

# **New York State Department of Health**

## **HIV Uninsured Care Programs**

**AIDS Drug Assistance Program (ADAP)**  
**ADAP Plus (Ambulatory Care)**  
**HIV Home Care**  
**ADAP Plus Insurance Continuation (APIC)**

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# New York State HIV Uninsured Care Programs

## Mission

To provide access to care for all New York residents with HIV

## Dual Goals

1. To empower individuals with access to care
2. To provide a stable funding stream for providers

# HIV Health Care Funding New York State

## Medicaid Enhanced Rates

*Primary Care*

*Acute Care*

*Long Term Care*

*Foster Care*

*Case Management*

## Special Needs Plan (SNPs)

*Spenddown*

*"Buy-In" Program*

## Medicare

## HIV Uninsured Care Programs

*ADAP*

*ADAP Plus*

*HIV Home Care*

## Grants

*Developmental*

*Infrastructure*

*Clinical Education*

*Support Services*

## Special Populations

*Corrections*

*Veterans*

## Private Insurance

*Private Carriers*

*Managed Care*

*Legislative Protections*

*COBRA*

*Pre-existing conditions*

*Portability*

*Insurance Continuation*

*Assistance Programs*

*ADAP Plus (APIC)*

*Medicaid (AHIP)*

# New York State HIV Uninsured Care Programs

## Key Features

- Inclusive eligibility criteria
- User friendly
- Confidentiality
- Comprehensive formulary and continuum of ambulatory care
- Broad network of providers
- Provider friendly
- Medicaid compatibility
- Advisory Workgroup for community involvement
- Cooperative funding
- Centralized administration/operation

## HIV Uninsured Care Programs Eligibility Criteria

- ◆ **Residency** = NYS

- ◆ **Medical**

  - ⇒ ADAP & ADAP Plus = HIV+

  - ⇒ Home Care = HIV illness or AIDS, and  
chronic medical dependency

- ◆ **Financial**

  - ⇒ Income < \$44,000/year for household of 1

  - ⇒ Liquid Assets < \$25,000

# **New York State AIDS Drug Assistance Program Formulary (more than 450 drugs as of 12/31/03)**

## **Antiretroviral Drugs**

Nucleoside Analogs -10  
Protease Inhibitors - 7

NNRTIs - 3  
RRI - 1

Fusion Inhibitor - 1

## **PCP Prophylaxis & Treatment - 9**

## **Anti-Neoplastics - 16**

## **Treatments for Opportunistic Infections- 45**

## **Treatments for HIV/AIDS Related Conditions- 16**

## **General Medications**

Antibiotics - 43  
Analgesics - 21  
Anti-diarrheals/malabsorption - 6  
Psychotropics/anticonvulsants - 60  
Topical Steroids - 33  
Sinusitis Medications - 49  
Cardiac Medications - 70  
Hyperlipidemia - 12

Gastrointestinal - 15  
Insulin and related drugs - 13  
Bronchodilator/Respiratory Inhalants - 22  
Hepatitis C - 1  
Hematology - 4  
Urinary Incontinence - 3  
Ophthalmology - 34  
Gynecological - 3

## UNINSURED CARE PROGRAMS COVERED SERVICES

### ADAP PLUS

#### Services

- Comprehensive Medical Evaluation
- Disease Monitoring - Routine/Intermediate Visits
- Drug Administration
- Transfusions

#### Clinic Visits & Physician Visits

- Primary Care
- Neurological
- Dermatology
- Family Planning
- Nutritional Assessment and Counseling
- OB/GYN
- Pediatric
- Specialty Medicine
- Oncology
- Directly Observed Therapy
- Ophthalmological
- Dental & Oral Surgery
- Mental Health (24 visits)

#### Other Services

- Ambulatory Surgery
- Oral Nutritional Supplements
- Vitamins and Minerals (selected list)
- Laboratory Services (selected list)
- Viral Load Test
- Resistance Test (genotype & phenotype)

## UNINSURED CARE PROGRAMS COVERED SERVICES

### HOME CARE PROGRAM

- Skilled Nursing
- Home Health Aide
- Homemaker Service
- Personal Care Aide
- IV Therapy Administration & Supplies
- Nutritional Assessment and Counseling
- Adult Day Health Care
- Limited Rehabilitative Therapy
- Durable Medical Equipment

Note: A maximum lifetime benefit of \$30,000 for home care services is allowed.

### EXCLUDED SERVICES

- Emergency Room
- Inpatient Services
- Pharmacy (Drugs not covered through ADAP)
- Ancillary Services - Any service, lab or procedure not included in the clinic visit.
- Rehabilitative Therapy (Vocational, Physical, Speech, etc.)
- Counseling & Testing
- Substance Abuse & Alcoholism Services/  
Methadone Maintenance
- Case Management/Social Work
- Psychiatric/Mental Health (Extended visits)

## **ADAP Plus Insurance Continuation APIC**

**Implemented on 7/1/00**

**Pays the insurance premiums of individuals who:**

- ◆ Are unemployed and eligible to continue their insurance (COBRA)
- ◆ Are employed but the premium cost is a barrier to continuation
- ◆ Have self-pay insurance

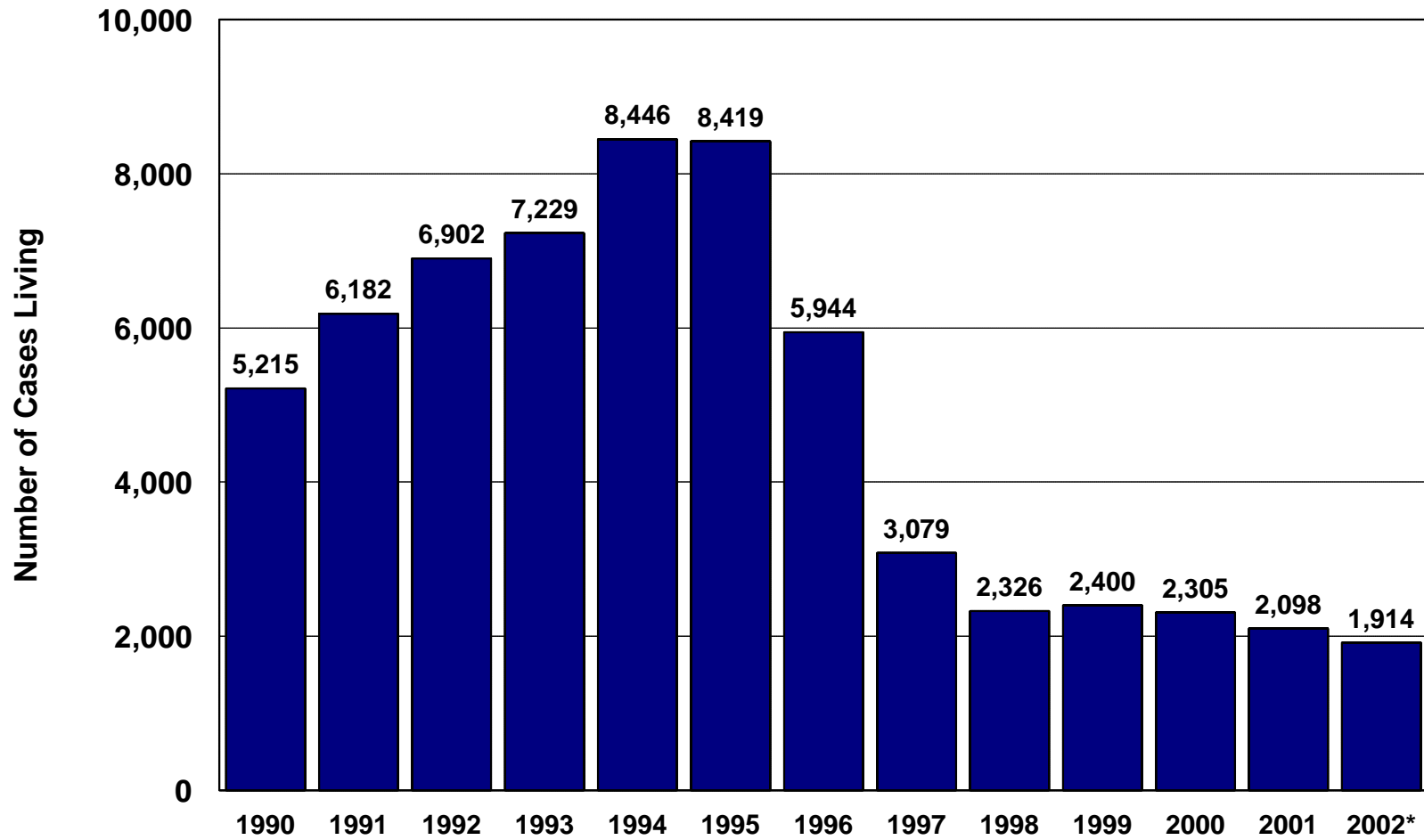
**Eligibility:**

- ◆ Residency, Financial & Medical = same as ADAP
- ◆ Cost effective insurance policy = individual assessment
- ◆ Premium cost is a barrier = premium versus income test
- ◆ Quality of coverage assessment

**If employed and eligible for work related insurance coverage:**

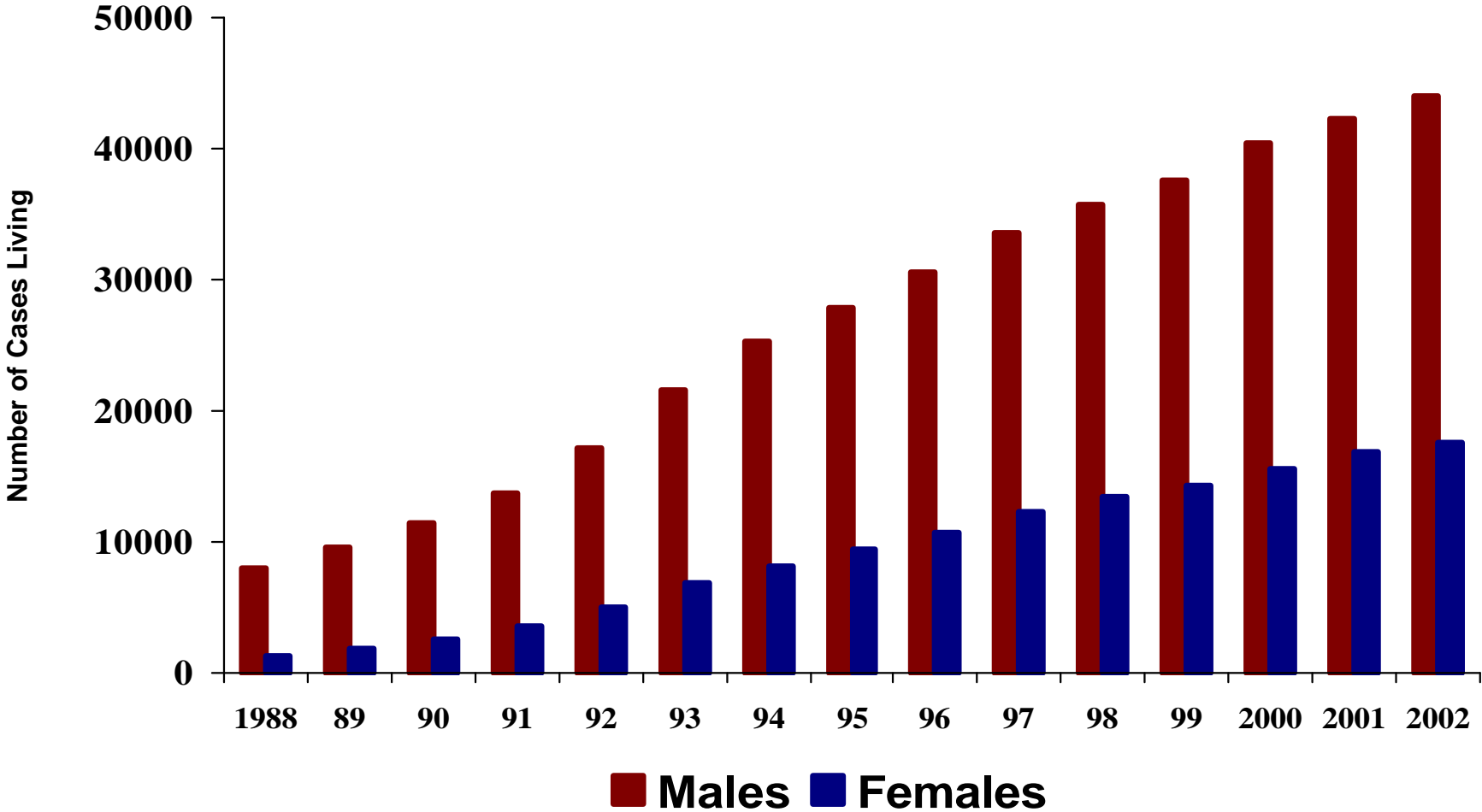
- ◆ Employer must contribute more than 50% of premium

# AIDS Deaths in New York State Residents 1990 - 2002



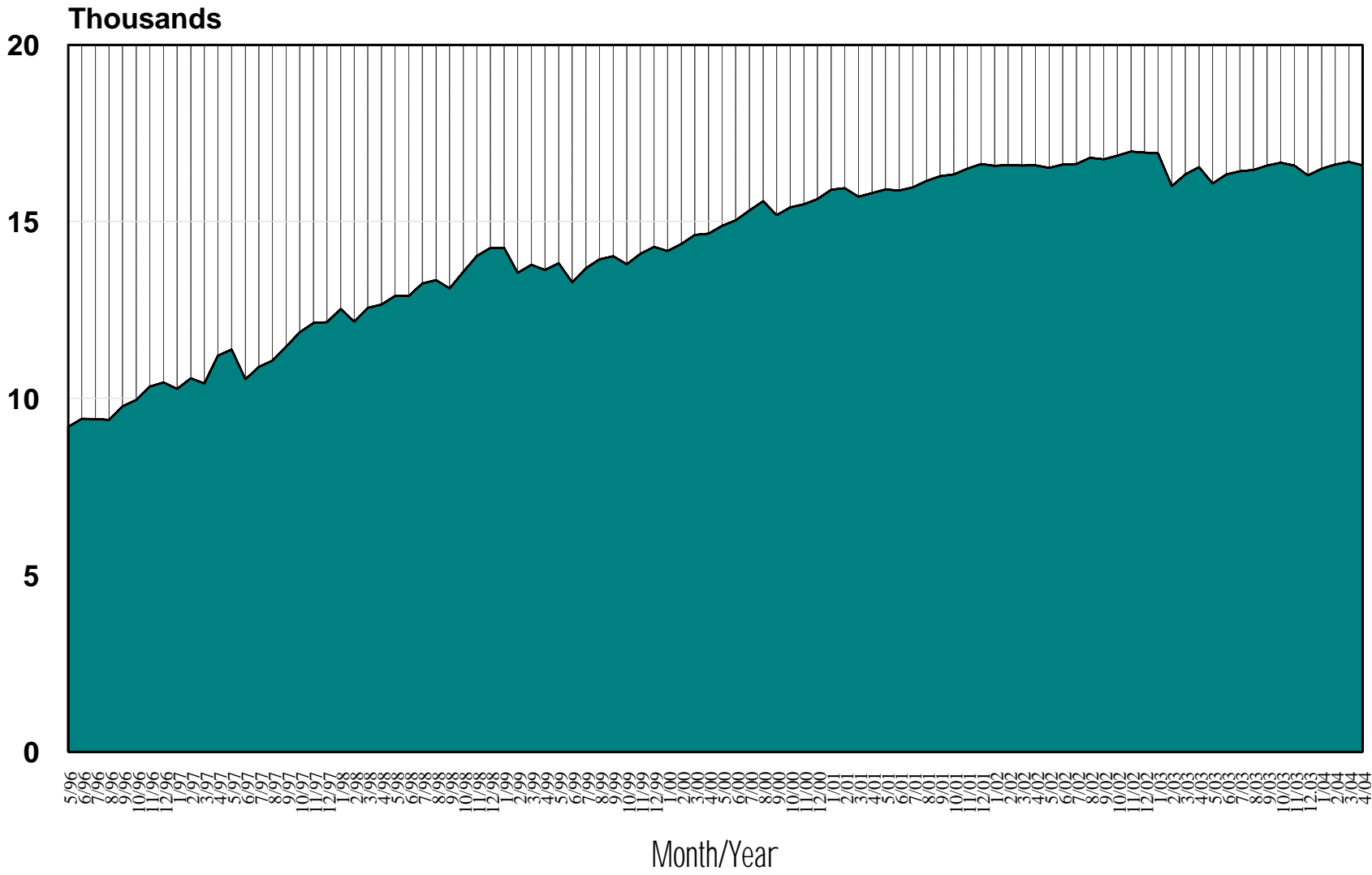
Source: Bureau of Biometrics/NYSDOH  
\*2002 data is provisional

# Number of Cases Alive With AIDS at the End of Each Year, by Sex, New York State



\* Data as of May 2003

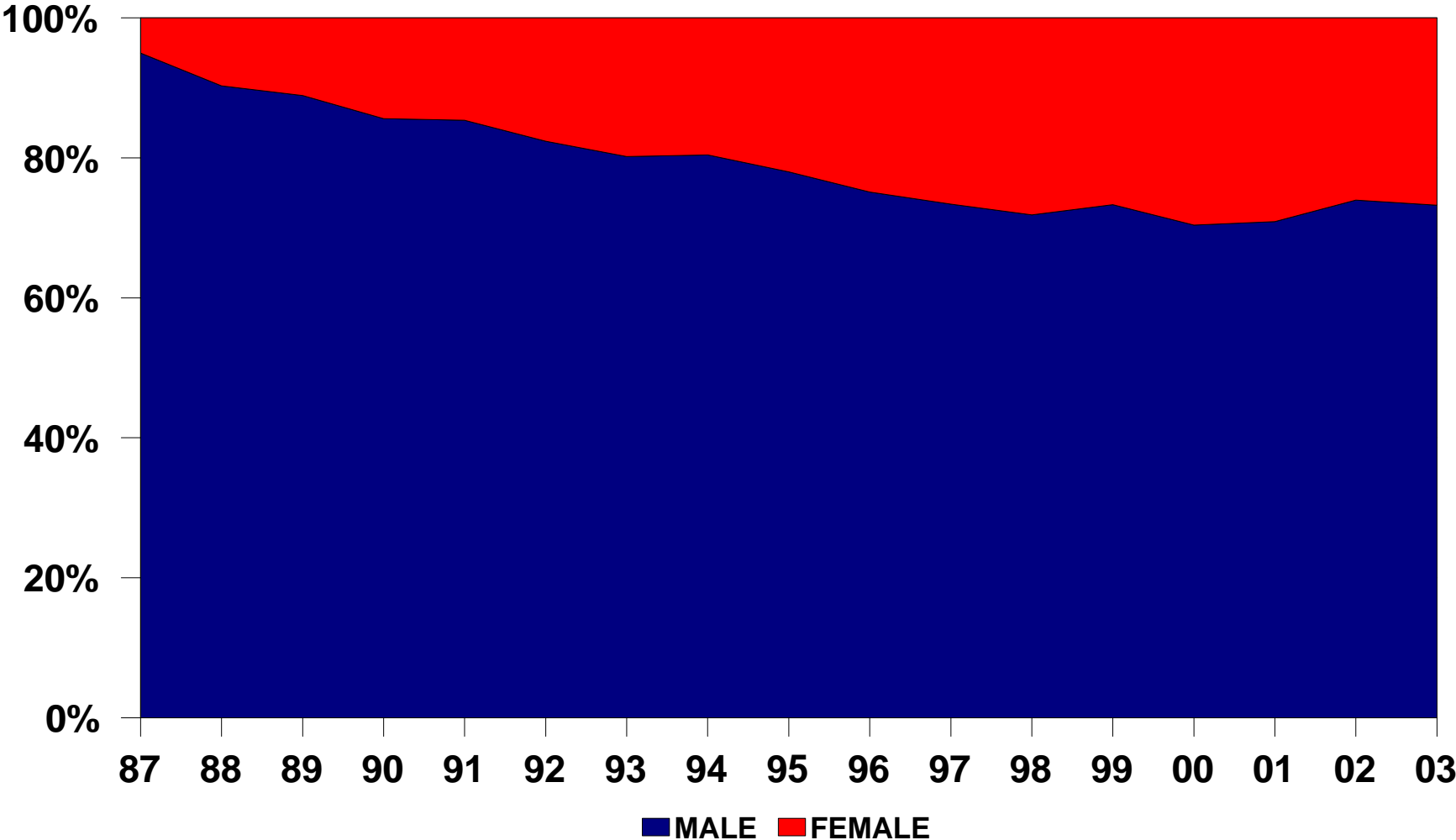
# New York State - ADAP Active Enrollment



1st day of each month enrollment

# New York State AIDS Drug Assistance Program

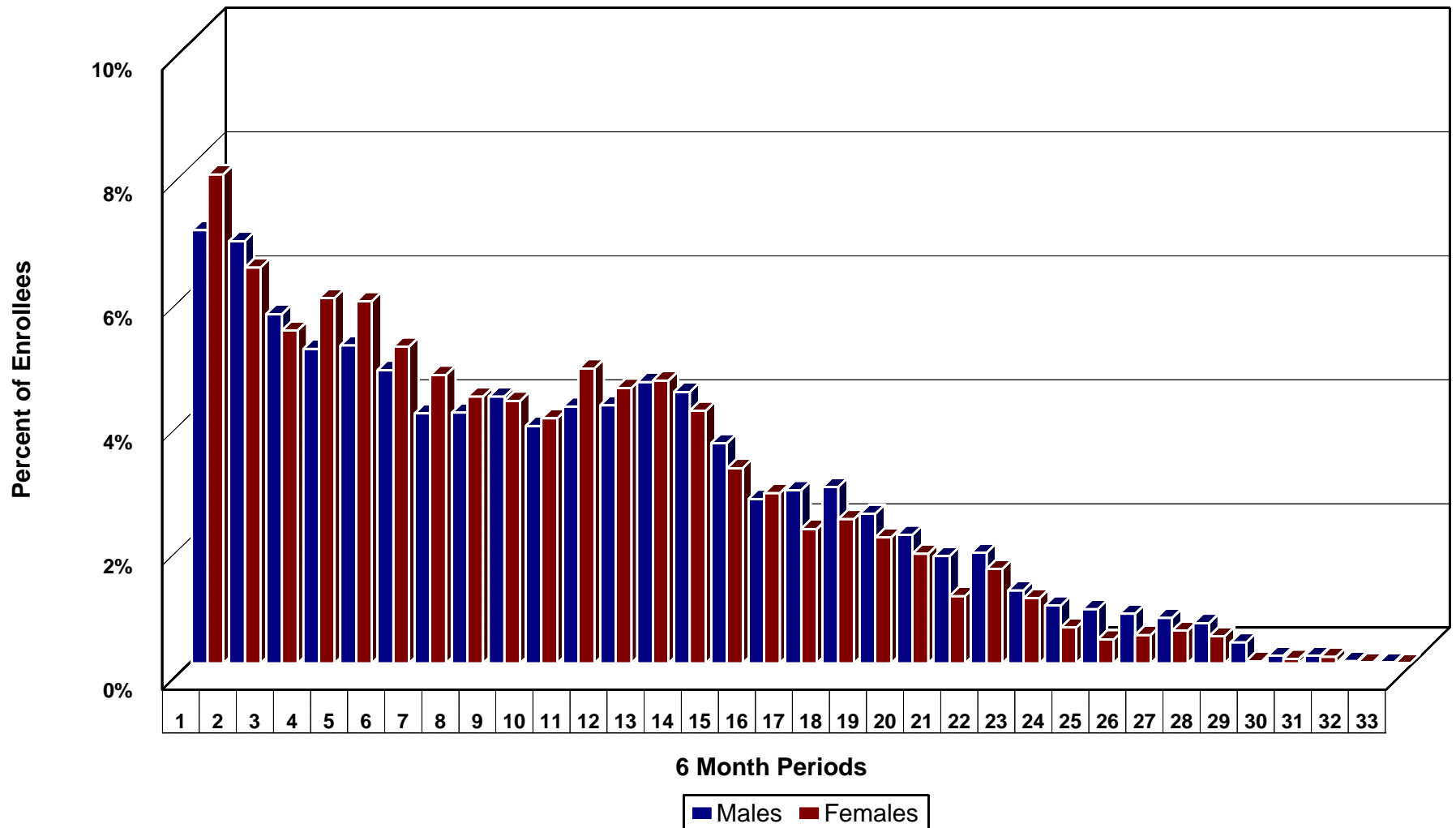
## Gender by Year of Enrollment



October 1987 - December 2003

# NYS ADAP - Length of Stay

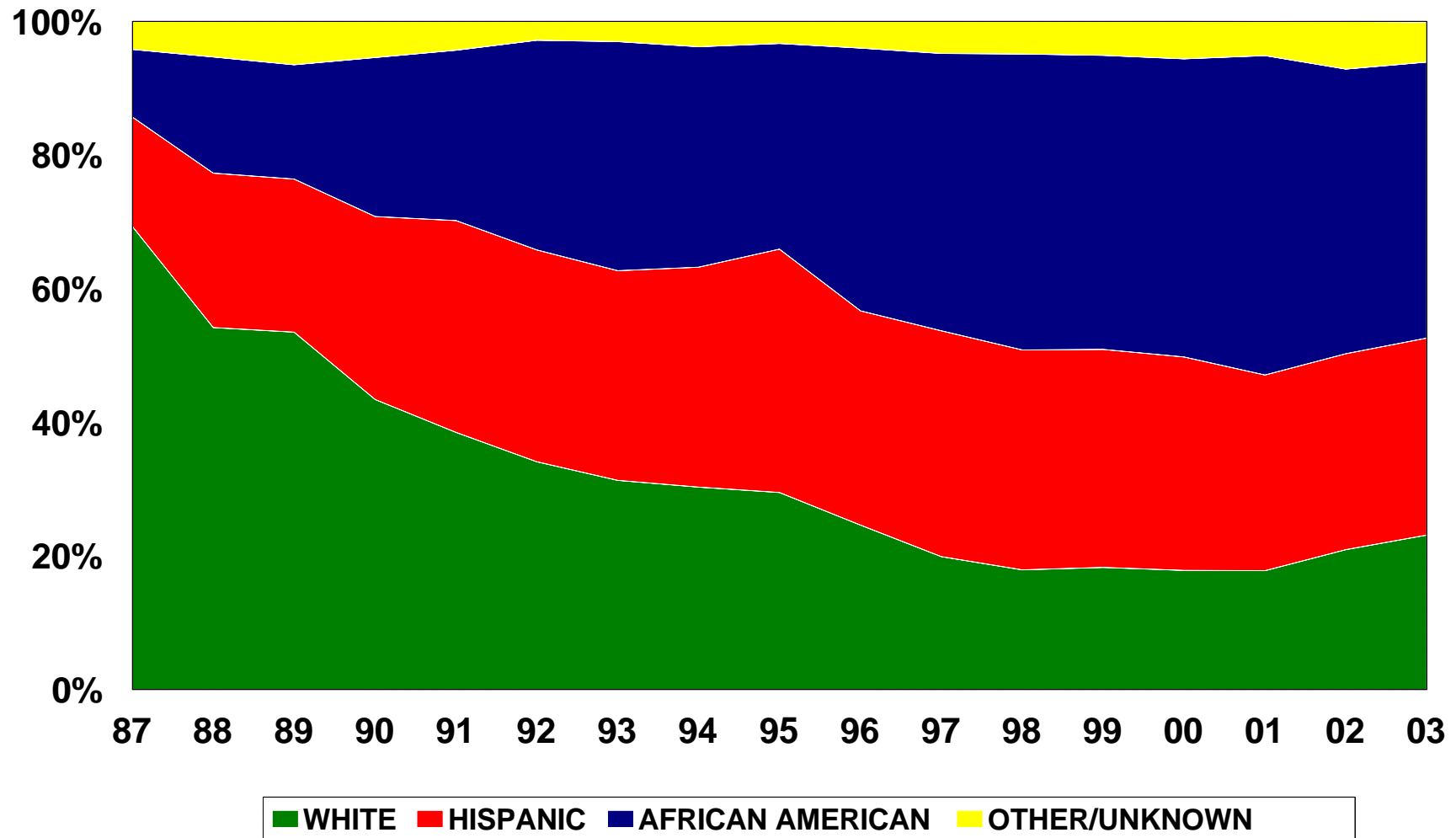
## Participants Enrolled in 2003



72% of participants were still active on 12/31/2003

# ADAP RACE/ETHNICITY

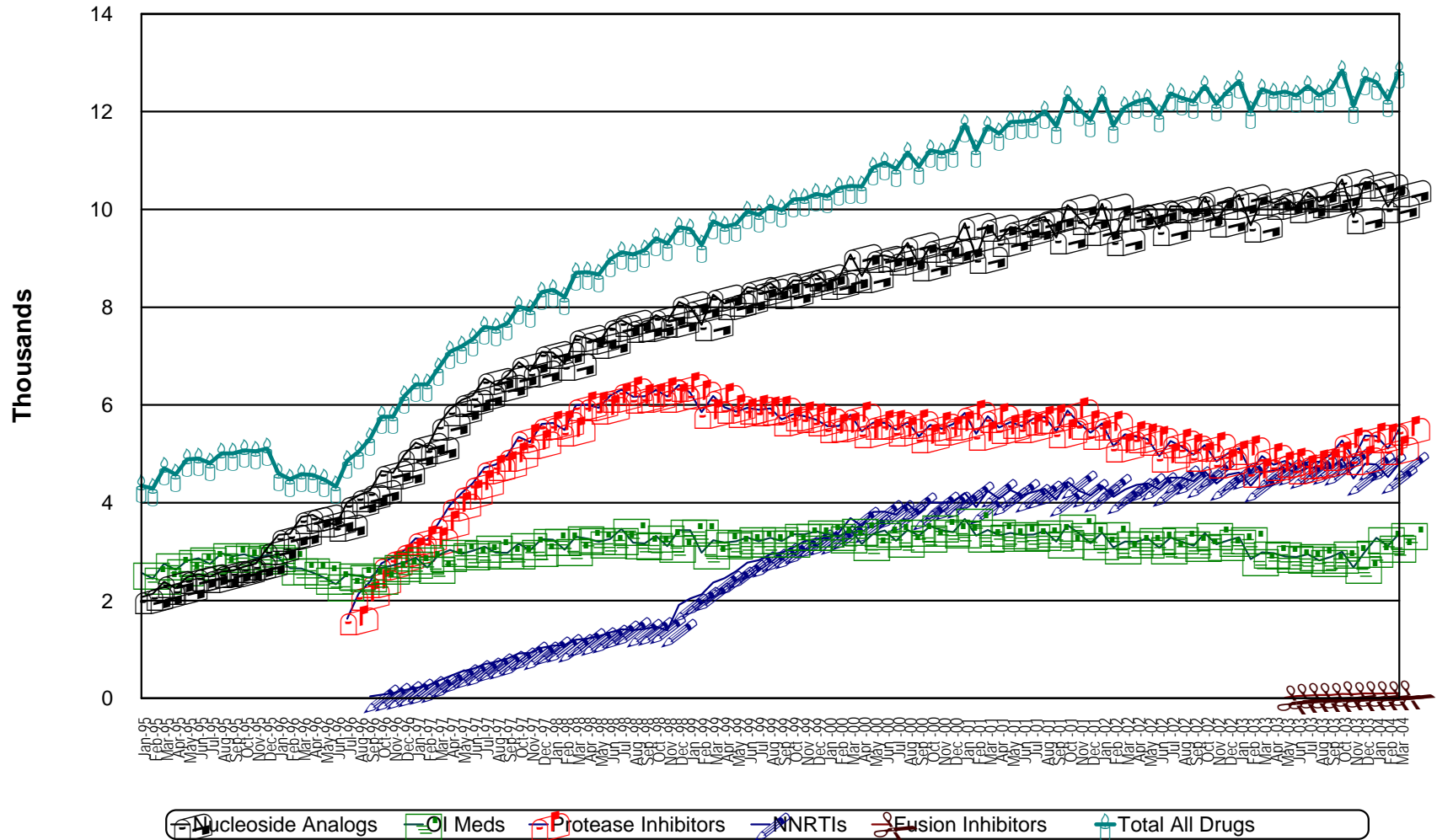
## Race/Ethnicity By Year of Enrollment



October 1987 - December 2003

## Users by Month - January 1995 through March 2004

### Users by Month - Nucleoside Analogs, OI Meds, Protease Inhibitors and All Drugs



Formulary Changes: 1/1/96 - Reduction; 7/1/96 - Protease Inhibitors added; 9/1/96 - General Meds restored; 12/1/96 - Restored remaining drugs

# Government and Community Partnership on Drug Pricing

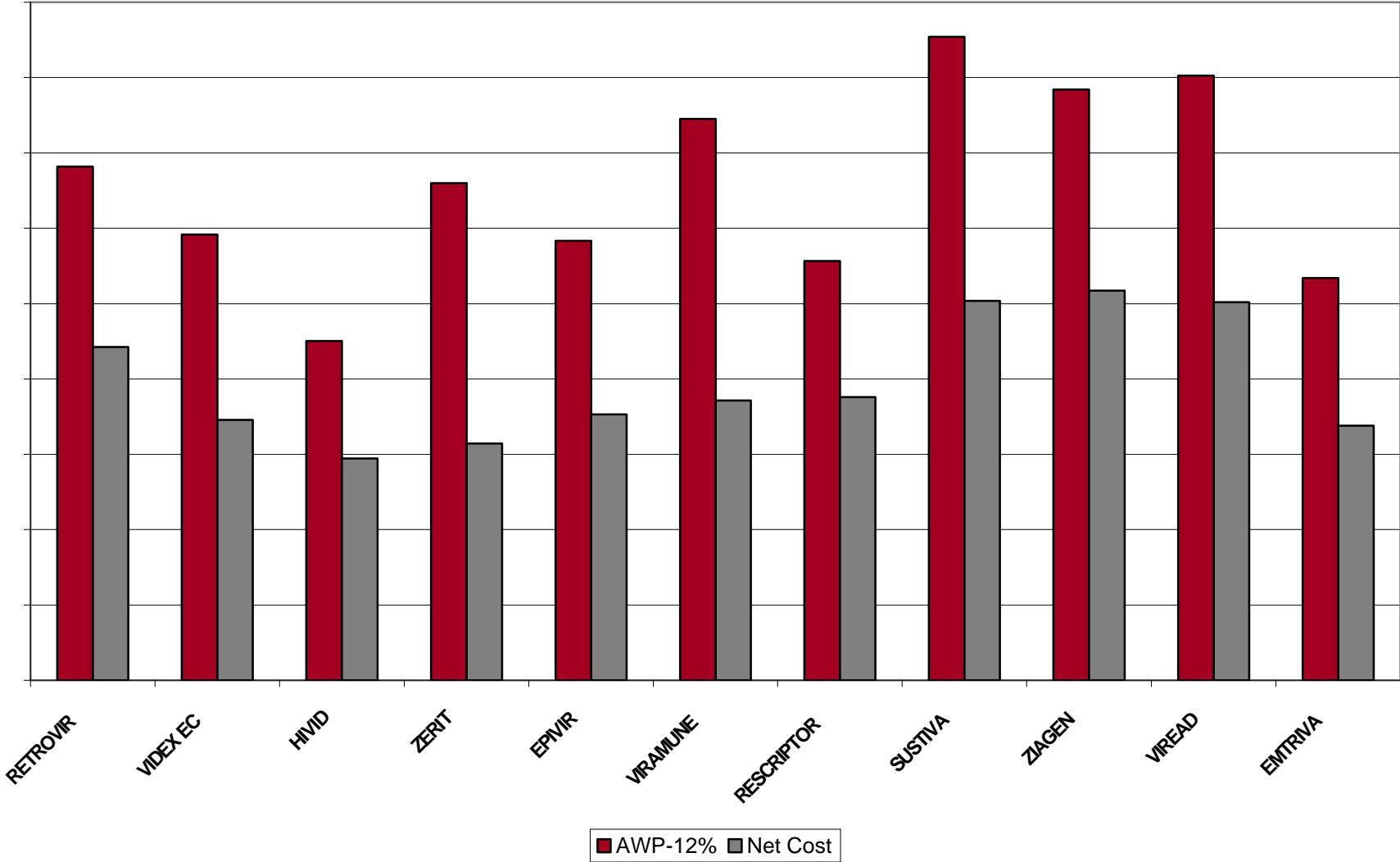
## *Fair Pricing Coalition*

- Treatment advocates and government payors
- Engage senior management of drug companies in pricing discussions
- Primary focus on initial pricing of new drugs and price freezes

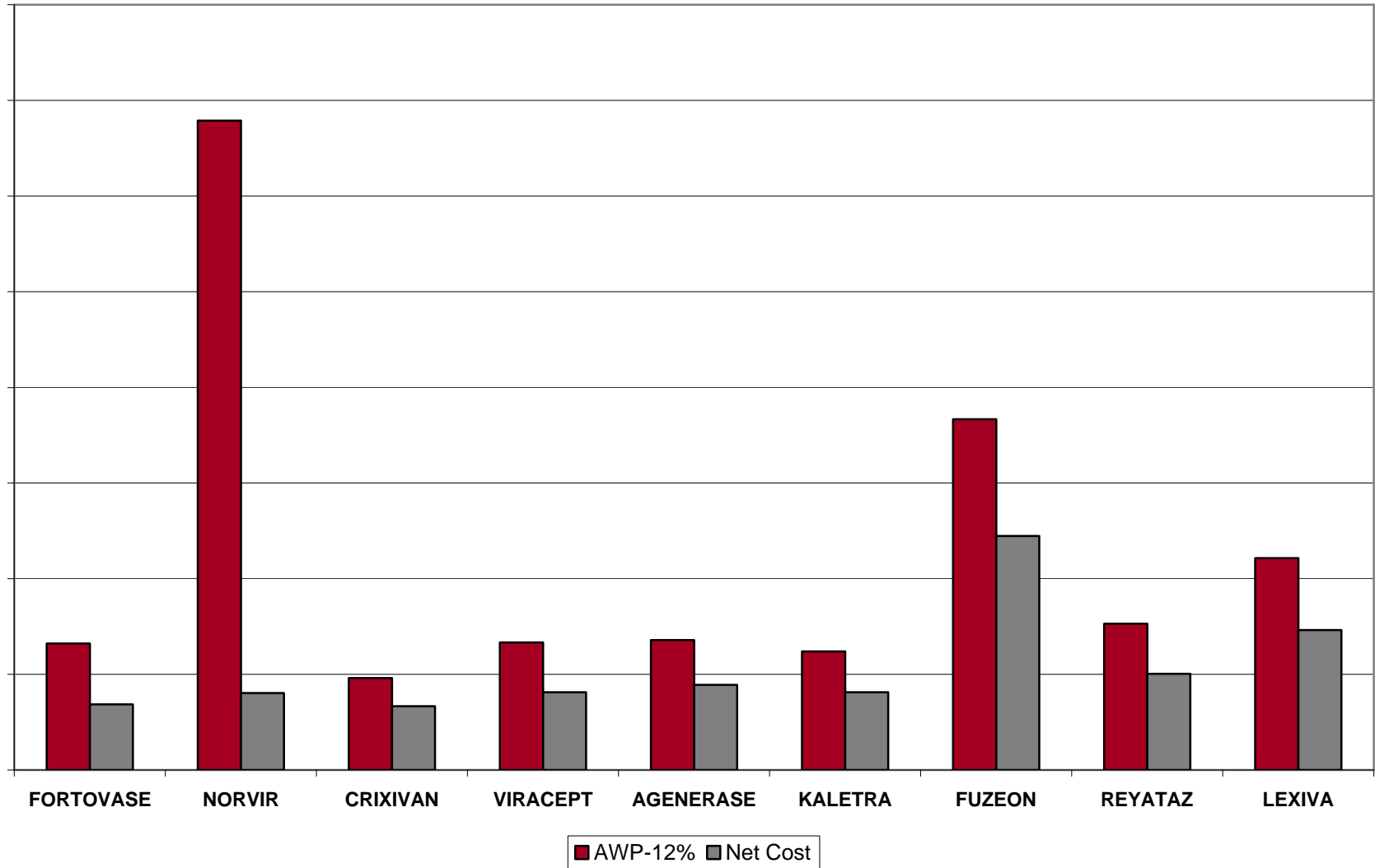
## *ADAP Crisis Task Force*

- 10 ADAP/AIDS Directors representing 70% of the buying power of ADAPs
- Negotiated pricing concessions with all eight antiretroviral drug manufacturers
- \$60M - \$65M savings to ADAPs nationally from first round
- All ADAPs benefit equally
- Coordinate efforts with the Fair Pricing Coalition and other advocacy groups
- Continuation and expansion of efforts to secure the best possible price for ADAPs

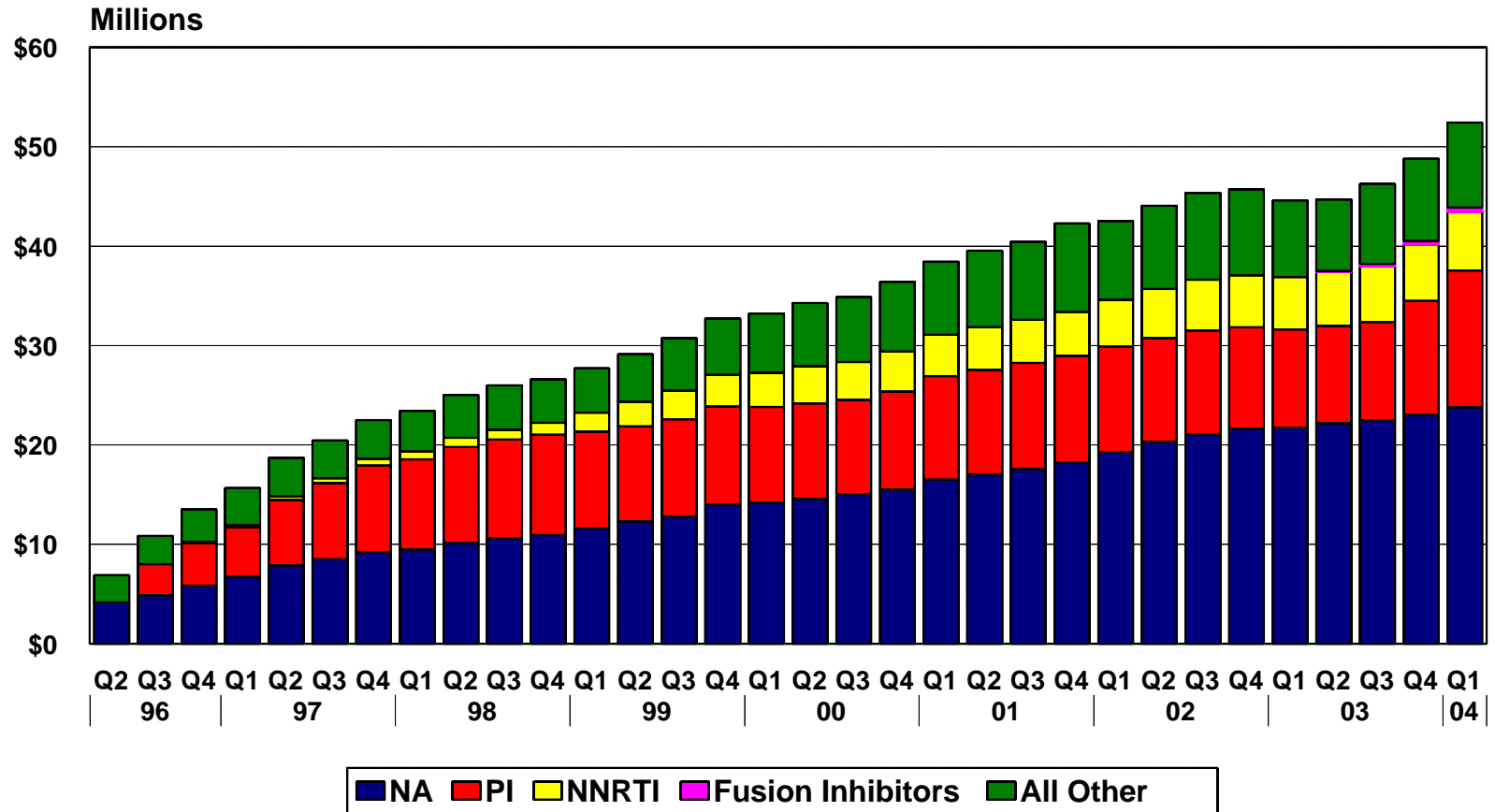
# NRTIs & NNRTIs - By FDA Approval Date



## Protease & Entry Inhibitors by FDA Approval Date

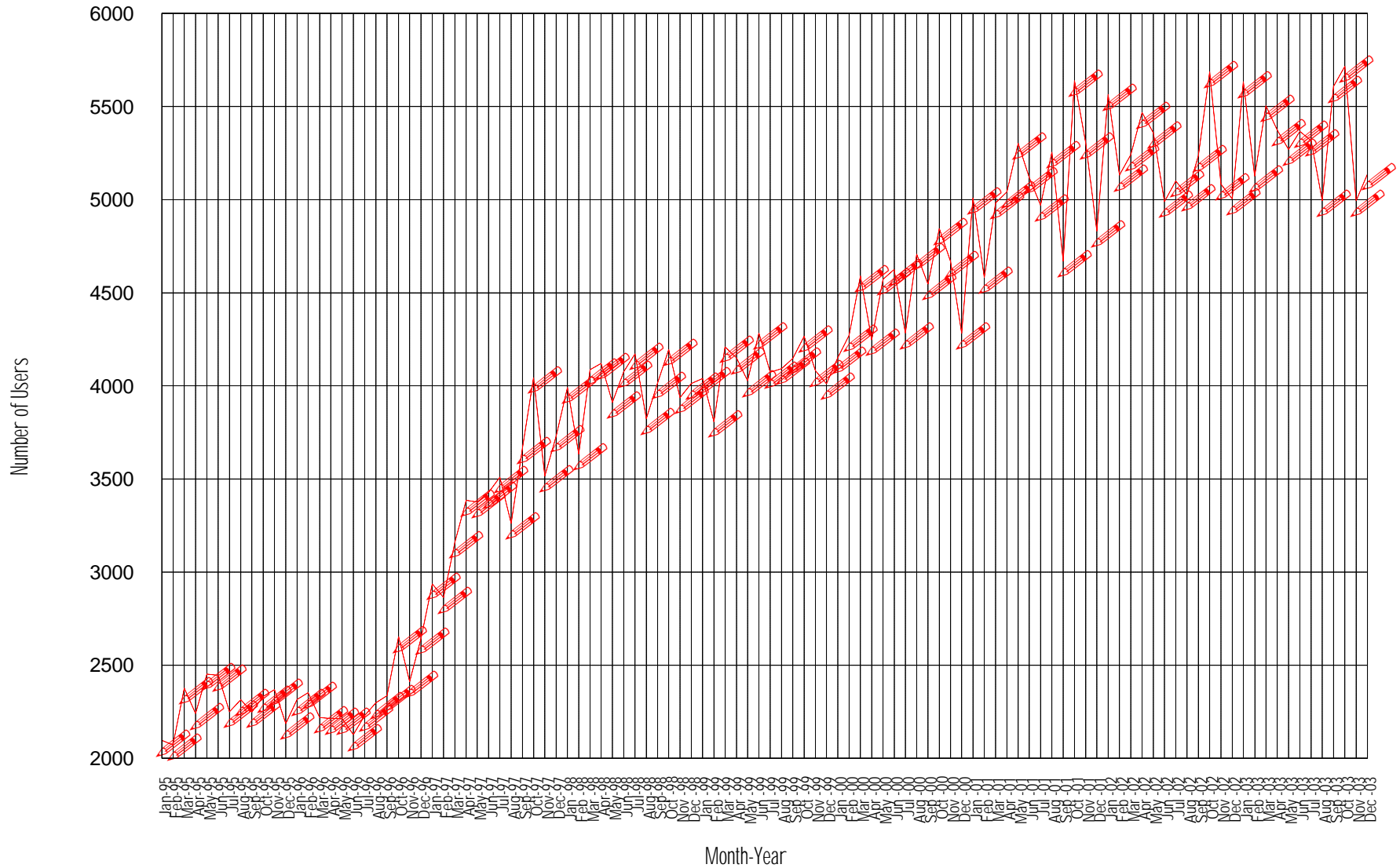


## New York State ADAP Expense by Quarter of ADAP Costs Period April 1996 through March 2004



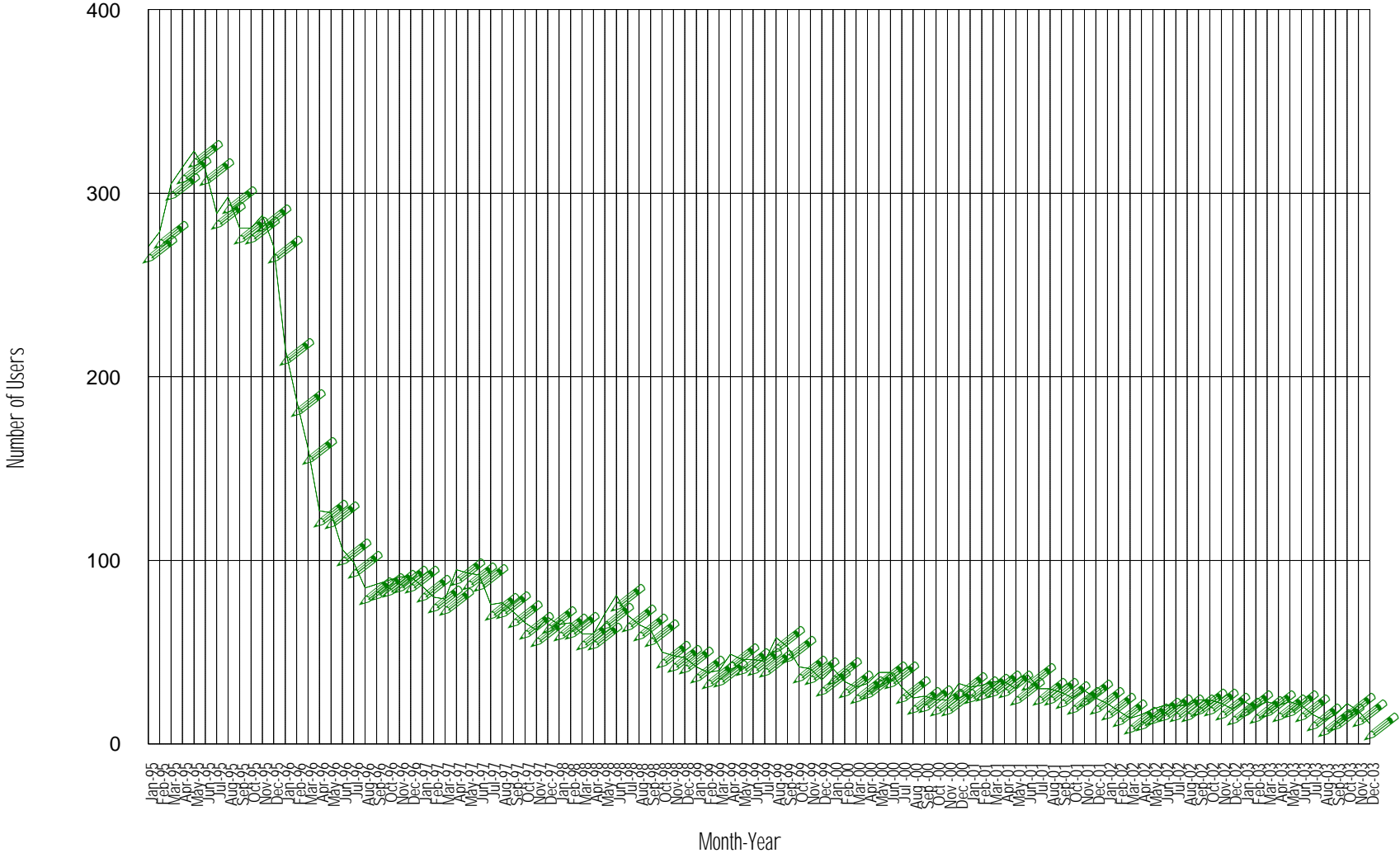
Protease Inhibitors added on 7/1/96  
 Non Nucleoside Reverse Transcriptase Inhibitors (NNRTI) added 9/1/96  
 Fusion Inhibitors added 5/15/03

# Primary Care Users by Month



Updated: 04/12/04

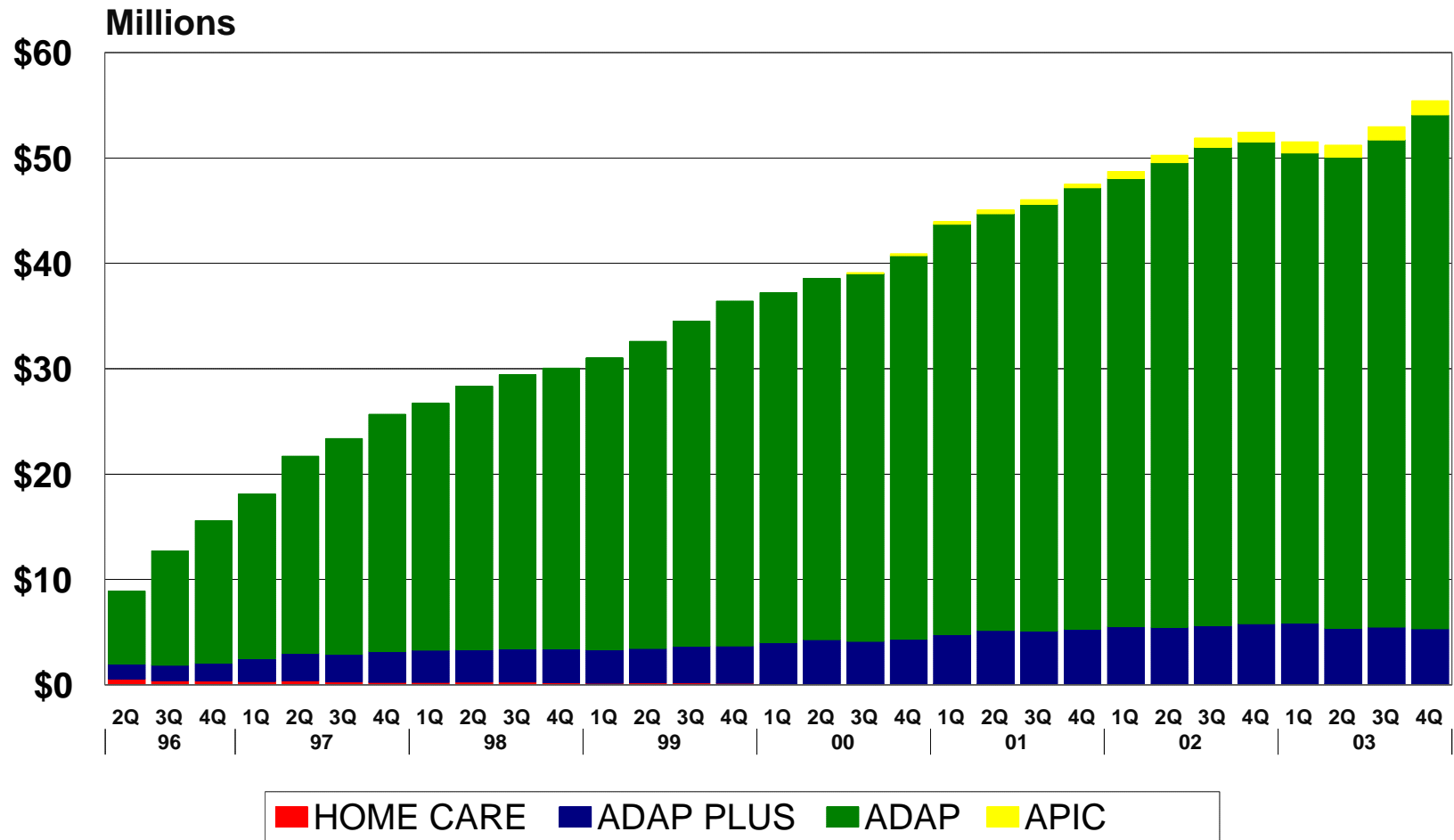
# Home Care Users by Month



Updated: 04/12/04

# HIV UNINSURED CARE PROGRAMS

## ACTUAL EXPENDITURES by QUARTER/YEAR 1996-Present



# New York State ADAP Cost Containment Principles

- Do the least clinical harm
- Maintain HIV health care infrastructure
- Consistency with Program Principles - whenever possible
- Spread the Pain
- Reversible measures if fiscal situation changes
- Tiered approach for phased implementation
- Administrative Factors = Ease, speed and cost of implementation
- Avoid unintended consequences

# **New York State ADAP Cost Containment Contingency Plan**

- Developed by Clinical Subcommittee
- 7 Tiers @ \$5 M/Tier for Phased Implementation
- Tiers 1 to 4 recommended by Steering Committee
- Restrictions and Elimination of Drugs and Services
- Reduced Payments to Providers
- Restrictions on Eligibility

# **New York State ADAP Cost Containment Contingency Plan (continued)**

## **Tier 1 - Implementation date = 02/15/03**

- **Limit number of clinic and dental visits per year**
- **Limit refills to 5 per prescription, and encourage participants to avoid unnecessary filling of prescriptions**
- **Mandatory generics**
- **Begin restructuring of coverage of nutritional supplements by restricting daily quantity limits.**
- **Eliminate certain high cost drugs, where there are less expensive alternatives**
- **Encourage participants to apply for other coverage (Medicaid, Medicaid Spenddown, Family Health Plus, etc.)**

# **New York State ADAP Cost Containment Contingency Plan (continued)**

## **Tier 2**

- **Reduction in payments to pharmacies and health care providers**
- **Further restructuring of nutritional coverage, and**
- **Elimination of coverage of lower priority drugs and categories of drugs**

## **Tier 3**

- **Further reductions in payments to pharmacies and providers**
- **Further reduction and restriction of formulary, and**
- **Restrictions on coverage of participants with partial insurance**

## **Tier 4**

- **Major reductions to formulary and covered services**

## New York State AIDS Drug Assistance Program

# Program Status

4/1/04

- ① Regained financial stability
- ① Deferred implementation of the remaining cost containment tiers
- ① Expanded the formulary and covered services in high priority areas:
  - ▣ New antiretrovirals - Fuzeon, Emtriva, Reyataz and Lexiva
  - ▣ Hepatitis C - pegylated interferon and ribavirin, viral load and genotype tests
  - ▣ Voriconazole for fungal infections
  - ▣ Testosterone gel (Androgel and Testim) for wasting syndrome
  - ▣ New psychotropics - aripiprazole, escitalopram, ziprasidone HCL
  - ▣ New anticonvulsant - oxcarbazepine

# New York State AIDS Drug Assistance Program

## Future

- Continued growth in enrollment with:
  - Inclusive eligibility criteria
  - Comprehensive outreach program
- Further refinement of drug and service coverage to address emerging HIV related conditions
- Unknowns
  - Medicare Prescription Coverage
  - Medicaid Reform
  - Federal Funding
  - Ryan White CARE Act Reauthorization