



*Maximizing Resources  
and Rebates:*  
A Roundtable Discussion On  
Maximizing Efficiencies

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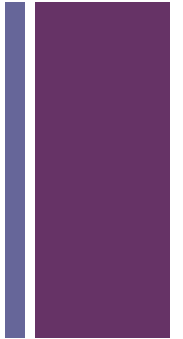
# + Agenda:



- Introduction and Brief Overview of the status of Colorado and New York state ADAPs
- Rebate Discussion and round table; suggestions
- Private Health Insurance efficiencies; suggestions
- Medicare program efficiencies; suggestions
- Pre-existing Condition Insurance Plans
- Overall efficiencies/How did ***you*** think outside of the box?

# + The Situation in Colorado

- Currently no cost up to 400% with significant State contribution
- Waitlist and / or Cost-Sharing Plan were considered likely beginning in summer of 2011, Welvista was already in the works.
- Income from partial- pay rebate revenue in 2011 has made this unnecessary at least until summer 2012
- Early Medicaid Expansion in Colorado will also decrease demand – Spring 2012



# HIV Medication Assistance in Colorado



One PBM and one data system with user look up access at Major ASO's and Medical Providers

AIDS Drug Assistance Program  
(umbrella term)  
CORE ELIGIBILITY

HIV Medication Assistance Program (HMAP) Direct distribution HIV medications

Health Insurance Assistance Program (HIAP) - Access to medications through private insurance

Bridging the Gap, CO St. Pharm. Assistance Access to medications through Med Pt D or Adv.

# + The Situation in New York:



# + Rebates for Partial Pay claims (private and Medicare plans)

- Discussion Points:
- How Have Your Programs maximized rebate revenue
- (Success stories)?
- What are some major Do's and Don'ts for programs that are new or have yet to apply for partial – pay prescriptions dispensed through ADAPs?



+ Comments and Suggestions?



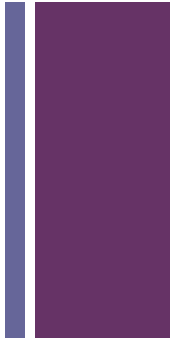
## + Health Insurance Assistance Programs (HIAP) efficiencies (ideas):

- REQUIRE verification of no access to employer plan to be on HMAP; AND letter required open enrollment period if they had declined coverage?
- Possible to use Non-Ryan White funding to reimburse for premiums for employers unwilling to work with ADAP?
- Collecting enough claims data to run manual claims if necessary?
- If you allow multiple agencies to administer HIAPs, do you use one database (not possible to double-dip??)





# Other efficiencies and ideas: Private Insurance

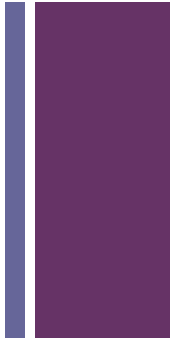


- Discussion Points:
- (Success stories)?
- What are some major Do's and Don'ts for programs that are new or have yet to begin paying for insurance with ADAP funding?



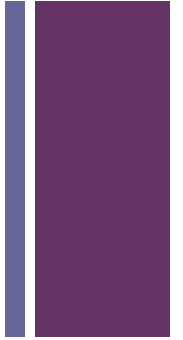
# Medicare efficiencies questions:

- To Pay or not to pay for Medicare Part D premiums for members. *Loss of Part D plan for non-payment (return to HMAP?) far more expensive than premium cost?*
- Pay all medications on Part D plan for standard beneficiaries through catastrophic level, or just ADAP formulary?
- Do you require verification of LIS application? How often? Only if appear to be qualified?
- Database and CMS data exchange used to determine exact date clients eligible for benefit?





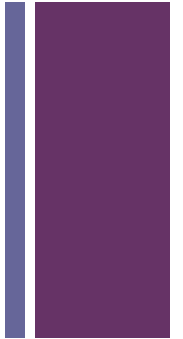
# Other Medicare efficiencies:



- Is your PBM set up properly to account for Manufacturer's contributions toward medications during coverage gap in 2011, and other formulary changes?
- Other state success stories?
- Do's and Don'ts for States who aren't quite there on Medicare?



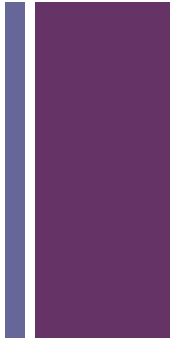
# Pre-existing Condition Insurance Plan issues:



- Out of pocket capped of \$5,950 per individual per year is based on a calendar year!
- Annual calendar costs range from \$7,000 to \$15,629, more if you span two calendar years.
- Higher age clients can't afford premium costs
- Limited access to # of individuals ADAP can pay premium for? (Unlimited number of partial pays)?



# Who Might Benefit from PCIPs?



- Currently eligible for ADAP but do not qualify for Indigent Care Programs
- Have major medical issues that they have put off or are unable to pay for
- Have qualified for SSDI but are in the “waiting period” for Medicare to begin
- COBRA expired six months ago or longer
- Have partner or relative who might pay premium who is not apparent in income calculation

+ Other state success stories with PCIPs?

■ Or do's and don'ts?



# + Contact Information



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