

Question 2

What are the patterns of service utilization of HIV-infected people?

Utilization Pattern of HIV Infected Persons

The purpose of the Indiana AIDS Drug Assistance Plan (ADAP) is to assist persons who have tested positive for HIV to access certain approved drugs. ADAP pays for certain FDA approved therapeutic drugs through participating pharmacies.

The Health Insurance Assistance Plan (HIAP) program provides a complete health care benefit program, which includes coverage for non-HIV related illnesses and injuries. This program purchases comprehensive health insurance policies for eligible individuals through the Indiana Comprehensive Health Insurance Association (ICHIA). HIAP also covers the cost of any co-insurance and deductibles. There is a three-month waiting period for "pre-existing conditions", including HIV/AIDS. HIAP enables HIV-infected residents of Indiana to obtain insurance, allowing them to maintain their independence, return to the workforce if they desire, and improve their quality of life.

ADAP, HIAP, and the Early Intervention Plan (EIP) are funded by a grant from the Indiana State Department of Health (ISDH) through Title II of the Ryan White CARE Act and State AIDS dollars. Services can be obtained by contacting one of the fourteen Standard Care Coordination sites located regionally throughout the state. On July 1, 2004 the number of Standard Care Coordination sites in the state was reduced from fourteen to thirteen.

Eligibility applies to Indiana residents who meet program financial guidelines, are able to provide verification of positive HIV status, are without private or public health insurance, and are determined by a physician to be an appropriate candidate for approved drugs.

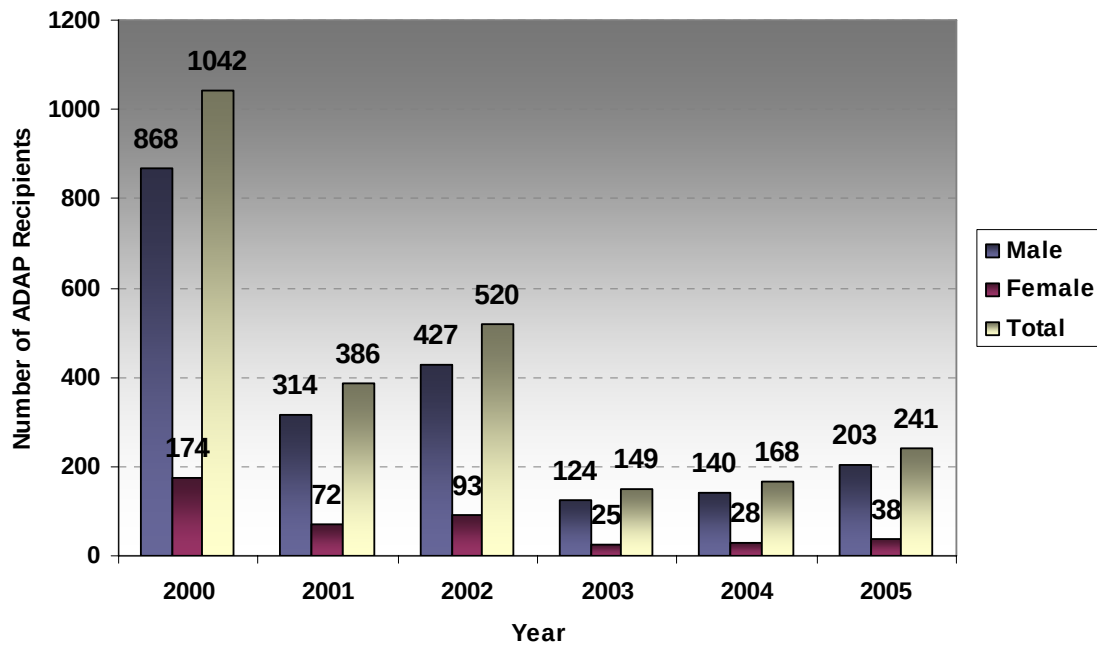
Participants are referred to and encouraged to use the services of a Care Coordinator (case manager) whenever possible, so that all their needs may be addressed. Participants may choose or be referred to a primary care physician and other providers. There is no charge to program participants for covered services.

Among the services provided under the CARE Act are the AIDS Drug Assistance Program (ADAP) and the Health Insurance Assistance Plan (HIAP).

Under ADAP, a total of 241 persons received assistance with the cost for medications in 2005, up from 168 in 2004. Over the past five years, the number of recipients of this assistance program has dropped sharply mainly due to the shift of eligible persons from

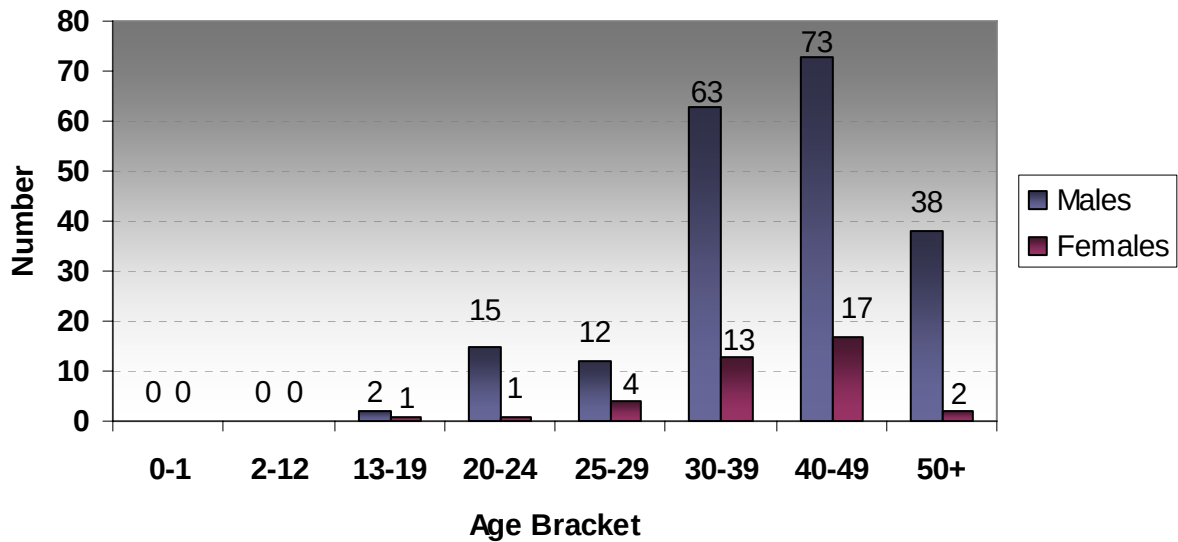
the ADAP program to the stat funded ICHIA program. In addition, the Indiana legislature changed the ICHIA enrollment for high-risk pool insurance from a residency requirement of 90 days to 365 days before a person is eligible for medical services.

Figure 68: Number of ADAP Recipients in Indiana by Year and Sex, 2000-2005



Consistent with the findings for the HIV infected population at large male recipients outnumber their female counterparts. A look at the age distribution of the enrolled population is shown in Figure 69.

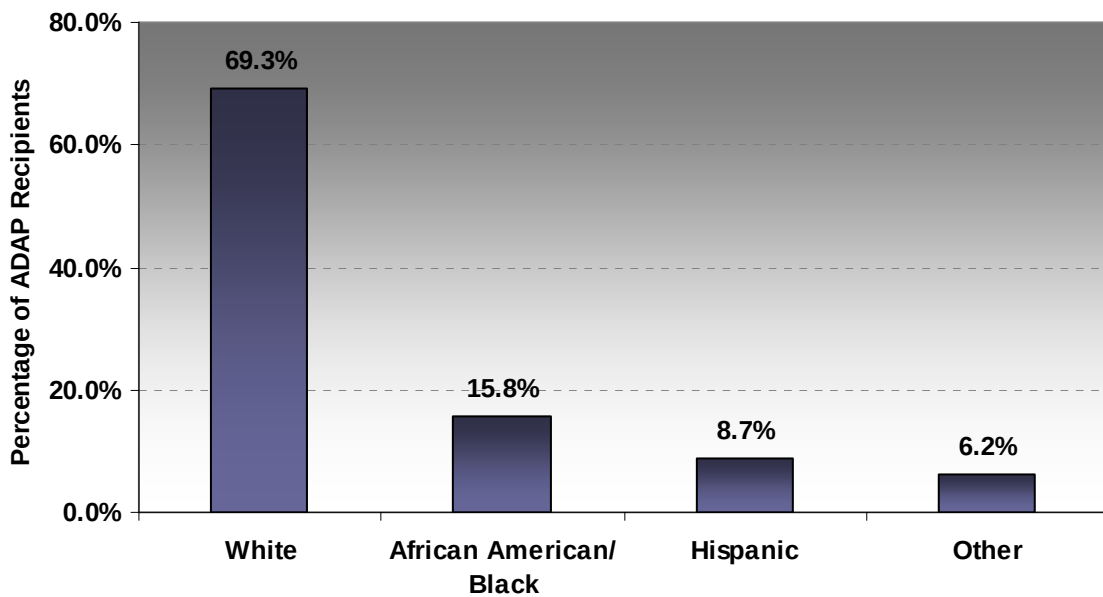
Figure 69: Number of Unduplicated Males and Females by Age Category Enrolled in ADAP, March, 2005 to April, 2006



For the period March, 2005 to April, 2006 there were 203 (84.2%) unduplicated males and 38 (15.8%) unduplicated females enrolled in ADAP. Unduplicated means that no recipient was counted twice, regardless of where the services were provided to a person enrolled in the program. As shown in Figure 69, apart from the differences in absolute numbers, no real difference age-wise was evident between males and females. The majority of enrolled persons were ages 40 to 49, with the group of 30 to 39 year olds in second position.

The racial and ethnic distribution of ADAP recipients has been changing over the past 5 years. Figure 70 shows the racial and ethnic percentage distribution in 2005.

Figure 70: Percent of ADAP Recipients by Race/Ethnicity, 2005



About seven out of ten recipients were White in 2005, followed by Black/African Americans with 15.8%. The numbers and percentages of ADAP recipients for the past five years is shown in Table 59.

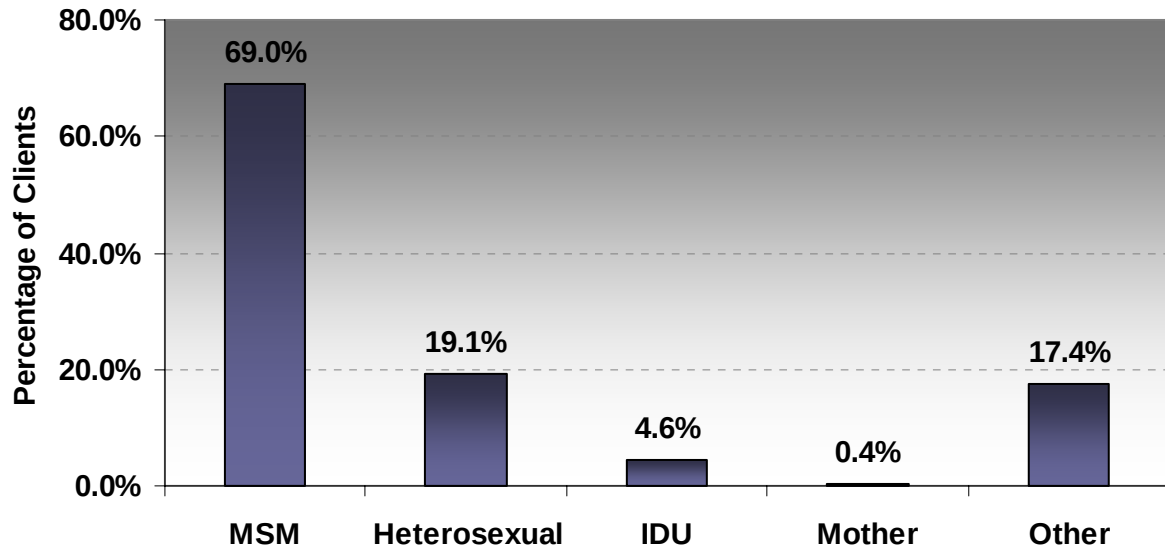
Table 61: Number of ADAP Recipients by Year and Race, 2001-2005

Race/ Ethnicity	2001		2002		2003		2004		2005	
	Number	%	Number	%	Number	%	Number	%	Number	%
White	221	61.0	346	66.5	89	59.7	108	64.3	167	69.3
African American	124	34.3	153	29.4	34	22.8	27	16.1	38	15.8
Other	17	4.7	21	4.0	26	17.4	8	4.8	15	6.2
Hispanic*	24	6.2	39	7.5	15	10.1	25	14.9	21	8.7

*Note: Hispanic can be of any race, Percentages will therefore exceed 100%

Several trends can be seen over the course of the past five years in Table 59. The share of White recipients jumped back to levels comparable to 2002 and has been increasing since 2004. At the same time, the share of Hispanic recipients has more than tripled between 2000 and 2005, but has dropped from last year to its current value of 8.7%. The share of the African-American population continues to drop to its lowest level in five years.

Figure 71: Unduplicated Males and Females Enrolled in ADAP by Risk Factor, March 2005 to April 2006



Over half of all recipients are associated with MSM as their primary risk category, consistent with the distribution of the HIV infected population overall. In terms of CD4 count, Table 60 lists the corresponding percentages.

Table 62: Unduplicated Clients Enrolled in ADAP by CD4 Count Category (March, 2005 to April, 2006)

CD4 Count Category	Unduplicated	
	Clients	Percent
< 200	40	16.6
200-350	51	21.2
351-500	48	19.9
> 500	99	41.1
Unknown	3	1.2
Total	241	100%

In terms of income of the recipients there are definitive differences between the enrolled clients.

Table 63: Unduplicated Clients Enrolled in ADAP by Income Category, March 2005 to April 2006

Income Category	Unduplicated Clients	Percent
< 100% Federal Poverty Level (\$9,570)	119	49.4
101%-200% Federal Poverty Level (\$9,571 - \$19,140)	80	33.2
201%-300% Federal Poverty Level (\$19,141 - \$28,710)	28	11.6
No Data Collected	14	5.8
Total	241	100.0

Almost half of all enrolled clients have incomes of less than 100% of the Federal Poverty Level definition. An additional third of all clients (33.2%) have incomes of between 101% and 200% of the Federal Poverty Level. Only about one in ten recipients had an income between \$19,141 and \$28,710 in 2005.

Since 1999, the yearly total costs for the ADAP program have decreased dramatically due to the transition of most enrolled to HIAP within the first six months. At the same time, the annual and monthly costs per client have increased greatly since 2004. Table 62 lists the trends of expenditures for the ADAP program.

Table 64: Program Expenditures for ADAP by Year, 2000-2005

ADAP	2000	2001	2002	2003	2004	2005
Annual cost per client	\$2,852	\$2,422	\$2,442	\$3,154	\$3,821	\$5,950
Monthly cost per client	\$238	\$201	\$203	\$263	\$318	\$495
Annual cost	\$2,971,846	\$934,873	\$1,269,498	\$470,001	\$641,873	\$815,218

Table 63 lists the types of medications and drugs that are paid for by ADAP funds for the year 2005/2006. The single largest share of the ADAP budget (92.6%) has been used for Antiretroviral drugs, while the rest covers medication to combat the side effects and symptoms of the combined disease.

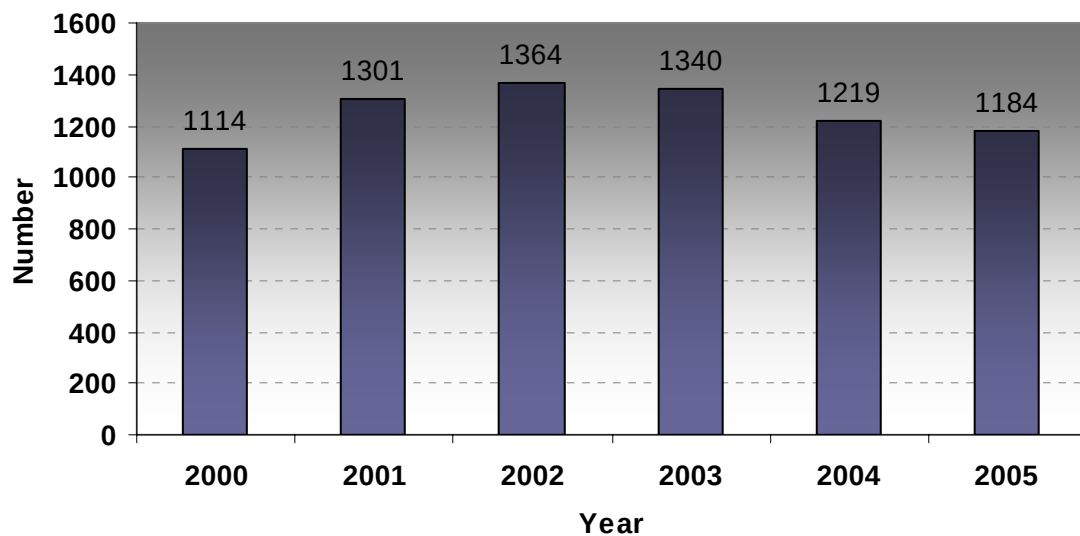
Table 65: Number of Claims and Expenditures for ADAP Covered Drugs by Category, March 2005 to April 2006

Drug Type	Claims	Expenditures
Antiretroviral	1,601	\$749,365.72
Opportunistic Infection Treatment and Prophylaxis	235	\$20,176.75
Hyperlipidemia	114	\$9,345.70
Wasting	136	\$2,561.82
Other	748	\$27,385.06
Total	2,834	\$808,835.05

The costs for immunizations and TB tests are covered under neither the EIP (Emergency Intervention Program) nor the ICHIA program. They are therefore not listed here, nor are these expenditures tracked in this report.

The number of HIAP recipients declined over the past three years from its peak in 2002. Figure 72 shows the trend for the past five years in HIAP enrollment.

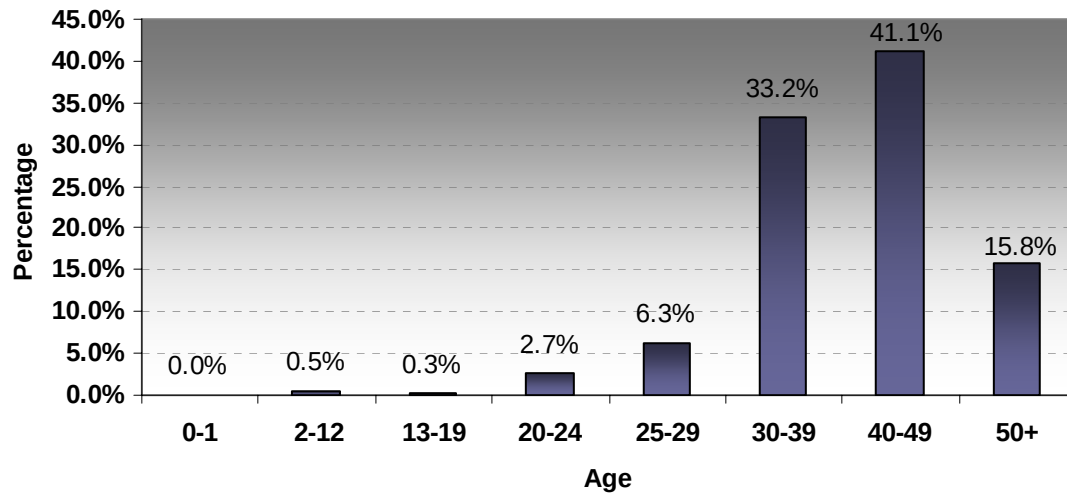
Figure 72: Number of HIAP Recipients in Indiana by Year, 2000-2005



Similar to the ADAP program, the clients enrolled in the HIAP program are predominantly male. In the year from March 2005 to April 2006, 1,184 clients were enrolled in HIAP. Of those 1,007 (or 85.1%) were male, and 177 (or 14.9%) were female.

The distribution of age among the HIAP clients is shown in Figure 73.

Figure 73: Number of HIAP Clients by Age Category, March 2005 to April 2006



More than four in ten HIAP clients are in the age group of 25 to 49 years of age.

In terms of overall costs for the HIAP program, 2005/2006 continues to show increases over the previous year. Table 64 below shows the trend numbers in costs for the past five years.

Table 66: Program Expenditures for HIAP by Year, 2000-2005

HIAP	2000	2001	2002	2003	2004	2005
Annual cost	\$434,337	\$4,335,507	\$5,708,890	\$7,920,395	\$8,660,889	\$8,834,983
Annual cost per client	\$390	\$3,332	\$4,185	\$5,911	\$7,105	\$7,461
Monthly cost per client	\$33	\$278	\$349	\$660	\$562	\$621

In 2005 the Annual Expenditures increased slightly over the previous year, as did the annual costs per client.

From 1999-2001, enrollees experienced some significant difficulties using the new insurance program. These problems resulted in under-utilization of services and lower monthly costs to the program. Additionally, ICHIA premiums increase at approximately 10-12% annually.