

Policy implications of the implementation of a health insurance premium payment program for PLHIV in CA

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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 may not go far enough
 - **Increasingly important link to coverage for PLHIV as more move from RW to private insurance**
 - Reported 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
- These led to delays in processing applications, communication, issuing and crediting payment



Consumer experiences

- Participation was **high-stress**, time-consuming
- **Insurance literacy learning curve**
- Lost applications, paperwork and crediting **errors**
- **Financial strain**, out-of-pocket payments
- **Late payments**, cancelation threats, delayed care
- **Some lost coverage** and needed the safety net
- Works for consumers able to monitor participation
- Negative impact greater on lower-functioning consumers



Consumer capacity differences

- Some consumers did 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 has become increasingly complex, leaving enrollment workers with too little time to monitor everyone.



Implications

- Coverage should be stable regardless of consumer capacity
- Staffing/resources should reflect different needs
- Stakeholders should collaboratively develop standards for insurers and third-party payers who serve vulnerable populations
- Technical and procedural improvements are needed to increase redundancies, protect PLHIV
- A robust safety net is still needed