2021 Virginia Medication Assistance Program

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Executive Summary

Uninterrupted access to HIV treatment is key to achieving long-term viral suppression for people with HIV infection resulting in optimal individual health outcomes and prevention of HIV transmission. The Virginia Medication Assistance Program (VA Map), formerly the AIDS Drug Assistance Program, is a state-administered program authorized under Part B of the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 that provides access to HIV medications to low-income people living with HIV who have limited or no health coverage. VA MAP provides access to medications directly and through the purchase of health insurance coverage on the federal Marketplace. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that VA MAP serve as the payer of last resort. The Health Resources and Services Administration (HRSA) provides federal oversight of Ryan White Part B and VA MAP.

Because eligibility for Medicaid in Virginia expanded January 1, 2019, a significant number of clients who previously received access to HIV medications from VA MAP now receive coverage through Medicaid. Use of Medicaid is beneficial to clients as it provides comprehensive coverage for their health and medication needs beyond HIV-related services. Transitioning eligible clients to Medicaid allows the Virginia Department of Health (VDH) to redirect some funds to expand HIV services to meet the changing needs of people living with HIV and further efforts to eliminate HIV in the Commonwealth of Virginia (the Commonwealth).

Additional strategies to improve health outcomes for people living with HIV and reduce HIV transmission include use of new long-acting antiviral medications, rapid access to HIV medication for people newly diagnosed with HIV, and structural/technology enhancements to improve service delivery.

Introduction

This report provides an overview of changes and challenges to Virginia's VA MAP and opportunities to continue progress toward reducing and eliminating HIV in the Commonwealth.

Background

VA MAP provides access to life-saving medications for the treatment of HIV infection for low-income, eligible clients through three mechanisms: (1) paying health insurance premiums and medication cost shares (e.g., deductibles, co-payments, and co-insurance) for Affordable Care Act (ACA) Marketplace and Medicare prescription drug coverage plans; (2) paying medication co-payments for clients with non-ACA employer-based insurance plans for medications on VA MAP's formulary (www.vdh.virginia.gov/disease-prevention/formulary/); and, (3) direct provision of medications. VA MAP eligibility requirements include household income at or below 500% of the Federal Poverty Level (FPL), documented HIV diagnosis, proof of Virginia residency, and documentation that the client does not have other coverage, such as Medicaid, for medications.

As of March 31, 2021, 4,877 clients were enrolled in Virginia's VA MAP. The largest proportions of enrolled clients (46%) receive medications directly from VA MAP, followed by 22% in ACA Marketplace Qualified Health Plans (QHPs), 18% with Medicare prescription coverage and 16% with employer-based insurance.[1] VDH noted decreases in use of both ACA and employer-based insurance programs this past year.

[1] Percentages total more than 100% as some clients are enrolled in more than one category of services.

VDH contracts with two companies, Benalytics and Ramsell, to pay for clients' health insurance costs. Benalytics helps clients enroll in insurance and pays premiums. Ramsell is a Pharmacy Benefits Manager (PBM), which pays prescription drug copayments.

Funding of the Virginia VA MAP

Virginia VA MAP is funded by HRSA formula-based Ryan White Part B VA MAP grant funds, state funds, pharmaceutical manufacturer rebates, and recovery of medication costs expended for clients who became retroactively Medicaid eligible.

Impact of COVID-19

The Virginia VA MAP and the VDH's Central Pharmacy increased medication refills from 30-day to 60-day supplies to ensure direct VA MAP clients were able to access medications at pick-up sites with fewer trips, while sheltering-in-place during the pandemic. VDH and its partners adapted service delivery models to prevent, prepare for, and respond to COVID-19 while ensuring uninterrupted delivery of services, care, and treatment to clients. Actions included adoption and expansion of telehealth and other technology, purchase of personal protective equipment and other supplies, promotion of COVID-19 prevention strategies, testing and vaccination, promotion of RWHAP B services access, redesign of service areas, and installation of physical barriers to prevent the spread of COVID-19. Use of secure file transfer protocol folders among providers and VDH staff allowed staff to work safely from home and access client information needed to ensure uninterrupted access to medication.

In 2020, 75% of people newly diagnosed with HIV in Virginia were linked to HIV medical care within 30 days compared to 76% in 2019. The drop of only one percentage point is a strong indicator that the publically supported systems of care for people living with HIV were

flexible and able to make needed adjustments to provide critical services during the COVID-19 pandemic. As of December 31, 2020, 83% of clients receiving Ryan White services (including VA MAP) were virally suppressed, compared to 58% of all people living with HIV in the Commonwealth (see Virginia's HIV Care Continuum at https://www.vdh.virginia.gov/content/uploads/sites/10/2021/06/HIV-Continuum-of-Care_Virginia_2020.pdf and the Ryan White HIV Care Continuum at https://www.vdh.virginia.gov/content/uploads/sites/10/2021/06/RW-HIV-Continuum-of-Care_Virginia_2020.pdf.) Viral suppression rates for clients receiving VA MAP and other Ryan White services remained stable during COVID-19 while overall viral suppression rates for all people living with HIV declined during the pandemic.

Enrolling VA MAP Clients in Medicaid

Federal legislation requires VA MAP to be the payer of last resort, meaning there is a "lack of other sources to pay for prescribed HIV medications or there are documented gaps in third party payment for the medications" (Health Resources and Services Administration, 2016). When Virginia expanded Medicaid in 2019, VDH worked to transition clients with incomes at or below 138% of the FPL from VA MAP to Medicaid. The Department of Medical Assistance Services (DMAS), the agency that administers Virginia's Medicaid program, provided VDH with contact information for its Medallion 4.0 expansion Pharmacy Benefit Managers (PBMs). VDH's Central Pharmacy established contracts with the PBMs so it can bill Medicaid for any medication prescription costs the program incurs for Medicaid-enrolled clients. If a client receives VA MAP medications and then becomes retroactively eligible for Medicaid, VDH can recoup that funding through back billing. From April 1, 2020 to March 31, 2021, 2,728 clients were dis-enrolled from VA MAP, of whom 39% moved from Virginia VA MAP to Medicaid.

Other reasons for disenrollment may include residency outside of Virginia, death or enrollment in another program.

The Virginia VA MAP team continues to work in close partnership with community-based medical providers and other services providers to help determine the correct payer for clients. Identified Medicaid enrolled clients, their case managers, and their medical providers receive multiple notifications over a 60-day period to ensure a successful transition to Medicaid. VDH receives monthly data from DMAS that shows client utilization of pharmacy benefits for HIV medication access. VDH matches these data with its Virginia VA MAP client rolls prior to any disenrollment from Virginia VA MAP. At the end of 60 days, VA MAP deactivates medication assistance cards for any client transitioned to Medicaid who had ACA coverage through Virginia VA MAP and declines medication requests through VA MAP with reminders to access medications through their Medicaid coverage. VA MAP continues to use data from routine data exchanges with DMAS, Ryan White providers, and affiliated pharmacies as a confirmation that clients are able to access medications under their new Medicaid coverage as part of the VDH client disenrollment process from VA MAP. This strategy streamlines all stakeholder efforts to enroll clients into the correct insurance coverage that will ensure VDH's compliance with payer of last resort requirements.

New Activities for Virginia VA MAP

Rapid Start: Rapid access to antiretroviral therapy plays an important role in improving health outcomes and reducing HIV transmission. Studies show that rapid HIV treatment initiation accompanied by intensive case management and treatment adherence services helps people achieve viral suppression in shorter periods compared to starting treatment weeks after

diagnosis (Jonathan Colasanti, 2018). People with HIV who are virally suppressed cannot transmit HIV to others via sexual activity. Virginia's objective is to increase the percentage of newly diagnosed persons linked to care within 30 days to at least 85% by December 31, 2021. VA MAP and related Ryan White services play a key role in improving linkage to care and shortening the interval between diagnosis and initiation of HIV treatment.

In 2020, VDH launched a Rapid Start pilot project with six medical sites, using a learning collaborative model. The goal of VDH's Rapid Start is to initiate treatment within 14 days of diagnosis and enable clients to reach viral suppression quickly. In 2021, nine additional clinical sites have asked to join the collaborative bringing the total participating sites to 15. Initial project data will be available in 2022.

Long Acting Antiretroviral Medications: On January 21, 2021, the Food and Drug Administration approved Cabenuva® (rilpivirine + cabotegravir), the first long-acting HIV antiviral medication administered monthly by injection. Virginia VA MAP added this drug to its formulary in March 2021. Long-acting injectables can minimize barriers to treatment adherence by eliminating daily oral medications and may offer greater privacy to clients. Use of this medication will require monthly medical visits for the patient, which is currently more than the U.S. Health and Human Services' HIV treatment guidelines recommendation for established adult and adolescent patients with HIV who are clinically stable on an HIV treatment regimen (HHS, 2021). Currently, these guidelines recommend that people living with HIV who are clinically stable, visit their HIV provider once or twice a year. Frequent medical appointments will increase service costs, as will additional supportive services such as transportation, which VA MAP can cover for eligible and enrolled clients.

This new treatment option will be beneficial for a subset of clients who meet the clinical criteria to take the medication and prefer a monthly injection to a daily pill regimen. It may also be beneficial to those who have difficulty tolerating or taking oral medications, or have difficulty remembering to take daily medications. The pharmaceutical drug development pipelines forecast the production of additional long-acting injectables and regimens with longer intervals between injections.

Data System and Technology Improvements: VDH has procured a new system for managing the Ryan White program and VA MAP client level data. The Provide Enterprise® Data System is a cloud-based platform with interactive modules for VA MAP to communicate with pharmacies, PBMs, insurance benefits managers, Ryan White providers, and clients. Provide Enterprise® includes a single database for both VA MAP and other Ryan White-supported services to make reporting to federal funders more efficient. The system will allow for real-time client eligibility checks and communication to enhance services. Clients and their case managers can upload applications, eligibility, and other documents directly through the portal rather than relying on mail or fax. The Provide Enterprise® system is currently in the testing environment for the VA MAP module, with planned launch of initial operations before the end of 2021.

VA MAP has also procured an upgraded virtual call center system. Features include call mapping by topic to route callers to the appropriate staff person for assistance, supervisor ability to monitor calls for training purposes, and a computer interface that shows how many people are in the queue waiting for assistance. VA MAP technicians will have the ability to speak to callers via computer rather than utilizing personal or work cell phones when working remotely. This

system will enhance the customer service experience and reduce waiting times for clients. The call center system is currently in the testing environment.

Virginia VA MAP Sustainability

Multiple factors affect Virginia VA MAP sustainability, including the number of VA MAP clients enrolled in ACA plans, premium costs for these plans, pharmaceutical manufacturers' rebates, and the number of eligible clients who actually enroll in Medicaid. VDH monitors changes in insurance medication access (formularies, exception processes, and preauthorization requirements), rebate structure, and availability of HIV-related services to determine whether resources will meet clients' needs.

VDH analyzes utilization and enrollment for each program option regularly to forecast services and costs. Estimates for future annual client enrollment and services use a formula based on a regression analysis of historical annual data stratified by month.

Current projections through March 2022 show VA MAP resources are adequate to both meet projected need and allow for expansion of services. The extension of the 2021 ACA special enrollment period due to COVID-19, and continued efforts to enroll eligible clients into Medicaid, will affect the number of clients enrolled in direct VA MAP services. VDH will perform adjustments to these projections when the current ACA special enrollment period ends in August 2021.

As the population of people living with HIV continues to age and becomes eligible for Medicare, the VDH will need to assess gaps in service delivery and make plans to address the changing needs of this population. In June 2021, the VDH extended VA MAP's wrap-around

services for Medicare beneficiaries who receive full low-income subsidies. This policy change was supported by the VA MAP Advisory Committee as VDH anticipates an increase in the number of people living with HIV over the age of 65 in the next few years. This policy change will support medication adherence for very low-income seniors and disabled Medicare beneficiaries living with HIV, eliminating the need for clients with low incomes to choose between medication co-payments and other necessities.

Voluntary pharmaceutical manufacturer rebates earned on medication co-payments continue to play a major role in VA MAP sustainability, as well as other initiatives aimed at stopping HIV transmission. Therefore, the VA MAP will continue practices to maximize insurance enrollment including use of enrollment assisters and the use of electronic data exchanges for insurance enrollment, premium payments, and drug co-payments. In addition, the VDH will continue to serve as one of ten states selected to represent all VA MAPs, through participation in the national VA MAP Crisis Taskforce pricing negotiations with pharmaceutical manufacturers that establish rebating terms.

Workforce Challenges

The HIV Care Services unit that oversees the VA MAP, includes 53 positions, of which 34 (66%) are filled by contract (temporary) staff. Thirty-one of the 34 positions are located in the VA MAP. The lack of classified positions with state benefits, including paid time off and affordable health insurance, may be a contributing factor to high turnover rates and program instability. Many contractor vacancies have gone unfilled for more than 18 months, as staffing firms on state contract have been unable to identify suitable candidates.

There are critical shortages in Virginia VA MAP technician positions that provide direct customer service to people living with HIV, assisting with enrollment and use of program benefits. This chronic staff shortage has contributed to delays in responding to inquiries from clients and increased client and provider frustration.

Steps to mitigate high turnover rates have included increasing the pay rate for technicians, creating tiered job roles so that VA MAP technicians have professional mobility and growth, and expanded strategies for advertising vacancies beyond reliance on recruitment conducted by staffing firms. As these strategies have not yet helped to stabilize the workforce, VDH is exploring outsourcing this job function through a modification to the current PBM contract or inclusion in a new Request for Proposals for the PBM function. In addition, a new Clinical Liaison position was created and filled to help address critical program needs and provide support to staff, clients and providers.

Working Towards HIV Elimination

Research has shown that when HIV healthcare delivery models shift from direct medication provision to a system that purchases qualified health plans, there is a significant increase in viral suppression among people living with HIV (Kathleen McManus, 2016). To meet the population health goals of preventing new HIV infections, 90% of people who have HIV infection must be diagnosed and know their status, 90% of people diagnosed must be on effective HIV treatment, and 90% of those on HIV treatment must achieve durable HIV viral suppression.

With Medicaid expansion covering HIV treatment costs for a significant number of former VA MAP clients, VDH is allocating more funding for other Ryan White-funded core

medical and support services (such as case management, adherence monitoring, housing, and psychosocial support) through use of pharmaceutical rebates. VDH is also able to offer VA MAP wrap-around services to Medicare clients because of increased Medicaid enrollment. These services promote sustained viral suppression among participating Ryan White clients in comparison to all people living with HIV in the Commonwealth.

Recommendations and Findings

- It is critically important for all Medicaid-enrolled and eligible clients to access services through their Medicaid coverage. To meet this goal, Virginia VA MAP continues to improve eligibility determinations that assure people living with HIV receive optimal program coverage that meets their needs and aligns with the correct payer source. This ensures that people living with HIV have uninterrupted access to treatment and quality care that supports overall health, wellness, productivity, and quality of life. VDH vigorously pursues available non-Ryan White insurance coverage, including Medicaid, for eligible clients. These correct alignments are not only essential to the individual health of clients, but also to the financial stability of the HIV service delivery system in Virginia including VA MAP.
- The Rapid Start Program will provide long-term benefits, including improved health outcomes for people living with HIV, and reduced HIV transmission in the community. VDH anticipates that rapid initiation of HIV antiretroviral therapy will become a routine part of clinical practice as sites identify resources to make the program sustainable.
- Lack of adherence to taking daily medications can result in less than optimal health outcomes for people living with HIV. The availability of long-acting antivirals

provides an excellent alternative for people who have difficultly taking a daily medication, and will help with improving both individual sustained viral suppression and overall viral suppression rates.

- Technology enhancements and strategies to stabilize the VA MAP operational processes and its workforce are vital to improve or enhance VA MAP program efficiencies and the client experience.
- Virginia VA MAP has changed its program name to Virginia Medication Assistance Program (VA MAP). This change removes AIDS from the program name as an acknowledgement to improvements in treatment and health outcomes and in order to improve participant privacy. Next year's VA MAP Report will utilize the new program name.

Conclusion

Virginia VA MAP will continue to leverage Ryan White funds to maximize services and maintain insurance, which is vital to VA MAP performance and sustainability. In response to Medicaid expansion, all stakeholders in HIV service provision are continuing to collaborate to increase Medicaid enrollment for all eligible clients while minimizing any interruptions to HIV care and medication access. This will enable VDH to allocate the best resources to meet the current and changing needs of people living with HIV. This requires accurate and timely data exchange between VDH, DMAS, HIV case managers and providers for determining and facilitating enrollment into the correct program coverage and payer source. The changes in the healthcare landscape in Virginia support VA MAP initiatives that stop HIV transmission in the Commonwealth. Technology improvements and movement to paperless systems will be vital as VH and its partners make permanent adjustments to working post COVID-19.

References

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List of Abbreviations and Acronyms

ACA	Affordable Care Act
AIDS	Acquired Immunodeficiency Syndrome
DMAS	Department of Medical Assistance Services
FPL	Federal Poverty Level
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
PBM	Pharmacy Benefits Manager
QHP	Qualified Health Plan
VA Map	Virginia Medication Assistance Program