

HEALTH REFORM ISSUE BRIEF

Plan Assessment Tools for Insurance Purchasing Programs

As part of NASTAD's Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) cooperative agreement, the following issue brief provides tools to assist HIV/AIDS and Viral Hepatitis Programs (and AIDS Drug Assistance Programs (ADAPs) in particular) in assessing Marketplace plan options and in determining which plans the Ryan White Program insurance assistance programs will assist clients in purchasing. For questions, please contact [Amy Killelea](#).

The Affordable Care Act (ACA) sets up Marketplaces in every state, where people will be able to compare Qualified Health Plans (QHPs) and purchase private health care coverage. People living with HIV and viral hepatitis, many of whom have never been able to access affordable private insurance, will now be able to enroll in comprehensive coverage through the Marketplaces. However, even with new insurance regulations – including an end to pre-existing condition exclusions, higher premiums based on health status, and lifetime and annual limits on coverage, as well as new [Essential Health Benefits requirements](#) – there will still be some variation among plans sold in the Marketplaces. As people apply for coverage, they will have to pick a plan that includes HIV and Viral Hepatitis providers, meets their care and treatment needs, and is affordable.

Federal subsidies in the form of premium tax credits and cost-sharing reductions will be available based on income to help individuals to afford this coverage (see NASTAD's Issue Brief on [Premium Tax Credits and Cost Sharing Reductions](#)).¹ Even with federal subsidies, there will still be affordability gaps that Ryan White Part B/ADAP Programs may be able to cover. In addition, in states that have not yet expanded Medicaid, the Ryan White Part B Program may purchase unsubsidized insurance for otherwise eligible clients with income below 100% federal poverty level (FPL). Collaboration between Ryan White Part B Programs and eligible clients is essential to ensure that clients enroll in QHPs that coordinate with their respective Ryan White Part B Programs.

The following assessment tools highlight some of the criteria insurance purchasing programs should use to assess plans and to plan for client transition to new coverage options through the ACA.

¹ Premium tax credits will be available to eligible individuals with income between 100 and 400% FPL. The amount of the credit is based on income, and tax credits may be taken in advance, meaning they are paid directly to the plan as soon as a person enrolls in coverage. Cost-sharing reductions are also available for people with income between 100 and 250% FPL. These reductions allow eligible individuals to enroll in more generous silver level QHPs that have reduced out-of-pocket caps (between \$2,100 and \$3,100 annually).

ACTION STEPS

As programs assess Marketplace plans:

- 1. Use the Insurance Purchasing Program Plan Assessment Tool to assess which Marketplace plans ADAPs will assist clients in purchasing.**
- 2. Focus on the following plan factors:**
 - Plan cost
 - Plan provider network (including medical providers and pharmacies that will coordinate with Ryan White/ ADAP insurance purchasing programs)
 - Formulary coverage
- 3. Identify and report deficient plan options, including those without an adequate HIV or viral hepatitis provider network, those that do not cover HIV and viral hepatitis medications, and those that place significantly higher cost sharing on HIV and viral hepatitis services.**

Insurance Purchasing Program Assessment

Assessment Questions	Considerations for ADAP Insurance Purchasing Program
<p>What is plan's deductible?</p> <ul style="list-style-type: none"> Are there separate deductibles for different services or providers (e.g., pharmacy benefits or specialists)? 	<ul style="list-style-type: none"> May want to preference low-deductible plans
<p>What is plan's out-of-pocket cap?</p> <ul style="list-style-type: none"> Make sure to factor in availability of cost-sharing reductions, which will lower out-of-pocket cap. 	<ul style="list-style-type: none"> May want to require selection of "silver level" QHPs. Cost-sharing reductions will only be available for eligible individuals who enroll in silver level QHPs.
<p>What is the plan's monthly premium?</p> <ul style="list-style-type: none"> Make sure to factor in availability of advance premium tax credit, which will lower client's monthly premium obligation. 	<ul style="list-style-type: none"> May want to require client submission of Marketplace printout stating amount of premium tax credit and balance owed by client.
<p>What providers are included in the plan's provider network?</p> <ul style="list-style-type: none"> Are major Ryan White Providers included? Are pharmacies with whom ADAP is able to coordinate on insurance purchasing assistance included? 	<ul style="list-style-type: none"> May want to require selection of plan that includes both Ryan White medical providers and pharmacy network that is able to work with ADAP. May want to select a plan that is consistent with the continuity of care of the client.
<p>What drugs are covered under the plan's formulary?*</p> <ul style="list-style-type: none"> Are anti-retroviral medications covered (particularly newer drugs and combination therapy)? Are Hepatitis C medications covered (particularly newer drugs)? <p>Are there restrictions associated with drug coverage?</p> <ul style="list-style-type: none"> Does the plan require prior authorization? Does the plan require step therapy? Does the plan require use of specialty pharmacy or mail order? 	<ul style="list-style-type: none"> ADAPs may only assist with the purchase of insurance plans that have comparable HIV ARTs and OIs on the ADAP Formulary ** May want to prioritize plans with fewer access restrictions. Assess whether the Pharmacy Benefits Manager (PBM) or mail-order/specialty pharmacy allow benefit coordination.
<p>What Ryan White services are covered by plan (and what services will Ryan White need to continue to cover)?</p> <ul style="list-style-type: none"> Case management? Transportation? Mental health and substance use disorder services? 	<ul style="list-style-type: none"> May want to create service cross-walk to inform Ryan White clinical and non-clinical providers about covered and non-covered services. ***
<p>Are there particular plans that fall well below the HIV or viral hepatitis standard of care (particularly in formulary coverage, provider networks, or cost-sharing)?</p>	<ul style="list-style-type: none"> Report plans that fall below HIV and viral hepatitis standard of care to your Marketplace.

* See Appendix A for drug list by U.S. Pharmacopeia (USP) category/class (this is classification system the Marketplaces will use to ensure formularies include at least the same number of drugs per USP category/class as the state's designated benchmark plan).

** See NASTAD [Issue Brief on Insurance Purchasing](#) for program requirements.

*** See Appendix B for sample service cross walk.

Appendix A: U.S. Pharmacopeia HIV/AIDS and Hepatitis Drugs

USP Class/Category	Drugs included Generic	Drugs included Brand
Anti-HIV agents, non-nucleoside Reverse Transcriptase Inhibitors	<ul style="list-style-type: none"> • delavirdine, DLV • efavirenz, EFV • etravirine • nevirapine, NVP • rilpivirine 	<ul style="list-style-type: none"> • Rescriptor • Sustiva • Intelence • Viramune • Edurant
Anti-HIV agents, nucleoside and nucleotide Reverse Transcriptase Inhibitors	<ul style="list-style-type: none"> • abacavir sulfate, ABC • abacavir and lamivudine • abacavir, zidovudine, and lamivudine • didanosine, dideoxyinosine, ddL • emtricitabine, FTC • lamivudine and zidovudine • lamivudine, 3TC • stavudine, d4T • tenofovir, disoproxil fumarate, TDF • tenofovir disoproxil fumarate and emtricitabine • zidovudine, azidothymidine, AZT, ZDV 	<ul style="list-style-type: none"> • Ziagen • Epzicom • Trizivir • Videx • Emtriva • Combivir • Epivir • Zerit • Viread • Truvada • Retrovir
Anti-HIV agents, protease inhibitors	<ul style="list-style-type: none"> • amprenavir, APV • atazanavir sulfate, ATV • darunavir • fosamprenavir calcium, FOS-APV • indinavir, IDV • lopinavir and ritonavir • nelfinavir mesylate • ritonavir, RTV • saquinavir mesylate, SQV • tipranavir, TPV 	<ul style="list-style-type: none"> • Agenerase • Reyataz • Prezista • Lexiva • Crixivan • Kaletra • Viracept • Norvir • Invirase • Aptivus
Anti-HIV agents, other	<ul style="list-style-type: none"> • enfuvirtide • maraviroc • raltegravir • <i>dolutegravir</i>* 	<ul style="list-style-type: none"> • Fuzeon • Selzentry • Isentress • <i>Tivicay</i>*
Anti-Cytomegalovirus (CMV) agents	<ul style="list-style-type: none"> • cidofovir • foscarnet • ganciclovir • valganciclovir 	<ul style="list-style-type: none"> • Vistide • Foscavir • Cytovene • Valcyte
Anti-Hepatitis agents	<ul style="list-style-type: none"> • adefovir, dipivoxil • entecavir • lamivudine • telbivudine • tenofovir • ribavirin • interferon Alfa-2b, Recombinant • interferon Alfa-2b and Ribavirin • interferon Alfa-n3 • interferon Alfacon-1 • peginterferon Alfa-2a • peginterferon Alfa-2b (interferon alpha-2a) • <i>telaprevir</i>* • <i>boceprevir</i>* 	<ul style="list-style-type: none"> • Hepsera • Baraclude • Epivir-HBV, Zeffix, Heptodin • Tyzeka • Viread • Copegus, Rebetol, Ribasphere • Intron A • Rebetron • Alferon N • Infergen • Pegasys • PEG-Intron • (Roferon) • <i>Incivek</i>* • <i>Victrelis</i>*
Multi-combination drugs (NOT LISTED IN USP CATEGORIES)	<ul style="list-style-type: none"> • efavirenz, emtricitabine, and tenofovir disoproxil fumarate • rilpivirine, emtricitabine, and tenofovir disoproxil fumarate • elvitegravir, cobicistat, emtricitabine, and tenofovir disoproxil fumarate 	<ul style="list-style-type: none"> • Atripla • Complera • Stribild

*Not yet added to USP.

Note: the USP guidelines are currently undergoing revision; USP Medicare Model Guidelines v.6.0 is open for public comment through October 2013.

Appendix B: Sample Service Cross Walk

SERVICE	QHP	MEDICAID	RW PART B / ADAP
RX	✓	✓	Cost-sharing assistance
MEDICAL CASE MANAGEMENT	= = =	= = =	✓
ORAL HEALTH	= = =	= = =	✓
LABS	✓	✓	Cost-sharing assistance
MENTAL HEALTH SERVICES	✓	✓	Cost-sharing assistance
SUBSTANCE ABUSE TREATMENT	✓	✓	Cost-sharing assistance
HIV PRIMARY CARE	✓	✓	Cost-sharing assistance
MEDICAL TRANSPORTATION	= = =	Limited Coverage	✓
INPATIENT HOSPITAL SERVICES	✓	✓	= = =

Adapted from West Virginia AIDS Drug Assistance Program (ADAP)