



Health Insurance Premium & Cost Sharing Assistance

2010 Service Area Review Summary

Health Insurance Premium & Cost Sharing Assistance includes the two service activities:

A. Health Insurance Premium Assistance - the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

B. Cost Sharing Assistance - assistance with payment of cost share premiums for recipients enrolled in the HIV Insurance Program and/or ADAP.

Health Insurance Premium Assistance is provided through Program HH at the Department of Human Services and is available to any eligible person living in the State or TGA. In addition, there is 1 contract with a metro provider and 1 contract with a Greater MN provider to serve 210 and 52 clients respectively. Cost Sharing Assistance is NOT currently funded.

HRSA Core Medical Service

Essential Service—
Continuum of Care

Comprehensive Plan—YES

DATA SUMMARY HIGHLIGHTS

While Part A and Part B funds have not been utilized for Cost Sharing Assistance since 2007, the NASTAD *ADAP Watch* indicates that as of June 10, 2010, there were 1,431 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in eleven states. This is a 116 percent increase from the 662 individuals on the March 2010 ADAP Watch. Twelve ADAPs, four with current waiting lists, have instituted additional cost-containment measures since April 1, 2009. In addition, seven ADAPs, including two with current waiting lists, are considering implementing new or additional cost-containment measures by the end of March 2011. States that have instituted cost containment measures and those considering them, in addition to implementing waiting lists, are reducing program eligibility, capping enrollment, reducing the number of drugs on the formulary and cutting other services, all of which impact access to life saving HIV medications for medically vulnerable individuals. The most recent ADAP forecast from the MN Department of Human Services indicates the AIDS Drug Assistance Program could be insolvent as early as June, 2013.

For the first time in recent years, Part A funds have been allocated to Insurance Premium Assistance in part to offset any barriers/gaps created by the recent unallotment of State dollars which will have a yet unforeseen impact on low-income residents and how they are insured.

While Part A and Part B funds have not been allocated frequently or in large amounts to this service area, the State of Minnesota contributes \$1,150,000 per year to purchase insurance. In addition, rebate dollars also are used to purchase insurance. ADAP may also be used to purchase insurance and those allocations and utilization data are included on the ADAP Service Area Review Summary.

The cost share instituted by Program HH in years past is currently suspended. This service area will be prioritized, but there is no need for an allocation of resources during the suspension.

CURRENT RANKINGS

COUNCIL (2008)	CONSUMERS (2010)
4 out of 24 service areas	4 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2010	\$30,000	NA		
2009	\$0	NA	\$0	NA
2008	\$0	NA	\$0	NA

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2009	741	11% (n=6,552)	20% (n=3,700)
2008	781	13% (n=6,221)	17% (n=4,713)
2007	643	11% (n=5,950)	16% (n=4,038)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=326)		
Accessed Service (Last 12 Months) n=165	Didn't Access (Last 12 Months) n=161	Didn't Access but Needed to (Last 12 Months) n=30
51%	49%	18%

