

# Paying for HIV / AIDS Care at the Turn of the Century

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For people with HIV or AIDS, Medicaid is the principal third-party payer covering the costs of care and services. Many states are in the process of restructuring their Medicaid programs from fee-for-service delivery and reimbursement systems to capitated managed care systems. Currently about 50% of all Medicaid recipients are in managed care programs, a percentage expected to grow as managed care plans continue to expand their coverage to Medicaid populations. There are necessarily ramifications of this trend for people with HIV/AIDS, as well as for healthcare providers, AIDS service organizations, and policymakers concerned with access to quality care.

To learn about the transition from one type of system to another and to capture information for state organizations, providers, and community organizations facing similar challenges, the Health Resources and Services Administration's Special Projects of National Significance Program (SPNS) funded five projects from 1994 to 1999 focusing on capitated managed care delivery systems for people with HIV/AIDS (see Table). Each project shares the goal of assessing costs for providing healthcare services to HIV/AIDS patients under a capitated care system and analyzing the impact of managed care on patient satisfaction and health outcomes.

The managed care plans developed and implemented by these SPNS program grantees vary in

Table.

### Special Projects of National Significance

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