

HIV/AIDS and Medicaid: Where Are We Going?



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Brief Recap



- You've had a chance to read the Kaiser Family Foundation Report entitled *Medicaid and HIV: A National Analysis*.
- The Kaiser Report presents a lot of data comparing Medicaid recipients with/without HIV.
- Example: In FY 2007, 212,892 individuals enrolled in Medicaid were living with HIV. Although this number represents less than 1% of the total population enrolled in Medicaid, it includes 47% of PLWH estimated to be receiving routine care.

Brief Recap



- Example: Individuals who are on Medicaid and are not infected with HIV are most frequently female, white, and less than 19 years old. Individuals who are on Medicaid and are infected with HIV, by contrast, are most frequently black, male, and more than 19 years of age.
- Example: Almost three-quarters of Medicaid-enrolled people living with HIV qualified for Medicaid because they are disabled. In general, individuals who are infected with HIV cannot qualify for Medicaid prior to becoming disabled.

Brief Recap



- Example: Almost 30% of individuals enrolled in Medicaid who are living with HIV are also eligible for Medicare. By comparison, only 19% of individuals who are not infected with HIV are eligible for both Medicaid and Medicare. People who are eligible for both programs tend to be seriously ill and expensive to treat: they often have numerous chronic health problems and need long-term care. Half of individuals who are infected with HIV also suffered from psychiatric illness and/or substance use disorders. Only 22% of individuals not infected with HIV had mental health/substance use problems.

Brief Recap



- Example: In FY 2007, Medicaid spent \$5.3 billion on PLWH (roughly 2% of total Medicaid dollars). Almost one-third (31%) of these dollars went to prescription medication. For individuals without HIV, medications accounted for only 7% of spending. Per capita expenses for PLWH were almost five times as high for PLWH (\$24,867) as for people not living with HIV (\$5091).

What Do We Learn From These Facts?



- Medicaid is a major payer for care for PLWH.
- Recognizing that Medicaid is already extremely important for PLWH, and bearing in mind that many individuals who currently receive Ryan White-funded services will be newly eligible for Medicaid when the Affordable Care Act (health care reform) is implemented, we can begin to plan for a revamped health services delivery system.

Questions



- Given the extremely high cost of prescription drugs for treating HIV/AIDS, how will Medicaid pay for care for the increased number of eligible individuals?
- Medicaid reimbursement rates for physicians are already low. Will enough doctors and other health care providers be willing to treat Medicaid patients to meet the demand for services?

Questions



- We know that PLWHs who take medication regularly are much less infectious to their partners. Taking medication, therefore, is a form of prevention. Are there ways in which the treatment and care system (provided through Medicaid, Medicare, HRSA, and other funders) can collaborate more closely with CDC (the federal agency charged with prevention of infection) to synchronize/coordinate efforts to fight this illness?

Questions



- The New York State Commissioner of Health, Dr. Nirav Shah, is emphasizing medical homes – i.e., the provision of complete, wraparound care that more fully meets the needs of PLWH – as opposed to discrete, less-than-optimally coordinated services. How will these medical homes be funded? Who will staff them, given the reluctance of many physicians to go into primary care? Does a sufficient supply of physician extenders (NPs, PAs, etc.) exist to meet the demand?

Questions



- Medicaid only pays for health-related services. PLWH will continue to need non-medical support services (legal, housing, food, etc.). These services may continue to be provided through Ryan White. How will we ensure optimal coordination between Medicaid and Ryan White to meet patient needs for both medical and social support services?

Questions



- Medicaid does not cover undocumented individuals. Ryan White will probably remain the only payer for the undocumented. As we plan ahead for an altered landscape, do we have a handle on the size of the undocumented population so that we can roughly calculate how much funding we will need to address their needs?

Next Steps



- These are just a few of the questions that emerge as we contemplate the expansion of eligibility for Medicaid.
- As we begin to obtain answers to these and other questions, how can we use the information we glean to facilitate the work of the Planning Council?

Next Steps



- Suggestion: the Needs Assessment Committee of the Planning Council is currently assessing the needs of PLWHA in the New York Eligible Metropolitan Area (EMA). The Committee has heard presentations on epidemiology, data resources, special populations, and other topics. The Committee is also putting together a formal document to concretize the needs assessment. The document consists of discrete presentations (many already delivered) with a narrative web to tie them together. A potential role for the Policy Committee is to write the final chapter for the needs assessment.

Next Steps



- No needs assessment could be complete without a discussion of the impact of changes in the health care delivery system. Our mandate, therefore, can be to discuss the potential impact of changes to Medicaid in New York State and nationally, the development of medical homes, and the full implementation of the Affordable Care Act on the lives of people living with HIV/AIDS.