CAREAssist Advisory Group Meeting Notes

December 13, 2023

Announcements

- Based on findings from a poll of members, CAREAssist Advisory Group (CAG) meetings will remain virtual at this time.
- Beck Arlington Downey will be retiring December 31. Beck will stay with CAREAssist briefly as a temporary employee to support fiscal ORCares development. Gavin Miller and Carrie McKowen will be taking on her role, as well. Eduardo Esparza left the program, and CAREAssist is in the process of filling this bilingual case worker position and a limited duration case worker position.
- CAREAssist now accepts electronic client signatures on CER applications and residency forms.
- The Pilot Project - Group 2 long CERs (for Medicaid and VA clients) will resume in January. As a reminder, CAREAssist cannot extend the eligibility period beyond 12 months. CAREAssist is mailing letters to clients about this topic and the need to return their CER's before their current eligibility ends.
- As a reminder, respectful discourse is important. If you have concerns about specific individuals, please reach out to Joanna or Myriam. Please also note that the CAREAssist Advisory Group includes clients, and we have a responsibility to protect their privacy.

Open enrollment update

As of December 12, 2023, 1,259 of 3,577 clients have been enrolled in health insurance (effective January 1, 2024). Of the remaining 2,318 clients, OHP and Medicare clients will be auto re-enrolled by CAREAssist by December 31, 2023. Not all clients will need to enroll in new health insurance since many clients will auto re-enroll in OHP or Medicare for 2024. For clients on off-exchange plans, CAREAssist will continue to request auto re-enrollment letters and premium statements into 2024 to verify enrollment and premiums. Clients who have not provided updated enrollment information to CAREAssist will be assumed to have auto re-enrolled in their current off-exchange plan and CAREAssist will determine the updated premium amount for 2024 and make a 01/2024 premium payment.

CAREAssist must have premium amount documentation on record to continue to pay premiums.

To reduce barriers and tax recon for clients, no current CAREAssist clients will have a qualified health plan (QHP) through healthcare.gov in 2024. No current CAREAssist clients on the Uninsured Persons Program (UPP) will continue on UPP in 2024 as the

current open enrollment period provides an opportunity for clients to get health insurance. As payor of last resort, CAREAssist cannot pay for health insurance in 2024 if the client is eligible for OHP; CAREAssist has communicated this information to OHP-eligible clients.

Clients will continue to be enrolled in health insurance through January 15, 2024 for an effective start date of February 1, 2024.

Clients who are currently enrolled in an off-exchange plan but have not provided updated enrollment information to CAREAssist will be assumed to have auto re-enrolled in their current off-exchange plan.

Discussion
- Q: How many clients are on UPP, and how does this compare to past years?
  - A: At this time, only a handful of clients are on UPP. We suspect the number of UPP clients has declined since many have transitioned to OHP due to OHP expansion. Some clients are still in the process of being enrolled for 2024.
- Q: Has CAREAssist received any feedback that the enrollment process has been easier this year?
  - A: Clients appreciate not having to use healthcare.gov year after year. In addition, some health insurance carriers have been more proactive about sending letters to clients, which has helped. CAREAssist hopes to ask for feedback at the end of open enrollment so that we can continue to refine our process and reduce barriers.

Incomplete applications

During federal reporting earlier this year, CAREAssist staff had to reach out to hundreds of clients to collect missing data. Please note that some parts of the application must be completed to activate benefits.

Commonly skipped fields include:
- Ethnicity
- Gender
- Language I speak

Discussion

How can CAREAssist increase the number of complete applications received? Ideas:
- Further separate the fields for sex at birth and gender.
- Further separate the fields for language I speak from the interpreter field.
- Separating out categories and/or maybe putting "required" by those fields could help. I also have had clients decline entering gender when prompted. Could there

be another field like "other" that folx can fill in themselves? I know that can be tricky for data collection.

- I think the issue with offering "Other" as an option is that it is not a valid option for federal reporting.

Other comments and questions:

- Q: Are incomplete applications a problem statewide or are they limited to certain areas?
  - A: CAREAssist has not yet tracked data around this question.
- Q: For gender, do clients have to check the box that matches their state identification?
  - A: Historically this question has needed to match with what their insurance carrier has for a pharmacy to adjudicate a claim. This may have changed with carriers, and CAREAssist will do some outreach to clarify carrier current policy.
- Q: Is there a reason that CAREAssist isn't using REALD (Race Ethnicity Language and Disability questions) for data collection? I thought REALD was supposed to match data, SOGI guidelines also give sample questions related to how to ask about sex and gender.
  - A: HRSA provided CAREAssist with an exception since it does not have a database with capacity to add this information. The CAREAssist current database is approximately 20 years old. CAREAssist is in the process of building a new database that will accommodate.
- Q: Is CAREAssist required to ask about gender identification?
  - A: It is reportable information.
- Q: I read the materials section. Is a computer disc a CD or a USB flash drive? Most laptops now don't have an optical drive.
  - A: Computer disk, i.e. CD. I believe this alternative material requirement is appropriate for clients who need either audio description or video sign interpretation. The state still requires them to be made available upon request.
- Q: Does anyone at CAREAssist have access to CareWare? Sometimes additional race, ethnicity, or gender details can be found there.
  - A: Staff do have access to CareWare.
- I'm concerned that these questions (about gender) cause harm and erase trans identities. We have better questions that can help clients feel seen and heard. Male and female are not gender identifiers.
  - AETC can share crosswalks for REALD and SOGI to meet HRSA requirements.
- Q: Is CAREAssist needing to be 5% or less for the Ryan White HIV/AIDS Program Services Report? Is CAREAssist close to that number?
  - Per our review of the ADR at our June CAG meeting, the majority of our data submitted for the ADR did indeed meet the goal of less than 5% missing/incomplete data. Any data that didn't meet this goal was discussed

with HRSA/DISQ and incorporated data clean-up efforts as part of our QA data quality plan.
- Would it be better for CAREAssist to work on updating this form with REALD and SOGI questions now?
  - Multiple members agreed.
  - What if the questions offer response options that are not in the CAREAssist database? This could negatively impact data quality and possibly cause more harm (e.g., If a case worker had to call a client because their answer was not "acceptable").
  - AETC has language for communicating to federal agencies that "missing" data is not actually missing; Rather, appropriate fields were not provided for data entry.
- REALD and SOGI resources are available on the OHA website.

Rapid Start fact sheets

Many partners are working on Rapid Start processes and programs for their organizations. With help from Coates Kokes, CAREAssist created a Rapid Start fact sheet to share how CAREAssist is supporting Rapid Start programs in Oregon. These fact sheets are available in both English and Spanish and describe:
- CAREAssist
- HIV Rapid Start programs
- How CAREAssist supports rapid start, including the Bridge Program, UPP, ART sample packs, and CAREAssist for insured people.

These fact sheets are available on the CAREAssist webpage; Select "Rapid ART Bridge Program" on the left navigation panel.

For Information about sample packs, select "Providers and Prescribers." These fact sheets will also be mailed to clinics. CAREAssist hopes that these resources will help address questions the program receives frequently.

Discussion:
- Suggestion: Case managers from around the state might also have valuable feedback about how CAREAssist can support Rapid Start programs.
  - Clients will likely have valuable input too.
  - Sometimes programs that provide medication are implemented by non-ADAP programs. OHA is actively researching programs in other states.
  - Could we schedule time to discuss different models, what is in the best interest of patients, what barriers exist, and what might be feasible in Oregon?
  - I don't think having FQHCs shoulder the expense is sustainable in the long term.
  - Partnership Project can share information about programs in other states.

- Q: Do these fact sheets also include information about how to access case management services?
  - A: Currently no. This fact sheet was designed to show CAREAssist's Rapid Start support.
- Q: Were these shared on the Part A listserv?
  - A: Yes, the fact sheets were shared about a month ago and are on the website.
- It's important that materials focus on how to contact CAREAssist (e.g., phone numbers) so that applications can be expedited. Only listing the CAREAssist website at the end of materials creates a barrier since it can be challenging to navigate information-heavy websites.
- FQHCs can't accept sample packs.
- AETC has a [Rapid (Immediate) ART Initiation & Restart Guide for Clinicians](#).
- Can CAREAssist add a link to the immediate ART guide since the audience for the fact sheet appears to be providers?
  - A: This is something we will consider. Again, this fact sheet was designed to show CAREAssist's Rapid Start support.
- Q: Is it appropriate for drug manufacturers to be listed on CAREAssist materials?
  - A: Drug manufacturers are not being listed on the fact sheet. Free sample packs are not new and are a tool that could be used to support Rapid Start .

World AIDS Day updates

Each World AIDS Day, OHA releases a progress report highlighting progress made toward ending HIV in Oregon.

For context, in 2016, OHA and its community partners came together to launch the End HIV Oregon initiative, which is intended to prevent new HIV infections. The initiative has been rebranded to include STI as well. The [End HIV Oregon website](#) includes Oregon's 5-year strategy and [annual report](#). The report highlights a number of challenges that intersect with the COVID pandemic and systemic challenges (e.g., limited pharmacy capacity). Highlights include:
- Viral suppression in Oregon remains higher than national estimates yet still falls short of our End HIV Oregon goal. Three-fourths (77%) of PLWH in Oregon were virally suppressed, a slight drop from previous years.
- Approximately half (47%) of people newly diagnosed with HIV were virally suppressed within 90 days of their diagnosis.
- There is a surge in new syphilis infections.
- Oregon continues to see inequities by race/ethnicity.
- A6 has a new campaign intended to engage the Black/African American community in Portland.

OHA also has many [data dashboards](#) that offer timely data on treatment, testing, and more. Data can be viewed by county, race/ethnicity, year, and more.

Discussion
- It's important to recognize that, despite concerning trends, we are still doing great work! The epidemic is changing and is impacted by social determinants of health.
- The data available on the dashboards is amazing! I periodically refer to it and am grateful it is there.
  - Me too!!
- Q: Do we have a map of where the A6 billboards are?
  - Billboards are located in the north, northeast, and east areas of Portland—including downtown, on Martin Luther King Jr. Blvd., and NE Killingsworth St.

340B Drug Pricing Program updates

To date, OHA has received the following updates related to 340B medication access from drug manufacturers:
- GSK has accepted OHA's request, granting an exception to its 340B contract pharmacy integrity policy to Oregon ADAP.
- Boehringer Ingelheim (BI) has accepted OHA's request, granting an exception to its policy. BI will allow access to active contract pharmacies registered to the covered entity on HRSA.
  - Exceptions are huge wins.
- OHA is waiting for a response from Bristol Myers Squibb (BMS).
- AstraZeneca denied OHA's request to provide an exemption from its contract pharmacy policy for Oregon's AIDS Drug Assistance Program. As a result of this decision, CAREAssist has carved out AstraZeneca from its rebate model.

MODA Delta Dental applications for 2024

Reminders:
- Please use the 2024 Delta Dental application.
- The address where the application should be mailed has changed (from MODA's address to CAREAssist's address). Completed applications should now be forwarded to CAREAssist.
- If a client's primary insurance is OHP, they are not eligible for CAREAssist Delta Dental unless they had other insurance when they were approved for CAREAssist Delta Dental.

Suggestions

A member suggested we reserve 10 minutes at the end of each meeting to hear from members about what they or their clients are experiencing.