

HIV Health Improvement Affinity Group: Policy and System Change

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<http://kff.org/hiv aids>

Understanding Medicaid's Role for People with HIV

- Medicaid has played critical role in HIV care since the HIV epidemic began (the “Medicaidization of AIDS”)
- Single largest source of insurance coverage for people with HIV, and second largest source of federal financing
- Covers range of services needed by people with HIV, and those at risk
- The number of Medicaid beneficiaries with HIV and spending have grown over time

Characteristics of Medicaid Beneficiaries with HIV vs. Overall Medicaid Population, 2011

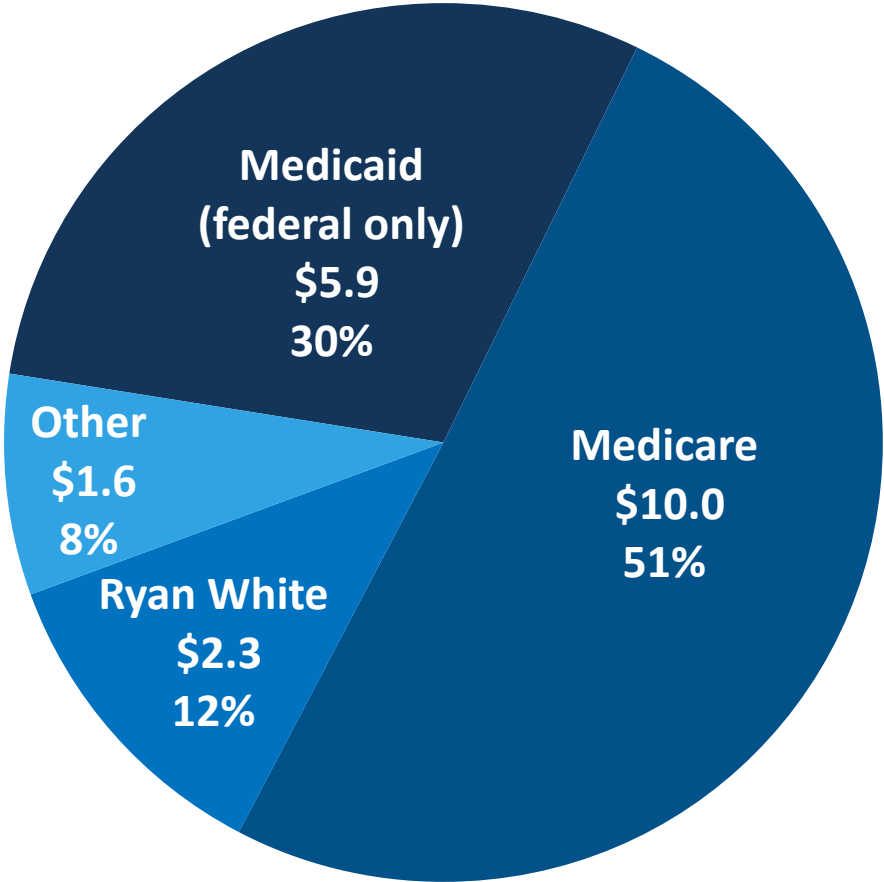
Characteristic	Overall Beneficiaries	Beneficiaries with HIV
Qualified based on disability	15%	68%
Male	41%	58%
Black	22%	52%
Aged 45-64	12%	52%
Dually eligible	15%	31%

Note: Includes only the traditional state plan enrollees in fee-for-service Medicaid.

Sources: Kaiser Family Foundation analysis of 2011 MSIS data. See also, Kaiser Family Foundation, Fact Sheet: Medicaid and HIV, 2016, <http://kff.org/hiv/aids/fact-sheet/medicaid-and-hiv/>

Federal Funding for HIV/AIDS Care in the U.S., by Program, FY 2016

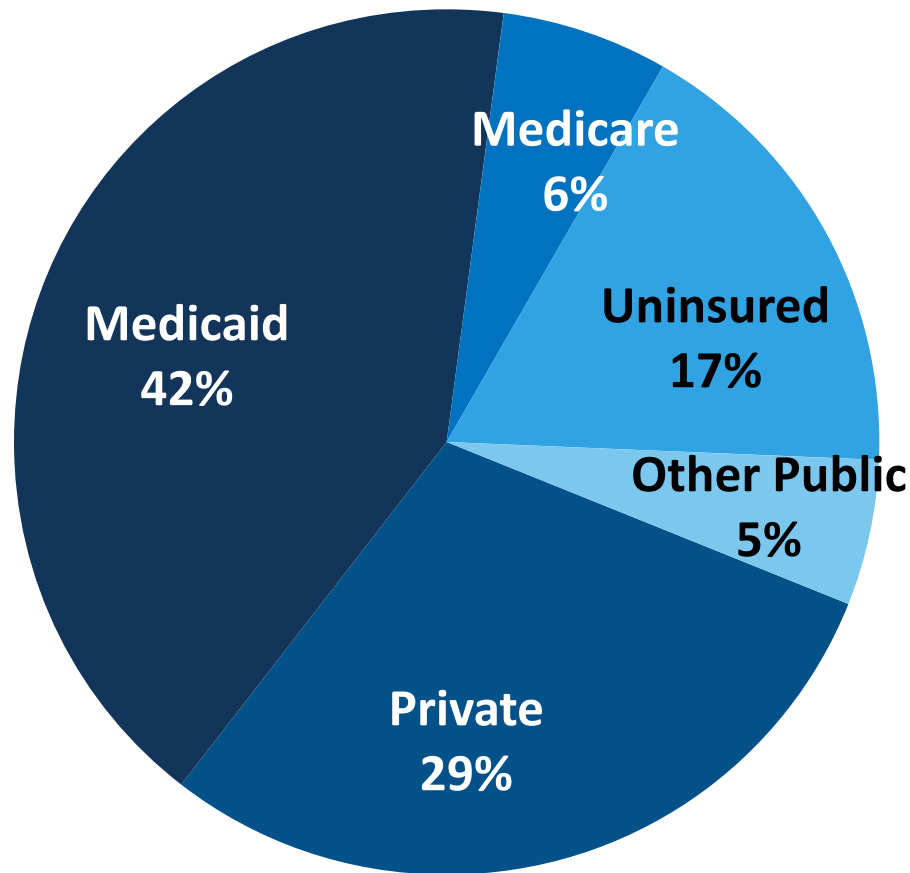
In Billions



Total = \$19.7 Billion

Note: Total program amounts may not add to \$19.74 billion due to rounding; Percentages may not add to 100% due to rounding.
Source: KFF analysis of data from FY2016 Congressional Budget Justifications, White House Office of Management and Budget personal communication.

Insurance Coverage of Nonelderly Adults with HIV in Care (pre-ACA)



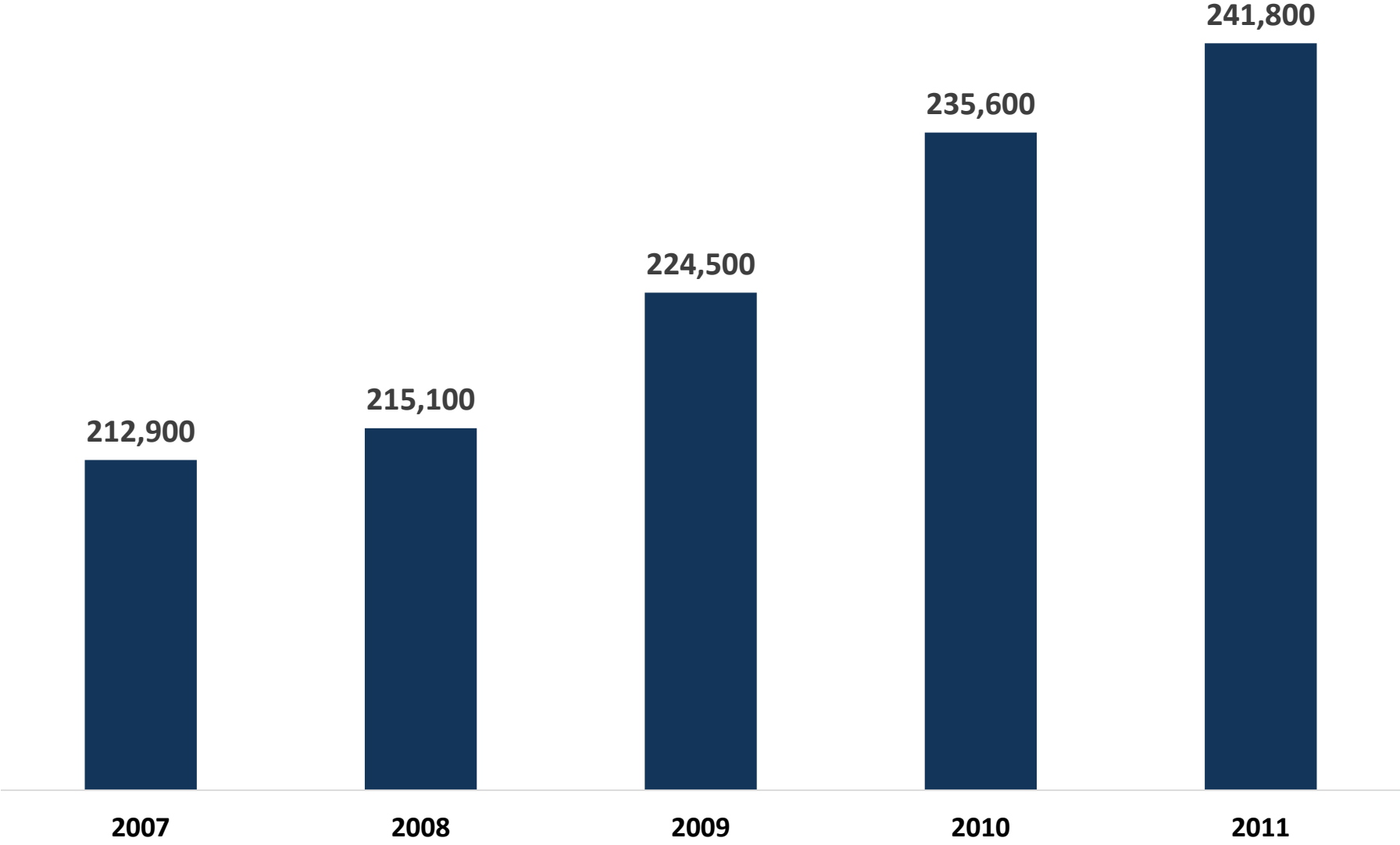
**40% also
relied on
Ryan
White**

N = 406,970

Notes: May not total 100% due to rounding. Medicaid includes those with Medicare coverage. Other public includes those with Tricare/CHAMPUS, VA, other city/county coverage.

Source: CDC/KFF analysis of 2009 MMP.

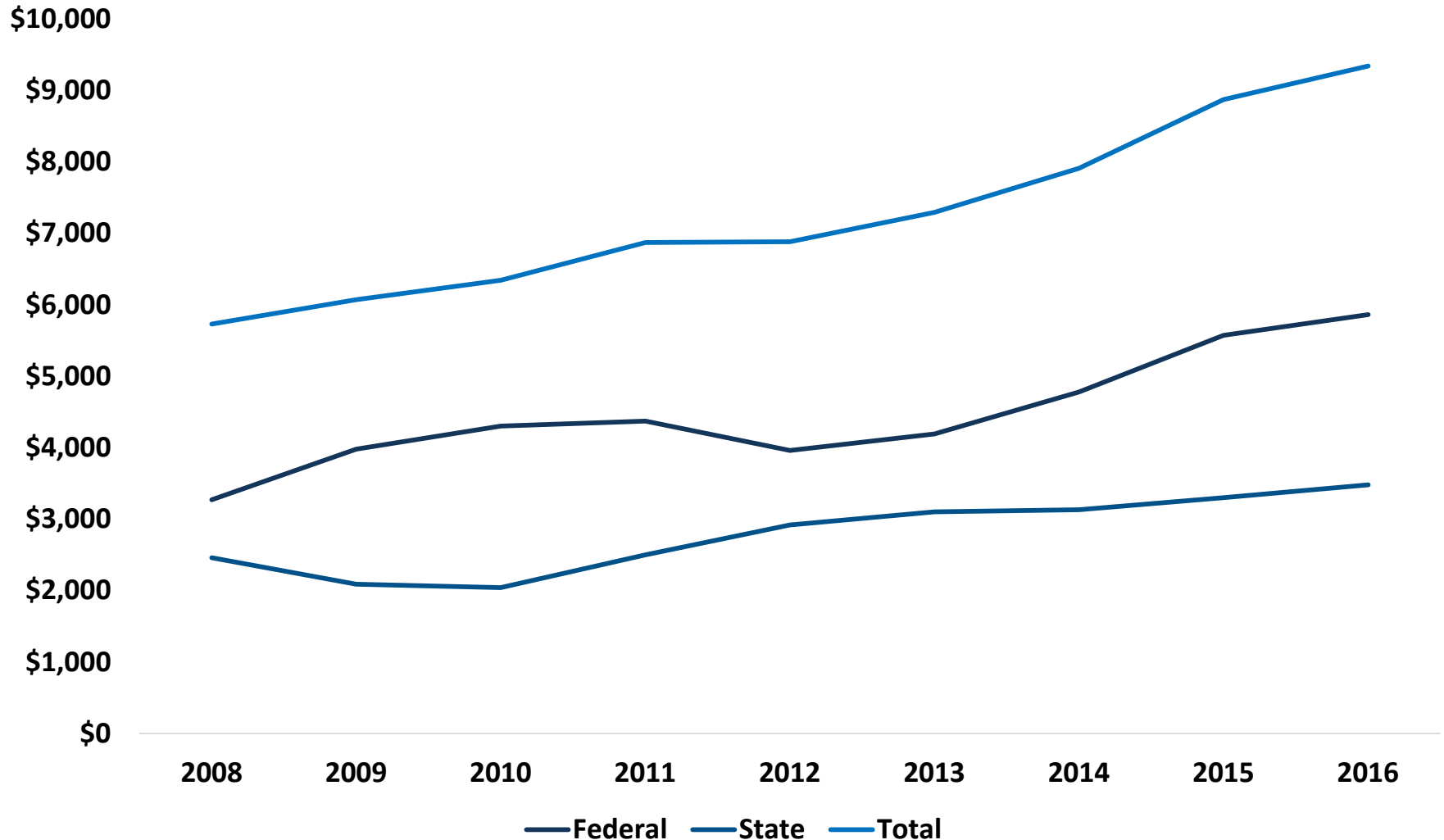
Number of Medicaid Beneficiaries with HIV, 2007-2011



Source: Kaiser Family Foundation. State Health Facts. Medicaid Enrollment and Spending on HIV/AIDS. <http://kff.org/hivaids/state-indicator/enrollment-spending-on-hiv>



Medicaid Spending on HIV, 2007-2011 (in billions)

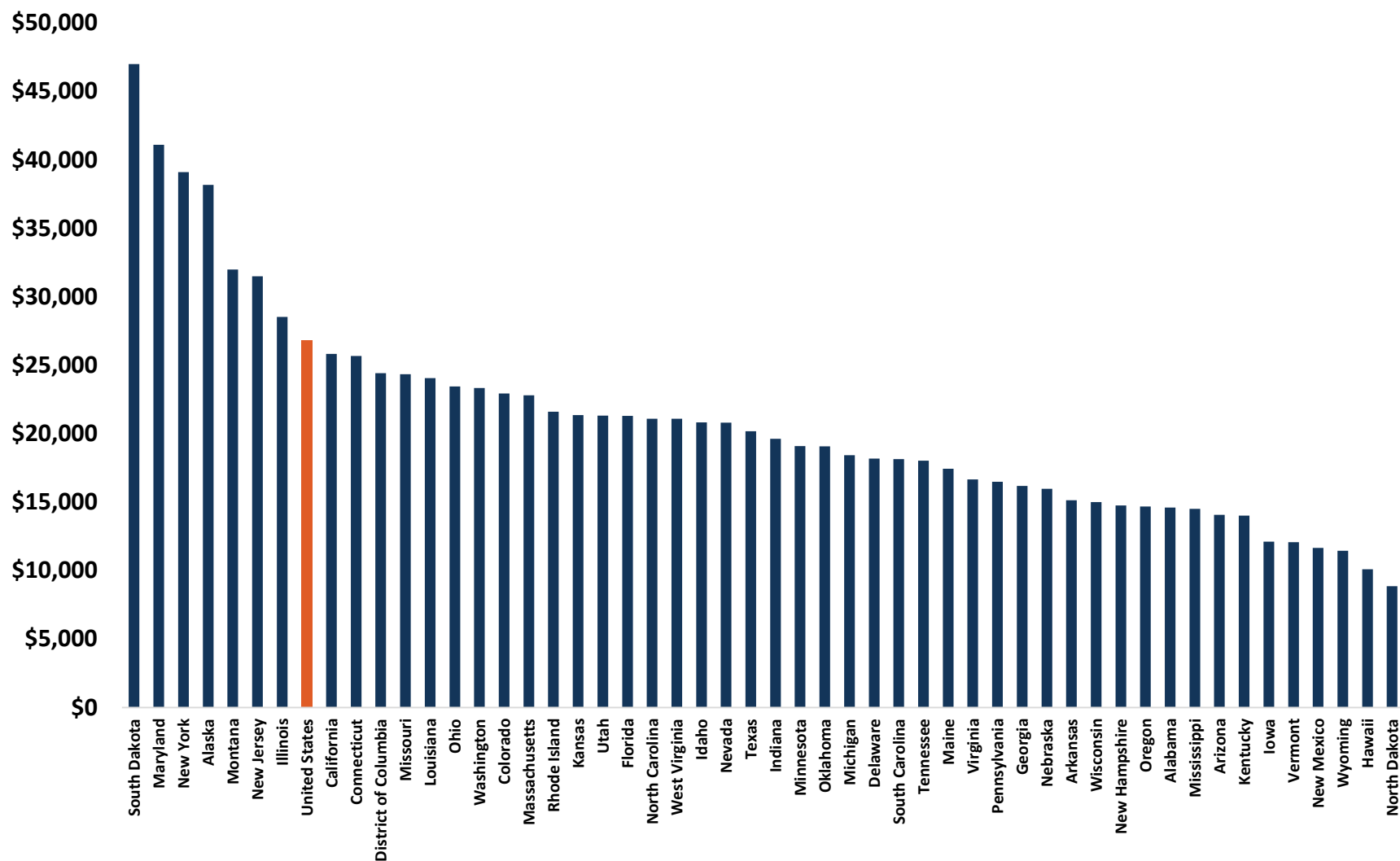


Sources: Kaiser Family Foundation correspondence with CMS. See also: Kaiser Family Foundation. US Federal Funding for HIV/AIDS: Trends Over Time. 2016. <http://kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/>

Medicaid Variation by State

- **Number of enrollees with HIV ranges from 100 in 4 states to more than 25,000 in 3 states (including close to 60,000 in 1 state)**
- **Spending ranges from under \$1 million to \$2 billion**
- **32 states have expanded Medicaid**
- **4 states (of 20) have Medicaid Health Home models that include HIV**
- **13 states have home and community based waivers, 1915(c) waivers, designed specifically for or include people with HIV**

Medicaid Spending Per Enrollee with HIV, 2011



Source: Kaiser Family Foundation. State Health Facts. Medicaid Enrollment and Spending on HIV/AIDS. <http://kff.org/hiv/aids/state-indicator/enrollment-spending-on-hiv>

Why Medicaid Spending Varies Across States

MEDICAID SPENDING VARIES ACROSS STATES

Available Revenue/Financing: per capita income, total taxable resources, tax collections, FMAP

Demand for Public Services: poverty, unemployment, need for health services (coverage, age, disability, chronic conditions)

Health Care Markets: employer premiums, Medicare spending per enrollee, primary care shortage areas, supply of providers and health facilities

Medicaid Policy Choices: eligibility levels, benefits, payment and delivery system choices, long-term care delivery systems

Budget and Policy Process: political affiliation of Governor and legislature, legislative sessions, state budget process

Opportunities & Policy Levers

Data Sharing is Great!



Recent Informational Bulletin from HHS, CMCS, HRSA, and CDC



DEPARTMENT OF HEALTH & HUMAN SERVICES



Joint HHS, CMCS, HRSA, and CDC Informational Bulletin

**Opportunities to Improve HIV Prevention and Care Delivery
to Medicaid and CHIP Beneficiaries**

December 1, 2016

Key Opportunities: HIV Testing

- **Traditional Medicaid programs required to cover “medically necessary” HIV testing, may elect to cover routine testing (incentivized under ACA)**
- **Medicaid expansion programs must cover routine HIV screening (per USPSTF recommendations) w/o cost-sharing**
- **States have option to cover HIV testing conducted by unlicensed providers (e.g., disease Intervention Specialists, community health workers) who meet state qualifications**



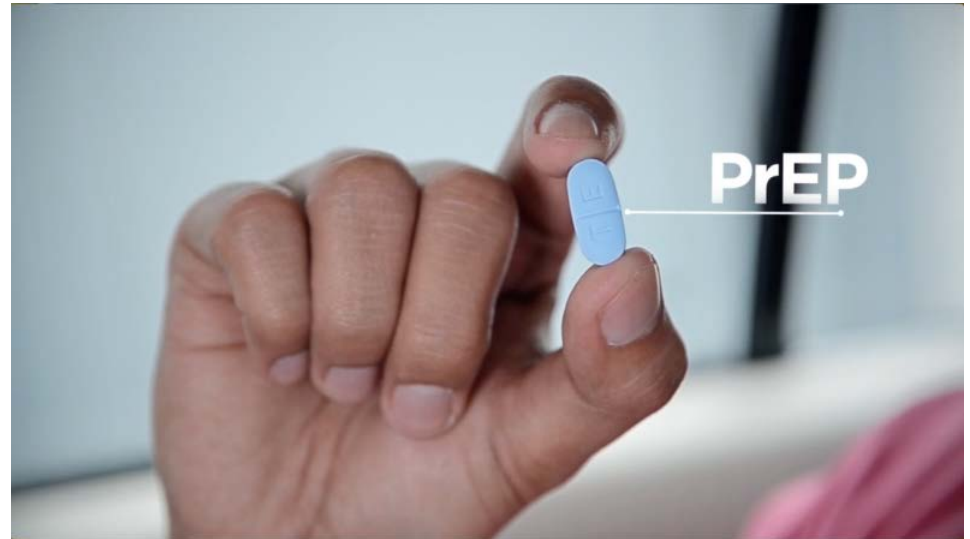
Key Opportunities: Formulary Design

- **All FDA approved ARVs covered (states required to cover all outpatient drugs of manufacturers with rebate agreements)**
 - Applies to traditional Medicaid
 - Most expansion programs have aligned benefits
- **Medicaid programs can set limits, utilization management tools including prior authorization, set number of scripts/month, which can present barriers to access**
- **Should follow DHHS Treatment Guidelines for HIV**
- **Options:**
 - Support adherence access efforts
 - Add recommended single-tablet regimens to PDLs
 - Consider removing step therapy requirements



Key Opportunities: PrEP Coverage

- **FDA approved PrEP in 2012**
- **CDC guidelines in 2014**
- **All Medicaid programs should cover PrEP**
- **As with Rx overall, can set limits, utilization management tools including prior authorization, which can present barriers to access**



Key Opportunities: Network Adequacy

- Recent rule first update in more than a decade
- Medicaid managed care network adequacy standards
- Time and distance standards required, including for primary care providers, pharmacy
- Network adequacy to be certified annually
- Coordinate with Ryan White and other HIV provide networks



Key Opportunities: Other Delivery Model Options

- **Medicaid Health Homes (ACA provision)**
 - State option to provide services to enrollees with chronic conditions (and receive enhanced FMAP of 90% for 1st two years).
 - Several chronic conditions can be targeted, including HIV
- **Home & Community Based Waivers, Section 1915(c)**
 - Designed to meet needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting
- **Targeted Case Management**
 - State option to provide case management services (assist in gaining access to medical, social, educational, etc) to specific classes of individuals, or to individuals who reside in specified areas of the State (or both)

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