STATE OF COLORADO

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Colorado Department of Public Health and Environment

HIV Care Advisory Committee Meeting Minutes

Monday, November 19, 2012 10:00 a.m. – 11:30 a.m.
Carson Room, Bldg A, CDPHE, Denver

Members Present: Judy Bagley, Jeff Basinger, Barb Cardell, Jennifer Chase, Michael Dorosh, Erin Dupuis, Jessica Forsyth, Robert George, Merilou Johnson, Martha Monroe, Arthur Powers, Peter Ralin, John Reid, Danielle Willis

Members Absent: Karl Beck, Richard Blair, Ernest Duff, Anna Hopperstad, Terrence Hughes, Celeste LeBlanc, Guy Lively, Maria Lopez, Jennifer Pappas, Lucio Torres-Florez, Robin Valdez, Diane Walker, Josh Whittington

Department Staff Present: Bob Bongiovanni, Todd Grove, Jo Palma

Guests: Kelly Demuth, Kim Eggart, Chris Holtzer, Lisa Neuberg, Stuart Pappas, Darrell Vigil, David Vo

Introductions
Peter Ralin (acting as chair for Jeff Basinger) welcomed members, department staff, and guests, and asked everyone to introduce themselves.

Approval of Minutes
The October 15, 2012 meeting minutes were approved as written with one abstention.

Reports:

1. HIV Medication Assistance Program (HMAP) and the State Pharmaceutical Assistance Program (SPAP)Utilization Summary
   Chris Holtzer reported that the total clients served went up by 7.23 percent and the total prescriptions rose by about 13.28 percent. Prescriptions for client served and the total expenditures are in line with what has been seen previously, with the total expenditures a little under 1.2 million dollars and the vast majority of that coming in as antiretrovirals. The average cost per prescriptions is about $300.00 with the overall net trend over three years is still tracking at a slightly positive rate of about $1,300.00 per month .

2. Summary of Medication and Insurance Expenditures and Projections
   Bob reported that we are continuing to show a stable funding base for our HMAP, Insurance Assistance, and the BTGC plans. All are on target to be meeting all the demand through March 2013. We are still projecting to have approximately $5 million available at December 31, 2013. If we hold steady to what we have been generating and keep approximately 150 clients on Medicaid there should be no need for a waiting list or other cost containment.

   Todd reported that the rebate expectations are up for the 3rd quarter of 2012. A glitch was discovered in our ADAP database system where any client who did not list a case manager,

eligibility worker, or social worker at Denver Health, University Hospital, or the AIDS Service Organizations did not receive their recertification application for a couple of months. A mailing has gone out to about 180 clients and asking the HIAP sites to do the same.

Committee Chair Report – Jeff Basinger declined to provide a report

Committee Workgroups

1. ADAP Advisory
   Jennifer Chase provided a brief report on the activities of the last ADAP workgroup meeting. Meeting minutes are attached.
3. Medical Advisory No report
4. Pharmacy No report

Discussion Items

A. Two motions from the ADAP Work Group

1) Arthur Powers made a motion to allow the use of federal Part B (non-ADAP) funding to cover premiums for ADAP enrollees who are temporarily unable to fund their HIV care through an available third party payer due to a pre-existing condition exclusion period or other causes. After the temporary period of premium support, these enrollees will become eligible for full third party coverage for HIV care, which will be cost-saving to ADAP in the long run. This offer of temporary premium support will be voluntary to enrollees and was seconded by John Reid. The motion was approved unanimously, and the motion passed.

2) Arthur Powers made a motion to authorize CDPHE to pursue the use of Part B (Emergency Financial Assistance) funding to issue pharmacy copayment cards to Medicaid recipients. This would be available to eligible PLWH/A who reside in households at or below 10 percent of the federal poverty level. Additional aspects of this project (including the process for making client awards, case management requirements, and time limitations) will be established in consultation with the ADAP Work Group and was seconded by Barb Cardell. The motion was approved unanimously, and the motion passed.

B. Health Care Reform Workgroup Update – Peter Ralin
Peter Ralin reported that the six goals and recommendations that the group has been working on have been completed and signed, sealed and delivered. The recommendations were approved at the last Coalition meeting and sent to Melanie Mattson for review and report back at the February Coalition meeting.

C. Data Collection Task Force update – Barb Cardell
The webinar titled "CORHRO and CIVHC and EHRs" was held on October 24, 2012. This was an overview of data sharing systems that are in place with potential impacts on people living with HIV. The next meeting will be announced when a date is set.

D. Overview of the Colorado Health Benefits Exchange and its potential impact on people living with HIV or AIDS
Bob presented a power point presentation on the Colorado Health Benefits Exchange. The power point presentation is attached.

Next Meeting –December 10, 2012 from 10 a.m. to 11:30 a.m. This meeting will be held at the CDPHE, Boardroom on the fifth floor.

Meeting adjourned at 11:36 a.m.

The Health Benefits Exchange:
Implications for Coloradans Living with HIV or AIDS

Bob Bongiovanni
Colorado Department of Public Health and Environment
STI/HIV Section, Care & Treatment Program

The Colorado Health Benefits Exchange

- Established by SB 11-200 in May 2011
- An organized, online marketplace for individuals, families and small businesses to shop for and purchase health insurance
- Preparing for full implementation in October 2013.

What will be offered?

- Health plans must include the essential health benefits (EHB), including pharmacy
- Four tiers: bronze, silver, gold and platinum.
- Bronze – EHB, lowest cost
- Platinum – highest coverage, most costly

Essential Health Benefits – Federal Categories

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity & newborn care
- Mental health & substance use disorder services and treatment
- Prescription drugs
- Rehabilitative and habilitative services & devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Essential Health Benefits – Colorado Benchmark Plan

- Set individually by each state with a health benefit exchange
- Sets a "benchmark"
- In Colorado, the choice was the Kaiser Permanente Ded/CO HMO 1200D plan
- Includes all the federally-mandated essential health benefits

Premium Tax Credits -- Eligibility

- Available to citizens and legal residents with incomes between 100% - 400% of FPL
- If eligible for employer-based plan, no tax credit UNLESS the plan is insufficient or too costly.
- If a person is eligible for public coverage (e.g., Medicaid) he/she is ineligible for premium tax credits

Premium Tax Credits -- Amount

- Based on the second lowest cost silver plan
- Tax credit would lower the premium to the percent of income in the following table:

Income Level	Premium as % of Income
Up to 133% FPL	2% of income
133-150% FPL	3 – 4% of income
150-200% FPL	4 – 6.3% of income
200-250% FPL	6.3 – 8.05% of income
250-300% FPL	8.05 – 9.5% of income
300-400% FPL	9.5% of income

Premium Tax Credits -- Method

- Refundable (even if no tax liability)
- Advanceable (receive the credit when the insurance is purchased)
- Exact methods yet to be determined

Cost Sharing Subsidies – Higher Actuarial Values

- People at or below 250% of FPL can enroll in plans with higher actuarial values
- This means that the plan will pay a greater share of the covered benefits

Income Level	Actuarial Value
100-150% FPL	94%
150 - 200% FPL	87%
200-250% FPL	73%

Cost Sharing Subsidies – Out of Pocket Limits

- Maximums are set in law, tied to CPI.
- Initially set at $5950 for individuals, $11900 for families
- Lower income people have lower maximums

Income Level	Reduction in out-of-pocket liability
100 - 150% FPL	2/3 of maximum ($1981 for single)
200 - 300% FPL	1/2 of maximum ($2975 for single)
300 - 400% FPL	1/3 of maximum ($3967 for single)

Implications for PLWH/A

- New opportunity for PLWH/A to get coverage, particularly those who are above the Medicaid income limit
- Good coverage for most health needs
- Costs might still be an issue
  - For example, someone at 250% of FPL might still have to pay 8% of income in premiums and $2,975 in out of pocket costs (approx $435/mo)