HIV Medical Services

- The HIV Medical Services Program is funded through Title II of the federal Ryan White CARE Act. We are also known as the Part B Federal Grant Provider.

- The program expects to maintain an enrollment of 1825 consumers in FY10-11. Currently we have 1797 people enrolled.

- No waitlist in Indiana—Currently there are 9 states with waiting lists that total 4,369 individuals.
Indiana State Department Health-Medical Services Plans

The program consists of four distinct plans:

- AIDS Drug Assistance Plan (ADAP)
- Early Intervention Plan (EIP),
- Health Insurance Assistance Plan (HIAP), and
- Medicare Part D Assistance Plan (MDAP).
Eligibility Criteria

• To be considered for the program, a person must be:
  • Enrolled in case management at a state-funded HIV Care Coordination site;
  • Living with HIV
  • Living at or below 300% of the federal poverty level;
  • Living in Indiana; and
  • Without any other access to health insurance coverage.
Federal Poverty Level

- 300% of the federal poverty level is...
  - $32,490 for a household of one
  - $43,710 for a household of two
  - $54,930 for a household of three
  - $61,150 for a household of four
  - Add $11,220 for each additional person
Residency

• Applicants who are able to document more than 12 months of Indiana residency are eligible for the full array of plans immediately.

• Applicants who cannot document a full year residency are eligible for limited coverage through our ADAP & EIP plans (EIP benefits are extended to those living outside of the TGA)
Our Insurance Plans

- **HIAP** covers the cost of premiums, co-payments and deductibles for HIV+ people enrolled in the Indiana Comprehensive Health Insurance Association (the state's high risk insurance pool).

- **ADAP** provides limited HIV medications during the ICHIA pre-existing condition period.

- **EIP** provides limited medical services during the pre-existing condition period.

- **MDAP** is a benefit for individuals aged 65 and older who are not eligible for HIAP and, therefore, this program is “wrap-around” benefit.
AIDS Drug Assistance Plan (ADAP)

• Starts immediately upon application approval and continues thru ICHIA’s 3-month pre-existing condition exclusion period
• There is no cost to ADAP clients for listed meds
• Covers 125 medications
  • ALL antiretroviral (aka HIV) drugs, and
  • Medications for opportunistic infections/AIDS-defining conditions: pain, insomnia, anxiety, depression, mood stabilizers, cholesterol-lowering, etc.
• Enrollees can go to any pharmacy willing to accept this coverage plan – must be able to split bill in order for the client to forgo paying out of pocket & being reimbursed
Early Intervention Plan (EIP)

- If your EIP-covered client has not completed recommended vaccinations, needs basic dental, a pair of glasses, and/or a cervical/anal pap smear—these are NOT covered by ICHIA so it is a good time to go!
- CD4, viral load, genotype & phenotype testing, office visits ARE all COVERED
- It also covers limited Mental Health, tooth extractions, fillings/amalgams, biopsy, testosterone screening...
Health Insurance Assistance Plan
HIAP

- ADAP and EIP work together. Once the pre-existing condition period is exhausted, members will transition to the Indiana Comprehensive Health Insurance plan (ICHIA) and the Health Insurance Assistant Plan (HIAP)

- During ICHIA’s 3-month pre-existing condition exclusion period, only non-HIV/pre-existing conditions are covered, e.g. flu, broken bones…

- Upon full ICHIA/HIAP coverage all allowable services (those deemed “medically necessary”)/medications, including HIV-related are covered at NO cost to your client. Clients should verify coverage through ICHIA Customer Service – number is on their insurance card

- ICHIA and ISDH SHARE the cost, so the client MUST present both the ICHIA & ISDH insurance cards to prevent getting billed
Medicare Part D Assistance Plan (MDAP)

• Client must be:
  • HIV +, 65 years or older, must have Medicare A & B, on a participating Medicare Part D plan, a current IN resident, at or below 300% of federal poverty level to qualify
  • ISDH pays the deductibles, co-insurance and co-pays NOT the plan’s premium
  • Effective immediately upon approval of ISDH application
  • ICHIA application is NOT required – MDAP is an ISDH program solely
  • MDAP the “donut hole”
  • If already on HIAP/ICHIA, auto enrolled – must provide Part D coverage information
  • Not required to sign up unless 65 or older- signing up for Part D is NOT in < 65’s best interest, they will be terminated due to full coverage through Medicare A, B & D and must pay the associated premiums, deductible, & co-pays costs
Insurance Cards

• An HIV Medical Services Program enrollee can expect to receive at LEAST 4 insurance cards – ISDH issues 1, ICHIA has 3
• Anthem underwrites ICHIA’s policies, therefore makes determinations on what is and is not medically necessary, etc.
• Insurance cards are the clients confirmation they have coverage and are eligible for the program, not the ISDH or ICHIA Welcome Letters
• Clients should keep all cards while understanding their insurance is through ISDH & ICHIA (not Anthem or BioScrip)
Recertification

- Annually, the client will be required to complete a recertification interview with the Care Coordinator.
- The client will need to provide new income and residency documentation and will be required to sign a new Agreement for Services.
- Failure to complete the interview by the anniversary date will result in the termination of services. Those who are terminated in this situation cannot reapply for a period of one year. They can, however, elect to choose to pay their own premiums directly to ICHIA.
Terminations

• The following reasons can lead to a client’s termination: moves out of State, GROSS income exceeds 300% of FPL, eligible for other insurance (Medicaid; employer-based plan; Medicare A, B & D), incarceration, program non-utilization, fraud (lying on a form or to a State/Care Coordination site employee- can lead to permanent bar), or failure to recertify

• Termination letters include the steps that MUST be taken and by when to appeal, an appeal must be filed by the deadline!
Health Insurance

- Persons with Medicaid are not eligible and should not apply.
- Persons with private health insurance (self- or employer-paid) are not eligible unless the coverage is substantially more expensive and less comprehensive than ICHIA’s Plan 1. Determinations for applicants in this situation are made by ICHIA on a case-by-case basis.
- Persons with any Medicare Part D policy are not eligible and should not apply (unless over the age of 65).
Federally Eligible and under 65

- Those who meet this definition must only document current Indiana residency.

- Instead of applying for private insurance, those that meet this definition must obtain a copy of the Certificate of Health Plan Coverage from the applicant’s previous insurance carrier. This is the document that will confirm federal eligibility.
MDAP

- This new plan replaces traditional ADAP coverage for persons 65 and older.
- The applicant must hold a Medicare Part D policy in order to be eligible.
- The MDAP coverage “wraps around” the Part D coverage.
- Benefits include 100% coverage of all co-pays and deductibles for drugs covered by the Part D policy.
- The enrollee is responsible for the Part D premium.
- There are no benefits available for persons 65 and older who fail to elect Part D coverage.
65 and Older

- Those who meet this definition must only document current Indiana residency.

- Instead of applying for private insurance or ICHIA, those that meet this definition must obtain proof of enrollment in a participating Medicare Part D plan. Acceptable documentation is limited to: a copy of the Medicare Part D card, a copy of the approval letter from Medicare for Part D coverage, or a copy of the approval letter from the participating plan.
Claims

• Between ICHIA & ISDH all covered services/treatments are paid at 100%; your client should not receive a bill. If they do:
• Submit a COPY of the claim to both (for full payment) & follow up with a call in a week or two.

ICHIA
Attn: Claims
PO Box 33009
Indianapolis, IN 46203-0009
800-552-7921
317-614-2133

ISDH
Attn: Claims
PO Box 33670
Indianapolis, IN 46203-0670
866-682-4317
317-614-2060
Sign-Up!

• Clients and Care Coordinators can check eligibility status, print claims reimbursement forms, an ICHIA application, review covered services and a lot more on ICHIA’s website:
  www.onlinehealthplan.com

• For cards and general customer service information, please call 1-800-552-7921
Hot Topics!

• Privacy Practice Notification
• Medicaid Re-Application
• Utilization Letter!!!!
Q & A

Any questions, comments and/or suggestions about HIV Medical Services and the topics we covered today?
HIV Services Team

• The HIV Services Program consists of four major areas:
  • Medical Services-
    Satin Hill
  • Care Coordination-
    Kristi Montgomery & Meredith Upchurch
  • Special Populations Support Services-
    Darin Foltz
  • Consumer Advisory Board Interim-
    Sara Bradley
Contact Information

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