



Episode 3: Engaging Medicaid Managed Care Plans on HIV Access

Take Action!

HIV PROVIDERS CAN DO THE FOLLOWING TO PARTNER WITH MEDICAID MANAGED CARE PLANS ON HIV:

- Understand what Medicaid managed care plans in your state cover, especially formulary coverage that may differ from plan to plan and from fee-for-service Medicaid (KFF's [Medicaid Managed Care Tracker](#) resource can help).
- Reach out to Medicaid managed care plans that provide coverage for your patients about how you can partner with them, including providing subject matter expertise on HIV care and treatment.
- Identify opportunities to engage your state Medicaid agency to ensure that Medicaid managed care plans in the state have funding, direction and support to offer innovative plan designs that will help people with HIV stay healthy.

WHAT IS MEDICAID MANAGED CARE?

Medicaid managed care plans are a way for state Medicaid programs to deliver Medicaid benefits. Instead of administering benefits (including provider networks, reimbursement and member engagement) from a state Medicaid agency, state Medicaid programs contract with health insurance plans to deliver Medicaid services to enrollees. Medicaid managed care delivery is different from traditional Medicaid or “fee-for-service,” where services and reimbursement are administered through the state Medicaid agency. State Medicaid agencies are increasingly using Medicaid managed care over fee-for-service because it is often more cost effective for a state to run Medicaid this way.

WHAT POLICY DECISIONS DO MEDICAID MANAGED CARE PLANS MAKE THAT IMPACT HIV ACCESS?

Medicaid managed care plans must still follow all state and federal Medicaid rules when it comes to benefits and eligibility, but they have flexibility to manage service delivery and even add certain services that might not otherwise be covered. For example, Medicaid managed care plans often have the ability to decide whether to subject covered drugs to prior authorization, step therapy and other utilization management techniques.

This means that whether or not a drug someone with HIV needs is covered with prior authorization may vary from plan to plan. Medicaid managed care plans have several incentives to design plans in ways that provide comprehensive care and treatment for people with HIV. First and foremost, plans are obligated to carry out the mission and purpose of the Medicaid program, which at its core provides health care to vulnerable communities. Second, Medicaid plans have good reason to invest in cost-effective service delivery because it allows their funding to go farther. For these reasons, many Medicaid managed care plans offer services designed to engage and keep people with HIV in care and help them to reach viral suppression.

HOW DO MEDICAID MANAGED CARE PLANS ADDRESS SOCIAL DETERMINANTS OF HEALTH?

Medicaid managed care plans have several tools they can use to address the social determinants of health that impact the well-being and health outcomes of their members. Through new federal flexibilities, managed care plans can more easily provide support services. These could include things like enhanced care management and housing navigation, which are services that could benefit people with HIV.

Where Can I Learn More?

The following organizations and resources provide useful information on Medicaid Managed Care and HIV:

- Medicaid.gov, [Managed Care](#)
- KFF, [10 Things to Know About Medicaid Managed Care \(2024\)](#)
- Association for Community Affiliated Plans, [Center for Social Determinants of Health Innovation: Addressing Social Inequities to Improve Health](#)
- [Amida Care](#), Medicaid managed care plan in New York, providing targeted services to people with HIV and behavioral health disorders
- NASTAD, [Case Studies: Medicaid Managed Care Plan Best Practices in Hepatitis C Linkage to Care, Treatment and Retention \(2019\)](#)