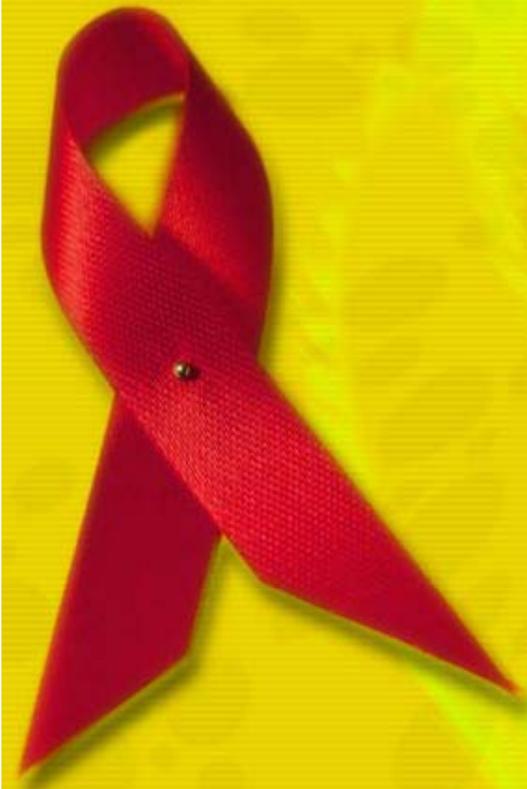


Indiana State Department of Health

HIV Medical Services



December 8, 2010

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 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



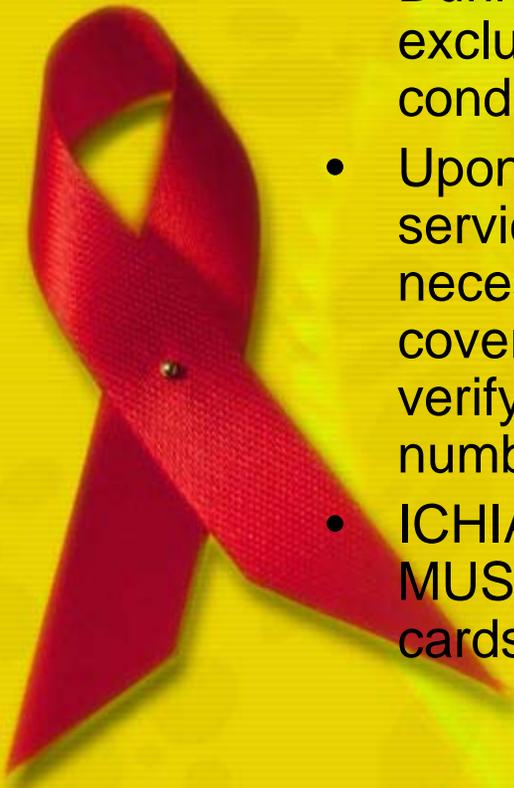
Early Intervention Plan (EIP)

- 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...



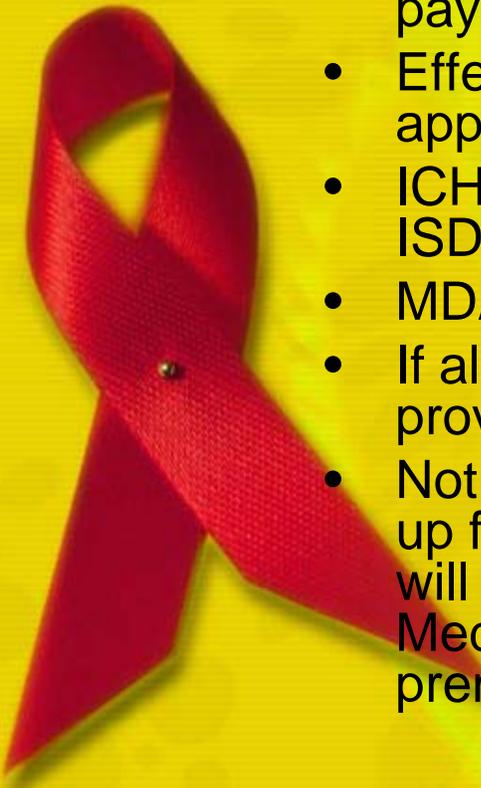
Health Insurance Assistance Plan HIAP

- 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



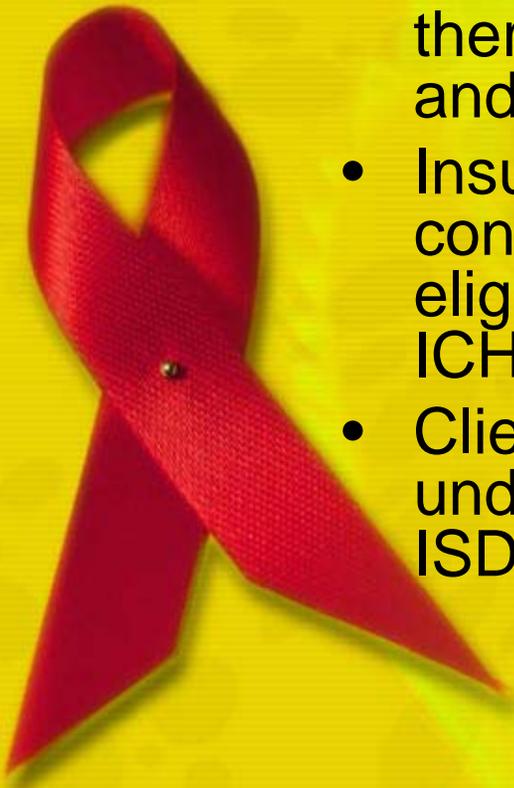
Medicare Part D Assistance Plan (MDAP)

- 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



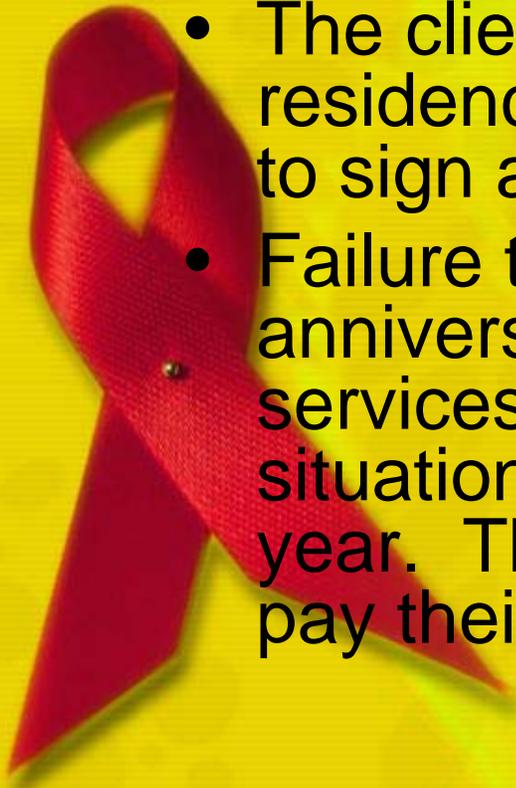
Insurance Cards

- 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)



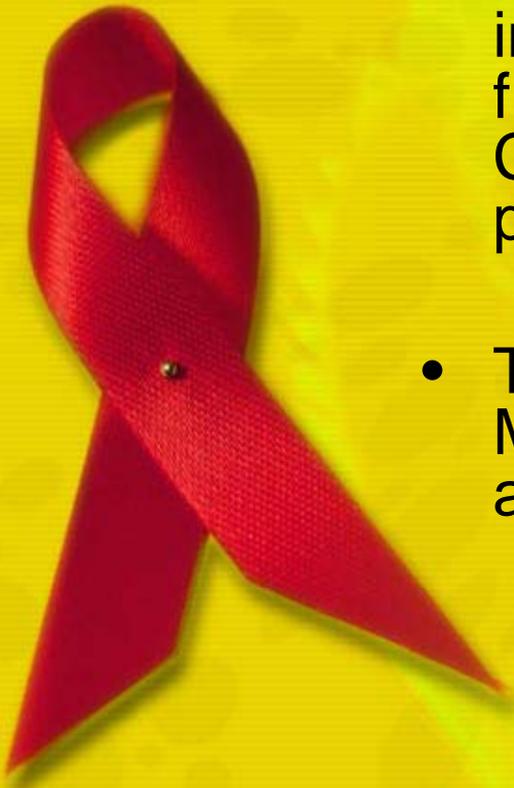
Recertification

- 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!



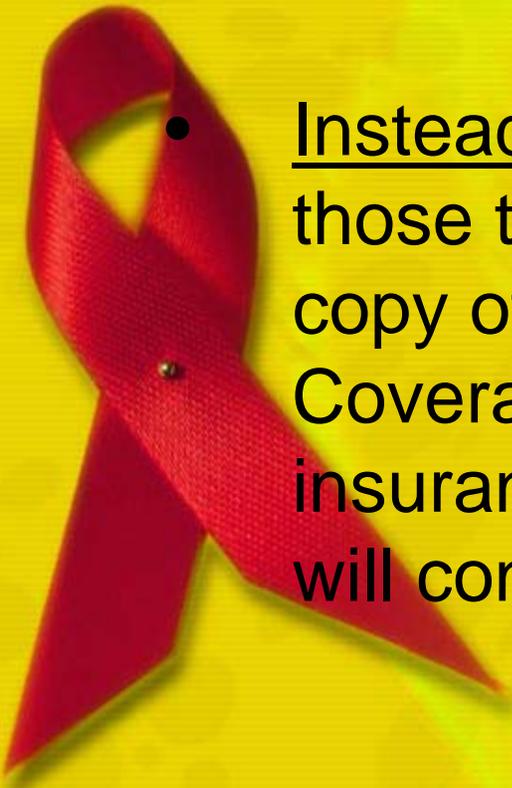
Health Insurance

- 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.



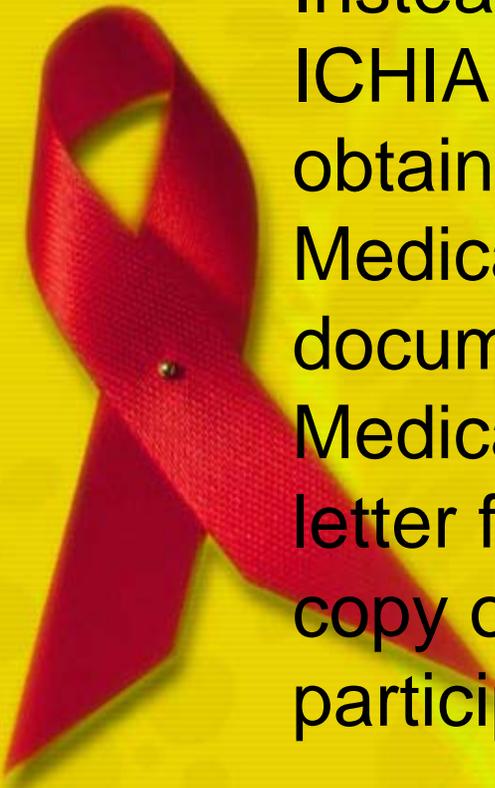
MDAP

- 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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HIV Medical Services Program

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