



MEDI-CAL RX

COVERAGE CHANGES FOR PLWH

Ivy Rooney



Introduction



IVY ROONEY

Company Owner

ROONEY CONSULTING, INC



MEDI-CAL RX BACKGROUND

- 1990 – ADA was first enacted – HIV/AIDS was considered to be a life-threatening illness that had minimal treatment options.
- People diagnosed with HIV could receive disability benefits and apply to get Medi-Cal coverage.
- Medi-Cal covered all available treatments for HIV/AIDS and many medications used to treat opportunistic infections

MEDI-CAL RX

ADAP



MONTHLY SOC

FULL COVERAGE



MEDI-CAL FFS

BACKGROUND:

Medi-Cal provides coverage for individuals based on income AND assets. Those whose income meet the criteria will receive full coverage without out of pocket expenses.

Increased income or assets must pay a monthly SHARE OF COST (SOC) before they can access care through Medi-Cal.

*Beneficiaries cannot access Medi-Cal FFS until SOC is satisfied

FULL COVERAGE PROVIDED:

- Medication on a Fee-for Service (FFS) system
 - 6rx limit, HIV meds excluded
 - Treatment Authorization Request (TAR) available for quantity restrictions and and excluded medication

•The AIDS DRUG ASSISTANCE PROGRAM (ADAP) was an income based program, established to assist with uncovered medication costs.

• Monthly SOC can be satisfied with ADAP coverage

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BACKGROUND:

- In the past, two years following disability benefits (SSDI), many patients with HIV/AIDS qualified for Medicare Part A (hospital) and Part B (doctor) coverage.
- In 2006, Medicare Part D went into effect to provide primary drug benefits to Medicare recipients.
- Many HIV patients now qualify for Medicare due to their age.

MEDICARE PART D



ADAP TO COVER
COPAYS

MEDICARE D BECOMES THE PRIMARY SOURCE OF PAYMENT FOR PATIENT:

- Pharmacy claims go directly to Medicare part D
- If a patient qualifies, ADAP can be utilized to cover copays for HIV related meds In this scenario, patients with a Share of Cost will not reach full coverage because the copays are not enough to satisfy SOC

MEDI-CAL RX

PRESCRIPTION
BENEFIT
MANAGER FOR
MCO
MEDS

MANAGED CARE
ORGANIZATION

FULL COVERAGE

MEDI-CAL FFS

BACKGROUND:

- In July of 2011 –2013, the state of California expanded its “Bridge to Reform” program and authorized a county-based program called LIHP (Low Income Health Plan).
- Medi-Cal patients with full benefits were enrolled into Managed Care (HealthNet, Community Health Group, Molina, Kaiser).
- Pharmacy claims were then transferred to managed care formulary EXCEPT for HIV medication, these medications were still billed to Medi-Cal Fee For Service.

MCO PLANS COVERED MOST MEDICATIONS EXCEPT “CARVE OUTS”:

- Carve outs include HIV drugs, Over the Counter, anti-psychotic, blood factor, or substance abuse disorder meds
- Non-formulary medication must go through a Prior Authorization review process rather than a TAR

MEDI-CAL RX

RECENT UPDATES:

- On January 7, 2019, Governor Gavin Newsom issued an executive order to transition all medication services from Managed Care back to Medi-Cal FFS.
- Magellan Health was contracted to administer the pharmacy benefits, now called Medi-Cal Rx. The program was implemented on January 1st, 2022.

AS OF TODAY:

- Medi-Cal Rx offers the same formulary as Medi-Cal FFS
 - HIV med coverage has not changed
 - The 6rx limit was eliminated
- There is currently a 180-day transition period to allow for continued coverage of medication and grandfathering of previous prior authorizations.

ADAP



MONTHLY SOC

MAGELLAN HEALTH



MEDI-CAL FFS

Challenges affecting patient care:

- Magellan Health is a new THIRD PARTY Prescription Benefit Manager for the State of California. They were contracted to handle questions regarding patient prescription benefits.
- Pharmacies are inundated with an overwhelming amount of rejections coming through for prescriptions and wait times can exceed 2 hours.
 - Magellan not equipped to handle calls
 - Missing or invalid patient information
 - Underpayment of medication costs
 - Prior authorization processes have changed. Previously could be handled by pharmacy, now being routed to doctor office.
 - In 180 days, medication that has not been pre-authorized will be rejected
 - Restrictions for new starts of medication will have to follow clinical guides and restrictions from previous formulary (Trans Health)
 - Formularies are difficult to navigate



FOR MORE INFORMATION

<http://medi-calrx.dhcs.ca.gov/home>



T₁ H₄ A₁ N₁ K₅

ivymrooney@gmail.com

Y₄ O₁ U₁

619-944-4489