their clients in securing benefits. Ideally, helpers should have a strong understanding of available benefits, eligibility requirements, and knowledge of the healthcare system in order to make accurate and timely referrals.

**Certified Enrollment Assistors** will have a specific role that is regulated by the Marketplace. Assistors will help people enroll in Qualified Health Plans offered through the Medicaid expansion and/or the Marketplace. The definition and scope of work are determined by each State and/or the federal Markteplace.

**Enrollers** are responsible for enrolling clients into benefits programs. Enrollers should be knowledgeable about the rules of enrollment and recertification for their specific programs, but do not necessarily have to know about other benefits programs.

**Benefits Counselors** advise clients on what benefits are available and how, when, and where to apply for them in order to maximize benefits. The hallmark of their role is planning and informing clients of their legal rights. They are knowledgeable about the systems of programs as well as the interactions among them. They do not necessarily represent clients or interact directly with the workers of the benefits programs.

**Advocates/Attorneys** can represent clients on their benefit claims, often following denial. They are often lawyers and have in-depth knowledge of one or more of the benefit programs.

*(Note: A staff person may have more than one role and duties may overlap.)*

#### For ALL HIV Service Organizations, How to Communicate Changes to Clients

A range of staff in your organization can provide navigation, enrollment, and engagement services—such as benefits counselors, enrollment workers, and case managers. Not all staff will be able to process actual enrollment into new coverage, but they will need to understand the landscape of benefits, eligibility, and how to facilitate access. ACA creates new enrollment roles and provides reimbursement in some cases, however, not all new enrollers will have HIV expertise and Ryan White staff will continue to play an important role. ***Active communication with clients is very important and includes the following***:

* **Client Frequently Asked Questions (FAQ).** The SF HIV Health Care Reform Task Force has prepared a basic sample Client FAQ document that you can tailor for your organization to help clients prepare for health care reform. This is also a helpful tool for staff!
* **Communicate about enrollment opportunities for Medicaid Expansion and/or the Insurance Marketplace** (starting October 1, 2013). Encourage clients to explore their options, particularly if they have a choice between Managed Care Plans in Medicaid or a choice among Qualified Health Plans in the Insurance Marketplace. It’s also important to let clients know if there are Ryan White programs in your state or locality that can help them with out of pocket costs in new coverage. Clients should check with their medical provider(s) to see which plans they accept, as well as to discuss their particular health insurance benefit coverage needs and what plan would best meet those needs.
* **Incorporate health insurance benefit eligibility screening into your semi-annual Ryan White/ADAP screening.** This is something that already happens and it will continue to be a convenient time to review client eligibility for insurance products, including those offered through the Insurance Marketplace. In addition, HRSA requires that Ryan White Providers take reasonable and sufficient action to ensure their clients are accessing insurance if they are eligible and able to pay and that Ryan White funds are “payer of last resort.” Providers must document their efforts as well.
* **Establish a protocol for directing clients to the staff person(s) who can help them enroll in health insurance and answer questions.** Ryan White programs should consider assigning a person on staff to be responsible for staying up to date on the rapid changes in health care reform implementation. Additionally, programs should have a protocol for making sure that clients are directed to a point person on their team who can help clients enroll in health insurance and other benefits and/or answer additional questions that they might have about the changes in their healthcare coverage.
* **Identify members of your team for further training.** Further training should occur in order to provide clients with information on available health insurance plans and other benefits that they are eligible for and/or to offer enrollment on site.

#### For ALL HIV Service Organizations, Additional Resources

#### Financing and Eligibility

* **HIV Health Reform** offers a collection of policy briefs, updates, and resources to help the HIV community prepare for Health Care Reform: [www.hivhealthreform.org/](http://www.hivhealthreform.org/)
* **HIV Medicine Association** (HIVMA) has a brief detailing what HIV medical providers can do to prepare for coverage expansion: [www.hivma.org/Preparing\_for\_the\_ACAs\_Health\_Coverage\_Expansion.aspx](http://www.hivma.org/Preparing_for_the_ACAs_Health_Coverage_Expansion.aspx)
* **American Academy of HIV Medicine** (AAHIVM) offers an overview of the principles of Health Care Reform, impact on persons with HIV, and links to additional resources: [www.aahivm.org/healthcarereform](http://www.aahivm.org/healthcarereform)
* **Kaiser Family Foundation** has a comprehensive, detailed, and up-to-date analysis on the roll-out of the ACA. Most information is general, but some may be specific to persons with HIV: [healthreform.kff.org](file:///C%3A%5CDocuments%20and%20Settings%5Ckdorman%5CLocal%20Settings%5CTemporary%20Internet%20Files%5CContent.IE5%5C4HIRC5Y7%5Chealthreform.kff.org)
* **Families USA**, advocating on behalf of consumers, has put together a detailed yet accessible compilation of materials on Health Care Reform: [www.familiesusa.org/health-reform-central/](http://www.familiesusa.org/health-reform-central/)
* **U.S. Department of Health and Human Services** offers a site with general information on the ACA, targeting consumers: [www.healthcare.gov/](http://www.healthcare.gov/)

#### Community Services

* **HHS Community Partnerships** offers ACA resources to support Community Based Organizations’ rollout of Health Care Reform in their communities: [www.hhs.gov/partnerships/aca\_act\_and\_community/index.html](http://www.hhs.gov/partnerships/aca_act_and_community/index.html)
* **Shared Action** has multiple resources on its main website ([www.sharedaction.org](http://www.sharedaction.org)) and provides this webinar on “Strategic Restructuring”: <https://docs.google.com/file/d/0Bw5vIjccZK_QZktYaFY4UnA4b00/edit?pli=1>
* The **National HIV/AIDS Strategy** has details on the priority areas, metrics, and target outcomes nationwide: [www.whitehouse.gov/administration/eop/onap/nhas](http://www.whitehouse.gov/administration/eop/onap/nhas)

### Speak up!

Health Care Reform implementation will be an ongoing process, and 2014 is just the beginning. Your feedback will ensure the system continues to improve! Identify key decision makers at the local, state and national level who need to know about what is working – and what’s not working – for PLWH during this transition.

**The San Francisco HIV Health Care Reform Task Force (Task Force)** is made up of representatives from the City’s HIV prevention and care service provider networks, as well as the HIV prevention and care planning councils. The primary goal of the Task Force is to consider the implications that healthcare reform/the Affordable Care Act (ACA) will have on Persons Living with HIV (PLWH), and to develop recommendations that minimize disruption in client care, ensure access to a continuum of HIV care services, and guide HIV service organizations (HSOs) in planning for a changing healthcare landscape.