

# Louisiana Commission on HIV/AIDS and Hepatitis C

Monday, December 16, 2013

1:00 pm- 3:00 pm

State Capitol

Alario Hall, Committee Room 5

Baton Rouge, LA

## **Commission Members Present:**

Aaron Armelie, Christopher Blais, Sharon Decuir, DeAnn Gruber, Charles Dana Krutz, Fran Lawless, Shirley Lolis, Enrique Moresco, Kira Radtke Friedrich, Beth Scalco, Raman Singh, James Russell Willis

### **I. Welcome and Introductions**

Dr. Raman Singh welcomed everyone and introductions were made. Based on the number of members present, a quorum was not met.

### **II. Approval of Meeting Minutes**

The previous meeting minutes could not be approved since quorum was not met.

### **III. Old Business**

#### **Update on Commission Membership**

DeAnn Gruber discussed the need to have a set date and time for future meetings to better achieve quorum in the future. She referred to the Member list handout given to the members. There are currently 11 confirmed vacancies and 6 possible vacancies due to Members moving to new agencies or positions. There are also a few members whose contact information is not updated. Dr. Gruber also discussed the need to update the legislation regarding the Commission to clear up confusion about changes which have occurred with designated seats (e.g., Ryan White Titles vs. Ryan White Parts).

#### **Update on LSU HCSD Public/Private Partnerships-John Couk**

John Couk, Chief Medical Officer for LSU Health Care Services Division (HCSD), gave an update of the LSU HCSD Public/Private Partnerships. He stated that of the seven hospitals previously administered by LSU HCSD, only two hospitals, Lallie Kemp Medical Center and Bogalusa Medical Center, are not currently partnered with a private entity. Earl K. Long Medical Center closed in April 2013 and all other hospitals entered into partnership in June of 2013.

Lallie Kemp Medical Center has continued its HIV program and increased inmate care. Bogalusa Medical Center has also maintained its level of services and the hope is that the partners will continue to maintain the current services, including offender care. Our Lady of the Lake's volume in the HIV Early Intervention Clinic has increased and their referrals had decreased.

At W. O. Moss Regional Medical Center, LSU is still grant holder for the Ryan White Part C grant and this partner understands the need to maintain HIV-related services and it is increasing services. Leonard J. Chabert Medical Center has joined with Terrebonne General Medical Center and their services are being delivered through the Ochsner Health Center, which continue to be

the same as before the partnership. Dr. Couk stated that he could not give specific information regarding service utilization since the patient data is the partners' information.

Patients enrolled in ADAP are receiving medications dispensed by the DHH Office of Public Health Pharmacy, which are shipped to the hospitals' HIV clinics and pharmacies for patient pick-up.

Beth Scalco inquired about LaPHIE. She stated that Dr. Couk mentioned LaPHIE in Our Lady of Lake but wondered if it was active in the other locations. Dr. Couk replied that LaPHIE is still active at all other hospitals. He also stated that services increased throughout the New Orleans system.

Chris Blais asked if there anything being done to ensure access to data. Mr. Couk explained that there is an offer to grant access to all systems currently in place to improve data collection across state. LSU would have to create a new model for storing data since previously, all data was in one warehouse. The data will need to be separated by hospital partnership. LSU is hoping that the partners will release these data.

Enrique Moresco asked if there were any other CBO partnerships with these private/public partnerships. Dr. Couk promised to get a list back to the Commission with the partnerships.

Ms. Scalco asked if when looking at data pre- and post- public/private partnership, can we look at the Medicare population pre- and post- public/private partnership. Mr. Couk explained that the warehouse has had trouble with payer data. The goal is to correct this information in order to increase data and to match up with DHH data.

Dr. Singh asked Dr. Couk to elaborate on the big data project that LSU is conducting. He discussed LSU's advanced experience with mining data. Dr. Olpelka is working with Veterans Affairs (VA), Mayo Clinic, and the government to share data and improve quality of care. Dr. Singh expounded that this is a big project that will ultimately help to better see how efficient the entire system can be. Mr. Couk added that the value of the LSU network will be the ability to compare apples to apples across the state. This will also help to seek out disparities in individual groups.

Dr. Gruber stated offender care has previously been handled by the LSU system. She asked if the new partnerships have impacted offender care. Mr. Couk responded that the new partners are not used to taking care of offenders. They are using telemedicine to accommodate the need but there is a limited capacity.

Dr. Singh stated that in Corrections, they are defining "medically necessary care" in order to use the resources available most efficiently. They are also increasing onsite diagnosis and improving inmate care. Telemedicine is being expanded to North and Central Louisiana. Corrections is working with LSUHSC and the Medical Board to provide 24/7 Telemed care. In addition, Corrections is working with Lallie Kemp to access medications at 340B prices. The next step is electronic health records. Dr. Singh stated that Corrections inmate care has a long way to go, but it is moving in the right direction. He admits that there is still a struggle with sharing information. Dr. Couk added that all of these updates have occurred since June 23, 2013.

The representative from LSU Shreveport could not attend the Commission Meeting, but a report will be requested for the next meeting.

#### **IV. New Business**

##### **Update on ACA-Rachel Lundy**

Rachael Lundy, an Insurance Specialist with the Louisiana Department of Insurance's Office of Consumer Advocacy presented a brief overview of the Affordable Care Act, along with any changes that have taken place, and how those changes might affect Louisiana consumers.

The Patient Protection and Affordable Care Act, PPACA, was signed into law by President Obama on March 23, 2010. Its open enrollment period began October 1, 2013 and ends on March 31, 2014. In subsequent years, the regular enrollment period will be from October 15 to December 7.

One of the key changes provided by the Affordable Care Act is guaranteed issue. Companies can no longer place limits on coverage based on someone's health condition, often called pre-existing condition exclusions. Nor can they charge a higher premium because of a person's health condition. These protections apply whether a person buys coverage through the Health Insurance Marketplace or outside of the Marketplace.

Ms. Lundy spoke about the technical difficulties that plagued the rollout of the Affordable Care Act. As problems arise, President Obama has addressed them. In early November, national news stories were widely circulated about the high number of health insurance policies that were being cancelled, resulting from the ACA's requirements that all health insurance policies must provide for these minimum EHB beginning in January 2014. The President announced that the federal government will be using their regulatory discretion to allow certain health plans in the individual and small group markets that do not meet certain ACA requirements to renew in 2014 without being penalized. He also left it up to the states to decide whether to make this option available to beneficiaries of plans that did not meet the EHB requirements.. Louisiana Insurance Commissioner Jim Donelon announced that he will allow this transitional relief in Louisiana, requiring that insurance companies meet certain stipulations in order to do so. However, there is no requirement that the carrier maintain the same premium rates for that continued coverage.

Ms. Landry presented information regarding the Health Insurance Marketplace or "Exchange". The state of Louisiana did not create its own exchange, and instead, elected to use the Federally-Facilitated Marketplace, created by the Federal Government.

Another requirement of the ACA is that policies must have no lifetime limits on Essential Health Benefits within 10 categories, including: hospitalization, maternity, mental health and prescription drug coverage. Essential Health Benefits are based on a "benchmark" plan in each state. Louisiana's benchmark plan is "Blue Cross Blue Shield PPO GroupCare" group health benefit plan. There are four metal levels of coverage: Bronze, Silver, Gold and Platinum, beginning with a 60% coinsurance and moving up to 90% coinsurance, in ten percent level increments. These plans allow for an apples to apples comparison. The higher the level of coverage, the higher premium enrollees will pay, and the more coverage will be offered. These are directly proportional. Depending on enrollees' income level, they may be eligible for a federal subsidy to assist in paying for their health insurance, thereby reducing their premium.

Another component of the ACA is the Individual Mandate. This means that there is a penalty for not having health insurance. The exemptions to the Individual Mandate include members of certain religious sects; members of a health care sharing ministry; individuals who are not lawfully present in the U.S.; incarcerated individuals; individuals with household income below the filing threshold; members of federally recognized Indian tribes; individuals who experience a hardship; individuals who experience a short coverage gap (uninsured for less than three months of the year). Ms. Landry noted that if enrollees have Medicare, they will not have to pay a penalty and this is considered essential coverage.

There are four different types of assisters in Louisiana that can help with enrollment questions: Producers, Navigators, In Person Assisters, and Certified Application Counselors. Navigators have the highest amount of training within this group. They assist with enrollments, provide public outreach, impartially answer questions, and facilitate the selection of Qualified Health Plans. There are four companies participating on the Federally-Facilitated Marketplace: Blue Cross and Blue Shield of Louisiana & HMO of Louisiana (offered in every parish); Louisiana Health Cooperative (will offer coverage statewide); Humana (offered in Jefferson parish); and Vantage (offered in many parishes of Louisiana).

Individuals can enroll in the marketplace using [www.HealthCare.gov](http://www.HealthCare.gov). It will prompt the user in a step-by-step process to select a Qualified Health Plan. As of the end of November, approximately 2,200 Louisiana residents have signed up for health insurance using the marketplace. The Health Insurance Marketplace is currently available to individuals, but it will become available to small businesses in 2015. The program is the same for both individuals and small businesses.

Mr. Moresco thanked Rachael and her department for their good work. He asked about the options for those who are not qualified for Medicaid. Ms. Lundy explained that Governor Jindal chose to not expand Medicaid, but potential enrollees should be directed to the Exchange.

Dr. Singh asked about the resolution for those who were not able to keep their coverage. Ms. Lundy responded that those who lost their coverage were allowed to keep their coverage, but not necessarily at the same premium. She suggested that they look at the Exchange since they may be eligible for a subsidy.

Ms. Scalco asked how long someone would need to be incarcerated to be considered exempt. Ms. Lundy was not sure what the particulars were regarding that exemption. Ms. Scalco also inquired about how penalties would be assessed. Ms. Lundy believed that it would be assessed on the individual's subsequent year's tax filing.

#### **Ryan White and ACA-Kira Radtke Friedrich**

Kira Radtke Friedrich gave a brief overview of Ryan White and explained how several programs administered by the Louisiana DHH OPH STD/HIV Program (SHP) assist clients in accessing HIV related medications and medical care.. The Ryan White "Health Insurance Continuation Program" was established in 1994 to provide premium payment assistance to low income persons living with HIV. It may be supported with AIDS Drug Assistance Program (ADAP) funds if the insurance plan includes pharmaceutical benefits equivalent to or better than those available through the ADAP Formulary and is cost effective in relation to paying the full cost of medications available through ADAP. HRSA released six policies on how Ryan White resources can be utilized for completion of care for persons also accessing qualified health plans through the marketplace.

Louisiana has 2,895 low-income residents living with HIV utilizing ADAP program and an additional 2,405 low-income residents living with HIV who are receiving assistance through the health insurance program. All Ryan White recipients are screened for program eligibility every six months.

Mr. Moresco thanked Mrs. Friedrich and the Services Department SHP for all of their hard work and efforts. He applauded their knowledge about the plans and that it is very helpful to the community.

Ms. Scalco asked for an update on the pharmaceutical distribution and if insurance cost would go up or have a limit. Mrs. Friedrich discussed the Pharmacy Benefits Manager (PBM) model with multiple pharmacies and she hopes it will increase client options and treatment adherence. The pharmaceutical distribution proposal has been awarded and the proposer needs 90 days to “go live” (exchange participant data and prepare welcome packets). It should be operating after April 1<sup>st</sup>. Mrs. Friedrich does not anticipate that limiting assistance will be needed, but the Program has sought additional Emergency Relief Funding as a precautionary measure.

**Election of Officers- Nomination Committee**

Quorum was not met so there was not an election of officers.

**Schedule 2014 Meetings**

The Commission discussed picking a set meeting schedule on a certain day of the week and week of the month (e.g. every 4<sup>th</sup> Monday) each quarter to better achieve quorum. Dr. Gruber suggested that the next meeting occur sooner, in order to elect new officers and address membership and vacancies. The next meeting is scheduled for Monday, January 27, 2014 from 1pm-3pm. An email will be sent to Members to request their attendance.

**V. Announcements**

There were no announcements.

**VI. Public Comments**

There were no public comments.

**VII. Adjournment**