

CAREAssist Advisory Group Meeting Notes

March 20, 2024

Announcements

- Because the Federal Poverty Guidelines change each year on March 1, CAREAssist has updated its Income Limit Chart; 550% of the Federal Poverty Limit (FPL) is now \$6,903 gross income/month for a household of 1 (previously it was \$6,683). The new figures are in effect through February 28, 2025.
- CAREAssist has two new case workers: Damarcus and Sara. Damarcus has the caseload for clients with last names starting with Cr - Han. Sara is a bilingual case worker and is still being trained. Her assigned caseload has yet to be announced.
- CAREAssist has finalized updates to the client handbook and is now working with the Publications Department to design the final product. The handbook was updated with feedback from clients, OHA staff, and partners.
- The [National HIV PrEP curriculum](#) was recently released. This is a great resource for primary care providers, pharmacists, and anyone new to PrEP!
- The 2024 [2SLGBTQ+ Meaningful Care Conference](#) is March 27, 2024 at the Portland Airport Sheraton and online. Registration is open!
- The Oregon Primary Care Association's annual conference is April 17-19 in Portland. The theme is Cultivating Health Equity. Visit orpca.org to register!
- Today is National Native HIV/AIDS Awareness Day. [Learn more here.](#)

Caseworker Training Quality Improvement (QI) Project

CAREAssist developed a Quality Improvement Project to address client responses on the 2023 Client Experience Survey related to benefit awareness through CAREAssist caseworker outreach. The caseworkers completed a twenty question survey to identify their training needs, and the outcomes also shaped the development of the training schedule, future improvement suggestions, and this project. The goals of this project are to:

- Increase the proportion of case workers who report being “very confident” in their ability to educate clients on how to navigate health and dental insurance systems from 20% to 80%
- Increase the proportion of case workers who report “often” providing a warm hand-off referral from 60% to 80%.
- Increase the proportion of case workers who know the steps to provide clients a warm hand-off referral from 60% to 100%.
- Increase the proportion of case workers who report “often” using the Support Networks and Client Resources sheet for client referrals from 60% to 80%.
- Increase daily community partner communication to an average of 90 minutes or more for each case worker.



- Increase daily client communication to an average of 90 minutes or more for each case worker.

To help achieve these goals, CAREAssist will implement the following training schedule:

- March: CAREAssist leadership will review and role play a client situation that occurred recently and how to determine the difference between the CW and case management/medication therapy management.
- April: CAREAssist leadership and case workers will role play 1) problem solving barriers with clients, 2) when to reach out/engage clients to address health barriers preventing a client from achieving or maintaining viral suppression, and 3) suggestions for ways to talk to clients about accessing support networks and/or a therapist or medical provider.
- May: Each case worker will present one client scenario, and CAREAssist leadership will provide feedback on how to respond verbally and in writing (referencing policies and procedures whenever possible).
- June: Trainings will address 1) HIV case management in Part B vs. Part A and 2) steps to refer clients to) HIV case management, SNAP, community food pantries, medication therapy management.
- July: Trainings include 1) an overview of our 340B CAREAssist model (How do we generate revenue? What is rebating? Why is our model unique?) 2) Third Party Claims Administration (TPA) transition to an outside vendor (How will the TPA vendor change case worker responsibilities? Will clients be able to directly communicate with the vendor?)
- August: Trainings include 1) Community Vision programs, 2) a Delta Dental training presentation, 3) Roleplay/Problem Solving.
- September: Documentation trainings include 1) Tips and tricks for the CAREAssist software, 2) Documentation details in the event log, and 3) Accessing CAREWare.
- October: Trainings include an 1) OHOP presentation (including LIHEAP) and 2) Medication/Pharmacy issues problem solving, PA requests/questions steps.
- November: Trainings include 1) organization tips and time management strategies, 2) how to manage workloads during open enrollment.
- December: Discuss this year of training: What's next? Plan for the 2025 caseworker training survey: Did we meet our training goals?

Discussion

- This is a great training plan. Partnership Project would be willing to help contribute to these trainings.
- Q: What is the TPA?
 - A: Third Party (Claims) Administration
- Q: Is there a plan to field calls related to eligibility or active status with CAREAssist?
 - A: Folks could call a CAREAssist case worker or call the TPA vendor.
- Q: When someone calls CAREAssist, is there a live person who answers the phone?



- A: CAREAssist uses a phone tree now. This was implemented a year ago and has worked well. Calls go directly to the person requested or to their voicemail if they are unavailable. Option 2 connects callers to caseworkers, by alphabet assignment, and Option 4 reaches TPA staff.

Open Enrollment Summary

Client enrollment

- 1,694 clients enrolled in a Medicare Advantage or Part D Drug plan.
- 858 clients enrolled in the Oregon Health Plan (OHP).
- 648 clients enrolled in an employer group health insurance plan.
- 543 clients enrolled in an off-exchange plan.
- 10 clients not enrolled in health insurance – not eligible for OHP / Special Enrollment Period.
- 5 clients were approved to keep or enroll in a qualified health plan through healthcare.gov

What worked well?

- Consistent communication with community partners
- Sharing open enrollment responsibilities among multiple staff
- Binder payments prioritized for new health insurance applications

What could be improved?

- Verify enrollment or premium information with additional types of documents.
- Verify enrollment or premium information with rosters received from carriers in a more timely manner.

Discussion

- Q: Unwinding will continue to happen through February 2025. The IEA (Insurance Exception Application) process might become more burdensome given the number of clients transitioning to off-exchange plans. Could open enrollment start earlier next year?
 - A: CAREAssist plans to review the IEA process and identify areas of improvement—ensuring there is time to train case workers prior to enrollment.
 - Case Workers are tracking approved IEAs on file and should be reaching out prior to or during open enrollment to verify if an IEA is still necessary for the next year and to request updated documentation.
 - Partnership Project will share the number of clients who completed an IEA with CAREAssist.
- For clients who are uninsured, CAREAssist keeps track of whether there are income changes or eligibility changes that allow them to access insurance. Clients are also required to notify CAREAssist if access to other health insurance changes.



- The off-exchange auto-enrollment made the open enrollment process easier this year. CAREAssist will use auto-enrollment letters as proof of enrollment and premium verification next year.

Bridge Change

With HRSA guidance and in efforts to support Rapid Start, CAREAssist made a policy change in December 2023; The Bridge effective date is the date of either the provider's signature **or the Ryan White case manager's signature**—not the date CAREAssist receives the Bridge application. The Provider may backdate the bridge 14 days from the date CAREAssist receives it to ensure that applicable Bridge covered benefits will be covered from date seen or positive diagnosis. This allows providers additional time to complete the three-page bridge paperwork and submit to CAREAssist. Partners should keep in mind that for CAREAssist to participate in a Rx claim, CAREAssist must have the Bridge application. Information from the Bridge application is entered in the CAREAssist system which shares that information with the CAREAssist Pharmacy Benefits Manager (PBM) to allow adjudication of Rx claims across the Preferred Pharmacy Network. *Ryan White case managers may sign the Bridge application in lieu of a provider signature.

340B Drug Pricing Program Update

Thirty-one drugmakers have instituted various types of 340B contract pharmacy restrictions—primarily on 340B hospitals, but 340B grantees like ADAP have also experienced restrictions. Drug companies first implemented 340B contract pharmacy conditions in July 2020, and more adopted the practice following a prominent, early 2023 court decision. The U.S. Third Circuit Court of Appeals in Philadelphia decided in January 2023 that drugmakers are not required to provide 340B prices to an “unlimited number of contract pharmacies” under the federal 340B statute. Two other appellate courts are expected at any time to issue decisions in similar cases on the legality of 340B contract pharmacy restrictions.

CAREAssist moved the following drug manufacturers to rebate only after exception requests were denied: Amgen (effective 3/20), AstraZeneca, Bausch Health, Bristol Myers, Eli Lilly, and Gilead for hepatitis C medications only. These manufacturers denied CAREAssist's exception request.

CAREAssist was granted waivers by Boehringer Ingelheim and Glaxo Smooth Kline.

The Oregon legislative session is over and a bill that ADAP supported that would have ensured 340B protections in Oregon did not move forward, but we expect it will reappear in the 2025 long session. Similar legislation has passed in more than 20 state legislatures.



At the federal level, there is a bill sponsored by Congresswoman Matsui (Democrat - California) that shows promise. The sponsor is seeking a republican to co-sponsor the bill. The content of this bill would put an end to persistent drug company restrictions on the use of contract or community pharmacy agreements in 340B.

[Arkansas](#) and [Louisiana](#) are the only two states to enact 340B contract pharmacy laws. The U.S. 8th Circuit Court of Appeals [upheld Arkansas' law](#) on March 12, and the Louisiana law remains subject to multiple ongoing legal challenges from the drug industry.

Mississippi was the fifth state with a contract pharmacy bill to pass at least one legislative chamber this session. Bills in Virginia and [West Virginia](#) passed both legislative chambers and are awaiting action from their governors, and bills in Massachusetts and [Kentucky](#) passed their respective state senates.

At the Federal level, there is a bill that, if passed, would put an end to persistent drug company restrictions on the use of contract or community pharmacy arrangements in 340B.

Discussion

- Q: Are there opportunities for community partners to help advocate?
 - A: Folks can reach out to drug manufacturers, state legislators, and/or HRSA to voice concerns.
- Q: Is NASTAD advocating, as well?
 - A: Yes.
- These changes have created an administrative burden for CAREAssist around tracking and monitoring financial impacts.
- Q: How do these changes impact CAREAssist financially?
 - A: It's too early to tell. OHA will be assessing the financial impact in the coming year.