New York State Department of Health
HIV Uninsured Care Programs

AIDS Drug Assistance Program (ADAP)
ADAP Plus (Ambulatory Care)
HIV Home Care
ADAP Plus Insurance Continuation (APIC)

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New York State
HIV Uninsured Care Programs

**Mission**
To provide access to care for all New York residents with HIV

**Dual Goals**
1. To empower individuals with access to care
2. To provide a stable funding stream for providers
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New York State
HIV Uninsured Care Programs

Key Features

- Inclusive eligibility criteria
- User friendly
- Confidentiality
- Comprehensive formulary and continuum of ambulatory care
- Broad network of providers
- Provider friendly
- Medicaid compatibility
- Advisory Workgroup for community involvement
- Cooperative funding
- Centralized administration/operation
HIV Uninsured Care Programs
Eligibility Criteria

♦ **Residency** = NYS

♦ **Medical**
  
  ⇒ ADAP & ADAP Plus = HIV+
  
  ⇒ Home Care = HIV illness or AIDS, and chronic medical dependency

♦ **Financial**
  
  ⇒ Income < $44,000/year for household of 1
  
  ⇒ Liquid Assets < $25,000
## New York State AIDS Drug Assistance Program

**Formulary (more than 450 drugs as of 12/31/03)**

### Antiretroviral Drugs
- **Nucleoside Analogs** - 10
- **Protease Inhibitors** - 7
- **NNRTIs** - 3
- **RRI** - 1
- **Fusion Inhibitor** - 1

### PCP Prophylaxis & Treatment
- 9

### Anti-Neoplastics
- 16

### Treatments for Opportunistic Infections
- 45

### Treatments for HIV/AIDS Related Conditions
- 16

### General Medications
- **Antibiotics** - 43
- **Analgesics** - 21
- **Anti-diarrheals/malabsorption** - 6
- **Psychotropics/anticonvulsants** - 60
- **Topical Steroids** - 33
- **Sinusitis Medications** - 49
- **Cardiac Medications** - 70
- **Hyperlipidemia** - 12
- **Gastrointestinal** - 15
- **Insulin and related drugs** - 13
- **Bronchodilator/Respiratory Inhalants** - 22
- **Hepatitis C** - 1
- **Hematology** - 4
- **Urinary Incontinence** - 3
- **Ophthalmology** - 34
- **Gynecological** - 3
Services
- Comprehensive Medical Evaluation
- Disease Monitoring - Routine/Intermediate Visits
- Drug Administration
- Transfusions

Clinic Visits & Physician Visits
- Primary Care
- Neurological
- Dermatology
- Family Planning
- Nutritional Assessment and Counseling
- OB/GYN
- Pediatric
- Specialty Medicine
- Oncology
- Directly Observed Therapy
- Ophthalmological
- Dental & Oral Surgery
- Mental Health (24 visits)

Other Services
- Ambulatory Surgery
- Oral Nutritional Supplements
- Vitamins and Minerals (selected list)
- Laboratory Services (selected list)
- Viral Load Test
- Resistance Test (genotype & phenotype)
HOME CARE PROGRAM

- Skilled Nursing
- Home Health Aide
- Homemaker Service
- Personal Care Aide
- IV Therapy Administration & Supplies
- Nutritional Assessment and Counseling
- Adult Day Health Care
- Limited Rehabilitative Therapy
- Durable Medical Equipment

Note: A maximum lifetime benefit of $30,000 for home care services is allowed.

EXCLUDED SERVICES

- Emergency Room
- Inpatient Services
- Pharmacy (Drugs not covered through ADAP)
- Ancillary Services - Any service, lab or procedure not included in the clinic visit.
- Rehabilitative Therapy (Vocational, Physical, Speech, etc.)
- Counseling & Testing
- Substance Abuse & Alcoholism Services/
  Methadone Maintenance
- Case Management/Social Work
- Psychiatric/Mental Health (Extended visits)
Implemented on 7/1/00

Pays the insurance premiums of individuals who:

♦ Are unemployed and eligible to continue their insurance (COBRA)
♦ Are employed but the premium cost is a barrier to continuation
♦ Have self-pay insurance

Eligibility:

♦ Residency, Financial & Medical = same as ADAP
♦ Cost effective insurance policy = individual assessment
♦ Premium cost is a barrier = premium versus income test
♦ Quality of coverage assessment

If employed and eligible for work related insurance coverage:

♦ Employer must contribute more than 50% of premium
AIDS Deaths in New York State Residents 1990 - 2002

Source: Bureau of Biometrics/NYSDOH

*2002 data is provisional
Number of Cases Alive With AIDS at the End of Each Year, by Sex, New York State

* Data as of May 2003

NYSDOH/BHAЕ
New York State - ADAP Active Enrollment

1st day of each month enrollment
New York State AIDS Drug Assistance Program

Gender by Year of Enrollment

October 1987 - December 2003
72% of participants were still active on 12/31/2003
ADAP RACE/ETHNICITY
Race/Ethnicity By Year of Enrollment

October 1987 - December 2003
Users by Month - January 1995 through March 2004

Users by Month - Nucleoside Analogs, OI Meds, Protease Inhibitors and All Drugs

Formulary Changes: 1/1/96 - Reduction; 7/1/96 - Protease Inhibitors added; 9/1/96 - General Meds restored; 12/1/96 - Restored remaining drugs
Government and Community Partnership on Drug Pricing

Fair Pricing Coalition

- Treatment advocates and government payors
- Engage senior management of drug companies in pricing discussions
- Primary focus on initial pricing of new drugs and price freezes

ADAP Crisis Task Force

- 10 ADAP/AIDS Directors representing 70% of the buying power of ADAPs
- Negotiated pricing concessions with all eight antiretroviral drug manufacturers
- $60M - $65M savings to ADAPs nationally from first round
- All ADAPs benefit equally
- Coordinate efforts with the Fair Pricing Coalition and other advocacy groups
- Continuation and expansion of efforts to secure the best possible price for ADAPs
Protease & Entry Inhibitors by FDA Approval Date
Protease Inhibitors added on 7/1/96
Non Nucleoside Reverse Transcriptase Inhibitors (NNRTI) added 9/1/96
Fusion Inhibitors added 5/15/03
Primary Care
Users by Month
New York State ADAP Cost Containment Principles

- Do the least clinical harm
- Maintain HIV health care infrastructure
- Consistency with Program Principles - whenever possible
- Spread the Pain
- Reversible measures if fiscal situation changes
- Tiered approach for phased implementation
- Administrative Factors = Ease, speed and cost of implementation
- Avoid unintended consequences
New York State ADAP
Cost Containment Contingency Plan

- Developed by Clinical Subcommittee
- 7 Tiers @ $5 M/Tier for Phased Implementation
- Tiers 1 to 4 recommended by Steering Committee
- Restrictions and Elimination of Drugs and Services
- Reduced Payments to Providers
- Restrictions on Eligibility
New York State ADAP
Cost Containment Contingency Plan (continued)

Tier 1 - Implementation date = 02/15/03

- Limit number of clinic and dental visits per year

- Limit refills to 5 per prescription, and encourage participants to avoid unnecessary filling of prescriptions

- Mandatory generics

- Begin restructuring of coverage of nutritional supplements by restricting daily quantity limits.

- Eliminate certain high cost drugs, where there are less expensive alternatives

- Encourage participants to apply for other coverage (Medicaid, Medicaid Spenddown, Family Health Plus, etc.)
New York State ADAP
Cost Containment Contingency Plan (continued)

Tier 2
- Reduction in payments to pharmacies and health care providers
- Further restructuring of nutritional coverage, and
- Elimination of coverage of lower priority drugs and categories of drugs

Tier 3
- Further reductions in payments to pharmacies and providers
- Further reduction and restriction of formulary, and
- Restrictions on coverage of participants with partial insurance

Tier 4
- Major reductions to formulary and covered services
New York State AIDS Drug Assistance Program

Program Status

4/1/04

- Regained financial stability
- Deferred implementation of the remaining cost containment tiers
- Expanded the formulary and covered services in high priority areas:
  - New antiretrovirals - Fuzeon, Emtriva, Reyataz and Lexiva
  - Hepatitis C - pegylated interferon and ribavirin, viral load and genotype tests
  - Voriconazole for fungal infections
  - Testosterone gel (Androgel and Testim) for wasting syndrome
  - New psychotropics - aripiprazole, escitalopram, ziprasidone HCL
  - New anticonvulsant - oxcarbazepine
New York State AIDS Drug Assistance Program

Future

- Continued growth in enrollment with:
  - Inclusive eligibility criteria
  - Comprehensive outreach program

- Further refinement of drug and service coverage to address emerging HIV related conditions

- Unknowns
  - Medicare Prescription Coverage
  - Medicaid Reform
  - Federal Funding
  - Ryan White CARE Act Reauthorization