The Future Arrives

Kathleen Clanon, MD
HealthPAC Medical Director
Coverage Expansion in Health Reform
Reducing the Number of Uninsured

Estimated 32 Million
will gain coverage by 2019

Medicaid: 16 million
Income Under 133% FPL

Exchange: 26 million
Income 133%-400% FPL

Left out: undocumented and recent legal immigrants
How Do We Afford the Expansion?

• Emphasis on prevention
• Pay providers to keep people well
• Expand primary care, reduce specialists
• Reduce hospitalization
• Manage drugs, use more generics (formulary)
• Reduce equipment costs

HUGE changes from current “safety net” care system......
California’s Early Bridge to Reform: Low Income Health Program (LIHP)

So, why is California doing this?
• Prepare patients, providers for 2014
• Bring Federal $$ into the County
  • Up to $30,000,000 in new money.
• Improve the integration of care.
• Cover many of the uninsured now.
Changes for the Patient

– Everyone chooses a Medical Home (29 Medical Homes in the HealthPAC Network) and has the right to change medical homes.
– Access to behavioral health care services.
– Right to file a grievance or appeal- may have right to State Fair Hearing.
– Out-of-network emergency benefit for HealthPAC MCE only.
Alameda Alliance for Health

- Has new roles in the HealthPAC; acting as the Third Party Administrator
  - Will provide customer service
  - Will distribute eligibility cards
  - Provides educational materials to new participants
  - Provides eligibility tapes to ACMC
  - Will provide authorization and utilization review for out-of-network services at other hospitals throughout CA.
  - Processes appeals and grievances of patients
Scope of Services

• Services are provided through the HealthPAC Provider Network only
  – Preventive & Routine Care
  – Specialty Care
  – Urgent Care
  – Hospital Care
  – Emergency Care
  – Mental Health Care
  – Emergency Dental
  – Laboratory Services/Tests
  – Medical Equipment & Supplies
  – Non-emergency transport
  – Pharmacy & Prescriptions
  – Radiology

• No fees or premiums. Yes, co-payments
  – No office or ED Co-payments
  – Inpatient and Special procedures will have $75 or $125 co payment based on FPL
  – RX co payment is $3 with a maximum of 12 prescriptions – (based on group)
Who provides the services?

The provider network includes:

– Alameda County Medical Center
– 9 community-based clinic corporations
  • Asian Health Service
  • Axis Community Health
  • Healthy Communities Inc
  • La Clinica de La Raza
  • LifeLong Medical Care
  • Native American Health Center
  • Tiburcio Vasquez Health Center,
  • Tri-City Health Center
  • West Oakland Health Council
What happens in 2014?
HealthPAC Shrinks drastically……..

- HealthPAC Medi-Cal Coverage Expansion (MCE)
  ➔ Medi-Cal

- HealthPAC Health Care Coverage Initiative (HCCI)
  ➔ Exchange

- HealthPAC County (not eligible for MCE or HCCI and are between 0 and 200% of FPL)
  ➔ Continue as County Program
LIHP and Ryan White
Ryan White, Payer of Last Resort

Introduced in the 1990 authorization of the CARE Act and is found in Parts A, B, C, and F of the Act

“CARE Act grant funds cannot be used to make payments for any item or service if payment has been made, or can reasonably be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provides prepaid health care.”
LIHP and Ryan White

- Decision: HRSA/HAB determined LIHP counts as a payer for all services it covers. Ryan White clients who are eligible for the LIHP must be enrolled.

- Aftermath:
  - LIHPs assume financial responsibility for Ryan White funded services for eligible clients.
  - A direct cost shift from the State/federal government to counties, drug cost by far the biggest hit.
  - Displaces the uninsured from LIHP.
  - Continuity of care concerns for Ryan White clients.
## What are the potential service gaps?

<table>
<thead>
<tr>
<th>Services</th>
<th>Allowed in current RW</th>
<th>In LIHP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Medicines</td>
<td>Yes, plus co-pay and premium cover in some places - core</td>
<td>Yes, but might have limits</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Medical Care</td>
<td>Yes, core</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Case Management*</td>
<td>Yes, core</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Financial Assistance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Yes, core</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Use Disorder Services</td>
<td>Yes, core</td>
<td>Yes</td>
</tr>
<tr>
<td>Food/Nutrition Services</td>
<td>Yes (medical nutrition is a core service)</td>
<td>No</td>
</tr>
<tr>
<td>Psychosocial Support Services*</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Could be part of new structures for reaching “3 aims” such as PCMH*
### What are the potential service gaps? (cont.)

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<thead>
<tr>
<th>Services</th>
<th>Allowed in current RW</th>
<th>In LIHP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health</td>
<td>Yes, core</td>
<td>No</td>
</tr>
<tr>
<td>Early Intervention Services*</td>
<td>Yes, core</td>
<td>No</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Yes, core</td>
<td>?</td>
</tr>
<tr>
<td>Child Care</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-Medical Case Management*</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Housing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Transportation*</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hospice</td>
<td>Yes, core</td>
<td>?</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Could be part of new structures for reaching “3 aims” such as PCMH*
Case Example: John

• African American Oaklander, 36 years old.
• Long term partner, no children, uninsured.
• Diagnosed with HIV in 2001, and has since received care at ACMC.
• Also has HTN and diabetes
• Partner, Joe is HIV neg, but 55 and sick
Case Example: John’s Care 2010

• Medical Care:
  – HIV care and general primary care from ACMC and APEB
  – Paying off a bill for ER visit to Summit – bad credit
  – Mental health visits via La Clinica
  – Dental care from Eastmont
  – Case management from APEB

• Meds:
  – Gets HIV meds and pain meds on ADAP, uses several pharmacies
  – Struggles to get HTN and DM meds, WalMart
  – Shares meds at times with Joe
  – Sometimes forgets to get signed up with ADAP
Case Example: John’s Care 2012

• Medical Care:
  – Chooses a Medical Home
  – All HIV and other care at one site
  – ER and inpatient costs covered, and medical equipment
  – Mental health included
  – Dental, CM still covered by ADAP

• Meds:
  – Must use 340b pharmacy assoc with his Medical Home
  – HealthPAC formulary, some meds changed
  – Joe now also insured, has own meds!
John’s Care

RW Pros

1. Expert medical care free.
2. ADAP drugs all avail
3. Can change provider/pharmacy visit-by-visit
4. Familiar with paperwork and program
5. Stigma less in program?
6. Dental and case management covered

HealthPAC Pros

1. All diseases and prevention tests covered, not just HIV
2. Hospital and ED covered
3. Mental health part of benefit
4. Entitlement, not grant
5. 29 medical providers to choose from vs 10
6. Ryan White still can cover CM, dental, etc
7. Uninsured family members now insured!
Ryan White Migration Issues

- ADAP pharmacy network
- ADAP formulary vs HealthPAC formulary
- Enrollment in HealthPAC
- Provider network
- Redesign of other Ryan White support $
- Communication!!!
Focus Ideas:
- Retention in care
- Safer Care Transitions
- Better Coordination with Medical Home
- Mental Health integration