

CAREASSIST PROGRAM (OREGON'S AIDS DRUG ASSISTANCE PROGRAM)

PROGRAM SUMMARY



The CAREAssist program (Oregon's AIDS Drug Assistance Program) provides Oregonians living with HIV or AIDS assistance paying for medication and other medical care expenses. The mission of the CAREAssist program is to improve the health of HIV+ Oregon residents through access to HIV/AIDS medical treatment by paying for insurance premiums and prescription/medical service co-pays.

This document is intended to provide a brief description of the CAREAssist Program and is not a complete set of program policies and procedures <http://egov.oregon.gov/DHS/ph/hiv/careassist/docs/CAPolProc07.pdf> . For more information regarding the CAREAssist program please contact a CAREAssist at 971-673-0144.

Program Description For Bridge Program Services

Target Population: Persons who are not yet fully enrolled in the CAREAssist Program but need access to HIV medications while completing the application to CAREAssist and/or other insurance coverage such as OHP.

<p>Bridge Program</p>	<p><u>Provides up to a 90 days supply of medications.</u> CAREAssist has an Open Drug Formulary for Bridge clients. This means that any drug deemed necessary by the medical provider to maintain the client while he/she is completing application to CAREAssist and waiting for health insurance coverage to start is covered.</p> <p>Additionally, CAREAssist will pay for a limited number of listed services and laboratory procedures needed by a medical provider to assess for appropriate HIV related treatment. Typically, all laboratory tests typically necessary to allow a medical provider confidence in prescribing medications to treat HIV disease will be covered, as well as a limited number of doctor visits consistent with the U.S. Public Health Service Treatment Guidelines for HIV. <i>A list of allowable procedure codes can be found in the Bridge Application:</i></p> <p>http://egov.oregon.gov/DHS/ph/hiv/careassist/docs/bridgeapp08.doc</p>
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Bridge Program Eligibility

- Client must have laboratory verified HIV+ status
- Client must be currently residing in Oregon.
- Client must have income that is **300%** or below of the Federal Poverty Level

(March 1, 2008 –February 28, 2009: \$2,601 per month for a family of one).

- 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).

General Program Policies

CAREAssist will cover up to 90 days of medications. Authorizations for full cost payments are granted in 30-day increments. A completed and signed (by both the client and their physician) Bridge Application is required for the first 30-day period. Additionally, the client must have submitted a completed CAREAssist application. Clients must contact CAREAssist to verbally request the second and third month extensions.

Actions to be pursued necessary to meet medication access needs in the future must be completed on the initial application (i.e. application to OMIP, OHP, etc.). To qualify for the second and third months' assistance, the client must be able to demonstrate progress in securing coverage for ongoing and long-term assistance with medication access.

Only a licensed medical provider is authorized to request Bridge program assistance on behalf of the prospective client.

Oregon licensed medical providers:

Oregon licensed medical providers who identify themselves as primary in the provision of HIV medical management for the client may prescribe any medical necessary to the management of HIV. Providers are entrusted to act as stewards of public funds and, therefore, will not write prescriptions for brand name drugs when a lower cost generic form of a drug is available; will not prescribe more than a 30-day supply of any drug at a single time; will not start therapy for conditions where that medication therapy could be reasonably delayed until insurance coverage can be secured for the client (and when such a delay would not likely result in a negative consequence to the client.) Very high cost medications and some other drug classes, to include but not limited to such drugs as human growth hormone and anti-impotence drugs, will not be approved for payment under the Bridge Program.

Non-Oregon licensed medical providers:

In addition to all of the requirements listed above for Oregon licensed medical providers, the initial 30-day authorization may be granted upon the program's receipt of an application form with the signature of a medical provider licensed in

the United States but not licensed and located in Oregon. All applicants whose requesting medical provider is not licensed and located in Oregon must be actively enrolled in an HIV specific case management program as defined by the Ryan White Program, Part A, B, or C program in Oregon. Applications for assistance signed by a non-Oregon licensed medical provider must include the provider's Federal DEA number. The application must also be signed by a local Oregon-based HIV case manager. Requests for a subsequent month's supply will not be accepted. A new Bridge application signed by a medical provider licensed in Oregon must be submitted for the second and third month authorizations.

Clients receiving services from physicians at the Part C clinics in Walla Walla, WA and Boise, ID are exempted from the "Non-Oregon licensed medical provider" policy.

Program Description For Fully Enrolled Client Services

Target Population: Persons who are fully enrolled in the CAREAssist Program may qualify for the following benefits based on the eligibility group they are assigned:

Benefit	Description
Insurance	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.
Prescription Co-Pays	The program covers all prescription co-pays and <u>is not limited to HIV specific treatments</u> . 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.
Medical Services Co-pays	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 both outpatient and inpatient medical care. The maximum annual amount for each client benefit group may vary year to year based on available funding and applies to dates of services occurring during the calendar year.

Supportive Program Services	Description
Pre-Insurance Medication Coverage	<p>Pre-coverage medication access is provided to any client who has completed enrollment with the program and 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 has an Open Drug Formulary for these clients while they are waiting for insurance prescription coverage to start.</p> <p>CAREAssist staff must be able to verify acceptance by a health plan prior to authorizing this medication access. Once health insurance is secured and the prescription drug benefit is available to the client, the approved formulary for CAREAssist copayments is limited to those drugs covered by the primary policy except as noted below.</p>
Pre-Existing Exclusionary Period Payments	<p>The program will assume the costs for <u>out-patient</u> medical services during a pre-existing medical conditions exclusion period for persons who are fully enrolled in CAREAssist, if their insurance meets the program criteria for coverage, if it is for a covered pre-existing condition in their insurance policy and if the treatment was denied as a “pre-ex.” Only medical service costs associated with dates of service after member status in CAREAssist has been established are eligible for payment.</p>
Medicare Part D	<p>CAREAssist will pay monthly premiums for Medicare Part D policies. Medicare Prescription Drug Plans (PDP) or Medicare Advantage Plans (MAPD). CAREAssist will pay premiums for MAPD plans up to \$110 per month in 2008.</p> <p>CAREAssist will pay full cost for all Benzodiazepine drugs not covered by the PDP or MAPD.</p>

Formulary Drug Coverage	CAREAssist will pay full cost for a limited number of drugs listed on the program formulary when those drugs are not covered by the client's primary insurance policy. Recent additions to the formula include nicotine addiction drugs Varenicline and Buprobion, Benzodiazepines, Buprenorphine, Hep A & B treatments, vaccines and insulin and diabetic supplies.
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CAREAssist Program Eligibility

- 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 signed 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 – 350% FPL

Eligibility Status Terms and Definitions

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 and cannot reapply for assistance for three months.

Benefit Information By Group

Group	CAREAssist Benefits
Group 1	<p>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 \$5000 per calendar year.</p> <p><i>Note: Requests to the program for payment of medical services co-pays and deductibles must include the insurance Explanation of Benefits, and the billing invoice showing the amount billed to the client and be submitted within 12 months.</i></p>
Group 2	<p>1. OHP monthly premium payments and drug co-pays. 2. Co-pays on medications dispensed by the Veteran’s Administration pharmacy system.</p>
Group 3	<p>1. All or part of the client’s health insurance premium. 2. Co-pays and deductible on all medications covered by the health insurance. 3. Co-pays and deductibles on medical services, up to a maximum of \$2500 per calendar year.</p> <p><i>Note: Requests to the program for payment of medical services co-pays and deductibles must include the insurance Explanation of Benefits, and the billing invoice showing the amount billed to the client and be submitted within 12 months.</i></p>

Cost Share

- A cost share is collected from all CAREAssist participants with income above 150% 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 which 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 1 month prior to the end of the restricted status in order to avoid disruption of continued services. Those clients failing to submit the required paperwork, and/or those found to be no longer eligible are terminated from the program. Terminated clients may reapply for assistance at any time after a 3 month exclusion, and their application is evaluated based on eligibility criteria at that time. However, re-enrollment for persons who were insured under OMIP is conditional upon the applicant still having the ability to be covered by OMIP or another insurance that meets CAREAssist criteria for coverage.
 - 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, those determined to have income greater than 150% FPL again become subject to cost share. Cost-Share starts on the first full month of eligibility.
- A cost share adjustment may be requested by a member when a negative change in monthly income has occurred equal to 25% or more of the original income level.
 - Either the member or his/her case manager must submit the required form, and CAREAssist will adjust the cost share payment accordingly.

If the change results in an adjusted income that is equal to or below 150% 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 adjusted income is determined to be 150% of the FPL or below, will have their past due or outstanding cost share balance returned to zero (\$0).

General Program Policies

(Some policies that are relevant to HIV Medical Case Managers are highlighted below. A complete copy of the CAREAssist Policies and Procedures Manual is available at: <http://oregon.gov/DHS/ph/hiv/careassist/docs/CAPolProc07.pdf>)

Case Management Requirement

CAREAssist members in the 31 county service area outside of the Portland metro area are no longer required to be in HIV case management. While low acuity clients may not require on-going case management to assist them to manage their HIV disease, high acuity clients are encouraged to continue to access HIV case management services. Should a CAREAssist client experience difficulty remaining successfully engaged in the program, the CAREAssist staff may require a client to be actively engaged in HIV Medical Case Management as a condition of their participation in CAREAssist.

Re-certification

All clients are required to re-certify with CAREAssist every 6 months. The program will require a full certification application completed at least annually where clients must provide all necessary financial documentation and update all aspects of their information for the program.

Restricted Status

Clients who do not make their cost-share payments or have not submitted their re-certification may be placed in “restricted” status where their insurance premium will continue to be paid by CAREAssist during the restricted period. The restricted period will last no longer than 90 days, beginning immediately after the second month of program policy violation. No other services will be paid during the restricted period. Clients who have a restricted status must re-apply to CAREAssist, using the current CER form, at least 30 days before the end of their restricted period. No cost-share will be accrued during the restricted period. Only

one restricted period is allowed per client per year. If a client is terminated from CAREAssist after having been assigned a restricted status, their past due cost-share will be removed from obligation by the client and will not be due upon re-application to the program. Clients with a viable insurance coverage option may re-apply to CAREAssist after 3 months. Clients who were insured by OMIP, but did not continue their premium payments during their 3-month termination and as a result were cancelled by OMIP, must wait until OMIP or another insurance can be restored before reapplying to CAREAssist. OMIP policy requires a one full year exclusion before reapplication for coverage can occur.

Oregon Medical Insurance Pool (OMIP) Information

Overview

The Oregon Medical Insurance Pool, OMIP, is a state government program in which 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, their case manager, and OMIP through a call to the CAREAssist office. A client who is returning to CAREAssist after an absence retains the same number they had at initial enrollment to the program.

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 single month's premium is viewed as the client's enactment of the OMIP contract. Any subsequent interruption in monthly premium payments is determined by OMIP to be a breach of contract and will result in the cancellation of OMIP coverage and the inability of the client to reapply for a full 12 months.

If a client becomes eligible for Medicaid or Medicare, they will be suspended from OMIP because they have other coverage. If for some reason, they lose Medicaid or Medicare, they may return to OMIP and be re-instated without a penalty or medical service exclusion. To avoid the pre-existing medical condition exclusion the client must re-establish OMIP coverage within 60 days of leaving Medicaid or Medicare. OMIP members who move out of state and have maintained creditable health insurance coverage while gone, may be reinstated with OMIP upon their return to Oregon if they reapply within 60 days after losing their out-of-state insurance. Clients should consult with CAREAssist staff to assure timely re-application and to avoid a lapse in medical coverage.

Tips for Successful Application to OMIP

1. Applications must be complete when submitted to OMIP. The most common reason for rejection is the failure to submit acceptable proof of residency. A drivers license, state issued ID card, rental agreement or utility account with the name of the applicant shown at the residence are all acceptable proofs 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 or 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 unless the client has the Certificate of Coverage. 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 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, made at least one month’s payment, and then stopped paying the premium for even one month prior to acceptance to CAREAssist, they would be dropped by OMIP and barred from reapplying 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 discontinued payments by CAREAssist. 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.

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.

8. Suspension and resumption of OMIP coverage can occur without penalty or delay in some circumstances. OMIP will stop coverage for someone who becomes Medicare or Medicaid eligible. If the affected client subsequently loses that coverage, they may be re-instated to OMIP without penalty if they do so within 60 days from the last date of coverage.

Clients who gain work related insurance, or move out of Oregon should proactively withdraw from OMIP, which allows for resumption of OMIP coverage at a future time if they can show proof that they have had insurance during the whole time of their absence. Reapplication to OMIP must occur within 60 days after the end of the other insurance. In the event that that such a person has not had insurance coverage during their absence, OMIP will not allow re-application for 12 months after the end of OMIP coverage.

Medicare Information

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 is a defined annual time to apply and there may be restrictions on when coverage will start. CAREAssist is not able to pay Medicare

penalties. Please consider referring clients whose income is at or below 120% of the Federal Poverty Level to your “triple A office, Area Agency on Aging” or DHS Seniors and Persons with Disabilities office, where they can be evaluated for QMB or SLMB eligibility. Both of these programs will pay Medicare Part B premiums for eligible clients.

CAREAssist does pay for Medicare Part D plans. These are the prescription drug plans available to all Medicare-eligible clients. 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 a specific amount per month. Applying for LIS can occur at any time during the year.

Medicare Programs Available

There is no Part D Plan available in the nation that does not have a coverage gap (aka doughnut hole). Clients should first pick a plan that best meets their prescription drug needs. The second consideration for clients should be the selection of a plan that is most economical and, when possible, stays within the Low Income Subsidy (LIS) limit if the client is eligible for that help. CAREAssist does not dictate which 2008 plan a client should select. Clients should make their choice of plan based on overall needs. Most clients may change plans only one time per year at open enrollment. Clients who qualify for LIS may change during the year. Open enrollment is November 15 through December 31 of each year.

There are two types of Medicare plans available to CAREAssist clients. These are Prescription Drug Plans (PDPs), and a Medicare Advantage Plan that has prescription drug coverage (MAPDs).

- PDP plans provide prescription drugs only. In 2008, some PDPs provide coverage for some or all generic drugs during the coverage gap, aka “ the doughnut hole.”

CAREAssist will pay the monthly premium for any PDP. Clients who qualify for the Low Income Subsidy should pick a plan that provides the best drug coverage and stays within the subsidy limit. Those not LIS qualified should try to pick a plan that is most economical while meeting their drug needs.

- MAPD plans provide prescription drugs and a range of expanded medical services for which the copays are usually lower. These plans often have a list of preferred medical providers that the client must use in order to get the best value from the coverage. MAPD plans have higher monthly premiums

than more basic PDPs. CAREAssist will pay up to \$110 per month for a MAPD plan. Clients may get help from CAREAssist for medication co-pays and full/partial premiums as necessary. Additionally clients enrolled in an Advantage Plan, such as Kaiser Senior Advantage, may receive assistance with premium payments.

Other Medicare Coverage

CAREAssist may help with medical services co-payments for Medicare clients who have a drug plan that provides HIV medications. This co-payment assistance is limited to \$5,000 per year for Group 1 and \$2,500 per year for Group 3, and is subject to funding availability each year. Applicants to CAREAssist should check with the program before enrolling in any plan to make sure that the program can support a plan chosen or offer suggestions for other coverage.

Important: Case Managers should call and consult with CAREAssist staff prior to enrolling any Medicare plan.

Medicaid Information

- CAREAssist will pay the monthly OHP (Oregon Health Plan) monthly payment and drug co-pays.
- Clients who would like assistance with this monthly charge should apply for Group #2.
- CAREAssist may pay a client's 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.

Veteran's Administration Information

- CAREAssist will help veterans to access services through the Veterans Administration by making co-payments for pharmacy.
- 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 on behalf of the client, but ultimately any

indebtedness is the client's. The Portland VA Medical Center will accept payment from CAREAssist, whereas other sites (i.e., the Roseburg VA) will not.

CAREAssist Program Staff: 971-673-0144
www.healthoregon.org/careassist