

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Division of Public & Behavioral Health
Disease Prevention & Investigation
Office of HIV/AIDS
ADAP Update



AIDS Drug Assistance Program (ADAP)

An AIDS Drug Assistance Program (ADAP) is a State/Territory-administered program authorized under Part B of the Ryan White HIV/AIDS Program (RWHAP) that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

ADAP started as a HRSA demonstration project to provide low-income individuals with access to Azidothymidine (AZT) (zidovudine, Retrovir), the first drug approved by the Food and Drug Administration (FDA) to treat HIV disease. The annual cost of this drug—at the time about \$10,000 per year per person—placed it out of the reach of most PLWH. Congress responded by approving \$30 million in funding under a public health emergency provision, and later enacted Public Law 100-71 (July 11, 1987) authorizing the establishment of ADAPs nationwide.

AIDS Drug Assistance Program (ADAP) cont.

- The 2017 Numbers
 - 2170 Enrolled
 - 1453 Unduplicated Utilization of ADAP
 - 399 Medicare Consumers
 - 638 Uninsured Consumers
 - 416 Insured Consumers

- The 2018 Numbers
 - 2670 Enrolled
 - 1773 Unduplicated Utilization Of ADAP
 - 409 Medicare Consumers
 - 822 Uninsured Consumers
 - 543 Insured Consumers



AIDS Drug Assistance Program (ADAP) cont.

- **ADAP Base:** The primary source of Federal funding for ADAPs is through the ADAP Base (formerly referred to as “earmark”) award component within the RWHAP Part B Formula (X07) award. RWHAP ADAP Base funding is distributed using a funding formula based on the number of reported living cases of HIV/AIDS cases in the State or Territory in the most recent calendar year as confirmed by CDC. States/Territories are required to submit an annual application prior to receiving an X07 award.
- **Minority AIDS Initiative (MAI):**The RWHAP legislation states that Minority AIDS Initiative (MAI) funds awarded to RWHAP Part B recipients are “for grants used for supplemental support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to treatment through ADAP.
- **ADAP Flex (Access, Adherence, and Monitoring Services):** Policy Notice 07-03 provides the following description of allowable services: 1) enabling 17 –ADAP Manual – 2016 eligible individuals to gain access to drugs; (2) supporting adherence to the drug regiment necessary to experience the full health benefits afforded by the medications; and (3) services to monitor the client's progress in taking HIV-related medications. Monitoring services can include relevant laboratory tests. Up to 10% of the ADAP Base award can be used for ADAP Flex. We requested 5% for ADAP Flex.

AIDS Drug Assistance Program (ADAP) cont.

- ADAP Base Funding (\$6,855,310)
 - Full Pay Medication Assistance
 - Copay Medication Assistance
 - Health Insurance to Provide Medication (HIP-RX)
- Minority AIDS Initiative (MAI) (\$74,342)
 - Health Insurance Utilization
 - New Health Insurance Consumer
- ADAP Flex (\$342,765.50)
 - Health Insurance Utilization April 2019

340B Program/ Rebates

The 340B Drug Pricing Program (340B Program) is a Federal drug pricing program administered by HRSA's Office of Pharmacy Affairs that provides eligible entities (including ADAPs and other RWHAP recipients) with access to discounted medications. Under the ADAP 340B rebate option, ADAPs submit claims to pharmaceutical manufacturers for rebates on medications that were not purchased at the 340B prices. Only ADAPs are eligible for 340B rebates..

Rebates

- 340b Program
 - Direct purchase
 - Rebate model
 - AIDS Crisis Task Force (ACTF)
- Rebates received in 2018
 - Rebates \$9,523,606.46
- ADAP Annual Cost (2018)
 - Full Pay Medication Assistance
 - 11,064 Claims
 - \$15,158,244.38
 - Health Insurance Cost
 - 5307 Claims
 - \$1,961,009.16
 - Medicare
 - 7827 Claims
 - \$914,412.84
- Health Insurance Premium Cost
 - \$1,102,067.32 (2018)
- Challenges/Successes



Health Insurance

- Open Enrollment
 - 2019 vs. 2018
- Silver State Exchange
- Cost effectiveness for Program
 - HRSA Calculation
 - NV RWPB Calculation
- Cost effectiveness for the Client
- Tax Preparation & Reconciliation



Health Insurance cont.

Updates to PCN 18-01

Medicare Part A – Hospital Insurance	Inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, home health care
Medicare Part B – Medical Insurance	Doctor and other health care providers' services, outpatient care, durable medical equipment, home health care, and some preventive services
Medicare Part C – Medicare Advantage Plans	Medicare Advantage Plans) provides Medicare Part A and B benefits, and may include prescription drug coverage
Medicare Part D - Rx	Prescription Drug Coverage

Medical Advisory Committee (MAC)

RWHAP Part B programs are responsible for conducting planning in order to guide decisions about use of RWHAP Part B funds, including funds being used within the AIDS Drug Assistance Program (ADAP). HRSA HAB strongly encourages RWHAP Part B programs to have advisory bodies to provide recommendations to the RWHAP Part B recipient on the use of RWHAP funds on at least an annual basis.

- What is the MAC
 - Members
 - Open Meeting requirements
- What impact has the MAC had on ADAP
 - 2019 Formulary Updates
 - Prior Authorization
- Challenges moving forward
 - Long Acting Medication



ADAP 2019 and beyond

- Interface Project
 - Division of Welfare and Supportive Services (DWSS)
 - Office of Public Health Investigation and Epidemiology (OPHIE)
 - Ramsell
 - Ryan White Part All Parts
- Ramsell
 - Enrollment Portal
 - Medication Therapy Management
- Corrective Action Plan



I embrace change

Change is the only constant in life.
I embrace this truth as a beautiful thing.

I embrace endings, for they give birth
to new beginnings.

For every dusk brings a new dawn.

I embrace beginnings, for they are rich
in hope and possibility.

For every idea was once only imagined.

I embrace change, for it promises new life
and a chance to begin again.

For there is no other way that life could be.

I live in this circle of life, infinitely and happily.

For I dwell in the present moment,
the one eternal gift of this life.

Paulette Le Pore Mortzko

Questions?



Contact Information

ADAP

Michael “Thomas” Blissett

Health Specialist I - ADAP Coordinator

E: michaelblissett@health.nv.gov

P: (775)684-4025

Vanessa Caceres

Program Officer I

E: vcaceres@health.nv.gov

P: (775) 684-5882

Part B

Juan “Tony” Garcia

Grants & Program Analyst I

E: jtgarci@health.nv.gov

P: (702)486-5924

Quality Assurance

Samantha Penn

Management Analyst I

E: sPenn@health.nv.gov

P: (702) 486-8103