



CHAIR'S CHALLENGE

UNITE TO END THE EPIDEMICS 2017-2018

Ryan White HIV/AIDS Program (RWHAP) Part B Coordination with Medicare Services for People Living with HIV (PLWH) in New Hampshire

TARGET POPULATION: PLWH aged 50 years or older who qualify for services through New Hampshire's RWHAP Part B program

LOCATION: New Hampshire

PROGRAM DESIGN: Utilize insurance services to improve the health of RWHAP Part B program clients aged 50 years and older, including payment for supplementary premiums and coverage of co-payments and deductibles for Medicare beneficiaries enrolled in the RWHAP Part B program.

ESTIMATED COST: \$305,000 since January 2016

FUNDING SOURCE: RWHAP Part B federal award grant, AIDS Drug Assistance Program (ADAP) 340B rebates

SUMMARY

During the development of the New Hampshire Integrated HIV/AIDS Plan for 2017-2021, focus group participants expressed concerns about coordinating the logistics of accessing HIV-related care for aging PLWH through insurance and programs like the New Hampshire RWHAP. In response, New Hampshire developed a plan to utilize insurance services to improve the health of RWHAP Part B program clients aged 50 years and older, including payment for Medicare supplemental (i.e., "Medigap") plan premiums to assist in covering Medicare Parts A and B co-payments and deductibles for beneficiaries enrolled in the RWHAP Part B program.

CORE ACTIVITIES

Focus Groups Discuss HIV Care and Services as Clients Age

During the development of the New Hampshire Integrated HIV/AIDS Plan for 2017-2021, focus

group participants were asked whether they had any concerns about HIV care and services as they

got older. Participants mentioned the long-term effects of HIV medications and the potential for virus mutation. Many worried that providers do not take the initiative to fully understand how HIV impacts the human body as it ages. Participants also said they lack confidence in providers' abilities to effectively manage all their HIV medications as well as those needed to address other issues that come with aging. Some participants expressed an ongoing concern about coordinating the logistics of accessing HIV-related care through insurance and programs like the New Hampshire RWHAP. While these concerns were expressed throughout the discussion and were not solely related to aging, participants said that they were concerned it would be too difficult to manage these systems alone as they age.

RWHAP Part B Program/ADAP Coordination with Medicare

Some clients with Medicare Parts A and B and enrolled in the RWHAP Part B program were having difficulties paying for the associated payments (e.g., deductibles, co-payments). RWHAP Part B program staff made the decision to find [Medicare supplementary insurance](#) (i.e., Medigap plans) that would meet these expenses for the clients. Such Medigap plans do not cover actual services; instead, they provide coverage for co-payments and deductibles associated with Medicare Parts A or B coverage. As well, since 2006, Medigap plans do not cover outpatient co-payments, co-insurance, or deductibles associated with Medicare Part D prescription drug coverage.

In the interest of equity between clients, it was decided that if clients, particularly those over 50 but under 65 years old, were turned down by the carrier for Medigap insurance, then the RWHAP Part B program would pay for their outpatient deductibles and co-payments. Of note, the Affordable Care Act (ACA) exempts Medigap plans from a pre-existing condition exclusion unless the applicant is six months or less from his or her 65th birthday.

DATA

In January of 2017, 339 or 53% of the RWHAP Part B program's 638 active clients were aged 50 or over. Those over age 40 constituted 72% of the client caseload. In August 2017, there were 96 clients with Medicare who were not also enrolled in Medicaid. Not all Medicare enrolled clients were able to qualify for the Medigap plans, but all of them were enabled to have co-payments and deductibles covered for the first time by the RWHAP Part B Program.

EVALUATION

Payment for Medigap insurance premiums began in January 2016 and at that time 4 of the 65 clients enrolled were virally unsuppressed. By October 2017, 64 of those clients had a suppressed viral load. Informally, RWHAP Part B program staff received comments from case managers and clients that clients' quality of life had improved as a result of experiencing less stress and worry regarding coverage for Medicare co-payments and deductibles.

OUTCOMES

After conducting research on carriers and plans available to clients, and making the decision not to cover Medicare Advantage plans (i.e., Medicare Part C), it was decided that Harvard Pilgrim's Plan F would be most appropriate Medigap plan for eligible RWHAP Part B program clients.

Premiums were paid for about 65 clients since January 2016. The initiative addressed fairness and equity between older clients challenged in affording Medicare services and could be expected to increase the usage of insurance benefits by clients.

FUNDING & COST

Funds used include RWHAP Part B federal award grant and ADAP 340B revenue. Since January 2016, \$305,000 has been expended.

STRENGTHS

- Addresses fairness and equity between clients; Medicare clients with large medical co-payments may afford and benefit from access to treatment
- Allows RWHAP Part B program staff to plan financially when the health care cost is known in advance
- Applies to inpatient expenses that the RWHAP Part B program would otherwise not be able to assist with

LIMITATIONS

- May not be cost-effective for some clients (i.e., the premium will be higher than the co-payments it is designed to cover)
- ADAP must still pay co-payments/deductibles for medications

STAKEHOLDERS

RWHAP Part B clients aged 50 years or older; New Hampshire Department of Health and Human Services; Medicare Supplemental insurance carrier (i.e., Harvard Pilgrim Healthcare); clinical health care providers and pharmacies; and AIDS Service Organization (ASO) case managers.

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