



ADAP 101

Overview of Hawai'i ADAP

Tim McCormick
ADAP TA Meeting
July 2011



ADAP Variability (internal)

- Purchasing Mechanism: direct purchase; rebate; hybrid; both
- Distribution
- Eligibility
- Enrollment / recertification process
- Formulary
- Flexibility Policies: ADAP funds for insurance purchase, adherence, access, monitoring
- Program size / staffing / capacity
- State funding



ADAP Variability (external)

- Local landscape
 - Epidemic
 - Private insurance landscape
 - State Medicaid
 - High Risk Pools/ PCIP
 - Ryan White: Part B base and other parts
 - State Procurement Regulations
 - HD decision making process
 - Level of political support

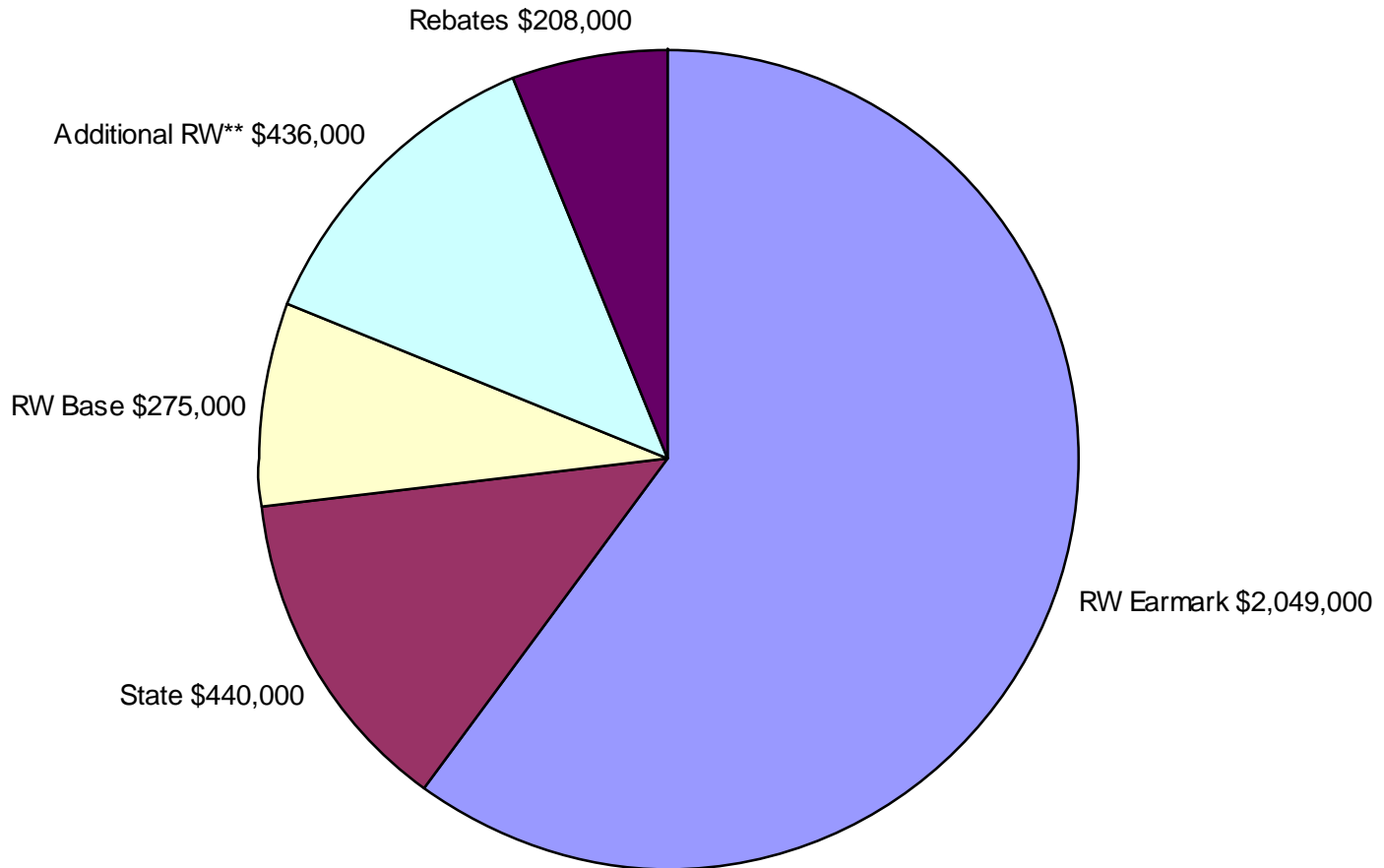


Hawai'i ADAP and Related Services

- HIV Drug Assistance Program
 - medications, copays
- Hawai'i Insurance Continuation Program
 - premiums
- Hawai'i Seropositivity & Medical Management Program *(not ADAP funded)*
 - Labs & Physician visits
- Ryan White funded staffing: 1 FTE clerical position
- State funded staffing: 2 FTE
- CBO on each island funded to provide HIV case management (state funds)
- No Part A; one small (<\$250k) Part C



Hawai'i ADAP* Funding 2010 by Source



*HDAP & H-COBRA

** ADAP Supplemental, Part B Supplemental, ADAP Shortfall

2010 ADAP Utilization

HDAP

- 286 clients accessed medication (full or partial pay)
- median monthly medication expenditures per client \$1,000

H-COBRA

- 63 clients received insurance continuation
- median monthly cost per client: \$335

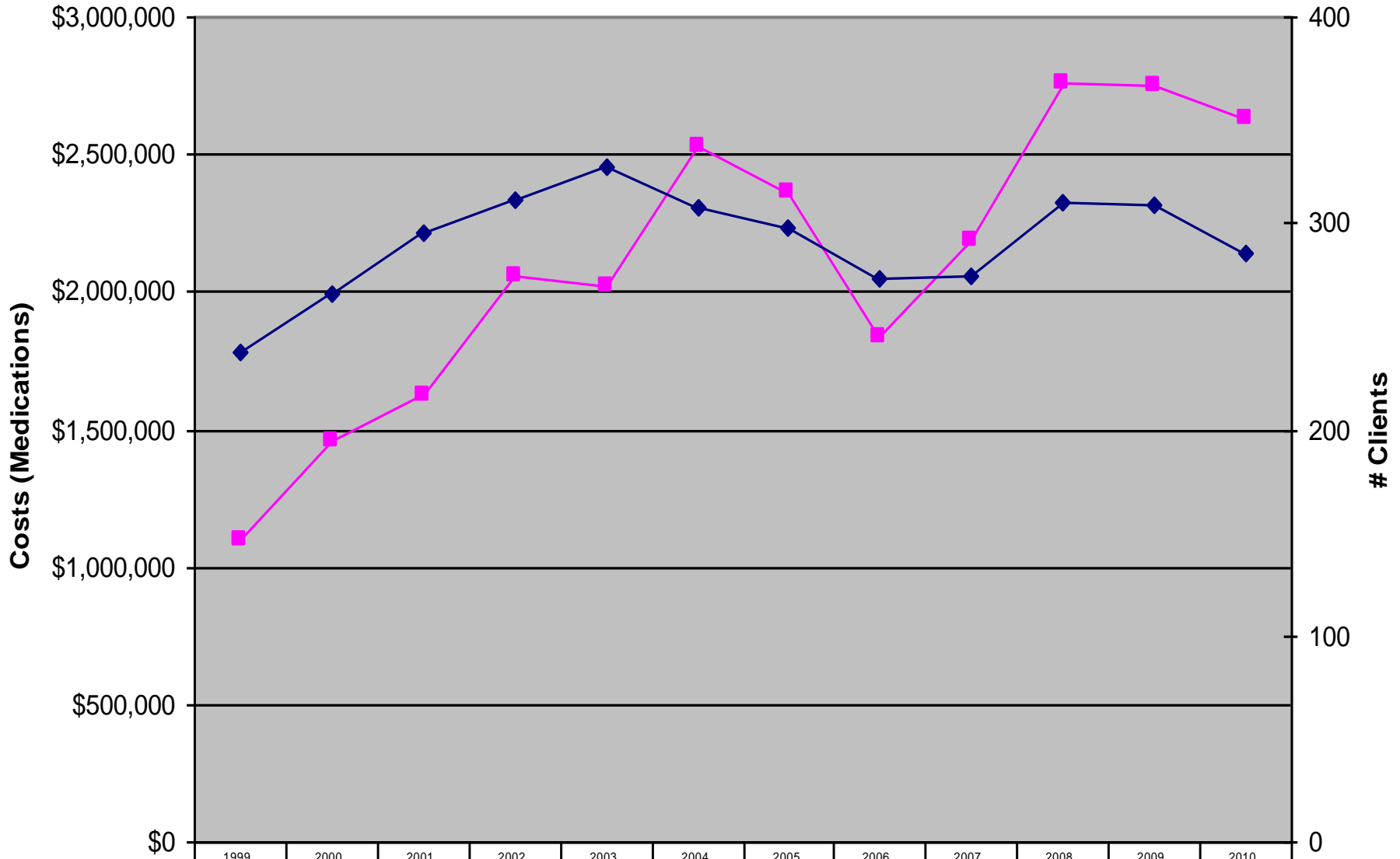


HDAP Eligibility

- HIV+
- Hawai'i resident
- Under the care of an in-state physician
- Income \leq 400% FPL for HDAP
(85% are \leq 200%)
- Uninsured/no drug coverage/prohibitive cost share
- *Waiting list April-Sept 2010*
- Enrollment through HIV case management agency
- Eligibility determined by ADAP



HDAP Utilization 1999-2010



■ Costs	\$1,097,000	\$1,461,000	\$1,626,000	\$2,062,000	\$2,020,000	\$2,533,000	\$2,365,000	\$1,833,000	\$2,190,000	\$2,763,000	\$2,747,501	\$2,632,696
◆ Clients	238	266	295	312	328	308	298	273	275	310	309	286

Purchasing Mechanisms & Pharmacy Services

- Primarily **direct purchase** at 340B, ACTF or PVP prices
- **Rebate** registration for partial pays and controlled substances
- Contract with a single specialty pharmacy
 - Prescription filled by mail
 - Provides adherence support
 - Checks for Medicaid eligibility prior to dispensing
 - In-state inventory
 - Dispensing fees: \$12.50 or \$7.50
 - For co-pay clients, bills insurance primary and ADAP secondary

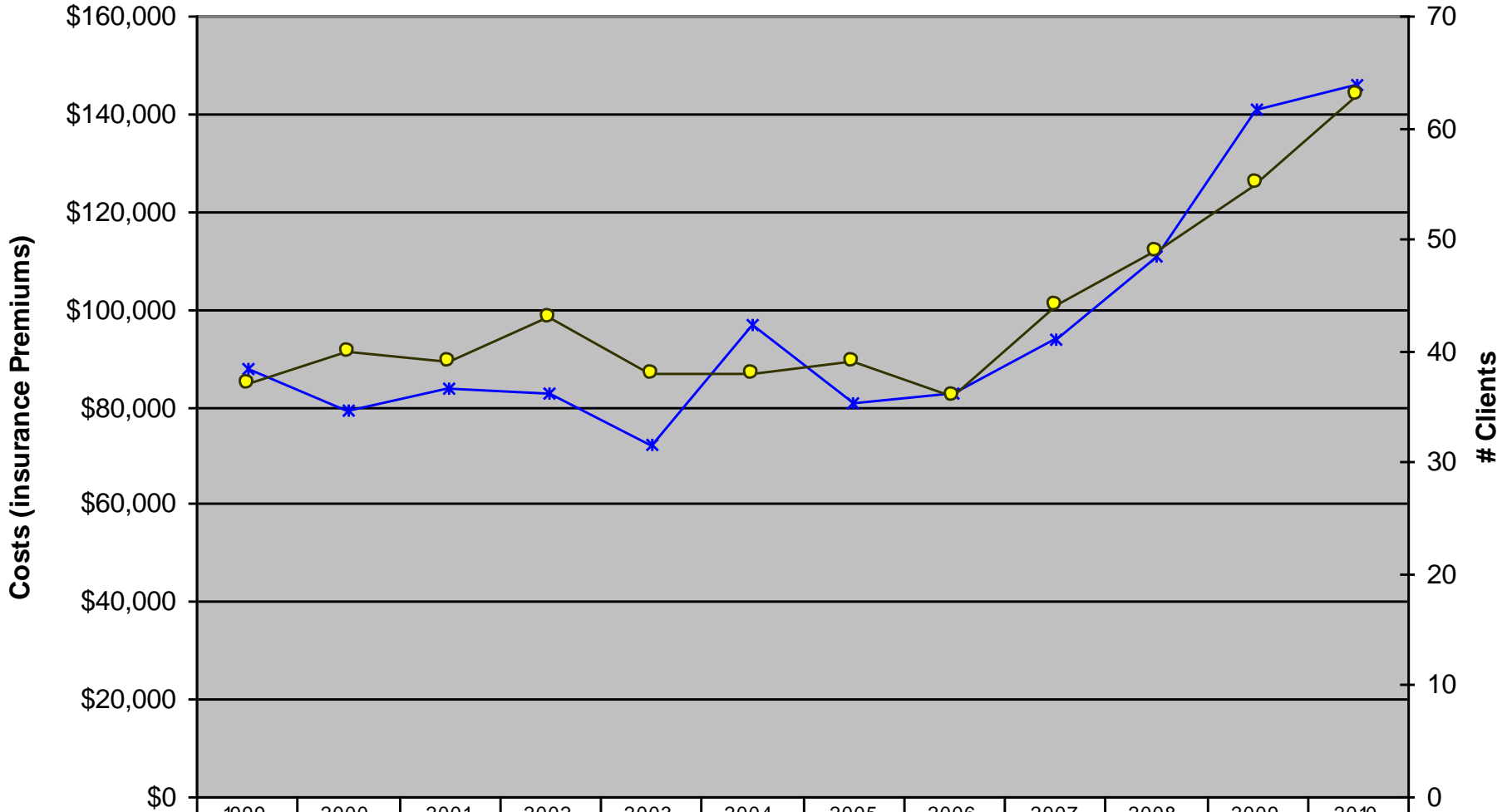


H-COBRA

- Eligibility:
 - HIV+
 - Hawai'i resident
 - Under the care of an in-state physician
 - Income $\leq 300\%$ FPL
 - COBRA and HIPAA individual conversion policies
 - Enrollment through HIV case management agency
 - Eligibility determined by ADAP
- Contract with paying agent to issue checks



HCOBRA Utilization, 1999-2010



Costs	\$88,000	\$79,000	\$84,000	\$83,000	\$72,000	\$97,000	\$81,000	\$83,000	\$94,000	\$111,000	\$140,876	\$145,755
Clients	37	40	39	43	38	38	39	36	44	49	55	63

Lessons Learned

- Verify wholesaler pricing on an ongoing basis
- Look for opportunities... but assess your capacity
- Use your data
- Find allies
- Help PLWHA access and remain in medical care and know who is falling through your safety net





Mahalo nui loa

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North Carolina Department of Health and Human Services

**ADAP TA Meeting
July 20, 2011**

North Carolina ADAP

John Furnari



NC Division of Public Health

Overview of North Carolina ADAP

- **Direct Purchase State (*Cardinal Health*)**
- **Central Dispensing Pharmacy (*Walgreens*)**
- **Eligibility is determined by the State Processing Unit**
- **Enrollment and Recertification is handled by the State Processing Unit**
- **Clients with Medicare Part D coverage are served through SPAP (*Walgreens*)**
- **As of June 30, 2011**
 - **5,462 clients enrolled in ADAP**
 - **4,994 on traditional ADAP**
 - **468 on SPAP**
 - **294 on the Waiting List**
- **Personnel: 3.5 Staff**



History of North Carolina ADAP

- **1995 ADAP started with state funds (Started receiving federal funding in 1996).**
- **1997 - 2004 Moderate growth**
- **2004 Program closed to new enrollment and waiting list started**
- **2005 Waiting list cleared and program reopened**
- **2005 Transitioned to the direct purchase model**
- **2006 - 2009 growth in enrollment and increased funding**
- **2006 Increased financial eligibility from 125% FPL to 200% FPL**
- **2007 - 2008 added medications to formulary (tiers 2 and 3)**
- **2008 Increased financial eligibility from 200% FPL to 300%FPL**
- **2009 - 2010 SPAP Pilot (50% savings)**
- **January 2010 - Closed enrollment, started waiting list, reduced formulary**
- **July 2010 - Reopened at 125% FPL and cleared 80% of waiting list**
- **March 2011 - Started SPAP**

2010 NC ADAP Funding Sources

- **Ryan White: \$27 million**
- **State Appropriations: \$25.5 million**

Future Funding Source:

SPAP Rebates ?



Eligibility, Enrollment, Waiting List

Eligibility Criteria:

- **HIV+**
- **Reside in NC**
- **No other third-party coverage (other than Medicare D)**
- **Need for one medication on the formulary**
- **Gross family income at or below 300% FPL**

Enrollment:

- **Net Income at or below 125% FPL**

Waiting List:

- **Net Income above 125% FPL**



Formulary

Tier 1:

- **All Antiretroviral Medications are Covered**
 - **Selzentry requires a prior authorization.**

Tier 1A:

- **Opportunistic infections and other infections**
- **Medication side effects**
- **Anxiety**



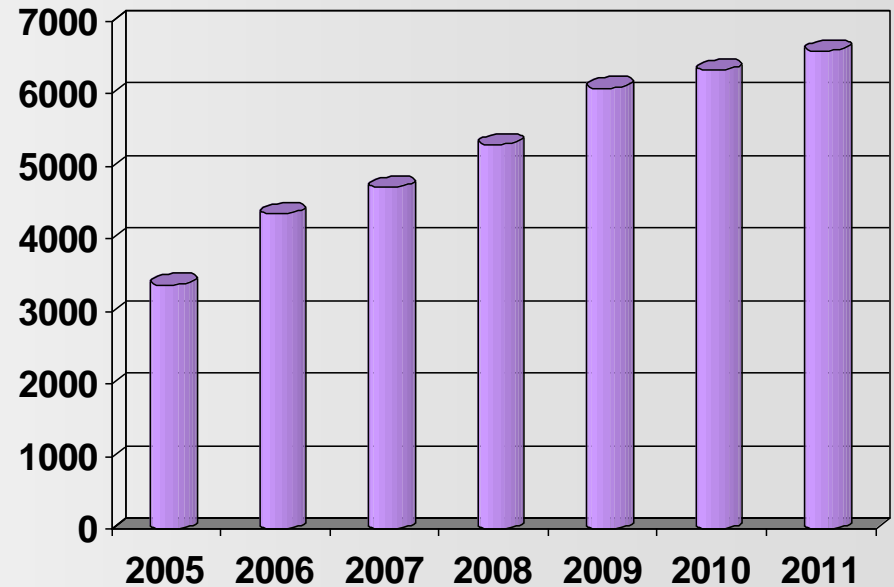
Enrollment Growth

Date	Enrolled	% Increase
3/31/05	3,371	- - - -
3/31/06	4,348*	28.98
3/31/07	4,710	8.33
3/31/08	5,301*	12.55
3/31/09	6,083	14.75
3/31/10	6,321**	3.91
3/31/11	6,591***	4.27

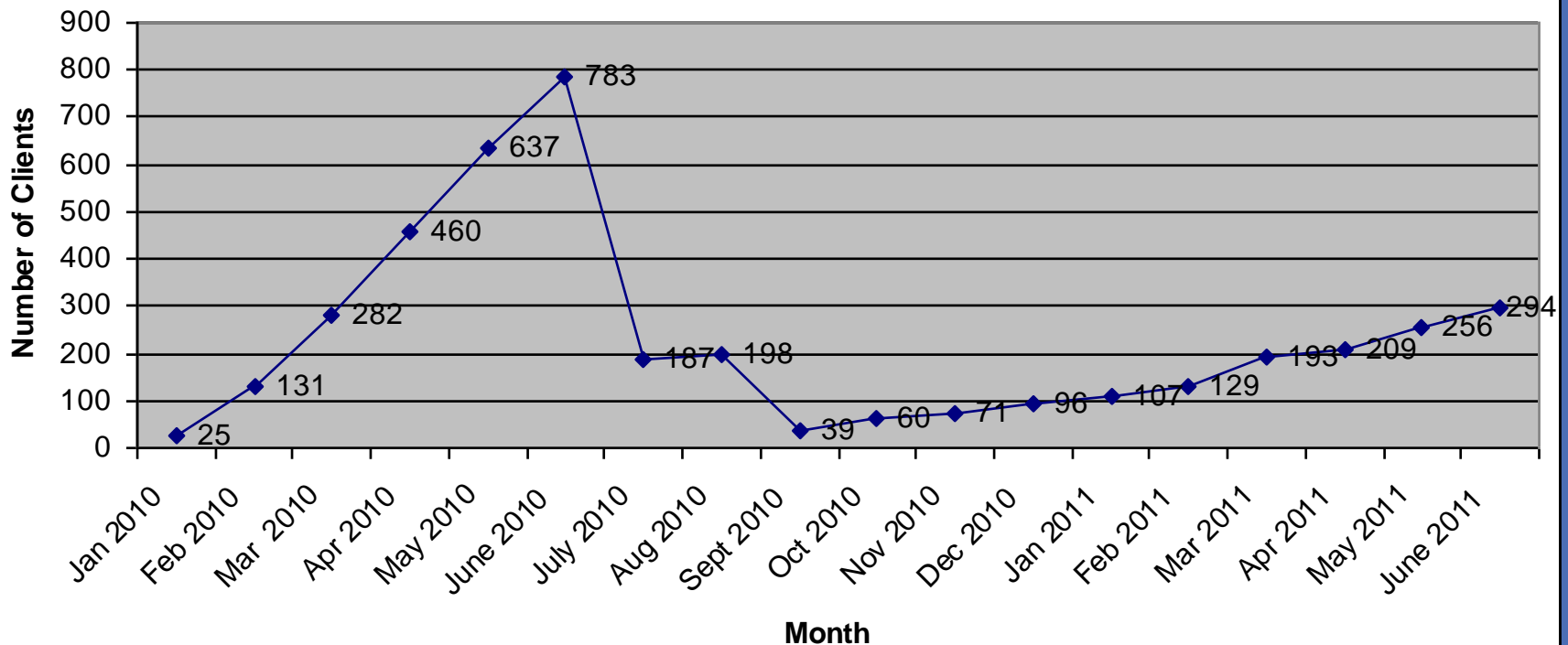
*Financial Eligibility Increased

**Program open 9.5 months

***Program open 8.5 months



Waiting List Growth



July 2010: 654 clients were moved off the waiting list with state funds.

Sept 2010: 176 clients were moved off the waiting list with federal funds.

ADAP Medication Distribution

- **ADAP purchases medication directly from the wholesaler.**
- **Wholesaler ships the medication to the ADAP dispensing pharmacy.**
- **The ADAP dispensing pharmacy uses a replenish model so there is no need for inventory storage or management.**
- **The ADAP dispensing pharmacy receives daily enrollment updates.**
- **The client's doctor sends prescriptions to the ADAP dispensing pharmacy.**
- **The ADAP dispensing pharmacy calls clients monthly to schedule dispenses.**
- **The ADAP dispensing pharmacy will deliver medications to any verifiable shipping address.**
- **The ADAP dispensing pharmacy is a Walgreens store in Monroe, NC. Clients can walk into that store to pick up medication if they prefer.**

SPAP Medication Distribution

- **SPAP pays all the client's out of pocket cost for any medications on the formulary.**
- **The SPAP vendor uses their inventory for SPAP dispenses.**
- **The SPAP vendor bills the Medicare Part D plan as the primary payer and the SPAP as the secondary payer.**
- **The SPAP vendor receives daily enrollment updates.**
- **The client's doctor sends prescriptions to the SPAP vendor.**
- **The SPAP vendor calls the client monthly to schedule dispenses.**
- **The SPAP vendor will deliver medications to any verifiable shipping address.**
- **The SPAP vendor is a Walgreens store in Charlotte, NC. Clients can walk into that store or one of nine other Walgreens stores to pick up medication if they prefer.**

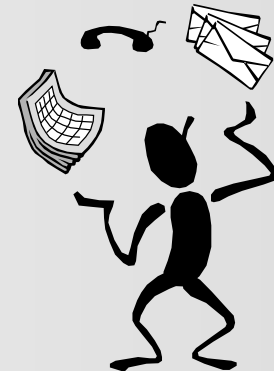
Lessons Learned

- **Use your data and use it often.**
- **Check wholesaler pricing regularly.**
- **Check eligibility and documentation.**
- **Keep it simple!**



Challenges

- **Confirming that clients on the waiting list are in care.**
- **Making projections in an uncertain economy with fluctuating variables.**
- **Ensuring sustainability.**
- **Staying informed about healthcare reform and how it will affect the program and the clients.**
- **Dealing with the paradox of increased testing initiatives and decreased availability of resources for clients who test positive.**



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