
CAREAssist
**(Oregon's ADAP & Other
Benefits Groups)**
Program Description

Overview of *CAREAssist*

- *CAREAssist* is a public assistance program run by the DHS (Department of Human Services)
- *CAREAssist* is principally funded by the Ryan White Care Act, Title II
- *CAREAssist* serves clients throughout Oregon
- *CAREAssist* must try to assure access to medications, specifically to rural and underserved populations
- *CAREAssist* is NOT an entitlement program such as Medicaid or Medicare
- *CAREAssist* provides services to the extent that funding allows and may stop services as necessary based on a lack of funds.

Clients *CAREAssist* Serves:

- HIV + Persons
- Low Income
- Employed and Unemployed
- Medicaid Eligible Persons
 - AKA *Oregon Health Plan Clients*
- Medicare Eligible Persons
- VA Eligible Clients (Veteran Administration)
 - AKA *Vets*
- Immigrants

Target Population
Income eligibility at less than 200% of the Federal Poverty Level
Exit @ over 250%

Intent: To support HIV-positive Oregonians' access to HIV medications.

The major method to accomplish drug access is through payments for insurance which provides prescription drug coverage of at least 50%. In the event a client cannot qualify for insurance coverage, the program will provide full access to prescription drugs on the *CAREAssist* Formulary.

This group is also known as Oregon's ADAP.

Target Population **Medicaid- and Veterans Administration-Eligible Clients**

Intent: To support HIV-positive Oregonians entitled to receive services through federally funded programs, principally the Oregon Health Plan (Medicaid) and the Veteran's Administration medical services, which provide access the HIV medications.

- *CAREAssist* will help with veteran's co-pays.
- If you are a veteran receiving your medications and/or services through a VA, *CAREAssist* will pay the VA directly for your co-payments.
- Send the bills to *CAREAssist* no later than 6 months from the date of service. *CAREAssist* is not able to reimburse clients for bills they have paid themselves.

Target Population
200-300% of the Federal Poverty Level
Exit at 350% of FPL

Intent: To support HIV-positive Oregonians' access to HIV medications through payments of insurance premium, prescription drug deductibles and co-payments.

NOTE: Clients **must** have a health insurance; the policy must provide coverage of at least 50% of the cost for prescription drugs on an annual basis; and the policy drug formulary must be equal to (or more comprehensive than) the *CAREAssist* Drug Formulary.

Overview of the groups

Eligibility Program Criteria

Group #1

Entry Criteria	Exit Criteria	Assets Permitted	Cost Share	Client Eligibility Review (CER)
✓ Less than 200% FPL ✓ Not Medicaid or VA eligible	Over 250% of FPL	✓ 1 House ✓ 1 Car ✓ \$10,000 in other assets <i>Federally recognized retirement funds are exempted.</i>	Yes: 2% for 101-250%FPL*	Every 6 months

* Effective April 1, Cost Share is 2% of gross income

Eligibility Program Criteria

Group #2

Entry Criteria	Exit Criteria	Assets Permitted	Cost Share	Client Eligibility Review (CER)
<ul style="list-style-type: none"> ✓ Less than 100% FPL for Medicaid/OHP-eligible ✓ Less than 300% FPL for VA eligible 	<p>Loss of eligibility for programs, other public assistance programs, or income over 350% FPL</p>	<ul style="list-style-type: none"> ✓ 1 House ✓ 1 Car ✓ If Medicaid/OHP eligible, assets must comply w/ Medicaid-permitted levels.* ✓ If VA eligible, \$10,000 in other assets. <p><i>Federally recognized retirement funds are exempted.</i></p>	<p>Yes: 2% for 101-350%FPL*</p>	<p>Annual</p>
			<p>* Effective April 1, Cost Share is 2% of gross income</p>	
			<p>* Current Assets Level for Medicaid = \$2000 single / \$3000 family</p>	

Eligibility Program Criteria

Group #3

Entry Criteria	Exit Criteria	Assets Permitted	Cost Share	Client Eligibility Review (CER)
201 - 300%FPL	Over 350%FPL	✓ 1 House ✓ 1 Car ✓ \$10,000 in assets. <i>Federally recognized retirement funds are exempted.</i>	Yes: 2% for 101-350%FPL*	Annual

* Effective April 1, Cost Share is 2% of gross income

Comparison

<u>Group 1</u>	Entry Criteria New enrollees at less than 200% FPL (not Medicaid/OHP or VA eligible).	Exit Criteria Income Level Less than 250% FPL	Assets House, car, \$10K in other assets exempted. Federally recognized retirement funds are exempted.	Cost -Share Yes, over 100% FPL	Client Eligibility Review (CER) Every 6 months
<u>Group 2</u>	Entry Criteria Less than 100% FPL for Medicaid/OHP-eligible. Less than 300% for VA-eligible.	Exit Criteria Income Level Less than 350% FPL or loss of entitlement benefits	Assets House, car, \$10K in other assets exempted. If Medicaid eligible, assets must comply with Medicaid limits.	Cost -Share Yes, over 100% FPL	Client Eligibility Review (CER) Annual
<u>Group 3</u>	Entry Criteria New Enrollees 201 - 300% FPL.	Exit Criteria Income Level Less than 350% FPL	Assets House, car, \$10K in other assets exempted. Federally recognized retirement funds are exempted.	Cost -Share Yes, over 100% FPL	Client Eligibility Review (CER) Annual

Movement from one group to another is NOT automatic. Clients must submit an application for enrollment in a different group.

Program Priority for Service Continuation

- CAREAssist Group numbers (eg. #1, #2, or #3) also indicate the program priority for funding. Group #1 has the highest priority. Therefore, in a time of reduced or limited funding Group #1 will be the last to experience any reduction in services provided.
- In the event of a budget crisis, reducing or eliminating benefits will occur in the lower priority groups first. Groups 2 and 3 will have a minimum of a 60-day notice prior to benefit reduction or elimination.
- Reduction in services for a particular group are at the program's discretion and will always recognize HIV prescription drug access as the highest priority.

Benefits

CAREAssist pays:

<u>Group #</u>	RX		Insurance	Other Co-pay	
	Rx, Full Pay	Rx, CoPay/ Deductible	Insurance Premium	Lab Procedure Copay	Other Service Copays
1	Yes	Yes	Yes	Yes, annual capped amount	Yes, annual capped amount
2	No	VA only	OHP only	No-Medicaid Yes-VA	No-Medicaid Yes-VA
3	No	Yes	Yes	No	No

Movement from one group to another is NOT automatic. Clients must submit an application for enrollment in a different group.

TPA: Non-drug deductibles & co-pays

- Available to Group #1 and Group #2 VA eligible members only.
- The threshold minimum aggregate amount must be met before a deductible/co-pay can be processed is:
 - \$15 for providers accepting credit card payments
 - \$50 for providers accepting only checks
- The bill(s) must be not older than six months.
- The bill may come directly from the provider, or the client may send the bill to the *CAREAssist*. If the client sends in the bills for payment, they must include 1) the bill and 2) the insurance company's matching explanation of benefits (EOBs) or claims processing report.
- Send to: *CAREAssist* - TPA Desk
P.O. Box 14450
Portland, OR 97293

Calendar Year 2004 Benefit Limits

- 2004: Group #1 : \$1,500 is available to clients in Group #1 for non-medication co-pays and deductibles in calendar year 2004.
- 2004: Group #1 : 2004: Members applying for health insurance are eligible for up to a 30 day supply of medications listed on the *CAREAssist* Drug Formulary during any pre-coverage delays to the insurance start date.
- 2004: Group #2 VA eligible clients have a maximum \$1500 benefit that may be applied to medication and medical services co-pays only.
- 2004: Group #3 : The annual benefit amount for CY 2004 is \$3600. The program will provide additional assistance if funding permits.

Cost-Share Payments

- “Cost-Share” is a monthly payment required from all clients for participation in *CAREAssist*. Effective 04-01-04 all clients over 100% FPL are assessed at 2% of their gross monthly income.
- The amount of the cost share payment does not have a direct correlation with the cost of services paid for by *CAREAssist*.
- Clients may be up to (but not more than) one payment behind on the Cost-Share payment. Both “past-due” AND “current amount due” appear on a bill. Clients must pay at least the past due amount to remain active in the program.
- An exception process exists that allows for appeal or reconsideration of the termination in some circumstances. Please call the program.

Exclusion periods

- ◆ An “exclusion period” is the time during which the person is not eligible to be a member of *CAREAssist*.
- ◆ If a client is discontinued from *CAREAssist* because a program requirement was not met, they will not be eligible for at least six months to again receive benefits from *CAREAssist*.
- ◆ If the client has lost their insurance during an exclusion period, they may be ineligible to receive *CAREAssist* benefits for up to a year or until similar benefits can be secured.
- ◆ Previously owed Cost-Share balances must be paid before re-admission to the program and services resume.