



# CAREAssist

## Client Handbook

Revised August 2024

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## WHAT IS CAREAssist?

[CAREAssist](#) is Oregon's ADAP program. ADAP stands for AIDS Drug Assistance Program. Every state has a Ryan White-funded ADAP program. In Oregon, ADAP pays for prescription drug and medical co-payments, when these 3 eligibility requirements are met:

- HIV+ (confirmation must come from a doctor or medical case manager)
- A resident of Oregon (cannot be outside of the state for more than 3 months)
- Income eligible (based on [550% federal poverty level](#))

You are expected to enroll in whatever health insurance you are eligible for, including Medicaid (aka: Oregon Health Plan, or OHP), Employer insurance or an off-exchange (private) plan. CAREAssist does not pay premiums for Qualified Health Plans through healthcare.gov. The program can assist with paying premiums for the following types of coverage: off-exchange plans, employer group health plans, and Medicare Advantage or Part D drug plans.

Enrollment in CAREAssist is voluntary, and you may opt out of the program at any time.

### 5 Important Things to Know:

1. CAREAssist is not your health insurance. It's an assistance program that works like a secondary insurance - by paying costs you incur (co-pays for medications and doctor visits) after your insurance pays their portion.
2. It is very important to stay in touch with CAREAssist. Please let us know if you have a change of phone number, home and or mailing address, or email address.
3. It is important to maintain your insurance. If CAREAssist is paying your premiums, and the premium amount changes, let us know right away. If the premium has gone up and we don't know to pay the higher amount, the insurance carrier could cancel for non-payment.
4. If you lose your insurance, tell us immediately. We may be able to help you get other health insurance.
5. At regular intervals, we will review your eligibility with a Client Eligibility Review (CER). It is very important to complete your CER by the due date to maintain eligibility.

This handbook is intended to cover the basics of the CAREAssist program. Complete Policies & Procedures can be found on our website at:

[https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARE/TREATMENT/CAREASSIST/Documents/Policies\\_Procedures\\_2023\\_English.pdf](https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARE/TREATMENT/CAREASSIST/Documents/Policies_Procedures_2023_English.pdf)

## USING YOUR CAREASSIST BENEFIT

### How does CAREAssist help pay?

When you go to any medical appointment, let them know you have CAREAssist. Show them the ID card for your primary insurance as well as your CAREAssist ID card. **Do not pay the co-pay! CAREAssist cannot reimburse clients.**

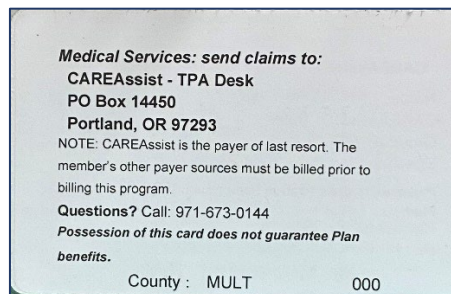
If the provider doesn't know what CAREAssist is, have them call us (at the number on the back of your ID Card) and we will happily explain how our program works and how to bill us.

If you receive a billing statement, call the provider's billing office listed on that statement to request they send the bill and EOB (explanation of benefits) to CAREAssist, like a secondary insurance.

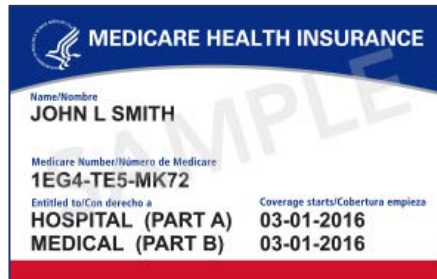
## YOUR CAREAssist CLIENT ID CARD

When you enroll in CAREAssist, you will receive a client ID card (mailed to you from [Ramsell](#), our contracted Pharmacy Benefits Management company). You will use this card to notify your medical provider or your pharmacist that you are a CAREAssist client and it gives them information on how to bill us for copays on services approved by your primary insurance. If you have lost your card, please call your CAREAssist Caseworker, who will order a replacement.

Sample Card:



Your CAREAssist ID card is different than the one you get from your primary insurance. CAREAssist needs a copy of your primary insurance card, whether that is private insurance, group insurance, or Medicare (for Medicare, it will be a “red, white, and blue” card). See sample below.



## INSURANCE GROUPS

Based on your insurance, you will be placed in one of two defined groups: Group 1 or Group 2. If you are ineligible for insurance for an extended period of time you will be placed in the Uninsured Persons Program (UPP).

### GROUP 1 - PRIVATE INSURANCE

This group includes those whose primary insurance is Medicare, employer-based insurance, and private health plans purchased directly from the insurance carrier. CAREAssist helps pay for your:

- Insurance premiums
- Prescription copays, coinsurance and deductibles
- Medical service copays, coinsurance and deductibles on services approved by primary insurance, up to the annual program limit
- Medications while you are waiting for insurance to start, or if your insurance policy will not cover them

### GROUP 2 – PUBLIC INSURANCE

This group includes those whose primary insurance is Medicaid (the Oregon Health Plan – OHP) or VA (Veterans Administration) benefits. CAREAssist helps pay for your:

- Prescription copays for those with VA benefits
- Medical service copays up to the annual program limit (OHP clients do not have copays on their medical services because OHP covers in full).

- Medications listed on [CAREAssist’s open formulary](#) at a [CAREAssist in-network pharmacy](#) if OHP or the VA will not cover them (denial as ‘not covered’ / carrier non-formulary will be required).

## **UPP – UNINSURED PERSONS PROGRAM**

This group provides limited coverage for uninsured individuals until they are eligible for insurance. UPP clients are required to enroll in [HIV Case Management services](#) within 30 days from enrollment. Use the link above or talk to your CAREAssist Caseworker to connect with a Ryan White Case Manager in your area.

- Full-cost coverage on medications covered under the [UPP/Bridge Formulary](#) (at CAREAssist [in-network pharmacies](#))
- Coverage for allowable medical services

## **BRIDGE PROGRAM (Rapid ART)**

The [Rapid ART Bridge Program](#) is intended to help temporarily uninsured clients get HIV medication while applying for and enrolling in health insurance and CAREAssist.

- One 30-day supply of medications (at a CAREAssist in-network pharmacy)
- Coverage for [allowable medical services](#)

The [Rapid ART Bridge Program Application](#) must be submitted by a licensed medical provider or Ryan White Case Manager / Care Coordinator in Oregon who is trained to interpret HIV labs.

## **PHARMACY SERVICES**

You can get your medications in two ways: through a CAREAssist in-network mail-order pharmacy where medications are delivered to a location of your choosing within the State of Oregon, or through a retail [CAREAssist in-network pharmacy](#). Upon enrollment, work with your Caseworker to determine which in-network pharmacy option is best.

Ramsell is the pharmacy benefits manager (PBM) for CAREAssist. A PBM works with your pharmacy to pay for medications. You and/or your pharmacy should call CAREAssist if you are having problems getting a medication filled.

CAREAssist pays the out-of-pocket costs of prescription meds covered by your health insurance. If your primary insurance does not cover a prescribed medication, check with your CAREAssist Caseworker to see if other coverage is available.

## IN-NETWORK PHARMACIES

Unless your primary insurance is VA, or your primary insurance requires you to use a specific pharmacy, you must use a CAREAssist in-network pharmacy in order for CAREAssist to pay.

A list of in-network pharmacies can be found at:

[https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Documents/CAREAssist\\_InNetworkPharmaciesList051623.pdf](https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Documents/CAREAssist_InNetworkPharmaciesList051623.pdf)

An out-of-network pharmacy is allowed for clients who:

- Are required to use a pharmacy specified by their primary insurance (which must be verified by CAREAssist using a Summary of Benefits or some other insurance documentation).
- Are filling a medication designated as “Acute” such as an antibiotic.

## MAINTAINING YOUR CAREAssist ELIGIBILITY

### RECERTIFICATION

Because CAREAssist is a federally funded program, we redetermine your eligibility (proof of income and address) to make sure you are still eligible for CAREAssist. Every 6 months, or 12 months depending on Insurance type (Group), you will receive a Client Eligibility Review (CER). **If you do not return your CER on time, you may be restricted (see page 7 for details) for up to three months or disenrolled from CAREAssist,** depending on insurance type (Group). If you’re going out of town for more than a month, or have been hospitalized, and have concerns about returning your CER on time, please call your CAREAssist Caseworker at 971-673-0144.

### CHANGES IN INCOME

Report any change in income to CAREAssist on your Client Eligibility Review. While CAREAssist does not require you to report changes in income outside of your CER, your insurance might.

Withholding income information from CAREAssist may result in being disenrolled from the program.

## CASE MANAGEMENT

Your CAREAssist Caseworker is focused on insurance and medication co-pay assistance, while an HIV Case Manager is a helpful local resource for referrals in your area.

Your CAREAssist Caseworker and your HIV Case Manager work together as a team to coordinate your benefits, including helping you with CAREAssist-related paperwork.

## LOSS OF COVERAGE

### RESTRICTION PERIOD (Group 1)

If necessary documentation (a CER) is not received by the deadline, CAREAssist will automatically put you in a 90-day “restriction period” (which will be removed upon receipt of a complete CER within that timeframe, effective the date of receipt). During Restriction, CAREAssist will ONLY pay insurance premiums and copays for medications that treat HIV, viral hepatitis and opportunistic infections. No other services (such as medical service copays) will be paid. See the ‘Restricted’ Formulary (list of covered medications) here:

<https://www.ramsellcorp.com/PDF/OR%20CAREAssist%20Bridge%20UPP%20Formulary.pdf>

**NOTE:** Those in Group 2 (OHP or VA) do not get ‘restricted’ because eligibility is granted in 12 month increments instead of six, as with Group 1.

### DIENROLLMENT

If you move out of state, become over-income, or do not complete a CER by the due date, CAREAssist will send you a letter of disenrollment. We will stop paying for all premiums, deductibles and copays effective the date indicated on your disenrollment letter. You may reapply upon meeting residency or income requirements. If you are moving to another state, your CAREAssist Caseworker may be able to provide that state’s ADAP contact information.

Clients whose benefits have been restricted, ended, or denied will receive a Hearing Rights notice in the mail.



## FREQUENTLY ASKED QUESTIONS

### Does CAREAssist share my information?

The CAREAssist program may discuss your application with my physician, pharmacist, other healthcare providers, and case managers. The CAREAssist Program may give my name, contact information, and other limited information to the companies that provide the services of the CAREAssist program.

### Will CAREAssist pay for any medical service my insurance covers?

CAREAssist will pay the copay or deductible if the service is approved by your insurance provider, up to CAREAssist's maximum yearly amount. Sometimes that is a deductible amount that has to be paid before the insurance starts to pay. CAREAssist will pay that deductible if it is for a covered service. Typically, insurance pays 60-80% of the cost and then the doctor or lab service asks you for the rest.

### What is the deadline for submitting a bill to CAREAssist to cover?

Bills must be submitted within 12 months from the date of service (the date of your provider appointment) and you must have been a CAREAssist client (not on restriction) at the time the service occurred.

### Can the doctor or lab bill CAREAssist directly?

Yes! In fact, direct billing to CAREAssist is preferred. Ask your provider if they can do this. The information is shown on the back of your CAREAssist card.

### Can I access medications while on vacation?

In most cases, your insurance will allow a vacation supply of medications. This must be authorized by your insurance carrier for CAREAssist to pay the co-pay. Please contact your insurance carrier to request approval. **CAREAssist will not make copayments to any out-of-state pharmacy.**

### Will CAREAssist help me if I have to go to the emergency room while out of state?

The general rule of thumb is that if your primary insurance provider pays for the service, then CAREAssist will cover also. Remember, we “follow primary” (if primary pays, we pay).

### Does CAREAssist have a process to voice concerns or issues?

Yes, CAREAssist has a [grievance process](#) for people to express concerns if they are unable to resolve with their CAREAssist Caseworker.

## What if I am an Oregon resident but I want to attend school out of state?

Students who attend an out-of-state school are eligible for CAREAssist when they maintain their residency in Oregon and CAREAssist-approved insurance. Documentation of current full-time enrollment in an educational institution is required.

## What if I go to jail or prison?

If you are incarcerated in a state or federal prison, you are no longer eligible for CAREAssist benefits. Benefits will end and you may reapply upon release. Check with your carceral facility around maintaining ongoing HIV treatment options.

If in a city or county jail, you may remain on the program for up to 60 calendar days from the first day of incarceration as long as your primary insurance is maintained and other eligibility criteria are met.

## How can I get more involved with CAREAssist?

Attend [CAREAssist Advisory Group](#) meetings: As a client of CAREAssist, we welcome you to take part in this quarterly committee, which provides input and direction to the program related to CAREAssist client eligibility, program design, and implementation.

Please contact your CAREAssist Caseworker if you have questions regarding any information found in this handbook.

- 1-800-805-2313 ('toll-free' outside the Portland area)
- 971-673-0144 (inside the Portland area)
- 971-673-0372 (TTY)

## CAREAssist Website:

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARE/TREATMENT/CAREASSIST/pages/index.aspx>

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this handbook in another format or language, contact [Languageaccess.info@odhsoha.oregon.gov](mailto:Languageaccess.info@odhsoha.oregon.gov) or 1-844-882-7889 (voice/text). All relay calls accepted.

If you have questions not addressed in this handbook, please reach out to CAREAssist.

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