



Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences

Massachusetts Experience

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Background

- Established in 1988
- Subcontracted out to Community Research Initiative of New England in 1989
- 1999 creation of insurance continuation program (CHII)
- “Open formulary” since 2001
- HDAP/CHII eligibility requirements have changed little over the years and are designed to accommodate the maximum number of clients in need.



HDAP Roles and Responsibilities

- HDAP Coordinator who sits at Department of Public Health
 - Supported by grants management specialist, contract managers and fiscal staff
- HDAP Director who sits at subcontracted agency
 - Supported by enrollment, administrative, & fiscal staff

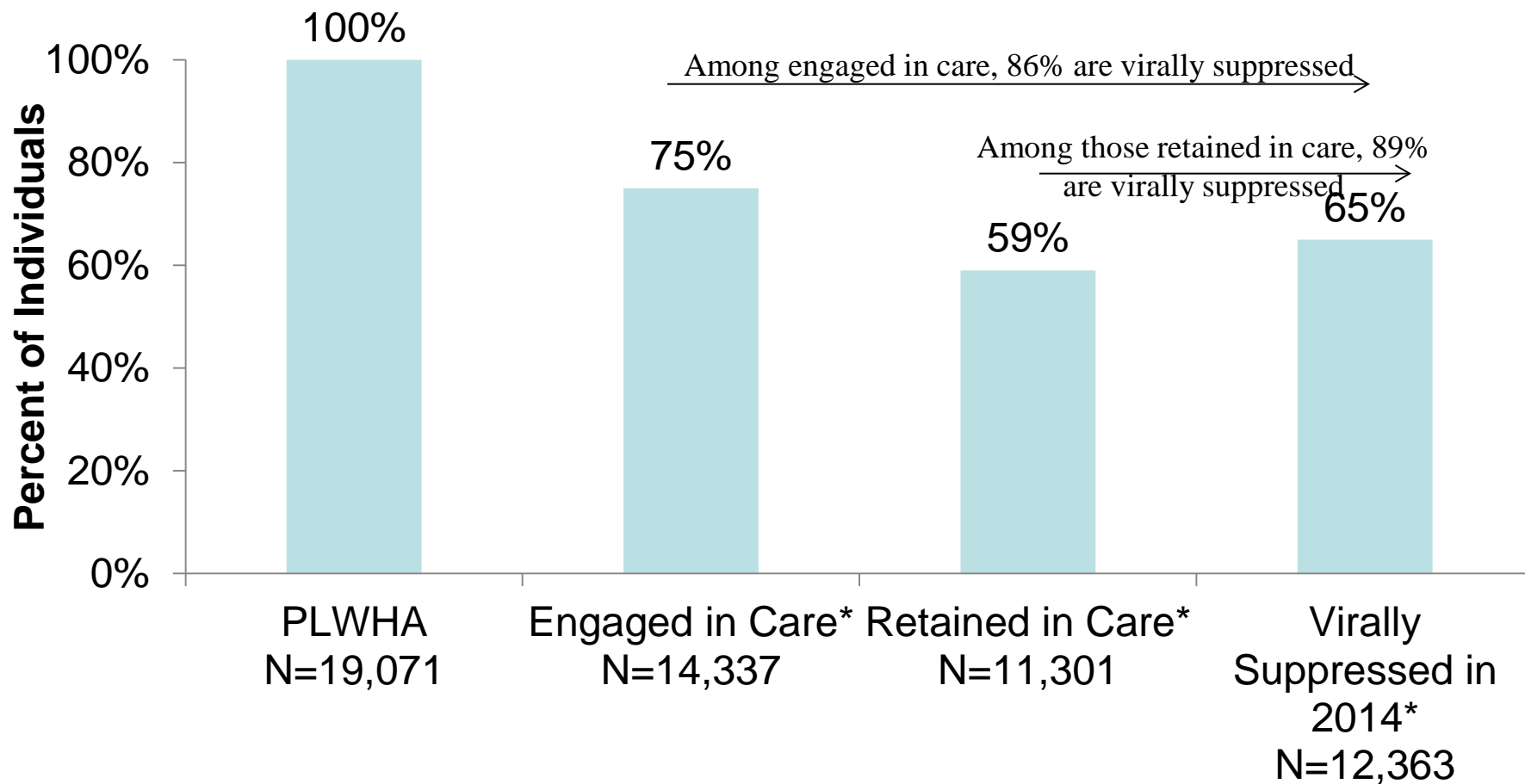
ACA/Medicaid Coordination

- 2001 HIV Expansion of the Medicaid 1115 Waiver
 - Expanded access to state Medicaid (MassHealth) for low income PLWHA up to 200% FPL irrespective of disability status
 - Required legislatively mandated allocation in state budget

ACA/Medicaid Coordination

- State Healthcare Reform
 - Elimination of preexisting condition clauses
 - Expanded Medicaid eligibility for low income residents
 - Creation of Commonwealth Connector (“Exchange”)
 - Private health insurance Subsidies according to income level (<300% FPL)
 - Health Safety Net for “non-eligible” residents

Massachusetts Care Continuum



* Lab received by MDPH

¹ Includes individuals diagnosed through 2013 and living in MA as of 12/31/14, based on last known address, regardless of state of diagnosis

• Data Source: MDPH HIV/AIDS Surveillance Program, cases reported through 1/1/16

Clinical Expertise

- Drug assistance program subcontractor is also a community based clinical trials site
- Medical Director provides clinical expertise to drug assistance program as well as being a primary investigator on trials
- Interested in viral load data in HDAP database

HDAP Data

	Number (%)	% with HIV RNA < 75
All HDAP Clients on Stable ART	5920	82.5
Age in Years		
≤ 29	249 (4.2)	67.6
30-49	1969 (33.2)	82.7
>49	3702 (62.5)	87.8
Gender		
Female	1918 (32.4)	84.1
Male	3963 (66.9)	85.8
Transgender Female	32 (0.54)	87.5
Transgender Male	2 (0.03)	50
Unreported	5 (0.08)	100
Race		
Black/African American	1851(31.3)	83.8
White	2865(48.4)	86.3
More than one or Unknown race	1052 (17.8)	84.3
Asian	119 (2)	91.6
Native American/Alaskan Native	20 (0.34)	85
Native Hawaiian/Pacific Islander	13 (0.22)	69.2
Ethnicity		
Hispanic/Latino	1733 (29.3)	84.4
Non-Hispanic/Latino	3278 (55.4)	85.6
Unknown	909 (15.3)	85.8

CQI

- One QM program for Part B & ADAP
- Development of plan for FFY16
- Use data from HDAP on viral loads
- CQI project to increase viral suppression for <29 year old group
- Utilize team developed as pilot through HRSA flexibility policy



BRIDGE Team

Benefits Resource Infectious Disease Guidance and Engagement Team

- Initially funded with HRSA ADAP Flexibility Funds
- Overarching objective is to improve adherence through maintenance of insurance and medication benefits
- Provides an array of technical assistance and training programs to case managers, peer advocates, and consumers

Contact Information

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