

CAREAssist Advisory Group Meeting Notes

June 18, 2025

Announcements

- The Multnomah County Health Services Center has two case manager vacancies and will also be hiring a Rapid Start Navigator soon.
- The HIV Continuum of Care Conference will be October 21 - 23. Registration information will be shared in July.

TPA Compliance

HRSA Policy Clarification Notice, PCN, #16-02 states that ADAP is allowed to pay health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients. However, HRSA rules prohibit ADAPs from using Ryan White funds to cover inpatient services. All ADAP grantees recently received a letter with a reminder of this rule under PCN #16-02.

It is possible that CAREAssist paid some inpatient care medical co-pays in the recent past due to 1) a lack of capacity to monitor and interpret in-patient claims (CAREAssist receives approximately 36,000 medical claims per year) and 2) the use of different funding sources that are no longer allowable. However, the new TPA vendor, PAI, can meet this federal requirement and will deny in-patient claims, as they do for all other ADAP programs per federal requirements that they serve. This month, CAREAssist clients with insurance other than Medicaid will receive a letter advising that CAREAssist is unable to pay for medical copays associated with in-patient care as this is a requirement of the federal agency that funds CAREAssist. A notice including the client letter will be sent out on the Listserv..

Discussion

- Q: Is this a big issue?
 - A: We do not foresee this being a big issue, but we also do not have the data to confirm that. Clients will receive denials in the same manner that they already do when a service they receive is not covered by insurance.
- Q: What is the impact for clients who have inpatient care? What changes for them, and what should they do?
 - A: If CAREAssist/PAI receives an inpatient claim, the client will receive a letter stating the claim was denied. This is the same procedure for all other denial reasons.
- Q: Does this also apply to mental health services?
 - A: This applies to any services that are inpatient.

- Q: Do you have any data on how many inpatient service claims CAREAssist receives?
 - A: CAREAssist's aging data system and staff did not have capacity to track the number of inpatient claims in the past that may have been paid or denied. CAREAssist receives approximately 36,000 claims per year.
- Q: When does this policy go into effect? I am concerned this will be an issue for clients. Will the CAREAssist website be updated to communicate this policy?
 - A: This HRSA rule has already been in effect. PAI is effective now, so it's possible that clients could be experiencing inpatient claim denials now, just like other claim denials. Keep in mind that clients will be receiving a letter to communicate and remind of this policy soon.

Utilization Management (UM)

In quarter 1 of 2025:

- 3,328 clients were eligible for benefits (includes Medicaid clients, who can use non-CAREAssist pharmacies).
- 2,104 clients received coverage for any drug (Note: Some clients receive coverage via other insurance).
- On average, clients picked up ARV refills 3 days after the fill date.
- Average ARV adherence was 91%.
- There were 19,261 claims (includes multiple claims by the same client, and includes both ARVs and other medications). An individual claim may be for a fill longer than 30 days.

In quarter 1 of 2025, the following claims were filled by the top 15 pharmacies (excludes specialty pharmacies):

- All Credena claims: 38% (brick and mortar and mail order)
- All CVS claims: 33% (brick and mortar and mail order)
- All Safeway claims: 18%
- All Kaiser claims: 11%

In quarter 1 of 2025, scripts were filled by multiple pharmacies, including:

- Credena Health (specialty mail order): 5,005
- CVS on NW 23rd in Multnomah County: 3,955
- Multnomah Westside: 2,189
- Kaiser Automated Refill Center in Portland: 1,081

Discussion

- Note that some Portland pharmacies (e.g., mail order) serve clients throughout the state.
- Mail-order has pros and cons, depending on the client.
- Safeway is still very important in rural Oregon.

- Some people in rural Oregon only have access to a P.O. Box address and are not well positioned to use mail order services. Using general delivery is also a challenge.
- Some doctor's offices allow patients to use their office address for medication delivery and pick up.
- Q: Could clients get 6-month refills to help address transportation challenges that impact their ability to pick up refills?
 - A: Primary insurance providers set limits on the refill period. Some allow 90-day refills, but it depends on the insurance provider.
 - There are some federal and state restrictions on certain drugs (e.g., controlled substances) that impact refills, as well.
- There is a list of CAREAssist in-network pharmacies on the Ramsell and [CAREAssist](#) websites.
- Credena Mail order can use P.O. Boxes for USPS (Mail). To reach the Credena pharmacy team that serves CAREAssist patients, call 971-394-0340.
- Pharmacists play a critical role in patient care.
- Some other states (e.g., Arizona) have been using solely mail order pharmacies for years. CAREAssist and Ramsell plan to learn more about their experience.
- Credena has been very client-focused and responsive.
- As of today, there are 3,232 active CAREAssist clients.
- Q: I wonder about patients who get to an out-of-pocket maximum on copays. Are those claims no longer processed by Ramsell?
 - Hopefully, they are. Ramsell and CAREAssist encourage clients to use CAREAssist pharmacies after they reach their out-of-pocket (OOP) maximum. However, some clients might use a non-CAREAssist pharmacy for convenience.
 - When clients leave the CAREAssist network, even after the OOP maximum is met, the program no longer benefits (i.e., receives insurance reimbursements and/or rebates for these drugs).
- Q: Do you think most clients are aware of when they hit their OOP maximum?
 - A: Our best guess is half are aware and half are not.
- Q: Shouldn't all eligible clients be receiving a refill within a quarter?
 - A: It depends on the date of refill. If someone's medication is filled April 1, it is not captured in quarter 1. Also, some patients may be using a non-CAREAssist pharmacy.
- Q: Why are "days late" happening?
 - A: This is a reflection of when clients pick up their prescriptions (not when they take their medications). Three days late is actually relatively good since people do not always pick up prescriptions on the day they are filled.
- Q: Why do eligible clients appear to be declining? Did something change?
 - A: It could be that more clients are eligible for Medicaid with expansions. Some fluctuation is normal.

Medication Therapy Management (MTM)

Oregon CAREAssist's Medication Therapy Management (MTM) Program goals include 1) adherence improvements, 2) adherence to DHHS guidelines, 3) collaboration with the health care team, 4) minimize adverse drug events, and 5) patient education. There are 500 clients enrolled.

The HIV-specific CAREAssist screening and ranking process considers client 1) history of ARV use, 2) history of anti-psychotic/anti-manic medications, 3) specific therapy (e.g., Trogarzo, Rukobia, Hepatitis C treatment), and 4) adherence rating (lowest to highest). Clients meeting multiple criteria are ranked higher.

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.

Of the 4,972 MTM encounters from 2022 - 2024, counties within the Portland metro area accounted for 3,323 encounters, while those outside of the metro area accounted for 1,649 encounters.

The most common reasons for patients being opted out of MTM are 1) the client's ADAP enrollment expired and 2) a pharmacist was unable to contact the patient to verify their phone number.

Of the 47 clients whose ADAP enrollment expired in 2023:

- 21 (45%) resided in Portland.
- 38 (81%) were male, 8 (17%) were female, and 1 was transgender.

If you have questions about MTM, you can call Ramsell at 1-888-919-2268. 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.

Discussion

- Q: Are patients automatically opted in based on the criteria on the earlier slide and they have to call to opt out? What is the criteria to disenroll someone if there is no

response to outreach? Are the encounter numbers outreach attempts or are these all patient interactions?

- A: Patients are screened into the CAREAssist program based on the enrollment criteria set by the program. Once screened, eligible clients are uploaded into the RamsellMTM system and made active. Each patient is mailed a welcome letter informing them of their enrollment into the program. If an enrollee chooses not to participate, they can opt out by calling the toll-free number provided in their welcome letter. Alternatively, they can communicate their intent to the pharmacist when called for an encounter. When there is no response to outreach, the client is moved out of the Complete Medication Review (CMR) queue, which requires them to talk to a pharmacist. However, system generated Targeted Interventions (TI) are maintained. This allows for clinical reviewing and identifying red flags even if there is no verbal communication with the client. An encounter is a patient-pharmacist interaction. Encounters can be classified as 1) Completed Medication Reviews (CMRs) or 2) Targeted Medication Reviews (TMR)/Targeted Interventions(TIs).

MODA Dental Utilization

CAREAssist's "Dental Drives" have proven to increase the number of clients signing up for the program's dental insurance benefit through MODA Delta Dental. To assess dental care utilization among clients who have this benefit, CAREAssist analyzed dental co-pay data from April 2015 - May 2025.

Of the 1,808 CAREAssist clients enrolled in MODA Delta Dental insurance, more than one-third (39%) have never had a co-pay paid by CAREAssist (including "zero-dollar" copays). Nearly one-third (30%) had 1-5 copays, 17% had 6-20 copays, and 14% had 11-35 copays. What factors contribute to the large number of clients who have never accessed dental services through CAREAssist (e.g., never had a dental co-pay)? What needs to happen to increase utilization?

Discussion

- It is difficult for folks to establish care, especially if they have never had dental coverage.
- This seems like a linkage and education issue. Dental services are often part of preventive care.
- Some people have dental trauma and are afraid to go to the dentist.
- Some medical providers have intake questions such as, "Have you seen a dentist recently?" These questions might help prompt linkage to dental care.
- Members expressed interest in seeing demographic data on dental utilization. CAREAssist will investigate and report findings at the next CAG meeting.

340B and Legislative Updates

The 340B Drug Pricing Program is a federal program that allows “covered entities” (e.g., safety net providers like ADAPs) to purchase reduced-cost pharmaceuticals. CAREAssist contracts with a network of pharmacies to deliver ART and other medications to clients. When a CAREAssist client uses a network pharmacy, CAREAssist obtains insurance reimbursements and/or rebates for these drugs. Savings fund client co-pays, premiums, and 80% of program services. These funds are also used to support other Ryan White funded services such as case management, housing, behavioral health and early intervention.

Background

In 2020, at least 29 drug manufacturers began restricting distribution of 340B priced drugs to contract pharmacies. These restrictions eliminated CAREAssist’s ability to obtain insurance reimbursements. Between 2023-2024, CAREAssist sustained more than \$500,000 in losses to program revenue because of these restrictions.

Some restrictions are impossible for CAREAssist to implement (e.g., requiring one central-fill pharmacy or eliminating mail-order). CAREAssist clients live in all Oregon counties, and more than half live outside Multnomah County. It would be unfair and unrealistic, for example, to expect a client living in Pendleton to travel to Portland each month to obtain medication. Moreover, Oregon has a pharmacy shortage. Among U.S. states, Oregon is ranked 2nd for the fewest pharmacies per capita.

Good news (and a few notes of caution)

To respond to this problem, the Oregon State Legislature passed a 340B Pharmacy Protections Bill (HB2385), which:

- Prohibits drug manufacturers from denying, restricting, prohibiting or otherwise interfering directly or indirectly with the acquisition of a 340B drug, delivery of a 340B drug to or dispensation of a 340B drug by a pharmacy that has contracted with a covered entity.
- Prohibits drug manufacturers from requiring a Covered Entity (like CAREAssist) to submit a claim or utilization review data as a condition.
- Imposes a civil penalty of up to \$5,000 per day for manufacturer violations.
- Goes into effect in October 2025.

Over 30 states have passed legislation involving 340B protections. However, the federal 340B landscape is unclear. Many state laws have been challenged, but fortunately, most have been upheld. We should expect ongoing challenges to 340B in Oregon, including industry lobbying and overall confusion about the program and its structure.

CAREAssist has been tracking this issue closely and will begin implementation in October (when the law goes into effect). CAREAssist and its community partners (e.g.,

Oregon Primary Care Association [OPCA]) will continue to monitor the issue to ensure patient protections.

CAREAssist had no new manufacturer carve-outs since the last CAREAssist Advisory Group meeting. Because of this new law, CAREAssist will be moving the manufacturers that have been carved out back into the program model.

Discussion

- Q: Does the legislature not understand how this program works—and the cost to the state if it would fail?
 - A: This is a complicated issue that requires some education. State staff are not allowed to advocate, but they can educate. Staff have educated and are likely to continue to educate legislators. However, there are many industry lobbyists sharing messages that may contribute to the confusion among lawmakers. Moreover, state lawmakers may be focusing on other 340B programs that have much larger budgets than CAREAssist (e.g., hospitals and FQHCs), and may not understand the impact 340B restrictions have on CAREAssist. We will continue to provide information about the impact of 340B on CAREAssist to lawmakers and community partners.
- OPCA has an online newsletter that can help folks stay updated about this new law and related efforts. If you go to the [OPCA website](#), there is a pop up to join the newsletter.

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 composed 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.

