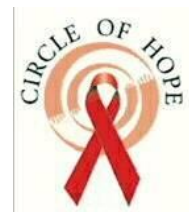


Paterson-Passaic County/ Bergen County HIV Health Services Planning Council

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Affordable Care Act Local Impact Analysis



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Bergen-Passaic Transitional Grant Area

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I. INTRODUCTION

A. Background

Implementation of the Patient Protection and Affordable Care Act (ACA) took full effect October 1, 2014. The expected impact of the ACA on the Ryan White Program has been subject of numerous discussions, conjectures and analyses. Even so, there remains a need to further assess the financial and service impact of the ACA on the Bergen-Passaic TGA and the Part A Program in particular. Immediate and long term planning decisions rest on reliable information, to the extent available, and on measured estimates of expected changes in funding and services.

In the short term, i.e., 2014, the Part A Program is struggling to meet the 75/25 core service rule and may find it even more difficult as Part A clients become Medicaid eligible. Further, some services may be available from front-line payers, such as Medicaid, while others may be available only through Ryan White. It is essential to have an informed Planning Council as it considers application of a waiver to the 75/25 rule, service priorities and funding allocations. This study attempts to provide direction for the Planning Council in its decision-making process.

While the full impact of the ACA may take several years to completely unfold, it is possible to estimate the near term changes to service delivery and access. At this point, there is reliable information regarding health benefits, and options in 2014 are available, most significantly through the New Jersey Medicaid Expansion Program that was recently implemented.

Regarding the changes that will occur, there are many questions to be answered, among them:

- ✂ How many PLWHA will actually change their insurance status in 2014?
- ✂ What service changes will take effect?
- ✂ Who will not have insurance coverage and still require Part A assistance?
- ✂ What will be the impact, both programmatic and financial, to the Part A Program?

These short-term questions are addressed in this report.

B. Goals and Objectives

To goal of the project is to assess the near-term impact of the Affordable Care Act on HIV/AIDS services in the Bergen-Passaic TGA. Four objectives support the goal:

1. Expand the capacity of the eCOMPAS MIS system to capture relevant insurance, eligibility and prescription co-pay data.
2. Estimate the size and characteristics of the Bergen-Passaic TGA HIV/AIDS population that will experience material insurance coverage changes in 2014.
3. Estimate the financial impact of ACA expanded coverage on the Part A Program.

4. Identify service access changes and their relative impact on HIV/AIDS core and support services.

C. Insurance Provisions and the Affordable Care Act

Currently, there are five major funding sources for PLWHA:

1. Ryan White
 ⓧ Fully established and unlikely to change in 2014
2. Medicaid
 ⓧ Eligibility expanded in 2014. A significant number of uninsured PLWHA now have access to this coverage.
3. Medicare
 ⓧ Fully established and unlikely to change in 2014 except for a broad interpretation of permanent disability eligibility standards.
4. Basic Health Plan (or Subsidized Private Insurance)
 ⓧ Available to individuals under 65 years of age living between 133-200% of federal poverty level (FPL). Largely federally funded through the insurance marketplace exchange
5. Private health insurance
 ⓧ Available through the insurance marketplace exchange for individuals and families with higher incomes. Individuals and families living below 400% FPL receive credits that can be applied to the premiums.

The ACA does not include a provision for undocumented residents although those with sufficient income may enroll in private insurance through the marketplace exchange. If unable to afford private health insurance, undocumented PLWHA would rely solely on Ryan White and charity care.

Benefit packages vary with each funding source and each insurance plan. In New Jersey, there are five Medicaid plans from which to choose. Private insurance plans are available through the marketplace exchange. Three health insurers are offering 29 options for individuals and families in New Jersey: Horizon Blue Cross Blue Shield, AmeriHealth New Jersey and Health Republic Insurance of New Jersey. Health Republic is a new consumer oriented and operated plan, or co-op, created under a provision of the ACA. Aetna initially intended to participate, but withdrew. More plans and options will continue to develop over time.

D. Methodology

The analysis is largely data driven and relies largely on existing data sources and estimation models. Qualitative information was utilized to enhance understanding of consumers' ability to navigate the new insurance scenarios.

Estimates of the HIV/AIDS Population Affected by ACA

Consultants utilized the Center for Health Law and Policy Innovation of Harvard Law School and the Treatment Access Expansion Project State Health Reform Impact Modeling Project¹ as a baseline methodology for estimating the size and characteristics of Bergen-Passaic TGA PLWHA who will benefit from expanded Medicaid, Basic Health Plan and Private Insurance eligibility. The model utilizes AIDS Drug Assistance Program (ADAP) data and establishes income and demographic assumptions that can be applied to a local area analysis. New Jersey data were provided by the New Jersey Department of Health Division of HIV/AIDS, Tb and STD Services.

The same estimation methodology was used to assess participation by Part A enrollees in new insurance coverage options. Utilizing the eCOMPAS database, profiles of Ryan White recipients were studied along the following characteristics:

- ⌘ Age: All ages and age 18-64
- ⌘ Income: Below 133% FPL, 133%-200% FPL, and 200%-400% FPL
- ⌘ Insurance coverage: 2013 and 2014 year-to-date
- ⌘ Citizenship
- ⌘ Cost per case: 2013 and 2014

Estimates were calculated for all Part A enrollees and for those receiving primary medical care. Prior to completing the calculations, RDE Systems, the Ryan White Part A MIS vendor, was asked to expand the client database to include assignment of income level by federal poverty level (FPL). This was accompanied by efforts of all Ryan White sub-grantees to complete and validate their client information. Data up to March 31, 2014 are claimed to be complete.

Consumer Reaction to the ACA

Qualitative interviews were undertaken with providers and consumers to assess the extent to which insurance changes have been successfully implemented. Case managers were asked about their clients' existing situations and whether they feel sufficiently equipped to guide consumers through new benefits and requirements. A consumer focus group was conducted to learn about their experiences, ongoing issues and access barriers that may have surfaced as a result of ACA implementation.

¹ State Health Reform Modeling Project: New Jersey. Prepared by the Center for Health Law and Policy of the Harvard Law School and the Treatment Access Expansion Project. January 2013.

Analysis of the 75/25 Waiver Option.

This analysis includes a projection of service need in 2014. Utilization and financial estimates will help determine whether the 75/25 rule would place undue burden on the Part A Program and whether use of Part A funds would be better spent on support services. Eligibility to apply for the waiver is examined as part of the analysis.

II. INSURANCE ENROLLMENTS

2012 and 2013 enrollment estimates were calculated for New Jersey, the Bergen-Passaic TGA, Part A clients and Part A primary medical care clients. Calculations were completed for Medicaid and private insurance subsidies. The model begins with the number of clients served and then subtracts ineligible clients according to income levels, current insurance status and citizenship status. Estimates were completed for clients of all ages and persons age 18-64.

The methodology begins with baseline data of current PLWHA receiving HIV treatment. The regional database is from the AIDS Drug Assistance Program (ADAP) and is considered the most complete data source available. Data were stratified by income levels, insurance status and citizenship status. Calculations consisting of consecutive reductions of the baseline produced estimates of ADAP clients who would qualify for either Medicaid or subsidized private insurance, as follows:

Expanded Medicaid Eligibility =

1. Baseline minus
2. Clients with income above 133% FPL minus
3. Insured clients below 133% FPL minus
4. Uninsured undocumented immigrants with income below 133% FPL

Subsidized Private Insurance Eligibility =

1. Baseline minus
2. Clients with income below 133% FPL minus
3. Clients above 400% FPL minus
4. Insured clients between 133% and 400% FPL minus
5. Undocumented immigrants with income between 133% and 400% FPL

The methodology produced estimates of persons living with HIV/AIDS (PLWHA) in New Jersey and the Bergen-Passaic Transitional Grant Area (TGA) who are eligible to transition to Medicaid or subsidized private insurance. Detailed ADAP and eCOMPAS demographic tables and the 2014 FPL guidelines are found in Appendix A and Appendix B.

A. New Jersey

Based on 2013 data, 2,101 ADAP clients will be newly eligible for Medicaid in 2014, representing 29% of the entire ADAP population in New Jersey. An additional 1,879 clients (26% of all ADAP clients) will become eligible for subsidized private insurance. In total, 3,980 ADAP clients (55%) will be newly eligible for alternate insurance coverage. (Table 1)

Table 1
Medicaid and Subsidized Private Insurance Estimates
New Jersey 2014 ^{(1) (2)}

MEDICAID		
	#	%
ADAP Clients Being Served	7,235	100%
ADAP Clients With Incomes Above 133% FPL	4,196	58.0%
Insured ADAP Clients With Incomes Below 133% FPL ⁽³⁾	752	10.4%
ADAP Clients Who Are Uninsured Undocumented Immigrants With Incomes Below 133% FPL ⁽⁴⁾	185	2.6%
ADAP Clients Served Who Will Be Newly Eligible For Medicaid In 2014	2,101	29.0%
PRIVATE INSURANCE SUBSIDY		
ADAP Clients Being Served	7,235	100%
ADAP Clients Living Below 133% FPL	3,111	43.0%
ADAP Clients Living Above 400% FPL	1,085	15.0%
Insured ADAP Clients Living Between 133% And 400% FPL ⁽⁵⁾	974	13.5%
Undocumented ADAP Clients Living Between 133% And 400% FPL ⁽⁶⁾	185	2.6%
ADAP Clients Who Will Be Eligible For Subsidized Private Insurance In 2014	1,879	26.0%

Notes:

1. Source: ADAP-Master, Unreported Income data distributed across income cohorts.
2. Source: State Health Reform Impact Modeling Project: New Jersey.
3. Insured ADAP clients with incomes below 133% FPL based on 56% likelihood of cohort members being insured.
4. The uninsured undocumented calculation is based on 5.96% of the population of ADAP clients with incomes below 133% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.
5. Insured ADAP clients living between 133% and 400% FPL based on 72% likelihood of cohort members being insured.
6. Undocumented ADAP clients living between 133% and 400% FPL is based on 5.96% of the population of ADAP clients with incomes between 133% and 400% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.

B. Bergen-Passaic TGA

Using ADAP data, 230 ADAP clients will be newly eligible for Medicaid in 2014, constituting 23% of all clients in the area. The number of 2013 ADAP clients newly eligible Medicaid will be 213 or 22% of the total. The difference reflects an overall reduction of 18 clients between 2012 and 2013. The number of 2013 clients newly eligible for subsidized private insurance will be 368 or 39% of all ADAP clients (See Table 2). The total number of 2013 ADAP clients eligible to transition to other sources of payments will be 518 or 61% of all ADAP clients.

Table 2
Medicaid and Subsidized Private Insurance Estimates
Bergen-Passaic TGA 2014 ^{(1) (2)}

	2012		2013	
	#	%	#	%
MEDICAID				
ADAP Clients Being Served	999	100%	957	100%
ADAP Clients With Incomes Above 133% FPL	658	65.9%	637	66.6%
Insured ADAP Clients With Incomes Below 133% FPL ⁽³⁾	102	10.2%	99	10.3%
ADAP Clients Who Are Uninsured Undocumented Immigrants With Incomes Below 133% FPL ⁽⁴⁾	9	0.9%	8	0.8%
ADAP Clients Served Who Will Be Newly Eligible For Medicaid In 2014	230	23.0%	213	22.3%
PRIVATE INSURANCE SUBSIDY				
ADAP Clients Being Served	999	100%	957	100%
ADAP Clients Living Below 133% FPL	341	34.1%	320	33.4%
ADAP Clients Living Above 400% FPL	55	5.5%	64	6.7%
Insured ADAP Clients Living Between 133% and 400% FPL ⁽⁵⁾	181	18.1%	171	17.9%
Undocumented ADAP Clients Living Between 133% and 400% FPL ⁽⁶⁾	36	3.6%	34	3.6%
ADAP Clients Who Will Be Eligible For Subsidized Private Insurance In 2014	386	38.6%	368	38.5%

Notes:

1. Source: ADAP-Master, Unreported Income data distributed across income cohorts.
2. Source: State Health Reform Impact Modeling Project: New Jersey.
3. Insured ADAP clients with incomes below 133% FPL based on 56% likelihood of cohort members being insured.
4. The uninsured undocumented calculation is based on 5.96% of the population of ADAP clients with incomes below 133% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.
5. Insured ADAP clients living between 133% and 400% FPL based on 72% likelihood of cohort members being insured.
6. Undocumented ADAP clients living between 133% and 400% FPL is based on 5.96% of the population of ADAP clients with incomes between 133% and 400% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.
7. Based on eCOMPAS responses; uninsured = None, Unknown, Charity, Private Pay

C. Bergen-Passaic Ryan White Part A

The data source for calculating eligible Medicaid and subsidized private insurance was from the eCOMPAS client database which includes all clients served under the Bergen-Passaic Part A, MAI and HOPWA programs. Eligibility was determined for Part A clients of all ages and the subset age 18-64. For all clients, the total number who will be eligible for Medicaid in 2014 is 446 (40% of the total) for all ages and 432 for those age 18-64 (40% of the total). The number eligible for subsidized private insurance is 45, both age categories, or 4% of the total (See Table 3).²

Table 3
Medicaid and Subsidized Private Insurance Estimates
Bergen-Passaic Part A 2014 ^(1, 2)

	ALL SERVICES – AGES 18-64 ONLY		ALL SERVICES – ALL AGES	
	Jan 1 2013 - Apr 4 2014		Jan 1 2013 - Apr 4 2014	
	#	%	#	%
MEDICAID				
RW Clients Being Served	1,075	100%	1,126	100%
RW Clients With Incomes Above 133% FPL	204	19.0%	219	19.4%
Insured RW Clients With Incomes Below 133% FPL ⁽³⁾	412	38.3%	433	38.5%
RW Clients Who Are Uninsured Undocumented Immigrants With Incomes Below 133% FPL ⁽⁴⁾	27	2.5%	28	2.5%
RW Clients Served Who Will Be Newly Eligible For Medicaid In 2014	432	40.2%	446	39.6%
PRIVATE INSURANCE SUBSIDY				
RW Clients Being Served	1,075	100%	1,126	100%
RW Clients Living Below 133% FPL	871	81.0%	907	80.6%
RW Clients Living Above 400% FPL	10	0.9%	10	0.9%
Insured RW Clients Living Between 133% and 400% FPL ⁽⁵⁾	137	12.7%	152	13.5%
Undocumented RW Clients Living Between 133% and 400% FPL ⁽⁶⁾	12	1.1%	12	1.1%
RW Clients Who Will Be Eligible For Subsidized Private Insurance In 2014	45	4.2%	45	4.0%

Notes:

1. Based on eCOMPAS responses; uninsured = None, Unknown, Charity, Private Pay
2. Source: State Health Reform Impact Modeling Project: New Jersey.
3. Insured ADAP clients with incomes below 133% FPL based on 56% likelihood of cohort members being insured.
4. The uninsured undocumented calculation is based on 5.96% of the population of ADAP clients with incomes below 133% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.
5. Insured ADAP clients living between 133% and 400% FPL based on 72% likelihood of cohort members being insured.
6. Undocumented ADAP clients living between 133% and 400% FPL is based on 5.96% of the population of ADAP clients with incomes between 133% and 400% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.

² Estimates assume accurate data from the eCOMPAS system; however, the number of insured appears to be overstated. Data validation was undertaken at the close of the fiscal year. Despite this, it appears likely that data entry procedures need to be revisited at the provider sites.

Part A enrollees receiving primary medical care was further examined to determine the impact on the high priority core service primary medical care. Of the 333 primary medical care patients, 87 (8%) are eligible to transition to Medicaid in 2014 and 37 (4%) will be eligible for subsidized private insurance (See Table 4).

Table 4
Medicaid and Subsidized Private Insurance Estimates
Bergen-Passaic Part A Primary Medical Care Enrollees2014^(1, 2)

	ALL SERVICES – AGES 18-64 ONLY		ALL SERVICES – ALL AGES	
	Jan 1 2013 - Apr 4 2014		Jan 1 2013 - Apr 4 2014	
	#	%	#	%
MEDICAID				
RW Clients Being Served	333	30%	333	30%
RW Clients With Incomes Above 133% FPL	74	6.6%	74	6.6%
Insured RW Clients With Incomes Below 133% FPL ⁽³⁾	167	14.8%	167	14.8%
RW Clients Who Are Uninsured Undocumented Immigrants With Incomes Below 133% FPL ⁽⁴⁾	5	0.5%	5	0.5%
RW Clients Served Who Will Be Newly Eligible For Medicaid In 2014	87	7.7%	87	7.7%
PRIVATE INSURANCE SUBSIDY				
RW Clients Being Served	333	30%	333	30%
RW Clients Living Below 133% FPL	259	23.0%	259	23.0%
RW Clients Living Above 400% FPL	4	0.4%	4	0.4%
Insured RW Clients Living Between 133% and 400% FPL ⁽⁵⁾	29	2.6%	29	2.6%
Undocumented RW Clients Living Between 133% and 400% FPL ⁽⁶⁾	4	0.4%	4	0.4%
RW Clients Who Will Be Eligible For Subsidized Private Insurance In 2014	37	3.3%	37	3.3%

Notes:

1. Based on eCOMPAS responses; uninsured = None, Unknown, Charity, Private Pay
2. Source: State Health Reform Impact Modeling Project: New Jersey.
3. Insured ADAP clients with incomes below 133% FPL based on 56% likelihood of cohort members being insured.
4. The uninsured undocumented calculation is based on 5.96% of the population of ADAP clients with incomes below 133% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.
5. Insured ADAP clients living between 133% and 400% FPL based on 72% likelihood of cohort members being insured.
6. Undocumented ADAP clients living between 133% and 400% FPL is based on 5.96% of the population of ADAP clients with incomes between 133% and 400% FPL. This figure may need to be adjusted to reflect a Bergen-Passaic specific figure.

The number of enrollees who were already insured appears proportionately higher than those in the state and the TGA, leading to relatively low estimates of Medicaid and subsidized private insurance eligibility within the Part A Program. Reasons are not fully understood.

Financial Impact. The financial impact to the Ryan White Program was calculated by multiplying the number of clients eligible for Medicaid or subsidized private insurance in 2013 by the 2013 cost per case. If all eligible clients were to transition to other insurance options, the maximum impact is estimated at \$763,987 of which \$256,389 would be from primary medical care patients (See Table 5).³

Table 5
Estimated Financial Impact of
Medicaid Expansion and Subsidized Insurance Options
Ryan White Part A Program

	Medicaid	Subsidized Private Insurance	Total
Part A - All Services	432	45	477
Cost per client	\$ 1,601.65	\$ 1,601.65	\$ 1,601.65
Impact	\$691,912.20	\$ 72,074.19	\$763,986.39
Primary Medical Care	87	37	124
Cost per client	\$ 1,987.01	\$ 1,987.01	\$ 1,987.01
Impact	\$172,869.92	\$ 73,519.39	\$246,389.31

³ This estimate should be considered as an order of magnitude and not applicable for financial planning purposes.

III. BENEFITS AND SERVICES

In New Jersey, there are multiple plans available to consumers, both for Medicaid and private insurance. A comparison of all the various benefit packages is complex and beyond the scope of this study. However, broad comparisons can provide information to determine how consumers would be affected by a change in coverage.

Benefits were compared across the Ryan White Part A approved services, Horizon HMO which is considered the benchmark for New Jersey plans offered through the marketplace exchange and Medicaid Plans A, B, C, D and ABP. Information pertaining to Ryan White Part A and Horizon HMO were obtained from the State Health Reform Impact Modeling Project: New Jersey, prepared by the Center for Health law and Policy Innovation. Medicaid benefit information was provided by New Jersey FamilyCare (See Tables 6 and 7 below for summary comparisons). Detailed comparison charts are found in Appendix C and Appendix D.

In general, all benefit packages offer primary medical coverage. Differences are found, however, with other core services such as oral health care, mental health treatments and substance abuse treatments. The following are overall major observations:

- ✘ Medicaid coverage offers more comprehensive medical care including inpatient, laboratory, outpatient, maternity, oral health, mental health, and skilled nursing.
- ✘ Ryan White covers more supportive services.
- ✘ Horizon HMO is similar to Medicaid but requires co-pays and deductibles.
- ✘ Substance abuse and mental health services vary substantially across all payers.
- ✘ Drug offerings are similar across ADAP, Horizon HMO and Medicaid.

The most significant difference in benefits coverage is with support services. Many support services, available through Ryan White Part A, are not included in Medicaid or private insurance plans. Support services such as emergency financial assistance, nutritional services, legal assistance, housing services, outreach, psychosocial support and treatment adherence counseling are only available through Ryan White Part A. Early intervention service for HIV is similarly available only through Ryan White Part A. Additionally, many preventive and wellness/chronic disease management services are available only through Medicaid. These include allergy testing and injections, cancer screenings, diabetes management, optometry, podiatry and smoking cessation. See Table 6 and Table 7 for a summary comparison of plan benefits.

Table 6
Benefit Coverage Summary Comparisons

	Ryan White Part A	Horizon HMO	Medicaid Plan A
Ambulatory/Outpatient/Primary Care	X	X	X
Medical Case Management	X		X
Oral Health Care	X	X	
Emergency Services	X	X	X
Hospitalization	*	X	X
Laboratory Services	X	X	X
Maternity and Newborn Care		X	X
Mental Health: Outpatient	X	X	X
Mental Health: Inpatient		X	X
Psychosocial Support	X		
Residential Treatment Center			X
Substance Abuse Outpatient	X	X	X
Substance Abuse: Inpatient	X	X	
Other Support Services	X		
Pediatric Services			X
Prescription Drugs	X	X	X
Preventive and Wellness Services			X
Rehabilitative Services	*		X
Medical Day Care			X
Skilled Nursing			X

Source: State Health Reform Impact Modeling Project: New Jersey

(*) Limited coverage offered depending on the plan.

Table 7
Drug Coverage Comparisons

Drug Groupings	# Drugs Covered		
	ADAP	Horizon HMO	Medicaid
Multiclass Combination Drugs	3	2	3
NRTIs	12	12	12
NNRTIs	5	3	5
Protease Inhibitors	10	9	10
Fuzion Inhibitors	1	1	1
Entry Inhibitors	1	1	1
HIV Integrase Strand Transfer Inhibitors	1	1	1
"A1" Opportunistic Infection Medications	30	28	30

Source: State Health Reform Impact Modeling Project: New Jersey

IV. CONSUMER REACTION

Key informant interviews and a consumer focus group were undertaken to measure the extent to which consumers were adjusting to new insurance options. The results depict a situation that belies generality and one in which each case must be considered individually. In some instances, most often with Medicaid enrollees, consumers are well satisfied. On the other end of the spectrum, other consumers are experiencing frustration, anger and uncertainty.

A. Key Informant Interviews

Case managers and certified insurance counselors were asked about experiences when assisting consumers with their insurance options. In general, there was consensus that all who are in need of HIV medical care are able to get it. Enrollments are progressing across the TGA. Medicaid enrollments, in particular, have progressed more successfully. When transitions are complete, satisfaction levels are high with new insurance coverage.

Problems occur most often with the enrollment process, particularly at the private marketplace exchange, and the documentation required before coverage is approved. For example, one case manager reported eight out of 48 clients had not been able to resolve enrollment issues. Another reported ten out of 139 still pending, and more than 40 still had issues with getting coverage.

Many consumers with unresolved enrollment applications are either undocumented or have not met the five-year residency waiting period for Medicaid eligibility. Each unresolved case is complex and requires assistance from case managers to move the process forward.

Process and uncertainty are the main stressors, according to the case managers. Clients do not deal well with bureaucratic requirements, especially when talking with representatives over the telephone. Case managers are often asked to decipher instructions or to assist with the online enrollment process.

According to the key informants, case management is a key to successful insurance enrollment. While assistance is available, several case managers believe their clients are not getting the help they need. Some agencies offer direct assistance as part of case management services. Others are working with Hyacinth AIDS Foundation funded by a New Jersey DHSTS grant to PLWHA in need of enrollment assistance. Certified insurance counselors work one-on-one with consumers through the online enrollment process and offer counseling regarding specific benefits that consumers need to understand. While the program is successful, and training is available at the State level, all key informants interviewed for this study recommended additional training for case managers.

One key informant expressed concern about consumers who are electing to remain uninsured.⁴ Some are unable to pay the premiums even with tax credits; therefore, they chose to forego coverage and rely on charity care. Other consumers eligible for subsidized private insurance would be required to change their physician, a step that leaves them uncomfortable at best. They as well preferred to remain uninsured.

B. Consumer Opinion

A focus group was held with eight PLWHA to learn about their experiences with the new insurance options. Their remarks showed a surprising diversity of opinion, ranging from high levels of satisfaction to angry taunts aimed at government regulation. The following summarizes their comments.

When asked about their experience with Medicaid or subsidized insurance enrollment, responses varied. Some were very happy, especially new Medicaid enrollees.

“...if you just be patient, it’s fine...It took a phone call here and there, and you have to be on hold sometimes...I was fairly happy...”

Some participants were bitterly disappointed, confused or unable to navigate the system.

“...It was a vicious circle...”

“It took a long time for me...four or five days because it kept freezing up, so it would tell me to call a number to go back to the website...”

Some refused coverage, typically because of insufficient resources.

“...I ended up not choosing anything because I couldn’t afford anything...”

Participants spoke about coverage changes, some of which caused them problems with obtaining medications or some of which led to co-pay issues.

“...now I have severe insomnia and they’re not paying for Ambien anymore...”

“I didn’t have a co-pay when I first started. When I went back to the doctor to get my medicine, they said I had a co-pay.”

⁴ See below for additional discussion.

Perhaps the most serious problem rests with consumers who remain uninsured. These vulnerable consumers either do not qualify for Medicaid, cannot afford insurance premiums, or worry about changing their doctors.

“...I just gave up. Let them do what they want with me...”
“Two to three hundred dollars a month is a lot of money.”

When asked about alternatives, they spoke of their dependence on charity care, a safety net program that has historically provided care for uninsured patients. They expressed significant concern about future access to treatment and medications.

V. DISCUSSION AND RECOMMENDATIONS

While much has been learned during this first year of legislative implementation, some important questions remain unanswered. However, as the Paterson-Passaic County – Bergen County HIV Health Services Planning Council is entrusted with determining how Ryan White Part A funds will be spent, it is necessary to move forward with knowledgeable and well considered decisions.

In light of the research presented in this report, it is clear that the Patient Protection and Affordable Care Act has and will continue to have significant impact on the ongoing care of persons living with HIV/AIDS. Medical care costs are shifting, and new access issues are surfacing for PLWHA. The following discussion and recommendations deal with the decisions now facing the Planning Council.

The 75/25 Waiver. Ryan White legislation requires that Planning Councils allocate 75% of Part A funds to core services including outpatient primary medical care, medical case management, oral health care, mental health counseling, and substance abuse treatment, and others. As Part A clients transition to Medicaid or subsidized health insurance, fewer will be receiving care under the Part A Program. Yet, Part A funding will increase in the near term, creating questions about whether the core service providers will be able to spend down their awards. If they cannot, then the program will be out of compliance with the legislation.

HRSA recognized this as a legitimate issue and recently established a policy allowing Ryan White grantees to request a waiver to the 75/25 rule provided sufficient evidence is given to demonstrate the need. The Bergen-Passaic Part A Program has not submitted a waiver request but is now considering its feasibility for FY 2015.

As shown in Section II of this report, the Part A program faces up to \$763,986 in unexpended funds, constituting approximately 24% of the total FY2014 grant award. Primary medical care would face up to \$246,389 in unexpended funds, or 39% of allocated Part A funds. Other core services such as mental health counseling and substance abuse treatment face similar situations. Unless these funds can be allocated to other core services, the Bergen-Passaic Part A Program will be out of legislative compliance.

Other core services that can be increased include medical case management, oral health care and health insurance premium & cost sharing. Each service category should be examined for need, past and present utilization and availability of other funding sources to determine whether increases are justified. If they cannot, then the Planning Council would be advised to authorize a waiver application to allow more than 25% of allocations for support services.

Health Insurance Premium and Cost Sharing Assistance. The Planning Council funded this service category for the first time in FY2014 and, therefore, experience is limited with regard to demand and eligibility. Nevertheless, in light of co-pay, deductible and coverage shortfalls

described previously in this report, this service category qualifies for increased funding. The Planning Council and the Grantee should work together to determine how much increased demand to expect.

Oral Health Care. This service category is currently funded by Ryan White Part A and Medicaid but not by subsidized insurers. Therefore, demand for oral health care is likely to remain unchanged or possibly increase. The Planning Council may offer additional funding, if utilization trends demonstrate the need.

Medical and Non-Medical Case Management. As described in Section IV of this study, the availability of well-trained case managers is critical to a successful transition to alternate insurance options. In FY2013, 12.7 FTE case managers delivered 2,012 hours of service to 1,268 clients.⁵ According to the Case Management Acuity Rating System (CARS), 16.5 FTE were needed, indicating a shortfall of 3.8 FTE case managers. The Planning Council might consider additional funding to allow sub-grantees to realize their needed staffing levels, particularly in light of anticipated demand for insurance counseling.

The Planning Council should also consider the need for ongoing case management training in the areas of insurance coverage, medication coverage, and vocational opportunities to assist Part A clients with new opportunities for employment and insurance coverage.

Support Services. If the 75/25 waiver option is supported by the Planning Council, then additional funds may be allocated to the support services. Those that are not offered by Medicaid or most subsidized insurance programs include emergency financial assistance, nutritional services, legal assistance, housing services, outreach, psychosocial support and treatment adherence counseling.

⁵ Source: eCOMPAS. Data include reporting agencies: Buddies of NJ (2.0 FTE), CAPCO (5.75 FTE), City of Passaic (1.0 FTE), Hyacinth AIDS Foundation (treatment adherence) (1.00 FTE), Paterson Division of Health (0.75 FTE), St. Mary's Hospital (1.2 FTE) and Well of Hope (1.00 FTE). Non-reporting case management agencies include: Hispanic Multi-Purpose Service Center, Paterson Counseling Center, and Straight and Narrow.

APPENDIX A
BERGEN-PASSAIC RYAN WHITE PART A
DEMOGRAPHIC CHARACTERISTICS BY PERCENT OF FEDERAL POVERTY LEVEL

Service Category and Perspective: Provider Side Demographics/ALL SERVICES

Grouping: Federal Poverty Level

Only records where answer to: 'Subservice' is 'Not Special Population Level I'

Only records where answer to: 'Grant RW/MAI' is 'Ryan White Only'

Between dates 01/01/2013 and 04/04/2014

Age Group (0/13/19/29/39/49/50+)

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
13-24	34	3.02%	2	0.18%	4	0.36%	0	0.00%
25-34	104	9.24%	14	1.24%	5	0.44%	3	0.27%
35-44	165	14.65%	24	2.13%	10	0.89%	1	0.09%
45-54	310	27.53%	41	3.64%	32	2.84%	3	0.27%
55+	294	26.11%	53	4.71%	24	2.13%	3	0.27%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Age Group (0/18/65+)

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
18-64	870	77.26%	125	11.10%	70	6.22%	10	0.89%
65+	37	3.29%	9	0.80%	5	0.44%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Client Status

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Active	621	55.15%	92	8.17%	53	4.71%	6	0.53%
Discharged - Died	9	0.80%	1	0.09%	0	0.00%	0	0.00%
Discharged - Moved	35	3.11%	3	0.27%	4	0.36%	0	0.00%
Discharged - Withdrew	97	8.61%	12	1.07%	6	0.53%	0	0.00%
Suspended - No Contact	85	7.55%	13	1.15%	6	0.53%	1	0.09%
Discharged - Case Resolved	56	4.97%	13	1.15%	6	0.53%	3	0.27%
Suspended - Incarcerated	4	0.36%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Gender

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Male	541	48.05%	101	8.97%	54	4.80%	7	0.62%
Female	362	32.15%	33	2.93%	21	1.87%	3	0.27%
Transgender	4	0.36%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Zip Code

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Paterson	438	38.90%	37	3.29%	12	1.07%	3	0.27%
Passaic City	129	11.46%	22	1.95%	4	0.36%	0	0.00%
Other Passaic County	22	1.95%	3	0.27%	6	0.53%	1	0.09%
Clifton	19	1.69%	5	0.44%	6	0.53%	0	0.00%
Hackensack	66	5.86%	11	0.98%	10	0.89%	1	0.09%
Cliffside Park	6	0.53%	0	0.00%	1	0.09%	0	0.00%
Fort Lee	6	0.53%	1	0.09%	1	0.09%	0	0.00%
Englewood	15	1.33%	6	0.53%	4	0.36%	0	0.00%
Teaneck	13	1.15%	3	0.27%	1	0.09%	0	0.00%
Lodi	16	1.42%	6	0.53%	1	0.09%	0	0.00%
Other Bergen County	140	12.43%	35	3.11%	25	2.22%	4	0.36%
Other	37	3.29%	5	0.44%	4	0.36%	1	0.09%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Referral Source

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
[Not set]	208	18.47%	20	1.78%	12	1.07%	4	0.36%
CM (Case Management) Agency	183	16.25%	31	2.75%	11	0.98%	1	0.09%
Self	178	15.81%	23	2.04%	14	1.24%	3	0.27%
Other	142	12.61%	25	2.22%	12	1.07%	1	0.09%
Primary Care Physician	93	8.26%	20	1.78%	17	1.51%	0	0.00%
Test Site	51	4.53%	7	0.62%	5	0.44%	0	0.00%
Hospital Discharge	49	4.35%	7	0.62%	4	0.36%	1	0.09%
Hotline	3	0.27%	1	0.09%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Hispanic Region of Origin

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Not Hispanic	457	40.59%	69	6.13%	45	4.00%	5	0.44%
Puerto Rico	165	14.65%	11	0.98%	15	1.33%	1	0.09%
Other	140	12.43%	16	1.42%	2	0.18%	1	0.09%
South America	49	4.35%	15	1.33%	3	0.27%	1	0.09%
No Country	37	3.29%	7	0.62%	6	0.53%	1	0.09%
Mexico	25	2.22%	6	0.53%	1	0.09%	1	0.09%
Central America	17	1.51%	9	0.80%	3	0.27%	0	0.00%
Cuba	9	0.80%	1	0.09%	0	0.00%	0	0.00%
Portugal	5	0.44%	0	0.00%	0	0.00%	0	0.00%
Brazil	2	0.18%	0	0.00%	0	0.00%	0	0.00%
Europe	1	0.09%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Sexual Orientation

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Heterosexual	607	53.91%	79	7.02%	34	3.02%	5	0.44%
Same sex partner	139	12.34%	45	4.00%	33	2.93%	4	0.36%
[Not set]	54	4.80%	1	0.09%	1	0.09%	0	0.00%
Bisexual	47	4.17%	4	0.36%	3	0.27%	1	0.09%
Unknown	41	3.64%	0	0.00%	4	0.36%	0	0.00%
Not Asked	16	1.42%	4	0.36%	0	0.00%	0	0.00%
N/A (Pediatric)	3	0.27%	1	0.09%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

HIV Status

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
HIV Positive, no AIDS	403	35.79%	65	5.77%	39	3.46%	2	0.18%
AIDS	292	25.93%	47	4.17%	18	1.60%	3	0.27%
HIV Positive, AIDS Status Unknown	185	16.43%	21	1.87%	17	1.51%	5	0.44%
HIV Status Unknown	21	1.87%	0	0.00%	0	0.00%	0	0.00%
HIV Affected	6	0.53%	1	0.09%	1	0.09%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Transmission Modes

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Receipt of blood transfusion, blood components, or tissue	16	1.02%	0	0.00%	1	0.06%	0	0.00%
If under 13, Mother to child transmission	9	0.58%	2	0.13%	0	0.00%	0	0.00%
Injection drug user (IDU)	158	10.11%	15	0.96%	9	0.58%	0	0.00%
Other	132	8.45%	15	0.96%	7	0.45%	1	0.06%
Sex With Female	262	16.76%	37	2.37%	7	0.45%	1	0.06%
Sex With HIV/AIDS Infected Person, Risk Not Spec.	197	12.60%	39	2.50%	17	1.09%	2	0.13%
Sex With Intravenous/Injecting Drug User	72	4.61%	5	0.32%	5	0.32%	1	0.06%
Sex With Male	418	26.74%	68	4.35%	48	3.07%	6	0.38%
Sexual Abuse/Assault	9	0.58%	0	0.00%	0	0.00%	0	0.00%
Worked in Health Care Setting	3	0.19%	1	0.06%	0	0.00%	0	0.00%
Hemophilia/coagulation disorder	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	1276	81.64%	182	11.64%	94	6.01%	11	0.70%

Note: A client may be present in more than one category.

Employment Status

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Not in Labor Force	350	31.08%	36	3.20%	12	1.07%	0	0.00%
Unemployed	315	27.98%	28	2.49%	14	1.24%	2	0.18%
Full Time	89	7.90%	46	4.09%	41	3.64%	7	0.62%
Part Time	77	6.84%	18	1.60%	6	0.53%	0	0.00%
[Not set]	52	4.62%	0	0.00%	0	0.00%	0	0.00%
Self-Employed	19	1.69%	5	0.44%	2	0.18%	1	0.09%
Unknown	5	0.44%	1	0.09%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Care Giver Support

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
None	675	59.95%	125	11.10%	69	6.13%	5	0.44%
[Not set]	93	8.26%	2	0.18%	1	0.09%	1	0.09%
Unknown	87	7.73%	4	0.36%	2	0.18%	2	0.18%
Full Time	31	2.75%	2	0.18%	3	0.27%	2	0.18%
Part Time	14	1.24%	0	0.00%	0	0.00%	0	0.00%
Episodic	7	0.62%	1	0.09%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Usual Source of Primary Care

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Hospital Outpatient Clinic/Dept.	533	47.34%	73	6.48%	22	1.95%	1	0.09%
[Not set]	76	6.75%	3	0.27%	3	0.27%	0	0.00%
Other Public Clinic or Dept.	60	5.33%	5	0.44%	2	0.18%	0	0.00%
None	51	4.53%	5	0.44%	12	1.07%	3	0.27%
Solo/Group Practice, Not HMO	44	3.91%	22	1.95%	22	1.95%	2	0.18%
Other Private Comm. Based Org.	34	3.02%	7	0.62%	2	0.18%	0	0.00%
Unknown	30	2.66%	1	0.09%	0	0.00%	1	0.09%
Public-Funded Comm. Health Ctr.	27	2.40%	3	0.27%	3	0.27%	1	0.09%
Other	21	1.87%	8	0.71%	2	0.18%	0	0.00%
HMO	16	1.42%	3	0.27%	6	0.53%	2	0.18%
Emergency Room	14	1.24%	4	0.36%	1	0.09%	0	0.00%
VA or Military Hospital	1	0.09%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Living In

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
House/Apartment	774	68.74%	126	11.19%	74	6.57%	10	0.89%
[Not set]	50	4.44%	1	0.09%	0	0.00%	0	0.00%
Homeless or Shelter	49	4.35%	2	0.18%	1	0.09%	0	0.00%
SRO or Group Housing	12	1.07%	2	0.18%	0	0.00%	0	0.00%
Residential Treatment Program	9	0.80%	2	0.18%	0	0.00%	0	0.00%
Other	6	0.53%	0	0.00%	0	0.00%	0	0.00%
Nursing Home/Hospice	3	0.27%	0	0.00%	0	0.00%	0	0.00%
Unknown	2	0.18%	0	0.00%	0	0.00%	0	0.00%
Prison	2	0.18%	1	0.09%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Medically Unable to Work

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Yes	378	33.57%	49	4.35%	15	1.33%	0	0.00%
No	347	30.82%	78	6.93%	54	4.80%	8	0.71%
[Not set]	121	10.75%	5	0.44%	6	0.53%	1	0.09%
Not Available	61	5.42%	2	0.18%	0	0.00%	1	0.09%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Live With

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Alone (Check Nothing Else)	374	30.43%	65	5.29%	33	2.69%	5	0.41%
Spouse or Significant Other	147	11.96%	29	2.36%	15	1.22%	2	0.16%
Children Receiving Client Supp	114	9.28%	13	1.06%	9	0.73%	2	0.16%
Parent or Guardian	79	6.43%	14	1.14%	10	0.81%	0	0.00%
Other Relative	118	9.60%	14	1.14%	10	0.81%	1	0.08%
Non Relatives Sharing Expense	21	1.71%	4	0.33%	0	0.00%	0	0.00%
Other Non Relatives	54	4.39%	7	0.57%	1	0.08%	0	0.00%
Homeless	52	4.23%	2	0.16%	0	0.00%	0	0.00%
Unknown (Check Nothing Else)	30	2.44%	2	0.16%	1	0.08%	1	0.08%
Total	989	80.47%	150	12.21%	79	6.43%	11	0.90%

Note: A client may be present in more than one category.

Income Source

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Employment	169	13.56%	68	5.46%	47	3.77%	8	0.64%
Unemployment	67	5.38%	11	0.88%	8	0.64%	1	0.08%
Pension	8	0.64%	5	0.40%	5	0.40%	0	0.00%
Disability	328	26.32%	45	3.61%	14	1.12%	0	0.00%
Public Assistance	182	14.61%	6	0.48%	3	0.24%	1	0.08%
Other	57	4.57%	11	0.88%	9	0.72%	0	0.00%
None (Check Nothing Else)	151	12.12%	5	0.40%	3	0.24%	0	0.00%
Unknown (Check Nothing Else)	30	2.41%	2	0.16%	1	0.08%	1	0.08%
Total	992	79.61%	153	12.28%	90	7.22%	11	0.88%

Note: A client may be present in more than one category.

Payment Source

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
MC (Medicare)	34	2.26%	7	0.46%	3	0.20%	0	0.00%
MA (NON HMO) Medicaid	49	3.25%	4	0.27%	0	0.00%	0	0.00%
HMO (Non MA) Not Medicaid	12	0.80%	2	0.13%	0	0.00%	1	0.07%
BC/BS (Blue Cross/Blue Shield)	10	0.66%	6	0.40%	9	0.60%	0	0.00%
Other Third Party	5	0.33%	2	0.13%	0	0.00%	0	0.00%
Private Pay	86	5.71%	14	0.93%	14	0.93%	1	0.07%
Other	67	4.45%	5	0.33%	7	0.46%	0	0.00%
None (Check Nothing Else)	108	7.17%	14	0.93%	12	0.80%	2	0.13%
Unknown (Check Nothing Else)	7	0.46%	0	0.00%	0	0.00%	0	0.00%
HMO (MA) Under Medicaid	71	4.71%	1	0.07%	2	0.13%	0	0.00%
GAP Funding/Municipal Welfare	21	1.39%	0	0.00%	0	0.00%	0	0.00%
Medicaid	320	21.23%	16	1.06%	1	0.07%	1	0.07%
Medicare	145	9.62%	30	1.99%	9	0.60%	0	0.00%
Private Insurance	36	2.39%	25	1.66%	23	1.53%	3	0.20%
Charity	273	18.12%	39	2.59%	8	0.53%	2	0.13%
Total	1,244	82.55%	165	10.95%	88	5.84%	10	0.66%

Note: A client may be present in more than one category.

Primary Insurance

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Medicaid	342	30.37%	14	1.24%	2	0.18%	1	0.09%
None	139	12.34%	17	1.51%	15	1.33%	3	0.27%
Medicare	109	9.68%	31	2.75%	8	0.71%	0	0.00%
Other Public	109	9.68%	21	1.87%	4	0.36%	1	0.09%
[Not set]	76	6.75%	3	0.27%	2	0.18%	1	0.09%
Private	73	6.48%	37	3.29%	43	3.82%	4	0.36%
Other	56	4.97%	11	0.98%	1	0.09%	0	0.00%
Unknown	3	0.27%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Care Provider

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
St. Joseph Hospital	256	22.74%	16	1.42%	5	0.44%	1	0.09%
[Not set]	228	20.25%	28	2.49%	13	1.15%	5	0.44%
Hackensack University	112	9.95%	17	1.51%	10	0.89%	2	0.18%
St. Mary's Hospital	101	8.97%	23	2.04%	12	1.07%	0	0.00%
Other Care Provider	77	6.84%	16	1.42%	9	0.80%	0	0.00%
Private Doctor	53	4.71%	26	2.31%	22	1.95%	1	0.09%
Bergen Regional Medical Center	40	3.55%	5	0.44%	2	0.18%	0	0.00%
Paterson Counseling Center	38	3.37%	3	0.27%	2	0.18%	1	0.09%
Barnert Hospital	2	0.18%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Ethnicity

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
Non-Hispanic	596	52.93%	85	7.55%	54	4.80%	8	0.71%
Hispanic/Latino	309	27.44%	49	4.35%	21	1.87%	2	0.18%
Unknown	2	0.18%	0	0.00%	0	0.00%	0	0.00%
Total	907	80.55%	134	11.90%	75	6.66%	10	0.89%

Race

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
White	407	35.99%	74	6.54%	44	3.89%	8	0.71%
Black or African American	467	41.29%	53	4.69%	30	2.65%	2	0.18%
Asian	12	1.06%	1	0.09%	0	0.00%	0	0.00%
Native Hawaiian/Pacific Islander	3	0.27%	1	0.09%	0	0.00%	0	0.00%
American Indian or Alaska Native	3	0.27%	1	0.09%	0	0.00%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other	20	1.77%	4	0.35%	1	0.09%	0	0.00%
Total	912	80.64%	134	11.85%	75	6.63%	10	0.88%

Note: A client may be present in more than one category.

Reason Not HAART

	0%-132%		133%-200%		201%-400%		>400%	
	Count	%	Count	%	Count	%	Count	%
[Not set]	326	70.26%	48	10.34%	34	7.33%	7	1.51%
Not medically indicated	22	4.74%	2	0.43%	3	0.65%	0	0.00%
Not ready (as determined by clinician)	8	1.72%	0	0.00%	0	0.00%	0	0.00%
Other reason	7	1.51%	0	0.00%	0	0.00%	0	0.00%
Client refused	6	1.29%	0	0.00%	0	0.00%	0	0.00%
Intolerance, side effects, toxicity	0	0.00%	1	0.22%	0	0.00%	0	0.00%
Total	369	79.53%	51	10.99%	37	7.97%	7	1.51%

APPENDIX B
2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES
AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,060 for each additional person.	
1	\$ 11,670.00
2	\$ 15,730.00
3	\$ 19,790.00
4	\$ 23,850.00
5	\$ 27,910.00
6	\$ 31,970.00
7	\$ 36,030.00
8	\$ 40,090.00

APPENDIX C BENEFITS COMPARISONS BY SERVICE CATEGORIES

MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Ambulatory Patient Services	Ambulatory/Outpatient Care/Primary Care	X	X (\$20 per visit beyond annual preventative)	x	x	x	x	x	(inclusive of physician, certified nurse practitioner/clinical nurse specialists)
	Hospital Services: Outpatient			x	x	x	x	x	
	Medical Case Management	X							
	Abortion (Elective/Induced)			x	x	x	x	x	
	Access to Clinical Trials			x	x	x	x	x	(limited to coverage of hospital costs for clinical trials)
	Acupuncture			x	x	x	x (Covered when performed as a form of anesthesia in conjunction with approved surgery)	x	
	Anesthesia by Local Infiltration			x	x	x	x	x	
	Chemotherapy			x	x	x	x	x	
	Chiropractic Services			x	x	x		x	(limited to spinal manipulation)
	Federally Qualified Health Centers			x	x	x	x	x	
	Free-Standing Ambulatory Clinic Services/ End Stage Renal Dialysis Services			x	x	x	x	x	
	Genetic Evaluation and Counseling			x	x	x	x	x	
	Infertility Treatment Services								
	Ophthalmology Services			x	x	x	x	x	
	Outpatient Diagnostic Labs, Radiology & Pathology			x	x	x	x	x	(Medicaid found under laboratory and radiology services)
	Outpatient Surgery			x	x	x	x	x	
	Radiation Therapy			x	x	x	x	x	
	Specialist Visits			x	x	x	x	x	
Dental Services	Oral Health Care	X							
	Basic Dental Services			x	x	x	x	x	
	Dental – Diagnostic & Preventive			x	x	x	x	x	(limitations apply)
	Dental Injury – Medical/Surgical Services of Dentist			x	x	x	x	x	
	Major Dental Services			x	x	x	x	x	(prior authorization required; medically necessary Orthodontics, age limitations apply)
	TMJ Services			x	x	x		x	

MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Emergency Services	Ambulance Services			X	X	X	X	X	
	Emergency Room Services – Facility			X	X	X	X	X	
	Emergency Room Services – Physician			X	X	X	X	X	
	Urgent Care Centers/Facilities			X	X	X	X	X	
Hospitalization	Hospital Services: Inpatient	X	X						
	Hospital Services: Inpatient Medical Surgical Care			X	X	X	X	X	(prior authorization required for cosmetic surgery)
	Anesthesia			X	X	X	X	X	
	Anesthesia by Local Infiltration			X	X	X	X	X	
	Bariatric Surgery			X	X	X	x Covered if pre- approved by HMO	X	
	Blood and Blood Plasma			X	X	X		X	
	Blood Processing Administrative Cost			X	X	X	X	X	
	Breast Reconstruction			X	X	X	X	X	
	Chemotherapy Services			X	X	X	X	X	
	Hospice			X	X	X	X	x (Limited to non-nursing facility based)	
	Inpatient – Religious Non-Medical Services (Christian Science Sanitaria Care)			X				X	
	Organ & Tissue Transplants			X	X	X	X	X	
	Radiation Therapy			X	X	X	X	X	

MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Laboratory Services	Diagnostic Tests		X (\$20 copay)						
	Imaging/diagnostics (e.g. MRI, CT Scan, PET Scan)			X	X	X	X	X	
	Lab tests, x-ray services & pathology			X	X	X	X	X	
	Thermograms and Thermography			X	X	X		X	
Maternity and Newborn Care	Obstetric (Delivery, Inpatient Maternity, Pre and Post-Natal Services)		X (\$25 per visit; waived for pre- and postnatal care after initial visit)	X	X	X	X	X	
	HealthStart			X	X	X	X		
	Midwifery Services (Maternity)			X	X	X	X	X	
	Newborn Child Coverage			X	X	X	X	X	

Paterson-Passaic County – Bergen County HIV Health Services Plan
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MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment	Mental Health: Outpatient	X	X (S20 copay; cognitive therapy limited to 30 visits per year - inclusive of OT, PT or speech therapy sessions)	x	x	x	x	x	
	Adult Mental Health Rehabilitation (group homes)			x				x	
	Behavioral Health Home			x	x	x		x	
	Case Management (Chronic Mental Illness)			x				x	
	Clinic Services (free-standing) Mental Health			x	x	x	x	x	(prior authorization required for psychotherapy beyond financial threshold of \$900)
	Community Support Services			x				x	(Effective 7/1/14)
	Inpatient Hospital/Clinic Services			x	x	x	x	x	
	Inpatient Medical Detox			x	x	x	x (limited to detoxification for alcoholism)	x	
	Inpatient Physician			x	x	x	x	x	
	Intermediate Care Facilities for the Mentally Retarded								
	Medical Detoxification			x	x	x	x	x	
	Mental Health: Inpatient / Inpatient Psychiatric Services		X (PA)	x	x	x	x	x	
	Methadone Maintenance								
	Non-Medical Detoxification							x	
	Outpatient Hospital/Clinic Services and Physician			x	x	x	x	x	
	PACT			x					
	Partial Care			x	x	x	x	x	(prior authorization required; 25 hour per week limit)
	Partial Hospital			x	x	x	x	x	(prior authorization required for Acute Partial Hospital only; Partial Hospital- limit of 2 years)
	Psychiatric Emergency Services/Affiliated Emergency Services							x	
	Psychiatric Hospital - Inpatient			x	x	x	x	x	
	Psychiatrist, Psychologist or APN			x	x	x	x	x	
	Psychosocial Support	X							
	Residential Treatment Center Services			x				x	(prior authorization required, limited to under 21 years of age)
	Substance Abuse Outpatient	X	X (S20 copay)						
	Substance Abuse: Inpatient	X	X (PA)						
	Substance Use Disorder Halfway House							x	
	Substance Use Disorder Intensive Outpatient							x	
	Substance Use Disorder Outpatient							x	
	Substance Use Disorder Partial Care							x	
	Substance Use Disorder Short Term Residential							x	

MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Other Support Services	Child Care Services	X							
	Community Based Services	X							
	Early Intervention Services	X							
	Emergency Financial Assistance	X							
	Food Bank/Home-Delivered Meals	X							
	Health Education/Risk Reduction	X							
	HIV Adult Day Care								
	Housing Services	X							
	Legal Services	X							
	Linguistic Services	X	X						
	Nonemergency Medical Transportation	X		x (Includes livery)	x	x		x (Includes livery)	
	Nonmedical Case Management	X							
	Outreach Services	X							
	Permanency Planning	X							
	Referral for Healthcare / Support Services	X							
	Treatment Adherence Counseling	X							
Pediatric Services, Including Oral and Vision Care									
	EPSDT			x	x	x	x (Limited to well child care only)	x	

Paterson-Passaic County – Bergen County HIV Health Services Plan
Affordable Care Act
Local Impact Analysis

MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Prescription Drug	Prescription Drugs	X	X (50% coinsurance)						
	ADDP Covered Anti-Retroviral Drugs			X	X	X	X	X	
	Atypical Antipsychotic Drugs			X	X	X	X	X	
	Contraceptives			X	X	X	X	X	
	High Cost Drugs			X	X	X	X	X	
	Infusion Therapy			X	X	X	X	X	
	Mail Order (Home Delivery)								
	Medical Supplies (medically necessary only)			X	X	X	X	X	
	Mental Health/Substance Abuse Drugs			X	X	X	X	X	
	Methadone Maintenance			X	X	X		X	
	Over-the-Counter Drugs			X	X	X		X	
	Physician-Administered Drugs			X	X	X	X	X	
	Reimbursable Blood Factor			X	X	X		X	
	Retail Medicaid-Found under Prescription Drugs (Reimbursable and Non-reimbursable)			X	X	X	X	X	
	Suboxone			X	X	X	X	X	
Preventive and Wellness Services and Chronic Disease Management	Allergy Testing & Injections			X	X	X	X	X	
	Annual Prostate Cancer Screening for Men 50-72 yrs			X	X	X	X	X	
	Colorectal Cancer Screening			X	X	X	X	X	
	Diabetes-Medically Necessary Equipment & Supplies			X	X	X	X	X	
	Family Planning (includes free-standing clinics)			X	X	X	X	X	
	Immunizations			X	X	X	X	X	
	Midwifery Services (Non-Maternity)			X	X	X	X	X	
	Nutritional Counseling	X		X	X	X	X	X	
	Optometrist Services			X	X	X	x (Limited to one per year)	X	
	Podiatry Services			X	X	X	X	X	(routine care not covered)
	Preventive Care/Early Intervention			X	X	X	X	X	
	Routine Gynecological Exam			X	X	X	X	X	
	Screening Mammography			X	X	X	X	X	
	Screening Pap Tests			X	X	X	X	X	
	Smoking Cessation Program			X	X	X	X	X	

Paterson-Passaic County – Bergen County HIV Health Services Plan
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MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP	
Rehabilitative and Habilitative Services and Devices	Cardiac Rehabilitation			x	x	x	x	x	
	Durable Medical Equipment			x	x	x	x (Limited to certain DME services that could prevent costly future inpatient admissions)	x	
	Durable Medical Equipment with Vision Impairment			x	x	x		x	
	Hearing Aid Services			x (Limited to one device per client)	x	x	x (Only covered for children 15 years of age or younger)	x (Limited to one device per client)	
	Home Health Care	X	X (PA)						
	Home Health Care-Non Rehab (i.e. Skilled Nursing, Home Health Aide)			x	x	x	x	x	
	Home Health Care-Rehab (i.e. PT, OT & Speech Therapies)			x	x (Limits apply)	x (Limits apply)	x (Limits apply)	x	
	Intermediate Care Facility for Persons with Intellectual Disability(ICF/ID)			x					
	Medical Day Care-Adult			x				x	(must be at least 5 hours per day, 5 days per week)
	Nursing Facility-Skilled Nursing Facility			x	x (Skilled nursing and/or rehabilitation care provided; custodial care .)	x (Skilled nursing and/or rehabilitation care provided; custodial care .)		x (Skilled nursing and/or rehabilitation care provided; custodial care .)	
	Optical Appliances			x (Limited to once every two years)	x (Limits apply)	x (Limits apply)	x (Limited to one pair of glasses or contact lenses per 24-month period or as medically necessary)	x (Limited to once every two years)	
	Orthotics			x	x	x		x	(Prior authorization required)
	Partial Care			x	x	x	x	x	(Limit of 5 hours per day, 25 hours per week)
	Personal Care Assistant			x				x	(Limit of 40 hours per week)
	Physical, Speech, & Occupational Therapies		X (\$20 copay; limited to 30 combined visits per year)	x	x (limits apply)	x (limits apply)	x (limits apply)	x	
	Private Duty Nursing			x	x	x	x		(prior authorization required)

MAJOR SERVICE GROUP	SUBSERVICE GROUP	RYAN WHITE PART A	HORIZON HMO	DRAFT					NOTES (CAID SERVICES)
				Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 years of age)	Plan D (Children under 19 years of age)	ABP	
Rehabilitative and Habilitative Services and Devices	Prosthetics			X	X	X	X (Limited to initial provision of device that temporarily or permanently replaces all or part of an external body part lost or impaired as a result of disease, injury or congenital defect)	X	(Prior authorization required)
	Pulmonary Rehabilitation			X	X	X	X	X	
	Rehabilitation Services	X	X (PA)						
	Respite Care	X							
	Skilled Nursing Care		X (PA)						
SOURCES: RYAN WHITE PART A and HORIZON HMO: State Health Reform Impact Modeling Project: New Jersey - prepared by the Center for Health Law and Policy Innovation of Harvard Law School and the treatment access expansion project.									

DRUG GROUPINGS	DRUG GROUPINGS	# DRUGS COVERED		
		ADAP	HORIZON HMO	MEDICAID
DRUG GROUPINGS	Multiclass Combination Drugs	3	2	3
	NRTIs	12	12	12
	NNRTIs	5	3	5
	Protease Inhibitors	10	9	10
	Fusion Inhibitors	1	1	1
	Entry Inhibitors	1	1	1
	HIV Integrase Strand Transfer Inhibitors	1	1	1
	"A1" Opportunistic Infection Medications	30	28	30

SOURCE: RYAN WHITE PART A and HORIZON HMO: State Health Reform Impact Modeling Project: New Jersey - prepared by the Center for Health Law and Policy Innovation of Harvard Law School and the Treatment Access Expansion Project.

APPENDIX D
MEDICAID BENEFITS 2014
NJ FAMILYCARE/ABP BENEFIT PLAN COMPARISON CHART

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Ambulatory Patient Services					
Primary Care <i>(inclusive of physician, certified nurse practitioner/clinical nurse specialists)</i>	✓	✓	✓	✓	✓
Specialist Visits	✓	✓	✓	✓	✓
Outpatient Surgery	✓	✓	✓	✓	✓
Chiropractic Services <i>(limited to spinal manipulation)</i>	✓	✓	✓	Not Covered	✓
Chemotherapy	✓	✓	✓	✓	✓
Radiation Therapy	✓	✓	✓	✓	✓
Anesthesia by Local Infiltration	✓	✓	✓	✓	✓
Free-Standing Ambulatory Clinic Services/End Stage Renal Dialysis Services	✓	✓	✓	✓	✓
Access to Clinical Trials <i>(limited to coverage of hospital costs for clinical trials)</i>	✓	✓	✓	✓	✓
Genetic Evaluation and Counseling	✓	✓	✓	✓	✓
Outpatient Diagnostic Labs, Radiology & Pathology (Medicaid found under laboratory and radiology services)	✓	✓	✓	✓	✓
Infertility Treatment Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Injury – Medical/Surgical Services of Dentist	✓	✓	✓	✓	✓
Dental – Diagnostic & Preventive <i>(limitations apply)</i>	✓	✓	✓	✓	✓
Basic Dental Services	✓	✓	✓	✓	✓
Major Dental Services <i>(prior authorization required; medically necessary Orthodontics, age limitations apply)</i>	✓	✓	✓	✓	✓
Acupuncture	✓	✓	✓	✓ <i>(Covered when performed as a form of</i>	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
				<i>anesthesia in conjunction with approved surgery)</i>	
Federally Qualified Health Centers	✓	✓	✓	✓	✓
Abortion (Elective/Induced)	✓	✓	✓	✓	✓
Hospital Outpatient	✓	✓	✓	✓	✓
Ophthalmology Services	✓	✓	✓	✓	✓
TMJ Services	✓	✓	✓	Not Covered	✓
Emergency Services					
Emergency Room Services – Facility	✓	✓	✓	✓	✓
Ambulance Services	✓	✓	✓	✓	✓
Urgent Care Centers/Facilities	✓	✓	✓	✓	✓
Emergency Room Services – Physician	✓	✓	✓	✓	✓
Hospitalization					
Inpatient Medical and Surgical Care (<i>prior authorization required for cosmetic surgery</i>)	✓	✓	✓	✓	✓
Inpatient – Religious Non-Medical Services (Christian Science Sanitaria Care)	✓	Not Covered	Not Covered	Not Covered	✓
Bariatric Surgery	✓	✓	✓	✓ Covered if pre-approved by HMO	✓
Organ & Tissue Transplants	✓	✓	✓	✓	✓
Chemotherapy Services	✓	✓	✓	✓	✓
Radiation Therapy	✓	✓	✓	✓	✓
Anesthesia	✓	✓	✓	✓	✓
Breast Reconstruction	✓	✓	✓	✓	✓
Hospice	✓	✓	✓	✓	✓ (Limited to non-nursing facility based)
Anesthesia by Local Infiltration	✓	✓	✓	✓	✓
Blood and Blood Plasma	✓	✓	✓	Not Covered	✓
Blood Processing Administrative Cost	✓	✓	✓	✓	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Maternity and Newborn Care					
Pre- & Postnatal Care Maternity Services	✓	✓	✓	✓	✓
Delivery & Inpatient Maternity Services	✓	✓	✓	✓	✓
HealthStart	✓	✓	✓	✓	Not covered
Midwifery Services (Maternity)	✓	✓	✓	✓	✓
Newborn Child Coverage	✓	✓	✓	✓	✓
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment					
Inpatient Medical Detox	✓	✓	✓	✓ (limited to detoxification for alcoholism)	✓
Non-Medical Detoxification	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Partial Care	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Outpatient	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Intensive Outpatient	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Halfway House	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Short Term Residential	Not Covered	Not Covered	Not Covered	Not Covered	✓
Community Support Services (Effective 7/1/14)	✓	Not Covered	Not Covered	Not Covered	✓
Behavioral Health Home	✓	✓	✓	Not Covered	✓
Mental Health Outpatient	✓	✓	✓	✓	✓
Adult Mental Health Rehabilitation (group homes)	✓	Not Covered	Not Covered	Not Covered	✓
Inpatient Psychiatric Services	✓	✓	✓	✓	✓
Methadone Maintenance	✓	✓	✓	✓	✓
Psychiatrist, Psychologist or APN	✓	✓	✓	✓	✓
Partial Care (<i>prior authorization required; 25 hour per week limit</i>)	✓	✓	✓	✓	✓
Medical Detoxification	✓	✓	✓	✓	✓
PACT	✓	Not Covered	Not Covered	Not Covered	Not Covered

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Psychiatric Emergency Services/Affiliated Emergency Services	Not Covered	Not Covered	Not Covered	Not Covered	✓
Case Management (Chronic Mental Illness)	✓	Not Covered	Not Covered	Not Covered	✓
Psychiatric Hospital - Inpatient	✓	✓	✓	✓	✓
Clinic Services (free-standing) Mental Health <i>(prior authorization required for psychotherapy beyond financial threshold of \$900)</i>	✓	✓	✓	✓	✓
Partial Hospital <i>(prior authorization required for Acute Partial Hospital only; Partial Hospital - limit of 2 years)</i>	✓	✓	✓	✓	✓
Residential Treatment Center Services <i>(prior authorization required, limited to under 21 years of age)</i>	✓	Not Covered	Not Covered	Not Covered	✓
Outpatient Hospital/Clinic Services and Physician	✓	✓	✓	✓	✓
Inpatient Hospital/Clinic Services	✓	✓	✓	✓	✓
Inpatient Physician	✓	✓	✓	✓	✓
Prescription Drug					
Retail Medicaid-Found under Prescription Drugs (Reimbursable and Non-reimbursable)	✓	✓	✓	✓	✓
Mail Order (Home Delivery)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Contraceptives	✓	✓	✓	✓	✓
Medical Supplies <i>(medically necessary only)</i>	✓	✓	✓	✓	✓
Methadone Maintenance	✓	✓	✓	Not Covered	✓
ADDP Covered Anti-Retroviral Drugs	✓	✓	✓	✓	✓
Atypical Antipsychotic Drugs	✓	✓	✓	✓	✓
Mental Health/Substance Abuse Drugs	✓	✓	✓	✓	✓
High Cost Drugs	✓	✓	✓	✓	✓
Over-the-Counter Drugs	✓	✓	✓	Not Covered	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Physician-Administered Drugs	✓	✓	✓	✓	✓
Reimbursable Blood Factor	✓	✓	✓	Not Covered	✓
Suboxone	✓	✓	✓	✓	✓
Infusion Therapy	✓	✓	✓	✓	✓
Rehabilitative and Habilitative Services and Devices					
Physical, Speech & Occupational Therapies	✓	✓ (limits apply)	✓ (limits apply)	✓ (limits apply)	✓
Intermediate Care Facility for Persons with Intellectual Disability (ICF/ID)	✓	Not Covered	Not Covered	Not Covered	Not covered
Cardiac Rehabilitation	✓	✓	✓	✓	✓
Pulmonary Rehabilitation	✓	✓	✓	✓	✓
Durable Medical Equipment	✓	✓	✓	✓ (Limited to certain DME services that could prevent costly future inpatient admissions)	✓
Durable Medical Equipment with Vision Impairment	✓	✓	✓	Not Covered	✓
Optical Appliances	✓ (Limited to once every two years)	✓ (Limits apply)	✓ (Limits apply)	✓ (Limited to one pair of glasses or contact lenses per 24-month period or as medically necessary)	✓ (Limited to once every two years)
Hearing Aid Services	✓ (Limited to one device per client)	✓	✓	✓ (Only covered for children 15 years of age or younger)	✓ (Limited to one device per client)
Prosthetics (Prior authorization required)	✓	✓	✓	✓ (Limited to initial provision of device that	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
				<i>temporarily or permanently replaces all or part of an external body part lost or impaired as a result of disease, injury or congenital defect)</i>	
Orthotics (Prior authorization required)	✓	✓	✓	Not Covered	✓
Home Health Care-Non Rehab (i.e. Skilled Nursing, Home Health Aide)	✓	✓	✓	✓	✓
Home Health Care-Rehab (i.e. PT, OT & Speech Therapies)	✓	✓ (Limits apply)	✓ (Limits apply)	✓ (Limits apply)	✓
Private Duty Nursing (prior authorization required)	✓	✓	✓	✓	Not Covered
Personal Care Assistant (Limit of 40 hours per week)	✓	Not Covered	Not Covered	Not Covered	✓
Partial Care (Limit of 5 hours per day, 25 hours per week)	✓	✓	✓	✓	✓
Medical Day Care-Adult (must be at least 5 hours per day, 5 days per week)	✓	Not Covered	Not Covered	Not Covered	✓
Nursing Facility-Skilled Nursing Facility	✓	✓ (Skilled nursing and/or rehabilitation care provided; custodial care not covered.)	✓ (Skilled nursing and/or rehabilitation care provided; custodial care not covered.)	Not Covered	✓ (Skilled nursing and/or rehabilitation care provided; custodial care not covered.)
Laboratory Services					
Lab tests, x-ray services & pathology	✓	✓	✓	✓	✓
Thermograms and Thermography	✓	✓	✓	Not Covered	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Imaging/diagnostics (e.g. MRI, CT Scan, PET Scan)	✓	✓	✓	✓	✓
Preventive and Wellness Services and Chronic Disease Management					
Preventive Care/Early Intervention	✓	✓	✓	✓	✓
Immunizations	✓	✓	✓	✓	✓
Colorectal Cancer Screening	✓	✓	✓	✓	✓
Screening Mammography	✓	✓	✓	✓	✓
Optometrist Services	✓	✓	✓	✓ (Limited to one per year)	✓
Nutritional Counseling	✓	✓	✓	✓	✓
Smoking Cessation Program	✓	✓	✓	✓	✓
Allergy Testing & Injections	✓	✓	✓	✓	✓
Family Planning (includes free-standing clinics)	✓	✓	✓	✓	✓
Diabetes-Medically Necessary Equipment & Supplies	✓	✓	✓	✓	✓
Screening Pap Tests	✓	✓	✓	✓	✓
Routine Gynecological Exam	✓	✓	✓	✓	✓
Annual Prostate Cancer Screening for Men 50-72 yrs	✓	✓	✓	✓	✓
Midwifery Services (Non-Maternity)	✓	✓	✓	✓	✓
Podiatry Services (routine care not covered)	✓	✓	✓	✓	✓
Pediatric Services, Including Oral and Vision Care					
EPSDT	✓	✓	✓	✓ (Limited to well child care only)	✓
Miscellaneous					
Non-Emergency Transportation	✓ (Includes livery)	✓	✓	Not Covered	✓ (Includes livery)