



Illinois Department of

**PUBLIC
HEALTH**

Pat Quinn, Governor

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**Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)**

DATE	January 21, 2011
BOARD MEMBERS PRESENT	C. Blum, C. Conover, S. Feigenholtz, A. Fisher, R. Lubelchek, M. Maginn, J. Maras, W. Moran, D. Munar, M. Williamson
BOARD MEMBERS PRESENT BY CONFERENCE CALL	S. Dolan, D. Graham, P. Moss-Jones
BOARD MEMBERS EXCUSED ABSENCE	B. Max, B. Schechtman; R. Rivero
BOARD MEMBERS INEXCUSED ABSENCE	D. Berger, G. Harris, P. Langehennig, E. Noel
ILLINOIS DEPARTMENT OF PUBLIC HEALTH STAFF	L. Kasebier
CALLED TO ORDER AT	1:05 p.m.
MEETING WAS ADJOURNED AT	4:00 p.m.
ANNOUNCEMENTS	Jason Lynn, CVS representative has accepted another position within CVS. CVS will provide a replacement representative for the MIAB Ad Hoc Committee.
1. MINUTES FROM OCTOBER 15, 2010 MEETING	Corrections or additions: None Motion to approve: C. Blum Second: W. Moran Agree to approve: All Disagree: None Abstain: D. Munar

MIAB MINUTES

TOPIC/AGENDA	DISCUSSION	FOLLOW-UP
2. Old Business	No old business	
3. New Business		
a. ADAP Status Update		
i. Enrollment Numbers and Expenditures	<p>Dr. Maras reviewed current reports. A summary of the question and answer period follows.</p> <ul style="list-style-type: none"> ADAP is not able to allow clients any "grace period" following a reapplication date. "Grace periods" are prohibited. All applications have a 15-day processing time once a complete application is received. Any reapplications for the following month are given priority. Clients not having a completed application processed by the first business day of the month are automatically closed at 3 p.m. 	<ul style="list-style-type: none"> Report on number of closed clients that eventually reapply Research if CVS able to send notice of reapplication with medications Number of ADAP clients in case management D. Munar will bring update on addressing ADAP reapplication with Chicago area case managers Follow up with GTI to see if case managers can get reminder of ADAP

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		<p>anniversary date for reapplication</p> <ul style="list-style-type: none"> • Follow up on confidentiality regarding sending monthly medical providers with a report of client's anniversary date for reapplications
ii. Medicare D – TrOOP	<p>ADAP went live with reporting ADAP TrOOP data as of January 1, 2011. TrOOP is Medicare part D True Out Of Pocket costs. ADAP shifting to helping Medicare Part D clients with deductibles, donut hole coverage, and co-pays in catastrophic coverage.</p> <ul style="list-style-type: none"> • Current ADAP application does not ask for Medicare Part D information, but the new application will. ADAP staff able to determine who has or eligible for Medicare Part D and follows up with the client for that information. • Last month, ADAP had 127 Medicare Part D clients. • Any client on Medicare Part D can be ADAP and ADAP will assist with any costs remaining. • ADAP is prohibited from using Federal Ryan White dollars for TrOOP, will use GRF. 	<ul style="list-style-type: none"> • Add number of clients with Medicare Part D to reports • ADAP provide a FAQ or other written materials on Medicare Part D and TrOOP
iii. 80/20 Policy for Insurance	<p>The 80/20 policy was rescinded October 1, 2010, when Illinois transitioned to a rebate state.</p> <ul style="list-style-type: none"> • Since October 1, 2010, Illinois is able to collect rebates on clients with insurance as long as client's insurance meets two requirements: <ol style="list-style-type: none"> 1. Insurance must allow CVS to be in-network; and 2. Insurance must allow 30-day fill on prescriptions. • If insurance will not allow both conditions above, the client is not eligible for ADAP. The client needs to work with their insurance company for a waiver. • Any client previously denied ADAP was sent a letter in September advising of policy change and requested to reapply. 	
iv. Medicaid Contributions	<p>ADAP is in discussions with Medicaid to see if ADAP contribution can count towards Medicaid client's monthly and/or yearly spend-down.</p> <ul style="list-style-type: none"> • ADAP cannot use Federal Ryan White towards spend-down, must use GRF 	
v. New Application	<p>The electronic application is delayed due to State requirement to have a new contract in place and to have a sole source hearing on January 12, 2011. Electronic application target date is March 2011.</p> <ul style="list-style-type: none"> • ADAP will have webinars to educate case managers, providers, and clients • Electronic application will be available either in Provide® or through a website • ADAP will still send out paper applications for March anniversaries, due to the 45 day mailing time 	<ul style="list-style-type: none"> • Medical issues subcommittee to continue discussion regarding having the client's drug regimen at the time of application.

	<p>prior to the anniversary date.</p> <ul style="list-style-type: none"> ADAP will reduce the number of paper applications to less than 1% ADAP is in discussions regarding having the client's drug regimen at the time of application to know which clients are actively on medications and to ensure monthly expenditure cap. Issue referred to medical issues subcommittee. 	
vi. Other Points	None	
b. 2011 Budget Projections		
i. Overview	<p>Dr. Maras reviewed the 2011 budget projections and shortfalls.</p> <ul style="list-style-type: none"> The new TrOOP numbers were included in the insurance numbers. We will receive FY2011 Ryan White notice of grant award around April 1, 2011 Previously lowering the FPL estimated to save \$2.5m. Lowering the cap would save \$1.5 to \$1.7m. <p>D. Munar made a motion to recommend to OHP to lower the monthly cap from \$2,000 to \$1,500, with discretion of the ADAP Administrator to waive when appropriate Second: M. Maginn Further discussion: None Agree to approve: All Disagree: None Abstain: None</p>	<ul style="list-style-type: none"> The board needs to make recommendations on cost containment measures. Number of clients at different FPL, under 200%, 200-300%, at different levels above 300% Discuss if cost containment criteria would apply to clients in the insurance programs When enough data, provide projections on rebates and cost savings for Medicare D clients
c. Medical Issues Subcommittee		
i. Overview		
1. Restriction for non-accessing clients	<p>Dr. Conover reviewed the Medical Issues Subcommittee discussions. Dr. Conover noted that the notes in the minutes (in red) made by the ADAP Administrator were made following the subcommittee meeting and are not part of the formal minutes of this subcommittee. The ADAP Administrator inserted program responses for efficiency purposes.</p> <p>Clients enrolled but not accessing drugs for 60 or 90 days:</p> <ul style="list-style-type: none"> Discussed clients not accessing medications for six months or CD4 less than 200 would be dis-enrolled The subcommittee wants these clients left on ADAP for six months. If wait list not in effect, the group discussed if this really matters. A cost savings in seen in labor cost. Prior 12 months has 545 clients not accessing meds. Labor cost savings of sending out 2 applications annually, staff time to reassess applications, sending letters, etc. 	<ul style="list-style-type: none"> Department to make policy recommendation for a limit of 30, 60, 90, or 120 days for not accessing meds and dis-enrolled. Medical Issues Subcommittee asked to discuss dis-enrollment of clients that are not on a category 1 medication

	<ul style="list-style-type: none"> Group discussed the amount of time necessary for a provider to determine a client's regimen and disenrolling before ADAP staff sends out the reapplication 45 days prior to the anniversary date. <p>B. Moran made a motion to take this topic in-house to IDPH for discussion, deliberate, and final determination. The final ruling will be shared with board members and ADAP consumer group. Second: D. Munar Further discussion: None Agree to approve: All Disagree: None Abstain: None</p>	
2. Wait List	OHP rejected implementing a wait list.	
4. Further Discussion		
a. Recommendations		
i. Cap Monthly Expenditures ii. Lowering FPL iii. Cap Enrollment Size iv. Further Formulary Reductions	B. Moran recommended moving cost containment discussion to old business to discuss first.	
5. Floor Opens for Guests	Dr. Maras opened the floor for comments from guests.	
6. Next Meeting Date	<p>The next scheduled quarterly meeting is April 15, 2011.</p> <p>M. Maginn recommended the board meet in February to continue the cost containment discussion.</p> <p>The next meeting is February 17, 2011 from 3:00 to 5:00 p.m.</p>	
7. Motion to Adjourn	<p>A. Fisher made a motion adjourn.</p> <p>Second: D. Munar Agree to approve: All Disagree: None Abstain: None</p>	