Policy implications of the implementation of a health insurance premium payment program for people living with HIV in California.

Valerie B. Kirby, MPH, [1] Wayne T. Steward, PhD, MPH, [1] Courtney Mulhern-Pearson, MPH, [2] Anne Donnelly, MA, [3] Emily A. Arnold, PhD [1]

[1] Center for AIDS Prevention Studies at the University of California, San Francisco, [2] San Francisco AIDS Foundation, [3] Project Inform

Background

Since the passage of the Affordable Care Act, health insurance premium payment programs have been implemented in states across the country, using funds from AIDS Drug Assistance Programs (ADAP) to help offset the costs of monthly insurance premiums for people living with HIV (PLHIV) who enroll in the private health insurance marketplace.

In California, the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) is available to:

- PLHIV whose adjusted gross annual incomes do not exceed $50,000, and
- who are not eligible for full scope Medicaid, Medicare, or premium coverage through an employer.

Since its launch in 2011, the OA-HIPP program has become an increasingly vital tool for HIV-positive Californians to establish and maintain affordable, comprehensive healthcare coverage.

AIM

In light of OA-HIPP's critical role in access to HIV care and coverage, we examined the barriers and facilitators to an optimally-functioning OA-HIPP program.

Methods

We conducted twenty-two in-depth, semi-structured interviews between March - June, 2014, across California. Participants were selected from advocate recommendations, an OA-HIPP enrollment workers list, and snowball sampling, and included:

- enrollment workers who were also benefits counselors (6)
- enrollment workers who were NOT benefits counselors (12)
- public health department workers (3)
- a national advocate/policy expert (1)

Interviews covered perceived strengths and weaknesses of the program, and recommendations. All participants provided verbal consent and the UCSF Committee on Human Research reviewed and approved the protocol.

Interviews were recorded and transcribed, and identifying information was removed. We organized qualitative data into a codebook with discrete themes, compared the data across participant types, viewed the frequencies of code application and co-occurrence, and extracted excerpts for deeper analysis using Dedoose, an online program.

Results

The program **has expanded access** to affordable coverage.

> ***"[Without OA-HIPP, consumers] either wouldn't be able to afford a plan at all, or they would probably have gotten a plan that would have been inadequate for what they need."*** (Enrollment worker, Southern California)

However, OA-HIPP was **hampered by administrative challenges at the State and insurer level** that led to insufficient communication, a lack of user-friendly infrastructure and resources, and payment delays. Many **consumers experienced negative financial impacts, high stress, and coverage disruptions.**

> ***"And in this particular time the application didn't get processed, or it was lost and I had to resubmit it, and it was too late. By the time things got turned around, the person could not make the initial payment and they just lost coverage and had to go to [the public hospital]."*** (Enrollment worker, Northern California)

Successful program participants, therefore, had to be health insurance literate and able to actively pursue resolution of issues.

> ***"So it's very hard for them to monitor their insurance, and they absolutely have to monitor it, because it's something that a worker can't do. They have a connection with their insurance, and they have to actively monitor their insurance to make sure that they don't get cut off and money is credited properly. It's a very labor-intensive program, so it's not for everybody. It's kind of high-stress for the participants, even though they get the benefit of having insurance, they have to work really hard to make sure that money is credited."*** (Enrollment worker, Northern California)

Financial benefits counseling is increasingly demanding. This limited enrollment workers' capacity to support lower-functioning consumers to the degree needed to maintain enrollment.

> ***"[Benefits counseling has] gotten much worse. Medicare is very complicated to navigate. Medi-Cal has become increasingly difficult with managed care. Covered California is a whole skill in itself. In the nine years I've been an ADAP worker, the work has doubled."*** (Enrollment worker, Northern California)

Relationships between insurers, state workers, enrollment workers, and consumers **were a crucial component of the program's successes**.

> ***"If we ever encounter an issue where someone's payment wasn't applied, we can contact this [insurer] and say, hey, look, turn this guy back on, and it'll be done in a matter of minutes. So those relationships have been extremely helpful."*** (State worker)

Implications

- The OA-HIPP program needs improvements to function optimally, but it has allowed many consumers to access affordable coverage, and **it should be maintained.**
- **Collaboration between stakeholders is needed** to reduce the program's administrative burden and standardize third-party payment processes.
- OA-HIPP should both **educate and empower consumers** as stewards of their coverage, and provide greater opportunity for enrollment workers to support lower-functioning consumers' participation.
- Program policies, procedures, and staffing should **reflect the growing demands of benefits counseling**.
- In the event of disruptions in coverage that occur as such programs are refined, **the safety net provided by Ryan White clinics is still crucial** to maintaining care and treatment for PLHIV.

University of California San Francisco
UCSF
AIDS Research Institute

Contact:
Valerie B. Kirby, MPH
(415) 476-6301
valerie.kirby@ucsf.edu
UCSF Mailcode 0886 550 16th St., 3rd Fl. San Francisco, CA 94143

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