NASTAD

NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

Bridging Science, Policy and Public Health

ADAP Programmatic Management

Exploring and Addressing Programmatic Challenges and the Outlook for the Future

August 24, 2010

Session Objectives

- At the conclusion of this session, you will be able to:
  - Identify unique programmatic management policies and determine how to implement these policies into your ADAP.
  - Compare and contrast state experiences with your own to understand how to implement programmatic management policies.
  - Analyze the effects of the future, including Health Care Reform and the expanded testing initiative, will have on your ADAP.

Presentation Agenda

- NASTAD mission and vision
- Exploring the programmatic challenges of ADAPs
- Addressing programmatic challenges
- Group discussion
- The outlook for the future
- Questions and answers

NASTAD Mission and Vision

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- **Mission**
  - NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infection and on providing care and support to all who live with HIV/AIDS and viral hepatitis.

- **Vision**
  - NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.

Exploring the Programmatic Challenges of ADAPs

Programmatic Management Strategies: Revenue Enhancement

- Are there any revenue streams that your ADAP has not yet pursued?
  - Rebates on partial pay claims for Medicare Part D or insurance
  - ADAP Crisis Task Force Supplemental rebates/discounts
  - Contributions from Part A EMAs
  - Medicaid backbilling
  - Transfers from other programs
  - State general revenue funding

Programmatic Management Strategies: Review Payment Rate for Drugs

- Ensure that you are getting the benefit of the ACTF discount/rebate agreements.
- Reimbursement rates to pharmacies (Rebate).
- Wholesaler discount (Direct Purchase).
- Eliminate waste – shipments (dispensed) to provider sites that client does not pick up (Direct Purchase).
- Monitoring wholesalers to ensure they are using the correct pricing schedule (Direct Purchase).

Programmatic Management Strategies: Themes to Reduce Cost

- Access
- Survival
- Running a Business
- Biggest Bang for Buck
- Relationships
- How many more people can ADAP serve?
- Able to say I've already done it!!!

Courtesy of Chris Hanson, Michigan ADAP

Programmatic Management Strategies: Cost Containment

- Consider the following programmatic changes for cost containment and document the pros and cons, and potential cost savings from each:
  - Distribution Method – fees, reimbursement, admin.
  - Coordination of Benefits – billing practices
  - Recoupment – Medicaid/ other payors
  - Pharmacy – relationships, training
  - Members – communication and relationships
  - Vendors – claiming poverty keeping them at the table
  - Medicare D – data share

Courtesy of Chris Hanson, Michigan ADAP

Programmatic Management Strategies: Cost Containment

- Consider the following strategies for cost containment and document the pros and cons, and potential cost savings from each:
  - Policies on attrition
  - Lowering financial eligibility
  - Reducing formulary
  - Client cost sharing
  - Expenditure caps (monthly or annually)
  - Capped enrollment and waiting list

Programmatic Management Strategies: Working with the Community

- Communicate as early as possible with the community about why and when the ADAP will introduce cost containment strategies.

- Provide the community and your stakeholders information about the fiscal situation within the ADAP to help eliminate confusion and frustration.

- Engage the community and program stakeholders in efforts to increase the ADAP's viability with state government.

Programmatic Management Strategies: Advocacy and Education

- Advocacy is one of many strategies aimed at drawing attention to an important issue and influencing decision-makers to work toward better health.

- Effective advocacy can:
  - Educate leaders, policy makers or those who carry out policies;
  - Reform existing policies, laws and budgets;
  - Develop new programs, and;
  - Create more open dialogue with decision-makers.

Overview of NASTAD ADAP Programmatic RFI Part One

- ADAP Programmatic RFI Part One released in June 2009

- Captured information on the following topics:
  - Formulary
  - Eligibility criteria
  - Formulary management
  - Prescription utilization management
  - Waiting list management
  - Enrollment screening and coordination of benefits
  - Emergency planning and preparedness

Overview of NASTAD ADAP Programmatic RFI Part Two

- ADAP Programmatic RFI Part Two released in June 2010

- Captured information on the following topics:
  - Quality management
  - Drug purchasing and rebate collection
  - Budgeting and financial planning

Data from Programmatic RFI One: Formulary Management

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
What process does your ADAP follow to make formulary changes to your program? (check all that apply)			
Follow an internal review process	38	13	0
Consult the state's ADAP Advisory Committee	45	6	0
Review drug utilization patterns for the previous year	33	18	0
Determine if formulary reduction will save the ADAP necessary funds	28	23	0
Consider any impact on patient adherence based on formulary changes	25	26	0
Other	15	36	0

Data from Programmatic RFI One: ADAP Management

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
Before your ADAP makes changes, does the ADAP (check all that apply):			
Anticipate problems that may occur with patient access to medications	36	15	0
Notify the pharmacy network or direct purchase agency	38	13	0
Communicate with HRSA/HAB project officer	21	30	0
Discuss the changes with the ADAP Advisory Committee	46	5	0
Inform the community	33	18	0
Report the change to NASTAD	17	34	0
Other	8	43	0

Data from Programmatic RFI One: Eligibility Criteria

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
When considering eligibility criteria changes for the ADAP program, does your ADAP collaborate with or consider the eligibility criteria of (check all that apply):			
Medicaid	35	16	0
Medicare Part D	30	21	0
State Pharmacy Assistance Programs	16	35	0
Part A providers (if applicable in your state)	13	38	0
Part B providers	26	25	0
Part C clinics	15	36	0
Other	9	42	0

Data from Programmatic RFI One: Waiting List Management

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
How does your ADAP maintain clients on a waiting list (check all that apply)?			
Refer clients to pharmaceutical patient assistance programs (PAPs)	16	18	17
Help clients enroll in PAPs	13	21	17
Keep clients on first come first serve waiting list until a spot on the program is available.	12	22	17
Move clients on a waiting list to ADAP based on a priority rating scale	5	29	17
Other	11	--	--

Data from Programmatic RFI One: Enrollment and Recertification

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
At enrollment and recertification, does your ADAP (check all that apply):			
Collect income information	50	1*	0
Collect asset information	19	32*	0
Screen clients for Medicaid	48	3*	0
Screen clients for Medicare/Medicare Part D	45	6*	0
Screen clients for other insurance providers	46	5*	0
Other	11	40*	0

* While remaining compliant with payer of last resort, state specific responses were provided in the narrative portion of the RFI to clarify these responses.

Data from Programmatic RFI Two: Quality Management

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
Does your ADAP have a quality management program in place (or is ADAP included as a component of a Ryan White quality management plan)?	39	4	0
Has your ADAP set annual quality goals?	29	11	3
Has your ADAP established priorities for your quality management program?	30	10	3
Has your ADAP established a system for collecting quality management data?	36	5	2

Data from Programmatic RFI Two: Ensuring Drug Prices

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
Does your ADAP have a mechanism in place for ensuring the program is paying for or being reimbursed (e.g., rebates) the appropriate drug costs?	36	6	1
If yes, are drug prices matched:			
Weekly	3	--	--
Monthly	8	--	--
Quarterly	19	--	--
Annually	0	--	--
Other	7	--	--

Data from Programmatic RFI Two: Financial Forecasting

Question	Number of states responding "Yes"	Number of states responding "No"	Number of states who did not respond
Does your ADAP use a financial forecasting tool to project ADAP expenses?	35	8	0
If yes, how does your ADAP forecast expenses?			
HRSA's ADAP financial forecasting tool	2	--	--
Home-grown forecasting tool	28	--	--
Other	7	--	--

Addressing Programmatic Challenges

State Example of Implementation: Legislative Changes

- Our legislation limits the implementation of some of the federal mandates that govern ADAP.
- For example, our state's legislation only requires that individuals recertify annually while HRSA is requiring bi-annual recertification.
- A change to legislation is needed to implement bi-annual recertification.

State Example of Implementation: Waiting List Management

- When we have a wait list, clients are removed and added to ADAP according to chronological order of admission to wait list and geographic location (matching the distribution of HIV cases in surveillance).

- Exceptions are made for co-pay assistance, those ineligible for PAPs and rural clients where PAP process is too difficult.

State Example of Implementation: Quality Management Plan

- As a low-incidence, frontier state with one person administering both Part B and ADAP, the ADAP QM program is part of the larger Part B QM program.
- The program measures two performance indicators.
- It has two HIV specialty pharmacists on its formulary board.
- Quality activities include monitoring utilization, watching for prophylaxis in cases of CD4 counts under 200 and non-recommended anti-retroviral regimens.

State Example of Implementation: Quality Management Process

- The primary challenge continues to be receiving buy-in from stakeholders on the QM process. Due to competing priorities, QM staff have less time to dedicate to QM training and education. Stakeholders are also dealing with their own competing priorities making them hesitant to take on what is perceived as additional work.

- The QM team has set a goal to provide at least three QM trainings this fiscal year to stakeholders. The team is testing new ways to engage providers in the QM process.

State Examples of Implementation: Financial Forecasting

- The HRSA financial forecasting tool is not used by our state in deference to an existing tool.

- The HRSA financial forecasting tool is not used by our state because various data points are not consistent with local electronic data availability.

- The HRSA financial forecasting tool was a great start for our program, and we used it to tailor a tool specific to our program.

Group Discussion

Discussion Parameters and Questions

- In small groups, please take 15 minutes to discuss the following questions.
  - In your program, how have you been able to implement programmatic changes to stave off implementation of cost-containment?
  - What creative programmatic management strategies have you employed in your program?

- Following these discussions, please be prepared to report back on your conversation.

Group Discussion Report Out

The Outlook for the Future

The Affordable Care Act

- The health insurance overhaul package was signed into law by President Obama:
  - March 23, 2010: “Patient Protection and Affordable Care Act”
  - March 30, 2010: “Health Care and Education Reconciliation Act”

- This is the most far reaching health legislation since the creation of the Medicare and Medicaid programs in the 1960s.
  - Implications for every system of care

The Affordable Care Act

- Establishes a mandate that all U.S. citizens and Legal Residents maintain health insurance coverage.
- Provides subsidies to help low income people maintain insurance and exemptions for people for whom it would be a hardship.
- Legislation makes significant changes/improvements to:
  - Private Health Insurance
  - Medicaid
  - Medicare
- Phased in over the next ten years; most significant changes are enacted in 2014.

What does health reform mean for Ryan White Programs?

- Financial impact on Ryan White Program
  - Savings for ADAPs due to closing of donut hole
  - Savings for ADAPs due to TrOOP calculation
  - Will Ryan White providers wrap-around high risk pool programs
    - Will these programs meet the needs of people living with HIV?
  - Potential for many current Ryan White clients to be covered by Medicaid or in private insurance
    - 45% of ADAP clients at or below 100% FPL
    - 32% between 101% and 200% FPL

What does health reform mean for ADAP?

- Portions of health reform that will impact ADAPs specifically are:
  - Medicaid eligibility expansion;
  - Increase in individuals covered by insurance plans;
  - ADAP's wrap-around Medicare Part D expenditures counting toward TrOOP expenditures;
  - Narrowing and closing the Medicare Part D doughnut hole;
  - An increase in the Medicaid rebate amount for purchased drugs, and;
  - 340B pricing transparency.

- Changes will bring comprehensive care for ADAP clients and fiscal relief for programs after infrastructure changes are made.

Expanded Testing Initiative

- Expanded testing recommendations for HIV prevention programs will continue to impact ADAPs as more individuals are testing positive for HIV and being directed to care services.
- For ADAPs, expanded testing presents a challenge to simultaneously help people know their HIV status while resources for effective care and treatment options continue to dwindle.
- The new Ryan White legislation requires Parts A and B to focus on linking and retaining people in care who are unaware of their HIV states.

Questions and Answers

Contact Information

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