



## **Challenges and Opportunities Facing Medicaid Redetermination**

*Testimony presented by Dan Frey, Director of Government Affairs, AIDS Foundation of Chicago  
Before the Illinois House Human Services Appropriations Committee  
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Good afternoon, Mr. Chairman and members of the committee. My name is Dan Frey with the AIDS Foundation of Chicago.

Thank you for the opportunity to testify on Illinois' Medicaid redetermination efforts. We sincerely appreciate the work of the Illinois Department of Healthcare and Family Services to improve care coordination and outcomes to vulnerable populations. We acknowledge efforts must be undertaken to increase integrity within the state's Medicaid program but also caution against erecting unnecessary barriers that prevent eligible recipients from accessing care.

Among the groups that benefited greatly from the state's expansion of Medicaid under the Affordable Care Act are people living with HIV, a population with significant and high-cost healthcare needs but one that has historically faced barriers to coverage and care.

Despite the importance of these changes for people with HIV, linkage and retention to coverage has been difficult. There are nearly 43,500 individuals living with HIV in the Illinois, and according to the Illinois Department of Public Health less than half, about 43%, are virally suppressed and in regular care, either because they have not yet been diagnosed or have not been retained in care.

The most important and measureable outcome of successful HIV treatment is helping an individual become virally suppressed – in other words, nearly eliminating HIV from their bodies with medication. This is not only good individual health, but good community health. HIV is a communicable disease and evidence released by the National Institute of Health demonstrates that **consistent access to HIV medications reduces by 96% the chance that HIV will be passed along to someone else. In other words, interruptions in HIV medications that could be caused by the Illinois redetermination process can lead to new HIV infections in the community.**

Although modern anti-retroviral therapy can help people with HIV live near-normal lifespans, too many highly vulnerable people with HIV are not getting any medications. That is why we are concerned with some of the consequences we have witnessed from the state's current Medicaid redetermination efforts.

AFC has on staff In-Person Counselors who help eligible individuals enroll into healthcare coverage. We educate them about redetermination when they apply for Medicaid, explaining to newly enrolled patients that they must renew their Medicaid every year, and that they should get a redetermination form in the mail in about 10 months. We STRONGLY encourage

and remind people to not ignore any mail that comes to them from HFS, and invite them to call us with any questions they have.

From there, a lot of the redetermination process is left up to the patients, since the mail goes to them. Only one Medicaid managed care plan has the ability to send us a list of patients up for redetermination – County Care. This is an immense help, as it allows us to follow up with patients who are ready to complete their redetermination form. At present, health plans are not receiving a report such as this through the system, so health plans would have to go through one-by-one every month. Because of this, AFC tends to get involved when a patient seeks out our help because they have received their redetermination form, or they are worried that it might be time for them to renew their Medicaid.

Unfortunately, more often we tend to get involved when patients realize their Medicaid coverage has ended. The most common situation we experience is that of a patient going to the pharmacy to pick up their HIV medications and are told that they no longer have Medicaid and have to pay full price for their medications. Obviously, for people taking HIV medications, this can be a frightening experience, since the out of pocket costs of these medications are so high. For instance, a year's worth of a common, single-pill regimen called Atripla costs \$26,000 to buy wholesale, which is about \$2,166 for a monthly supply.

In these situations, we always ask the patient if they ever received a redetermination form, and they almost always say that they have not. Quite often, that is because they have recently moved. Even if it is just a simple mistake, if they miss that one letter, they often don't realize the consequences until their benefits have already ended. Unfortunately this one redetermination form seems to be the only communication that is ever sent to the clients. Doing a cursory poll of individuals negatively impacted by redetermination in preparation for this hearing none of the people we identified who were negatively impacted by redetermination received a warning about their pending termination, or a notice explaining that their benefits had ended.

If a client does not also have secondary coverage under the AIDS Drug Assistance Program, interruptions in care such as this can lead to medication non-adherence, which could result in an elevated viral-load count in their system and seriously worsen their health.

If the patient's benefits ended within 90 days, we often help them request a new redetermination form and submit any necessary supporting documents, because patients have 90 days to submit their documents to the Redetermination Project after they have been denied, provided that the only reason they were denied was for not submitting their documents. However, we sometimes find that for people who are not high utilizers of medical services, they often don't realize their benefits have ended until after that 3 month window, which means they have to start the application process again. Given the heavy backlog of pending Medicaid applications HFS currently has, this process can take up to 3 months.

Today, we offer the following recommendations to improve the Medicaid Redetermination Project, which strikes a balance between program integrity and patient access.

- Allow clients to designate someone, perhaps a case manager to receive notices on their behalf. This will be helpful for clients with unstable housing.
- Make it easier for clients to access the pre-printed form that Maximus prepares so client can access it electronically instead of having to wait for Maximus to send out the form.
- Require HFS to issue reports of patients up for redetermination to health plans.

Finally, we know Illinois faces yet another difficult budget year, and you have new and unprecedented duties to allocate funding among equally deserving programs for disadvantaged populations. However, we ask the state to strike a balance between maintaining the fiscal solvency and integrity of the Medicaid program with the need for patients to access services and care.