WISCONSIN AIDS/HIV PROGRAM NOTES

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Affordable Care Act: Implications for Persons Living with HIV Infection

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This paper provides an overview of the Affordable Care Act (ACA) and highlights implications of the ACA for persons living with HIV infection, including background information on the ACA, review of select ACA provisions, and the following topics:

Background

Current insurance practices make it difficult for individuals living with HIV/AIDS to access health insurance in the individual market. Only 17 percent of individuals living with HIV have private health insurance and nearly 30 percent are uninsured.[1] The Affordable Care Act (ACA), signed into law on March 23, 2010, expands access to health insurance for millions of Americans, including those living with HIV/AIDS by:

- implementing several private health insurance market reforms, and
- expanding access and availability of coverage through the creation of the Health Insurance Marketplace and optional expansion of Medicaid.

Full implementation of the ACA will significantly improve progress towards the goals of the National HIV/AIDS Strategy:

- to reduce new HIV infections,
- increase access to care and improve health outcomes for individuals living with HIV, and

[1] The Affordable Care Act helps people living with HIV. June 2013. Available from http://www.cdc.gov/hiv/strategy/affordablecare.html. Accessed July 2014.

- reduce HIV-related health disparities.[2]

Expanding Access, Availability and Affordability of Health Insurance

The ACA establishes an individual mandate that requires most U.S. citizens and legal residents to have qualifying health coverage effective January 1, 2014. Those without coverage may have to pay a tax penalty known as an Individual Shared Responsibility Payment.[3] In addition to the requirement for all Americans to have health insurance, the ACA seeks to expand coverage options and simplify the way in which consumers compare and purchase insurance through the creation of the Health Insurance Marketplace and optional expansion of state Medicaid programs.

Health Insurance Marketplace

The cornerstone of the ACA is the creation of the Health Insurance Marketplace, which will provide consumers with a new way to shop for health insurance. Individuals who are lawfully present in the United States, not incarcerated and who do not have access to other types of minimal essential health coverage will be able to use the Marketplace to compare available insurance plans; determine their eligibility for Medicaid, Advanced Premium Tax Credits and Cost-Sharing Subsidies; and purchase coverage. Wisconsin's Marketplace is operated by the federal government and accessible via www.healthcare.gov.

Insurance plans offered through the Marketplace must meet all requirements dictated by ACA's private health insurance market reforms, including coverage of Essential Health Benefits (EHB), which are discussed later in this paper. Plans will be categorized based on the concept of "actuarial value," which represents the amount or share of health care expenses a plan covers. The categories or "tiers" – bronze, silver, gold, and platinum – will generally cover greater shares of health care costs when moving from a lower tier (e.g., bronze) to a higher one (e.g., platinum), although the specific details could vary across plans.

Some individuals and families who purchase insurance through the Marketplace will be eligible for lower cost premiums and reduced cost-sharing. This will be especially significant for individuals living with HIV/AIDS who are disproportionally affected by poverty. Individuals and families with incomes between 100 and 400 percent of the Federal Poverty Level (FPL)[4] who do not have access to other types of coverage will be eligible for Advanced Premium Tax Credits. The amount of the tax credit will be determined by the individual's household income and will be paid directly to the insurance company on behalf of the policyholder, reducing the amount of the premium that the individual must pay out-of-pocket. Individuals and families with incomes between 100 and 250 percent FPL will also be eligible for cost-sharing subsidies, which will reduce the cost of their deductible, coinsurance and copayments. Individuals must be enrolled in a silver level plan to receive cost-sharing subsidies.

Medicaid Expansion

The ACA originally required states to expand Medicaid eligibility. In June 2012, the Supreme Court ruled that states could not be required to implement Medicaid expansion. Following this

[2] National HIV/AIDS Strategy for the United States. July 2010. Available from http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf. Accessed July 2013.
[3] Centers for Medicare and Medicaid Services. HHS Final Rule and Treasury Notice on individual shared responsibility provision exemptions, minimal essential coverage and related topics. Available from http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-06-26.html?DLPage=1&DLSort=0&DLSortDir=descending. Accessed July 2013.
[4] U.S. Department of Health and Human Services. Poverty Guidelines, Research and Measurement. Available from http://aspe.hhs.gov/poverty/index.cfm .

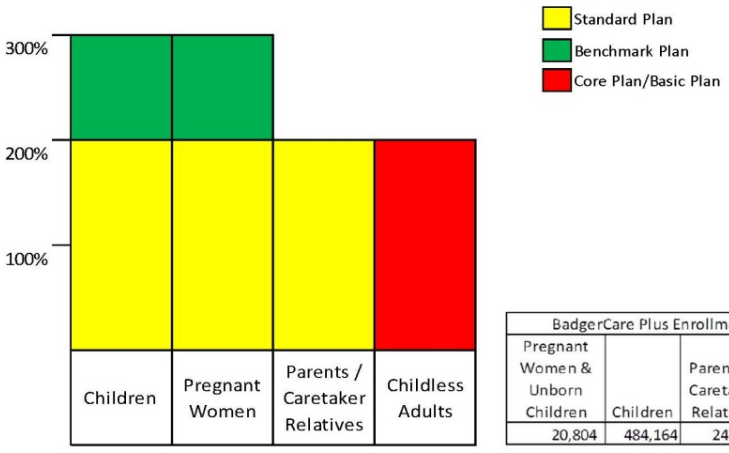
decision, Wisconsin chose not to implement Medicaid expansion under the ACA; however, several changes will be made to the state's existing Medicaid programs known as BadgerCare starting in 2014, which will ensure that there is no gap in access to coverage for Wisconsin residents. The following is a summary of key changes to BadgerCare outlined in the 2013-2015 state biennial budget:

- Income eligibility for parents, caretaker relatives of children and childless adults will be reduced from 200 percent FPL to 100 percent FPL.
- The cap on enrollment for childless adults under 100 percent FPL will be lifted.
- All BadgerCare members will be covered under the Standard Plan, which provides comprehensive coverage, including coverage for brand name drugs and routine dental services.
- Childless adults will no longer have to pay an annual enrollment fee.
- Parents, relative caretakers of children, and childless adults will no longer have to pay monthly premiums.
- Household composition and income will be determined using Modified Adjusted Gross Income (MAGI), which is based on the applicant's tax filing information.[5]

Several changes to BadgerCare are illustrated in the figures below. Figure1 shows eligibility and coverage under the current BadgerCare Program, while Figure 2 illustrates eligibility and coverage under BadgerCare starting in 2014 and beyond.

Figure 1

Current BadgerCare Health Plans

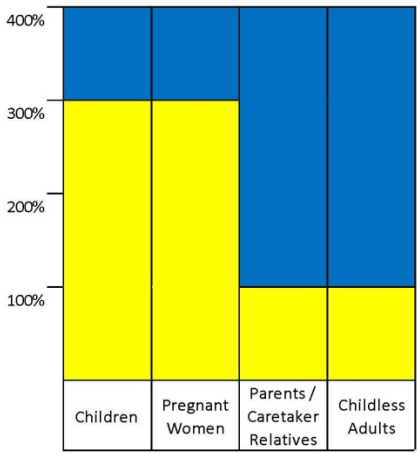


BadgerCare Plus Enrollment - By December 2013				
Pregnant Women & Unborn Children	Children	Parents & Caretaker Relatives	Childless Adults	Total
20,804	484,164	247,712	16,450	769,130

[5] Wisconsin Department of Administration. State of Wisconsin Executive Budget. February 2013. Available from http://www.doa.state.wi.us/debf/pdf_files/2013-15_Executive_Budget.pdf. Accessed July 2013.

Figure 2

BadgerCare Health Plan -- 2014



Standard Plan

Qualified Health Plans in Marketplace
Eligible for Premium Tax Credits up to 400% FPL
Eligible for Reduced Cost Sharing up to 250% FPL

BadgerCare Plus Enrollment - Projected in Budget				
Pregnant Women & Unborn Children	Children	Parents & Caretaker Relatives	Childless Adults	Total
20,804	522,695	160,255	98,641	802,395

The Legislative Fiscal Bureau estimates that these changes will result in an estimated 87,000 people losing their current BadgerCare coverage, while at the same time expanding coverage to 82,000 newly eligible childless adults. These changes will significantly impact individuals living with HIV who have household incomes under 100 percent FPL. These individuals will no longer have to wait until their health deteriorates, resulting in disability to qualify for Medicaid coverage.

Private Health Insurance Market Reforms

The private health insurance market reforms included in the ACA establish a benchmark that private insurance plans must meet regarding a number of factors:

- access to coverage,
- benefits,
- cost-sharing, and
- consumer protections.

The majority of these market reforms apply only to individual and small group plans (those with less than 50 members). However, individual and small group plans offered both inside and outside of the Health Insurance Marketplace are subject to these requirements. Several market reforms have already been implemented, while others do not take effect until full implementation of the ACA in 2014. These reforms will have a significant impact on access to coverage for individuals living with HIV/AIDS, who prior to ACA implementation were often denied coverage or offered unaffordable coverage in the individual market based solely on their HIV status. The following is a summary of private health insurance market reforms required under the ACA that are likely to have the most salient impact on individuals living with HIV/AIDS.

Guaranteed Issue and Renewability

Beginning in 2014, health insurance must be offered on a guaranteed issue basis. Private insurance plans must accept every applicant for coverage as long as the applicant agrees to the

terms and conditions of the plan (i.e., payment of monthly premium). Insurance companies will no longer be able to base eligibility or coverage on health related factors such as medical condition, past medical claims history, genetic information or disability. Plans must also renew coverage if requested by the policyholder or plan sponsor. Individuals living with HIV/AIDS will no longer be denied coverage based on their HIV diagnosis.

Coverage of Preexisting Health Conditions

A "preexisting health condition" is defined as a medical condition that was present before the date of enrollment in health insurance. A condition may be deemed preexisting whether or not the individual received medical advice, diagnosis, treatment or care prior to enrollment in health insurance.[6] Beginning in 2014, insurance companies are not only prohibited from denying coverage to individuals based on preexisting conditions such as HIV, they are also barred from excluding coverage of specific services based on the health conditions of the policyholder. This provision has already gone into effect for children under the age of 19 and will be expanded to all individuals regardless of age starting in 2014.

Before the implementation of this requirement, many states developed high-risk sharing plans and/or preexisting condition insurance plans to provide coverage for individuals with preexisting conditions who could not access insurance through the individual market. In Wisconsin, individuals with HIV and other medical conditions had the option to enroll in the Health Insurance Risk Sharing Plan (HIRSP). Since all individuals will have access to insurance regardless of their health status in 2014, HIRSP will no longer offer coverage and coverage for all current members will be terminated on December 31, 2013. Individuals who lose their HIRSP coverage will need to access coverage through BadgerCare or the Health Insurance Marketplace.

Rating Restrictions

Beginning in 2014, insurance plans will not be allowed to charge increased premiums to individuals based on health factors. Variations in the cost of premiums will only be allowed based on individual or family enrollment, geographic area, age and tobacco use.

Essential Health Benefits

Individual and small group plans offered both inside and outside of the Health Insurance Marketplace must cover a core set of services known as essential health benefits (EHB). EHB must include services within ten categories established by the federal government. These ten categories include:

- ambulatory patient services,
- emergency services,
- hospitalization,
- maternity and newborn care,
- mental health and substance use disorder treatments (including behavioral health treatment),
- prescription drugs,
- rehabilitative and habilitative services and devices,
- laboratory services,
- preventive and wellness services and chronic disease management, and
- pediatric services (including oral and vision care).

[6] Congressional Research Service. Private Health Insurance Market Reforms in the ACA. February 2013. Available from http://www.fas.org/sgp/crs/misc/R42069.pdf. Accessed July 2013.

In Wisconsin, the specific services covered under each of these categories will be defined by services currently covered in the largest existing small group plan available in the state, which is the United HealthCare Choice Plus Plan.[7] This will provide individuals living with HIV in Wisconsin access to a number of antiretroviral medications from each drug class.

Coverage of Preventive Health Services

The ACA requires individual plans, small group plans, and Medicare to cover preventive health services without imposing cost-sharing on policyholders. Preventive services include immunizations as recommended by the Centers for Disease Control and Prevention (CDC), preventive care and screenings identified by the Health Resources and Services Administration (HRSA), and services with an effect rating of "A" or "B" from the United States Preventive Services Task Force (USPSTF). This will give individuals living with HIV/AIDS access to important clinical services including screenings for hepatitis C, syphilis, cervical cancer, alcohol misuse and depression without the burden of a deductible, coinsurance or co-payments. HIV testing for all adults aged 15-65 is also included in this provision.[8]

Prohibitions on Lifetime and Annual Limits

Under the ACA, plans will no longer be allowed to impose lifetime or annual limits on coverage of EHB. This will be particularly beneficial to individuals with chronic diseases including those living with HIV/AIDS, who are more likely to exceed annual and lifetime limits due to high costs of medications and other necessary treatments.

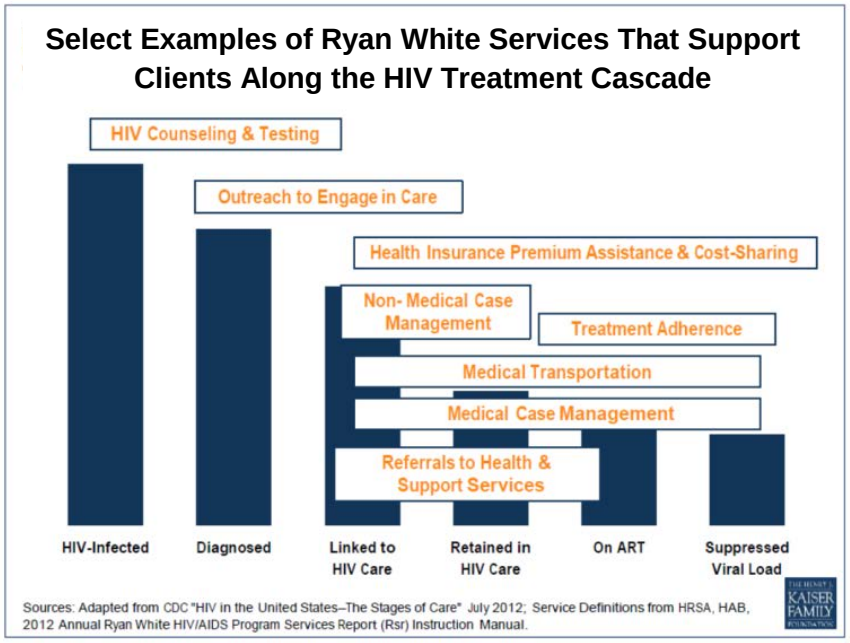
The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) provides medical care and support services to uninsured and underinsured individuals living with HIV/AIDS. After Medicare and Medicaid, it is currently the third largest source of federal funding for HIV care in the United States. The ACA will provide many individuals living with HIV access to health insurance for the first time, which has led many to question whether the RWHAP will still be needed in the future.

Advocates argue that the ACA does not provide individuals living with HIV with all of the care and support services necessary to achieve optimal clinical outcomes, including viral suppression. To support this argument, they cite data that shows 70 percent of clients currently served by the RWHAP already have public or private insurance coverage.[9] RWHAP covers services that are historically not covered by public or private insurance, but are critical in ensuring that individuals living with HIV remain engaged and retained in medical care. Figure 3, from the Kaiser Family Foundation, provides examples of services provided by RWHAP that support clients along the HIV Treatment Cascade. Several of these services, including non-medical case management, medical case management and treatment adherence are not typically covered by other payer sources.

[7] Centers for Medicare and Medicaid Services. Wisconsin EHB Benchmark Plan. Available from http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/wisconsin-ehb-benchmark-plan.pdf. Accessed July 2013.
[8] US Preventive Services Task Force. USPSTF A and B Recommendations. Available from http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm. Accessed July 2013.
[9] The Henry J. Kaiser Family Foundation. Updating the Ryan White HIV/AIDS Program for A New Era: Key Issues and Questions for the Future. April 2013. Available from http://kff.org/hivaids/report/updating-the-ryan-white-hivaids-program-for-a-new-era-key-issues-and-questions-for-the-future/. Accessed August 2013.

Figure 3



The Obama Administration has confirmed support for sustaining the RWHAP after full implementation of the ACA. Although reauthorization of the RWHAP is not being sought at this time, President Obama's Budget Proposal for Fiscal Year 2014 includes both appropriations for the RWHAP and language justifying the important role the program will continue to play in wrapping around coverage provided under the ACA. While the RWHAP may undergo restructuring in the future, it appears that the program will remain intact throughout the transition to and initial implementation of the ACA in 2014.

Consumer Assistance

Due to the complexity of the ACA, consumers will likely need assistance determining their eligibility for and enrolling in coverage. The ACA creates new requirements and resources for consumer assistance. In addition to these federal programs, Wisconsin Department of Health Services (DHS) is also developing infrastructure to assist consumers.

Navigators

The ACA requires all Marketplaces to establish a Navigator program. The role of Navigators is to help consumers understand their coverage options and guide them through the enrollment process. A list of Navigators' permitted and prohibited activities is available on the Wisconsin Office of the Commissioner of Insurance (OCI) website. Navigators are funded by the federal government through Navigator Grants. In August, CMS announced the following Wisconsin agencies as recipients of Navigator funding:

- Partners for Community Development, Inc.
- Northwest Wisconsin Concentrated Employment Program, Inc.
- Legal Action of Wisconsin, Senior LAW
- National Council of Urban Indian Health
- National Healthy Start Association
- R&B Receivables Management Corporation DBA R&B Solutions

Navigators at these agencies will have to complete federal and state training requirements and be licensed by OCI before they are able to assist consumers.

Certified Application Counselors

The role of certified application counselors (CAC) is similar to that of Navigators, but there is no federal funding supporting CAC efforts. A list of CACs' permitted and prohibited activities is also available on the OCI website. Organizations must apply via marketplace.cms.gov to become a CAC organization. Once their application has been approved by CMS they can identify which staff within their organization will become certified as CACs. Much like Navigators, CACs must complete federal and state training and register with OCI before assisting consumers.[10]

Regional Enrollment Networks

DHS is also supporting the establishment of Regional Enrollment Networks (REN) throughout the state. These networks will consist of various agencies that will work together in different capacities to support consumer enrollment in BadgerCare and the Marketplace. Agencies will identify whether they are able to directly enroll consumers, or if they will operate as an

information and referral source only. Agencies throughout the state, including AIDS Service Organizations and health care delivery organizations, are encouraged to join the appropriate REN in their area. A directory of agencies participating in each of the RENs is available on the Enrollment for Health Wisconsin Website. Appendix A provides contact information for Department of Health staff responsible for the coordination of RENs throughout the state.

HIV Case Managers and Linkage to Care Specialists

Existing clients of agencies funded by the AIDS/HIV Program will likely turn to their case managers and/or linkage to care specialists (LTCS) for assistance with enrollment. The AIDS/HIV Program recognizes the important role case managers and LTCSs will play during open enrollment and encourages agencies to designate staff as CACs and/or join REN to best support their clients during this transition.

AIDS/HIV Program Activities

The AIDS/HIV Program has undertaken a number of activities to prepare for ACA implementation. Federal and state funding is used to support HIV case management services at several agencies throughout the state. HIV case managers provide ongoing support and care coordination to hundreds of clients with the ultimate goal of promoting client independence and sustained engagement in HIV medical care. Throughout open enrollment and beyond, HIV case managers will play a central role in helping clients determine eligibility and enroll in coverage.

To ensure that case managers are prepared to take on this important responsibility, the AIDS/HIV Program has hosted a number of educational presentations providing overviews of ACA-related information and its implications for individuals living with HIV. In September, the AIDS/HIV Program hosted a one-day workshop entitled "The Affordable Care Act: Preparing for Open Enrollment" for HIV case managers and other staff at agencies funded by the Program. The workshop provided case managers with the opportunity to review information on topics including the Health Insurance Marketplace and BadgerCare policy changes and to discuss enrollment strategies and challenges with their colleagues throughout the state. The AIDS/HIV Program has also designated two staff to serve as Certified Application Counselors to provide enrollment assistance to clients who choose not to work with an HIV case manager.

[10] The Henry J. Kaiser Foundation. Consumer Assistance in Health Reform. April 2013. Available from http://kff.org/health-reform/issue-brief/consumer-assistance-in-health-reform/. Accessed August 2013.

The AIDS/HIV Program has also conducted targeted outreach to clients currently enrolled in the AIDS Drug Assistance Program (ADAP) and Health Insurance Premiums Subsidy Program (Insurance Program). The ADAP and Insurance Program, administered by the AIDS/HIV Program, cover the cost of HIV medications and health insurance premiums for eligible individuals living with HIV. Many clients currently enrolled in these programs will experience changes in coverage and coverage options under the ACA. To assist these individuals with the transition to appropriate coverage in 2014, the AIDS/HIV Program used client insurance and income data reported to ADAP to inform clients of the potential changes in coverage they can expect as a result of the ACA. Letters explaining eligibility for BadgerCare or coverage through the Health Insurance Marketplace, including eligibility for Premium Tax Credits and/or Cost-Sharing Subsides, were mailed to clients in mid-September. Letters instruct clients to contact HIV case managers and/or the AIDS/HIV Program if they have questions or require assistance with enrollment.

Both ADAP and the Insurance Program will continue to operate after implementation of the ACA and will likely impact enrollment decisions for low-income individuals living with HIV. Because these HIV-specific programs may impact enrollment decisions, it is important for individuals living with HIV to access ACA enrollment assistance through agencies that also have expertise in ADAP and Insurance Program eligibility and enrollment. Recognizing this, the AIDS/HIV Program has compiled a directory of enrollment assistance services available specifically for individuals with HIV. This directory will be shared with the larger RENs and posted on the Enrollment for Health Wisconsin website so individuals providing enrollment assistance at community agencies can refer individuals living with HIV to agencies that specialize in HIV-specific services.

Conclusion

The implementation of the ACA presents challenges and opportunities for individuals and organizations. The Wisconsin AIDS/HIV Program is collaborating closely with community partners, state agencies, and organizations to support the implementation of the ACA and smooth transition of health care coverage for persons living with HIV. The AIDS/HIV Program is committed to communicate with organizations and affected individuals by sharing the HIV-related details and plans for implementation of the provisions of the ACA as they are further defined by various partners and groups in the upcoming weeks and months.

Appendix A

Wisconsin Regional Enrollment Networks

For additional information on Regional Enrollment Networks, contact the appropriate regionally based Department of Health Services staff listed below:

Region	Counties	Contact	Email address
Bay Lakes	Brown, Door, Marinette, Menominee Oconto, Shawano	Elizabeth Jungers	Elizabeth.jungers@dhs.wisconsin.gov
Capital	Adams, Columbia, Dane, Dodge, Juneau, Richland, Sauk	Amy Bell	Amy1.bell@dhs.wisconsin.gov
Central	Langlade, Marathon, Oneida, Portage	Bill Hanna	William.hanna@dhs.wisonsin.gov
East Central	Calumet, Green Lake, Kewaunee, Manitowoc, Marquette, Outagamie, Sheboygan, Waupaca, Waushara, Winnebago	Elizabeth Jungers	Elizabeth.jungers@dhs.wisconsin.gov
Great Rivers	Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, St. Croix, Washburn	Michelle Larson	Michelle.larson@dhs.wisconsin.gov
Milwaukee	Milwaukee	Sarah Fraley	Sarah.fraley@wisconsin.gov
Moraine Lakes	Fond du Lac, Ozaukee, Walworth, Washington, Waukesha	Angie Moran	Angela.moran@dhs.wisconsin.gov
Northern	Ashland, Bayfield, Florence, Forest, Iron, Lincoln, Price, Rusk, Sawyer, Taylor, Vilas, Wood	Melody Yeager	Melody.yeager@dhs.wisconsin.gov
Southern	Crawford, Grant, Green, Iowa, Jefferson, Lafayette, Rock	Julie Milleson	Julie.milleson@dhs.wisconsin.gov
Western	Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	Jamie Fawcett	Jamie.fawcett@dhs.wisconsin.gov
WKRP	Kenosha, Racine	Sarah Fraley	Sarah.fraley@wisconsin.gov