CAREAssist Advisory Group Meeting Notes

September 18, 2024

Announcements

- 340B update: CAREAssist received notices from Bayer and EMD Serono that were similar to notices from other drug manufacturers already carved out of the CAREAssist model. As a result, CAREAssist will also move these manufacturers to rebate only effective October 1, 2024. This change is expected to have a minimal financial impact. From January 1 through September 30, 2024, CAREAssist had 8 claims with Bayer—6 of which were through Kaiser and not through the CAREAssist pharmacy network. CAREAssist had no claims with Serono during this period.
- Open enrollment begins next month. CAREAssist's current focus is clients who are currently on Medicare, clients who will soon be eligible for Medicare, clients who have a qualified health plan, clients who do not have case management, and clients with a Kaiser plan. CAREAssist is generating reports to identify which clients should be contacted and informed that Medicare open enrollment is approaching; Client lists will be shared with partner organizations that are helping with open enrollment (e.g., EOCIL, Partnership Project). CAREAssist will ask clients to let the program know if they plan to keep their current plan or make changes. If a client is enrolling in a new plan, CAREAssist will ask them for premium statements, enrollment letters, and identification cards.
- The first of the pre-Open Enrollment letters (to Medicare and Medicare-eligible clients) went out this week; the letters were included in a ListServ notice that went out on September 18th and the lists of specific mutual clients were shared with each partner agency.

Discussion

- Q: Can Partnership Project see the letters that will be sent to clients so that case managers have context if clients contact them with questions or concerns?
    - A: Yes, CAREAssist will continue to share lists of client communications with corresponding dates.

HIV Care and Treatment Dashboards

The OHA website has HIV Care and Treatment data dashboards, including dashboards for CAREAssist, Part B case management, OHOP, and the HIV Care Continuum.

The CAREAssist client dashboard currently has data from 2022 and will soon be updated with 2023 data.

CAREAssist data from 2022 data show that:

- 93% of CAREAssist clients continued from 2021; 7% of clients were new.
- 87% of CAREAssist clients continued into 2023.
- 71% of CAREAssist clients received insurance assistance in 2022.
- 56% of eligible CAREAssist clients received dental insurance assistance.
- 40% of CAREAssist clients were below the federal poverty line.
- 62% of CAREAssist clients had either Medicare or Medicaid insurance coverage.
- 66% of CAREAssist clients identify as white, 18% as Hispanic, 8% as Black/African American, 3% as Asian, 2% as multiracial, 1% as American Indian/Alaska Native, 1% as another race, and 1% as Native Hawaiian/Pacific Islander.
- 89% of CAREAssist clients identify as male.
- 60% of CAREAssist clients are 51 or older.

OHA also has dashboards for HIV in Oregon, HIV/STI prevention/testing, condom delivery, the Oregon HIV Medical Monitoring Project, End HIV Oregon, Tuberculosis, and STI.

Discussion

- How are nonbinary folks categorized?
    - A: HRSA granted CAREAssist an extension around some data collection that will be rectified with the new ORCares database. At this time, CAREAssist only has male, female, and transgender options for gender. If a client identifies as nonbinary, two spirit, etc., staff can select one of the existing options and enter the client's nonbinary identity as a note (Notes are not captured in data reports). However, nonbinary identities will be captured in ORCares in the future.
    - The Multnomah County Health Department is trying to work through this challenge, as well.
    - Contact AETC if you'd like a crosswalk for mapping Oregon questions to HRSA.
- I love the dashboards!
- Q: Will data from prior years be retained once 2023 data are displayed, enabling a comparison between years?
    - A: OHA staff will see if this is possible.
- Q: Do you have statistics on viral hepatitis?
    - A: Viral hepatitis data are available on a different OHA webpage. The Viral Hepatitis Program is housed within the Public Health Division's Acute and Communicable Disease Program.
    - It would be helpful to see data related to hepatitis among CAREAssist clients.

Policy Inquiry Follow-Up: Rapid ART Bridge

The following question was discussed at the last CAG meeting: “For all eligible clients, regardless of insurance status, to be able to access insurance and medications quickly upon diagnosis or re-engagement into care, we request that a full CAREAssist application be accepted with self-attestation. If the client is unable to provide income at the time of application, could CAREAssist staff utilize the database they have access to in order to confirm income when applicable, and/or could medical case management staff work with a client to get documentation within a reasonable timeframe?”

The Part B program conducted an analysis and found that:

- HRSA doesn’t allow ‘self-attestation’ for new applications, but it does allow for a rapid eligibility process that must be reconciled to verify eligibility. CAREAssist uses the full app to reconcile a Rapid Bridge application.
- Rapid Bridge program applications are processed within 2 hours (about 32/year). The CAREAssist Program does not have the staff capacity to process applications more quickly for all new CAREAssist clients (about 275/year).
- HRSA requires that the program assume financial responsibility for funds spent on persons who are later identified as ineligible. The HIV/STD/TB Section has no alternative funding source to meet this requirement. CAREAssist addresses and mitigates this risk by providing limited services prior to reconciling eligibility.
- Case Workers have limited access to the employment department and OHP systems. Only the employment department system provides income information and is not reliable enough to verify initial income for all clients.

The primary concern is whether CAREAssist can improve access for newly diagnosed persons or persons who are out of care, regardless of whether they are covered by insurance. The Bridge program was originally designed for people who are uninsured at their first clinic visit. However, insurance through OHP is now more accessible, making this option possible. CDC’s current “not in care” definition is “a person living with HIV with no reported HIV-related labs in the previous 18 months.” Note that the person may be actively engaged in medical care or other Ryan White services and still defined as “not in care” if no HIV-related labs are reported within the defined time frame. A patient who had their first labs in the last 90 days is considered newly diagnosed.

CAREAssist is considering modifying eligibility for the Bridge program to ensure quick program access for newly diagnosed persons or for persons who have been out of HIV care, regardless of insurance coverage. If CAREAssist proceeds with this option:

- Persons would qualify based on a definition for newly diagnosed persons out of care, as verified by the HIV data and analysis unit.
- Persons who are eligible for OHP would not qualify. OHP can provide comprehensive care and treatment. OHP can provide 90-day retroactive billing from the time of enrollment. OHP can provide far more coverage than the

CAREAssist Bridge program and meets HRSA's requirement for CAREAssist to be a payer of last resort. This would reduce administrative time.

- Bridge eligible clients would submit an insurance card and information with their Bridge application so insurance billing can be set up in the CAREAssist system.
- CAREAssist staff could process Bridge applications within 24 hours. This eligibility change would increase the number of bridge applications by approximately 50/year.
- Bridge eligibility (30 days) and other benefits would remain the same.

Discussion

- Q: I thought the "not in care" definition was more related to case management and not clinical necessity (e.g., preventing drug resistance)? 18 months seems like a long time.
    - A: This definition came from the HSSS program element draft. Yes, 18 months is a long time.
- CDC and HRSA are working on defining retention in care.
- I don't think we can define rapid restart based on out of care definitions. It would be helpful to define out of care more conservatively (e.g., 30 days without medication was suggested). The CAREAssist Bridge is a tool that could be used for some Rapid Starts.
- Here's the UCSF protocol for rapid ART initiation and linkage to care.
- The clinical indication is that people need to get back on medication quickly. 4-8 weeks would be a reasonable indication that someone is out of care. Including people newly diagnosed or new to HIV care would capture everyone. Increasing the number of eligible clients increases the turnaround time for CAREAssist. Currently, Bridges are processed within 2 hours. With the option and potential increase in Bridges, Bridges would be processed within 24 hours. If we expanded the eligibility for the Bridge further, Bridge processing times could increase to 48 hours or longer.
- Q: Do we have a large number of people falling out of care?
    - A: In 2022, Oregon had 8,211 people who have been diagnosed with HIV; 7,005 (85%) were linked to care; 6,872 (98% of PLWH linked to care) were on treatment, and 6,284 (91% of PLWH on treatment) were virally suppressed. The vast majority (96%) of CAREAssist clients are virally suppressed.
- Q: Why are people falling out of care?
    - A: There are many reasons, including mental health, substance use, homelessness, comorbidity, denial, and/or lack of support.
    - Sometimes people move to Oregon and haven't accessed care yet.
- Oregon lacks the infrastructure to ensure all people are linked to care immediately. Some other areas in the country (e.g., San Francisco) receive additional funding as part of the federal Ending the HIV Epidemic initiative.
- Is it possible to enroll a client in Bridge (at least temporarily) who has applied for OHP but not yet been enrolled? It's important that the program is implemented in a way that is accessible and equitable.

- Many clients are prescribed medicine for 90 days, but not all. Individual insurance carriers dictate their own fill quantities.
- Updating Bridge might not substantially change the number of clients enrolled, especially if we can get clients enrolled in OHP.
- Q: Will Bridge eligible clients who submit an insurance card and information with their Bridge application be eligible for Bridge?
    - A: Yes, if they met the criteria, then they would be eligible using the alternative option presented.
- Processes could be changed and improved based on what we learn from the implementation process.
- The CAREAssist PBM does backup and monitoring so clients that receive retroactive OHP, the PBM can work with the CAREAssist network pharmacy to back out the claim and rebill OHP when applicable.
- CAREAssist would change the Bridge application to include a request for insurance information so that claims can be adjudicated.
- Q: Could we see the California Emergency ADAP policies? What is their eligibility criteria?
    - A: CAREAssist will look into this.
- How do folks feel about the proposal from CAREAssist?
    - I want to be sure the eligibility definitions will not result in fewer people being eligible than are currently eligible.
    - I'd want to know how "out of care" is defined.
    - I'd want to be sure folks who were disenrolled or previously on Bridge within the past year can still qualify and apply again once the criteria changes.
        - CAREAssist would consider changing the existing policy so that this group could reapply sooner than 12 months.
- For the Bridge process, the next business day should account for holidays and weekends.
- Q: When PLWH need a skilled nursing facility, sometimes these facilities deny rehabilitation services. Can CAREAssist help with this?
    - These denials can be based on the high cost of medication. To address this barrier, sometimes the medication can be delivered to the facility.
    - This has been a huge issue with Medicaid and Medicare clients.
    - How is this legal?
    - It sounds like insurance is not giving these facilities enough money to cover high-cost medications.
    - As PLWH age, I expect that we will see more and more people in skilled nursing facilities (SNFs).
    - If a client's insurance benefit is still turned on, CAREAssist can help cover the copay or deductible cost and using a mail order pharmacy within the CAREAssist pharmacy network, the medication(s) could be shipped to the SNF at no cost. However, some SNFs will not accept medication from outside.

The Role of the CAREAssist Advisory Group

The Ryan White HIV/AIDS Program legislation does not mandate an AIDS Drug Assistance Program (ADAP) advisory committee; however, the Oregon ADAP, CAREAssist, convenes an advisory group meeting quarterly. The CAREAssist Advisory Group is an open meeting comprised of clinicians, pharmacists, service providers, people with HIV, representatives from other RWHAP Parts, health department staff, contractors, and other state program staff. The advisory group convenes to address needs of the ADAP, which may include program policy, benefits, utilization, quality management, and formulary. The advisory group is a venue to share informed perspectives, advice, and recommendations. It is not a decision-making body.