

Differences in consumers'
capacity to maintain private
health insurance using
California's Office of AIDS
Health Insurance Premium
Payment Program:
policy implications

- California HIV/AIDS Policy Research Center at the Center for AIDS Prevention Studies at the University of California, San Francisco
 - Valerie B. Kirby, MPH, Wayne T. Steward, PhD, and Emily A. Arnold, PhD
- Community collaborators:
 - Anne Donnelly (Project Inform) and Courtney Mulhern-Pearson (SF AIDS Foundation)
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The CA Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)

- Uses ADAP funds to pay monthly health insurance premiums for California ADAP participants who are not eligible for full-scope Medi-Cal, Medicare, or premium assistance through an employer and earn up to 400% FPL
- Why this study:
 - Treatment access is crucial
 - Federal premium subsidies do not go far enough
 - **Increasingly important link to coverage for PLHIV nationwide as more move from RW to private insurance**
 - Consumers were encountering difficulties utilizing OA-HIPP

Methods

- March-June, 2014
- Semi-structured qualitative interviews with 22 stakeholders across CA, including:
 - Enrollment workers
 - State workers
 - A national advocate familiar with premium payment programs in other states
- Interviews covered perceived strengths and weaknesses of the program and recommendations for improvement

Findings

- OA-HIPP does help consumers access coverage
- Large administrative challenges exist
 - Rapid growth AND underutilized
 - Communication and responsiveness issues common
 - State processes make it complex to issue payment
 - Insurer infrastructure and preferences present barriers to receiving payment
 - Delays in processing applications, communication, issuing and crediting payment

Consumer experiences: all types

- **High-stress**, time-consuming
- **Insurance literacy learning curve**
- Lost applications, paperwork and crediting **errors**
- **Financial strain**, out-of-pocket payments
 - Delays in OA-HIPP initial payment (months)
 - Insurers do not consistently reimburse
- **Late or missed payments**
- Cancellation threats, delayed care
- **Some lost coverage** and needed safety net

Consumer capacity differences

“They have to actively monitor their insurance to make sure that they don’t get cut off and money is credited properly. So it’s a very labor-intensive program, it’s not for everybody.” Enrollment worker, Northern California

- For consumers who are able to monitor participation closely, the program does increase access to coverage
- Negative impact of issues greater on lower-functioning consumers

Consumer capacity differences

- Some do not detect issues early enough

“Most people find out that their insurance isn’t activated when they go to the pharmacy. ‘Cause then they can’t pick up their meds. So that’s when the urgent phone calls to me come. ...I’ve had a couple times where it’s just been like – there’s nothing more we can do, they dropped you.” Enrollment worker, Northern California

- Financial benefits counseling is increasingly complex and takes up more time. Enrollment workers do not have time to monitor everyone closely

Implications

- Capacity should not affect stable access to coverage
 - Staffing / resources should account for different needs
- Stakeholders should collaboratively develop standards for insurers and third-party payers that serve vulnerable populations
- Systems are new; they should be improved and incorporate redundancies
 - However, new systems break down: a robust safety net is still needed

For more information...

Our full report, “Examining California’s Office of AIDS Health Insurance Premium Payment Program: Barriers and facilitators to establishing and maintaining comprehensive insurance coverage for Californians living with HIV/AIDS,” is available online at:

[http://ari.ucsf.edu/programs/policy/OA-HIPP%20report 2015.pdf](http://ari.ucsf.edu/programs/policy/OA-HIPP%20report%202015.pdf)