Vigorously Pursuing Enrollment into Insurance for MSM of Color:
ACA Enrollment and Education Across Ryan White and Prevention Programs

Xavior Robinson, NASTAD
March 31, 2015
Webinar Etiquette

- **Phone lines**
  - Lines will be muted until dedicated question time
  - Please do not put your call on hold

- **Verbal Questions**
  - There will be dedicated time for questions
  - Please wait until the Q & A section to ask questions on the phone
  - Please identify yourself when asking a question or providing a comment

- **Written Questions**
  - Participants have the ability to submit written questions during the webinar using the “Chat” function

- **Evaluation**
  - Following the webinar, participants will have the opportunity to complete a brief survey to provide feedback on the webinar.
1. Impetus for Population-specific Outreach and Enrollment to MSM of Color
   a. Xavior Robinson

2. Vigorously Pursuing MSM Latino/Hispanic MSM Across Ryan White Parts
   a. Jimmy Borders – Arizona Department of Health Services
   b. Cheri Tomlinson – Maricopa Integrated Health System
   c. Maclovia Zepeda – Chicanos Por La Causa (CPLC)

3. ACA Outreach, Education and Enrollment
   a. Dave Kern – Washington State Department of Health
   b. Justin Hahn – Washington State Department of Health
The Ryan White Program is the payer of last resort and grantees must “vigorously pursue” client eligibility for public and private insurance

- Grantees may not dis-enroll clients from services for failure to enroll in public or private insurance coverage

HRSA encourages state ADAP/Part B Programs to use their Ryan White funding to help clients access insurance, as long as:

- Formulary includes at least one drug in each class of core ARVs from the HHS Clinical Guidelines
- It is cost-effective in aggregate as compared to purchasing medications

Other Ryan White Program grantees may also use their funds to help clients with the cost of insurance

Ryan White Program funds may be used to cover services not covered or inadequately covered by public and private insurance
Impetus for Population-specific Outreach, Education and Enrollment
Health Insurance Literacy

Figure 1. Confidence in Understanding Key Health Insurance Terms Among Racial and Ethnic Groups

Notes: Financial terms include premium, deductible, co-payments, coinsurance, and maximum annual out-of-pocket spending. Nonfinancial terms include provider network, covered services, annual limits on services, and excluded services.
*** Estimate differs significantly from the white, non-Hispanic group at the 0.01 level, using a two-tailed test. No estimates differed significantly at the 0.10/0.05 levels.
Fear and Concerns About Access Health Care: LGBT Community, and People living with HIV

Lambda Legal, 2010

- Medical personnel will treat me differently because I am...
- Not enough health professionals adequately trained to care for people who are...
- Not enough support groups for people who are...
- Not enough substance abuse treatment for people who are...
- Community fear/dislike of people who are... is a problem
HIV Program Considerations

1. Population-specific outreach and enrollment provides an opportunity to demonstrate **vigorous pursuit**

2. Prevention efforts to link MSM to Qualified Health Plans and Medicaid connects a population disparately at risk to contract HIV to health coverage that includes preventative services
Jimmy Borders
Arizona Department of Health Services
ADAP Insurance Purchasing Overview

- Arizona ADAP eligibility requirements apply
- FFM Health Plan Premium assistance
  - Client must enroll in a “silver level” health plan only
  - APTC must be applied to premium in advance
  - Up to $350/month
  - Payment facilitated through our MBM, SAAF

- Medical copay assistance
  - Up to $3000/year
  - HIV-related services only
  - HRSA excluded services are not covered
  - No claims processed once current grant year is closed
  - RWPB clients have payment facilitated through our MBM, SAAF
  - RWPA clients have payment facilitated through local administration

- Prescription copay assistance through our PBM
<table>
<thead>
<tr>
<th>ADAP Assist Population Analysis</th>
<th>Number (n)</th>
<th>Percent (%)</th>
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<tbody>
<tr>
<td>Clients currently enrolled in ADAP Assist</td>
<td>1,153</td>
<td>100.0%</td>
</tr>
<tr>
<td>Clients enrolled in FFM</td>
<td>374</td>
<td>32.4%</td>
</tr>
<tr>
<td>Clients identified as Latino/Hispanic</td>
<td>290</td>
<td>25.2%</td>
</tr>
<tr>
<td>Clients identified as Latino/Hispanic and MSM</td>
<td>217</td>
<td>18.8%</td>
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<tr>
<td>Clients identified as Latino/Hispanic and enrolled in FFM</td>
<td>138</td>
<td>12.0%</td>
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<tr>
<td>Clients identified as Latino/Hispanic and MSM and enrolled in FFM (statewide)</td>
<td>102</td>
<td>8.8%</td>
</tr>
<tr>
<td>Clients who transitioned due to AHCCCS eligibility (1/1/2014 - 2/26/2015)</td>
<td>1,246</td>
<td>-</td>
</tr>
<tr>
<td>Clients identified as Latino/Hispanic who transitioned due to AHCCCS eligibility</td>
<td>316</td>
<td>27.4%</td>
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<tr>
<td>Clients identified as Latino/Hispanic and MSM who transitioned due to AHCCCS eligibility</td>
<td>54</td>
<td>4.7%</td>
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<tr>
<td>ADAP Latino/Hispanic clients receiving services at the MIHS Clinic</td>
<td>458</td>
<td>39.7%</td>
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<tr>
<td>ADAP Latino/Hispanic clients identified as MSM receiving services at the MIHS Clinic</td>
<td>274</td>
<td>23.8%</td>
</tr>
<tr>
<td>ADAP Latino/Hispanic clients receiving services at Chicano por La Casa (CPLC)</td>
<td>97</td>
<td>8.4%</td>
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<tr>
<td>ADAP Latino/Hispanic identified as MSM clients receiving services at Chicano por La Casa (CPLC)</td>
<td>61</td>
<td>5.3%</td>
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</table>
Partnership Efforts

- ADAP has an informal “client first” agreement with all Ryan White grantees and case management agencies across the state.
- All entities collect HIPPA compliant information necessary to qualify the client for case management and/or ADAP services:
  - Data is shared using our statewide CAREWare system.
  - Statewide Ryan White/ADAP Application:
    - Birthday month for full renewal.
    - ½ birthday month for self-attestation.
- FFM enrollees must submit:
  - Current Federal Income Tax Return including Form 8962.
  - Signed Affidavit of Understanding for Individuals Enrolled in a FFM Health Plan.
## Best Practices and Lessons Learned

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Lessons Learned</th>
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<tr>
<td>• Build partnerships across all grantees and contractors</td>
<td>• Takes a village approach is critical!</td>
</tr>
<tr>
<td>• Utilize a statewide multi-grantee approach to client enrollment into other payers</td>
<td>• No single grantee can pursue insurance enrollment alone</td>
</tr>
<tr>
<td>• Additional revenue generated through rebate funds allows services to expand</td>
<td>• Be prepared for things to change quickly</td>
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<tr>
<td>• Improved client care is the focal point of all efforts</td>
<td>• Some changes you can control others require you adapt</td>
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Looking Ahead...

- “Categorically Ineligible” Latino/Hispanic clients currently have NO true insurance options
- Ongoing consideration into purchasing “off-marketplace” insurance for those deemed categorically ineligible
  - Identification of health plans
  - Operationalize process
- Win/Win for client/ADAP
  - Client now has access to care and services above just Ryan White/ADAP 340B
  - ADAP will be able to collect additional manufacturer copay rebate revenue
Cheri Tomlinson
Maricopa Integrated Health System
MIHS Adopts a Culture of Coverage:
Helping to Enroll and Educate the Ryan White Clients who Receive Health Care Services within MIHS

03.31.2015
Cheri Tomlinson, Vice President of Grants and Research
One of the largest burn centers in the U.S.

MIHS trains 400 physicians and provides more than 3,000 clinical rotations each year.

390,000 adult and pediatric visits at our family health centers and comprehensive healthcare center in 2013.

Last year...

MIHS treated 3,629 patients needing acute psychiatric care and provided 5,000+ hours of outpatient counseling services at no or little cost.

64.78% Patients admitted to MIHS received government sponsored care (AHCCCS and Medicare)

81.49% of babies born in FY2013 partially reimbursed by AHCCCS

We have 30 interpreters providing interpretation services for more than 50 languages.

In 2013, more than 47,000 people visited one of our four Family Learning Centers.

12 clinics

hospitals

2
HISTORY

1990

• 190 unduplicated patients
• 6 staff (4.0 FTE)
• $70,000 of HRSA Demonstration Project funding

2014

• 3,174 unduplicated patients
• 36 staff (32.8 FTE)
• $3.1 million in Ryan White HIV/AIDS Program funding (Parts A, C, & D)

McDowell providers collectively have 192 years of experience including 114 years providing care to people living with HIV/AIDS.
RYAN WHITE HIV/AIDS PROGRAM

MIHS is the oldest Ryan White HIV/AIDS Program Grantee in Arizona:

- **1991**: Awarded Part C (formerly Title III) for the first time

- **1994**: Awarded Part A (formerly Title I) as a sub-recipient for the first time

- **1998**: Awarded Part D (formerly Title IV) for the first time
APPOINT STRONG LEADERS AND A TEAM TO FOCUS ON NEW OPPORTUNITIES

- MIHS Champion for ACA initiative
- Operated with a formal structure
- Formed Committees

Capacity Building: Organizational Structure

Healthcare Reform Implementation Committee

ACA Taskforce Team

Subgroup: Intake
Subgroup: Special Populations
Subgroup: Communication

Marketing & Business Development
Excellent opportunity to engage the Planning Council

- Supported Enrollment Efforts
- Consumer Participation
- Ensured More Client-Centric Materials
- Fun and Exciting!
- Fostered Ownership

Healthcare Reform Implementation Committee

ACA Taskforce Team

Subgroup: Intake

Subgroup: Special Populations

Subgroup: Communication

Marketing & Business Development

PLWHAs
- PCIP
- KidsCare II
- Part Time Employees

MIHRS - Maricopa Integrated Health System
INFORM KEY STEPS

- Planning council to develop **5** simple, consistent and coordinated **key messages** for use across the EMA to market and inform clients of upcoming ACA changes
- All RW Providers tasked with **encouraging** clients to learn about and **enroll** in ACA coverage
  - If agencies did not enroll, then they would refer the client to an enrolling agency

1. Enrollment dates
2. Affordable coverage – low or no cost!
3. One-on-one assistance
4. Coverage benefits
5. It’s the law!
DATA DRIVEN PROCESS

Some of MIHS’s key successes and lessons came from measuring these areas:

- Appointment availability and financial assisters
- Volume of calls
- Secret Shopper Program
- Number of screenings
- Number of Scheduled Appointments
- Call Center volume
In Maricopa County, 1 in every 3 people living with HIV/AIDS chooses to receive all or part of their care at the McDowell Healthcare Center.
Race & Ethnicity
n=3,174

- Hispanic (any Race): 36%
- Black: 18%
- White (not Hispanic): 42%
- Asian: 2%
- American Indian: 1%
- More than 1 Race: 1%
- Pacific Islander: 0%
- Other: 1%
## DEMOGRAPHICS

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<tr>
<td>Men who have Sex with Men (MSM)</td>
<td>50%</td>
<td>60%</td>
<td>61%</td>
<td>57%</td>
</tr>
<tr>
<td>Intravenous Drug Use (IDU)</td>
<td>16%</td>
<td>10%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>MSM and IDU</td>
<td>6%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Heterosexual Contact</td>
<td>26%</td>
<td>11%</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Other*</td>
<td>2%</td>
<td>10%</td>
<td>11%</td>
<td>1%</td>
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McDowell HCC
(602)344-6550
Outcomes and Highlights || Year 2 of Affordable Care Act

590
ACA activity patients outreached

306 renewals

226 Reenrolled in FFM Plan

284 new enrollees

28 Reenrolled in AHCCCS Plan

39 Newly enrolled in FFM plan

129 Newly enrolled in AHCCCS

97% successful
**McDowell HCC**  
(602)344-6550  
Outcomes and Highlights || Year 2 of Affordable Care Act

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<th>R</th>
<th>W</th>
<th>P</th>
<th>D</th>
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<tr>
<td>590</td>
<td>360</td>
<td>284</td>
<td>473</td>
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</table>

- **RWPD individuals outreached to for OE Year 2**
- **Patients eligible and outreached for renewing their health coverage**
- **Patients who were uninsured and were assisted with obtaining coverage for the first time**
- **Had a final status of all activities for OE Y2**

**CALLING CAMPAIGN:** To reach patients about assistance with health coverage enrollment and reenrollment.

**FREE IN-PERSON APPOINTMENTS FOR ASSISTANCE**

97% Successfully enrolled in health coverage.
“Poor health literacy is a **stronger predictor** of a person’s health than age, income, employment status, education level, and race.”

- American Medical Association

- Improve ability to **obtain**, **process**, and **understand** health information
- Become **empowered** in their own care
- Be **influenced** to adopt healthy behaviors
- Improved **individual** and **community** health outcomes
HEALTH LITERACY CLASSES

“More than 90 million Americans cannot adequately understand basic health information”

2 Classes
90 Minutes Each

UNDERSTANDING HEALTH INSURANCE
- Why is it important to have coverage?
- Top 10 definitions and terms
- Explanation of “cost sharing”
- How to make a medical appt.
- AND MORE!!!

PREVENTIVE SERVICES
- Why is prevention important?
- What are preventive services?
- Adult services
- Women services
- Child services
- AND MORE!!!

All classes and course material available in English and Spanish

Classes held at Family Learning Centers and other facilities accessible to PLWHA and community members who wish to attend.

For future course information, visit:

FROM COVERAGE TO CARE
A Roadmap to Better Care and a Healthier You
CMS Roadmap
HEALTH LITERACY OUTCOMES

Project Highlights and Attendance

Total Attendees: 357
Total Gift Cards Allotted: 168
Total Classes Conducted: 30

- **SEPTEMBER**: Pilot classes were conducted for Case Managers at Care Directions and Southwest Center with the goal of getting feedback and allowing them to see the information that their client’s would be receiving.

- **OCTOBER**: Spanish translation of Module 1 class presentation complete.
  - First class conducted at Chicanos Por La Causa (Spanish class).
  - Incentives began to be passed out to all class attendees currently on RWPA ($10 Fry’s grocery gift cards).

- **NOVEMBER**: First class conducted at three enrollment events. At one event, 107 individuals were reached.
  - Spanish translation of Module 2 complete.
  - Two Module 2 pilot classes conducted at MIHS, for MIHS staff and Case Managers.

- **DECEMBER**: Module 1 conducted at three enrollment events. At one event, 107 individuals were reached.

- **JANUARY**: A Combined Module 1 & 2 class was created and conducted in 2 hour time slots.
  - One-on-one classes were recruited for and conducted at SWC.
  - Last class conducted on February 20, 2015.
HEALTH LITERACY OUTCOMES

Overall Class Evaluation Results

- **Very Satisfied/Satisfied**
  - (Module 1, Module 2, Combined)
  - n=107
  - 97%

- **Length of Class “About Right”**
  - (Module 1, Module 2, Combined)
  - n=108
  - 88%

- **Would Recommend the Class to Others**
  - (Module 1, Module 2, Combined)
  - n=105
  - 98%

- **Learned How to Make a Dr. Appt.**
  - (Module 1, Module 2, Combined)
  - n=98
  - 95%
With the onset of health care reform, MIHS chose to *transform* how health care coverage information was delivered to our customers.

The report describes an Arizona public hospital and health care system's experience in serving a *diverse* community in need of health care coverage.

*To Learn More*
MIHS is pleased to acknowledge these collaborators and colleagues within our organization as indispensable partners in our “Cover” Story:

- RWPA and Planning Council
- RWPB
- RWPC
- RWPD
- ADAP
- Phoenix Children’s Hospital
- Care Directions
- Southwest Center for HIV
Maclovia Zepeda
Causa Por La Causa (CPLC)
Background and History of CPLC

- Over 40 years of service
  - Pillars include economic development, education, health and human services and housing
- Provides services in Arizona, Nevada and New Mexico for thousands of low-income people
- Serves 190,000 individual per year
Client Demographics

**Ethnic Background:**
- 64% Hispanic
- 10% Native American
- 16% Caucasian
- 1% Asian
- 2% Multiracial
- 3% Other
- 4% African American

**Language Preferences:**
- English: 67%
- Spanish: 33%

Source: CPLC 2013 Client Impact Report
CPLC’s LUCES Program

Latinos Unidos Contra El Sida/ Latinos United Against AIDS

LUCES program is the premier, culturally grounded and Latino focused HIV program for the Phoenix Ryan White Part A Program

Services:
- Case Management
- Mental Health
- Substance Abuse
- Psychosocial Support
Challenges Facing The Latino Community

- Low average socioeconomic status
- Literacy
- Immigration Status
- Limited English Proficiency (LEP)
- Rapidly growing Latino population
- High risk for mental illness
Barriers to Access Care in the Latino Community

- Rapidly growing Latino population
  - Limited access to bilingual and bicultural health service providers
- Language barriers
- Lack of affordable mental health services
- Lack of information on accessing mental health services
Ryan White Part A Partnerships & Team Based Approach

- Knowing we cannot do it alone

- Integrated plan to identify, educate and enroll clients

- Strategic initiatives were identified and each initiative was spearheaded by a subject expert with involvement from all of the providers.
Health Literacy Efforts

- Addressing limited English proficiency barriers by being involved with the development of marketing or educational materials
- Educational forums with clients
- One on one sessions
Challenges and Successes in Enrolling Latinos In Coverage

- Education in regards to the DREAM Act
- Information in regards to the various plans
- Research has shown benefits to hiring bilingual and bicultural staff to mental health care settings, including:
  - Increased accuracy in communication
  - Increased quality and relevance of services
  - Increased client satisfaction
  - Increased culture comprehensions and culturally appropriate care
Dave Kern and Justin Hahn
Washington State Department of Health
State Health Departments Implementing PrEP
Dave Kern
Manager, HIV and Adult Viral Hepatitis Prevention Services
Washington State Department of Public Health

ACA Outreach, Education and Enrollment: HIV Prevention and ADAP Perspectives
Justin Hahn, Community Engagement Coordinator
Dave Kern, Manager Infectious Disease Prevention Section
Washington State Department of Health
OVERVIEW

• Background
  • HIV Strategy Framework
  • End AIDS Washington
• Current Health Insurance Activities
  • We-are-1.com
  • Community Mobilization: myHIVmoment.org
  • ACA enrollment in smaller urban areas
  • Pre-Exposure Prophylactic Drug Assistance Program (PrEP DAP)
• Future Health Insurance Activities
BACKGROUND – HIV STRATEGY FRAMEWORK AND ENDAIDSWA
BACKGROUND – HIV STRATEGY FRAMEWORK

• In partnership with our state’s HIV Prevention Planning Group (2011-2013), we mapped outcomes that influence direct transmission of HIV. These outcomes include:
  – Suppressed viral load among all persons living with HIV
  – Decreased GC and syphilis among HIV positive persons and GBM*
  – Increased use of PrEP among GBM*
  – Increased use of nPEP among GBM*
  – Increased use of condoms among GBM*
  – Increased use of clean needles / syringes among PWID*

• Healthcare access, enrollment and utilization are key to achieving outcomes

*In Seattle and secondary urban areas (Secondary urban areas = Everett, Kent, Renton, Shoreline, Spokane, Tacoma and Vancouver)
BACKGROUND – NEW HIV CASE DISTRIBUTION

Geographic Distribution of New HIV Cases, Washington State, 2009-2013 (n = 2,589)

Data reported to the Department of Health as of June 30, 2014. Dots are randomized within Census Tracts to protect patient privacy.
BACKGROUND – END AIDS WASHINGTON

• The WA State HIV Planning Steering Group (HPSG) first suggested the idea of an End AIDS Washington campaign in the summer 2014
• An HPSG campaign plan was created and pitched to the governor who signed an End AIDS Washington proclamation on December 1, 2014
• **Goal is to reduce the rate of HIV in Washington State by 50% by 2020**
• The HPSG will create an action plan that builds on the existing HIV Strategy Framework that will be submitted to the governor by December, 2015
• The HIV Strategy Framework guides all current Office of Infectious Disease HIV prevention, care and treatment efforts
CURRENT HEALTH INSURANCE RELATED ACTIVITIES
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

**We-are-1.com**

- Sustained media brand promoting health and wellness among GBM in the central Puget Sound
- Thirteen member partnership of HIV prevention organizations and local and state health departments
- Brand coordinated by Public Health Seattle and King County and a public relations and social marketing firm
- Health promotion campaigns focus on GBM health and wellness that have included HIV testing frequency and...
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

We-are-1.com

• ...ACA enrollment campaign! (current)
  • Formative research identified four key barriers
  • Target audience:
    • 27-34 year olds, African Americans, Latinos and Transgender persons
  • Focus groups, intercept surveys, stakeholder interviews to assess knowledge, attitudes and beliefs about ACA, health insurance and perceived barriers to enrollment
  • Campaign messaging:
    • “It’s easier than you think”
    • “It’s not that hard”
    • “Are you COVERED?”
    • “I’m COVERED!”
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

We-are-1.com

- ...ACA enrollment campaign! (current)
  - Media channels include gay-focused information and hook-up sites like:
    - Mobile applications, Facebook, local newspapers, outdoor billboards, YouTube videos, posters, buttons and beer coasters
  - In-Person Assisters hired, collaborate with community partners at events to enroll target populations
  - Launched November 17, 2014 and will end April 17, 2015 (extension)
  - Evaluation upon completion of campaign
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

We-are-1.com Webpage:

NEW! Health Insurance: Spring 2015 Special Enrollment Period. You may qualify. Check it out before April 17.

!!ALERT!! Syphilis Eye Disease Among Gay and Bi Men in King County. Click the link below for more information.

CURRENT HEALTH INSURANCE RELATED ACTIVITIES

We-are-1.com Webpage:
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

We-are-1.com Mobile:

Getting Health Insurance Is Easier Than You Think. Enroll by February 15th.

Need health insurance? Click here to go to We-Are-1.com and find out how to connect with someone who can help find a plan that's right for you. Open enrollment lasts only until February 15.

Learn more

Just a friendly reminder. You can still get healthcare and avoid those nasty tax penalties for not enrolling. I'm just sayin'!

Washington Healthplanfinder Special Enrollment Period
wahbexchange.org
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

We-are-1.com Posters:

We Are 1 - Poster
(Gay, Bi, Trans-friendly Doctors?)
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

GBM Community Mobilization: MyHIVmoment.org

- Coalition of five HIV prevention CBOs in Seattle that focus on GBM of all races/ethnicities, African American, Latino, youth and stimulant users
- Two-year project (now in second year)
- Focused on promoting WA State HIV Strategy Framework outcome related HIV messages. Intention is to reach new GBM and diverse entities that serve GBM
- Four part message:
  Get tested. Get treatment. Get healthcare. Ask about PrEP.
- Community Mobilization activities: myHIVmoment.org website, IPAs, GSBA and direct business outreach (including AA and Latino businesses); digital video capsules; HIV testing and messaging events; AA focused blog, LGBTQ focused health fairs
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

ACA Enrollment in Smaller Urban Areas

• HIV prevention CBO partner contract language reflects WA State HIV Strategy Framework outcomes
• CBO partner work is focused on:
  • Community-based HIV testing and linkage/retention services
  • Condom distribution
  • Mobilize GBM to enroll and utilize health insurance
  • Increase the use of PrEP
• CBO healthcare screening and enrollment activities:
  • Direct and indirect healthcare enrollment through in-person assisters
  • Healthcare enrollment and PrEP presentations
  • Screen all clients for health insurance (QHP or Medicaid)
  • Client healthcare enrollment surveys
  • Integrated primary prevention service delivery
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

Pre-Exposure Prophylactic Drug Assistance Program (PrEP DAP)

• Launched in April 2014 as a matter of program planning and development, rather than a legislative or agency initiative
• Collaborative effort between DOH HIV prevention and HIV care / treatment programs
• Built on the backbone of state’s ADAP program – eligibility processing and pharmacy benefits management
• Funded exclusively with state general funds
• Provides coverage for Truvada®
  • Co-pay - $535.19 (Dec 2014 – Jan 2015)
  • Full-pay - $1367.95
CURRENT HEALTH INSURANCE RELATED ACTIVITIES

Pre-Exposure Prophylactic Drug Assistance Program (PrEP DAP)

- $2 million dollars a year allocated for coverage of 200 clients
- Program Staffing
  - PrEP DAP utilizes 2.6 FTE across 11 DOH staff
- Expanded PrEP DAP program to include premium payment assistance for uninsured
- Explore options for covering medical and lab costs (future)
- 283 applications received
- 235 active PrEP DAP Clients
FUTURE HEALTH INSURANCE RELATED ACTIVITIES
FUTURE HEALTH INSURANCE RELATED ACTIVITIES

Thoughts and Questions:

• Enrollment and utilization (targeting general HIV negative GBM, Black and Hispanic GBM and stimulant using GBM)
  • How do we mobilize high-risk HIV negative persons be good consumers of healthcare including preventive care?

• Better service integration
  • How do we better integrate sexual health and preventive services with general healthcare service delivery?
FUTURE HEALTH INSURANCE RELATED ACTIVITIES

Thoughts and Questions:

• Health literacy
  • How do we assist high risk persons to better understand their health insurance and healthcare?
  • How do we assist high risk persons to better understand the value of PrEP as a prevention tool?

• Culturally competent healthcare (targeting general HIV negative GBM, Black and Hispanic GBM and stimulant using GBM)
  • How do we assure availability of culturally competent clinicians?
Questions

Xavior Robinson
xrobinson@nastad.org
(202) 434-8069