

The webinar will begin shortly
Dial: 1-857-232-0300
Access Code: 76717#

Patient Protection and Affordable Care Act

Updates and Implications

Black AIDS Institute
Brown Bag Lunch Series

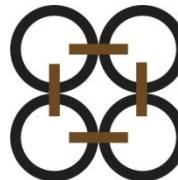


OUT 2
ENROLL

Speakers

Joe Jefferson is the Director of Advocacy and Alliance at HealthHIV. He has nearly 20 years of experience in health-related resource development, organizational development, coalition building, and LGBT health advocacy. Before joining HealthHIV, Jefferson was the Senior Policy Associate at the National Coalition for LGBT Health. Previously, Jefferson held senior leadership positions with the New York LGBT Community Center; Our House of Portland, and The Collins Group. Jefferson earned his MPH at the Columbia University Mailman School of Public Health producing a seminal report on HIV & Aging for the AIDS Community Research Initiative of America in New York.

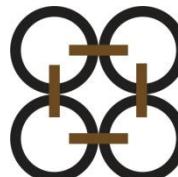
Kellan Baker is the Associate Director of the LGBT Research and Communications Project at the Center for American Progress, where his work focuses on working with the Department of Health and Human Services on a range of LGBT health issues. Kellan also directs the LGBT State Exchanges Project, which focuses on insurance market reforms, consumer engagement, and data collection in the establishment of the new Health Insurance Marketplaces, as well as the expansion of Medicaid. Through CAP and the LGBT State Exchanges Project, Kellan is also a founding steering committee member of Out2Enroll, an initiative that seeks to connect LGBT community members with their new coverage options under the Affordable Care Act. Kellan holds an MPH in public health policy and an M.A. in international development from George Washington University.



Speakers

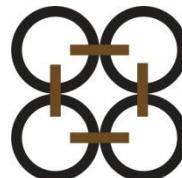
Amy Killelea, JD Amy Killelea is the Associate Director of the Health Care Access Program at the National Alliance of State & Territorial AIDS Directors (NASTAD). Amy joined NASTAD in June 2012 and is helping to lead NASTAD's health reform efforts, including developing implementation resources and technical assistance for state HIV/AIDS programs and working on policy recommendations and analysis to inform federal implementation. Amy also co-chairs the Federal AIDS Policy Partnership's HIV Health Care Access Working Group, a federal advocacy coalition made up of over 100 national and community-based HIV service organizations. Amy received her B.A. from Smith College and J.D. from Georgetown University Law Center.

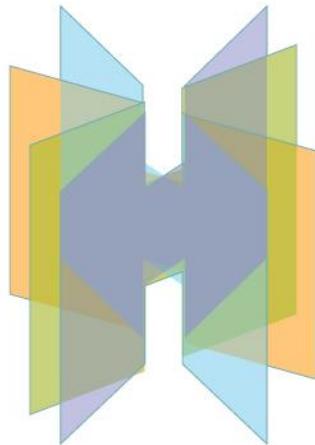
Dr. Deborah Parham Hopson is the associate administrator for HIV/AIDS in the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). As associate administrator for HRSA's HIV/AIDS Bureau (HAB), she is responsible for managing the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). Parham Hopson received her undergraduate degree in nursing and health from the University of Cincinnati and her master of science and doctor of philosophy degrees in health policy and administration from the University of North Carolina at Chapel Hill School of Public Health.



A Note on Questions

- Please type your questions in the chat box on the bottom right
- Joe will answer questions after his presentation.
- All other questions will be answered during the panel session.





Health HIV
Putting Health First

The Patient Protection and Affordable Care Act

Update and Implications

Black AIDS Institute

Brown Bag Lunch Program

March 5, 2014

Joseph Jefferson, MPH
Director of Advocacy and Alliance Development

Presentation Preview

1. The Black community, HIV, and Access
2. Assessing the Broader Healthcare Landscape
3. The ACA and PLWH
4. The ACA and Ryan White
5. The Unfinished Business of the ACA

The Black community, HIV, and Access

Blacks: More HIV, Less Access

- Black America, which accounts for less than 14% of the U.S. population but for 44% of new HIV infections
- Black men represent 1 in 500 people living in the U.S. and 1 in 4 new HIV infections
- A young Black gay man has a roughly 1-in-4 chance of being infected by age 25. By the time he is 40 years old, the odds rise to 60%
- Southern ADAP programs serve disproportionate numbers of Black people living with HIV:
 - AL: 63%; GA: 64%; LA: 62%; NC: 61%; SC: 65%
- 91% of Young Black MSM African Americans in six major US cities are unaware of their HIV status

Blacks: More HIV, Less Access

- Among black MSM younger than 30, the rate of new HIV infections is even higher—three times that of white MSM younger than 30
- HIV-positive black MSM were more likely to have undiagnosed HIV infection, to have a CD4 cell count below 200, to have no health insurance coverage, to have limited access to ARVs, and, in cases where ARVs were prescribed, to be less adherent to their dosing schedules
- African-Americans are 55 percent more likely to be uninsured than white Americans= 6.8 million uninsured African Americans*
- 80% of uninsured African Americans were unaware of a March deadline for enrollment
- 63% of uninsured African Americans had **NOT** visited the online marketplace*

Blackaids.org

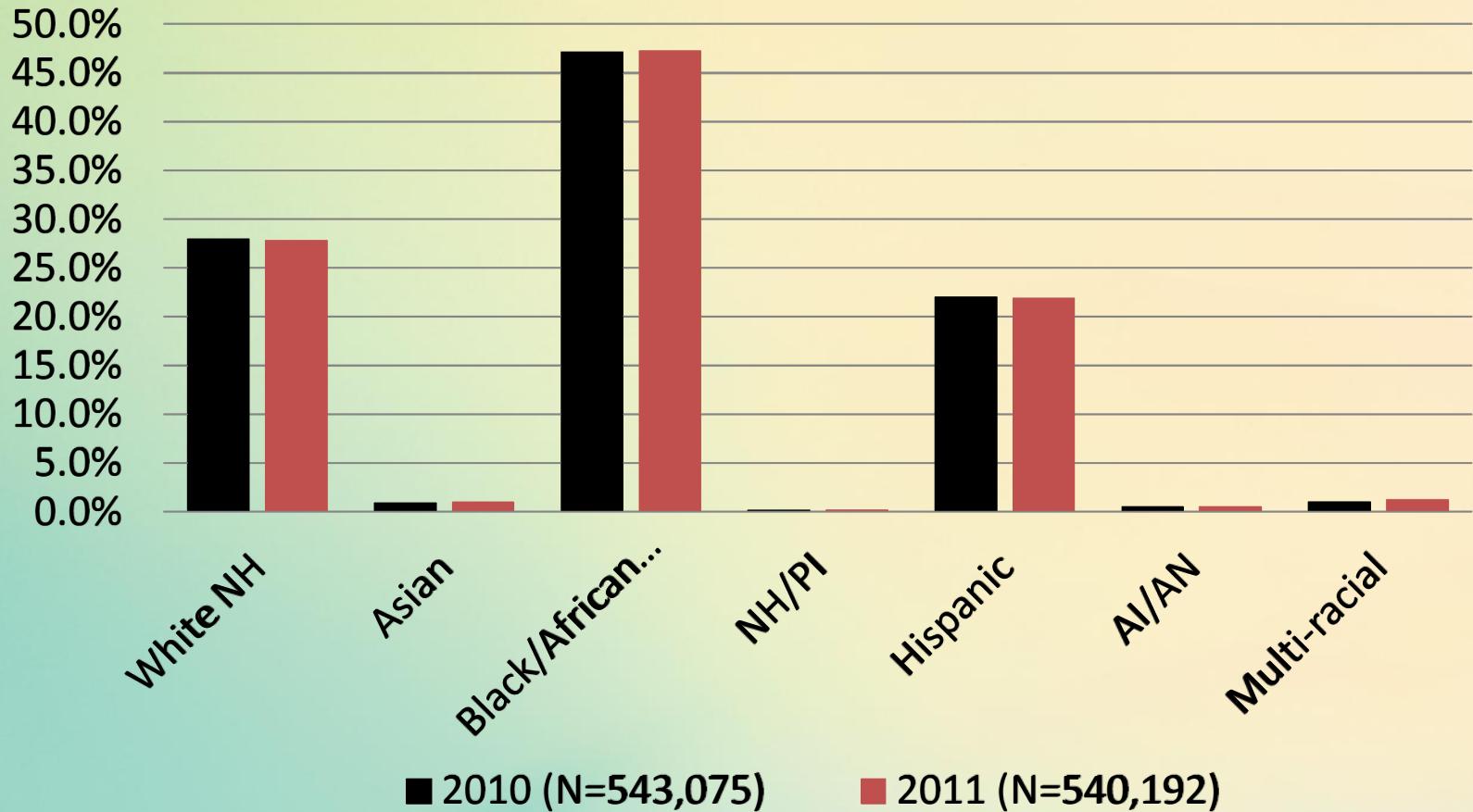
*<http://marketplace.cms.gov/exploreresearch/census-data.html>

<http://www.hhs.gov/healthcare/facts/factsheets/2012/04/aca-and-african-americans04122012a.htm>

<http://cpehn.org/pdfs/EnsuringAccess-EngagingCommunitiesofColorinACA.pdf>

Ryan White Services Report, 2010 & 2011

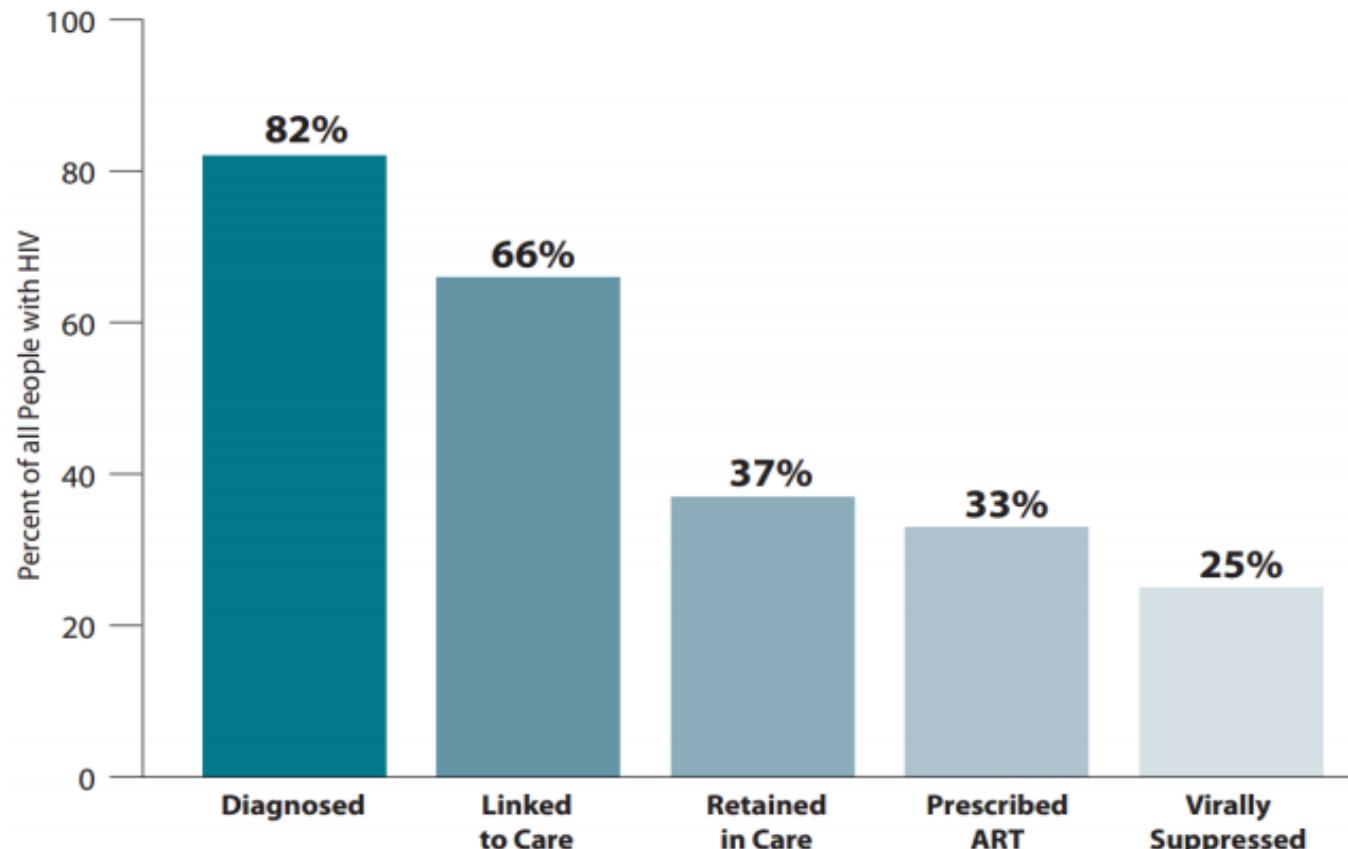
Race/Ethnicity of Clients Served



Race/ethnicity is unknown or missing for 13,100 clients in 2010 and 13,807 clients in 2011. Race and ethnicity required for all clients regardless of services received.

Assessing the Landscape

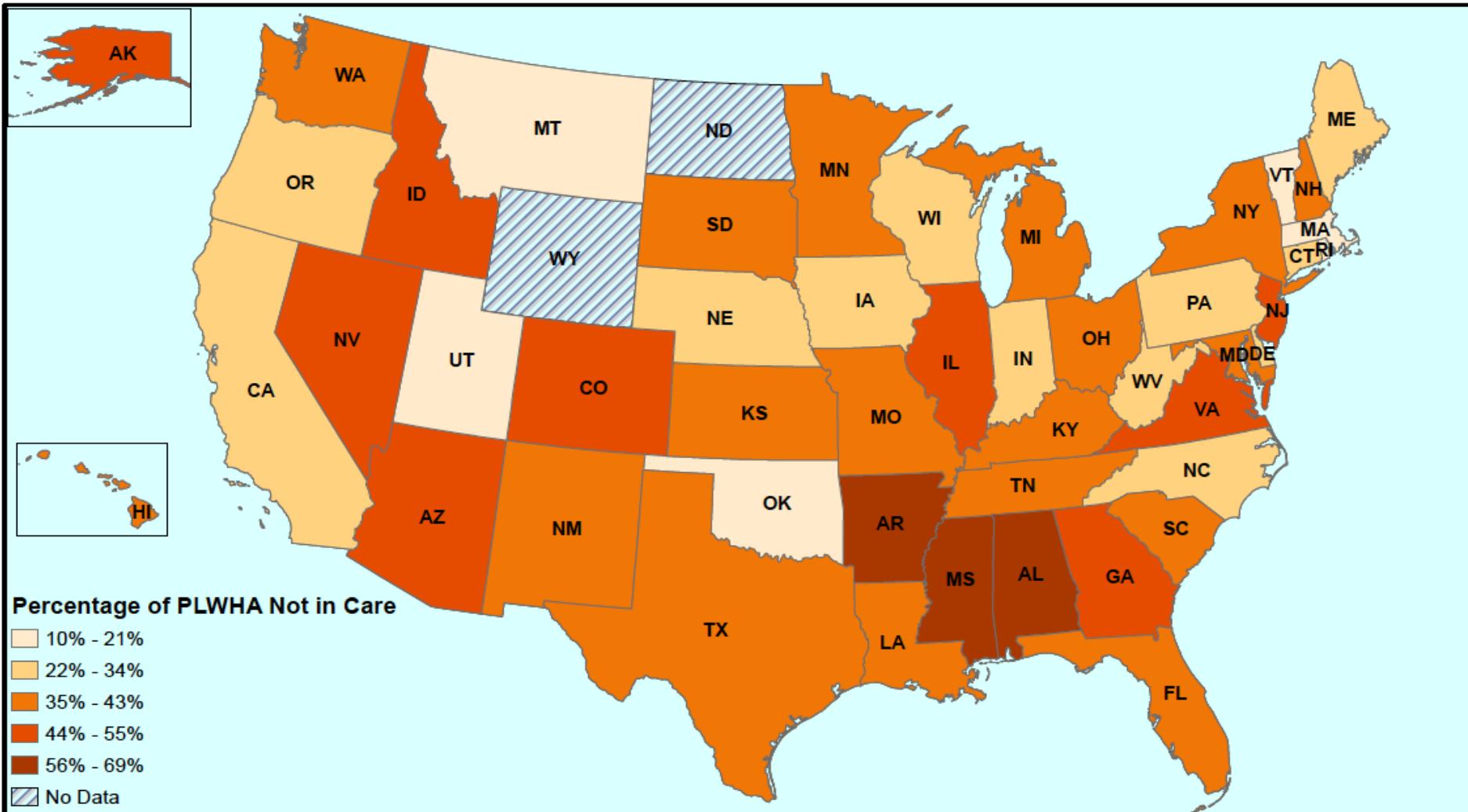
Figure 2. The HIV Care Continuum in the United States, 2009.



Source: CDC. XIX International AIDS Conference, July 2012

Note: 2010 diagnosed estimate is 84.2%

Estimated Percentage of HIV Positive Clients Not in Care

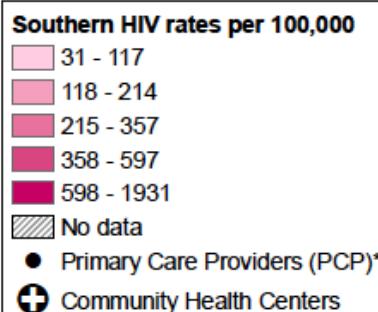


Estimates of people living with HIV/AIDS who are not in care
calculated using the Statewide Coordinated Statements of Need.

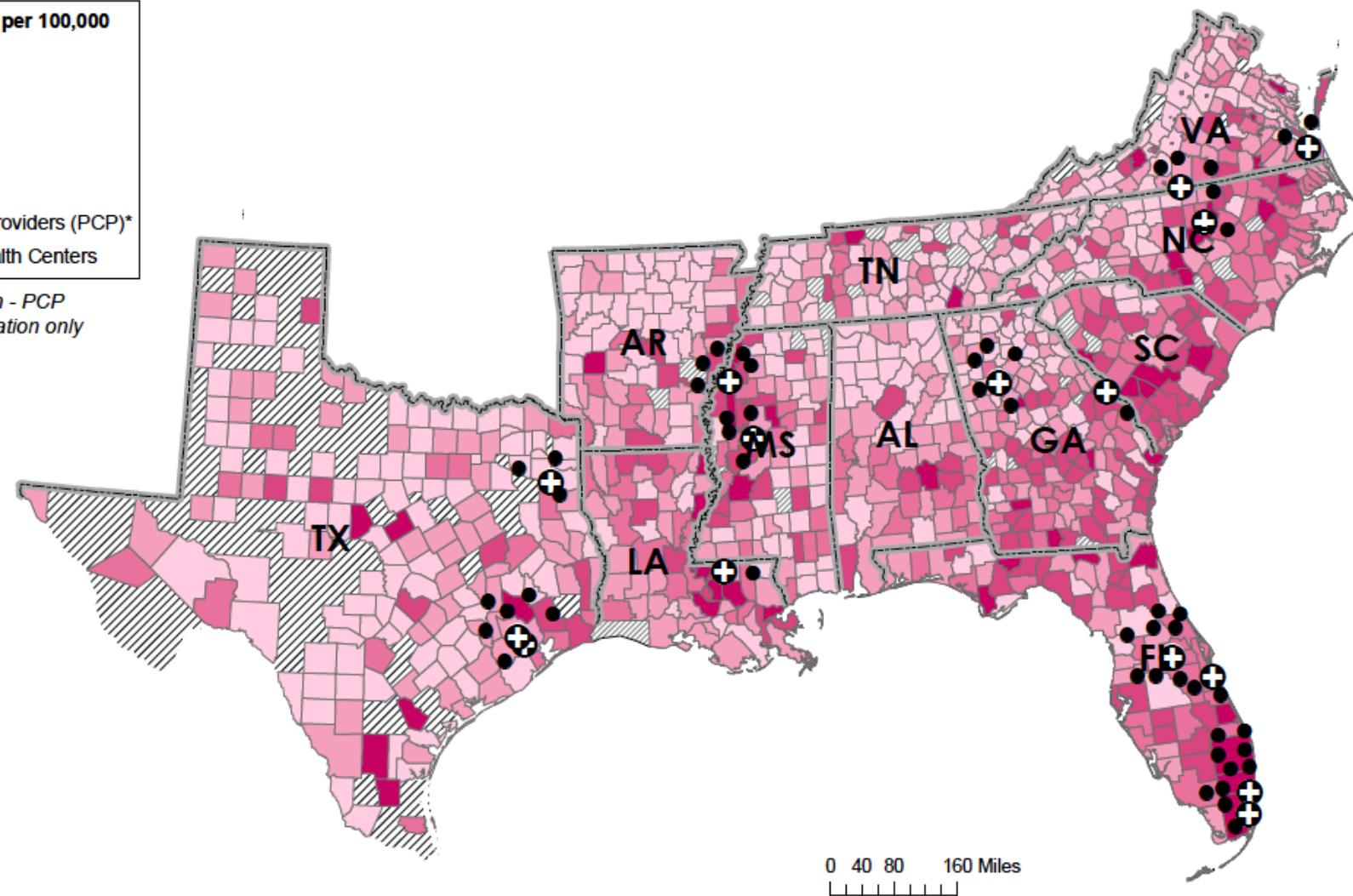


HealthHIV

Addressing HIV in the South: HIV Primary Care Providers in Community Health Centers



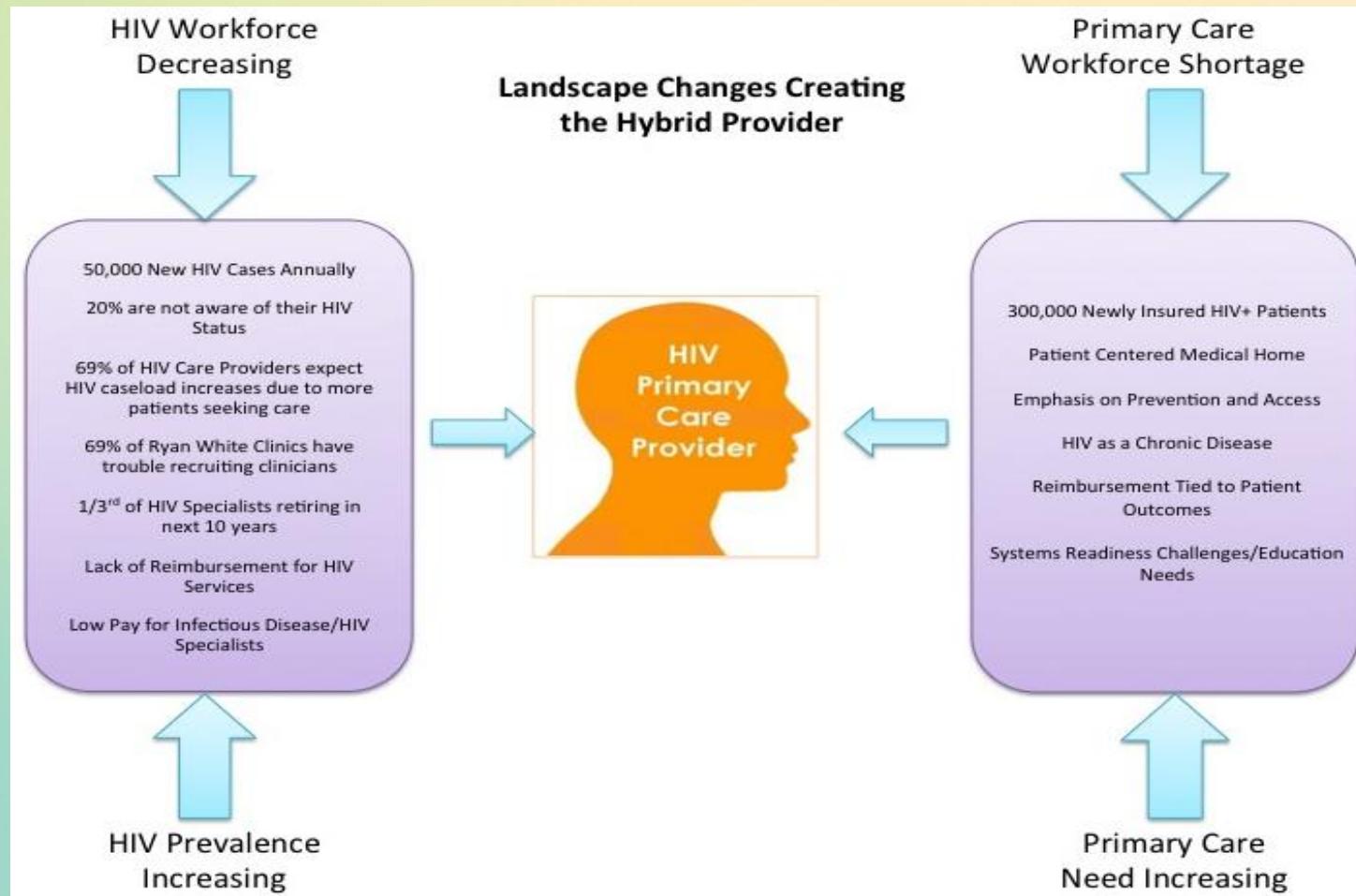
*Not actual location - PCP dots shown for affiliation only



HealthHIV's 3rd Annual State of HIV Primary Care Survey



Landscape Changes Creating the Hybrid Provider



The HIV PCP Profile

Profile	2nd Annual Survey	3rd Annual Survey
Ethnicity: Non-Hispanic	83%	83%
Race: White	68%	72%
Gender: Female	58%	57%
Provider Type: MD	58%	54%
Age: 50-59	40%	37%
Setting: Urban	64%	70%
Main Specialty	Family Practice (46%)	HIV/AIDS (30%)
Region: South	39%	36%
Main Practice Type	CHCs (36%)	HIV Clinics (26%)

Workforce Trends

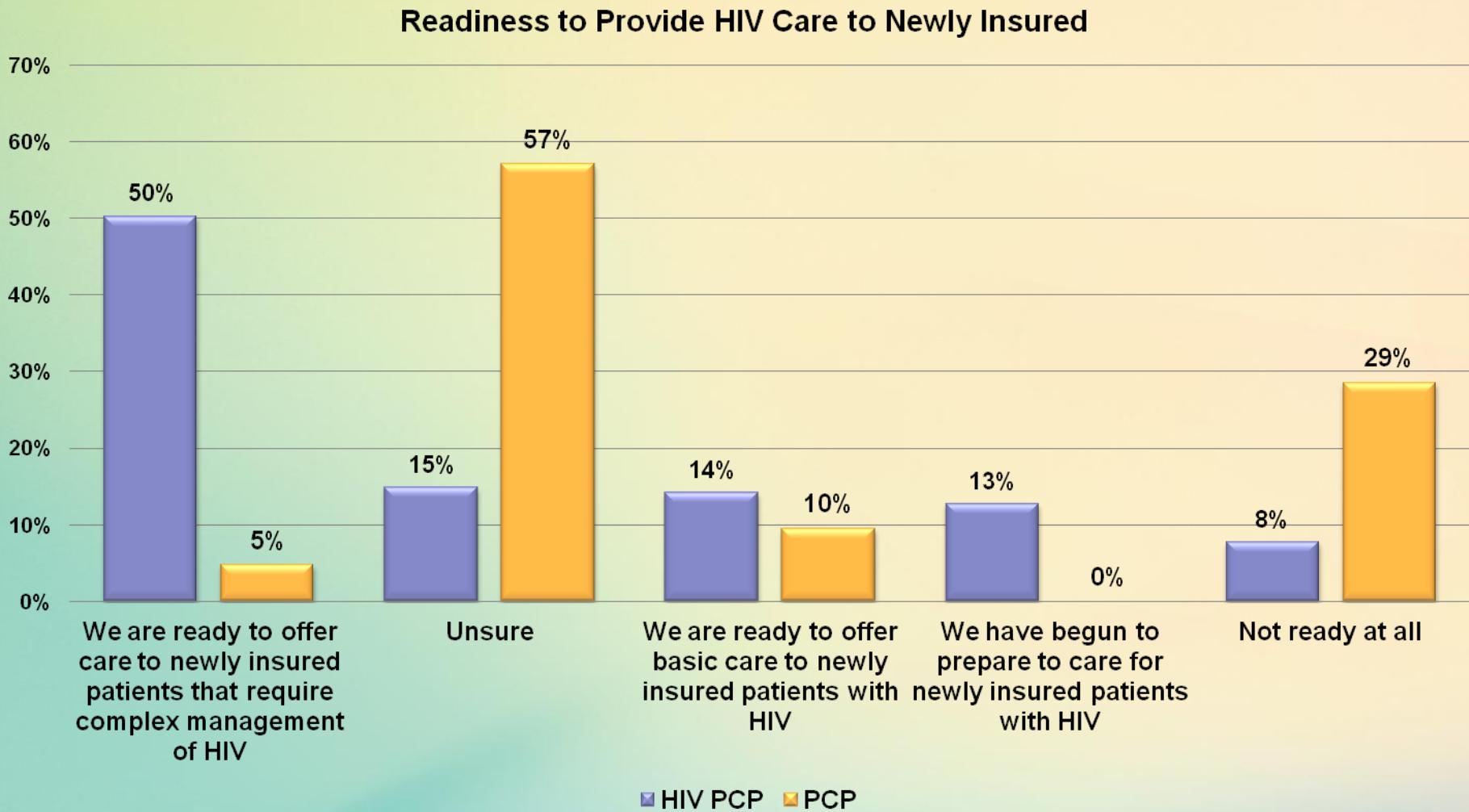
- Approximately 4,500 HIV providers (MD, DO, NP, PA) in US¹
- Fewer than 1/3 of physicians are in private practice – migrating to larger health systems
- The current HIV workforce is composed of first-generation providers who entered the field over 20 years ago - 50% of whom are retiring in next 5-10 years

¹ Physician Workforce Projections in an Era of Health Care Reform, Annual Review of Medicine, Vol. 63: 435-445, February 2012

Providers and Growth in HIV Patient Care

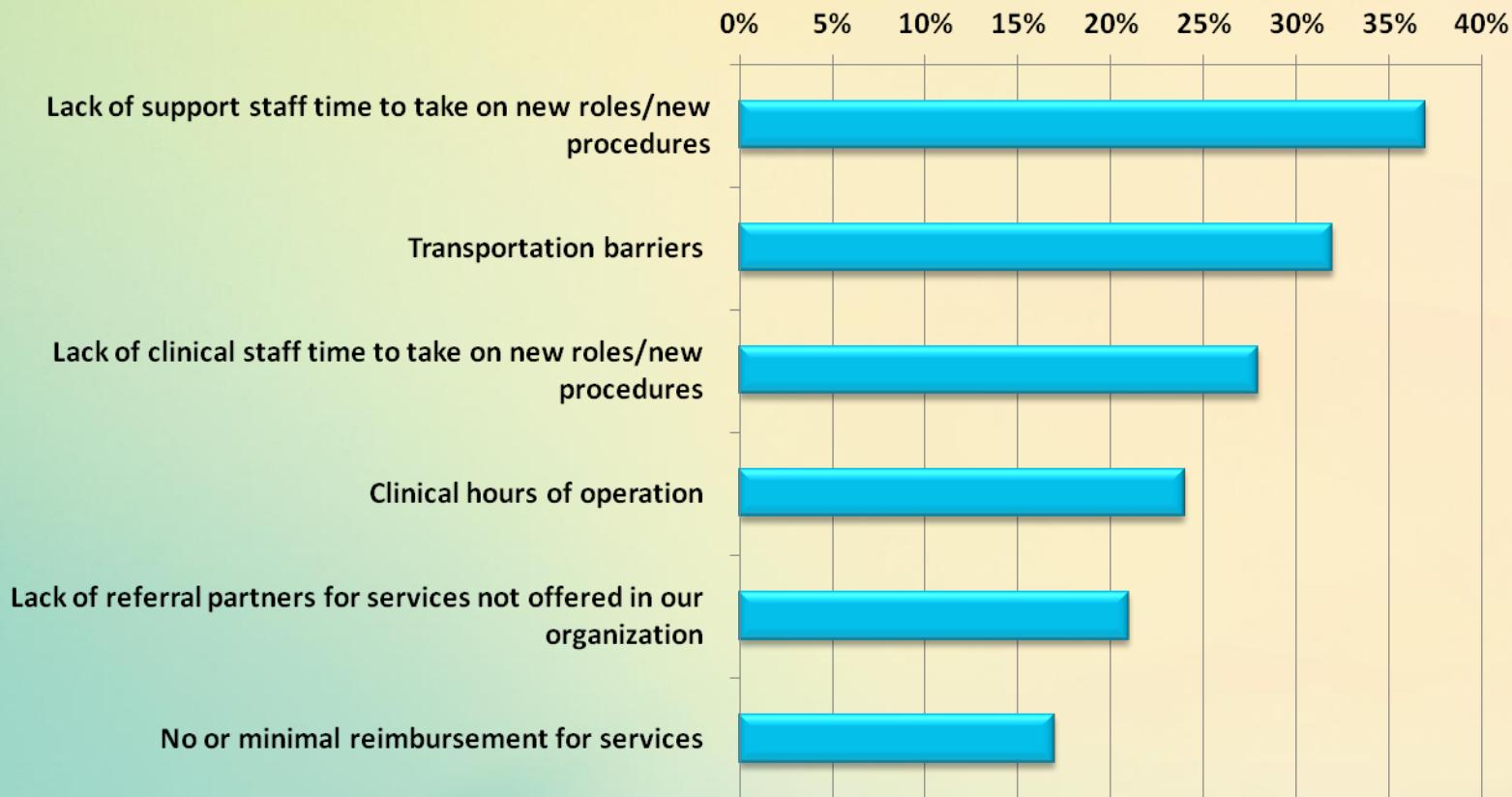
- 50% of HIV PCPs see over 100 HIV clients
- 49% have seen an increase in their HIV caseloads in the past 12 months
- 59% of HIV PCPS have seen an increase in their total patient caseloads compared to 46% of PCPs not treating HIV
- 59% of HIV PCPS expect an increase in HIV caseload in the next three years because of:
 - Increased number of HIV patients seeking care (90%)
 - Staff turnover (28%)
 - Practice Improvements (25%)
- 40% state that the number of providers treating HIV in their service area is less than the demand for HIV services

HIV PCPs and ACA Readiness



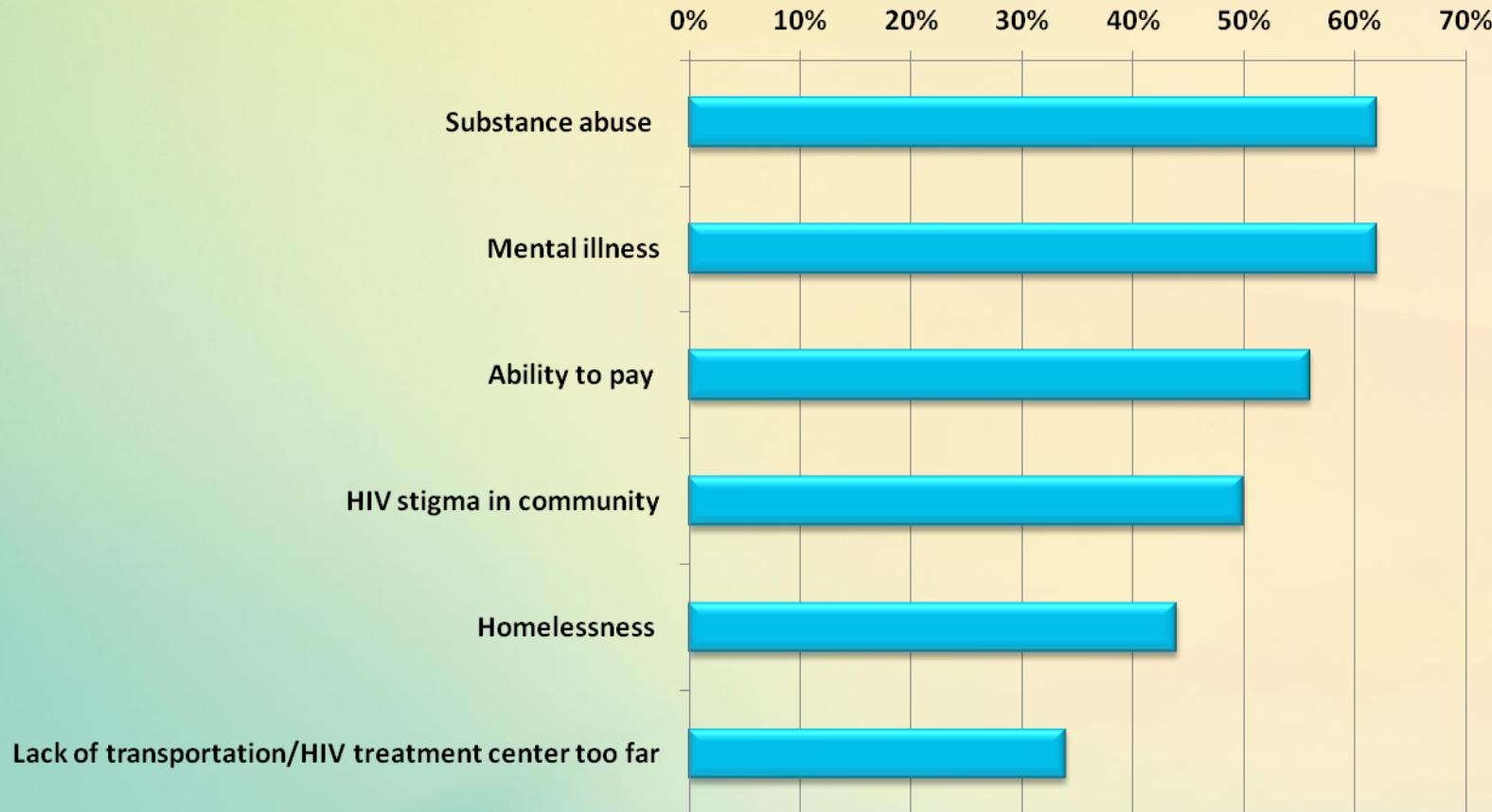
HIV PCPs Barriers to Providing Care

Barriers to Providing HIV Care



Perceived Barriers to Patients Seeking Care

Perceived Barriers to HIV Patients Seeking Care

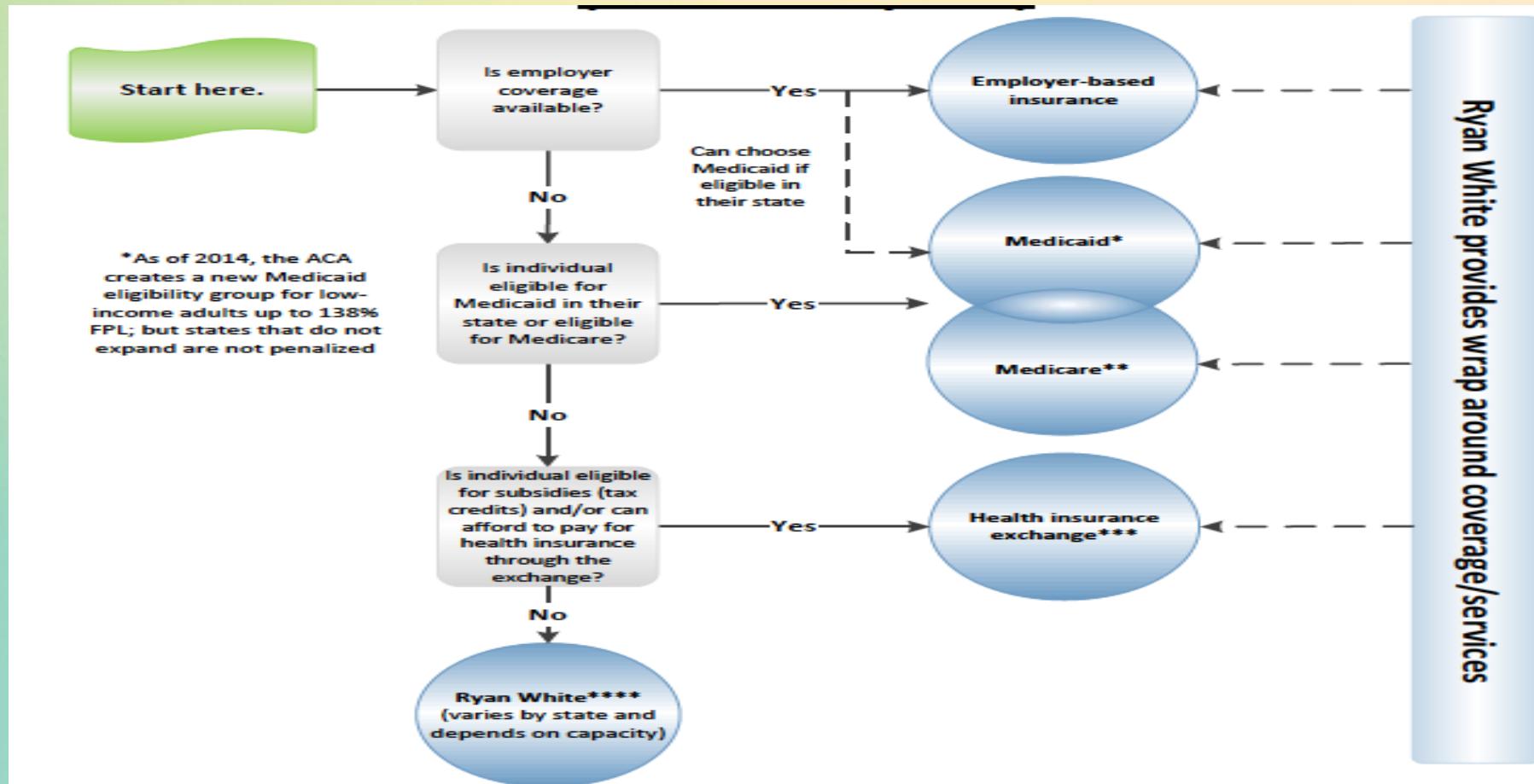


PCP Role in Treating Co-occurring Conditions

- The aging workforce and increased caseloads for HIV PCPs are coupled with an increase in co-occurring conditions in the HIV patient population.
- The most cited co-occurring conditions are indicative of poor overall health, aging of the HIV population, and the gap in behavioral health care being provided to HIV positive patients.
 - Obesity (49%)
 - Syphilis (45%)
 - Cardiovascular Disease (43%)
 - Depression (42%)
 - Renal Disease (40%)

The ACA & PLWH

The ACA & PLWH Insurance Options



Key ACA PLWH Protections

- Guaranteed availability of coverage, regardless of health status or pre-existing condition
- Prohibitions on discriminatory premium rates, ie. gender and health status
- Coverage of “specified” preventive health services without cost-sharing
- Low-income PWLHs <64 may qualify for Medicaid in states that choose to expand

Key ACA PLWH Protections

- No lifetime or annual limits on coverage
- Prohibitions on illness-related coverage discontinuation
- Federal subsidies for people with incomes <400% FPL
- Plans have to contract with “community providers”, including Ryan White programs
- Plans must include EHB
- Such ‘newly-eligible’ individuals will be enrolled in a Medicaid Alternative Benefit Plan, which must include coverage of the ten statutory essential health benefit categories and comply with state and federal regulations

Implementation Update

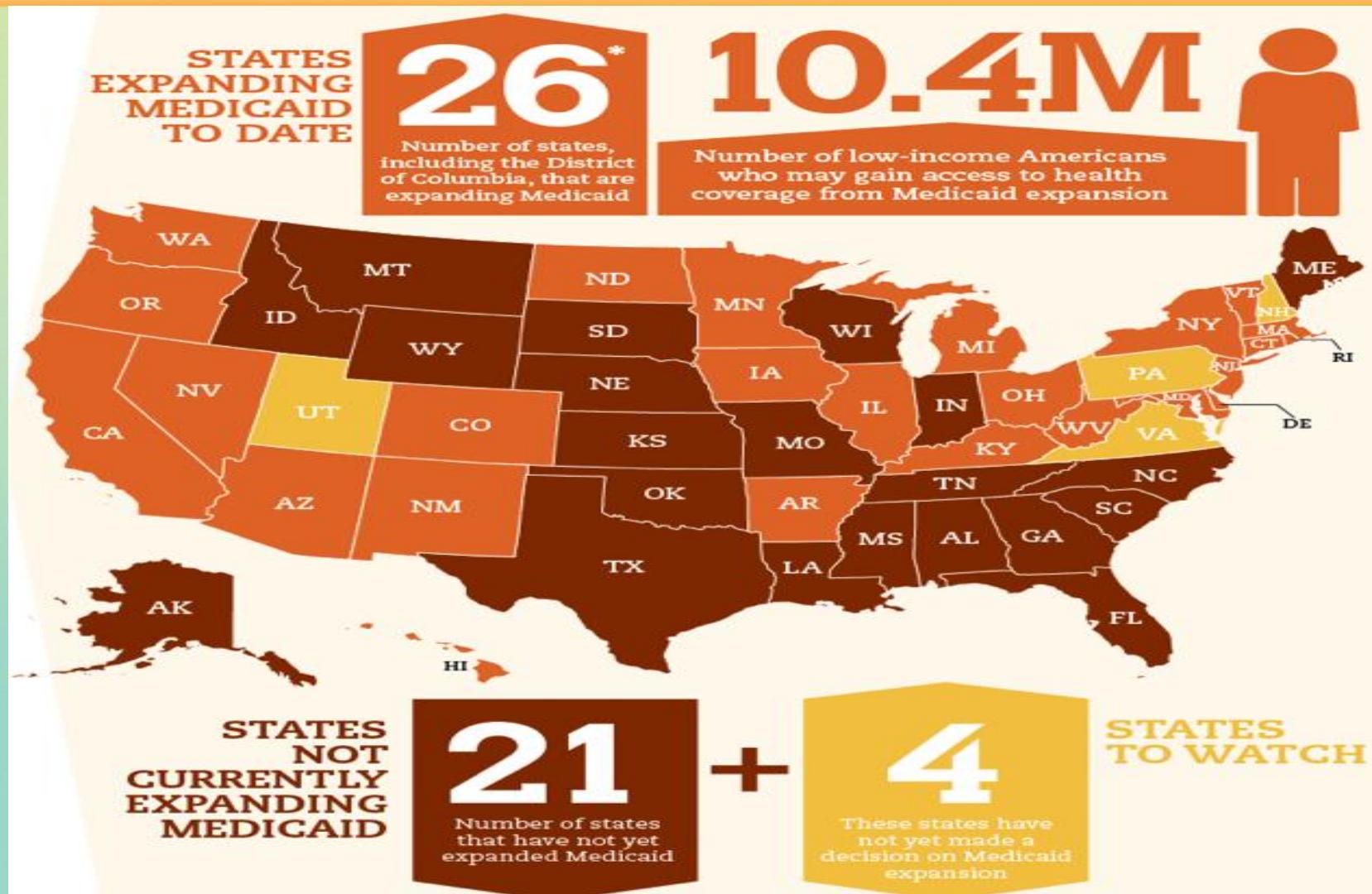
New Provisions, Effective January 1 2014

- Medicaid expansion in 25 states and DC
- Individual insurance requirement (tax penalty delayed for those who do not secure coverage in first quarter of 2014)
- Health insurance marketplace plans
- Guaranteed availability of insurance
- No annual or lifetime limits on coverage
- Essential health benefits

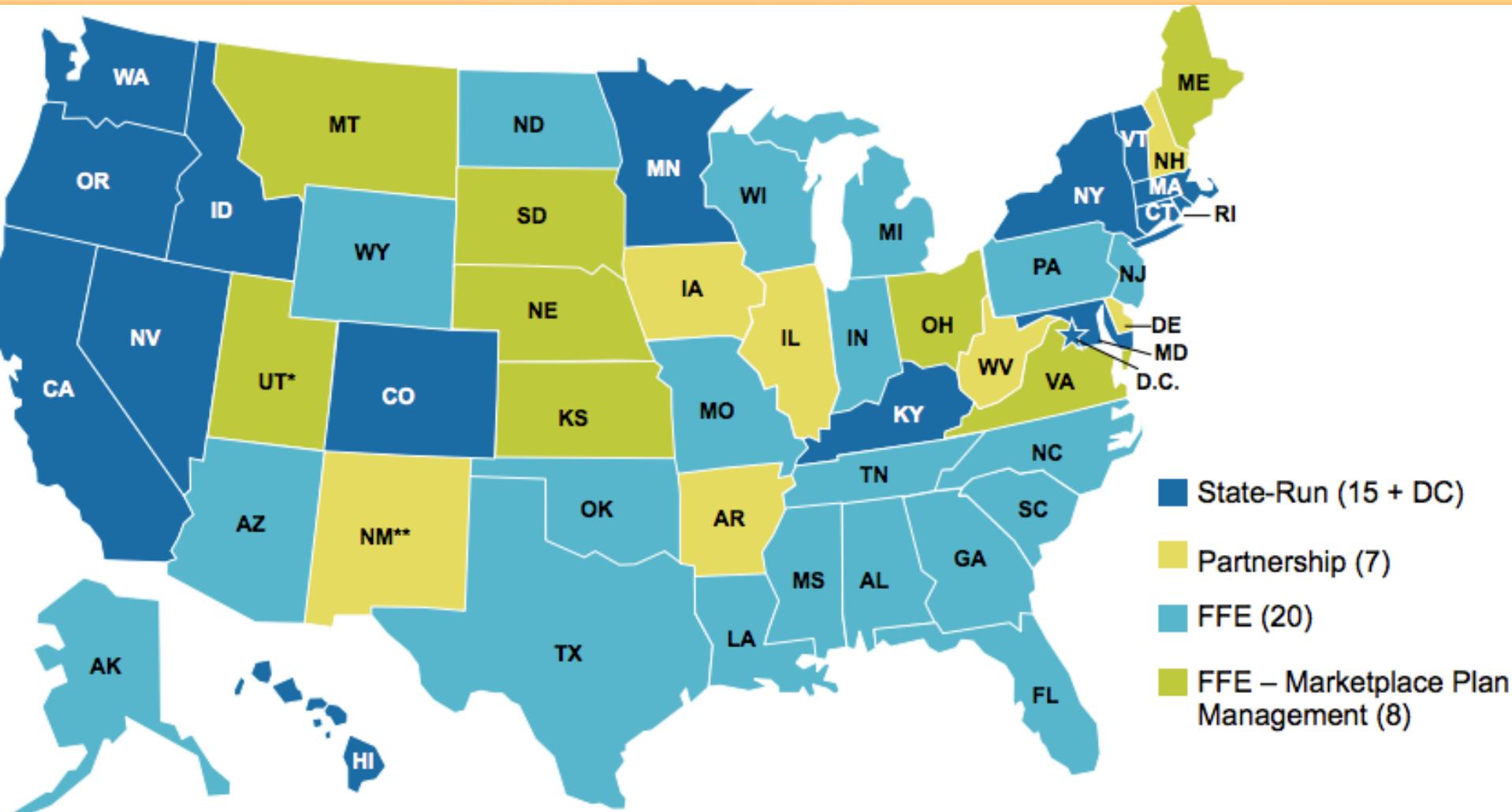
The 10 Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Medicaid Expansion Map



Marketplace (Exchange) Map



The ACA & Ryan White

Payer of Last Resort Requirements within the Context of the Affordable Care Act

- By statute, RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source
- Grantees and their contractors are expected to vigorously pursue enrollment in other relevant health care coverage sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance)
- The RWHAP will continue to pay for items or services not covered or partially covered by other health care coverage sources

Eligibility for Private Health Insurance and Coverage by RWHAP

- Reiterates that RWHAP grantees must make every effort to ensure that eligible uninsured clients expeditiously enroll in health care coverage
 - When a client is not eligible for a public health care coverage program, they must be assessed for eligibility for private health care coverage plans
- Grantees need to inform clients of the penalty for not enrolling
- Clients who receive a certificate of exemption from the Internal Revenue Service (IRS) may continue to receive RWHAP services

Eligibility for Private Health Insurance and Coverage by RWHAP

- RWHAP funds may be used to pay for services received during the time between which a client enrolls in third party coverage and it becomes effective
- Once enrolled in a private health plan, RWHAP funds may only be used for services not covered or partially covered by a client's plan
- Open enrollment into private health plans is for a limited time during the year

Eligibility for Private Health Insurance and Coverage by RWHAP

- RWHAP funds generally may NOT be used to pay for services outside of their insurance network unless services are not available from an in-network provider
- RWHAP funds may be used to pay for higher co-pays and deductibles within “tiered” networks
 - Grantees must consider availability of resources prior to making such allocations

RWHAP & Medicaid

- States that expand their Medicaid program may enroll their newly-eligible Medicaid-populations into Medicaid managed care plans
- In all states, RWHAP will continue to pay for services not covered or partially covered by Medicaid
- RWHAP grantees and sub-grantees may also consider helping clients pay for premiums and/or cost-sharing, if cost-effective

Informing the Advocacy Agenda

Informing the Advocacy Agenda

- Engage Congress in ongoing education about how RW funding helps to reduce community viral load – and new infections
- Integrate HIV care into mainstream health system
- Engage in discussions about how Ryan White should be repurposed in advance of the next reauthorization push
- Conduct research to assess and identify scalable and effective interventions that link performance along the cascade

Informing the Advocacy Agenda

- Develop mechanisms to monitor and limit utilization management techniques – and apply non-discriminations protections to drug benefit
- Ensure meaningful stakeholder engagement involvement at Federal and State level in the run-up to EHB framework reevaluation in 2016 – Goal: Higher and more clearly defined national standards
- Issue clarifying guidance to states to ensure reasonable, accessible, and expedited appeals process regarding benefit and service coverage decisions – including access to most appropriate and effective combination ARV therapy
- Ensure “Alternative Benefit Plan” is similar to traditional Medicaid
- Extend EHB non-discrimination mandates to ABPs
- Apply rules governing prescription drug coverage under Medicaid to ABP

HealthHIV's new National HIV Consumer Coalition



A National Coalition Advocating for HIV Positive Communities

[Who We Are and Why We Need You](#) • [Affordable Care Act and Ryan White](#) • [National Consumer Survey](#) • [Additional Information](#) • [Contact](#)

Who We Are and Why We Need You

The Pozitively Healthy Coalition is a new national advocacy coalition composed of people living with HIV (PLWH) and their allies, including friends and family, as well as leaders and advocates in the HIV movement.

The Coalition seeks to advance equitable access to HIV competent healthcare and evidence-based treatment for the 1.2 million PLWH in the United States by identifying and responding to HIV consumer-reported barriers, wherever and whenever they occur.

Managed by HealthHIV, Pozitively Healthy is guided by a [National Steering Committee](#) (NSC).

Affordable Care Act and Ryan White: Learn About Reform

The first step for anyone seeking to engage in ACA implementation is to become informed. Multiple activities are under way and many resources are available to guide states, agencies, and consumers. Start [here](#), at the Target Center, the starting point for everything you need to know about the ACA.

National Consumer Survey

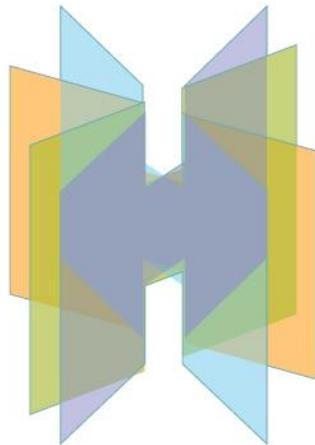


A National Coalition Advocating for HIV Positive Communities

[Click to Download the
Preliminary Results of the Consumer Survey](#)

Where Can I Obtain Additional Information?

- HealthHIV – www.PositivelyHealthy.org
- HHS -- www.healthcare.gov
- HRSA/ Ryan White Program<https://careacttarget.org/library/aca-ryan-white-6-ways-prepare-consumers>
- Out2Enroll
<http://out2enroll.org/>
- HIV Health Reform
www.HIVhealthreform.org
- Questions related to Ryan White and the ACA, please email: RWP-ACAAQuestions@hrsa.gov



HealthHIV
Putting Health First

Washington, DC 20009
202.232.6749

www.healthhiv.org

joseph@healthhiv.org

202.507.4727

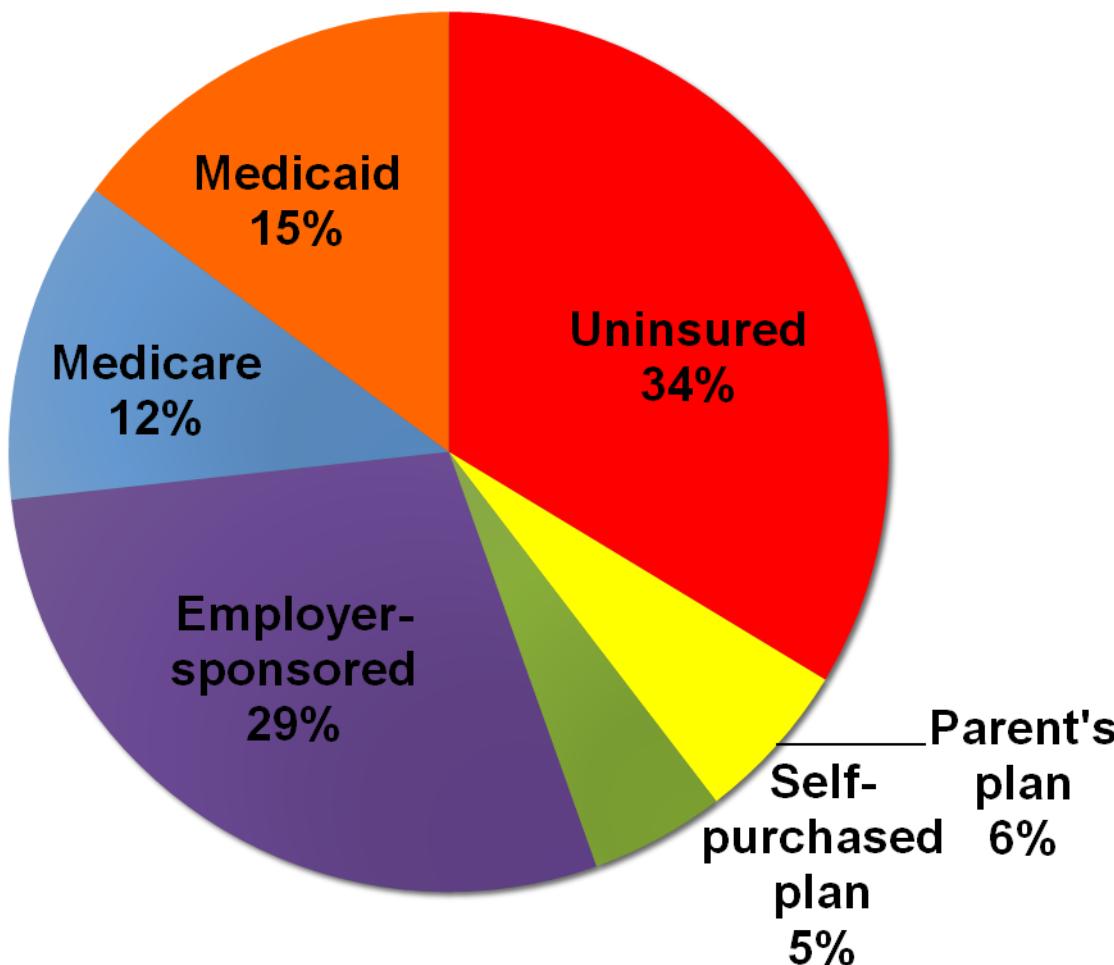
CONNECTING WITH COVERAGE: LGBT COMMUNITIES AND THE ACA

Center for American Progress



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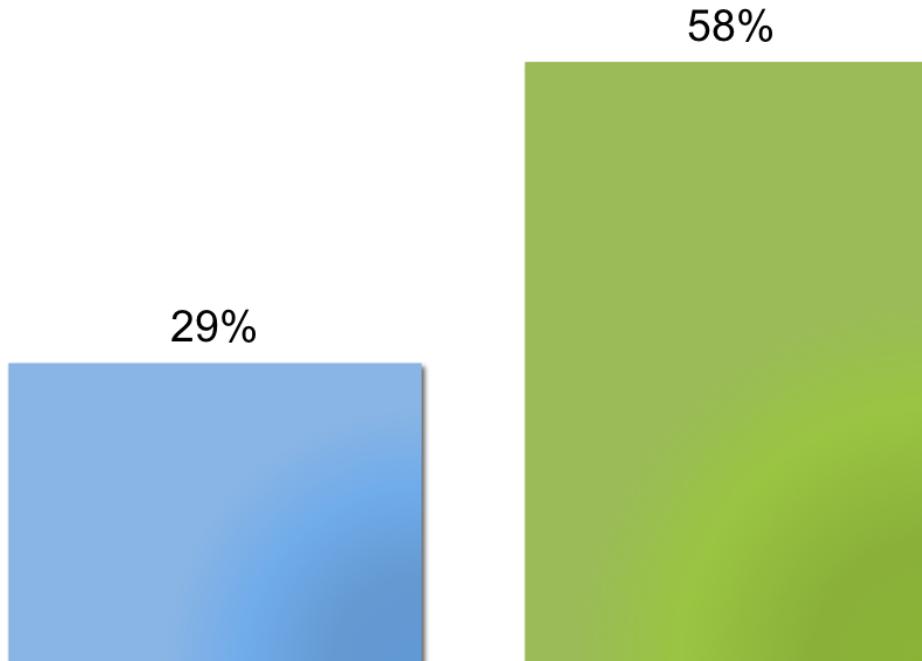
Coverage for Low/Middle-Income LGBT



Among LGBT people with annual incomes under 400% FPL
Source: Center for American Progress

Access to Employer-Sponsored Insurance Coverage

■ All LGBT ■ All Non-LGBT



Among LGBT people with annual incomes under 400% FPL
Source: Center for American Progress

LGBT State Exchanges Project

- Launched at the Center for American Progress in Jan 2012.
- Mission: To ensure that new coverage options under the ACA are accessible to LGBT individuals and their families.

Center for American Progress



Transgender Law Center
Transforming Laws and Lives



LGBT State Exchanges Project Priorities

Equal access

- Ensure equal access to Marketplace enrollment and benefits for LGBT consumers, particularly transgender people and same-sex couples

Consumer engagement

- Engage LGBT people via consumer assistance programs, Navigators, outreach strategies, and marketing

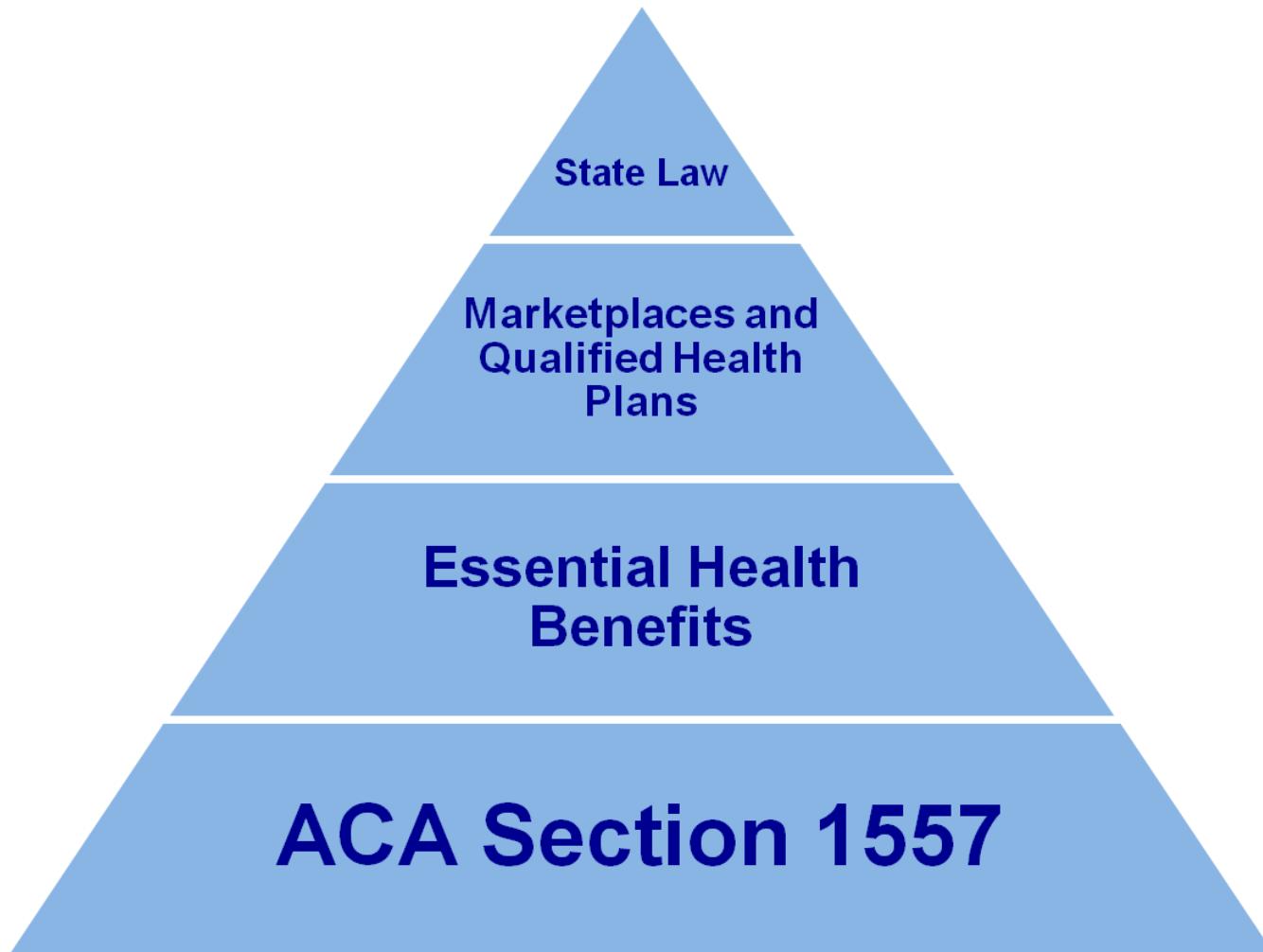
Data collection

- Collect confidential data on sexual orientation and gender identity and use it to help the Marketplaces serve LGBT communities

Medicaid

- Encourage states to expand their Medicaid programs to cover all lower-income adults

1. Equal Access



Federal Marketplace Application

“I know that under federal law, discrimination isn’t permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/oice/ile.”

**Healthcare.gov Help Line:
1-800-318-2596**

Also accepts complaints!

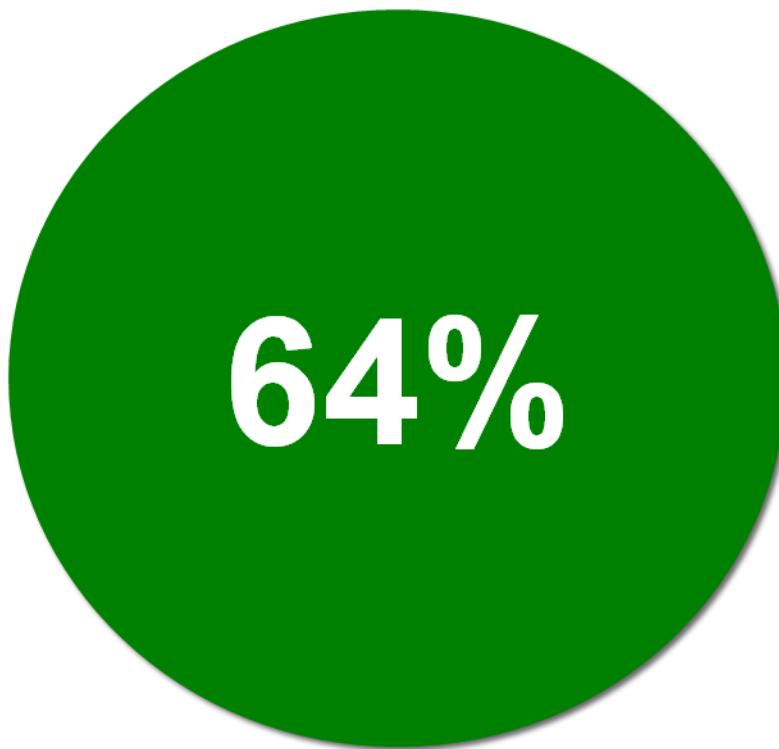
Examples of Discrimination

- Continued use of transgender-specific plan exclusions in QHPs and Medicaid programs
- Barriers in access to family coverage for legally married same-sex couples
- High costs for low-income HIV-positive individuals and high cost-sharing for prescription drugs

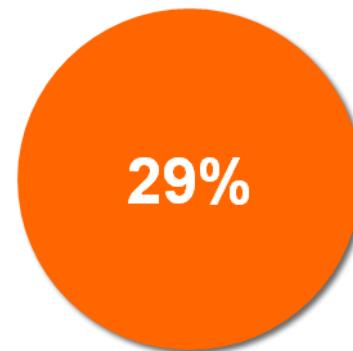
Another concern: Widespread unavailability of detailed plan documents, including Evidences of Coverage, drug formularies, and provider directories

2. Consumer Engagement

Knows about the mandate:



Knows about new coverage options:



OUT 2 ENROLL

Our mission: To connect LGBT community members with their new coverage options under the ACA.



Federal Agencies Project



Be out. Be healthy. Get Covered.



TOP 5 AFFORDABLE CARE ACT BENEFITS FOR THE LGBT COMMUNITY

1

Plans purchased through the Marketplace can't discriminate based on sexual orientation or gender identity.

2

You can't be charged a higher premium just because you're lesbian, gay, bisexual, or transgender.

3

No denial of coverage because of pre-existing conditions like HIV/AIDS, cancer, or mental health diagnoses.

4

Legally married same-sex couples are treated equally for financial assistance when purchasing coverage in the Health Insurance Marketplace, regardless of where they live.

5

No more lifetime limits on coverage for people with chronic diseases like HIV/AIDS.

Take Pride In Your Health

The health law helps LGBT Americans access high-quality health care and protects their right to affordable insurance.

IT'S THE DAWN OF A NEW DAY FOR LGBT HEALTH



Equality

Starting in 2014, you can't be turned down or charged more for health insurance coverage because you're LGBT.



Security

Insurers can't put a lifetime dollar limit on what they will pay for needed care, even if you have a chronic disease like asthma or cancer.



Wellness

If you have insurance, you generally can get vital preventive services, such as well-woman checkups and HIV and cancer screenings, at no extra cost.



Access

Starting October 1, 2013, there will be a new way to shop for a health insurance plan that meets your budget and needs.

HHS IS

LEADING THE WAY

Learn more at
HHS.gov/HealthCare



[Get Answers](#) ▾

Learn from our resources

[Get Covered](#)

Discover how to enroll today

[Get Involved](#)

Explore ways to share

[Sign up](#)

Be Out2Enroll



BE OUT. BE HEALTHY.

COVERAGE IS JUST STEPS AWAY

Out2Enroll is a collaborative effort from the Sellers Dorsey Foundation, the Center for American Progress, and the Federal Agencies Project to educate the lesbian, gay, bisexual, and transgender community about their options under the Affordable Care Act.

[GET STARTED](#)

Why should getting
covered matter to the
LGBT community?

What do I really need to
know about Obamacare?

What if I'm transgender?

Can I apply for financial
assistance with my same-
sex spouse?



Join Out2Enroll. Receive news and updates about enrollment.

[JOIN US](#)

Tips for Working with the LGBTQ Community

This blog was written by Marley Hamrick, a health coverage guide at the Northern Colorado AIDS Project. Health coverage guides may also be called navigators, in-person assisters, and certified application counselors – and they're trained and ready to help you understand your options. Even better, they can't discriminate against the LGBTQ community. To connect with one of these organizations in your area, check out this [tool](#).



The Affordable Care Act presents an exciting opportunity to address health disparities faced by the LGBTQ community. LGBTQ people and their family members experience a variety of barriers to quality health care due to individual and institutional discrimination, such as exclusions from health plans, refusals of care, and inequitable policies and practices. Many

provisions of the Affordable Care Act [directly benefit](#) the community – LGBTQ inclusive anti-discrimination policy, affordable health plan options, preventative services, and coverage for people with preexisting conditions.

Share



In the News

To Healthy and Happy Holidays

Huffington Post (Dec. 18, 2013)

Too often, when it comes to politics, those directly impacted by policies... [Read more](#)

As End-of-Year Health Care Deadline Draws Near, LGBT

Getting LGBT People through the Door

- ✓ Partner with LGBT community organizations.
- ✓ Advertise in LGBT media.
- ✓ Use relevant pictures and language.
- ✓ Provide unisex bathrooms.
- ✓ Display nondiscrimination policies that include sexual orientation and gender identity and expression.
- ✓ Have LGBT magazines or newspapers available in waiting areas.
- ✓ Consider using surveys & evaluation forms to collect optional demographic data that includes SO/GI.



- ✓ Make a general nondiscrimination statement part of the opening conversation.
- ✓ Don't assume anything about applicants:
 - Gender or gender identity
 - Preferred name or gender pronoun
 - Sexual orientation
 - Relationship status
 - HIV/AIDS status
 - Health services that the person may need

“[Navigators] just have to be told very clearly...[you’re] not here to go, like, umm, oh, my God, what do I do? Just, this is the kind of person that will be calling in. A human.”

- ✓ Document preferred pronoun and name in file if different from the legal record.
- ✓ When in doubt, politely ask rather than guessing.
- ✓ Simply apologize and move on in case of a mistake.
- ✓ Give applicants the option to point or write down answers themselves.

“Some of that language stuff I think is really important, you know? I’d either shut down or I’d get angry. I’d be like, you called me ma’am; are you f---g kidding me?”
– Transgender man in Denver

OUT 2
ENROLL Thank you!



Kellan Baker

kbaker@americanprogress.org

www.out2enroll.org

www.americanprogress.org

Questions



- Please submit questions in chat box on the bottom right.
- You may indicate which panelist(s) you want to answer your question
 - Joe Jefferson (HealthHIV)
 - Kellan Baker (Out2Enroll)
 - Dr. Deborah Parham Hopson (HRSA)
 - Amy Killelea (NASTAD)

Announcements

Evaluation

- Please complete webinar [evaluation](#).

Website Changes

- Visit the [BBL Leader Page](#)
- *Username: BBL_Leader Password: HIVeducation*

AAHU Applications are open

- Click [here](#) for more information or to download application materials

USCA 2014 Prize

- Win a RT flight to San Diego, and hotel stay during USCA October 2-5, 2014
 - Prize does not include registration cost
- Blog for BAI and present for USCA BBL webinar on 10/15
- Two winners will be announced **June 23, 2014**

