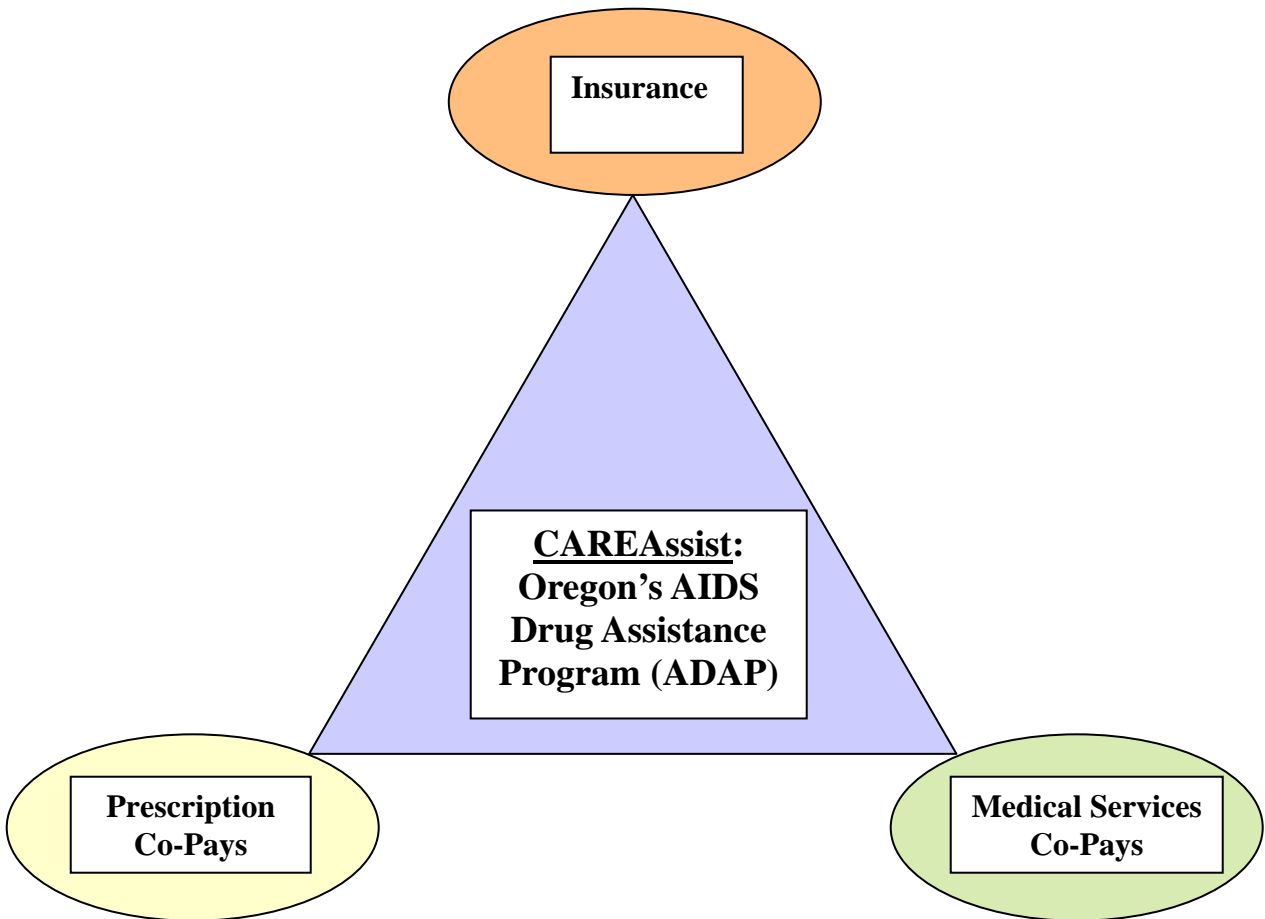


CAREAssist Program Information



Mission:

The mission of the CAREAssist program is to improve the health of low-income HIV+ Oregon residents to access to HIV/AIDS medical treatment by paying for insurance premiums and prescription/medical services co-pays.

Program Description

Basic Program Services	Description
<ul style="list-style-type: none"> • Insurance 	<p>The program will pay the health insurance premiums for accepted clients. In some cases, the program will be able to directly pay an employer to stop payroll deductions for insurance coverage.</p>
<ul style="list-style-type: none"> • Prescription Co-Pays 	<p>The program covers prescription co-pays. Payment is usually made to the retail pharmacy after the primary insurance has been billed. CAREAssist does not distinguish between co-pays and deductible expenses.</p>
<ul style="list-style-type: none"> • Medical Services Co-pays 	<p>The program pays medical services co-payments after the primary insurance has been billed. Typically, these medical services include laboratory services, radiology services, mental health and substance abuse treatment services, and inpatient care. The maximum annual amount for each client will vary year to year based on available funding and covers services based on a calendar year.</p>
Supportive Program Services	Description
<ul style="list-style-type: none"> • Bridge Program 	<p>Provides up to a 30 days supply of medications listed on the CAREAssist Drug Formulary. The applicant's primary or HIV specialty medical provider must apply for this coverage.</p>
<ul style="list-style-type: none"> • Pre-Insurance Medication Coverage 	<p>Pre-coverage medication access is provided to any fully enrolled client whose insurance coverage for prescription drugs is delayed. Most often this time period will be for 30 days or less, as most prescription coverage starts the 1st of the month following the insurance application acceptance/approval for coverage. CAREAssist will provide required medications listed on the CAREAssist Drug Formulary during this delay.</p> <p>CAREAssist staff must be able to verify acceptance by a health plan prior to authorizing this medication access.</p>

Program Eligibility

Basic Services Program Enrollment

- Client must have confirmed HIV status as verified by a medical provider.
- Client must reside in Oregon and have a physical address
 - PO Box is not an acceptable address
 - Homeless persons must have a declaration by their case manager
- Client must have income that is 300% of the Federal Poverty Level, or below. Documentation must be submitted to support income declaration.
- Client will be assigned to a benefits group based on percent of FPL.
 - Group 1, income \$0 – 200% FPL
 - Group 2, income \$0 – 300% FPL, and enrolled in OHP or VA eligible
 - Group 3, income \$200 – 325% FPL

Supportive Services Program Enrollment

- Client must have laboratory verified HIV+ status
- Client must be currently residing in Oregon.
- Client must have income that is 250% of the Federal Poverty Level, or below.
 - Income is assessed by the medical provider or his/her designee and a reasonable attempt is made to substantiate statements made by the applicant (client).

ELIGIBILITY STATUS

ACCEPT: Indicates that the applicant has met all eligibility criteria and is eligible for payments on approved services. Applicants are provided a defined period of eligibility, usually six months.

PENDING: Indicates that the applicant has met all program requirements for eligibility but an effective date for program payments is waiting (pending) for another process to be completed. The most common reason that a person is placed in pending is that they must complete the OMIP application process or refer COBRA continuation paperwork to CAREAssist.

RESTRICTED: Indicates that the client has failed to meet a program requirement and has been placed in another status where his/her benefits are “restricted” to receive health insurance premium payment assistance only. No co-pays for medications or services are covered during this time. Restricted status is for three months. Clients may only be placed in restricted status one time in any twelve-month period.

TERMINATED: Indicates that the client is not eligible for any service.

Benefits by Group

Group	CAREAssist Benefits
Group 1	<ol style="list-style-type: none"> 1. All or part of the client’s health insurance premium. 2. Co-pays and deductible on all medications covered by the health insurance policy. There is no maximum benefit at this time. 3. Co-pays and deductibles on medical services, up to a maximum of \$1500 per calendar year. <p style="text-align: center;"><i>NOTE:</i> Requests for payment for medical services co-pays and deductibles to the program must include the insurance Explanation of Benefits, and the billing invoice showing the amount billed to the client. Complete documentation must be sent to the state within six months of the date of service. Billings received after that time will be denied consideration for payment.</p>
Group 2	<ol style="list-style-type: none"> 1. OHP monthly premium payments. 2. Co-pays on medications dispensed by the Veteran’s Administration pharmacy system.
Group 3	<ol style="list-style-type: none"> 1. All or part of the client’s health insurance premium. 2. Co-pays and deductible on all medications covered by the health insurance. <p style="text-align: center;"><i>NOTE:</i> Co-pay and deductible payments for <u>medical services</u> are NOT eligible for payment for Group 3 clients.</p>

Cost Share

- A cost share is collected from all CAREAssist participants with income over 100% of the Federal Poverty Level.
- The cost share amount is 2% of the family income, paid to CAREAssist each month

- Each month CAREAssist prints invoices that are mailed to the individual client. The due date for the payment is the 21st of that month.
- Cost share starts on the first full month of eligibility.
- CAREAssist members may miss one payment, but may not fall behind two months.
- If the member fails to pay the required amount for two months in a row, they are placed in “**restricted**” status. This means that CAREAssist will continue to pay for the client’s insurance, but will not pay any form of co-payment for prescriptions or medical services.
 - “Restricted” status is imposed for a period of 3 months. Clients must complete the re-certification process prior to the end of the restricted status. Those that fail to submit the required paperwork and/or those that are found to be no longer eligible for member status, are terminated from the program. These persons may reapply for assistance at anytime and their application is evaluated based on eligibility criteria at that time.
 - Those persons returning to the program either from the “restricted” or “terminated” status have no outstanding balance for cost share when they return to full membership. Upon full acceptance to the program, they again become subject to cost share. Cost-Share starts on the first full month of eligibility.
- Cost share adjustments may occur when the client has a negative change in monthly income equal to 25% or more of the originally income level.
 - Case managers must submit the required form and CAREAssist will adjust the cost share payment accordingly. If the adjustment determines that the client has an adjusted income that is equal to or below 100% of the FPL, the cost share will stop for the remainder of that eligibility period.
 - Cost share adjustments must be received by CAREAssist at least 2 business days prior to the end of the current month to be effective the following month. Clients whose income is determined to be 100% of the FPL or below, will have their past due or outstanding cost share balance returned to zero (\$0).

OMIP

The Oregon Medical Insurance Pool, OMIP, is a state government program where all private health insurance providers are required to pay into a pool of funds to assist Oregonians who are not eligible for other insurance coverage.

Oregon residents applying for coverage offered by OMIP are granted that coverage after providing proof that they have been or would be denied insurance because of a pre-existing health condition.

CAREAssist may make monthly premium payments on behalf of a client of both OMIP and CAREAssist.

Application Process

The application to OMIP and the certification of un-insurable status is completed by a licensed insurance agent. The application and subsequent acceptance by OMIP is a contract between the applicant (client) and OMIP. CAREAssist is not a party to this contract but may act on behalf of the client in making payments for the monthly premiums. CAREAssist and OMIP work together to minimize difficulties related to accessing the health insurance benefits, however the client is ultimately responsible to meet all requirements as defined by OMIP.

Step #1: Application to CAREAssist and OMIP should occur simultaneously.

Step #2: Once CAREAssist receives an application, the client is assigned a number that is used on the OMIP application. This number is immediately available to the client and case manager through a call to the CAREAssist office.

NOTE: If the client withdraws his/her application to CAREAssist or they are determined not to be eligible for CAREAssist, the OMIP application can be cancelled. At no time should the client make an OMIP payment unless he/she is going to be able to continue with those payments in the event that CAREAssist enrollment is denied. Payment of a month's premium is viewed as the client's enactment of the OMIP contract.

Tips for Successful Application

1. Applications must be complete when submitted to OMIP.

- The most common reason for rejection is the failure to submit acceptable proof of residency. Drivers License, state issued ID card, rental agreement or utility account with the name of the applicant shown at the residence are all acceptable proof of residence.
- In the case of a homeless person who has none of these, CAREAssist may be able to attest to the residence of the applicant. In this event, discussion with CAREAssist staff must occur prior to the application being submitted.

2. OMIP does not insure persons who are eligible for Medicare.

- While clients who are receiving SSI, Social Security Insurance, payments can remain in OMIP, they are not allowed to remain once SSDI or Medicare insurance status is available to the client.

3. Certificate of Coverage is required by OMIP if the client is not going to be subject to a pre-existing conditions exclusionary period.

- OMIP, like most insurance, will not cover medical costs for pre-existing conditions for a period of six months. This exclusion does not apply to prescription drugs.
- Even if the client does not have the Certificate from their previous insurer, they should move forward with an application to OMIP. The prescription drugs will immediately be covered and the status of pre-exclusion for medical services can be resolved or appealed after coverage has started. Do not delay assisting a client with their application while waiting for the Certificate.

4. OMIP coverage through Regence Blue Cross/Blue Shield will start the 1st day of the month following acceptance by OMIP.

- CAREAssist will provide up to 30 days pre-coverage medication from the CAREAssist Drug Formulary once acceptance by OMIP is confirmed. The prescription drug coverage provided by CAREAssist is not the same the 30-day supply provided through the “Bridge” program.

5. Exclusions from OMIP can occur when the client fails to meet one or more of the OMIP requirements.

- Once insurance coverage has started any interruption of the monthly premium payment will result in a full 12 month ban from OMIP.
 - This means that if the client signed up for OMIP on their own, and then stopped paying the premium for even one month prior to acceptance to CAREAssist, they would be barred from reapplying to OMIP for a full year from the date of last coverage. CAREAssist does not have the ability to adjust this exclusionary period. Case Managers should consult with CAREAssist staff prior to the client applying for OMIP to avoid the possibility that the client might take an action that would result in exclusion from OMIP and therefore exclusion from CAREAssist for up to 12 months.

6. Out-of-state use of OMIP coverage is between OMIP and the client.

- CAREAssist will not pay for prescription or medical services' co-payments for out-of-state use, even if they are covered by the OMIP policy. Clients are responsible for all out-of-state charges associated with the use of their OMIP policy. Prior authorization for services received outside of Oregon may be required by OMIP through its insurance provider, Regence Blue Cross/Blue Shield.

7. Client failure to meet a CAREAssist requirement may result in the client being placed in "Restricted" status.

- For clients who are placed in "Restricted" status, CAREAssist will continue to pay the OMIP premium for three months but will not pay any co-payments or deductibles during that time. If the client does not complete the CAREAssist re-certification process, the program will stop all payment for the OMIP policy.
 - *NOTE:* The OMIP policy is the client's and remains in effect regardless of the stopping of CAREAssist's payments. The client may continue the policy premium payments. Clients who do not make the premium payment, will lose OMIP coverage and be barred from OMIP for a period of 12 months. During this time, the ineligibility for OMIP will be an automatic exclusion from CAREAssist for the same 12 month time period.

Caution: If the client continues to use the OMIP policy after Medicare status has been gained, the client will become liable for all costs paid by OMIP. CAREAssist, in most cases, is unable to help the client with these costs. Clients should NEVER pass up the opportunity to take Medicare coverage. Delays in enrolling in Part B and Part D result in significant penalties. This point should be stressed to the client.

Medicare

CAREAssist does not pay for Medicare Part B coverage. However, CAREAssist encourages all clients to take this optional coverage at the time it is first offered. Having both Part A and Part B coverage is often a requirement to get other Medicare benefits such as Medicare Advantage Plans. Significant penalties accrue to those that delay in enrolling in Part B coverage and even when the client wishes to start at a later date there may be restrictions on when coverage can start. CAREAssist is not able to pay Medicare penalties.

CAREAssist does pay for Medicare Part D plans. These are the prescription drug plans available to all Medicare-eligible clients. Federal restrictions prevent CAREAssist from assisting with all plans available in Oregon. Clients who are eligible for the Low Income Subsidy (LIS), often referred to as “Extra Help” must apply for this assistance. The LIS will cover the cost of a basic drug plan or will provide a partial subsidy up to \$30.50 per month. Applying for LIS can occur at anytime during the year.

Medicare Programs Available

CAREAssist is only able to help with premium payments if the client has signed up for one of the two “Enhanced” plans sold in the state. CAREAssist may not dictate that clients should only consider these two plans. Clients should make their choice of plan based on overall needs. Most clients may change plans one time per year at open enrollment. Open enrollment will occur November 15 through December 31 of each year.

The two “Enhanced” plans that CAREAssist can provide assistance with are:

- Kaiser Permanente, Senior Advantage Plan 2 (only available in the Kaiser service area)
- Humana Complete
 - With these two plans CAREAssist can pay the monthly premium and co-pays on prescription drugs.
 - Medicare-eligible clients with income over 150% of the FPL who would like CAREAssist to help must be enrolled in one of these plans.
 - Clients with income from 135% to 150%, who would qualify for a partial LIS, may also benefit most if enrolled in one of these two plans.
 - Clients with income below 135% FPL, and therefore eligible for the full Low Income Subsidy, may get help from CAREAssist for medication co-pays only, unless they are enrolled in a Kaiser Advantage Plan. In most cases, their co-payments are from \$2 to \$5 per prescription.

Case Managers should call and consult with CAREAssist staff prior to enrolling any client in a plan.

Other Medicare Coverage

CAREAssist may help with medical services co-payments for Medicare clients who have a drug plan that provides HIV medications and does not experience a “gap” in coverage known as the “donut hole.” This co-payment assistance is limited to \$1,500 per year and is subject to funding availability each year. If the client does not have Part D coverage, CAREAssist will not provide any assistance.

Medicaid

- CAREAssist will pay the monthly OHP (Oregon Health Plan) monthly payment.
- Clients who would like assistance with this monthly charge should apply for Group #2.
- There are no co-pay requirements for OHP clients, therefore CAREAssist does not pay co-payments.
- CAREAssist may pay the client obligation for payment to Disability Service or other state programs if Medicaid prescription drug access is provided under this extended coverage. These persons are often referred to as “Dual Eligible” and are placed in Group #2. CAREAssist is not able to pay for Part B coverage.

VA (Veteran’s Administration)

- CAREAssist will help veterans to access services through the VA through the payment of pharmacy and medical services co-payments.
- **Caution:** it has proven to be very difficult for CAREAssist to assure the appropriate application of payments to the client’s pharmacy account. CAREAssist will make a reasonable effort to work on behalf of the client, but ultimately any indebtedness is the client’s.

MORE CAREAssist INFORMATION AT:

http://egov.oregon.gov/DHS/ph/hiv/careassist/about_us.shtml

When in doubt..... call CAREAssist program staff