

Documenting Challenges for People Living with HIV/AIDS Transitioning Between Publicly-Supported Healthcare Payer Sources in California

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Between October 2012 and February 2013, 37 interviews with respondents in 10 urban, suburban, and rural California counties. Interviews were conducted with 30 public health policymakers and clinic-level providers, as well as with 7 patients who experienced one or both of the LIHP (Low Income Health Program) and Medi-Cal managed care transitions. Interview topics included: continuity of patient care, integration of wrap-around support services, capacity to handle payer source transitions, administrative burden, and preparations for health care reform implementation in 2014. Preliminary data analysis reveals barriers to continuity of care include increased administrative burden for patients and providers and reduced access to HIV specialty clinics and pharmacies in certain counties. Conversely, facilitators to continuity of care include contracting Ryan White clinics and HIV specialty pharmacies into the LIHP and maintaining linkage to Ryan White comprehensive care services. California's LIHP and Medi-Cal managed care programs represent ambitious attempts to expand health coverage for low-income individuals. Lessons learned in responding to the challenges of maintaining quality HIV specialty care during Medicaid expansion may be useful to other states in anticipation of full implementation of the Affordable Care Act in 2014.