CAREAssist Advisory Group Meeting Notes

March 19, 2025

Announcements

- CAREAssist has a new bilingual case worker, Efrain Chavez Martinez.
- Partnership Project will be moving to a new building at the end of May. More information about the move is forthcoming.

Pool Administrators Inc. (PAI) Transition Update

From January 1 through February 28, 2025, PAI processed 3,975 claims. Of these 3,975 claims, 3,134 (79%) were accepted and paid and 841 (21%) were denied. A total of 356 unique providers were paid. Reasons for claim denials include submission errors (e.g., lacks information or has billing errors, 30%), ineligibility (27%), duplicate claim/service submission (16%), and other reasons (27%).

The call center received 273 calls from providers, clients, and others. These calls included Medical Benefits Management (MBM) claim inquiries (47%), and MBM eligibility calls (12%), and general/other calls (38%).

Discussion

- Q: How does the number of denied claims compare to the same time period last year?
    - A: The number of denied claims has decreased by about 25%. A major reason for this decline is that providers can now submit claims electronically.
- Q: Are the duplicate claim calls higher than usual because of the transition?
    - A: This is possible.
    - Keep in mind that CAREAssist saw duplicate claims, as well. Sometimes a client and provider submit the same claim. Hopefully, we will see fewer duplicate claims in the future.
- PAI's current turnaround time is about 15 days. This is much faster than CAREAssist's previous turnaround time.

Medication Therapy Management (MTM)

Ramsell is the Pharmacy Benefits Manager for CAREAssist and offers MTM to eligible clients who are having difficulty adhering to medications. MTM is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence. At this time, 500 clients are enrolled. There is no cost to patients. Any HIV case manager can refer a CAREAssist client by completing a referral form, which is available on the CAREAssist website under the "Providers and Prescribers" section.

The core elements of MTM are:

- Medication Therapy Review
    - A Comprehensive Medication Review (CMR) once per year
    - Follow-up Targeted Medication Reviews (TMR) three times per year, plus Targeted Interventions (TI)
- Personal Medication List (PML)
- Medication Action Plan (MAP)
- Intervention
- Documentation and Follow-up

MTM services are supported by RamsellMTM, a web-based platform used by the pharmacist. This platform automates patient enrollment, performs standardized medication review and drug screening per specific standards of care, and equips the pharmacist with data to track client progress.

The HIV-specific CAREAssist screening and ranking process assesses patient history of ARV use, history of anti-psychotic/anti-manic medications, specific therapies (e.g., Trogarzo, Rukobia, Hep C Treatment), and adherence.

How does MTM work?

- Step 1: Screening: Patients are screened into the MTM program based on screening requirements. Clients can opt out if they wish.
- Step 2: Enrollment: Targeted clients are ranked and enrolled (ongoing process). Welcome letters are sent, and targeted Interventions (TI) are performed.
- Step 3: Encounters: Enrolled clients receive targeted interventions and an annual comprehensive medication review via phone. Medications are discussed and patient concerns are addressed. A patient medication list (PML) with directions for use is developed. A list of solutions and an action plan (MAP) is developed.
- Step 4: Patient/Prescriber Outreach: Patient/Prescriber communication includes individualized MAPs, PMLs, and patient and prescriber notices.

<u>Discussion</u>

- Q: How do you know what medications someone has taken?
    - A: Prescription claims from the PBM side are uploaded into the MTM system, which allows pharmacists to review the patient's medications.
- Q: Are clients who are enrolled in MTM also receiving case management services? Case managers don't want to duplicate services.
    - A: We ask clients if they have a case manager and can also learn about case managers via referral forms. We want to coordinate care as much as possible. If clients give Ramsell permission to contact their case manager, Ramsell does so.
- Q: What are clients' top concerns?
    - A: We hear things like, "I didn't get my medication because the pharmacy didn't have them ready."

- Q: Are clients asking for any specific type of education?
    - A: Not really. However, Ramsell discusses prevention with each client and customizes education based on identified client needs.
- CAREAssist/Ramsell has not received any referrals to MTM services from case managers since the direct referral process available to case managers was implemented in 2023.
- Q: Where are your clients located? Do you have demographic data on clients?
    - MTM serves clients throughout the state. CAREAssist has ZIPcode data and could conduct an analysis by region or county. CAREAssist has done this in previous years, with little response/questions/use from the community. Ramsell would also be happy to provide this information.
    - This information could help identify geographic areas where AETC should focus.
- The average age of a CAREAssist client is 54.89 years old.
- I am curious about why clients would refuse to engage in MTM.
    - A: The only opt-out reason for CY24 was being ineligible for MTM due to enrollment expiring/disenrollment.

Additional questions may be directed to RamsellMTM at 1-888-919-2268.

Client Eligibility Review (CER) pause

Due to limited capacity among CAREAssist staff, CERs are not being sent between February and May. CERs will resume in June. CAREAssist has been mailing monthly letters to clients with eligibility ending, informing them that a CER is not needed at this time and they will be reenrolled automatically. The data from this period will be incorporated with the CER pilot project data.

Anyone currently in a restriction period will get a CER mailed to them during the temporary pause period (because their eligibility period has already expired and we want them to have the opportunity to restore full benefits).

There is nothing that clients or case managers need to do—unless a client has a change in insurance, phone number, or address. As always, in those cases, they should call the assigned caseworker and provide the updated information or email the general inbox (care.assist@odhsoha.oregon.gov) with those updates.

Discussion

- Will folks who also have OHP and their annual CER falls between February and June not have to complete a CER until next year?
    - A: CAREAssist will contact them directly if needed. But as of right now CAREAssist will not be mailing them a CER to complete. Remember – Even though OHP clients, per the pilot project, are only getting one CER per year, CAREAssist still does a mid-year CER/check in-house.
- Many clients never know when a CER is due until they receive a prompt.

- Partnership Project appreciated the CER pause.

340B Drug Pricing Program Update

Over the past months and now years we have been talking a lot about 340B and drug manufactures changing polices making it difficult for 340B Covered Entities to operate and comply, so today we wanted to provide a 340B program overview that may be helpful for newer members of CAG and those veteran members that may need a refresher, by sharing how the CAREAssist program model leverages the federal 340B Drug Pricing Program and provide some additional information about things that continue to happen and how that could create instability for programs, like CAREAssist, that rely on the 340B Drug Pricing Program to fund their programs.

The 340B Drug Pricing Program is a federal program also administered by HRSA. Eligible providers who serve low-income persons are known as covered entities. Covered entities can purchase outpatient medications at a discount and are then able to obtain reimbursement through insurance when applicable. The purpose of the 340B Drug Pricing Program is to stretch scarce resources as far as possible, reaching more eligible people and providing more comprehensive services. CAREAssist is a covered entity, as well as many others (e.g., federally qualified health centers, rural health centers, HIV clinics, homeless clinics, critical access hospitals).

CAREAssist currently contracts with 36 pharmacies (including mail order) across the state to dispense medications to eligible clients. In turn CAREAssist replenishes the medications back to the pharmacy, and the pharmacy remits any insurance payments received to CAREAssist. CAREAssist currently utilizes 340B allowable reimbursements to fund approximately 80% of its program budget. When we are able, these funds have also been utilized to support other Ryan White funded services such as case management, housing, behavioral health, and early intervention and outreach services.

Manufacturer 340B Policy Changes

Since 2020, drug manufacturers have been changing their policies, making it harder for covered entities to obtain discounts. HRSA currently has limited authority to intervene. To date, CAREAssist has been able to mitigate these policy changes without service disruption (i.e., federal carve out, manufacturer waivers with DOJ assistance, process changes and complying with some manufacturers' requests). CAREAssist will continue to conduct additional assessments this year and review other state ADAP models to address additional losses and potential losses.

Manufacturer Lawsuits

CAREAssist and DOJ are tracking closely. Despite HRSA's lack of authority they continue to try to stop manufacturers from making 340B program changes without federal approval. Several manufacturers have sued the federal government. So far, HRSA has not been able to end restrictions on contract pharmacy program models. Several manufacturers recently filed a new lawsuit seeking to end insurance reimbursement by

implementing a rebate only model. These lawsuits are making their way through the courts now. If the courts agree that manufacturers may implement a rebate only model, all 340B covered entities including CAREAssist will lose program funding. We want to state clearly that this has not happened, and we don't know when or if it will. We continue to monitor.

State-Level Response

Many states have enacted law or introduced bills to prevent manufacturers from restricting drug pricing through contract pharmacy arrangements. So far, the courts have upheld these state laws.

Two similar bills have been introduced (HB 2385, SB 533) in the Oregon 2025 legislature that aim to make it unlawful for drug manufacturers to interfere directly or indirectly with a pharmacy or drug outlet acquiring 340B pricing, delivering 340B medications to health care providers, or dispensing 340B medications. These bills would also make it unlawful to request additional data, unless approved by HRSA. One bill has been introduced (HB 2057) that would not require that drugs be labeled as 340B drugs in a claim for repayment.

Discussion

- These bills are of interest to the Oregon Primary Care Association (OPCA). FQHCs plan to discuss 340B with representatives at the capitol. If interested, Dayna can connect you to the OPCA policy team.

Other topics

- Q: Sometimes CAREAssist clients get vaccines at the wrong place and end up with a big bill. Is there any way to add a note about where to get vaccines on the CAREAssist card?
    - A: This is something we could explore, but the CAREAssist card already has limited space. CAREAssist follows primary insurance, so if the insurer covers vaccines at the doctor's office, CAREAssist will cover the co-pay/deductible. CAREAssist also covers the vaccines carried at any CAREAssist contacted network pharmacy. Perhaps provider education around reviewing coverage prior to services would help address this, too.
- OHSU is in negotiations with United Health Care. Their contract will end March 31 if not renewed. Partnership Project is not hopeful that OHSU will be able to contract with them and is working with clients who have United Health Care to either 1) change plans if they want to stay at OHSU or 2) to switch to another provider.
    - Medicare seems to be aware of this negotiation.

The Role of the CAREAssist Advisory Group

The Ryan White HIV/AIDS Program legislation does not mandate an AIDS Drug Assistance Program (ADAP) advisory committee; however, the Oregon ADAP, CAREAssist, convenes an advisory group meeting quarterly. The CAREAssist Advisory Group is an open meeting comprised of clinicians, pharmacists, service providers, people with HIV, representatives from other RWHAP Parts, health department staff, contractors, and other state program staff. The advisory group convenes to address needs of the ADAP, which may include program policy, benefits, utilization, quality management, and formulary. The advisory group is a venue to share informed perspectives, advice, and recommendations. It is not a decision-making body.