1115 Demonstration Proposal to Enhance Medicaid Access for Low Income HIV-Infected Individuals in the District of Columbia

Questions/Points for Clarification to be addressed at face-to-face meeting

Target Population:

1. Please describe plans/process for outreach efforts to target population. How will the District reach this targeted population and ensure that they are enrolled in the waiver or placed on the waiting list?

2. Please clarify the number and demographic characteristics (e.g., gender, age, race/ethnicity) of the reported cases of AIDS in the District as well as the estimated number and demographic characteristics of the HIV positive (both HIV and AIDS) population on Medicaid in the District.

Program Design:

1. We believe that the District proposes that there will be no resource test for this group. Is our understanding correct? On page 8, in the second paragraph that describes the eligibility expansion criteria, the District indicates that it will disregard the resource rules outside of the 100% FPL income criteria.

2. The District currently has another 1115 application submitted to HCFA for an expansion of Medicaid to childless adults 50-64 years old. In that waiver application, they want to exclude people with HIVD and have them enroll in the HIV Expansion waiver being proposed here. However, in this application, enrollment into the HIV waiver would be on a first-come first-served basis. Has the District considered options if these adults are precluded from this waiver due to the enrollment cap?

3. How will the District operate the waiting list? Describe the procedures for placing individuals on the waiting list and the criteria and process that will be followed in moving individuals from the waiting list to the waiver. Include the frequency with which enrollment will be monitored and Medicaid and waiver eligibility determinations conducted.

4. Please clarify and provide more detail about how the District plans to coordinate the services provided under the Ryan White Care Act program, particularly the AIDS Drug Assistance Program and this Medicaid waiver.

5. In previous discussions, the District has proposed restricting pharmacy access for discounted drugs. What is the status of the discussions on this issue?

6. Page 8 (last paragraph) states …the District would not have to restrict pharmacy or provider access among HIV-infected patients in order to secure the FSS-priced drugs.

Given that there are approximately 200 locations (retail establishments) where clients can get prescriptions filled in D.C., how will these locations access FSS pricing?

Benefit Package:

1. What are the specifics of the "planned treatment adherence project?"

2. What is the District's rational for not including case management services as part of the benefit package?

Research and Evaluation:

1. What are the specifics of the District's quality improvement monitoring effort for this waiver? How will non-pharmacy utilization, access, and quality of care be assessed?

Estimation of Costs/Savings and Budget Neutrality:

1. Please discuss the specifics and steps of the UCSF model and fully describe the development of the proposed budget neutrality calculation. Please be specific regarding the process to calculate with and without waiver costs, and data sources for each calculation/estimate. Please provide the actual electronic model used for the calculation. How would you go about reconciling the estimates in the UCSF model with the cost and trend estimates implied in the Medicaid baseline in the President's Budget?

2. Please provide DC-specific historical per person costs for all HIV-positive persons enrolled in Medicaid. Submit these data for all years (e.g., 1996 and beyond) in which highly active antiretroviral therapy (HAART) was provided to Medicaid enrollees. In addition, separately report these costs for HIV-positive individuals who are asymptomatic, symptomatic or have AIDS. Include the algorithm that is used to identify HIV-positive Medicaid enrollees and claims paid on their behalf.

3. Please provide a historical breakdown of HIV-positive Medicaid enrollees by eligibility category. Submit these data for all years in which HAART therapy was provided to Medicaid enrollees.

4. Please provide an update on your negotiations to secure a drug discount through the Federal Supply Schedule (FSS). How confident is the District that it will be able to obtain discounts of 15-25% off the current Medicaid prices?