



# Bridging the Gap, Colorado

## 2013 Assistance Description

Colorado Department  
of Public Health  
and Environment

### Guidelines for Enrollees in ADAP's Medicare Wrap-around

**PLEASE KEEP THIS DOCUMENT FOR FUTURE REFERENCE & QUESTIONS**

**TYPE OF COVERAGE:**

Bridging the Gap, Colorado (BTGC) is "wrap-around" assistance. This means that it will pay most (medication) expenses not covered by your Medicare Part D prescription drug plan - or Medicare Advantage Plan with Prescription Drug (MAPD) coverage - in addition to assisting with your Part D or MAPD plan premiums.

**SUMMARY OF BENEFITS:**

	<b>IN-NETWORK COVERAGE ONLY</b> <b>(Services received outside ADAP's pharmacy network are not covered)</b>
<b>Monthly Plan Premium</b>	Covered at 100% up to \$80.00 a month. You are responsible for the difference for any premium over the allowed \$80.00. BTGC can only pay premiums for plans offering drug coverage. Supplements and Medicare Advantage plans without drug coverage are not covered by BTGC. <i>BTGC will not pay premiums for optional plans that cover optical or dental procedures.</i> With extremely rare exceptions, BTGC does not cover the premium for your Medicare <b>Part B</b> . If you are at risk of losing your Medicare A&B coverage; please call (303) 692-2783 to discuss your options.
<b>BTGC Formulary Drugs</b>	There is no cost to you for all drugs on the BTGC plan formulary or any generic alternatives. See the plan formulary in this packet to find out what drugs are covered.
<b>Part D Plan Formulary Drugs</b>	Pertains to all non-BTGC formulary drugs covered by your Part D plan. Make sure to refer to your plan's Explanation of Benefits (EOB) to see what drugs are covered. <i>BTGC will not cover drugs for erectile dysfunction.</i>  <b><u>Normal Coverage Period (includes deductible period and coverage gap, or "Donut Hole"):</u></b>  Generic and Brand drugs covered at no cost to you.  <b><u>Catastrophic Coverage Period (period after you have passed through the Medicare coverage gap):</u></b> <b><u>The higher amount of either 5% of the cost of the drug, OR</u></b> Generic/Preferred: \$2.65 co-pay* Brand/Non-preferred: \$6.60 co-pay*  *co-pay for a 30-day supply.
<b>Non-formulary Drugs</b>	Drugs not included in either the BTGC or Part D plan formulary are not covered. You are responsible for 100% of the cost of these drugs. If you are having trouble paying for non-covered drugs, visit <a href="http://www.pparx.org">http://www.pparx.org</a> to see if there are programs to help you cover the costs.

<b>Non-formulary Drugs (cont'd)</b>	For drugs administered in an office or hospital setting, you are responsible for any costs not covered by their Original Medicare, Medicare Advantage or Supplement plan. BTGC does not cover any amount toward drugs administered by a health professional in an institutional or jail setting.
<b>Medical, hospital or office visit co-insurance</b>	<p>BTGC does not cover any costs attributed to co-insurance for medical, hospital or office visit expenditures. You are responsible for any costs not paid for by Medicare and/or their Advantage or Supplement plan.*</p> <p>BTGC is only for costs related to prescription drug coverage. However, if you receive Medicare Part B you can enroll in a Medicare Advantage plan with drug coverage and use your BTGC premium assistance to pay for it.</p> <p>*If you are having trouble paying for your labs or office visits related to your HIV care, make sure to speak with your case manager to see if you qualify for assistance to cover these costs.</p>
<b>Covered Providers</b>	Colorado BTGC Pharmacy Network See "Pharmacy Network" portion of this packet for more information.

**PHARMACY NETWORK AND FILL PROVISIONS:**

Pharmacies in the BTGC network include:

- ✓ Walgreen's
- ✓ City Market
- ✓ King Soopers
- ✓ Avella on Colfax (formerly Colorado Pharmacy)
- ✓ Denver Health ID Pharmacy
- ✓ University of Colorado Hospital IDGP Pharmacy
- ✓ The Apothecary
- ✓ Kaiser Permanente Pharmacy (if enrolled in Kaiser Health Plan)
- ✓ Call 1-888-311-7632 to find other pharmacies close to you.

If you would like your medications sent via mail you should contact your pharmacy to inquire about shipping costs (if any). Prescriptions covered by BTGC will not be mailed out of state unless pre-approved by the Colorado AIDS Drug Assistance Program.

You may receive 30, 60 or 90 day supplies of your medications as long as your Part D plan allows it. However, BTGC cannot replace fills larger than 30 days if they are lost or stolen. Keep this in mind when ordering your medication.

If you need prior approval for a fill or need to replace a lost or stolen prescription, contact the ADAP Helpdesk at (303) 692-2716.

**KEEPING YOUR COVERAGE:**

BTGC is a program administered by the Colorado AIDS Drug Assistance Program (ADAP). In order to keep your coverage up-to-date, make sure you follow all of the ADAP recertification guidelines and send in your paperwork every six months. Also make sure to recertify your BTGC every year during the Medicare Open Enrollment period (October 15-December 7). The BTGC recertification is a simple 2-page form and can be completed in minutes. **The primary** purpose of this recertification is to verify that ADAP is paying the correct **premium amount** to the right plan to keep your Part D plan current (if your chosen plan has a premium).

## **CHOOSING A PLAN:**

Anyone who receives Medicare is automatically enrolled in Part A. This benefit covers 80% of all costs incurred in a hospital setting. Medicare Part B is optional coverage with a standard monthly premium and covers 80% of all medical costs (office visits, specialty care, labs, etc.).

Additional coverage is often used to supplement what is known as Original Medicare (Parts A and B). You may choose to enroll in a Medicare Advantage plan (Medicare Part C). These plans are a lot like employer health plans. Hospital and medical services are covered at standard co-pays, up to a maximum yearly benefit. Some specialty services are not covered by these plans and most of them offer drug coverage. DO NOT enroll in a Medicare Advantage if it does not offer drug coverage as you will not be allowed to enroll in additional coverage. BTGC can cover the monthly premium for any Medicare Advantage plan that offers drug coverage. Plans without drug coverage will not be covered.

People with ongoing health conditions or expensive medical needs often opt to enroll in a Medicare Supplemental, or "Medigap", policy. These policies cover any expenses not covered by Original Medicare. They are typically more expensive than Medicare Advantage plans but have fewer restrictions on service they cover and rarely have a maximum benefit. Supplemental plans do not offer drug coverage. If you decide to enroll in one of these plans, make sure to enroll in a Part D plan to cover your drugs. BTGC cannot pay the monthly premium for a Medicare Supplement plan; however, it will cover your Part D plan if you choose to go with a Supplement.

Part D is the portion of Medicare that covers prescription drugs. You may have Part D in the form of a drug benefit under a Medicare Advantage plan (MA-PD) or as a stand-alone benefit to go with Original Medicare or a Medicare Supplement. The stand-alone benefit is referred to as simply a Prescription Drug Plan (PDP). This is the portion of Medicare that BTGC pays for.

Make sure that the Part D plan you select covers all your drugs. While most plans cover the same drugs, that is not always the case. It is recommended that you get help enrolling in a plan that meets your particular needs. You can call the Colorado SHIP at 1-888-696-7213, speak with your case manager at your local AIDS Service Organization, or call the ADAP Helpdesk at (303)692-2716 to get help picking the Part D plan that's right for you.

## **OTHER FORMS OF ASSISTANCE:**

You may qualify for more help with your Medicare expenses. BTGC requires its enrollees to apply for all assistance they are eligible for.

Clients making less than \$1,396.00 a month qualify for Low-Income Subsidy. LIS, or "Extra Help", decreases the amount of your Part D premium and significantly lowers your drug costs. It lowers the costs of all drugs on your Part D plan's formulary and is not limited to just HIV medication. This is helpful if you take any non-HIV related drugs and would like to see cost savings. Go to <http://www.ssa.gov/prescriptionhelp> to apply for Extra Help.

If you need medical care, but can't afford to have the Part B premium taken out of your Social Security check every month, you may consider enrolling in a Medicare Savings Program (MSP). MSPs help with your Part B premiums and are administered by your county's Health and Human Services office. Call your local HHS office to set up an appointment to enroll in a Medicare Savings Program.

**FORMULARY:** All of the medications on your chosen PDP or MAPD are covered under Bridging the Gap, Colorado until you reach the "Catastrophic Coverage" level. Once at this level, BTGC will pay the co-pay for only the medications listed below:

**(sorted by generic name):**

Brand Name	Generic Name	Category
Ziagen	Abacavir	ANTIRETROVIRAL
Epzicom	Abacavir/Lamivudine	ANTIRETROVIRAL
Zovirax	Acyclovir	OPPORTINISTIC INFECTION MEDICATIONS
Fungizone	Amphotericin Injection	OPPORTINISTIC INFECTION MEDICATIONS
Reyataz	Atazanavir	ANTIRETROVIRAL
Lipitor	Atorvastatin	ANTIHYPERTENSIVE
Mepron	Atovaquone	ANTIPROTOZOAL DRUGS, MISCELLANEOUS
Zithromax	Azithromycin	OPPORTINISTIC INFECTION MEDICATIONS
Biaxin	Clarithromycin	OPPORTINISTIC INFECTION MEDICATIONS
Dapsone	Dapsone	OPPORTINISTIC INFECTION MEDICATIONS
Prezista	Darunavir	ANTIRETROVIRAL
Rescriptor	Delaviradine	ANTIRETROVIRAL
Videx /Videx EC	Didanosine (ddI)	ANTIRETROVIRAL
Sustiva	Efavirenz	ANTIRETROVIRAL
Emtriva	Emtricitabine (FTC)	ANTIRETROVIRAL
Complera	Emtricitabine/Rilpivirine/Tenofovir	ANTIRETROVIRAL
Truvada	Emtricitabine/Tenofovir	ANTIRETROVIRAL
Atripla	Emtricitabine/Tenofovir/Efavirenz	ANTIRETROVIRAL
Fuzeon	Enfuvirtide (T-20)	ANTIRETROVIRAL
Myambutol	Ethambutol	OPPORTINISTIC INFECTION MEDICATIONS
Intelence	Etravirine	ANTIRETROVIRAL
Tricor	Fenofibrate	LIPOTROPICS
Diflucan	Fluconazole	OPPORTINISTIC INFECTION MEDICATIONS
Lexiva	Fosamprenavir	ANTIRETROVIRAL
Foscavir	Foscarnet	OPPORTINISTIC INFECTION MEDICATIONS

<b>FORMULARY (cont'd)</b> <b>Brand Name</b>	<b>Generic Name</b>	<b>Category</b>
Cytovene	Gancyclovir	OPPORTINISTIC INFECTION MEDICATIONS
Crixivan	Indinavir	ANTIRETROVIRAL
Sporanox	Itraconazole	OPPORTINISTIC INFECTION MEDICATIONS
Epivir	Lamivudine (3TC)	ANTIRETROVIRAL
Kaletra	Lopinavir/Ritonavir	ANTIRETROVIRAL
Cozaar	Losartan	ANTIHYPERTENSIVES
Selzentry	Maraviroc	ANTIRETROVIRAL
Viracept	Nelfinavir	ANTIRETROVIRAL
Viramune	Nevirapine	ANTIRETROVIRAL
Viramune XR	Nevirapine	ANTIRETROVIRAL
Alinia	Nitazoxanide	ANTIPROTOZOAL DRUGS, MISCELLANEOUS
Zyprexa	Olanzapine	PSYCHOTROPIC MEDICATIONS
Nebupent	Pentamidine, aerosol	OPPORTINISTIC INFECTION MEDICATIONS
Seroquel	Quetiapine	PSYCHOTROPIC MEDICATIONS
Isentress	Raltegravir	ANTIRETROVIRAL
Mycobutin	Rifabutin	OPPORTINISTIC INFECTION MEDICATIONS
Edurant	Rilpivirine	ANTIRETROVIRAL
Norvir	Ritonavir	ANTIRETROVIRAL
Invirase	Saquinavir Mesylate	ANTIRETROVIRAL
Sulfadiazine	Sulfadiazine	OPPORTINISTIC INFECTION MEDICATIONS
Septa, Bactrim	Sulfamethoxazole/Trimethoprim	OPPORTINISTIC INFECTION MEDICATIONS
Viread	Tenofovir	ANTIRETROVIRAL
Aptivus	Tipranavir	ANTIRETROVIRAL
Valtrex	Valacyclovir	OPPORTINISTIC INFECTION MEDICATIONS
Valcyte	Valganciclovir	OPPORTINISTIC INFECTION MEDICATIONS
Vfend	Voriconazole	ANTIFUNGAL AGENTS
Retrovir	Zidovudine (AZT)	ANTIRETROVIRAL
Combivir	Zidovudine/Lamivudine	ANTIRETROVIRAL
Trizivir	Zidovudine/Lamivudine/Abacavir	ANTIRETROVIRAL
Geodon	Ziprasidone	PSYCHOTROPIC MEDICATIONS

If you have questions in regard to the BTGC formulary, call the ADAP Helpdesk at (303) 692-2716.

Having a case manager can be helpful if you ever have any issues regarding your HIV care or to stay informed about different types of assistance you may qualify for. Case managers are available to help you fill out your recertification paperwork and remind you of important deadlines. Below is a list of case management agencies in Colorado and their contact information. If you would like help deciding where to receive case management, feel free to contact ADAP at (303) 692-2716.

## Case Management Agencies

### Boulder County AIDS Project

Main Number: 303-444-6121

toll free: 1-866-704-2821

español: 303-444-7181

TTY: 1-800-659-2656

### Beacon Clinic

Main Number: 303-938-3167

### Colorado ADAP

Main Number: 303-692-2716

### CHIP

Main Number: 720-777-8233

### Denver Colorado AIDS Project

Main Number: 303-837-0166

TTY: 303-962-5328

### Denver Health

Main Number: 303-602-8710

### Empowerment (Women's Lighthouse Project)

Main Number: 720-941-8200

### It Takes A Village (offers refugee services)

Main Number: 303-367-4747

### Metro Community Provider Network

Main Number: 303-518-6385

### Northern Colorado AIDS Project

Main Number: 970-484-4469

Toll Free: 1-800-464-4611

### Pueblo Community Health Center

Main Number: 719-543-8718

### Rocky Mountain CARES

Main Number: 303-393-8050

### Southern Colorado AIDS Project

Main Number: 719-578-9092

Pueblo: 719-924-8925

### Servicios De La Raza

Main Number: 303-458-5851

### University of Colorado Hospital

Main Number: 720-848-0000

### Western Colorado AIDS Project

Main Number: 970-243-2437

Toll Free: 1-800-765-8594

### Other Numbers To Know:

Colorado SHIP (Medicare Part-D or Medicare Advantage Plan selection assistance)  
1-888-696-7213

Medicare Benefits Checkup  
303-629-4996; 1-866-550-2752

RxAssist (Help with non-formulary medications)  
303-629-4937; 1-866-550-2752  
<http://www.Rxassist.org>

**Call the ADAP HELPDESK @ 303-692-2716 with any questions you may still have.**

**Our hours of operation are Monday through Friday, 7:30 am through 5 pm except State of Colorado Holidays.**

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