The Los Angeles County Commission on HIV created its Health Care Reform Task Force in January 2011 to help the Commission navigate its planning and other work as local and national health care systems evolve under Health Care Reform [the Affordable Care Act (ACA)] and California’s Bridge to Health Care Reform (Medicaid 1115 Waiver). This is the first in a series of briefs that the Health Care Reform Task Force will issue to educate the HIV community and other stakeholders about major, upcoming shifts, changes or policies resulting from the implementation of Health Care Reform.

Ryan White Program

Established in 1990, the federal government enacted the Ryan White Program to provide specialized care for low-income people with HIV and AIDS. Many years ago, “AIDS” was determined to be a disabling condition that allowed patients with AIDS to easily transition to Medicaid and Medicare benefits. That eligibility, however, does not extend to people with stable HIV conditions. The Ryan White Program provides “funds of last resort” that enable local healthcare systems to provide care for people with HIV/AIDS when funding for those services is not available elsewhere (e.g., Medicaid/Medicare), and is the largest source of public discretionary funding for services to people with HIV in LA County. Currently, Ryan White pays for California’s AIDS Drug Assistance Program (ADAP) and a host of local medical outpatient, medically-related, and support services for low-income people with HIV in LA County.

Implementing Health Care Reform

Under the ACA, US citizens and legal immigrants will be required to carry health insurance coverage in 2014. People Living With HIV and AIDS (PLWH/A) at 133% or below the Federal Poverty Level (FPL) will be eligible for Medicaid-funded care when specific provisions of the ACA (Health Care Reform) are implemented (federal Medicaid supports California’s Medi-Cal program). After 2014, an individual’s eligibility for Medi-Cal services will no longer depend on an individual’s disability diagnosis or his/her other financial assets; it will be based solely on income eligibility (133% FPL or below).

Also under the ACA, patients with incomes above 133% FPL will be eligible for coverage in health insurance exchanges (networks of health insurance plans intended to provide lower cost health insurance in an organized and regulated manner) or required to secure private insurance elsewhere in 2014. Patients between 134% - 400% will be eligible for subsidies and tax credits to help pay for their insurance coverage purchased through the health insurance exchanges. The ACA does not fund care for people who are not legal US residents. As a result, undocumented or recently naturalized patients with HIV will continue to be able to receive their care from the Ryan White and/or County-funded health care systems.

It is important to note that these changes do not yet, if ever, mean that people receiving their HIV care in the current Ryan White system will necessarily have to change their providers (doctors, nurses/ practitioners and/or agencies/organizations where they are currently getting their care), although some providers may change. For patients who are currently receiving Ryan White-funded care in Los Angeles County, many of their providers currently providing services in the Ryan White system will continue to do so in the future as Medi-Cal-funded providers. By 2014, however, providers of services to low-income populations with HIV covered by the ACA must establish contracts with Medi-Cal managed care plans in order to continue serving those patients.
Bridging to Health Care Reform

In 2009, California was granted a Medicaid 1115 Waiver that authorizes California to begin transitioning specific patient populations into a type of Medicaid expansion starting in July 2011. The US Department of Health and Human Services (DHHS) granted California this waiver, along with federal incentive funding, as a demonstration project to pilot the “migration” of patients to alternate forms of care for the rest of the country. Los Angeles County and numerous other California counties will be participating in this program, called “Bridge to Health Care Reform,” and have created Low Income Health Programs (LIHPs) for that purpose.

Healthy Way LA (HWLA)

The LIHPs are responsible for implementing the 1115 Waiver’s Medicaid Coverage Expansion (MCE), which will expand health coverage to people between 19-64 years old, who are US citizens or have been legal residents longer than five years in Medi-Cal “look-alike” programs. Each LIHP is allowed to set the maximum income threshold—up to 200% FPL, with patients whose incomes are 133% FPL and below prioritized first—that the LIHP will enroll. LA County’s LIHP is called Healthy Way LA (HWLA), and will be providing services to residents whose incomes are 133% FPL or below. A second expansion called the Health Care Coverage Initiative (HCCI) to serve patients up to 200% FPL may follow in the next or following years.

Under HWLA, LA County’s Department of Health Services (DHS) will provide primary care and specialty services at County DHS clinics/facilities or other community providers [previously funded under the Public-Private Partnership (PPP) Program]. All providers under the PPP/HWLA (“matched” and “unmatched”) program will provide patients with a “medical home” (another provision of the ACA).

At the time of this publication, it is still unclear exactly if, when, how and how many current Ryan White patients at 133% FPL will be enrolled in the local LIHP, and how many, if any, will have to change their providers.

While LIHP enrollment began in July 2011, the LIHPs have not yet been given guidance on how they will identify many of the patients who they can enroll, and when those patients will be enrolled over the course of the subsequent year. Similarly—for patients with HIV—federal, state and county policy makers are still trying to determine if and how PWLH will be enrolled in LIHPs, the drugs/medications that will be available through the LIHP and/or ADAP, and which pharmacies those patients will be able to use if there are changes to pharmacy services.

Patients are strongly advised to continue accessing their medical outpatient and pharmacy services as usual until notified otherwise. Similarly, patients should regularly communicate with their providers to ensure ongoing continuity of their care and to be properly prepared if and when any changes are implemented.

HWLA providers will continue to see their existing patients while enrolling and providing services to new HWLA patients. Various Ryan White-funded medical outpatient providers are also HWLA providers. Additionally, some HWLA contractors and/or Ryan White-funded medical outpatient providers are Federally-Qualified Health Centers (FQHCs) or “look-alikes” (similar to FQHCs), which also provide care to low-income patients, must comply with additional funding, regulatory and health care requirements, and are included in LA County’s LIHP.

Seniors and Persons with Disabilities (SPDs)

In California, patients currently enrolled in Medi-Cal due to disability designations—such as patients with AIDS or patients with HIV and other disability co-morbidities—are designated as “Seniors and Persons with Disabilities” (SPDs). The State has already begun transitioning SPDs from the fee-for-service Medi-Cal-funded care they are currently receiving to Medi-Cal managed care plans. Managed care plans function like Health Maintenance Organizations (HMOs) but are funded through Medi-Cal. Enrollment occurs in the month of the patient’s birthdate. Some patients with HIV/AIDS may qualify for exemptions from this transition of care.
Providers in managed care plans (including Medi-Cal managed care plans) will provide comprehensive medical care in a manner that limits the cost “risk” to the state and federal governments. For many patients, managed care can be a preferred form of care because it can be more comprehensive, convenient and accessible.

An Uncertain Fiscal Landscape

Health Care Reform is advancing against a backdrop of significant anxiety about the future of the Ryan White Program and escalating concerns about the cost of government-financed health care in a tenuous economy. Ryan White legislation is due to be reauthorized in 2013, a year prior to full implementation of the ACA in 2014. While the federal Administration has repeatedly and publicly stated their commitment to reauthorizing the Ryan White Program, many advocates are apprehensive about prospects for the program’s renewal. Most believe that if it is reauthorized, it will be substantially modified in anticipation of the projected changes to the health care system.

Likewise, concerns about budget deficits at both the state and federal level could impact Ryan White Program continuity and quality. While state funding for HIV services escaped significant cuts in 2010 and 2011—following disastrous funding reductions in 2009—this year’s and future years’ state budgets are still in flux.

The recent federal budget agreement for the current FY 2011 (October 2010 – September 2011) resulted in a .2% across-the-board reduction in DHHS, although the Ryan White Program seems to have escaped significant reductions (and additional funding was added to ADAP). However, HIV community fears loom about more substantive budget reductions to numerous federal health and human service programs, including Ryan White, in FY 2012 (October 2011 – September 2012).

Future Commission Planning

As these processes unfold, the Commission on HIV will pay particular attention and plan for how the changes impact people and populations with HIV/AIDS. The Health Care Task Force has defined a mission and purpose to gather and disseminate health care reform-related information, to determine and plan for changes to the current HIV health care system, and to advise and advocate for continuity and quality of care. The Task Force has divided its core functions into the follow categories: assessment, planning, policy, continuum of care, resources, and education.

Commission on HIV Priorities

Currently, the Health Care Reform Task Force is concentrating its efforts in the following areas:

- Assessing which patients/clients and populations will be affected and how by emerging health care changes;
- Informing the HIV community—consumers and providers of Ryan White services, in particular—about projected changes in HIV health care service delivery;
- Educating consumers of Ryan White care about forthcoming healthcare shifts and helping ease their transition into new systems of care;
- Protecting the availability and accessibility of healthcare and related services for patient populations who will not be otherwise covered in Health Care Reform;
- Re-aligning the Commission’s allocations to accommodate changes in the evolving health care system and the Ryan White Program;
- Planning for a comprehensive system of HIV care and treatment with multiple payer, funding and service delivery sources;
Ensuring continuity and quality of HIV care as service consumers migrate to new healthcare systems and providers to new payer sources;

Measuring and maintaining service effectiveness as changes to healthcare delivery continue to evolve;

Identifying and supporting core and wrap-around care and treatment services that will continue to be necessary throughout and following these healthcare transformations;

Implementing and enhancing medical care coordination, benefits specialty, health insurance premiums/cost-sharing and related services critical to these transitions;

Preserving a continued Ryan White programmatic response and adequate funding levels commensurate with service need;

Protecting patient access to life-saving and enhancing medications through ADAP and/or matching drug formularies; and

Creating seamless linkages of newly diagnosed people with HIV into appropriate systems of care.

Over the course of the next several months and years, consumers, providers and other stakeholders are welcome and invited to participate in Commission planning and related activities, and to share their experiences and concerns. The Health Care Reform Task Force has only begun its work, and plans and efforts will be shaped in the forthcoming months as it accumulates data and information to help mold the best response on behalf of people with HIV/AIDS.

The Health Care Reform Task Force will be issuing program/planning and policy briefs as news becomes available, decisions are made, and/or guidance is needed. Check the Commission website regularly to find out new information is released, and/or to complete the Community Mobilization Form at www.hivcommission-la.info to be added to the Commission’s e-mail list.

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