



Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards**

Health Insurance to Provide Medications and AIDS Drug Assistance Program

I. HRSA Service Definition

Health Resources and Services Administration (HRSA) is the federal funding source the Ryan White Part B (RWPB) and AIDS Drug Assistance Program (ADAP).

Health Insurance to Provide Medications is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance plan. This includes:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications;
- Paying prescription drug co-pays and deductibles on behalf of the client;
- Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs.

Funding allocated to Nevada ADAP provides an approved formulary of medications to people living with HIV/AIDS (PLWH) for the treatment of HIV disease or the prevention of opportunistic infections.

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools please contact the Recipient Office and we will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

II. Service Goals and Objectives

To provide persons living with HIV the opportunity to have comprehensive health insurance coverage. This policy update addresses the ADAP goals of premium and cost-sharing assistance for the purchase and maintenance of private health insurance coverage as it relates to the Patient Protection and Affordable Care Act and the provision of drug assistance as payer of last resort.

The Nevada ADAP Program represents Nevada's prescription drug safety net for PLWH, providing life-saving medications to low-income uninsured and underinsured individuals. Drugs used to treat HIV are extremely costly and without insurance benefits or public benefits access to these medications is unrealistic for many people.

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III. Currently Funded HIP and ADAP Services

a. Health Insurance Program (HIP)

1. Medicare Part D Co-Payment
2. Medicare Supplement Premium (Part D)
3. Other Health Insurance Premium
4. Other Health Insurance Co-Payment
5. HIP Client Coordination
6. HIP Provider Coordination

b. Direct Medication Assistance (ADAP)

1. Medication Payment

IV. Health Insurance to Provide Medications and ADAP Services Eligibility

Before services are provided under this Service Category, provider agency staff must ensure current ADAP enrollment through CAREWare's Eligibility and Enrollment Fields tab.

The following eligibility criteria are specific to Health Insurance and ADAP Services: Client has been referred to an ADAP Health Insurance and ADAP services provider from another RWPB funded program, has sought out assistance of the agency through self-referral, or has received a referral from an outside RWPB provider. If the client is referred to the Health Insurance and ADAP Services Provider from a non-RWPB provider, the Health Insurance and ADAP Services Provider is responsible for notifying the originating non-RWPB provider that the client is now accessing services and the Health Insurance and ADAP Services Provider is responsible for logging the referral in CAREWare and the Pharmacy Benefits Manager.

The Pharmacy Benefits Manager (PBM) utilizes specific terms to delineate which assistance program in which the client is enrolled. The PBM provides coordination of benefits and pharmaceutical services for the following three groups under the Nevada ADAP:

- Direct Medication Assistance
 - Uninsured – Direct medication assistance for the uninsured (full medication cost)
- Health Insurance Program
 - Insured – Medication co-payment assistance for clients with private (Marketplace) or employer-based health insurance (co-payment or coinsurance cost)

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- Medicare – Medication co-payment assistance for clients with Medicare Part D insurance (co-payment or coinsurance cost)

V. Service Delivery

Ryan White funding is the payer of last resort for HIV medications. The program is responsible to provide HIV medications on the Nevada Ryan White closed formulary to eligible clients in the most cost-effective delivery system. All clients and potential clients will be evaluated for inclusion in other programs before Ryan White funding is used as payment for medications. The eligibility process will help to determine which health insurance assistance program is the best for the client Health Insurance Premium and Cost Sharing for Low Income Individuals, for some clients, the most cost-effective delivery system will be monthly health insurance premium payment assistance (HIP).

HRSA guidelines permit each state to purchase health insurance for eligible RWPB clients. This provision also allows RWPB to cover the client's copays when resources are available. Effective March 31, 2014 all US citizens are required to have health insurance according to the Affordable Care Act. The RWPB program will, when fiscally suitable, assist clients with health insurance premiums and/or copays, depending on individual circumstances. The RWPB program is a payer of last resort, therefore, a client's primary insurance/Medicaid/Medicare must be billed first for covered medications and the RWPB program should be billed second to cover the medication copay.

The HIP currently includes payments for individual or employer group health insurance premiums, Medicare Part D, and drug copayments. The RWPB program may assist eligible clients with health insurance premium and medication copay assistance if the cost of paying the health insurance premium and medication copays are less than the cost to provide the client with direct medication assistance through the ADAP program. This determination is made by the Eligibility Agency and the State. Clients are required to present all insurance information during the eligibility application process.

Effective October 1, 2013 the State of Nevada implemented a Health Insurance Exchange in compliance with the Affordable Care Act (ACA). The web portal is called Nevada Health Link (NHL). All Nevadans are required to apply for insurance through NHL if they do not have insurance through other means. Ryan White clients will be educated through community enrollment assistors or Certified Application Counselors who will help them decide the best plan that will cover their unique circumstances and medications. Some clients will still be in need of services that will not be covered through the insurance plan they choose. Ryan White is committed to helping maintain a level of care required for our clients while keeping to our mandate that we are the payer of last resort.

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If client circumstances change and the client becomes eligible to enroll in health insurance through an employer, the Health Insurance Exchange, Medicare, Medicaid, etc. the client is obligated to present the information to the Eligibility Specialist within the timeframes of insurance opportunity. Similarly, if health insurance status changes, the client is obligated to inform the Eligibility Specialist so that accurate premiums are paid by the RWPB program. Failure to produce the information in a timely manner may result in lapsed health insurance premium payments which would impact the client's health insurance enrollment. RWPB/ADAP is the payer of last resort and should be used only when the client does not qualify for another drug program.

Decision Tree & Enrollment

To remain active and receive benefits all clients must reapply for RWPB every six months to avoid a lapse of benefits. If the client is currently enrolled in the ADAP program and qualifies for a Health Insurance Program (HIP) service, the Eligibility Specialist will document HIP enrollment as well as reviewing six-month recertification due date.

Eligibility Specialists will contact the Nevada Office of HIV/AIDS (OHA) if they have an applicant that has unique circumstances or if there is any doubt that the applicant qualifies for the HIP program. The applicant should be told that they will be contacted once the questions have been clarified. This applicant may need to receive a 30 day provisional enrollment into the ADAP program, if the applicant's medication adherence would be impacted, until the question(s) can be clarified.

Clients may access medication from any pharmacy in Nevada that has a contract with the client's primary insurance company. Out-of-network pharmacies impose an unnecessary financial burden on the program and may not be approved. Clients who choose to use an out-of-network pharmacy of their health insurance plan will be responsible for their own copays retroactively.

Eligibility Specialists must notify the State in writing regarding any RWPB client that has become disqualified from insurance before they cease paying insurance premiums, this includes noncompliance for recertification.

For clients who have health insurance with an off-formulary medication- a medication that the health insurance will not cover, clients should be referred to available Pharmacy Assistance Programs If that medication(s) is not currently on Nevada's ADAP Formulary.

Reimbursement to clients is strictly prohibited by HRSA for any expenses.

Medicaid

In 2012, Nevada Governor Brian Sandoval announced that under the ACA the state was going to expand Medicaid to cover incomes up to 138% Federal Poverty Level (FPL), in most cases

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although some exceptions apply. RWPB applicants are required to apply for Medicaid if they meet the eligibility requirements, if they are ineligible for Medicaid then the Eligibility Specialists will determine if they meet the eligibility requirements for Premium Tax Credits or Cost-Sharing Agreements through the Nevada Health Link, our insurance Marketplace.

Clients whose income is at or below 140% FPL will be assisted with a referral to Medicaid for eligibility determination. If a client's income makes them eligible for Medicaid; eligible clients **must** participate in Medicaid.

Clients that have provided proof of a Medicaid application but have not been authorized for services yet, may receive ADAP services as a "bridge" between Medicaid and RWPB-ADAP services.

Medicare

Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) are available to the individuals below:

- Age 65 or older **and** a U.S. citizen or lawfully admitted noncitizen who has lived in the U.S. for five continuous years; or
- Under age 65 **and** receiving Social Security Disability (SSDI) benefits or Railroad Retirement Board Disability benefits for at least 24 months from the date of entitlement; or
- Under age 65 and receiving Social Security Disability (SSDI) benefits or Railroad Retirement Board Disability benefits with Amyotrophic Lateral Sclerosis (known as ALS or Lou Gehrig's disease); or
- Any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare Part D is the prescription drug benefit section of the Medicare Modernization Act of 2003. The Nevada State Pharmacy Assistance Program (SPAP) was implemented to work in conjunction with Medicare Part D. The SPAP is also known as Senior Rx or Disability Rx. Medicare Part D would act as your primary insurance and ADAP would act as your secondary insurance to cover the remaining copay price.

The RWPB copayments count towards the client's True Out-of-Pocket Cost (TrOOP). TrOOP costs count towards the Medicare Beneficiaries out-of-pocket threshold which, once reached, will determine that the client begins catastrophic coverage. Catastrophic Coverage is when Medicare Part D pays 95% of the drug cost and the client pays the larger of either 5% of the drug cost or \$2.95 (for generic) or \$7.20 (for name brand). Clients at 150% FPL or below qualify

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for Low Income Subsidy (LIS) and are required to apply for the LIS assistance through the Social Security Administration.

It is the client's responsibility to maintain adherence to the Medicare Part D and Part D insurance provider's rules and regulations. Correspondence from Medicare or the health insurance plan is not sent to the subrecipient Eligibility Specialist; it is sent directly to the client. Failure to acknowledge or comply with Medicare's requirements may lead to a loss in ADAP benefits.

Clients will select their Part D provider during open enrollment each year, in accordance with Medicare rules. This should be done as early in the open enrollment period as possible to allow time for processing through multiple agencies. Existing eligible clients will notify their Eligibility Specialist, with proper documentation, of their provider choice.

New clients will generally be on SPAP the 1st of the following month. If the eligibility date is after the 15th of the month, the client will be eligible beginning the 1st of the month following the upcoming month. Exceptions can be made to enroll more quickly.

If clients qualify, Eligibility Specialists may assist the client in enrolling in a Medicare Part D product from the list of approved Medicare Part D products available in Nevada that RWPB will fund.

Any client, who loses their Part D prescription coverage due to their own negligence, or failure to act in a timely manner, may be referred to the appropriate Pharmacy Assistance Programs.

Does the client have individual insurance or insurance available through an employer or a spouse's employer?

All clients, to remain active and receive benefits, must maintain current RWPB enrollment through an annual certification and a biannual recertification.

The RWPB program will, as program funds allow, assist clients with health insurance premiums and/or copays.

Clients with credible and affordable employer-based coverage that has been reviewed and approved by the RWPB program may keep their current insurance and RWPB assistance and may qualify for premium assistance.

Eligibility Specialists will review all insurance NHL opportunities and make a cost based determination the most economically advantageous option for the RWPB program. This determination is comparing ADAP costs to current or potential insurance opportunities. . Currently employed clients with qualified coverage that has been reviewed and approved by the RWPB program may keep their current insurance and RWPB assistance.

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Through Nevada Health Link's application process the client is asked to enter accurate income information that will determine their eligibility for Advanced Premium Tax Credit (APTC) or Cost Sharing Reduction (CSRs). The Client will bring the insurance options with APTC and CSR information to their eligibility appointment.

All clients who are signed up for health insurance and receiving a Premium Tax Credit from the IRS to assist with the affordability of monthly health insurance premium will be required to provide all relevant tax information for the coverage year.

The HIP provider is responsible for working with the Office of HIV/AIDS ADAP Specialist to complete the Premium Tax Credit reconciliation.

ADAP-only benefits

If an applicant is not eligible for private health insurance (individual or employer,) or public health insurance (Medicare, Medicaid, VA, etc.) then ADAP will be the payer of last resort and ensure medication delivery for medication on the Nevada ADAP Formulary only.

Pharmacy Assistance Program

The Pharmacy Assistance Program or Patient Assistance Program (PAP) is provided by the drug companies. If a client cannot get drugs through one of the RWPB programs they may be referred to a PAP program. This service is provided through the drug companies or through HarborPath (drug company consortium). The drug companies may assist clients with drugs at no charge or possibly co-pay assistance. For additional information on HarborPath visit (<https://www.harborpath.org/>)

Appropriate referrals to a PAP would be:

- A client whose medication is not covered under their employer/private health insurance plan and the medications is currently not on the Nevada ADAP Formulary.
- PAP's can also be used for combination medication therapies that cannot be covered by ADAP- such as when ADAP pays the premium for a client's health insurance premium and cannot simultaneously pay for the combination medication.

ADAP Formulary

The Nevada ADAP Formulary currently has 32 Antiretroviral Medications (ARVs) and 101 other related medications. The Formulary is updated with input from the FDA, NASTAD, HRSA, and HIV/AIDS Medical Advisory Committee (MAC).

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Pharmacy Agreements

Federal requirements state that Nevada must secure the best price available for all formulary medications to assure the maximum amount of assistance for the most people that we can assist.

Nevada no longer requires clients to use a specially designated ADAP pharmacy to access their drug prescriptions. Clients may use any pharmacy that operates within the Ramsell Network.

Ramsell is Nevada’s Pharmacy Benefit Manager (PBM) for Nevada ADAP. The Ramsell PBM system provides fiscal and program monitoring. Applicants deemed eligible for Full-Pay Drug Assistance Program or Health Insurance Assistance programs will be entered into the PBM system by the HIP provider. Pharmacists will not be able to submit a claim without the client being activated in Ramsell and has not let their ADAP eligibility lapse.

Clients will not be reimbursed by the State for copays paid at time of dispensing.

Insurance Companies

When subrecipients negotiate for a company to accept insurance premiums on behalf of a client, that company needs to be aware the premium must be an after-tax item not pre-tax. Meaning, the client is not paying the premium so they do not qualify for pre-tax or tax-free deductions.

Qualified health insurance plans (QHP) sold on and off of the Exchange/Marketplace are required to accept premium payments from the Ryan White associated providers under regulations of the Affordable Care Act. If there are any issues with an insurance company regarding premium payments please contact the Nevada Office of HIV/AIDS.

VI. Licensing, Knowledge, Skills, and Experience

Health Insurance Program and Cost Sharing Assistance Program coordination and processing services are provided by a non-medical personnel but shall have had at least six months of relevant experience in the areas of outreach work, community services, supportive work with families and individuals, geriatrics, supportive work with youth, corrections, or public relations. The minimum educational experience shall be a High School Degree or GED. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV they must receive HIV specific training within six months of hire.

VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded ADAP and Health Insurance to Provide Medications services. It is expected that all providers follow these standards as well as the universal programmatic and administrative

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National Monitoring Standards. Provider organizations and staff may exceed any of these standards as part of the program delivery.

VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

IX. References and further reading

All Part B funded providers should read their individual Part B contracts, as well as but not limited to, the Quality Management Plan and all local policies and guidelines set forth by the Part B office regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative **National Monitoring Standards.**

[Federally approved clinical guidelines for the treatment of HIV](#)

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Recipients: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Service Standards](#)

[Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

X. Revision Schedule

Published	February 9, 2017	Located at dpbh.nv.gov
Revised	October 6, 2017	

XI. Contact

For further information or clarification please contact the Nevada Office of HIV/AIDS, ADAP and Health Systems Program Coordinator at (775) 684-4025 or ADAP Specialist at (702) 486-8103.