

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

HIV Care Advisory Committee Meeting Minutes **Monday, March 12, 2012 10:00 a.m. – 11:30 a.m.** **Fifth Floor Board Room, CDPHE, Denver**

Members Present: Judy Bagley, Jeff Basinger, Barb Cardell, Jennifer Chase, Michael Dorosh, Erin Dupuis, Ana Hopperstad, Terrence Hughes, Merilou Johnson, Guy Lively, Mary Beth Luedtke, Martha Monroe, Peter Ralin

Members Absent: Karl Beck, Richard Blair, Ernest Duff, Jessica Forsyth, Robert George, Celeste LeBlanc, Maria Lopez, Jennifer Pappas, Arthur Powers, John Reid, Lucio Torres-Florez, Robin Valdez, Diane Walker, Josh Whittington, Danielle Willis

Department Staff Present: Bob Bongiovanni, Todd Grove, Richard Weinert

Guests: Sandra Dunlap, Chris Holtzer, Mike Gilbert, Lisa Neuberg, Ruth Pederson

Introductions

Jeff Basinger welcomed members, department staff, and guests, and asked everyone to introduce themselves.

Approval of Minutes

The February 13, 2012 meeting minutes were approved as written.

Reports:

1. HIV Medication Assistance Program (HMAP) Utilization Summary
Chris Holtzer reported that due to the expansion of the formulary, past trending is now more difficult since new drug prescriptions are now being filled that were not filled in the past. Total clients served increased slightly in February, and total prescriptions filled increased considerably, at 7.16% due to the increased formulary.
2. Summary of Medication and Insurance Expenditures and Projections
The Medication assistance program is expecting approximately \$2,000,000 in unexpended funds due to pharmaceutical rebate revenue, and CDPHE will submit a carry forward request to the Health Resources and Services Administration (HRSA) to ask that these funds be carried over into the coming fiscal year. At this time, Part B is unsure of the coming fiscal year award, however, Part A received a decrease in their funding award, so it is likely that Part B can expect a decrease as well. A discussion was held on how one pharmaceutical company has paid less in rebate revenue than usual for the last two quarters. Todd Grove is inquiring into this decrease in rebate revenue.

Committee Chair Report – Jeff Basinger declined to provide a report

Committee Workgroups

1. ADAP Advisory (*written report attached*)
Jennifer Chase provided a brief report on the activities of the last ADAP workgroup meeting.
2. Medical Advisory
No report
3. Pharmacy
No report

Discussion Items

A. Nominations and election of Care Advisory Committee Co-Chair

Jeff Basinger updated the HCAC that a February 27, 2012 Coalition bylaw revision allows the committees of the Coalition to lead using a Co-chair model. Jeff Basinger reported that Jessica Forsyth, who was not at the meeting in person, has agreed to accept a nomination should members choose to nominate her.

Note: There was not a quorum present (only 13 members of the HCAC were present to vote, and 15 members were needed to fulfill the quorum requirements), therefore, the election for Co-Chair will be held electronically, or at the March meeting.

B. Health Care Reform update, including Medicaid

As of today, there are 14 enrollees in the Medicaid buy-in program for the working disabled (a new form of Medicaid). Beneficiaries of this program include those who have applied for Medicaid, but are waiting on being formally approved through the two-year waiting period. For this buy-in, the definition of “disability” is defined using standard Social Security disability medical criteria, but not the substantial gainful activity criteria. It was suggested that trainings be provided that assists clients and case managers with navigating the new, complex rules around eligibility and which program(s) may be best for persons living with HIV.

Enrollment for the Adults without Dependent Children (AWDC) coverage begins on April 1, 2012, and there are concerns that individuals who don’t complete the application entirely, may be placed on the “pending” status list. On the day that the initial slate of 10,000 available slots are allocated to those on the waiting list, people in “pending status” will not be eligible. It is important that clients complete the application entirely, even filling out sections in the application that do not necessarily apply to the AWDC coverage they are applying for.

Health care reform will be a standing agenda item of the HCAC.

C. Comprehensive Plan update including HRSA Service Priorities and ad hoc work group

A document showing the required content of the Comprehensive Plan was provided by email as well as at the meeting in-person. For the development of the Comprehensive Plan, members of the HCAC will convene a workgroup, as well as participation between the HCAC (and its comprehensive plan workgroup) and the Planning Collaborative Committee. The Statewide Coordinated Statement of Need (SCSN) will have its own work group, to which HCAC members will be invited. To promote coordination, Bob Bongiovanni is a member of the Denver HIV Resources Planning Council, so he is participating in the development of the Part A Comprehensive Plan. Invitations to join the comprehensive plan and the SCSN workgroup will be sent soon by Mr. Bongiovanni.

D. Statewide Coordinated Statement of Need update including ad hoc work group

See notes from agenda item C. above.

E. Update from 2/23 meeting of task force on data collection/sharing and client confidentiality

Bob Bongiovanni provided a brief update on the February 23 meeting of the task force on data collection/sharing and client confidentiality. Because client confidentiality and privacy were paramount when many of the data collections systems were developed, there are now areas where these systems ask clients for duplicative information, and may be negatively impacting the ability to provide a stronger continuum of care for persons living with HIV. Newer data collection systems are being considered, and it is important that concerns about confidentiality and privacy be respected, while also aiming for fewer unnecessary duplications of information provision by clients, and that better care can be provided through linkages and referrals for services.

The date of the next forum is being determined, but will be held in April, 2012.

F. Topics and presenters for 2012

Healthcare reform

ARIES/client confidentiality

And for those with suggestions for presenters, please email those to Jeff Basinger.

G. Other Business

Next Meeting – April 9, 2012 from 10 to 11:30 a.m.

Meeting adjourned at 11:40 a.m.

Colorado AIDS Drug Assistance Program

Tuesday, February 12, 2012 10:00am - 12:00am, CDPHE, 4300 Cherry Creek Drive South, Denver, Room A3B

- Present: Ana Hopperstad, Arthur Powers, Barb Cardell, Erin Dupuis, Jennifer Chase, Jennifer Pappas, Judy Bagley, Kelly DeMuth, Kelly Klein, Kim Egbert, Martha Monroe, Merilou Johnson, Michael Hollar, Jill Leiker, Eric (Gilead), Annie Walsh, Bob Bongiovanni, Todd Grove.
- January minutes approved; Ana motioned, Jennifer seconded, all approved.
- ADAP budget summary: \$2.0 million in unexpended federal funds are projected at 3/31/12. ADAP projects over \$25 million in funding in the current year (grant years vary based on funding sources).
 - Cost per client went up to \$1057 per client in January versus average cost per client of ~\$850. This is possibly because there are more fills in January being sandwiched between the holiday month of December and the shorter month of February; 2 fills in January are common.
- Projects for unexpended funds and carry over
 - Formulary expansion update for HMAP/HIAP
 - Insulin and testosterone were added to the formulary in the “most expansive way.”
 - Extensive discussion was had on contraceptives administered at a medical visit (Depo Provera, Norplant, IUD, etc.). Plan B was also discussed. CDPHE will survey to see how many prescriptions are written by doctors for these contraceptives to see if there is reason to add them to the formulary. Other funding for this is available through Title X so access may not be an issue for women needing contraceptives.
 - HIAP standardization to “Level I”
 - ADAP will continue to assess individual cases where premium and copayment costs exceed \$10,000 per year and make exceptions as appropriate.
 - ADAP will allow for more funding to reimburse clients for premium payments as necessary (insurance and/or employer will not accept 3rd party payment).
- Getting Us Covered Colorado (GUC) update:
 - There were 100 people on the waitlist and 31 were found to be ineligible or had other coverage. A purge letter was sent to the 69 individuals still on the list with a deadline of March 14 to respond if still interested.
 - Three clients receiving partial subsidy requested full subsidy if available.
 - ADAP also decided to reserve a small number of subsidies for emergencies and program needs.
 - The response from the purge letter and these other factors will determine how many of the 69 people from the waitlist will receive one of the 40 fully subsidized GUC plans.
- ADAP recertification was reviewed and changes suggested. The recertification form is expected to be sent out in early March for enrollees with April and October birthdays. CDPHE will send out recertification for

HMAP, SPAP and GUC full subsidy members and ASOs will send out the recertification for HIAP and partial subsidy GUC.

Next Meeting: Tuesday, March 19th, 10:00am-12:00pm, CDPHE, Room A3B, Conference dial in: 877-820-7831, Conference call ID: 169639