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Info. from Elmer Smith -

HCFA - ADDITIONAL INFORMATION

Medicaid Expenditures

FY1995 - $ 3.2 Billion

1.6 Billion = Federal Expenditures
1.56 Billion = State Expenditures

FY - 1996 - $3.51 Billion

$1.8 Billion = Federal
$1.7 Billion = State

Medicare Expenditures

FY 1995 - $600 Million
FY1996 - $690 Million

NATIONAL PLAN ON HIV/AIDS

HCFA

Area: Prevention

GOAL: REDUCE HIV TANSMISSION FROM MEDICAID-ELIGIBLE PREGNANT WOMEN TO THEIR INFANTS

Objective	Action Steps	Programs					Unmet needs
		Descriptions	Resources		Populations Served	Constituent Involvement	
			FY 1995	FY 1996 (proposed)			
Encourage Medicaid-eligible pregnant women to make an informed choice with regard to using AZT.	Develop/obtain and distribute brochures and other materials describing the ACTG 076, its implications, and Medicaid elligibility and coverage policy to Medicaid-eligible women in RI, DE, and SC.	Establish a consumer-oriented educational campaign in key states with high female HIV+ rates and small overall populations.	Federal Resources to be determined		HIV + females eligible for Medicaid coverage	Significant consultation with high-risk pregnant women and their advocates	The activity will not focus on women of unknown or negative HIV serostatus

Standards?

-pay for screening/testing?

what was spent in '94 prediction.

best way

do all other states cover?

What about providers -- HCFA satisfied their providers know what 076 implementation stnds are?

NATIONAL PLAN ON HIV/AIDS

HCFA

Area: Care and Services

Goal: QUALITY HOME HEALTH CARE FOR HIV INFECTED MEDICARE AND MEDICAID BENEFICIARIES

Objective	Action Steps	Programs					Unmet needs
		Descriptions	Resources		Populations Served	Constituent Involvement	
			FY 1995	FY 1996 (proposed)			
Provide quality standards for appropriate home health care access and treatment of HIV disease	Identify current home health care practices through literature review and survey of best practices + Consensus review →	Develop and implement quality standards for appropriate home health for HIV+ Medicaid recipients in partnership with private sector organizations and PHS ← Develop directives on implementation of these guidelines through each	Federal Contribution to be determined	NA	HIV-infected, Medicare/ Medicaid beneficiaries using home health care	Significant constuent consultation throughout project development	Implementation may vary depending on the direction and resources of each project partner

NATIONAL PLAN ON HIV/AIDS

HCFA

Area: Care and Services

Goal: QUALITY HOME HEALTH CARE FOR HIV INFECTED MEDICARE AND MEDICAID BENEFICIARIES

HCFA ⇝ Cost → of Care

Area - Services

Goal - Provide primary care to medicaid eligible HIV+ persons

Objective	Action Steps	Description	FY95	FY96	Pop.	Constit	Unmet Need
Provide quality 1° care	- Assess state compliance c program stnds - Eval./Consider Waivers	Medicaid 1° Care Services			elig		

NATIONAL PLAN ON HIV/AIDS

HCFA

Area: Care and Services

Goal: QUALITY HOME HEALTH CARE FOR HIV INFECTED MEDICARE AND MEDICAID BENEFICIARIES

Attachment B

Memo Regarding National HIV/AIDS Plan
March 24, 1995

Area: Prevention

GOAL: REDUCE THE NUMBER OF NEW INFECTIONS

Objective	Action Steps	Programs					Unmet needs
		Descriptions	Resources		Populations Served	Constituency Involvement	
			FY 1995	FY 1996 (proposed)			

NATIONAL PLAN ON HIV/AIDS

HCFA

Area: Care and Services

Goal: QUALITY HOME HEALTH CARE FOR HIV INFECTED MEDICARE AND MEDICAID BENEFICIARIES

Reduce the number of new infections by 10% by the year 1997.	Peer-based counseling for at-risk youth.	Program xxx targeting at-risk youth.	$13 million	$15 million	young gay men 15-25	programs funneled through community planning process	Program only reaches one-half of target population; could be funded at $25 million.

IDTF.324

GEBBIE

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Memorandum

DATE MAY 27 1994

TO: Acting Director
National AIDS Program Office, PHS

FROM: Administrator
Health Care Financing Administration

SUBJECT: Program Information for Federal HIV/AIDS Research Compendium
(Your Memorandum of April 12)

HCFA plays a major role in financing health care for people with AIDS and HIV infection through the administration of the Medicaid and Medicare programs. HCFA data analysis has shown that Medicaid serves at least 40 percent of all people with AIDS and up to 90 percent of children with AIDS. Medicaid, the largest single payor of direct medical care services for people with AIDS, pays about 25 percent of the aggregate cost of national expenditures for medical care on behalf of these individuals. Combined Federal and State Medicaid expenditures for AIDS-related care in 1993 was estimated at $2.51 billion ($1.29 billion in Federal funds and $1.22 billion in State funds). Medicare's share of medical care expenditures for persons with AIDS is only 1 to 2 percent of the cost of direct medical care, an estimated $385 million in 1993. However, program costs have been growing rapidly and are projected to continue to do so.

HCFA has sponsored AIDS-related health services research since 1986. Our ongoing projects are:

- Financing of AIDS and HIV Treatment Costs by Medicaid and Medicare

This project is a cooperative agreement with the Maryland Department of Health and Mental Hygiene. The study objectives are:

- Continuation and linkage of other health data bases to the Maryland Human Immunodeficiency Virus Information System (HIVIS);

- Refinement of a disease staging methodology for predicting resource consumption and treatment outcome; and,

- Retrospective assessment of health services used by pediatric, adolescent, and adult persons with HIV-related disease.

- Evaluation of Medicaid Coverage for HIV-Positive Individuals

The Omnibus Budget Reconciliation Act of 1990 mandated HCFA to provide Medicaid coverage for HIV-positive individuals. The legislation provided for two demonstration projects in different States to evaluate Medicaid coverage for HIV-positive individuals, limited to enrollment of not more than 200 individuals and control groups. No State Medicaid agency responded to the solicitation released in November 1992. However, the evaluation contract was modified to undertake two studies. The first study examines the current service delivery systems for persons with HIV/AIDS in four States: Georgia, Illinois, Pennsylvania, and Texas. The second study addresses the current status and features of the 15 State Medicaid Home and Community-Based Services waiver programs for persons with AIDS.

- Multi-State Analysis of Enrollment, Utilization, and Expenditures for Persons with AIDS

A new project to study enrollment, service utilization, and expenditure/charge patterns for Medicaid, Medicare, and private insurance has just been developed and announced as a request for contract through the Office of Research and Demonstrations' Research Master Contract. This project will describe program comparisons that imply differences in access to care for persons with AIDS.

The annual HCFA HIV/AIDS research budget for Fiscal Years (FYs) 1993 and 1994 consists of $284,703 and $246,163 in new awards, respectively. However, HCFA's current general research solicitation closed on March 24. Applications related to HIV/AIDS research and demonstrations were sought in the solicitation. Applications received in response are now under review and funding decisions have not yet been made.

Additionally, HCFA has contracted to have the National Governors' Association prepare a report on "Improving Coordination of Medicaid and Ryan White Comprehensive AIDS Resources Emergency Act Programs." This report will discuss in detail specific Medicaid concerns raised in a previous survey of HIV/AIDS technical assistance needs of State Health agencies, and will also identify exemplary State responses. Dissemination of this report, to be completed in FY 1994, is expected to stimulate coordinated efforts to resolve operational problems shared by State Medicaid agencies and Ryan White CARE Act grantees.

If you would like further information on any of our ongoing research projects, please contact the HCFA research liaison listed below:

Penelope Pine
Office of Research and Demonstrations
Health Care Financing Administration
6325 Security Boulevard
Oak Meadows Building, Room 2502
Baltimore, Maryland 21207
(410) 966-7718 Office
(410) 966-6511 FAX

Ms. Pine is a member of the Agency for Health Care Policy and Research AIDS Costs and Service Utilization Survey review panel and the Health Resources and Services Administration, U.S. Public Health Service evaluation and data review panel.

Bruce C. Vladeck