



# Nevada Office of HIV Ryan White Part B Program Service Standards Nevada Medication Assistance Program (NMAP)

## I. HRSA Service Definition

Ryan White HIV/AIDS Program (RWHAP), under Health Resources and Services Administration (HRSA), is the federal funding source for the Ryan White Part B (RWPB) and Nevada Medication Assistance Program (NMAP).

NMAP is a state-administered program authorized under RWPB to provide U.S. Food and Drug Administration (FDA) approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. RWHAP NMAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV. RWHAP NMAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. RWHAP NMAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HAP NMAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

## II. Service Goals and Objectives

This policy update addresses the NMAP goals and objectives of providing lifesaving medication assistance to people living with HIV/AIDS (PLWH). It will address premium and cost-sharing assistance, maintenance of private health insurance coverage as it relates to the Patient Protection and Affordable Care Act (ACA), and the provision of providing medication assistance as payer of last resort.

The NMAP Program represents Nevada's prescription drug safety net for PLWH, providing life-saving medications to low-income uninsured and underinsured individuals. Medications used to treat HIV are extremely costly and without insurance benefits or public benefits access to these medications is unrealistic for many people.

## III. Currently Funded NMAP Services

1. Medicare Part D Co-Payment
2. Medicare Supplement Premium- Partial Payment (Part C/D)
3. Medicare Supplement Premiums- Full Payment (Part C/D)
4. Other Health Insurance Premium- Partial Payment
5. Other Health Insurance Premium- Full Payment
6. Other Health Insurance Co-Payment
7. NMAP Medication Assistance



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## IV. NMAP Services

### Health Insurance Assistance Services

Health Insurance to Provide Medications (HIP-Rx) is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical and prescription benefits under a health insurance plan. This includes:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications;
- Paying prescription drug co-pays and deductibles on behalf of the client;
- Providing funds to contribute to a client's Medicare Part D True Out-Of-Pocket (TrOOP) costs.

Funding allocated to NMAP provides an approved formulary of medications to people living with HIV/AIDS (PLWH) for the treatment of HIV disease or the prevention of opportunistic infections.

CAREWare must be updated to indicate the type(s) of health insurance assistance service(s) that the client received during the reporting period. Funded services include:

1. **Medicare Part D Co-Payment** - Medicare Part D medication coinsurance or co-payment
2. **Medicare Supplement Premium- Partial Payment (Part C/D)** – Medicare Part C (Health Plan) or Medicare Part D (Drug Plan) partial premium payment where NMAP pays less than 100% of the premium cost, such as when the client receives a premium subsidy
3. **Medicare Supplement Premiums- Full Payment (Part C/D)** - Medicare Part C (Health Plan) or Medicare Part D (Drug Plan) full premium payment where NMAP pays 100% of the premium cost
4. **Other Health Insurance Premium- Partial Payment** – A health insurance plan, such as a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan where NMAP pays a partial premium payment (i.e., such as when the client receives a premium subsidy through the Advance Premium Tax Credit)
5. **Other Health Insurance Premium- Full Payment** - A health insurance plan, such as a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan where NMAP pays the full premium payment
6. **Other Health Insurance Co-Payment** – A health insurance medication coinsurance or co-payment



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In NMAPs Domain of CAREWare, indicate the total amount (\$0 to \$100,000) of insurance premiums paid on behalf of the client during the reporting period in the Insurance Services Tab for premium payments and in the Drug Services Tab for medication coinsurance or co-payments. Note: The Office of HIV/AIDS (OHA) uploads medication coinsurance and co-payment data from the Magellan Pharmacy Benefits Manager (PBM) for any medication that has billed to NMAP. In rare circumstances where the Magellan PBM cannot be billed for a medication coinsurance and co-payment, the information will need to be manually entered in NMAPs Domain of CAREWare on the Drug Services Tab and the NMAP Coordinator should be notified.

### **Direct Medication Assistance Services**

If an applicant is not eligible for a health insurance plan (a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan) or public health insurance option (Medicare, Medicaid, VA, HIS, etc.) then NMAP will cover the full cost of any medication that is on the NMAP Formulary. Funding allocated to NMAP provides an approved formulary of medications to people living with HIV/AIDS (PLWH) for the treatment of HIV disease or the prevention of opportunistic infections.

CAREWare must be updated to indicate the type(s) of medication assistance service(s) that the client received during the reporting period. Funded services include:

1. ***NMAP Medication Assistance*** – A medication payment for an uninsured client

In NMAPs Domain of CAREWare, indicate the total amount (\$0 to \$100,000) of the medication payment paid on behalf of the client during the reporting period in the Drug Services Tab. Note: The Office of HIV/AIDS (OHA) uploads medication payment data from the Magellan Pharmacy Benefits Manager (PBM) for any medication that has billed to NMAP. In rare circumstances where the Magellan PBM cannot be billed for a payment, the information will need to be manually entered in NMAPs Domain of CAREWare on the Drug Services Tab.

## **V. Service Delivery**

### **NMAP Enrollment**

Clients must first meet the requirements for Ryan White Universal Eligibility:

1. Proof of HIV/AIDS Diagnosis
2. Verification of Income at or below 400% Federal Poverty Level (FPL)
3. Proof of Nevada Residency



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Once it is determined that the client has a need for medication and/or health insurance assistance, then the NMAP referral process can begin. The originating agency will send a referral to NMAP (see Common Guidance Document 19-02 for CAREWare instructions). NMAP will have 14 calendar days to review the referral for completion and either deny or accept the referral. If the referral is accepted, NMAP must then place the client in the correct health insurance and/or medication assistance category and begin service delivery.

If it is determined that the client does not have a completed Ryan White Universal Eligibility application, NMAP will have 14 days (from receipt of a referral) to do the following:

1. The referral must be assigned to a case manager.
2. There will be a minimum of 3 attempts (one of which must be in writing) to notify the client and obtain missing eligibility information. The client must be informed of next steps if the referral is denied.
3. All attempts must be documented in CAREWare Part B with detailed accounts of all attempts in the service notes.
4. If the case manager obtains the missing eligibility documentation, the documents must be uploaded into the CAREWare Part B Eligibility and Enrollment Fields tab.
5. If the referral is denied, it must be rejected in CAREWare Part B and sent back to the originating agency with the reason(s) for the denial.

### *Emergency Referrals:*

Emergency enrollment referrals should be submitted if the client has less than seven (7) days of HIV medications. NMAP must assess that we have a completed Ryan White Universal Eligibility application to approve NMAP services. Once the determination of a completed Ryan White Universal Eligibility application is made, NMAP will have 48 hours (from receipt of a referral) to enroll the client in the correct health insurance or medication assistance category and begin service delivery.

If it is determined that the client does not have a completed Ryan White Universal Eligibility application, NMAP will have 48 hours (from receipt of a referral) to do the following:

1. The referral will be assigned to a case manager.
2. There will be a minimum of 4 attempts to notify the client and obtain missing eligibility information. The client must be informed of next steps if the referral is denied.
3. All attempts must be documented in CAREWare Part B with detailed accounts of all attempts in the service notes.
4. If the case manager obtains the missing eligibility documentation, the documents must be uploaded into the CAREWare Part B Eligibility and Enrollment Fields tab.
5. If the referral is denied, it must be rejected in CAREWare Part B and sent back to the



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originating agency with the reason(s) for the denial.

### NMAP Medication Assistance Categories

Within NMAP there are six internal NMAP medication assistance categories that a client may be enrolled into within the Magellan, Pharmacy Benefit Management (PBM), System: Medicare, Insured, Employer Sponsored Insurance, Uninsured, Provisional, and Emergency. Clients in the Medicare, Employer Sponsored Insurance, Uninsured, and Insured medication assistance categories will receive Magellan Pharmacy Benefit cards. Clients in the Provisional and Emergency medication assistance categories will receive a temporary Magellan Pharmacy Benefit card.

- Medication costs associated with the Magellan medication assistance category of Medicare is considered **Medicare Part D Co-Payments** within CAREWare.
- Medication costs associated with the Magellan medication assistance categories of Insured and Employer Sponsored Insurance are considered **Other Health Insurance Co-Payment** within CAREWare.
- Medication costs associated with the Magellan medication assistance categories of Uninsured, Provisional, and Emergency are considered **NMAP Medication Assistance** within CAREWare.

### Medicare

Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) are available to the individuals below:

- Age 65 or older **and** a U.S. citizen or lawfully admitted noncitizen who has lived in the U.S. for five continuous years; or
- Under age 65 **and** receiving Social Security Disability (SSDI) benefits or Railroad Retirement Board Disability benefits for at least 24 months from the date of entitlement; or
- Under age 65 and receiving Social Security Disability (SSDI) benefits or Railroad Retirement Board Disability benefits with Amyotrophic Lateral Sclerosis (known as ALS or Lou Gehrig's disease); or
- Any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).



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Medicare Part D is the prescription drug benefit section of the Medicare Modernization Act of 2003. The Magellan medication assistance category, Medicare, was implemented to work in conjunction with Medicare Part D. Medicare Part D would act as your primary insurance and NMAP would act as your secondary insurance to cover the remaining co-payment price.

Medicare Part D co-payments paid on the client's behalf by NMAP count towards the client's True Out-of-Pocket Cost (TrOOP). TrOOP costs count towards the Medicare beneficiary's out-of-pocket threshold which, once reached, will determine that the client begins catastrophic coverage. Catastrophic Coverage is when Medicare Part D pays 95% of the drug cost and the client pays the larger of either 5% of the drug cost or \$2.95 (for generic) or \$7.20 (for name brand). Clients at 150% FPL or below qualify for Low Income Subsidy (LIS) and are required to apply for the LIS assistance through the Social Security Administration.

It is the client's responsibility to maintain adherence to the Medicare Part D and the Part D insurance provider's rules and regulations. Correspondence from Medicare or the health insurance plan is not sent to the NMAP Program; it is sent directly to the client.

Clients will select their Medicare Part D provider during open enrollment each year, in accordance with Medicare rules. This should be done as early in the open enrollment period as possible to allow time for processing through multiple agencies. Existing eligible clients will notify their NMAP case manager, with proper documentation, of their provider choice. New clients will generally be enrolled into their Medicare Part D plan the 1st of the following month. If the eligibility date is after the 15th of the month, the client will be eligible beginning the 1st of the month following the upcoming month. Exceptions can be made to enroll more quickly.

NMAP requires all eligible clients to enroll in a Medicare Part D plan. NMAP strongly encourages Medicare clients to enroll in a Part C plan if eligible.

### *Insured*

NMAP funding is the payer of last resort for HIV medications. The program is responsible to provide HIV medications on the NMAP closed formulary to eligible clients in the most cost-effective delivery system. All clients and potential clients will be evaluated for inclusion in other programs before NMAP funding is used as payment for medications. The NMAP enrollment process will help to determine which NMAP service is the most cost-effective delivery system for the program.

HRSA guidelines permit each state to purchase health insurance for eligible NMAP clients for the sole purpose of providing medications. NMAP will, when fiscally suitable, assist clients with health insurance premiums and/or co-payments, depending on individual circumstances.



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NMAP is the payer of last resort, therefore, a client's primary insurance i.e., Medicaid, Medicare, employer-sponsored insurance, spousal employer-sponsored insurance, COBRA, etc. must be billed first for covered medications and NMAP should be billed second to cover the medication co-payment.

NMAP may assist eligible clients with health insurance premium and medication co-payment assistance if the cost of paying the health insurance premium and medication co-payments are less than the cost to provide the client with direct medication assistance. Clients are required to disclose all insurance information during the Ryan White Universal Eligibility application process and present documentation when requested during the NMAP enrollment process (i.e. premium information, open enrollment timeframe, CORBA application, etc.). Clients will only have to submit proof of the monthly health insurance premium amount at their Ryan White Universal Eligibility Annual and Recertification application appointments. It is the responsibility of the client to report any change(s) that may occur within their six-month certification. It is the expectation of the Office of HIV/AIDS that all changes are reported to the NMAP Program within 10 days of notification of that change; this includes but not limited to any increase or decrease in premium payments.

If client circumstances change and the client becomes eligible to enroll in health insurance through an employer, the Health Insurance Exchange, Medicare, Medicaid, etc., the client should present the health insurance information, enroll in the other insurance product, and report that change to the NMAP Program through a case manager within 10 days of notification of that change. Similarly, if health insurance status changes, the client should inform the case manager so that accurate premiums are paid by the NMAP Program. Failure to produce the information in a timely manner may result in a lapse in health insurance premium payment, which would impact the client's health insurance enrollment and may cause the client to be suspended and/or discharged from NMAP.

Effective October 1, 2013, the State of Nevada implemented a Health Insurance Exchange in compliance with the Affordable Care Act (ACA). The web portal is called Nevada Health Link (NHL). All Nevadans are required to apply for marketplace insurance through Healthcare.Gov, if they do not have insurance through other means. Ryan White clients will be educated through NMAP case managers who specialize in health insurance to help them decide the best health insurance plan that will cover their unique circumstances and medications. If a determination is made by Nevada Health Link that the client's income makes them eligible for insurance, then the NMAP Program must encourage enrollment in an approved insurance plan. The NMAP program has determined that it is cost effective to enroll clients into an insurance product versus paying the full cost of the medication(s).



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All clients who are signed up for health insurance and receive an Advance Premium Tax Credit from the Internal Revenue Service (IRS) to assist with the affordability of monthly health insurance premium, will be required to provide all relevant tax information for the coverage year. The NMAP program will assist the client with the Advance Premium Tax Credit reconciliation process.

Qualified health insurance plans (QHP) sold on and off the Exchange/Marketplace are required to accept premium payments from the Ryan White associated providers under regulations of the Affordable Care Act. If there are any issues with an insurance company regarding health insurance premium payments, please contact the Nevada Office of HIV/AIDS.

**Note:        Enrolled NMAP insured clients are required to utilize NMAP medication assistance for copays, co-insurance, and or deductibles. Failure to utilize the program for 90 days will result in disenrollment from NMAP.**

### *Employer Sponsored Insurance*

All clients, to remain active and receive benefits, must maintain current Ryan White Universal Eligibility enrollment through an annual certification and a recertification. NMAP will, as program funds allow, assist clients with health insurance premiums and/or medication co-payments.

Clients with credible and affordable employer-based coverage, that has been reviewed and approved by NMAP, may keep their current insurance and may qualify for health insurance premium assistance. NMAP will also cover a client jointly insured through a spouse's employer-based coverage.

When NMAP negotiates with an employer to accept health insurance premiums on behalf of a client, the company should be aware that the premium must be an after-tax item not a pre-tax item. Meaning, the client is not paying the premium, so they do not qualify for pre-tax or tax-free deductions.

Clients may opt-out of their employer sponsored insurance plans in order to opt-in to an On-Marketplace plan so long as they meet one of the following criteria:

- The employer sponsored insurance does not accept 3<sup>rd</sup> party payments,
- The employer sponsored insurance requires the use of mail order, and
- The employer sponsored insurance requires the use of a Specialty Pharmacy outside NMAPs closed Pharmacy Network.

*Note:        Enrolled NMAP insured clients are required to utilize NMAP medication assistance for copays, co-insurance, and or deductibles. Failure to utilize the program for 90 days will result in disenrollment from NMAP.*



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## *Uninsured*

If an applicant is not eligible for a health insurance plan (a private individual plan, a Marketplace plan, an employer plan, or a COBRA plan) or public health insurance option (Medicare, Medicaid, VA, HIS, etc.) then NMAP will cover the full cost of any medication that is on the NMAP Formulary.

## *NMAP Formulary*

The NMAP Formulary currently has 40 Antiretroviral Medications (ARVs) and over 100 other related medications. The Formulary is updated with input from the Food and Drug Administration (FDA), National Alliance of State & Territorial AIDS Directors (NASTAD), and the Silver States Script Board (SSSB). Guidance from the SSSB will start July 1, 2022. Information pertaining to SSSB can be located [here](#).

## *Emergency*

The Emergency medication assistance category is for **new** NMAP-eligible clients who have less than seven (7) days of medication. While enrolled in Emergency medication assistance, the client will receive 30 days of eligibility. During the 30 days of Emergency enrollment, the NMAP Program will determine which Magellan medication assistance category is best suited for the client and extend NMAP services for the remainder of the client's Universal Ryan White Eligibility period. A temporary benefit card will be printed and given to the client. Once the appropriate Magellan medication assistance category is determined, the client will be mailed a Magellan benefit card. The Emergency medication assistance category is only used for 30 days of enrollment and cannot be renewed.

## *Continued Enrollment*

To remain active and receive Ryan White or NMAP Program benefits, all clients must maintain Universal Ryan White Eligibility to avoid a lapse of benefits. Case managers will contact the Office of HIV/AIDS staff if a client has unique circumstances or if there is any doubt that the client qualifies for the NMAP Program. The client should be told that they will be contacted once the questions have been clarified. This client may need to receive a 30-day Provisional enrollment into NMAP, if the applicant's medication adherence would be impacted, until the question(s) can be clarified. Case managers must notify the Office of HIV/AIDS, in writing, regarding any NMAP Program client that has become disqualified from health insurance before they cease paying insurance premiums, this includes noncompliance for recertification.

## *Financial Reimbursement*

Reimbursement to clients is strictly prohibited by HRSA for any expenses.

## *Medicaid*

In 2012, Nevada Governor Brian Sandoval announced that under the ACA Nevada would expand Medicaid to cover incomes up to 138% Federal Poverty Level (FPL), in most cases



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although some exceptions apply. Ryan White clients are encouraged to apply for Medicaid if they meet the eligibility requirements. If the client is ineligible for Medicaid, then the case manager will determine if the client meets the eligibility requirements for health insurance through another source.

Clients whose income is at or below 140% Federal Poverty Level (FPL) must be assisted with a referral to Medicaid for an eligibility determination. If a client's income makes them eligible for Medicaid, eligible clients **must** participate in Medicaid. If a client refuses a referral to Medicaid, the client will still receive NMAP benefits, but services will be limited to uninsured medication assistance. NMAP cannot pay health insurance premiums for clients that are Medicaid eligible as the NMAP Program is the payer of last resort.

Clients that have provided proof of a Medicaid application but have not been authorized for Medicaid benefits, may receive NMAP services as a "bridge" between Medicaid and NMAP Program benefits. Medicaid eligible clients are **not eligible** to receive NMAP services.

### **Pharmacy Assistance Program**

The Pharmacy Assistance Program or Patient Assistance Program (PAP) is provided by drug manufacturers. If a client cannot obtain medications through the NMAP Program, the client may be referred to a PAP program. The PAP may assist clients with medications at no charge or for a cost-share. NMAP does not allow the use of the PAP for drug(s) on the NMAP formulary.



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## Pharmacy Agreements

Magellan is Nevada's Pharmacy Benefit Manager (PBM) for NMAP. Clients deemed eligible for NMAP will be entered into the PBM system by the NMAP provider. Pharmacists will not be able to fill medication prescriptions for clients who have not met Universal Ryan White Eligibility and who have been activated in the Magellan PBM system. Effective July 1, 2022, Magellan Medicaid Administration will be NMAP's PBM.

## Insurance Pharmacy Network

Clients must access medications assistance through the NMAP's approved expanded pharmacy network administered by NMAP's PBM. If a client has chosen to use an out of network pharmacy, they are choosing to opt-out of enrollment and services in NMAP. Opting out of NMAP means the program will no longer be able to pay for the client's insurance premiums and/or the costs of medications and the client will be responsible for the full cost of their medications and/or insurance premiums.

## VI. Licensing, Knowledge, Skills, and Experience

NMAP Program coordination and processing services are provided by a non-medical case manager but shall have had at least six months of relevant experience in the areas of outreach work, community services, supportive work with families and individuals, geriatrics, supportive work with youth, corrections, public relations, or related field. The suggested minimum educational experience shall be a High School Degree or GED. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV, they must receive HIV specific training within six months of hire.

## VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded NMAP services. It is expected that all providers follow these standards as well as the universal programmatic and administrative National Monitoring Standards. Provider organizations and staff may exceed any of these standards as part of the program delivery.

## VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

## IX. References and further reading

All Part B funded providers should read their individual Part B contracts, as well as but not limited to, the Quality Management Plan and all local policies and guidelines set forth by the Office of HIV regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative National Monitoring



# Nevada Office of HIV Ryan White Part B Program Service Standards Nevada Medication Assistance Program (NMAP)

Standards.

[Federally approved clinical guidelines for the treatment of HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Recipients: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, October 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV Program, Service Standards.](#)

[Nevada Office of HIV Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, June 2022.](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual.](#)

## X. Revision Schedule

Published	February 9, 2017	Located at <a href="http://dpbh.nv.gov">dpbh.nv.gov</a>
Published	August 14, 2020	Located at <a href="http://endhivnevada.org">endhivnevada.org</a>
Published	June 15, 2022	Located at <a href="http://endhivnevada.org">endhivnevada.org</a>

## XI. Contact

For further information or clarification please contact the Nevada Office of HIV, by emailing [NVRWPB@health.nv.gov](mailto:NVRWPB@health.nv.gov).