

# The ACA's Impact on Planning, Prioritizing, and Allocating Resources

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# Learning Objectives

- Discuss how issues and challenges with the ACA are addressed and considered through Broward County's planning process.
- Identify methods and strategies to prioritize and allocate resources ensuring the Ryan White HIV/AIDS Program remains payer of last resort.
- Identify trends and discuss the impact of the ACA on service utilization and expenditures for Broward County's Ryan White Part A Program.

# ACA Challenges in Florida

- **FL has experienced significant challenges in implementing ACA provisions to enroll Floridians in expanded Medicaid coverage:**
  - Low-income HIV+ FL residents, who would be eligible for Medicaid in “expansion states” are ineligible and continue to receive core medical services through RWHAP.
  - Medicaid eligibility criteria are currently highly restrictive.
  - The FL Governor actively created barriers to ACA enrollment assistance and enrollment activities to reduce the number of individuals enrolling in an ACA QHP in the Federal Exchange.

# ACA Challenges in Broward County

- During the initial rollout of ACA enrollment in 2014, there was no premium assistance through the Part A Program.
- In ACA enrollment in 2015, FL Part A recipients and FLDOH ADAP staff collaborated to address the limited number of successful ACA Part A client enrollments in the first year.
- The Broward Part A Recipient initiated collaborations with FLDOH ADAP and other FL Part A recipients to ensure a coordinated enrollment process for eligible RWHAP clients.
- Broward Part A programmed a module in their MIS system to facilitate enrollment that was utilized by both Part A and ADAP programs.

# Broward Considers the ACA in Planning and Prioritizing

- Broward County's Ryan White Part A program uses a highly functioning and coordinated planning process to anticipate changes and effects of the ACA.
- The Broward County HIV Health Services Planning Council (HIVPC) Priority Setting and Resource Allocations (PSRA) Committee evaluated the impact of the ACA on the Ryan White Part A Program.

# Broward Considers the ACA in Planning and Prioritizing

- **The HIVPC evaluated the potential impact of QHP enrollment on Part A services.**
  - Most Part A clients will continue to use Part A services
  - Approximately 4,600 clients between 0-100% FPL are ineligible for ACA enrollment.
  - Slightly over 1,500 Part A clients are eligible to transition to a QHP, which led to a PSRA process focused on the potential impact of QHP enrollment on Part A clients and access to HIV services.

# Priority Setting and Resource Allocation (PSRA) Committee

- Reviews Needs Assessment Data
- Reviews Eligibility Criteria
- Establishes Priorities
- Recommends Allocations
- Monitors Expenditures

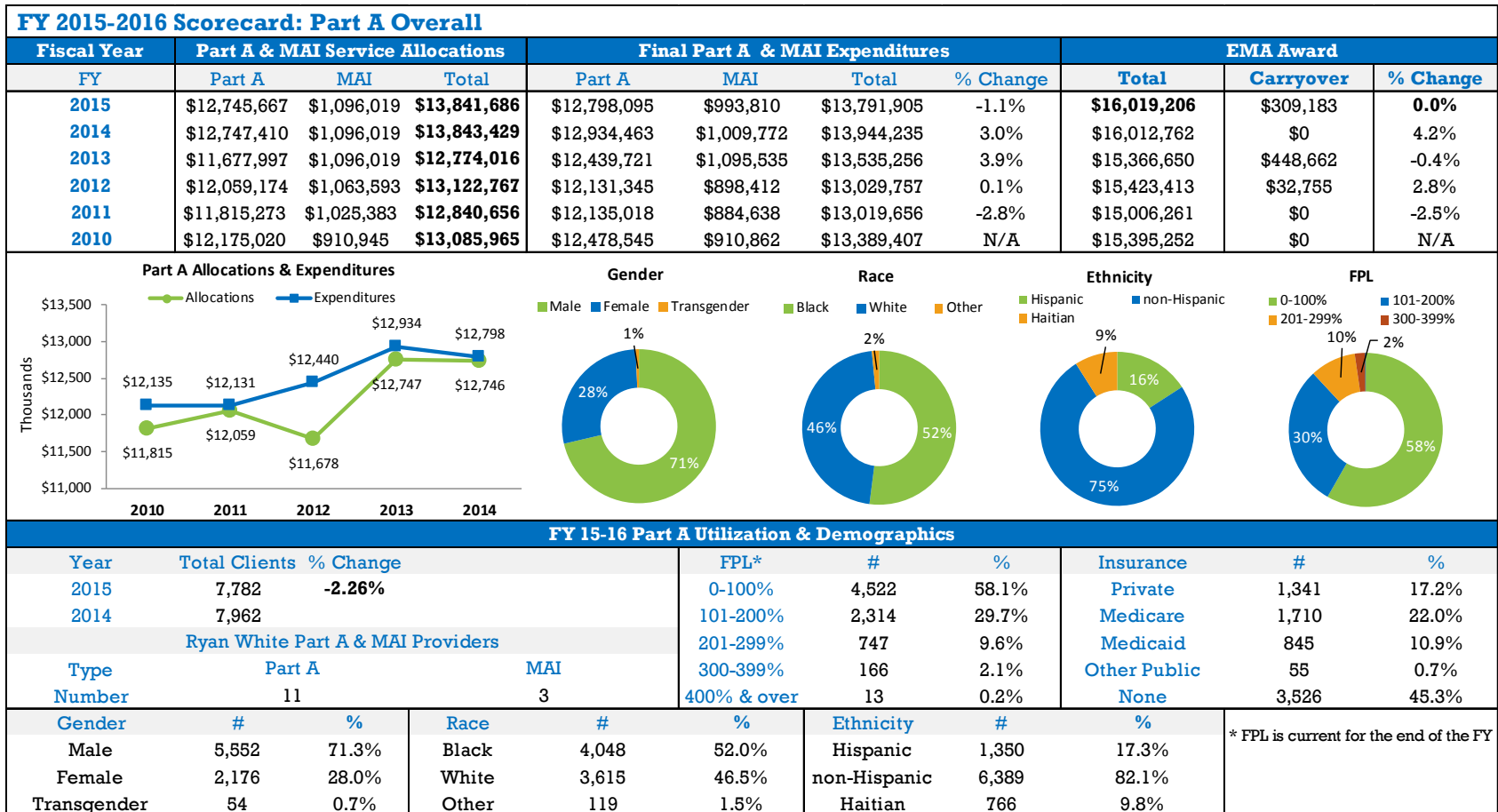
# Service Category Scorecards

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- Scorecards for each service category are developed to give an overview of several data sources, including utilization and cost.
- Service Category Scorecards are data dashboards, outlining allocations/expenditures, service utilization, demographic breakdown, and viral load data for each funded Part A Service Category.
  - Key data elements to consider when reviewing each scorecard:
    - Client Utilization & Demographics
    - Health Outcomes



# Scorecard Example



# PSRA Committee Considerations

- **Based on the review of scorecards and other relevant data, the PSRA Committee considers the following in the allocation process:**
  - Service expansion
  - Service duplication
  - Increased demand for services
  - Part A is the payer of last resort
  - Public funding initiatives are coordinated closely in the planning process through data collection from RWHAP Parts B-F, Medicaid PAC Waiver, HOPWA, VA, and other funders.

# Health Insurance Continuation Program (HICP)

- HICP was funded in 2014 to account for ACA implementation and clients enrolling in QHPs.
- Expenses were capped at \$6,500 per client per year.
- FLDOH ADAP premium assistance covers clients between 100-249% FPL, while Part A covers clients between 250-400% FPL.
- ADAP pays for premiums, including coverage for co-payments and deductibles for medications on the ADAP formulary.
- Part A provides wraparound services, which cover all other deductible and co-pay costs for these clients.

# Impact of HICP

- **The HIVPC recognized the importance of planning for continued ACA implementation by allocating substantial funds to HICP, as well as case management and other support services to help clients navigate ACA Plans.**
  - These efforts ensure the continued delivery of high quality, comprehensive HIV services to low income and uninsured HIV+ Broward residents.

# Impact of HICP

- **The FY 15-16 funding allocation for HICP increased to account for vigorous enrollment of eligible Part A clients into QHPs.**
  - Part A HICP successfully served 351 clients
    - 64 ADAP clients experiencing qualifying life events were served through Part A
  - FLDOH served about 973 clients via ADAP Premium Plus

# Cost Savings due to ACA Enrollment

- By enrolling clients into the ACA, the Ryan White Part A experiences cost savings for services covered by QHPs by shifting direct service costs to insurers.
- **Utilization and expenditure trends for essential services required under the ACA were analyzed to estimate potential cost savings due to ACA enrollment.**

# Utilization Trends for ACA Services

## Utilization & Change 2011-2015 and Projections for FY 2017

Services	2011	2012	% Δ 2011- 2012	2013	% Δ 2012- 2013	2014	% Δ 2013- 2014	2015	% Δ 2014- 2015	% Δ 2011- 2015	Projection for FY 2017
Outpatient /Ambulatory Health	3,506	3,790	8.1%	3,958	4.4%	4,103	3.7%	3,797	-7.4%	8.3%	4,986
Pharmacy	2,061	2,551	19.2%	3,108	21.8%	3,145	1.2%	2,972	-5.5%	44.2%	3,649
Mental Health Services	419	508	21.2%	537	5.7%	453	-15.6%	439	-3.1%	4.8%	582
Substance Abuse - outpatient	124	126	1.6%	122	-3.2%	128	4.9%	113	-11.7%	-8.9%	143

# Expenditure Trends for ACA Services

## Utilization & Change 2011-2015 and Projections for FY 2017

Services	2011	2012	% Δ 2011- 2012	2013	% Δ 2012- 2013	2014	% Δ 2013- 2014	2015	% Δ 2014- 2015	% Δ 2011- 2015
Outpatient /Ambulatory Health	\$5,582,806	\$5,843,132	4.7%	\$6,477,426	10.8%	\$6,382,746	-1.46%	\$4,967,643	-22%	-11%
Pharmacy	\$400,827	\$655,486	63.5%	\$636,175	-2.9%	\$898,837	41.3%	\$1,463,522	62.8%	26.5%
Mental Health Services	\$346,052	\$416,749	20.4%	\$412,738	-1.0%	\$360,418	-12.7%	\$340,338	-0.5%	-0.1%
Substance Abuse - outpatient	\$734,991	\$719,617	-11.2%	\$704,332	-21.1%	\$586,536	-4.8%	\$222,268	-6.2%	-6.9%



# Ongoing Challenges

## Medicaid Non-Expansion

- FL continues to opt out of expanded Medicaid enrollment for low income Floridians.
  - As a result, HIV+ Floridians 138% or below the FPL lack Medicaid coverage for outpatient, lab, medication, and other critically needed health services.
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- While approximately 75% of Broward County's Ryan White Part A clients are eligible for expanded Medicaid enrollment through the ACA, they continue to receive Ryan White services due to the absence of Medicaid expansion in Florida.

# Conclusion

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- In the next few years, Part A anticipates increased enrollment of Part A clients in QHPs or other private insurance.
- If Medicaid expansion occurs and enrollment in QHPs increases, it is likely that there will be significant shifting of core medical care costs from Part A to insurers for covered benefits.
- Without financial relief from Medicaid expansion, however, the Broward Part A Program is constrained by financial realities.

# Questions & Discussion