



countycare

COUNTYCARE & THE RYAN WHITE PROGRAM: *WORKING TOGETHER TO OPTIMIZE HEALTH OUTCOMES FOR PEOPLE WITH HIV*

May 22, 2013

CountyCare Overview

In October 2012, the State of Illinois received approval from the federal government to implement a historic expansion of Medicaid coverage for low-income residents of Cook County. The initiative is called CountyCare. Officially known as a Medicaid Section 1115 waiver demonstration, the new program was developed by Cook County officials in close partnership with the state and federal government. CountyCare, administered by the Cook County Health and Hospital System (CCHHS), implements a provision of the federal Affordable Care Act (ACA) that allows states to expand their Medicaid programs to cover most low-income individuals ahead of 2014, when all states may begin to provide Medicaid coverage for people with low incomes. Before CountyCare, as many as 250,000 low-income, uninsured residents of Cook County have been excluded from Medicaid coverage because they did not meet Medicaid's restrictive eligibility requirements, such as being totally disabled.

The AIDS Foundation of Chicago (AFC) strongly supports CountyCare, having advocated for such a waiver for over a decade. CountyCare provides a groundbreaking opportunity to provide more comprehensive health care coverage for all Cook County residents, including people living with HIV.

Cook County taxpayers already subsidize medical care for many of these individuals, who obtain services at CCHHS facilities such as Stroger Hospital or the ambulatory care clinic network. CountyCare brings in a new source of federal funding – matching federal Medicaid funds – for the state and county to finance the care of previously uninsured patients. This new federal funding stream will strengthen CCHHS finances and reduce the reliance on Cook County and Illinois taxpayers.

CountyCare consists of a network of providers that include CCHHS hospitals, clinics, select federally qualified health centers (FQHCs), and select hospitals throughout the county. Enrolled patients receive most Medicaid benefits, with the exception of long-term care coverage; these benefits are far more comprehensive than current services provided through the Ryan White Care Act.

CountyCare will Improve Access to Care for People with HIV

Cook County officials estimate that 250,000 uninsured residents could be eligible for CountyCare. The program aims to enroll 115,000 individuals by the end of 2013. AFC estimates that of those eligible, at least 1,800 are people living with HIV/AIDS.

Uninsured people with HIV will benefit greatly from CountyCare because they will have access to a more comprehensive set of benefits. The Ryan White Program, a federally-funded safety-net program for low-income people with HIV, covers primary medical care and HIV specialty care. It does not cover some routine preventive measures, such as mammograms or colonoscopies, and it excludes medications and care needed to treat certain conditions, like asthma, cancer, and emphysema. It does not cover emergency room visits, surgery, or hospitalizations. Because CountyCare is Medicaid insurance, it provides full coverage for all health conditions. There is no question: for people living with HIV/AIDS, CountyCare provides more comprehensive coverage than the Ryan White Program alone. However, some people will be enrolled in CountyCare and be eligible for Ryan White Program services, meaning the two programs will jointly create a strong benefit package for people with HIV.

State Legislation Needed to Benefit People Statewide

Senate Bill 26, pending in the Illinois General Assembly, would enact the ACA Medicaid expansion provisions statewide and allow low-income residents across Illinois to obtain comprehensive medical care. SB 26, sponsored by Rep. Sara Feigenholtz (D-Chicago) and Sen. Heather Steans (D-Chicago), would allow CountyCare enrollees to seamlessly transition into new coverage on January 1, 2014. Without SB 26, CountyCare enrollees cannot be assured of continued coverage after December 31. CountyCare is scheduled to expire at the end of 2013.

The Effect of CountyCare on Ryan White “Payer of Last Resort” Requirements

CountyCare comes at a critical time as congressional appropriations for the Ryan White Programs have not kept pace with the increased prevalence of HIV/AIDS in the United States. Working together, the Ryan White Program and CountyCare could maximize resources to meet the urgent service needs of low-income people with HIV.

One challenge to such coordination, however, is a provision in the federal Ryan White Program law that stipulates that Ryan White funding must be used as the payer of last resort. In other words, clients must apply for and access all other public and private sources of support for which they are eligible, including Medicaid, before they can use Ryan White Program services to meet their needs. This requirement is strictly enforced and monitored by the U.S. Department of Health and Human Services (HHS).

The payer-of-last-resort requirement can create stressors for both individuals with HIV who live in Cook County and for CountyCare itself. CountyCare is a restricted network. This means that enrollees must receive their primary care at either a county facility or at one of the FQHC's that is in the network. For people with HIV who already receive services at CountyCare-enrolled locations (including, for example, the Ruth M. Rothstein CORE Center and Howard Brown Health Center), their care will not be disrupted. Once approved for CountyCare, their medical home will merely rely on an alternate funding source—i.e., Medicaid funds—for their services.

How to coordinate benefits is less clear for hundreds of Ryan White clients who receive medical care at agencies not currently enrolled in the CountyCare network. To fulfill the Ryan White payer-of-last-resort requirement, these clients may need to apply to CountyCare and if found eligible, switch their care to an enrolled provider. While gaining new insurance options, these clients may need to leave their provider of choice; disruption in payer sources could result in a dangerous disruption in care.

Ryan White administrators will need to determine how best to interpret the payer-of-last-resort requirement without destabilizing established care for vulnerable Ryan White clients. Strict enforcement of payer-of-last-resort rules could potentially disrupt long-standing relationships between patients and providers, and could result in patients dropping out of medical care, further exacerbating the trend that approximately half of all people living with HIV are disengaged from continuous medical care

services. AFC's advocacy aims to avoid this outcome and ensure that the goals of the National HIV/AIDS Strategy are met, emphasizing retention in care.

At the same time, government officials have reported that the federal government's contract with CCHHS provides for a fixed payment amount per enrollee per month for health care services. Like other expensive medical conditions, the cost of HIV medications is likely to exceed the capped amount federal Medicaid will pay for each enrollee. Therefore, to make CountyCare work financially, Cook County must also enroll a large number of uninsured individuals without chronic medical conditions (i.e., people who will need few medical services).

AFC's CountyCare Implementation Advocacy

AFC's advocacy is partially informed by California's implementation of a similar Medicaid 1115 waiver beginning in 2010. According to advocates at the San Francisco AIDS Foundation and Project Inform, state and federal officials did not consider the health needs of people with HIV, nor did they invite people with HIV or HIV providers to participate in planning.¹ The result was chaotic enrollment, lack of access to expert HIV providers, and disruptions to care for clients. In addition, the federal agency that oversees Medicaid, the Center for Medicare and Medicaid Services (CMS), never consulted with the federal entity over Ryan White, the Health Resources and Services Administration (HRSA), on waiver issues until after the state began waiver implementation.

To avoid similar problems, AFC wrote a letter [see appendix 1] in February 2012 to Dr. Ram Raju, CEO of CCHHS, outlining the problems California experienced and detailing the Ryan White Program payer-of-last-resort requirement. AFC issued six recommendations and subsequently met with County officials to discuss each.

In October 2012, the federal government approved CountyCare. AFC again approached Cook County officials to discuss implementation. At the request of AFC and its partners, officials from CCHHS, Chicago Department of Public Health and Illinois Department of Public Health met by conference call with health department leaders from Los Angeles County to discuss some of the waiver implementation lessons learned.

During the call, participants identified the need for greater clarity about Ryan White payer-of-last-resort requirements directly from federal officials to best advise affected clients and ensure that the organizations that serve them adhere to all federal Medicaid grant provisions and legal requirements. To obtain clarity, the Illinois Department of Public Health sent a letter in December 2012 to HRSA, asking for an official interpretation [see appendix 2].

What the HRSA Guidance Means

The response HRSA sent the state on February 28, 2013 [Appendix 3], made clear that the Ryan White Program payer-of-last-resort requirement applies in the case of CountyCare. The letter states:

- The Ryan White Program is a payer of last resort. Ryan White Program clients must apply for and access CountyCare and other funding sources before using Ryan White Program resources.
- All potentially eligible clients should apply.
- While clients are waiting for a decision on their application, Ryan White Program services may be provided. If a client is determined eligible, and if allowed by CountyCare, Ryan White Programs should back bill County Care for three months of services.
- Eligibility determinations should be documented in the client's file.
- Eligibility should be re-determined every six months.

The impact of these recommendations will be a massive increase in the workload for case managers and providers, since they must help clients apply for CountyCare.

¹ "Health Care Reform: CA Lessons Learned," San Francisco AIDS Foundation and Project Inform, July 18, 2012, downloaded April 25, 2013 from <http://www.sfaf.org/policy-center/policy-library/health-care-reform-ca-lessons-learned.pdf>.

Implementation Recommendations

After extensive consultation with local and national partners, AFC presents recommendations to the Illinois and Chicago Departments of Public Health, Cook County, local providers, case managers, people with HIV, and the federal government. AFC also details its implementation and community education plans to support a smooth coordination of Ryan White and CountyCare benefits. For a detailed list of Ryan White Program and CountyCare benefits, see appendix 4.

Recommendations for IDPH & CDPH

- Coordinate with CountyCare to **train Ryan White Program providers and case managers to help clients apply** for CountyCare.
- Collaborate with the AIDS Drug Assistance Program (ADAP) administrator to **develop and distribute targeted enrollment materials** for ADAP clients who are likely eligible for CountyCare. Materials should be available in English and Spanish.
- Ensure there are **no interruptions in medications** during the transition to CountyCare.
- Determine how providers and case managers can verify if an application has already been submitted to CountyCare to **avoid duplicate submissions** and document efforts to meet payer-of-last-resort requirements.
- Provide technical assistance to **help mental health and substance abuse providers enroll in Medicaid**.
- Fund **benefit counselors** who can help Ryan White Program clients enroll in programs for which they are eligible.

About the CountyCare Pharmacy Benefit

The CountyCare drug benefit provides the same medications that are on the state's Medicaid formulary. However, there is no co-pay for medications. CountyCare has not implemented some Medicaid pharmacy policies, such as the one that requires pre-approval for five or more prescriptions per month. Pharmacy benefit manager Catamaran coordinates the CountyCare drug benefit and maintains a robust network of pharmacies. A list of enrolled pharmacies is available at <http://countycare.com/providers.aspx>.

Recommendations for Cook County

- Immediately seek federal approval to **enroll the nine remaining Ryan White-funded primary care providers in CountyCare**. AFC praises the hard work that CountyCare administrators have done to expand the CountyCare network to include community-based providers, including HIV providers. CountyCare has made great strides by enrolling eight HIV FQHC providers in the network already. As a result, patients receiving medical care at these facilities will not need to switch providers, protecting their continuity of care. The enrolled providers are²:

- Access Community Health Network
- Christian Community Health Center
- Erie Family Health Center
- Heartland Health Outreach
- Howard Brown Health Center
- Lawndale Christian Community Health Center
- Near North Health Center
- Michael Reese (Mercy)

In addition, CCHHS facilities that provide HIV services will continue to do so under CountyCare, including Ruth M. Rothstein CORE Center, Austin Health Center, clinics affiliated with the South Suburban HIV/AIDS Coalition (SSHARC), and Provident Hospital.

However, CCHHS is hamstrung by federal restrictions on the types of providers that can be in the network. It is AFC's understanding that CMS permitted CountyCare to enroll only FHQCs because CMS did not adequately coordinate with HRSA to address the Ryan White Program payer-of-last-resort issues.

² List obtained May 16, 2013 through private communication with Sidney Thomas, Cook County Health and Hospitals System.

If these nine facilities (listed below) are not enrolled in CountyCare as primary care providers, hundreds of people receiving services for HIV could be forced to switch to in-network providers. Such a change is likely to significantly disrupt access to care, particularly for clients who are vulnerable because of illnesses, marginalization, or poverty. In addition, many clients face mental health and addiction disorders that require consistent and uninterrupted treatment to avoid severe declines in physical and mental health.

Ryan White Program-funded medical providers NOT currently enrolled as primary care providers in CountyCare network

- Chicago Department of Public Health
- Children’s Memorial Hospital
- Loyola University
- Open Door Clinic (Elgin)
- Roseland Christian Health Ministries
- Sinai Health Systems*
- South Shore Hospital*
- University of Chicago*
- University of Illinois at Chicago

**Note that Sinai Health Systems, South Shore Hospital, and University of Chicago are enrolled in CountyCare as hospitals and for specialty services. HIV care might be covered at these facilities, but primary care is not. As a result, current patients would likely need to see an enrolled primary care provider at another facility and get a referral to see their usual medical provider. This would result in unnecessary delays and disruptions in care.*

- **Collaborate with the Illinois and Chicago Departments of Public Health** to coordinate the transition to CountyCare services.
- **Work with the ADAP dispensing pharmacy to transfer prescriptions** to the CountyCare pharmacy. If prescriptions are not transferred, clients will need to contact providers for new prescriptions, unnecessarily increasing the workload.
- If clients are forced to switch to new providers because their current provider is not enrolled in the CountyCare network, **CCHHS should develop a tracking system to ensure clients make and keep appointments and facilitate the transfer of patient files to the new provider.** CCHHS should make sure clients attend their first appointment; however, if this doesn’t happen, CCHHS should work with the referring clinic and outreach workers to determine what services are needed to link the individual to medical care. More over, CCHHS should explore client incentives – including free transportation by taxi – for first appointments with new providers.
- CCHHS should **encourage CountyCare enrollment at high-volume HIV testing sites** to broaden the population of people who enroll in the program. Many organizations that are already enrolled in the CountyCare network that provide HIV services also conduct HIV testing programs. CountyCare officials should ensure that these sites are promoting CountyCare to all uninsured individuals, whether they accept HIV testing or not.

Recommendations for People Living with HIV

- **People with HIV who live in Cook County should apply for CountyCare.** Call 312-864-8200 for an application or to talk with your case manager. Work with your case manager, if you have one, to ensure your information is complete before submitting your application.
- **If your CountyCare application is approved, chose a primary provider in the CountyCare system that is familiar with HIV.** Ideally, this will be your current Ryan White provider. If you must change providers, look for a clinic where providers are experienced in treating people with HIV.
- **Make an appointment with your CountyCare provider** and get whatever prescriptions or referrals you may need for all of your health conditions, not just HIV. Talk to your Ryan White provider about what services you can still receive through the Ryan White Program. These may include dental services, case management services, and legal services, among others.
- If your provider is not in the CountyCare network, **discuss options with your current provider.** It’s important that

people with HIV remain with their current health care provider.

- If you are not eligible for CountyCare, you can **continue to receive care through the Ryan White Program**.

Recommendations for the Federal Government

- The federal government must **explore flexibility in the payer-of-last-resort definition**. During the Ryan White Program grantees conference in Washington, D.C., in November 2012, HRSA officials noted that they were looking at the “three E’s” (eligibility, enrollment, and engagement) as a measure of the appropriateness of payer of last resort. The current highly rigid definition of payer of last resort is actively harmful to people with HIV because it will likely dislodge stable clients from medical care by forcing them to see a new provider who can bill a new system. It is well-documented that over half of people with HIV are not in medical care. HRSA’s overly rigid policy will worsen engagement in care. AFC strongly believes that the Ryan White Program should be a payer of last resort, and that all other sources of revenue must be exhausted before Ryan White funds are used. However, HRSA should apply a common sense standard when interpreting the provision. On January 1, 2014, clients in Cook County will be able to see any provider that accepts Medicaid once the ACA is in effect. HRSA should identify a reasonable period of time during which Ryan White Programs can flexibly adhere to the payer-of-last-resort requirement, if needed.
- CMS should **direct CCHHS to immediately enroll all HIV providers in CountyCare**. If there is a provision in the 1115 waiver terms and conditions that prevents enrollment of non-FQHC providers, CMS should immediately move to amend the document to remove this provision. As previously mentioned, AFC understands that CMS and HRSA did not adequately coordinate when reviewing the waiver, resulting in CMS instituting a policy that blocks Ryan White Program-funded providers from the network and potentially causing disruption for hundreds of people with HIV.
- **CMS must include terms and conditions in future 1115 waivers that spell out how people with HIV will transition to new coverage**, the parameters of the transition, and how waiver services will interact with the Ryan White Program. CMS has essentially ignored HIV services when negotiating at least two waivers (i.e. California and Illinois), resulting in confusion and service interruptions that could have been avoided.
- CMS should learn from these experiences and **direct all state Medicaid programs to begin planning for the transition of people with HIV**. While it’s a strong start to add HIV to the list of conditions that the health home program can manage, AFC urges CMS to set out strong parameters for leveraging existing services for people with HIV in new coverage environments, as proposed by U.S. Department of Health and Human Services Secretary Kathleen Sebelius on December 1, 2012.
- The federal government should **extend CountyCare for another year**. The program is set to expire on December 31, 2013. However, CountyCare got a late start. To maximize the already-substantial federal investment in building CountyCare and give CCHHS time to transition to the new health reform environment, the 1115 Medicaid waiver that authorizes CountyCare should be extended to December 31, 2014.

AIDS Foundation of Chicago Advocacy Next Steps

Over the coming months, AFC will work in partnership with CCHHS, IDPH, CDPH, federal partners, providers, case managers, and people with HIV to implement CountyCare. In addition, enrolling clients now will reduce the workload after October 1, 2013, when clients will be able to enroll in new health care reform programs.

In addition, AFC will:

- Train case managers to enroll clients in CountyCare, understand benefits, and help clients access CountyCare services.
- Help providers understand how the Ryan White Program payer-of-last-resort requirement applies to CountyCare and what services Ryan White Program clients will continue to receive.

- Develop fact sheets and other materials for clients to help them understand the new coverage.
- Identify clients who may be eligible for CountyCare and encourage them to enroll, beginning with agencies that provide case management in the CountyCare network.
- Reach out to non-CountyCare enrolled clinics to help them to navigate the payer-of-last-resort clause with CountyCare eligible patients.

Conclusion

AFC strongly believes people with HIV will benefit from CountyCare, since they will be able to receive more robust services that can improve outcomes and lives. For nearly a decade, AFC has advocated for expanding Medicaid for people with HIV and is gratified to see that Cook County leadership – including County Board President Toni Preckwinkle and CCHHS CEO Dr. Ram Raju – has made CountyCare a priority. AFC looks forward to full implementation of CountyCare and new health care reform programs.

Acknowledgments

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For additional information on this paper and its recommendations, contact John Peller, jpeller@aidschicago.org, 312-334-0921.

Appendixes

Visit aidschicago.org/countycare to view the appendixes.

Appendix 1: AFC letter to CCHHS on CountyCare (February 2012)

Appendix 2: IDPH Letter to HRSA asking for CountyCare interpretation (December 2012)

Appendix 3: HRSA response to IDPH letter (February 2013)

Appendix 4: Chart of Ryan White Program and CountyCare benefits

Appendix 5: CountyCare flyer

Appendix 6: CountyCare waiver terms and conditions

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