California ACA implementation and people with HIV
HIV advocacy: ACA implementation

- ACA implementation is not a point in time
  - It is a long process of ensuring the programs will work for people with HIV

- Each state is different in their implementation timeline, process, delivery systems, opportunities & challenges
  - But similar issues need attention

- HIV providers and advocates must be involved in state health care delivery policy, pre and post full ACA implementation
  - Medicaid, pre and post expansion;
  - Insurance Exchanges;
  - Ryan White programs
Getting involved in the legislative process and having a say in policy discussions is not just an appropriate role for nonprofits; it is vital. If nonprofits are not speaking on behalf of their often-vulnerable communities, chances are nobody else is either.

– Nayantara Mehta
California: ACA Implementation

- Medi-Cal (CA’s Medicaid program) expanded – enrolled 1.9 M by mid 2014
- Covered California (CA’s Marketplace) established – enrolled 1.4 M by mid 2014
- Most qualified people with HIV moved to Medi-Cal expansion directly from the Low Income Health Program (CA’s early Medi-Cal expansion established in 2011)
Success?

what people think it looks like

what it really looks like
Reality: long winding road ahead

- **Positive:**
  - Overall enrollment was greater than expected
  - Strong commitment to benefits in Medi-Cal

- **Challenges:**
  - Between 250,000 & 350,000 Californians are still “stuck” in a Medi-Cal application backlog
  - IT systems are not working well – information is not accurate
  - Difficult to know what the problems are because limited assistance and limited monitoring
  - Only 800 ADAP clients moved to the Marketplace this year
Where we really are in CA:
Challenges ahead – Four “buckets” Medi-Cal

Medi-Cal beneficiaries are poised for serious access problems
  ◦ Very low provider reimbursements
  ◦ Inadequate provider networks
  ◦ Ongoing transitions, movement into MCOs etc.
  ◦ Building networks for substance use and mental health treatment
  ◦ Only 80% of MCOs met minimum performance levels (MPL) for 22 quality measures
    • Medi-Cal defines MPL: meeting the lowest 25% of U.S. Medicaid plans

Immense change in Medi-Cal service delivery
  ◦ Four 1115 waivers planned, one for entire Medi-Cal program
  ◦ Innovation grant in for health homes, etc.
Covered California

- Limited and inaccurate information on website
  - No provider network information
  - No link to plan formularies

- Inadequate and inaccurate provider networks
  - Lawsuits filed against Anthem, Cigna, & Blue Shield

- Lack of transparency around cost sharing for prescription drugs
  - Bait and switch tactics, intentional or not?

- Network of assisters has little to no HIV knowledge – likely to get worse

- Blue Shield having difficulty process RW payments
Ryan White Programs & Monitoring

- State Ryan White programs are not working well
  - Inadequate coverage
  - Need to update eligibility
  - Inadequate systems and staffing
  - Policies and systems need overhaul

- Monitoring health care access and navigation issues
  - State is large, diverse, with lots of transition between programs; need to build a simple monitoring system
Lessons learned

- Any successful HIV intervention depends on access to equitable, affordable and fully functioning healthcare
- The number of tables we need to be at has expanded exponentially: it’s not just about RW now
- Partnerships are essential
  - Providers – know what is going wrong
  - Clients – know what they need; what they aren’t getting
  - Other healthcare advocates – know the systems
- Coalitions outside HIV are important
  - California Healthcare Advocates, Chronic Care Coalition, Campaign for Sustainable Drug Pricing
- Ryan White programs need attention also!
- It’s all about the details & they can be boring & confusing!
Lessons learned

- Monitoring is essential
  - RW programs
  - Medicaid
  - Marketplace
  - Transitions

- Limited number of state based HIV advocates working on healthcare policy

- HIV organizations need to find ways to prioritize health care advocacy and monitoring and reporting
The vast majority of local organizations are pure service providers. It has become clear that if all organizations on the local and state level do not reserve a portion of their agenda for advocacy, coalition building, and public policy, they are no longer doing right by their constituents.

-Pablo Eisenberg