

MIDAP Updates Webinar

Overview

1. Changes to 2015 New Application
2. 2015 Recertification
3. Premium Assistance
4. Impact of the Affordable Care Act

Changes to 2015 New Application

2015 New Application

Data Elements Added

1. Demographic Information

- a. Proof of residency must be attached
- b. Maiden Name (if applicable)
- c. Alias (if applicable)
- d. Expanded race and ethnicity
- e. Sex at birth
- f. Current gender
- g. Transgender Status
 - ❖ Male to Female
 - ❖ Female to Male
 - ❖ Unknown

2015 New Application continued

2. Status and Date of Disease

- a. Name of HIV test (if known).
- b. Estimated AIDS positive date, if applicable.
- c. HIV Stage of Disease (Check one):
 - ❖ HIV-positive, AIDS status unknown
 - ❖ HIV-positive, not AIDS
 - ❖ CDC defined-AIDS (3rd Stage HIV)
 - ❖ Unknown

3. HIV Proof of Status Section

- a. If lab results are not immediately available, your physician or physicians designee may sign in order to receive 30 days of temp coverage.
- b. Physician/designees NPI Number.

2015 New Application continued

4. Income

- a. Date of DHS application.
- b. Monthly employment income (gross).
- c. Gross Annual income (all income categories combined).

5. Confidentiality Form/Authorization for Release of Information

- a. Case manager to sign which agency they represent.

Addition to the 2015 New App

New
Application

Michigan Department of Community Health
Michigan Drug Assistance Program (MIDAP)
2015 New Application

v.15.0 All Previous
Versions Obsolete

Demographic Information: Please Print.

NOTE: Proof of residency must be attached. All applicant information will be sent to the address entered below.

1. Have you ever been on MIDAP? If yes and you know your Member ID, please write it here: _____

2. Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Maiden Name: _____

Alias: _____ 2. Marital Status: Ma

3. Address: _____ APT #: _____

If the client has been on MIDAP but does not know his/her Member ID, just write "Yes" on the line.

2015 Recertification

MIDAP RECERTIFICATION 2015

**Tamiko Harrell-Sims, MA
Recertification Coordinator**

MIDAP Eligibility Criteria

- A. Applicant's must provide documentation of HIV diagnosis.
- B. Applicant must be a resident of the State of Michigan.
- C. Applicants seeking Full Prescription Coverage must have applied for public assistance (Medicaid and/or the Healthy Michigan Plan) with the Department of Human Services (DHS) 90 days prior to submitting application and have a pending, denial, or spend-down status.
- D. Applicant's monthly/annual gross income cannot exceed 450% of the Federal Poverty Level (FPL) and will be evaluated based on FPL guidelines
- E. MIDAP is the payer of last resort, therefore as other programs become available that provide prescription assistance, MIDAP reserves the right to require potentially eligible persons to apply for and pursue other program services.

Applicants will not be eligible for MIDAP if they are:

- Not a resident of the State of Michigan
- Eligible for or are receiving benefits from Medicaid or Healthy Michigan Plan
- Eligible for both Medicaid and Medicare and/or are considered dually enrolled under both Medicaid and Medicare.
- Have an income above 450% of FPL

MIDAP Federal Poverty Guidelines

MIDAP 2014 Federal Poverty Guidelines (450%)		
Persons in Household	Monthly Income	Annual Income
1	\$4,376.25	\$52,515
2	\$5,898.75	\$70,785
3	\$7,421.25	\$89,055
4	\$8,943.75	\$107,325
5	\$10,466.25	\$125,595
6	\$11,988.75	\$143,865
7	\$13,511.25	\$162,135
8	\$15,033.75	\$180,405

Recertification 2015

- MIDAP has implemented the federally mandated bi-annual recertification.
- The new standard requires MIDAP to screen clients for program eligibility every six months.
 - Six Month Verification on birthdays
 - Annual Recertification on half birthdays
- Clients will receive the applicable application with instructions on his/her Annual Recertification & Six-Month Verification two months prior to required submission.

Six-Month Verification Birthday

New process begins with January 2015 birthdays.

Clients will verify to MIDAP whether their information has stayed the same or changed.

If information has changed, clients will need to submit documentation of changes.

Annual Recertification 1/2 Birthday

Complete MIDAP Annual Recertification application

Full Prescription Coverage



(Uninsured) must apply for Medicaid no later than 90 days prior to application submission

Co-pay Assistance
Qualified Health Plan



Enroll in a QHP offered through the Marketplace from November 15, 2014-February 15, 2015

Co-Pay Assistance
Medicare



Enroll in Med D Prescription Plan from October 15, 2014-December 7, 2014

Sample Six-Month Verification Form

Demographic Information: Please Print.

NOTE: All applicant information will be sent to the address entered below.

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Maiden Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Has your address changed in the last six months: No Yes If Yes, provide new address:

Address: _____ APT #: _____ City: _____

State: MI Zip Code: _____ County: _____

Are you currently pregnant?

Yes If yes, when is your due date: ____/____/____ No Not Applicable Unknown

Viral Load Update

This section must be filled in with the most recent lab values.

HIV RNA/Viral Load: _____ Date of most recent test result: ____/____/____

Income

Check one:

I have no income My income has not changed My income has changed

If your income has changed since your last recertification six months ago, include all appropriate documentation of your most recent months' pay stubs (a 4 week, 30 day period), notice of award for SSI or SSDI or a copy of your most recent bank statement showing payroll deposits for the last 30 days (payroll deposits will only be accepted for SSI or SSDI).

Six-Month Verification Schedule

6-Month Verification (Birthday)

Send out letter on:	Birth month:	Verification due by:	Coverage through these months:
Wednesday, January 7, 2015	January	Friday, February 27, 2015	January-June 2015
Wednesday, January 7, 2015	February	Friday, February 27, 2015	February-July 2015
Monday, February 2, 2015	March	Thursday, March 31, 2015	March-August 2015
Monday, March 2, 2015	April	Friday, April 29, 2015	April-September 2015
Monday, March 30, 2015	May	Friday, May 27, 2015	May-October 2015
Monday, April 27, 2015	June	Thursday, June 30, 2015	June-November 2015
Monday, June 1, 2015	July	Friday, July 29, 2015	July-December 2015
Monday, June 29, 2015	August	Tuesday, August 30, 2015	August 2015-January 2016
Monday, August 3, 2015	September	Friday, September 30, 2015	September 2015-February 2016
Monday, August 31, 2015	October	Monday, October 31, 2015	October 2015-March 2016
Monday, October 5, 2015	November	Wednesday, November 30, 2015	November 2015-April 2016
Monday, November 2, 2015	December	Friday, December 30, 2015	December 2015-May 2016

Six-Month Verification Form

- Existing clients will receive a Six Month Verification Form and Instructions a month before their birthday.
 - For example, an existing MIDAP client with a birthday in January 2015 will receive all information in December 2014 that they must fill out the MIDAP Six Month Verification Form.
 - The Verification form is due by **Friday, January 29, 2015.**
 - Coverage is from January 2015-June 2015

Annual Recertification

12 Month Annual Recertification (1/2 Birthday)

Send out letter on:	Birth month:	Recertification due by:	Coverage through these months:
Monday, April 27, 2015	January	Thursday, June 30, 2015	July-December 2015
Monday, June 1, 2015	February	Friday, July 29, 2015	August 2015-January 2016
Monday, June 29, 2015	March	Tuesday, August 30, 2015	September 2015-February 2016
Monday, August 3, 2015	April	Friday, September 30, 2015	October 2015-March 2016
Monday, August 31, 2015	May	Monday, October 31, 2015	November 2015-April 2016
Monday, October 5, 2015	June	Wednesday, November 30, 2015	December 2015-May 2016
Monday, November 2, 2015	July	Friday, December 30, 2015	January-June 2016
Monday, November 30, 2015	August	Friday, January 29, 2016	February-July 2016
Monday, December 28, 2015	September	Friday, February 26, 2016	March-August 2016
Monday, February 1, 2016	October	Thursday, March 31, 2016	April-September 2016
Monday, February 29, 2016	November	Friday, April 29, 2016	May-October 2016
Monday, April 4, 2016	December	Friday, May 27, 2016	June-November 2016

Annual Recertification

- Existing clients will receive an Annual Recertification Application and Instructions a month before their $\frac{1}{2}$ birthday.
 - For example, an existing MIDAP client with a birthday in January 2015 will receive their Annual Recertification in late April 2015.
 - The Annual Recertification application is due by Thursday, June 30, 2015.
 - Coverage is from July 2015-December 2015

New Client Recertification Process

- The first time a new client fills out a Six Month Verification Form or Annual Recertification (whichever comes first)
- A client who first enrolls in MIDAP in December 2014 with a birthday in January would need to fill out a Six Month Verification for in January 2015 and then an Annual Recertification Application June 2015.
- All subsequent applications will be due every six months

New Client Recertification

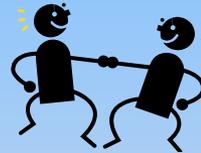
Client newly diagnosed in December 2014 w/a Birthday in January



Client goes to your agency for assistance enrolling in MIDAP



You assist client with enrollment in December 2014

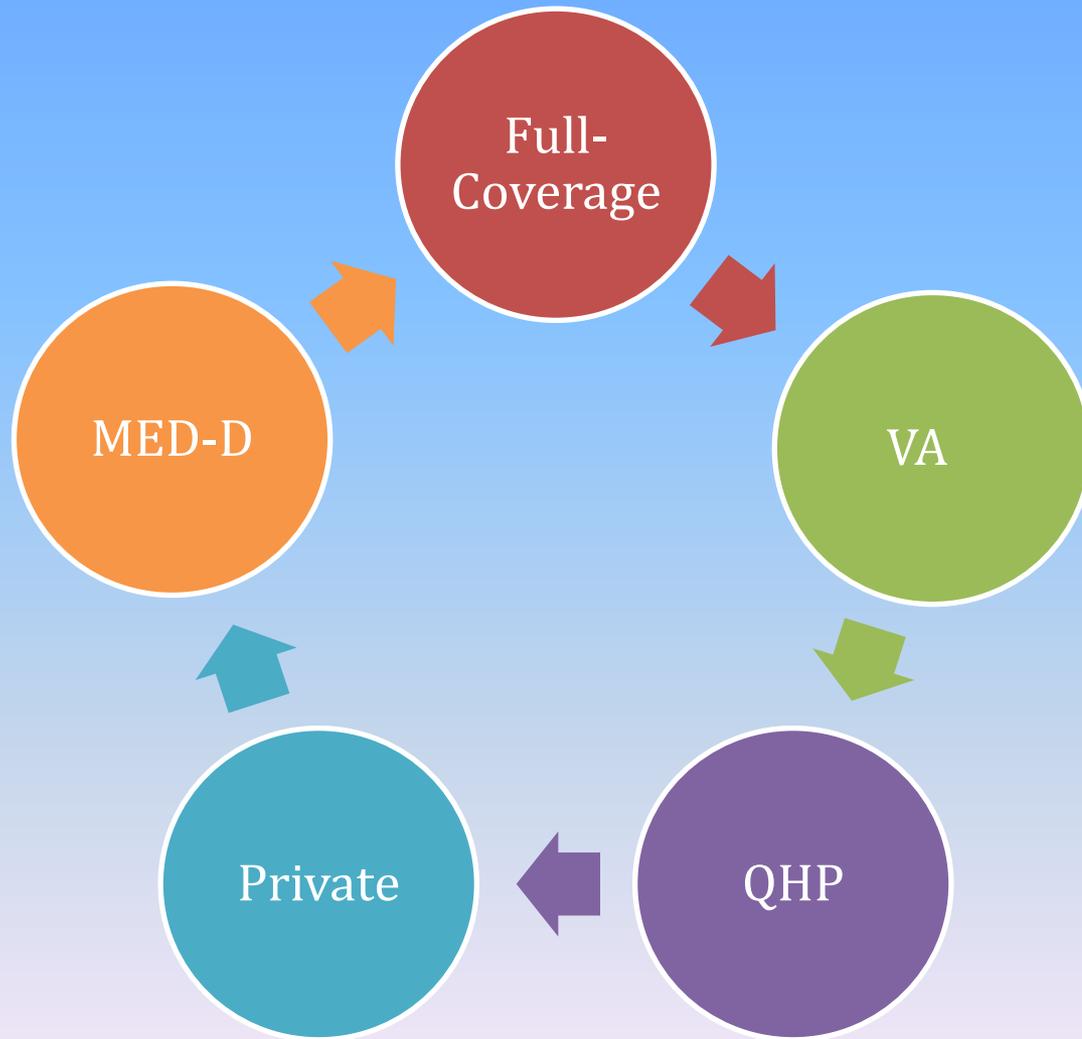


Client will need to complete Verification on their Birthday which is a month later January 2015

Annual recertification will be due on their 1/2 Birthday June 2015



MIDAP Prescription Coverage Types



Full Drug Assistance

- This type of assistance indicates that clients are requesting for MIDAP to pay the total cost of their prescription coverage because they're not eligible for insurance and/or prescription coverage from any other source.
- If approved for this coverage, MIDAP would pay the contracted pharmacy rate for approved formulary medications only.

Copay Assistance

Private, QHP, Employer-Sponsored, COBRA, VA

- This type of assistance indicates that applicants are requesting for MIDAP to pay for out of pocket copays for their prescriptions.
- This is the amount members would usually pay at their pharmacy.
- If approved for this coverage, MIDAP would act as secondary prescription coverage and pay copays on members behalf after their insurance pays their portion of the prescription claim.

Copay Assistance

Medicare Part D or Medicare Advantage Plan

- This type of assistance indicates that applicants are a Medicare beneficiary requesting that MIDAP pay their out of pocket expenses associated with Medicare Part D prescription benefit.
- This is the amount Medicare Part D plan requires applicants to pay in the form of a copay or deductible.
- If approved for this coverage, MIDAP would act as their secondary prescription coverage and pay copays on members behalf after their primary insurance pays for their portion of the prescription claim.

Medicare Eligibility

- Applicants are eligible for Medicare if client or their spouse worked for at least 10 years for a Medicare-covered employer
- Are 65 years or older
- Are a citizen or permanent resident of the United States
- Clients under age of 65 may qualify for coverage if there's a diagnosed disability or End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Medicare Prescription Drug Plan Requirements

Clients with Medicare must enroll in a Medicare Prescription Drug Plan (PDP)/Medicare Rx plan.

- Clients can enroll in a plan by contacting the plan directly, or on the web at www.medicare.gov.
- Clients are also encouraged to contact the Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174 or 1-800-MEDICARE, and/or their HIV case manager.
- MIDAP staff will also be available to assist in researching plans at 1-888-826-6565.

Low Income Subsidy (LIS)/ Extra Help Program

Clients eligible for Medicare must also apply for the Low Income Subsidy (LIS)/Extra Help Program.

- This program is available to assist eligible Medicare recipients with the out-of-pocket expenses associated with Medicare Part D Prescription Plan (PDP)/Medicare Rx. Client's can apply online at www.ssa.gov.
- The LIS confirmation page must be submitted with MIDAP application.

MIDAP Modified Application Requirements

- **Estimated HIV Positive Date/Diagnosis:** MIDAP Clients will need to enter an estimated date of Diagnosis in (MM/DD/YYYY) format. An estimated date can be entered if exact date is not known.
- **Clients will need to list on application Name of HIV Test (if known):** Western Blot, Nucleic Acid Amplification Test (NAAT), Multi-spot or Immunoassay (IA).
- **HIV Stage of Disease:** Clients will need to check one of the following:
 - HIV-positive, AIDS status unknown- Diagnosed with HIV. It is not known whether or not the person has an AIDS diagnosis.
 - HIV-positive, not AIDS- Diagnosed with HIV but does not have an AIDS diagnosis.
 - CDC defined-AIDS (3rd Stage HIV) - HIV-infected individual who meets the CDC AIDS case definition for an adult or child.
 - Unknown- A client whose HIV/AIDS status is unknown or was not reported.

Proof of HIV Status/Lab Update

- To meet reporting requirements as a condition of grant funding, all MIDAP members are required to provide proof of their HIV+ status one time at initial enrollment.
- Six Month Verification: Clients will only need to submit their most recent viral load.
- Annual Recertification: Clients must submit both CD4 & viral load.

New Members

Proof of Status Process

At initial enrollment new members must provide proof of HIV+ status in one or more of the following ways:

- **Laboratory Generated (computer generated):** Western Blot, Nucleic Acid Amplification Test (NAAT), Multi-spot or Immunoassay (IA) test with a positive or reactive result.
- **HIV/RNA Viral Load:** must be detectable beyond the specific tests lowest reference range. If lab reports are not yet available as described above, an original doctor's signature on the application is acceptable, with lab results to follow within 30 days.

Premium Assistance

Premium Assistance Updates

Stephanie Borstler
MIDAP Insurance
and Claims Representative



What's new with MIDAP Premium Assistance?

- Adjustment Form
- 6-Month Verification
- Application Updates

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN DRUG ASSISTANCE PROGRAM (MIDAP)
PREMIUM ASSISTANCE ADJUSTMENT

Client Name: _____ MIDAP Member ID: _____

Date of Birth: ____/____/____ Social Security Number: _____

Name of Insurance Company: _____

Insurance Account Number and/or Member ID found on billing statement: _____

Type of Insurance Plan

- Qualified Health Plan (Marketplace) Medicare Prescription Plan (Med D) COBRA (IAP Plus)

Reason for Adjustment (Check All That Apply)

- My current insurance plan is no longer active effective ____/____/____. Please stop making payments on my account.
- My premium rate has changed effective ____/____/____. Please pay the new amount of \$_____ on a Monthly/Quarterly basis. (Circle which applies).
- My insurance account is past due. The amount due is \$_____ for the month(s) of ____/____/____ to ____/____/____.
- My insurance account has a credit in the amount of \$_____ as of ____/____/____.

- Please attach the most recent invoice from your insurance company that reflects the adjustment requested.
- It is the client's responsibility to keep in contact with the insurance company to verify that a payment was received.

I CERTIFY THIS INFORMATION TO BE ACCURATE AND TRUE:

CLIENT SIGNATURE: _____ DATE: ____/____/____

This form, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Fax or Mail to MIDAP at:
 (517) 335-7723
 109 W. Michigan Ave, 9th Floor
 Lansing, MI 48913



Completion Authority: PA 368 of 1978 is voluntary, but is necessary to receive coverage under the Michigan Drug Assistance Program. Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.

FOR OFFICE USE ONLY	
Eligibility Certification Signature	Date Prepared
Payment Approval Signature	Coverage Period From: _____ To: _____
NOTES:	

Premium Assistance Adjustment Form

This form will be utilized by all clients on Premium Assistance that require a change to their current insurance accounts. This includes ACA Qualified Health Plans, Medicare prescription plans, and COBRA plans.

Will help MIDAP and MDCH accounting gain a better understanding of what is being requested by the client.

Adjustment Form Continued

- Form must be filled out to it's entirety and have appropriate documentation attached before an adjustment can be made.
- **Client must sign and date the form.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN DRUG ASSISTANCE PROGRAM (MIDAP)
PREMIUM ASSISTANCE – SIX MONTH VERIFICATION

Client Name: _____

MIDAP Member ID: _____ Date of Birth: ____ / ____ / ____

Current Gross Monthly Income: _____

What type of insurance plan do you currently have?

- Qualified Health Plan (Marketplace)
 Medicare Prescription Plan (Med D/Advantage Plan)
 COBRA (IAP Plus)

Has anything changed with your insurance in the past 6 months?

- NO
 YES

If you answered yes, please indicate what has changed:

- I am now using the Healthy Michigan Plan as my primary insurance.
 I now have employer sponsored insurance, effective ____ / ____ / ____
*Please note that MIDAP does not assist with premium payments for employer sponsored insurance plans.
 I have a new COBRA administrator. Payments should be sent to the new address of:

 Other, please describe below:

Please fill out this form and return by mail or fax to:

MIDAP
109 W. Michigan Ave, 9th Floor
Lansing, MI 48913
FAX: (517) 335-7723



Premium rate changes, past due amounts, account credits and account closures can be made on the Premium Assistance adjustment form found on our website at www.michigan.gov/DAP.

Completion Authority: PA 368 of 1978 is voluntary, but is necessary to receive coverage under the Michigan Drug Assistance Program. Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.

DCH-3926-B

Premium Assistance 6 Month Verification

- Required form that all clients must fill out and return to the MIDAP office in order to continue receiving Premium Assistance.
- Will help keep MIDAP up to date on client's insurance coverage, and help to place client's in insurance programs that they are now eligible for.
- Form will be sent out with the ADAP 6 month self verification, starting in December of 2014.

PA Application Updates

- Proof of Income
- Application checklist

Proof Of Income



- Now going to be required when sending in a Premium Assistance Application.
- **Clients will need to send POI for ADAP AND Premium Assistance.**
- A Premium Assistance Application will be considered incomplete if POI is not attached.

MIDAP Premium Assistance Application Checklist

COBRA

- Election Forms
- Proof of Income

Qualified Health Plan

- Most recent billing statement from insurance company
- Marketplace generated assessment letter (Shows tax credits and cost sharing reductions eligibility)
- Proof of Income

Medicare Prescription Plan

- Most recent billing statement from insurance company
- Proof that you have applied for Extra Help With Medicare Prescription Drug Plan Costs (www.ssa.gov)

Application Checklist

Impact of the Affordable Care Act on People Living with HIV/AIDS in Michigan

Carrie Kirkpatrick, MSW

High Risk Patient Care Coordinator
Michigan Drug Assistance Program

Yasi Zamani, MPH Candidate

U of M School of Public Health
Policy Analyst Intern
Michigan Drug Assistance Program

ACA Highlights

- Signed into law March 23, 2010
- Individual mandate to be insured
- Expanded access to health coverage through the Marketplace or Medicaid Expansion.
 - Michigan currently participates in the Federally Facilitated Marketplace
 - Expanded Medicaid became effective in Michigan on April 1, 2014
- Availability of Advanced Premium Tax Credits and Cost Sharing

Coverage Categories

ACA Plans



Healthy
Michigan Plan
(HMP)



Qualified
Health Plan
(QHP)

Non ACA Plans



Employer
Sponsored,
Medicare,
Private,
Veterans and
COBRA

Eligibility

Healthy Michigan Plan

- Michigan Resident
- Age 19-64
- Income at or Below 133% (5% disregard, bringing standard up to 138%)
- Do not qualify or are not enrolled in Medicare and or Medicaid
- Not pregnant at the time of application

Qualified Health Plan

- Must be a U.S. Citizen
- Cannot currently be incarcerated
- Cannot have affordable coverage available elsewhere

QHP Financial Assistance

Advance Premium Tax Credits:

- To qualify, must be 100%-400% FPL
- Eligible individuals can collect the tax credit payments up front and payments will be directed to the insurance companies OR wait until taxes are filed
- Premium tax credits available for all plans

Cost-sharing Subsidies:

- To qualify, must be 100%-250% FPL
- Eligible individuals will have a reduction in out-of-pocket costs
- Cost-sharing subsidies only available for Silver plans

2014 Federal Poverty Level

2014 Federal Poverty Guideline (Annual)			
Persons in Household	100%	133%	250%
1	\$11,670.00	\$15,521.10	\$29,175.00
2	\$15,730.00	\$20,920.90	\$39,325.00
3	\$19,790.00	\$26,716.50	\$49,475.00
4	\$23,850.00	\$31,720.50	\$59,625.00
5	\$27,910.00	\$37,120.30	\$69,775.00
6	\$31,970.00	\$42,520.10	\$79,925.00
7	\$36,030.00	\$47,919.90	\$90,075.00
8	\$40,090.00	\$53,319.70	\$100,225.00

Enrollment Periods

Qualified Health Plan open enrollment: November 15, 2014-February 15, 2015

- 2014 Marketplace Plans will end December 31, 2014.
 - Plan members can renew 2014 plan or select a new health plan
 - Enrollees who authorized an income match do not have to renew if they intend to remain enrolled in current plan.
- If enrolling between the 1st and 15th day of the month, coverage will begin on the 1st of the following month
- If enrolling between the 16th and the last day of the month, coverage will begin on the 1st day of the second following month.
- Enrollment in a health plan can occur outside of open enrollment for certain qualifying life events.
- Improvements made to Marketplace Website for ease of use

Healthy Michigan Plan

- Enrollment takes place year round
- Individual will select a managed care plan upon approval

1,087 uninsured MIDAP clients transitioned to the Healthy Michigan Plan or to a Qualified Health Plan since January 2014

Uninsured



Insured

250



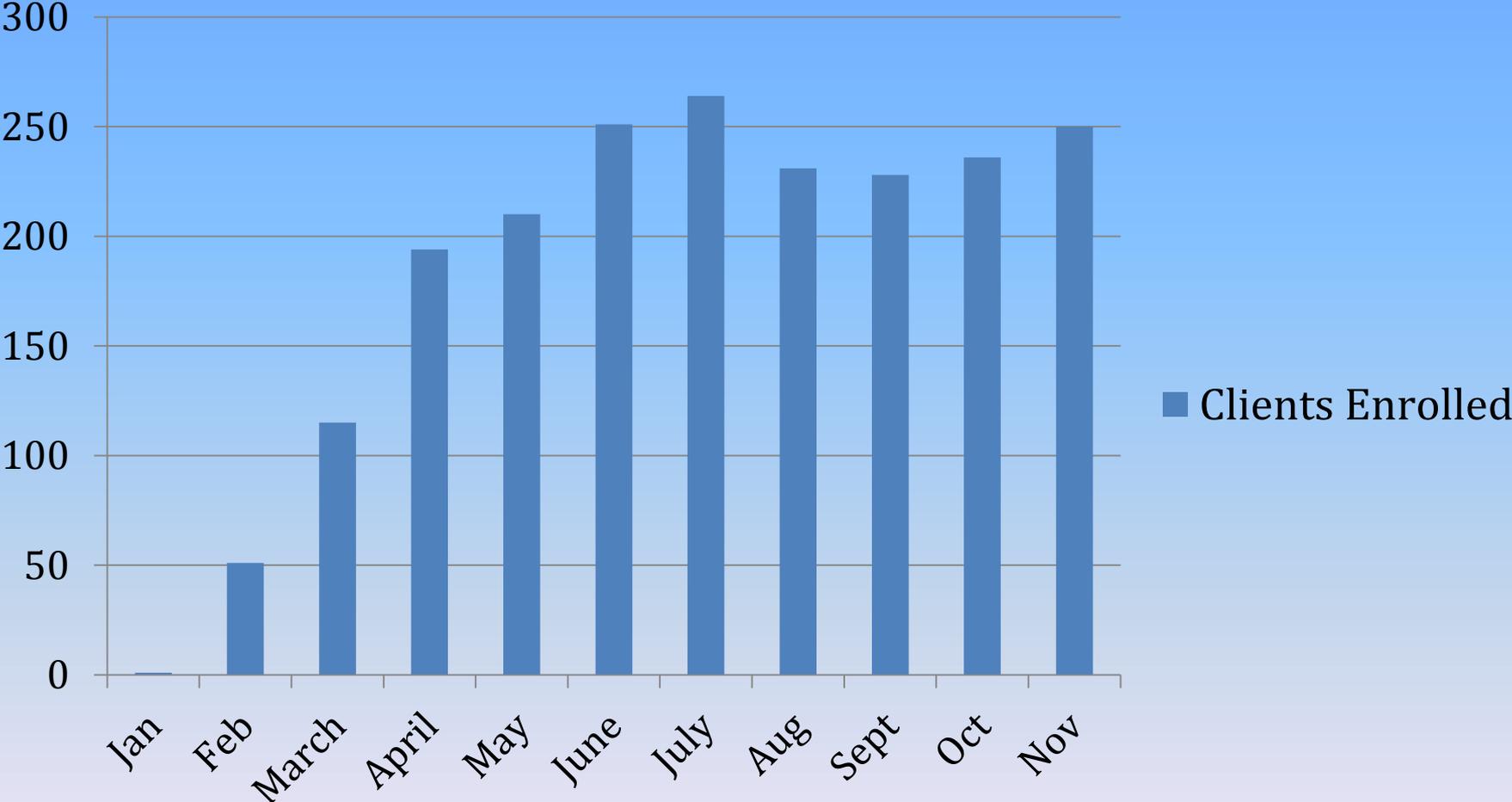
QHP

837

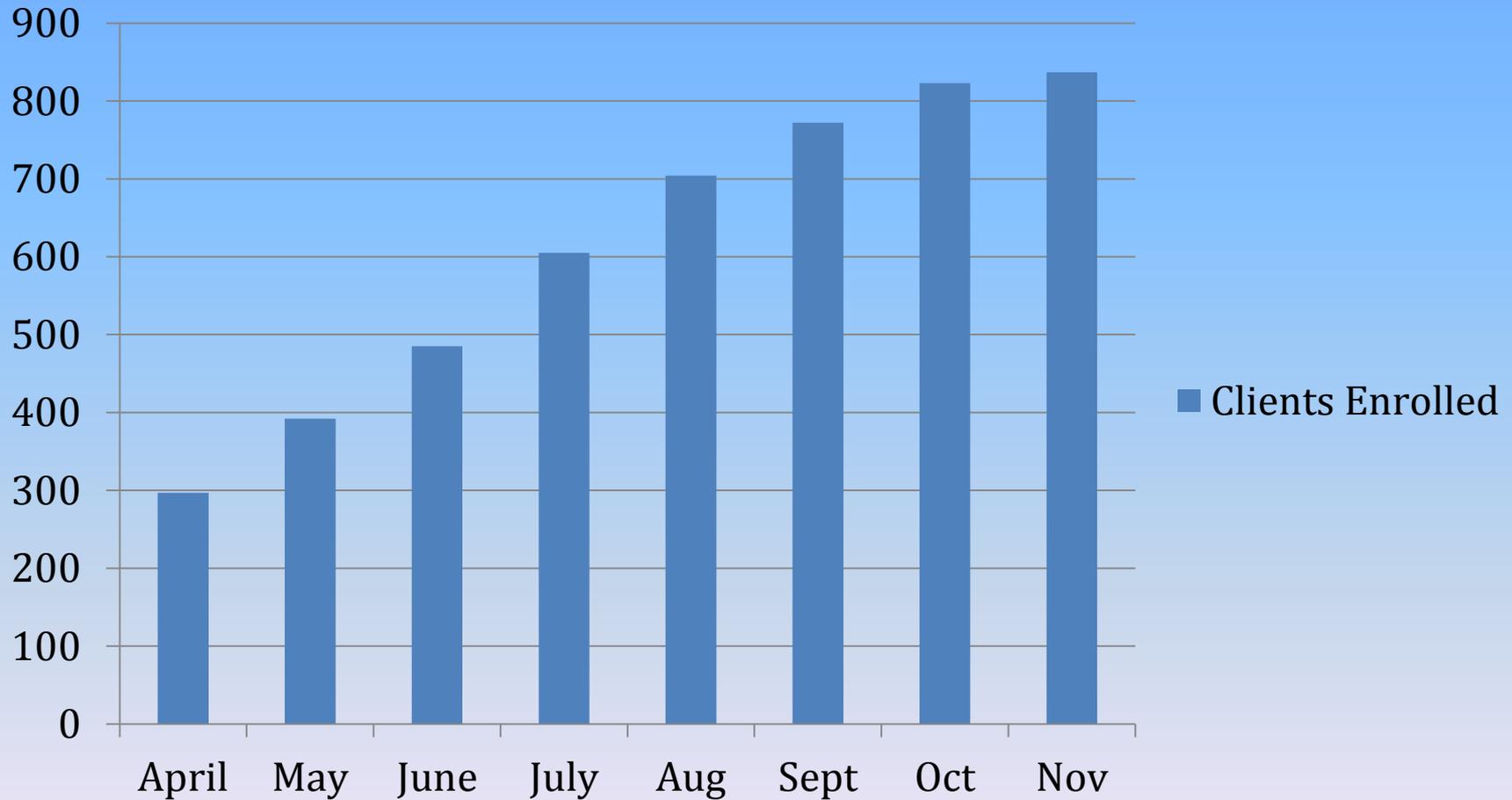


HMP

Clients Enrolled in Qualified Health Plans



Clients Enrolled in Healthy Michigan Plan



Analyzing the QHPs: MIDAP Research

The Michigan Drug Assistance Program is currently undertaking extensive research into the QHPs to better understand the health inequities and challenges to access to care facing the HIV community.

Research Goals



1. Determine which plans are the most cost-effective for MIDAP program and MIDAP clients
2. Thoroughly analyze the details of each Qualified Health Plan on the Michigan ACA Marketplace for Ingham & Wayne counties and display data in a matrix (Kent county to follow).
*Analysis priority based on HIV Prevalence Rates
3. Distribute and share information on website to clients, health care providers, case managers, program directors, etc. to help promote informed decision making for open enrollment period

Factors of Analysis



- FPL (150%, 300%, 450%)
- Age (~55 years old)
- Coverage Area
- Metal Level (Silver, Gold, Platinum)
- Premium Cost per month
- Deductible Cost per year
- Out of Pocket Maximum per year

Summary of services/ benefits provided

- Eligibility for Premium Tax Credit/Subsidies
- HMO or PPO
- Network of Providers
- Pharmacy Coverage
- Prescription Drug Coverage/Formulary
- Referral Required for Specialist Visit?

Major Insurance Carriers on the Michigan Marketplace

- Humana
- Total Health Care USA
- Blue Care Network
- Assurant Health
- United Healthcare
Community Plan
- Harbor Health Plan
- Blue Cross Blue Shield
- McLaren Health Plan
- Health Alliance Plan
- Priority Health
- Molina Healthcare of MI
- Consumer's Mutual
Insurance of MI

Essential Health Benefits Provided by QHPs

**ALL Plans on the Marketplace are Required by Law
to cover the following services:**

- Ambulatory patient services
- Emergency services
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Mental health services and addiction treatment
- Rehabilitative and Habilitative Services and devices
- Pediatric Services
- Prescription drugs
- Preventive and wellness services and chronic disease treatment

Wayne County 2015 Qualified Health Plans

37 Bronze

- Humana, Inc
- Blue Care Network of MI
- United Healthcare
- Health Alliance Plan
- Molina Marketplace
- Priority Health
- Blue Cross Blue Shield
- Total Health Care
- Harbor Health Plan
- Assurant Health

49 Silver

- Humana Medical Plan
- United Healthcare
- Total Health Care USA, Inc.
- Blue Care Network
- Harbor Health Plan
- Assurant Health
- McLaren Health Plan
- Health Alliance Plan
- Blue Cross Blue Shield
- Priority Health
- Molina Healthcare
- Consumer's Mutual Insurance

33 Gold

- Humana Medical Plan
- United Healthcare
- Total Health Care USA
- Health Alliance Plan
- Blue Care Network
- Blue Cross Blue Shield
- Molina Marketplace
- Harbor Health Plan
- Priority Health
- McLaren Health Plan
- Consumer's Mutual Insurance of MI
- Assurant Health

7 Platinum

- United Healthcare
- Humana, Inc.
- Health Alliance Plan
- McLaren Health Plan
- Assurant Health
- Blue Cross Blue Shield

Analysis of Data & Recommendations

- For the 2014-2015 year, MIDAP will add Gold Plans to the QHP coverage
- Silver AND Gold Plans will be covered under MIDAP
- For lower FPL, Silver plans more beneficial
- For higher FPL, Gold plans more beneficial



Differences between HMO, PPO, EPO, POS

	Requires PCP	Requires referrals	Requires pre-authorization	Pays for out-of-network care	Cost-sharing	Do you have to file claim paperwork?
HMO	Yes	Yes	Not usually required. If required, PCP does it.	No	Low	No
POS	Yes	Yes	Not usually. If required, PCP likely does it. Out-of-network care may have different rules.	Yes, but requires PCP referral.	Low in-network, high for out-of-network.	Only for out-of-network claims.
EPO	No	No	Yes	No	Low	No
PPO	No	No	Yes	Yes	High, especially for out-of-network care.	Only for out-of-network claims.

- HMO = Health Maintenance Organization
- PPO = Preferred Provider Organization
- EPO = Exclusive Provider Organization
- POS = Point of Service Plan

A Solution: The MIDAP Matrix

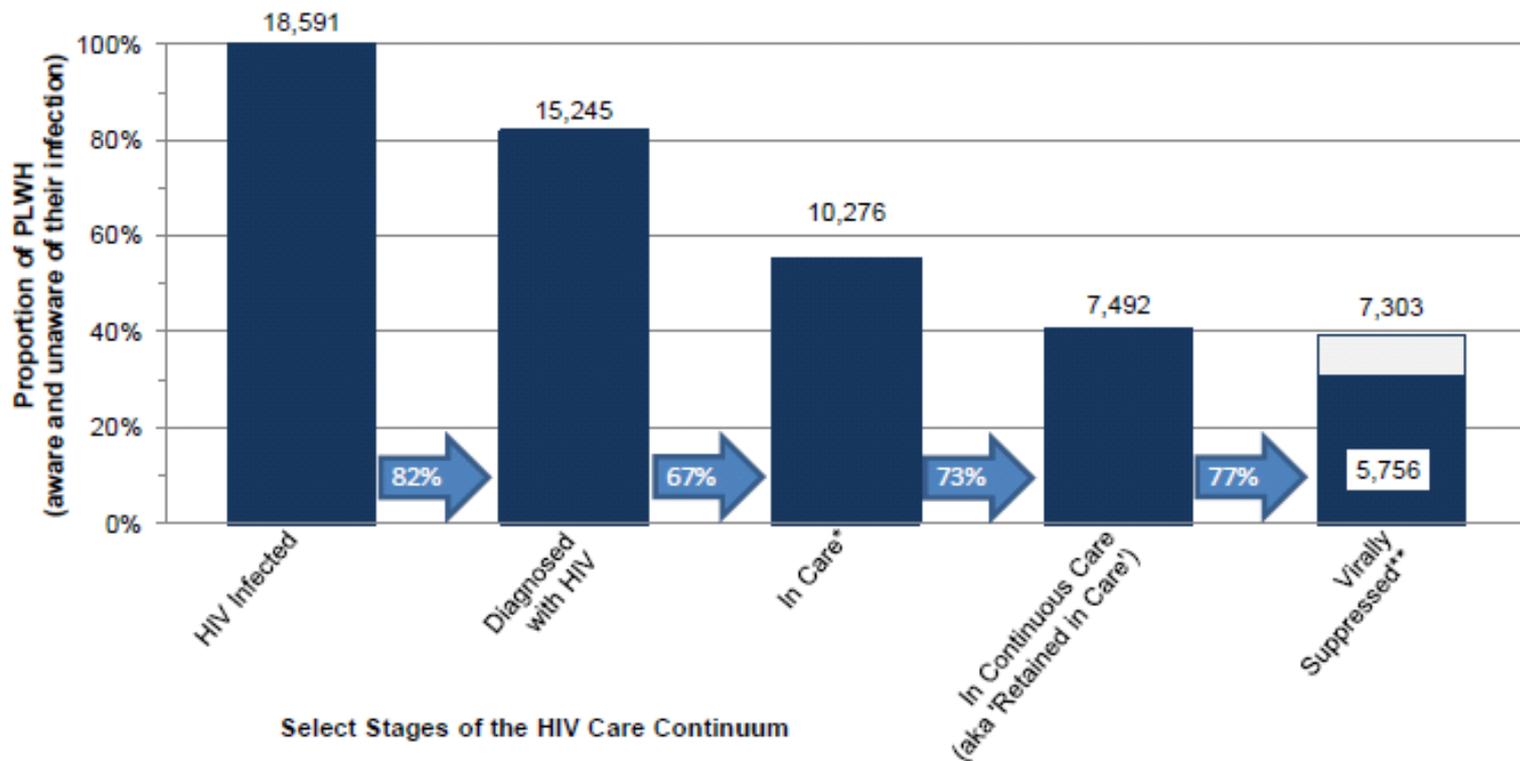
Goals

- To promote educated, informed decision making
- To help clients enroll in plans that will offer them the services and benefits they need

* Will be updated to reflect the 2015 Plans

To see the matrix, go to <http://www.michigan.gov/dap> and click the link for “MIDAP Marketplace Matrix.”

Figure 1. Michigan HIV Treatment Cascade, 2012: The frequencies and proportions of PLWH engaged in selected stages of HIV care during 2012 who were ≥ 13 years of age and living in Michigan on January 1, 2012, diagnosed by January 1, 2012 and living with HIV December 31, 2012



GOAL:

Increasing enrollment of PLWH in Qualified Health Plans will hopefully promote goal of increasing percentage of those Virally Suppressed, and enhance quality of life for individuals living with HIV/AIDS in Michigan