WEST VIRGINIA RYAN WHITE PART B PROGRAM

JAY ADAMS, MA
• Contracted services with the AIDS Task Force since 1991
• Currently serves 925 PLWHA
• State Direct Services, Insurance, & AIDS Drug Assistance Program, (ADAP)
• Quality Management for all
ATF

- AIDS Task Force of the Upper Ohio Valley
- Established in 1986; Incorporated in 1987
- Oldest ASO in West Virginia
- Statewide coverage for HIV care and support
- NAMES Project Chapter
STATE DIRECT SERVICES

• Medical Case Management
• Pharmacy Assistance
• Oral Health
• Primary care/laboratory services
STATE DIRECT SERVICES CONTINUED

• Medical Transportation
• Mental Health
• Substance Abuse out-patient treatment
Insurance Services

- COBRA
- Serves 10-15 PLWHA per year
Current Eligibility

- 300% FPL for State Direct Services
- 300% FPL for Insurance Services
ADAP

- Formulary of 104 medications
- Includes 100% of all Antiretrovirals
- Eligibility of 400% FPL
- Serves 420 PLWHA annually with approximately 12,000 prescriptions
- Expenditures of approximately $6.5 mil annually
- Averages Over $3 mil in rebates annually
ADAP ADMINISTRATION

- Currently administered through an Agreement with BMS
- Data Managed through an Agreement with ATF
- Enrollment managed through an Agreement with ATF
- PBM (Molina) automatically screens for BMS file
Current ADAP services

- Full pay for medications for the uninsured
- Wrap around services for Medicare Part D and Insurance
- Enrollments approved within 24 hours receipt of full application
- Choice of over 800 pharmacies
Additional ATF / ADAP Responsibilities

- Resolution of pharmacy processing problems
- Formulary management
- Promotion of the ADAP to clients and providers
ATF / ADAP Responsibilities continued

• Manual processing of claims for national mail-order pharmacies
• Rebate submission / reconciliation
• Act as link to Molina and BMS
CHALLENGES FOR ACA IMPLEMENTATION / ADAP

- ADAP System
- ACA Rules / Implementation
- Still Unknown *but will be resolved*
ADAP SYSTEM CHALLENGES

• Change in focus from buying drugs to buying insurance
• BMS Agreement / BMS does not buy insurance
• ATF Agreement restrictions
• ADAP staffing
• ATF will pay insurance premiums with ADAP funds
• ATF Agreement will be supplemented by a bridge Agreement
• An additional Insurance Coordinator will be hired
ACA RULES / IMPLEMENTATION

CHALLENGES

• ACA won’t be actualized overnight
• Undocumented are carved out
• Legal Immigrants of less than 5 years are carved out from Medicaid Expansion
• CSR is available for Silver Plans only and MAGI of 100% - 250%.
ACA RULES / IMPLEMENTATION
CHALLENGES - SOLUTIONS

- ADAP will make diligent efforts to enroll and then analyze the non-enrolled
- Undocumented will continue as full pay ADAP clients
- Legal immigrants ineligible for Medicaid Expansion will be reviewed for full pay or insurance
- Clients with MAGI <250% will be directed to Silver Plans for ADAP premium assistance.
ACA RULES / IMPLEMENTATION CONTINUED

• Reconciliation
• Insurance and Expanded Medicaid still leave gaps in services
• Wrap-around services are still needed.
• Medical Case Managers will educate clients about income reporting and updating
• ADAP and Part B will not be dismantled / will serve as a safety net program
• ADAP will wrap around both network and out of network HIV services / providers
• Plan analysis to conduct (Formulary, Provider, Scope of Benefits & Cost Effectiveness)
• Coordination with plans for premium payment
• Maintenance Medications / pharmacy network
• 30 day supply vs. 90 day supply
SOLUTIONS and PREPARATION FOR THE UNKNOWNS

• ATF has established a process for evaluation
• ATF has experience with multiple Part D companies and COBRA companies
• Out of state pharmacies will be added to the manual processing / credit card payment
• ATF has experience with 90 day supplies / MOLINA is capable of processing 90 day supply
STILL TO DO..........................

• Analyze and review QHPs
• Looking for:
  pharmacy networks
  inclusive provider networks
  low deductibles
  affordable co-pays
ALSO LOOKING FOR........

Comprehensive formulary
Affordable co-pays for medical visits
Cost effectiveness compared to ADAP
CSR for PLWHA < 250% MAGI (Silver Plans only)
CONTACTS TO BE MADE:

- Navigator Grantees
- QHPs that are approved by ADAP / establish billing practices
- If needed, establish contact with mail-order pharmacies
WV PROCESS

• Medical case managers notify select clients who have history of full pay ADAP claims, PCIP clients, Access WV Clients, MWin clients, new clients, clients who experience changes in income and lose traditional Medicaid

• Clients meet with MCM to discuss upcoming changes and the importance of ADAP approved QHPs

• Discuss tax penalties for not participating and emphasize that ADAP will pay the premiums
WV PROCESS continued:

- Client meets with Navigator, applies for ADVANCED Premium Tax Credits (APTC) and selects an ADAP approved plan
- Notify MCM / MCM logs info in CAREWare
- Discuss WV APAP premiums assistance process and responsibilities of client
- APTC are paid directly to the QHP
WV PROCESS continued:

- WV ADAP pays monthly premiums
- Client notifies providers of insurance carrier and utilizes benefits
- WV ADAP wraps around the insurance coverage with deductible and co-pay co-insurance for HIV related services. Invoices processed through the Wheeling office.
WV PROCESS continued:

• Client maintains ongoing communication with WV ADAP and QHP regarding income changes
• WV ADAP continues to serve as a safety net program for those that are “churning”
• Client reconciles the APTC on IRS Form 1040
CLIENT STUDY CASE #1

• John is a 24 year old man living with HIV who does not smoke
• Income of $22,980 (200% FPL)
• Based on expected contribution of 6.3% of his income, John would be responsible for $1448 in premiums
JOHN’S CASE STUDY continued:

- John must take the APTC
- John’s benchmark silver plan costs $5000 annually
- WV ADAP will pay $1448 over 12 months for premiums
- APTC will pay $3552
- WV ADAP will assist with co-insurance for co-pays and deductibles
CLIENT CASE STUDY #2

• Johanna is a 24 year old woman living with HIV who does not smoke
• Income of $34,470 (300% FPL)
• Based on expected contribution of 9.5% of income, Johanna would be responsible for $3,275 in premiums
JOHANNA’S CASE STUDY continued:

- Johanna must take APTC
- Johanna’s benchmark Silver Plan cost $5000 annually
- WV ADAP will pay $3,275 over 12 months in premiums
- APTC will pay $1,725
- WV ADAP will assist with co-insurance for co-pays and deductibles
THE ROLE OF RYAN WHITE PART A, PART C, PART F AND PROVIDERS

- Refer WV clients to Part B Case Manager
- Reinforce the need to stay up to date with QHP
- Notify Part B of appropriate complaints with QHPs
- Reinforce the need and benefits of insurance
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* Full pay for illegal residents; legal not meeting 5 yr. requirement, newly diagnosed without coverage and those that are churning.
** Limited emergency services for adults in traditional Medicaid
*** Sporadic services offered by traditional Medicaid
**** Ryan White Services subject to payer of last resort
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