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Coordination of Benefits

Julie Cross and Christine Rivera
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NASTAD and AIDS Drug Assistance Programs (ADAPs)

Who we are – NASTAD represents the nation’s chief state health agency staff who have programmatic responsibility to administer AIDS health care, prevention, education and supportive service programs funded by state and federal governments. Within the Ryan White Program, our members are responsible for Part B funds AIDS Drug Assistance Programs (ADAPs).


What we do – Provide programmatic TA to state and territorial ADAPs through a wide variety of mechanisms: peer-to-peer referrals, material distribution, on-site TA, ADAP listserv, National ADAP TA Meeting, National ADAP Monitoring Project, and the ADAP Watch release.



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Presentation Overview

- What is coordination of benefits?
- Ryan White Mandates
- Screening for Other Payers
- Medicare Part D
- Social Security Administration Disability Review
- Discussion



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What is Coordination of Benefits?

- Coordination of Benefits (COB) is the process by which ADAPs can identify the health care benefits available to clients applying for or enrolled in the ADAP program.
- It is ADAPs responsibility to ensure that claims are paid correctly, to identify the primary payer for a client, and to verify that ADAP is the payer of last resort.



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Mandates

- Payer of last resort
- General concepts that impact all grantees
 - Cost-effectiveness
 - Comprehensiveness



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Screening for other Payers: Screening Questions

- Avoid closed screening questions: "Are you eligible for Medicaid?"
- Use open-ended questions: "Do you know who pays for your medications and doctors visits?"
- Use screening questions that may identify potential payers:
 - "Have you stopped working recently?"
 - "Are you having difficulty working or functioning due to health problems?" (physical or emotional)
 - "Have you been recently hospitalized?"



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Screening for other payers: "Show me the money!"

- It is generally easier for an individual to identify their source of income vs. identifying their source of health coverage.
- Evaluating an individual's source of income will provide a solid indicator of what their health coverage is:

Income	Health Coverage
Social Security Disability Insurance (SSDI)	Medicare
Social Security Retirement	Medicare
Supplemental Security Income (SSI)	Medicaid
Employment or Support from Spouse or Domestic Partner	Potential Group Insurance Coverage
Unemployment, state disability or short-term disability	Potential COBRA
Veteran's Compensation/Pension	Potential VA Health Coverage



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Advent of Medicare Part D

- In 2006 Medicare added prescription drug coverage to their benefits package.
- Levels of coverage vary based on income/assets and linkage to other public benefit programs.
- Beneficiaries access benefits through a network of private Part D plans or managed care organizations.
- ADAPs experienced some cost-offset. ADAPs expect to see reduction in savings over time (one time transition of Medicare eligible clients over to Part D coverage, increased drug plan costs).



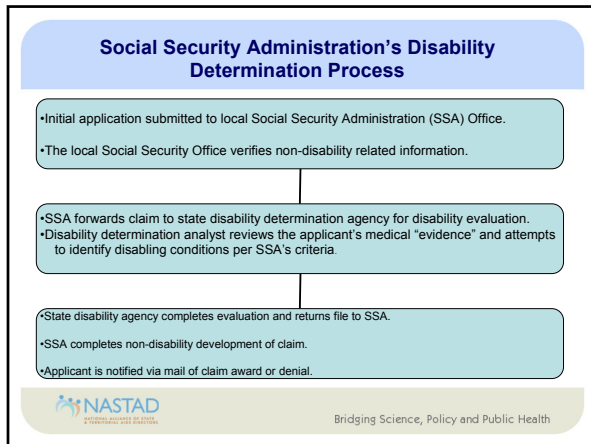
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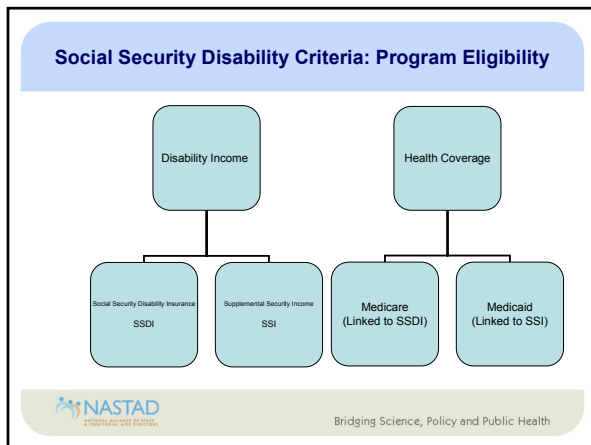
Part D and Coordination of Benefits

- Most ADAPs coordinating some services with Part D benefit for clients – co-pays, deductible, premiums
- ADAP expenditures not allowed to count towards True out-of-pocket costs (TrOOP)
- Therefore, ADAPs should be coordinating with TrOOP facilitator to ensure that this is not happening
- Data Sharing Agreements with CMS as an option
- Coordination of Benefits Information on CMS website:
 - http://www.cms.hhs.gov/COBPartD/01_overview.asp




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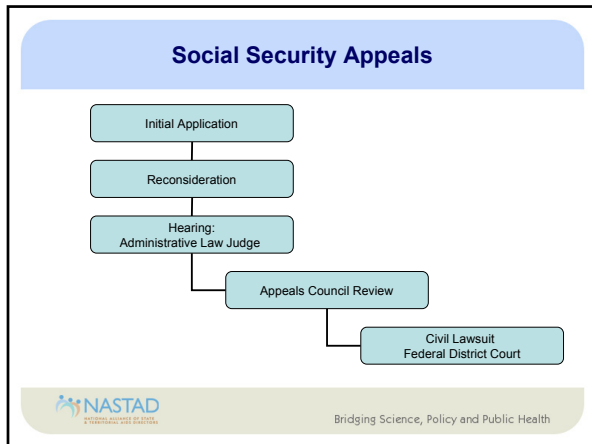


Social Security's Disability Criteria: HIV & AIDS

- 1993: Last major revision to SSA's immune system disorders criteria including their HIV/AIDS disability criteria.
- HIV/AIDS criteria primarily focused on 41 opportunistic infections which were common prior to the introduction of HAART.
- High denial rate for HIV/AIDS claims evaluated after 1996/97 (HAART) due to the outdated HIV disability criteria.




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Social Security's Disability Criteria: Revisions to the Immune System Disorders Criteria

- June 16, 2008: Social Security implemented revisions to the immune disorders disability criteria including the criteria for HIV & AIDS related disability.
- Revised HIV/AIDS criteria recognizes disabling complications related HIV and provides improved instructions for HIV/AIDS disability evaluation.


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Important changes to the HIV/AIDS Disability Criteria

- Clarifies disability evaluation instructions:
 - Improved definitions of complications related to treatment, treatment resistance, structured treatment interruptions and recurrence of symptoms and/or conditions.
 - Provides improved instructions regarding evaluating disability based on "new" (post 1993) laboratory tests and diagnostic procedures.
 - Defines unique complications for women with HIV.
 - Clarifies complications related to chronic conditions and treatment side-effects.
 - References cognitive and mental limitations.
 - Revised criteria does not attempt to terminate the claims of persons who are currently receiving benefits.


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Timelines

- Revised listing established for 8 years. SSA is permitted to update listing within the 8 year period.
- SSA is seeking additional information regarding their HIV/AIDS disability criteria through their "Notice of Proposed Rule Making" process.



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Implications for the HIV Community

- Potential increase in number of persons with HIV qualifying for SSDI, SSI, Medicare and/or Medicaid.
- Potential for more efficient adjudication of claims. Fewer claims escalating to appeals.
- Individuals who were denied eligibility under the 1993 disability criteria may consider re-applying under the new criteria.
- Increased need for third-party-payer education and training.



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Resources

- Social Security Administration
 - www.ssa.gov
- Social Security Disability Listing: Immune Disorders
 - <http://www.ssa.gov/disability/professionals/bluebook/14.00-Immune-Adult.htm>



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What is Your State Doing?

- Tips
- Ideas
- Discussion



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Contact Information

Julie Cross
Benefits Consultant
California Department of Public Health
Office of AIDS
Phone – (626) 358-0996
E-mail – julie.cross@cdph.ca.gov

Christine A. Rivera
Director
New York State Department of Health
Uninsured Care Programs
Phone – (518) 459-1641
E-mail – car05@health.state.ny.us



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Contact Information – NASTAD Staff

Care and Treatment Program Staff:

- Beth Crutsinger-Perry, Associate Director, Care and Treatment – bcrutsinger-perry@nastad.org
- Ann Lefert, Associate Director, Government Relations – alefert@nastad.org
- Angela Seegars, Manager, Care and Treatment – aseegars@nastad.org
- Britten Ginsburg, Senior Associate, Care and Treatment – bginsburg@nastad.org

National Alliance of State and Territorial AIDS Directors

444 N. Capitol Street, NW
Suite 339
Washington, DC 20001
Phone – (202) 434-8042
Fax – (202) 434-8092
www.NASTAD.org



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