

Payer of Last Resort



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Ensuring Ryan White as the Payer of Last Resort

When working with patients of various incomes, it is important for the medical case manager (MCM) to possess a comprehensive knowledge of all medication programs available, as well as their respective eligibility requirements



Ensuring Ryan White as the Payer of Last Resort



- MCM will receive notification from the medical provider that a patient needs treatment (antiretroviral [ARV] therapy or a non-HIV medication)
- MCM will determine based on assessment which medication program is appropriate
- MCM will assess the patient's eligibility based upon the patient's financial resources

Ensuring Ryan White as the Payer of Last Resort



Screening should encompass client eligibility for the following:

- AIDS Drugs Assistance Program (ADAP)
- Medicaid
- Medicare D
- State Patient Assistance Program (SPAP)
- Patient Assistance Programs
- Patient Savings Cards or Co-pay Cards
- Pre-existing Condition Insurance Plan (PCIP)

AIDS Drug Assistance Program (ADAP)



- Applicants cannot be eligible for Medicare or third party insurance – ADAP must be “payer of last resort”
- Eligibility Criteria
 - Applicants must be a Texas Resident
 - Applicants must be HIV Positive
 - Adjusted Gross Income < 200% of FPL (\$21,660)
 - add \$7,480 for each additional family member
 - spend down is calculated for adjusted gross income

ADAP (continued)



● ADAP Medication Formulary

- Currently has 42 different medications
- Includes all 28 FDA approved Antiretrovirals
- Includes 13 different drugs to prevent and treat Opportunistic Infections (OIs)
- Includes drugs from all Antiretroviral classes listed in the current HIV Treatment Guidelines - NNRTIs, NRTIs, PIs, CCR5 Antagonists, Integrase Inhibitors

ADAP (continued)



- ADAP application is completed and mailed to the THMP for processing
- MCM records this on the medication log for follow-up purposes
- MCM will follow-up in three-four weeks to ensure the patient is approved

ADAP (continued)



- TDCJ and/or pregnant applications can be faxed for accelerated approval and are processed within 24 hours
- Once approved, MCM will document in the patient's chart, ARIES, and notify the pharmacy of approval so the medications can be ordered from ADAP
- MCM will educate patient on the refill process and explain the importance of requesting refills 7-10 days prior to running out of medications

Medicaid Managed Care



- Star-Plus is the new way that patients will receive Medicaid services in this area
- Patients must choose a health plan and select a PCP
 - Aetna Better Health 1-800-306-8612
 - Amerigroup Community Care 1-800-600-4441
 - Cook Children's Health Plan 1-800-964-2247
- Check with Texas HHSC for managed care plan providers in your area:

<http://www.hhsc.state.tx.us/starplus/STARPLUSserviceareaMap.htm>

What is Managed Care?



- Network of providers offer health care services
- Services are coordinated by a PCP in the network
- STAR-PLUS is required for all Medicaid recipients who receive SSI and live in a Star-Plus service area
- Unlimited prescriptions – patients do not need the assistance of any drug program

Where is Star-Plus?



Launched January 1, 2007 Star-Plus was expanded to include 29 counties in the Travis, Bexar, Nueces, and Harris Expansion Service Areas. Prior to this, Star-Plus only served Medicaid recipients in Harris County

Current Star-Plus Service Areas and counties:

- **Bexar Service Area includes:** Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson Counties

Where is Star-Plus? (continued)



- **Harris and Harris Expansion Service Area includes:** Brazoria, Fort Bend, Galveston, Montgomery and Waller Counties
- **Travis Service Area includes:** Bastrop, Burnet, Caldwell, Hays, Lee, Travis, and Williamson Counties
- **Nueces Service Area includes:** Aransas, Bee Calhoun, Jim Wells, Kleberg, Nueces, Refugio, San Patricio and Victoria Counties

Where is Star-Plus? (continued)



In February 2011, Star-Plus was expanded to include Dallas and Tarrant Counties

- **Tarrant Service area includes:** Denton, Hood, Johnson, Parker, Tarrant and Wise
- **Dallas Service area includes:** Dallas, Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties

Traditional Medicaid



- As Star-Plus expands across Texas, enrollment in Standard Medicaid has decreased
- Standard Medicaid allows three medication slots each month – it is recommended to stagger Medicaid slots in 90 day supplies
- Patients who are on Traditional Medicaid are encouraged to apply for ADAP for assistance beyond the three prescriptions per month limit
- ADAP can only provide assistance once the Medicaid slots have been filled for the month

Medicare Prescription Drug Plan



- Medicare D is the prescription drug program that became available to all Medicare beneficiaries on January 1, 2006
- Insurance offered by the federal government and sold through private companies that helps pay for prescription drugs
- Recipients are eligible for the Part D program if they receive Medicare benefits under Part A and/or Part B and live in the service area of the plan

Medicare D (continued)



- Annual enrollment period is from October 15, 2011 to December 12, 2011
- In 2011, 30 Prescription Drug Plans, 13 Enhanced Plans, and 17 Basic Plans exist in TX with premiums ranging from \$14.80 - \$108.20 per month – average premium \$38.79
- Medicare Part D enrollees are responsible for:
 - Monthly premiums
 - annual deductibles
 - monthly medication co-payments

Coverage Gap - Donut Hole



The Donut Hole is a 'Hole'
lot of confusion



Coverage Gap – Donut Hole



- During the initial coverage phase, you pay a co-payment (25%) and your Part D drug plan pays its share for each covered drug until the combined amount reaches \$2,840
- Once you and your Part D drug plan have spent \$2,840 for covered drugs, you will be in the “donut hole” and be responsible for 100% of prescription drug costs (with a 50% brand discount during this period), which continues until your total out-of-pocket cost reaches \$4,550. This includes your yearly deductible, co-payment, and coinsurance amounts
- When you spend more than \$4,550 out-of-pocket, the coverage gap ends and your drug plan pays most of the costs of your covered drugs for the remainder of the year. You will then be responsible for a small co-payment. This is known as “catastrophic” coverage

Low Income Subsidy - LIS



- Low Income Subsidy (LIS) or “extra help” is a program through the SSA
- This assistance helps eligible persons with their Medicare prescription drug costs
- Adjusted Gross Income <150% of FPL (\$16,335)
- The LIS pays for all or part of the monthly premium, annual deductible, and drug co-payments

LIS (continued)



- With 100% subsidy, patient's will be able to obtain medications on the plan's list of covered drugs for a co-pay of up to \$6.30 for brand name and \$2.70 for generic prescription medications
- Typically, each plan's formulary is organized into tiers, and each tier is associated with a set co-pay amount
- Most formularies have between 3 and 5 tiers. The lower the tier, the lower the co-pay

Why we need the State Pharmacy Assistance Program (SPAP)



- Many Medicare recipients are denied the LIS resulting in
 - Significantly higher premiums
 - Coinsurance payments
 - Donut hole
- Many Medicare recipients will not be able to afford these costs
- Without SPAP, these patients are at an increased risk of dropping out of medical care

What is SPAP?



- Started January 1, 2008
- The Texas HIV State Pharmacy Assistance Program (SPAP) is a State-funded program that is part of the Texas HIV Medication Program (THMP)
- Developed to help HIV positive clients with OOP costs associated with Medicare Part D, including co-payments, deductibles, and the “donut hole”
- Excludes Medicare Part B monthly premium

SPAP Eligibility



- Meet all THMP eligibility requirements
 - Eligibility requirements are the same as ADAP
 - Must have Medicare Part A and/or Part B
 - Must be enrolled in Part D Prescription Drug Plan
 - Denied the LIS/Extra Help or receive partial assistance

SPAP Benefits



- Patients are responsible for their monthly Medicare Part D premium
- SPAP cannot assist with medications excluded from the Medicare formulary
- Patients must maintain enrollment in Part D plan in order to access SPAP services

Patient Assistance Programs



- Most pharmaceutical companies have PAPs that offer free medications to individuals who do not qualify for any other assistance programs
- These companies, their criteria, and the procedures for applying are available through an information clearinghouse such as www.rxassist.org or www.needymeds.org

Patient Assistance Programs



- Apply for PA programs when patients have been denied by ADAP or do not have insurance
- Currently managed by the Preventive Medicine Clinic's medical case managers
- MCM is responsible for completing applications
- MCM tracks all medications received to date & money saved on a medication log

May 2011

Name	Mailed To	Notified	Drug	Strength	QTY	Cost
	Clinic	5/2/11	Lipitor	20 mg	90	\$ 435.97
	Clinic	5/2/11	Neurontin	600 mg	300	\$ 1133.34
	Clinic	5/3/11	Reyataz	200 mg	180	\$ 3058.08
	Clinic	5/3/11	Baraclude	.5 mg	90	\$ 2443.84
	Clinic	5/5/11	Tricor	145 mg	90	\$ 420.99
	Clinic	5/6/11	Norvir	100 mg	90	\$ 825.91
	Clinic	5/6/11	Sustiva	600 mg	90	\$ 1817.95
	Rx Drug Card	5/9/11	Truvada	200/300 mg	1 yr	\$12,722.62
	Clinic	5/9/11	Norvir	100 mg	90	\$ 825.91
	Clinic	5/9/11	Lexapro	20 mg	200	\$ 744.38
	Clinic	5/10/11	Protonix	40 mg	60	\$ 399.97
	Clinic	5/12/11	Lipitor	20 mg	90	\$ 435.97
	Clinic	5/13/11	Tricor	145 mg	90	\$ 420.99
	Clinic	5/13/11	Spiriva	18 mcg hand	90	\$ 670.00
	Clinic	5/17/11	Trizivir	300/150/300	180	\$ 4274.16

May 2011

Name	Mailed To	Notified	Drug	Strength	QTY	Cost
	Clinic	5/17/11	Norvir	100 mg	360	\$ 3303.61
	Clinic	5/18/11	Viagra	50 mg	30	\$ 535.97
	Clinic	5/19/11	Pegasys	180mg	3 boxes	\$ 7201.00
	Clinic	5/23/11	Prezista	600 mg	60	\$ 1100.02
	Clinic	5/24/11	Viramune	200 mg	180	\$ 1649.97
	Clinic	5/26/11	Ribavirin	200 mg	168 x 2	\$1552.05
	Clinic	5/26/11	Retrovir	300 mg	180	\$1439.90
	Clinic	5/27/11	Combivir	150/300	180	\$ 2670.02
	RX mailed	5/31/11	Norvir	100 mg	180	\$1651.81
	Clinic	5/31/11	Protonix	40 mg	60	\$ 339.97

May Total **\$52,074.40**

June 2011

Name	Mailed To	Notified	Drug	Strength	QTY	Cost
	Clinic	6/2/11	Prezista	400 mg	60	\$ 1060.61
	Clinic	6/2/11	Reyataz	300 mg	90	\$ 3067.85
	Clinic	6/3/11	Protonix	40 mg	60	\$ 339.97
	Clinic	6/3/11	Norvir	100 mg	90	\$ 825.91
	Clinic	6/3/11	Norvir	100 mg	90	\$ 825.91
	Clinic	6/7/11	Tricor	145 mg	90	\$ 420.99
	Clinic	6/13/11	Nexium	40 mg	90	\$ 524.97
	Clinic	6/14/11	Tricor	145 mg	90	\$ 420.99
	RX mailed	6/14/11	Tricor	145 mg	90	\$ 420.99
	Clinic	6/15/11	Norvir	100 mg	90	\$ 825.91
	Clinic	6/16/11	Prezista	600 mg	180	\$ 3109.97
	Clinic	6/16/11	Atripla	600/200/300	1 yr	\$21603.24
	Clinic	6/17/11	Epzicom	600/300	90	\$ 2819.83
	Clinic	6/21/11	Tricor	145 mg	90	\$ 420.99
	Clinic	6/21/11	Maxalt	10 mg	1 box	\$ 475.94

June 2011

Name	Mailed To	Notified	Drug	Strength	QTY	Cost
	Clinic	6/21/11	Niaspan	500 mg	90	\$ 240.97
	Clinic	6-21-11	Prizista	600 mg	60	\$ 3109.97
	Clinic	6-21-11	Isentress	400 mg	90	\$ 2874.45

June Total **\$45,865.17**

Total Savings for 2011

<u>Month</u>	<u>Total</u>
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January	\$28,114.82
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February	\$55,146.73
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March	\$20,753.98
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April	\$46,455.00
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May	\$52,074.40
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June	\$45,865.17
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***Annual Total thru June 2011* \$248,410.10**

Patient Savings Card / Co-pay Card



Many pharmaceutical companies recognize that the cost of medication can make it difficult for some people to get their medicines. As a result, they have created Patient Savings Card or Co-pay Card which offers an instantaneous rebate to patients who have private health insurance.

Patient Savings Program / Co-pay Card



- For patients with prescription drug coverage
- Simple and easy way to reduce OOP costs
- Patients will receive his/her co-pay card from their physician along with a prescription for the medicine
- Take the card and prescription to a retail pharmacy where the pharmacist enters processing information to submit a claim
- Once the information is processed, the patient will get a discount on their co-pay

Example - Pfizer



Lipitor is one of the most prescribed branded cholesterol-lowering medicines in the world. Eligible patients (private insurance) can get Lipitor for less than the average cost of a generic statin.

If your insurance co-pay is:

- \$54 or less, you pay only \$4
- \$55 or more, save \$50 off your monthly cost, up to \$600 of savings per calendar year

Example – Tibotech



- Eligible patients with prescription coverage for Prezista and Intelence, the co-pay card is a simple and easy way to reduce OOP for up to one year
- Patients are responsible for the first \$5 OOP expense and then the program will pay up to \$100 per month per Tibotech product

Pre-Existing Condition Insurance Plan (PCIP)



- The Pre-Existing Condition Insurance Plan (PCIP) was created as part of the nation's new health insurance law, the Affordable Care Act
- PCIP is a health coverage option for those who have been denied coverage by private insurance companies because of a pre-existing condition
- The PCIP may be cheaper than the Texas Health Insurance Pool
- Both PCIP and the Texas Health Insurance Pool will cease to exist as of 2014 due to insurance companies being prohibited from denying coverage due to pre-existing condition at that time
 - Enrollees will transition into receiving health care coverage through new state-based health care exchanges

PCIP continued



PCIP enrollees have a choice of three federal high-risk pool plans:

- Standard
- Extended
- Health Savings Account

- How they differ:

- Premiums
- Deductibles
- Prescription deductibles
- Prescription co-pays

Who is Eligible for PCIP?



- Have been without health coverage for at least six months
- Can't get insurance because of pre-existing condition or current health condition or can only get coverage that excludes the pre-existing condition
- Are U.S. citizens or are residing in the U.S. legally

Prior Coverage



- A client will not qualify for PCIP if, within the last six months, you have had any type of health insurance:
 - Texas Health Insurance Pool, the state high-risk pool
 - Medicaid
 - Medicare
 - Insurance through your employer, union, or an association
 - Individual health coverage

Pre-existing Condition Proof



- Denial of insurance coverage
 - Doctor's statement (letter) is **NOT** sufficient
 - (New guidance) For children under 19, Doctor's statement (letter) **IS** sufficient
- Offer with an exclusionary rider
 - Insurance does not cover the specific medical condition
- Offer of coverage at a substantially higher rate

Documentation Needed to Apply



- A recent denial letter (dated within the last six months) from a Texas-licensed insurance company for individual insurance coverage
- A recent letter (dated within the last six months) from a Texas-licensed insurance agent that states that you are not eligible for individual insurance coverage from one or more insurance companies because of your medical condition
- A recent letter (dated within the last six months) from a Texas-licensed insurance company that offers individual insurance coverage, but with a rider that eliminates coverage for your medical condition
- If under age 19, a recent letter from an insurance company that offers individual insurance coverage, but at a premium rate that is at least twice the rate available through PCIP or letter from medical doctor, doctor of osteopathy, physician assistant, or nurse practitioner

How to Apply for PCIP



- Visit www.pciplan.com (800-220-7898) or www.pcip.gov (1-866-717-5826) to download an application or apply online
- Get help with the Texas Consumer Health Assistance Program (CHAP). Call 1-855-TEX-CHAP (1-855-839-2427) and:
 - Enroll in a PCIP health plan
 - Learn about your rights under federal health care reform and state law
 - Appeal a health plan's denial of a treatment or service
 - Resolve a complaint against your health plan or insurer
 - Obtain the health care premium tax credit (for small businesses)
- Call any of these programs and a representative will be available to conference with you and your client/patient

Bottom Line



- Ryan White must always be the payer of last resort
- MCM needs to be knowledgeable of all medication programs available to their patients and which program is appropriate depending on the patient's financial resources

Questions and Answers

