



**Assessing the Impact of the Affordable Care Act
and Current Needs of
People Living with HIV and AIDS
in the
Denver, Colorado Transitional Grant Area (TGA)

Preliminary Findings**

**Presented by:
Claire Husted, MHA
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Purpose

To assist members of the Denver HIV Resources Planning Council (DHRPC) in understanding the needs assessment data in a way that supports evidence-based decision-making.

Evaluation Questions

1. How have patient experiences with HIV core and support services changed as a result of the Affordable Care Act implementation?
2. How have provider experiences changed as a result of the Affordable Care Act implementation?

Needs Assessment Tools

- Consumer Survey
 - ✓ Conducted online and mail-in consumer survey reaching 332 people living with HIV/AIDS (PLWHA)
- Consumer Focus Groups / Key Informant Interviews
 - ✓ Conducted 4 focus groups, reaching 38 PLWHA
 - ✓ Conducted 5 interviews with clients/patients of organizations not able to host a focus group
- Provider Survey
 - ✓ Conducted online survey reaching 18 providers



Highlights of the 2014 Consumer Survey: Denver, Colorado Transitional Grant Area

Survey Respondent Characteristics (N=332)

1. **County:** Adams (11.7%); Arapahoe (16.9%); Broomfield (0.3%); Denver (59%); Douglas (1.5%); Jefferson (10.2%); no response (0.3%)
2. **Gender:** Male (81.6%); Female (16%); Transgender (1.8%); No response (0.6%)
3. **Race/Ethnicity:** White (48.5%); Latino (22%); African American/Black/African (21.1%); Asian or Pacific Islander (2.7%); Native American (1.8%); Two or more races (3.6%); no response (0.9%)
4. **Age:** 13-24 years (0.9%); 25-44 years (35.5%); 45-64 years (61.7%); 65 years and older (1.5%); no response (0.3%)
 - *Age ranged from 21 years old to 68 years old*

Survey Respondent Characteristics, *continued* (N=332)

Sexual Orientation: Heterosexual/Straight (21.7%); Homosexual/Gay/Lesbian (66.6%); Bisexual (5.4%); Other (non-sexual) (0.3%); no response (6%).

Poverty Level (N=287):

✓ < 100% FPL _____	59.9%
✓ 100-133% FPL _____	13.6%
✓ 134-199% FPL _____	16.4%
✓ 200-299% FPL _____	5.6%
✓ 300-399% FPL _____	3.5%
✓ 400-499% FPL _____	0.3%
✓ 500% FPL and greater _____	0.7%

Note: For poverty level, could not determine poverty level for 42 respondents and an additional 3 did not respond to the question.

Survey Respondent Characteristics, *continued* (N=332)

Education Level:

✓	Less than High School	7.8%
✓	High School/GED	27.4%
✓	Some College	30.7%
✓	College Degree	30.1%
✓	Technical Training	3.3%
✓	No response	0.6%

Homeless in Past Year (12% overall):

✓	> 1 month	3.6%
✓	1 – 6 months	4.5%
✓	7 – 12 months	1.5%
✓	> 1 year	2.4%
✓	No	87.3%
✓	No response	0.6%

Survey Respondent Characteristics, *continued* (N=332)

Language Spoken Mostly at Home:

English_____	86.7%
Dual (English+other language)_____	4.5%
Spanish_____	3.6%
Amharic_____	1.8%
Burmese, Vietnamese, Mina_____	1.5%
No response_____	1.8%

Foreign Born:

Yes_____	14.2%
No_____	85.8%

Consumer Survey: Preliminary Findings

Do you currently have insurance to pay for:

- ✓ **Medical Care:** 88.2% (N=304)
- ✓ **Medications:** 85.4% (N=246)
- ✓ **Dental Care:** 52.7% (N=157)
- ✓ **Behavioral Health:** 67.0% (N=109)
- ✓ **I don't have insurance:** 36 respondents; 10.8% of 332 total survey respondents

Consumer Survey: Preliminary Findings, *continued....*

Since January 1, 2014, have you changed your HIV doctor or HIV medications because of your insurance?

- ✧ Yes (13.0%)
- ✧ **No (85.8%)**
- ✧ No response (1.2%)

Do you have difficulty paying for your doctor's visits, medications, and/or lab tests?

- ✧ Yes (66.6%)
- ✧ No (28.0%)
- ✧ No response (6.3%)

Do you fully understand your insurance benefits and how to get the most out of them?

- ✧ Yes (48.8%)
- ✧ No (41.9%)
- ✧ No response (9.3%)

Consumer Survey: Preliminary Findings

Since January 1, 2014, are you spending more, less, or the same amount of your own money for:

Description	Medical Visit Co-Payment	Medication Co-Payment	Laboratory Tests	Insurance Deductible	Substance Abuse Treatment	Mental Health Treatment	Home Health Care	Dental Care
	N=294	N=291	N=278	N=269	N=261	N=249	257	269
About the Same	44.6%	45.4%	44.6%	35.7%	13.4%	18.9%	14.4%	33.8%
More of My Own Money	18.4%	20.6%	14.4%	13.8%	3.1%	5.2%	3.5%	25.3%
Less of My Own Money	25.2%	20.6%	19.1%	18.6%	4.2%	2.4%	2.3%	7.4%
Not Applicable	11.9%	13.4%	21.9%	32.0%	79.3%	73.5%	79.8%	33.5%

Note: This table only includes valid responses where the person answered the question.

Consumer Survey: Preliminary Findings

Service Description	Aligning HRSA Service Category	Core/ Support	Service Needs	
			Number	Percent
Go to the dentist to have a check up, get my teeth cleaned, and/or fix other problems.	Oral Health Services	Core	127	38.3%
Someone to help me understand all the different programs that are available, and help me apply for them (e.g., Section 8, Food Stamps, etc.).	Medical Case Management; Non-Medical Case Management	Core/Support	115	34.6%
Emergency financial help to pay for my bills (phone, water, gas/electric), my doctor or pharmacy co-payments, my insurance premium, or a hotel stay when I don't have enough money.	Emergency Financial Assistance	Support	104	31.3%
Someone to help me understand my insurance benefits.	Medical Case Management; Non-Medical Case Management	Core/Support	87	26.2%
Help getting extra food from a pantry when I don't have enough money to buy it.	Food Bank/Home-Delivered Meals	Support	82	24.7%
Emergency financial help to pay for my rent or a hotel stay so I don't become homeless.	Emergency Financial Assistance	Support	75	22.6%
Help paying for prescription drugs that my insurance doesn't cover.	Pharmacy Services (Local); ADAP	Core	73	22.0%
Transportation to get to my doctor's appointments.	Medical Transportation Services	Support	57	17.2%
A support group to help me cope with my HIV.	Psychosocial Support Services	Support	51	15.4%

Consumer Survey: Preliminary Findings

Service Description	Aligning HRSA Service Category	Core/ Support	Service Needs	
			Number	Percent
Referrals for other health care services (e.g., oncology, neurology) and/or social services.	Referral for Health Care/ Supportive Services (also a case management function)	Support	43	12.9%
A mental health counselor, psychiatrist, or psychologist to help with my mental illness.	Mental Health Services	Core	33	9.9%
Help in understanding my HIV medications and dealing with side effects.	Medical Case Management; Treatment Adherence Counseling	Core/Support	25	7.5%
Help finding an HIV doctor, staying in medical care, and/or treatment counseling.	Early Intervention Services (components are also part of medical and non-medical case management and treatment adherence counseling)	Core	20	6.0%
Meals delivered to my home because I'm too sick to cook for myself.	Food Bank/Home-Delivered Meals	Support	19	5.7%
A nurse or other professional to help coordinate my medical care with my mental health and/or substance abuse treatment, dental care, etc.	Medical Case Management	Core	17	5.1%
Treatment for my drug/alcohol problem.	Substance Abuse Services-outpatient; Substance Abuse Services-residential	Core/Support	13	3.9%
A nurse or home health aide to come to my home and check on me because I'm too sick to get to the clinic.	Home and Community Based Health Services; Home Health Services	Core	10	3.0%

Consumer Survey: Open-Ended Questions

- Please share any problems you have had in getting help for any of the services that you need.
 - ✓ The overwhelming majority of responses are related to dental care, followed by housing, not having enough money for basic necessities, Other service needs that are hard to get include transportation, mental health, money for rent, money for co-payments, eyeglasses, diabetes lancets, etc.

One respondent noted: “Core problem is that ADAP/HiAP doesn't cover anything else besides HIV treatment, for those that need more medical care and can't afford it, it's a dilemma.”

My biggest problem is finding a physician or clinic for appointments after hours or on weekends so I can keep my job. So I don't go-I've been off all medications for four months. Have coverage but can't go.

Consumer Survey: Open-Ended Questions

Please add other comments/concerns/needs that you have.

ADAP/HIAP has made a huge positive difference in my life. Over the years I have been struggling to keep and pay for health insurance. The assistance has greatly reduced my stress level.

I do have resources available to me in my area for food assistance. Though thankful, they don't provide meats. I ONLY receive \$18.00 a month in food assistance [SNAP] and my nutritional needs are not met. I do not understand why it is so low.

I sometimes run out of food towards the end of the month. I have problems getting the food home from food banks because I do not have a car. This is a problem using the bus/lightrail. It's an 8 month waiting list to see a dentist so I've been in excruciating pain for 6 months just hoping I get in soon. They need to hire more dentists if they can't keep up with demand.

El año pasado tuve algunos problemas para encontrar un dentista después de varias semanas lo encontré y me atendieron. No tenía un case manager y por eso era difícil encontrar a un dentista o ayuda. Al principio de Obama Care necesite ayuda para comprar un seguro y después de 2 meses lo compre aunque no era el mejor pero lo hice. Ahora estoy con un médico diferente y apenas lo vi hace unos semanas después de que estaba sin ver un médico 4 meses y sin medicamento como 15 días. Al menos no tener un case manager o alguien que me ayudara a entender la situación si me afecto un poco.

Consumer Survey: Open-Ended Questions

Please add other comments/concerns/needs that you have.

El año pasado tuve algunas problemas para encontrar un dentista despues de varias semanas lo encuentre y me atendieron. No tenia un case manager y por eso era dificil encontrar a un dentista o ayudo. Al principio de Obama Care necesite ayuda para comprar un seguro y despues de 2 meses lo compre aunque no era el mejor pero lo hice. Ahora estoy con un medico diferente y apenas lo vi hace unos semanas despues de que estaba sin ver un medico 4 meses y sin medicamento como 15 dias.

Translation:

Last year I had some trouble finding a dentist. After several weeks, I found one and he looked after me. I did not have a case manager and it was difficult to find a dentist or help. At the beginning of Obama Care, I needed help buying insurance and after 2 months, I bought it even though it was not the best, I did it. Now, I'm with a different doctor who I just saw a few weeks ago after not seeing a doctor for 4 months and without medication for 15 days.



Highlights of the 2014 Consumer Focus Groups/Interviews:

Denver, Colorado Transitional Grant Area

Focus Group/Interview Respondent Characteristics (N=43)

1. **County:** Adams (9.8%); Arapahoe (18.6%); Broomfield (4.7%); Denver (65.1%); Douglas (0.0%); Jefferson (2.3%)
2. **Gender:** Male (60.5%); Female (39.5%)
3. **Race/Ethnicity:** African American/Black/African (60.5%); Latino (18.6%); White (14.0%); Asian (2.3%); Native American (2.3%); Two or more races (2.3%)
4. **Age:** 2-12 years (9.3%); 13-24 years (4.65%); 25-44 years (20.9%); 45-64 years (60.5%); 65 years and older (4.65%)
 - *Age ranged from 8 years old to 74 years old*

Focus Group/Interview Respondents' Health Insurance Status/Change (N=41)

Do you have health insurance right now?

- ✧ Yes (88.4%)
- ✧ No (9.3%)
- ✧ I don't know (2.3%)

Since January 1, 2014, have you changed your HIV clinic, doctor, or primary care provider, or HIV medications because of a change in your insurance?

- ✧ Yes (27.9%)
- ✧ No (72.1%)

Focus Group/Interview Questions

1. Has anything changed in the way you get healthcare or medications since January 1, 2014?
2. Would you say that your access to health care and medications has improved, stayed the same, or gotten worse since January 1, 2014?
3. Do you have any health care or medication needs that are not being met?
4. Since January 1, 2014, have you had to ask for more Emergency Financial Assistance for health care or medicine costs?
5. What are your recent experiences with any of the following: Medicaid, Medicare, health exchange, employer-based insurance, your health care clinic, your pharmacy?
6. Passed out questionnaire and probed on Question B: challenges in getting services you need.

Focus Group/Interview Themes

Has anything changed in the way you get healthcare or medications since January 1, 2014?

- ✓ The largest change was the number of respondents who went from having the Colorado Indigent Care Program to Medicaid. Respondents have mixed experience regarding this change.

“I used to have CICIP and everything was cool, you would go into the doctor and hospital and get x amount of medication. Since the ACA now I’m on Medicaid and they don’t cover narcotics and some medicine. Since the ACA, now I have to pay co-pays.”

Participant switched doctors back to the doctor I like. Participant was with CICIP and now I have Medicaid because of the changes in January. *“Once I got on Medicaid I told my old doctor that I was going to find her and go back to getting care from her.”*

- ✓ Many spoke about co-pay changes, some more some less and for different services. One participant was with Anthem and changing to United Health Care. Anthem had sent her a bill for \$500 that she could not afford.

Focus Group/Interview Themes

Would you say that your access to health care and medications has improved, stayed the same, or gotten worse since January 1, 2014?

- ✓ Mixed experience – some said it was better, others that it stayed the same, and others that it was worse.

“More paperwork, “we used to recertify once a year and now we recertify twice a year at each agency, It gets to be overwhelming”

“I’ve seen an upswing in volume. It’s harder to get a medical appointment. The time is further out and getting through the call center is rigorous.”

- ✓ There is a lot of confusion about bills they are receiving, what the insurance is supposed to pay for or not; this is particularly confusing for persons who have both Medicare and Medicaid.
- ✓ People who are working or thinking about going back to work are concerned about making too much money and losing their Medicaid as their current or prospective employer does not have health insurance at all or offers poor insurance with a high cost.

Focus Group/Interview Themes

Do you have any health care or medication needs that are not being met?

- ✓ The overwhelming majority of participants spoke about the need for dental work. Even those who were on Medicaid, many were unaware of the new law and the expanded benefit beginning July 1, 2014 (\$1,000 per person benefit).
- ✓ One participant talked about her recent transition from incarceration and being under the Department of Corrections medical care to a halfway house. She stated that while in the halfway house, a person is still considered under the Department of Corrections, but she had no access to medical care. She applied for Medicaid using a friend's address so that she could access medical care.

Focus Group/Interview Themes

Since January 1, 2014, have you had to ask for more Emergency Financial Assistance for health care or medicine costs?

- ✓ The responses were again very mixed (yes and no). Many did not know if they were eligible and I think some thought they were automatically ineligible because they were working.

“I wish I could ask for it as my 3 month supply of mail order meds cost me \$300, I work so I don’t qualify for assistance”

One participant needs to take a medicine after a surgery. It is 90 day supply that costs over \$1,300.

“I’m a long term survivor, I have health complications kidneys, back, cancer, bones, neuropathy, I may have to ask in the future.”

Focus Group/Interview Themes

What are your recent experiences with any of the following: Medicaid, Medicare, health exchange, employer-based insurance, your health care clinic, your pharmacy?

- ✓ The switch to Medicaid from CACP was positive for most respondents.
“I like it because I wasn’t on [insurance] before.” “It’s just hard finding the right dental places to go to.”
- ✓ Respondents on Medicare are very happy, as were those with Medi-Medi.
- ✓ Many working respondents worked for employers that did not offer insurance or the premium was too high and they purchased instead through the Exchange.
- ✓ Their experience of clinics, doctors, and pharmacies were all over the map, good and bad and everything in between.

Focus Group/Interview Themes

Passed out questionnaire and probed on Question B: challenges in getting services you need.

- ✓ Although many respondents did not answer this question on the short questionnaire, there was a great deal of conversation. The major services that people are having trouble getting include (no prioritized order):
 - ✧ Affordable housing (most talked about)
 - ✧ Transportation (severe problem)
 - ✧ Mental health
 - ✧ Food
 - ✧ Dental
 - ✧ Case management

“HIV has been my career for 22 years, I’m now an expert, but it would be hard for someone new”

Service Needs and Priorities: Consumer Focus Groups/Interviews (N=41)

Service Description	Aligning HRSA Service Category	Core/ Support	Service Needs		Weighted (Ranked) Priority
			Number	Percent	
Emergency financial help to pay for my bills (phone, water, gas/electric), my doctor or pharmacy co-payments, my insurance premium, or a hotel stay when I don't have enough money.	Emergency Financial Assistance	Support	31	73.8%	48
Affordable apartment to rent.	Housing Services	Support	21	50.0%	40
Transportation to get to my doctor's appointments.	Medical Transportation Services	Support	19	45.2%	38
Go to the dentist to have a check up, get my teeth cleaned, and/or fix other problems.	Oral Health Services	Core	26	61.9%	34
Emergency financial help to pay for my rent or a hotel stay so I don't become homeless.	Emergency Financial Assistance	Support	19	45.2%	32
Medication for my HIV infection and/or other illnesses.	Pharmacy Services (Local); ADAP	Core	16	38.1%	32
Help getting extra food from a pantry when I don't have enough money to buy it.	Food Bank/Home-Delivered Meals	Support	25	59.5%	30
A mental health counselor, psychiatrist, or psychologist to help with my mental illness.	Mental Health Services	Core	17	40.5%	30
Help to find an apartment.	Housing Services; Non-Medical Case Management	Support	13	31.0%	30
Help paying for prescription drugs that my insurance doesn't cover.	Pharmacy Services (Local); ADAP	Core	21	50.0%	27
Someone to help me understand all the different programs that are available, and help me apply for them (e.g., Section 8, Food Stamps, etc.).	Medical Case Management; Non-Medical Case Management	Core/Support	21	50.0%	21
A doctor or nurse practitioner to treat my HIV infection and/or other illnesses (e.g., heart	Outpatient/Ambulatory Medical Care	Core	13	31.0%	19

Service Needs and Priorities: Consumer Focus Groups/Interviews (N=41), *continued...*

Service Description	Aligning HRSA Service Category	Core/ Support	Service Needs		Weighted (Ranked) Priority
			Number	Percent	
Referrals for other health care services (e.g., oncology, neurology) and/or social services.	Referral for Health Care/ Supportive Services (also a case management function)	Support	17	40.5%	16
Someone to help me understand my insurance benefits.	Medical Case Management; Non-Medical Case Management	Core/Support	17	40.5%	14
Treatment for my drug/alcohol problem.	Substance Abuse Services-outpatient; Substance Abuse Services-residential	Core/Support	7	16.7%	13
A support group to help me cope with my HIV.	Psychosocial Support Services	Support	20	47.6%	11
A nurse or home health aide to come to my home and check on me because I'm too sick to get to the clinic.	Home and Community Based Health Services; Home Health Services	Core	4	9.5%	8
Meals delivered to my home because I'm too sick to cook for myself.	Food Bank/Home-Delivered Meals	Support	8	19.0%	6
Help in understanding my HIV medications and dealing with side effects.	Medical Case Management; Treatment Adherence Counseling	Core/Support	15	35.7%	5
Respite Care for family (added).	Respite Care	Support	1	2.4%	3
Help finding an HIV doctor, staying in medical care, and/or treatment counseling.	Early Intervention Services (components are also part of medical and non-medical case management and treatment adherence counseling)	Core/Support	8	19.0%	1
A nurse or other professional to help coordinate my medical care with my mental health and/or substance abuse treatment, dental care, etc.	Medical Case Management	Core	10	23.8%	1

Focus Group/Interviews: Services that are Hard to Get

Among the 41 questionnaires completed, 18 did not respond to this question and 1 person checked all boxes. These were excluded from the calculations (N=22).

1. Affordable apartment/housing (6 responses, 27.3%)
2. Help finding an apartment (5 responses, 22.7%)
3. Emergency financial assistance to help with utilities, etc. (4 responses, 18.2%)
4. Transportation to doctor (3 responses, 13.6%)
5. Mental health services (3 responses, 13.6%)



**Highlights of the 2014 Provider Survey:
Denver, Colorado Transitional Grant Area**

Provider Survey Respondent Characteristics (N=18)

- **Job Positions:** 5 clinicians, 2 social workers, 2 patient services coordinators/directors, 1 case worker, 1 research assistant, 1 Director of Infectious Disease, 1 Director of Dental and 1 Interim Director of Oral Health Services, 1 clinic coordinator, 1 Vice President of Fund Development, 1 Youth Linkage to Care Coordinator, 1 Medical Care Manager
- **Types of Services Provided by Agencies:**
 - ✓ Primary care (11, 61.1%)
 - ✓ Mental health treatment (11, 61.1%)
 - ✓ Medical case management (7, 38.9%)
 - ✓ Pharmacy services (6, 33.3%)
 - ✓ Oral health services (6, 33.3%)
 - ✓ Substance abuse treatment (5, 27.8%)
 - ✓ Medical transportation services (3, 16.7%)
 - ✓ Emergency financial services (3, 16.7%)
 - ✓ Housing services (2, 11.1%)
 - ✓ Home and community based health services (1, 5.5%)

Provider Survey (N=18)

- **Since January 1, 2014, what changes have occurred in the number of patients/clients who are receiving services from your agency?**

More patients/clients (5, 27.8%); About the same number (13, 72.2%).

- **On average, how long does a patient/client have to wait before receiving services from your agency/clinic?**

Less than 1 week (4, 22.2%), 1-4 weeks (9, 50.0%), 1-3 months (1, 5.5%)

“Varies depending on whether the waiting is closed. Every patient on the waiting list can be seen for a dental emergency.”

‘It all depends on our capacity. Last year we reached a bottleneck in providing services so we needed to place a hold on the waitlist and we were unable to start moving patients off of the waitlist and into the clinic until recently.’

“Due to ACA changes it is taking longer to sort out insurance issues which is delaying client's access to care.”

Provider Survey (N=18)

- **Does your agency/clinic have a waitlist for any of its services?**
Yes (7, 38.9%); No (10, 55.5%); I don't know (1, 5.5%)

"Dental care. Estimated wait time is 4-8 months."

"Mental health services, 1 month wait."

"Orientation to enter the program."

"Oral health services: 6 months+"

"Oral Health Care"

"Dental Clinic, 3-4 months for initial consultation"

- **Does your agency/clinic run out of funding to provide any of its services to PLWHA before the end of the fiscal year?**

Yes (3, 16.7%); No (9, 50.0%); I don't know (6, 33.3%)

"We never seem to have enough funding to support the need. Dental hardware such as dentures are expensive! Most people come to us requiring extensive dental care. Even if they had private insurance there would be no way for people to pay for the cost of crowns, bridges, cavities, etc."

"Primarily Oral Health Services to Ryan White patients."

Provider Survey (N=18)

- Does your agency/clinic have the capacity to serve more patients/clients without additional funding?

Yes, for all services (3, 16.7%); Yes, for some services (6, 33.3%); No (6, 33.3%); I don't know (3, 16.7%)

*“If treatment is completely funded through ACA, our clinic can see approximately 5 more patients a month. However, not all our services are currently covered by ACA and if these services are needed for these patients, then we would need additional funding to serve them.” – **this respondent works at an agency that primarily provides mental health and substance abuse treatment***

*“Once we get through the backlog we will open our waitlist again and serve new patients on a first-come, first-serve basis. On average we were receiving 25 requests for services per month. We are currently taking 10 off of our waitlist per month. Additional funding would see us able to fill the need.” – **this respondent works at an agency that provides oral health care***

*“No, because our staff is at capacity. We have lost positions due to funding issues and it is very hard for us to take continuously growing case loads.”-**this respondent is a clinical social worker that works at an agency that provides primary care, as well as, other supportive services***

Provider Survey (N=18)

- Do you believe that patients/clients can effectively navigate the system of care on their own to maximize their benefits and access services?

Yes (4, 22.2%); No (14, 77.8%)

“I have received multiple complaints from patients about lack of communication and inconsistent information from case managers, or no referral to a case manager outside of their medical home. I know to take these comments with a grain of salt, but there are good points to glean. 1. We need consistent information available to patients/clients about assistance. 2. Centralized database for assistance and support services throughout the TGA (and the rest of Colorado) that is maintained through DOHR; this would include eligibility requirements; accessible by HIV services providers. 3. People need access to this information of how to navigate the system more than once, i.e., after their initial diagnosis, after their first meeting with a case manager.”

“Insurance is more complicated than ever. I have found that clients need a lot of support with navigating this process, especially when they are new to care.”

“Yes if effective Medical Homes are established for each client.”

Provider Survey (N=18)

- **Based on your experience with PLWHA, what services are clients/patients saying they need the most and having the most difficulty getting, either at all or a sufficient amount?**

Of the 15 respondents answering this question, the top 3 services are:

- ✓ Housing (5, 33.3%)
- ✓ Dental services (4, 26.7%)
- ✓ Mental health (4, 26.7%)

“For youth clients, the largest need right now is accessing medical care confidentially. Due to the changes with ACA, CICIP is no longer an option for youth that are on their parent's insurance. There are many billing challenges that arrive when using a parent's insurance which has violated a youth's confidentiality.”

“Copays for meds seem to be a perennial problem; Prior authorizations for meds from Medicaid create major delays.”

“HOUSING. No joke. "Affordable" housing is a great concept, but the quotation marks are ironic. Affordable to whom?”

Provider Survey (N=18)

- If your agency had additional funding, what services would you like to add or expand to address any gaps?
 - ✓ Themes include dental services, mental health services, and expanding services overall by hiring more staff and allowing more patients to be seen with shorter wait times. Other services mentioned include being able to provide transportation and how to assist young people on parent's insurance.

"We would expand existing services so that more patients can be seen on a daily basis; this would also increase our capacity to accommodate emergencies, walk-ins, and new patients."

"By adding more staff we could continue to provide the high level of comprehensive care. We have had to cut back on the level of care we provide due to growing case loads and demands."

"Additional funding would allow us to (1) Expand Mental Health Services, (2) Add an additional provider to shorten time to new appointments and better accommodate walk-ins and urgent appointments, and (3) Add specialists in Neurology and Hepatology."

"The primary 'gap in service' I notice is for young people who are still covered by their parents insurance but don't want to use it for confidentiality reasons. They are not eligible for Medicaid or private insurance because they are technically insured under their parents plan. It would be beneficial if some funding were dedicated to this specific issue that young people face."

Provider Survey (N=18)

In your opinion, what factors contribute most to your patients/clients lack of retention in primary medical care and/or adherence to treatment:

The top seven factors (over 60% of respondents checked these) checked are:

- ✓ “active substance abuse” (15, 83.3%)
- ✓ “mental illness” (15, 83.3%)
- ✓ “homelessness” (13, 72.2%)
- ✓ “low level of health literacy” (13, 72.2%)
- ✓ “HIV related stigma and/or discrimination” (12, 66.7%)
- ✓ “Fear of disclosure of HIV status to parents, family, and/or spouse/partner” (11, 61.1%)
- ✓ “cultural and/or language barriers” (11, 61.1%).

“I want to put 15 checks by mental illness and add lack of availability of service providers for mental health. Also, lack of affordable housing, as I wrote above.”

Medical Providers Only

What types of medical activities are you currently doing in the Outpatient Ambulatory Medical Care category that are not covered (or fully covered) by Medicaid? For example, length of visits, early intervention services, quality improvement activities, retention activities, etc.

“1. Additional time with Medicaid and Medicare patients: Currently Medicaid reimbursement is approximately 1/3 the rate of a privately insured patient. Medicare is a similarly poor payer of professional services. Consequently, Medicaid or Medicare may only support 10 minutes of a typical 30 minute HIV visit in a RW-funded program... One of the ways that Ryan White can wrap around Medicaid visits is by paying for a longer visit. Combining HIV care and primary care into a single visit takes more time but could obviate the need for additional visits and additional providers. Other activities in the enhanced medical visit could include adherence counseling, time for mental health and substance use interventions, and prevention with positives.

2. Support time for direct patient care activities outside of the actual visit: This would include frequent phone contact, outreach for missed appointments, review of test results, formulation of treatment plans, and on call coverage. With traditional fee for service, the lack of reimbursement for these activities limits the ability of many providers to provide these services. This is one way that Ryan White could help to continue to fund the HIV Patient-Centered Medical Home style of care.

3. Support time for HIV clinical programs to enhance patient outcomes: This would include time for early intervention services such as linkage to care and retention in care...and other quality improvement initiatives...Time and funding for these activities are not currently supported by Medicaid.

4. Support time for leadership positions: This would include FTE support for the overall director of an HIV program but also leaders of component activities such as EIS, RIC, Mental Health, Women’s program, Foreign-born programs, etc. This could also include the time to participate in community activities, including the planning council and its subcommittees. Many of these meetings occur at times when providers would normally be in clinic.

5. Support time for grants management activities: This would include the support of data programmers, data entry personnel, administrators, and program directors to accomplish the necessary input, verification, and reporting of activities required by the grant/ Exchanges”

Medical/Oral Health Providers Only

FOR OUTPATIENT MEDICAL CARE PROVIDERS: If Ryan White Part A funded outpatient medical care were eliminated completely, what percent of your current Ryan White award would be compensated through new Medicaid reimbursement? Please list your current award if you know it and the percentage you expect to be reimbursed.

“Our current outpatient medical care award is around \$900,000. Although we plan to accurately measure this prospectively, we expect Medicaid reimbursement to provide \$200,000-300,000 in additional payments.”

FOR ORAL HEALTH CARE PROVIDERS: Beginning April 1, 2014, Medicaid began covering adult dental care, with a more comprehensive benefit to begin July 1st. What percent of your current Ryan White award do you expect to be compensated through the new Medicaid dental reimbursement? Please list your current award if you know it and the percentage you expect to be reimbursed.

“10%”

“Very little, what is being done about undocumented patients who are not covered by Medicaid.”