Effectively Managing ADAP Waiting Lists

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Rosenblatt Stadium Omaha NE
CWS 2006

Rosenblatt Stadium 2010

20 Years of Leadership
A LEGACY OF CARE

Nebraska's ADAP Waiting List History

- 2005 waiting list
  - Maximum of 94 individuals

- 2008 waiting list
  - Maximum of 75 individuals
    - Breakdown percentages
  - Correlating Part C waiting list

Cost Containment Strategies for Nebraska

- 2005
  - Reduced FPL
  - Reduced supportive services
  - Capped annual support $$ limit
- 2008
  - Reduced FPL
  - Capped enrollment
  - Accessed PAPs


ADAPting in Montana
Waiting lists as high as 26
have developed ~ two years
since 2002

Montana Cost Reduction Strategies

- Reduced formulary
- Limit Fuzeon to 1 full ADAP client at a time
- Recertify to ensure no other payer available
- Regionalized ADAP pharmacies to reduce postage
- Use state funds to access Medicaid and Medicare

Nebraska – 2005 solutions

- Advocacy for State funding = $750,000
  - Providers
  - Consumers
  - Legislative partner
  - Total = $900,000
- Spending reductions
- Medical need prioritization

Nebraska – 2008 Solutions

- Reduced FPL for ADAP
- Supplemental ADAP funding
- Internal Block Grant funding
- Internal Agency funding
- Creative purchasing strategies

Montana Solutions

- **Took advantage of Presidential Initiative X 2**

and Ramsell Flowers Heritage Foundation Bridge The Gap Program

- Lobbied for and now receive state funds
- Applied for innovative HOPWA funding
- Apply for ADAP supplemental and base supplemental funds

Montana reduced non-ADAP Part B base fund expenditures

- Eliminated all support services except non-medical case management
- Reduced state administrative costs to free up more base funds for ADAP
- Work with Part Cs to ensure no duplication of services
- Share case management costs with local health departments
- Combined treatment planning with HIV Prevention Community Planning Group

When all else fails,
we drive to Canada for drugs

Patient Assistance Programs

- Local hospitals
  - "I.C.A.R.E." – Univ. of NE Medical Center
  - Compassionate access program
    - Group of infectious disease docs
  - Anything/anyone that provides assistance

Montana Wait Listed Clients Must have a Case Manager

Larger sites with designated PAP personnel ensure consistent supply of medications

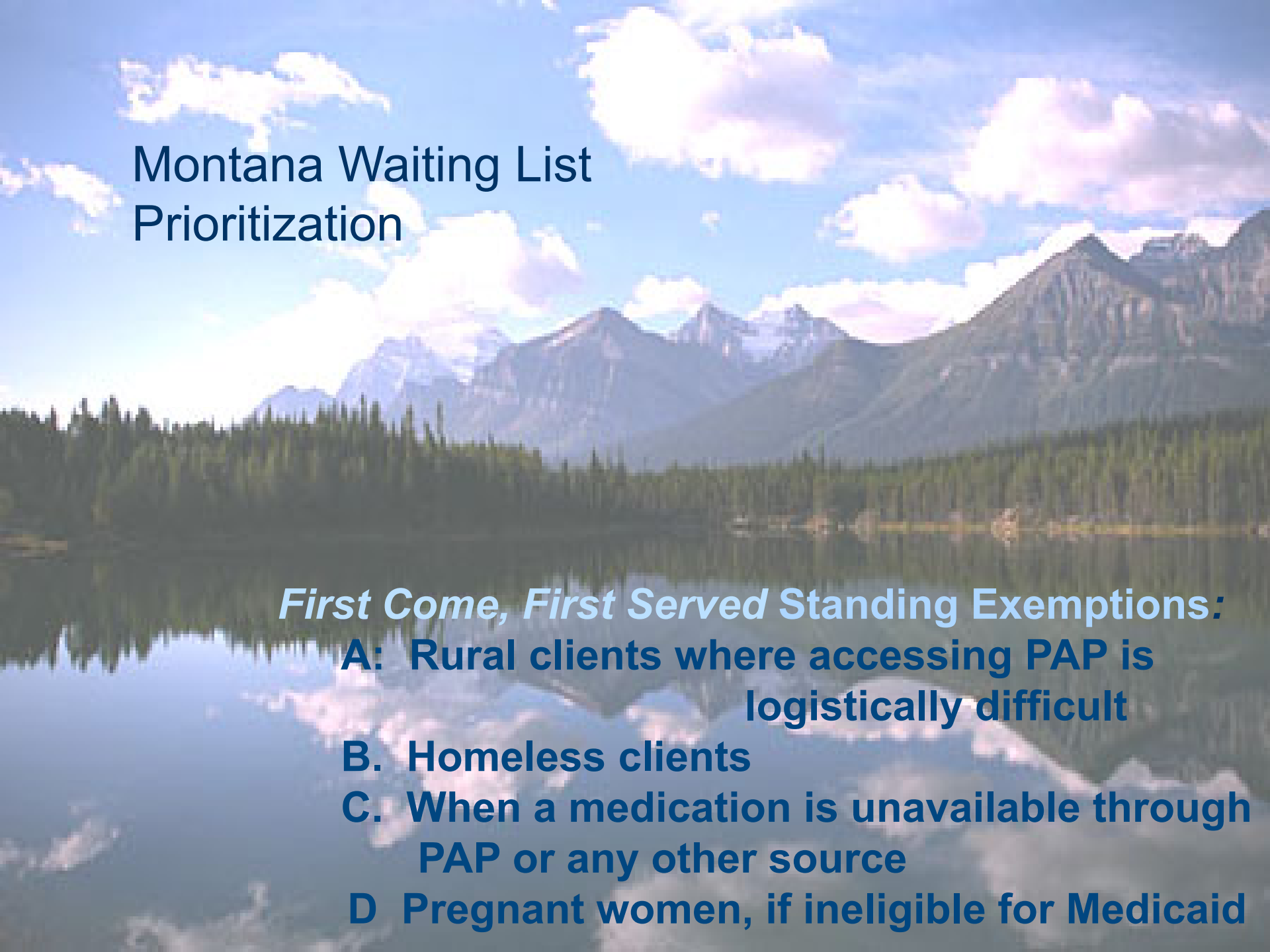
Clients at rural sites where case managers and providers have no time for PAP paperwork are enrolled without wait, if possible

Other Considerations

- Current residence
- Current enrollment/re-enrollment/recertification
- Consistent need

Nebraska Waiting List Prioritization Considerations

- Medical need
  - Sickest consumers first
- Patient Acuity Scales
  - Measures medical need vs Support need
- Medical adherence
  - Medical visits
  - Medication/viral load/CD4



Montana Waiting List Prioritization

***First Come, First Served* Standing Exemptions:**

A: Rural clients where accessing PAP is logistically difficult

B. Homeless clients

C. When a medication is unavailable through PAP or any other source

D Pregnant women, if ineligible for Medicaid

Alternatives to consider: Cost Containment

- Patient cost-sharing
- High risk insurance programs
- COBRA/Other insurance co-pays
- SPAPs
- Income guidelines
  - Monthly vs annual?

Alternatives to Internal Controls

- Patient Benefit Manager
  - A company that helps manage pharmacy benefits
  - Controls pricing, formularies, rebates
  - Manages plan design and changes to plans
- Patient Benefits Administrator
  - A company that helps manage some/all pharmacy benefits
  - Claims adjudication, customer service, reporting
  - Allows consumers to manage their benefits

PBM versus PBA?

- PBM:
  - Third party payer
  - Sets administrative fees for companies
  - Negotiates rebate arrangements
- PBA:
  - Offers full pass-through
  - Allows the consumer to manage their benefits
  - Higher admin fees for claims processing

Acts/policies that govern PBMs/PBAs

- Medicare Modernization Act 2003
  - Addresses transparency for pharmacy benefits service providers

- TIPPS
  - Certification process – HR Policy Association
  - Transparency in Pharmaceutical Purchasing Solutions
  - Requires PBMs to disclose actual acquisition costs
  - Requires passing rebates on to clients directly

Programmatic funding considerations

- ACTF price negotiations
- Rebates
  - Direct purchase vs. Rebate State rates
    - Full
    - Partial pay


Day after day after day.....
How do you keep the herd moving?

Help is on the way

- Federal Health Reform (selected provisions)
  - Minimum drug rebate level on brands: 23.1% (retroactive Jan 1, 2010)
  - Minimum drug rebate level on generics: 13%
  - ADAP as TrOOP (2011)
  - Establishes a temporary high risk insurance pool (7/2010 - 2014)

Help is on the way: Beyond 2011

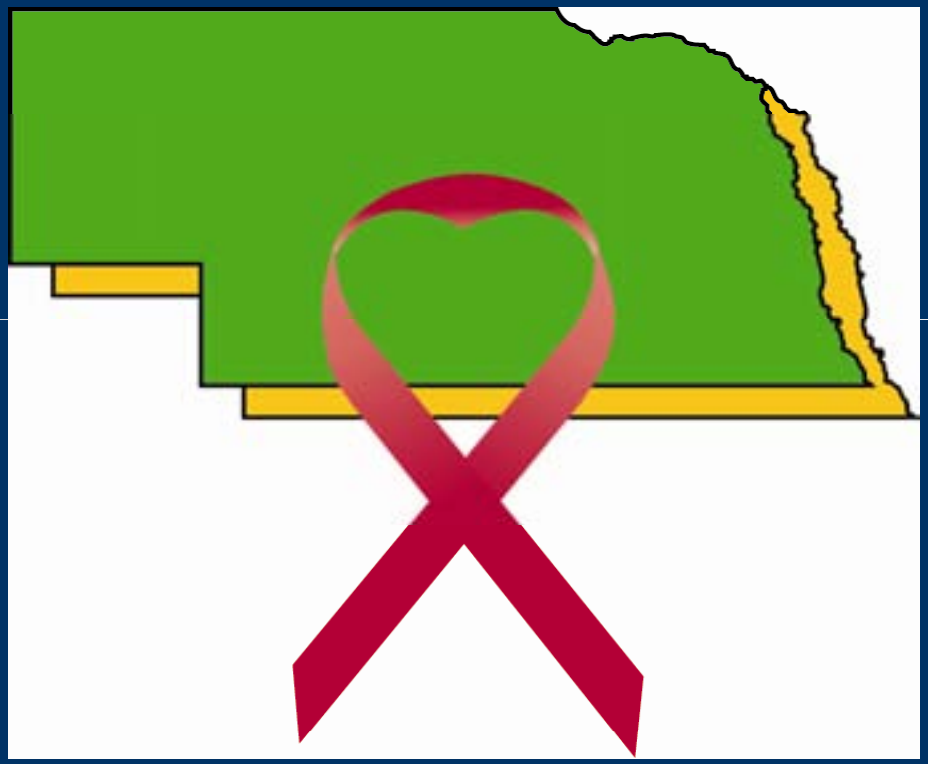
- Health reform (selected provisions)
  - State Medicaid increased FPL: 133% (2014)
  - Removes pre-existing condition exclusions and higher premiums (2014)
  - Adds mandatory benefits package (2014)
  - Increases private health insurance affordability
  - Elimination of the donut hole by 2020


Visit beautiful Montana and
leave lots of money

State Capital Building, Lincoln NE

Not exactly a Mountain, but this is Carhenge in Alliance, Ne

At the Heart of the Matter



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