AIDS INSURANCE CONTINUATION PROGRAM

AICP

COST BENEFIT ANALYSIS CALENDAR YEAR 2012

The AICP is administered by the Health Council of South Florida and sponsored by the Florida Department of Health, Bureau of HIV/AIDS. The AICP is funded by the State of Florida and the Federal Ryan White Program at 39% and 61% respectively.

ACKNOWLEDGEMENTS

The AIDS Insurance Continuation Program (AICP) is administered by the Florida Department of Health and is managed statewide by the Health Council of South Florida, Inc. with the assistance of the AICP Statewide Technical Advisory Committee (ASTAC). The ASTAC provides the AICP with the community and professional consultation essential to the formulation of program policies, management and strategic planning.

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AICP NETWORK COMMUNITY BASED ORGANIZATIONS

Community-Based AIDS Service Organizations served as enrollment sites for the program and are referred to as AICP Network Community Based Organizations.

A.H. OF MONROE COUNTY, INC.
KEY WEST
305-296-6196

BASIC NORTHWEST FLORIDA, INC.
PANAMA CITY
850-785-1088

BIG BEND CARES, INC.
TALLAHASSEE
850-656-2437

BROWARD HOUSE
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954-568-7373

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY
WEST PALM BEACH
561-472-2466

HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA
JACKSONVILLE
904-301-3678

HEALTH PLANNING COUNCIL OF SOUTHWEST FLORIDA
FORT MYERS
239-433-6700

HOPE & HELP CENTER
ORLANDO
407-645-2577

MIAMI BEACH COMMUNITY HEALTH CENTER
MIAMI
305-538-8835

NORTHEAST FLORIDA AIDS NETWORK
JACKSONVILLE
904-356-1612

OKALOOSA AIDS SUPPORT & INFORMATIONAL SERVICES INC. (O.A.S.I.S)
FORT WALTON BEACH
850-314-09500

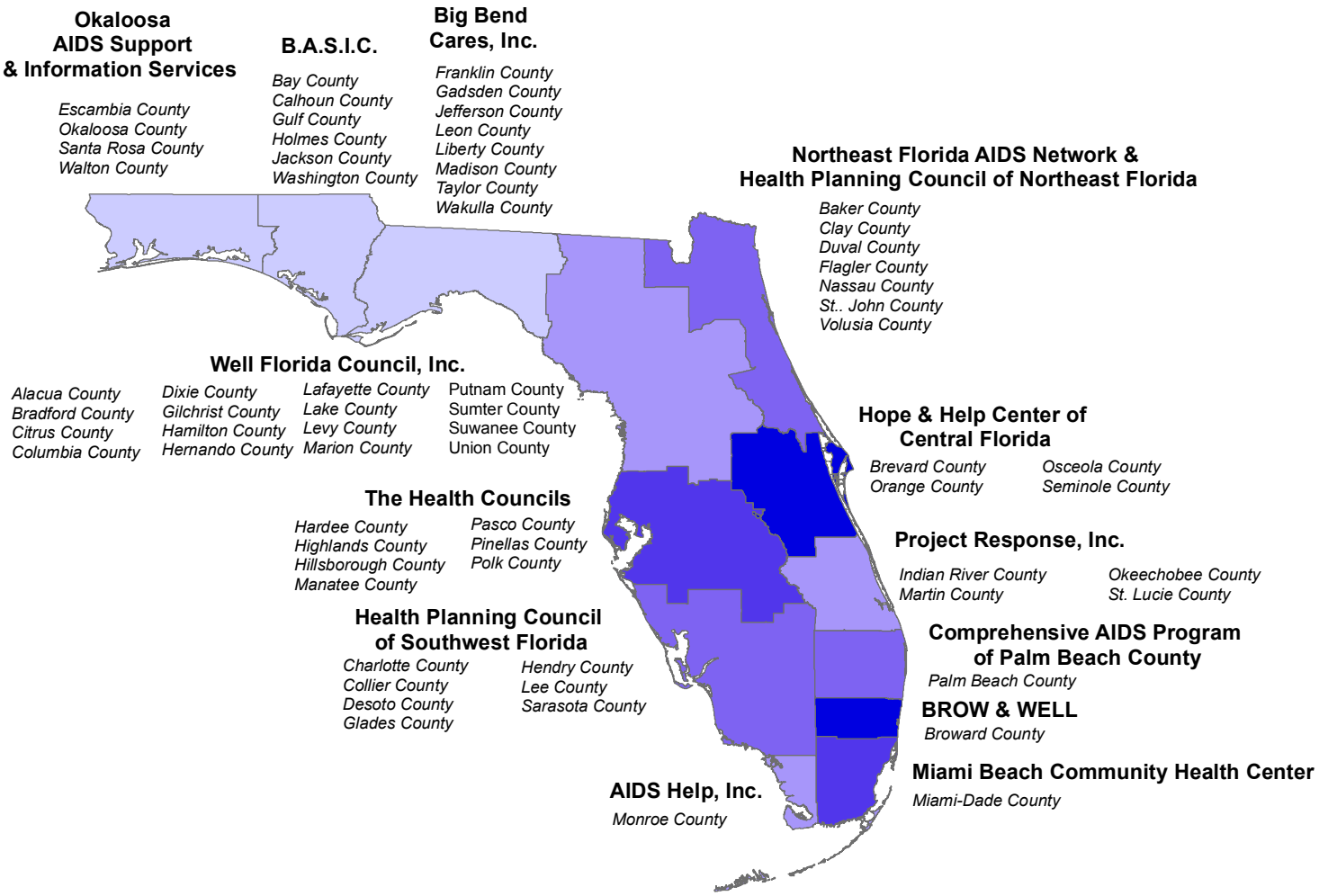
PROJECT RESPONSE, INC.
FORT PIERCE
772-464-0420

THE HEALTH COUNCILS, INC.
SAINT PETERSBURG
727-217-7070

THE WELLNESS CENTER OF SOUTH FLORIDA, INC.
FORT LAUDERDALE
954-568-0152

WELLFLORIDA COUNCIL
GAINESVILLE
352-313-6500

AICP Network CBOs
by Counties and Clients Served
Calendar Year 2012



Clients Served - Calendar Year 2012

- 9 - 23
- 24 - 71
- 72 - 176
- 177 - 259
- 260 - 771

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EXECUTIVE SUMMARY

AIDS Insurance Continuation Program

The AIDS Insurance Continuation Program (AICP) is designed to preserve the private health insurance coverage of low-income Floridians living with HIV/AIDS who cannot afford to pay their health insurance premiums. The program was launched as the AIDS Insurance Demonstration Project (AIDP) and was later expanded as a statewide program in 1994. Renamed AICP, the program is funded by the State of Florida, Department of Health, through funding from the Ryan White Program (61%) and the State of Florida General Revenue (39%). AICP is administered by the Health Council of South Florida, Inc (Council).

Overview of HIV/AIDS in Florida Today

Florida ranks third behind New York and California in the number of reported HIV cases (including those with AIDS) nationwide.[1] In Florida, it is estimated that 96,614 individuals are living with HIV/AIDS.[2] AICP has played a critical role in the HIV/AIDS epidemic by providing insurance assistance to more than 9,600 clients as of May 2013. This is accomplished through a centralized statewide administrator, the Health Council of South Florida, Inc. and its 15 affiliate Community Based Organizations (CBOs) established in local counties throughout the state.

Estimated numbers of persons living with HIV Disease 2011

	Florida	United States
Living with HIV Disease (including those with AIDS)	**96,614**	**895,638**

Source: Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2013 (Vol. 23). Atlanta: US Department of Health and Human Services

AICP Enrollment Criteria

In order to qualify for AICP services, clients must meet the following criteria:

- Clients are covered by private health insurance and are HIV positive and symptomatic or diagnosed with AIDS
- Must be determined eligible to receive HIV/AIDS Patient Care Program Services and provide proof of eligibility at the time of application

AICP Operations

The Council is responsible for the statewide administration of AICP. The Council sub-contracts with 15 AICP Network Community Based Organizations (CBOs) located throughout the state of Florida. The CBOs function as AICP enrollments sites and ensure local access to AICP services.

AICP Program Performance Calendar Year Comparison

	2011	2012
Total Clients Served:	2,307	2,492
New Applicants Enrolled	690	471

AICP Goals

The AICP maintains operational and programmatic efficiency through the following system level and programmatic goals:

Systems Level Goals

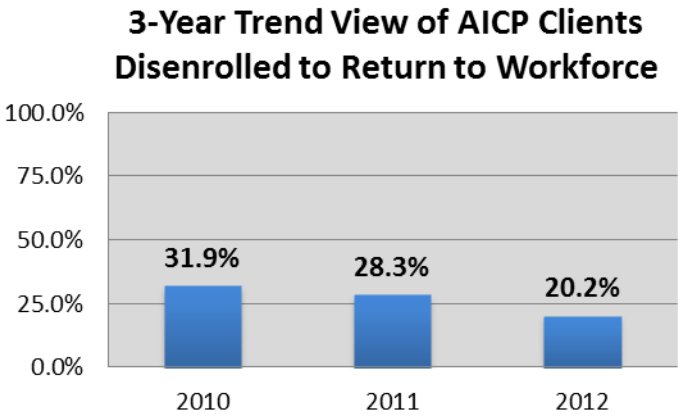
1. Model Program: AICP is a model program for the Florida Department of Health and is congruent with statewide health goals.
2. Effective Cost Avoidance: Insurance continuation achieves effective cost avoidance for the Medicaid Program and the State of Florida.

Programmatic Goals

1. Maintain Health Insurance Coverage: AICP maintains health insurance coverage for low-income persons living with HIV/AIDS.
2. Prevention of HIV/AIDS Disease Progression: Specialized care and support services are provided to prevent HIV/AIDS disease progression and promote self-sufficiency.
3. Consumer Friendly AICP Community Education: AICP offers consumer friendly AICP community education, outreach, and marketing in linguistically appropriate English, Spanish and Creole languages.
4. Effective Administration: The Council effectively administers AICP via high operation standards for timeliness, client centered communications, training, quality assurance, technical support and sound fiscal management.

AICP 2012 Program Outcomes

During calendar year 2012, AICP successfully maintained client continuity and access to medical care in addition to enhanced quality of health. AICP also provided private health care services at a lower cost while avoiding HIV/AIDS costs shifting from the private to the public sectors. AICP's most successful program outcome in 2012 was the return of active AICP clients to Florida's workforce.



- **Continuity of care and access to HIV/AIDS specialist and comprehensive medical care.** AICP allows clients to utilize private health insurance benefits to maintain continuity of health care with physicians who are familiar with their medical history and are experienced in the treatment of AIDS spectrum disease. AICP ensures that clients enrolled in the program maintain their health through access to comprehensive health care services such as specialty physician visits, HIV/AIDS medications, inpatient hospitalizations and home health care services.
- **Enhanced quality of health.** AICP clients are able to utilize private health insurance benefits to enhance their quality of health. In 2012, AICP survey results showed that 94.7% of clients reported enhanced quality of health through their private health insurance benefits.

AICP and Client Savings			
	Program Outlays	**Value of Care Purchased**	**GVAR**
2010	$10,815,032	$61,537,532	$5.69
2011	$10,754,889	$51,946,113	$4.83
2012	$11,817,182	$63,103,751	$5.34
Totals*	$97,170,990	$496,308,821	$5.11
*Totals are cumulative for the period 2001-2012			

- **Private health care services at a lower cost.** AICP saves money by paying private health insurance premiums in order to maximize the utilization of existing health care resources. For every dollar spent on AICP, enrollees receive private-sector medical care goods and services of substantially greater value and in greater quantities than if the public sector attempted to provide the service directly. The AICP

2012 CBA calculates the program's current overall cost-effectiveness or Gross Value Added Ratio (GVAR) to be $5.34 for every dollar invested. In 2012, AICP purchased more than $63 million in private health care services through program outlays of $11.8 million for 2,492 clients. The total cumulative value of the statewide program since 2001 has accrued $496 million in care with an investment of $97 million.

- **Avoidance of HIV/AIDS cost shifting from the private to public sectors.** AICP avoids the transfer of HIV/AIDS care costs to the public sector by maintaining private insurance coverage for low-income persons with HIV/AIDS. AICP decreases the demand on Florida's Medicaid, ADAP, and other public assistance programs effectively creating cost avoidance savings. Significant dollars to the Medicaid Program were avoided with an average monthly savings exceeding $1,507 dollars per client per month (AICP at $495/month per member versus Medicaid at $2,003 month per member). Virtually all AICP clients would be immediately eligible for some form of public health assistance if not enrolled in AICP.

AICP and Medicaid Program Cost Data Comparison (2011-2012)

	AICP*	Medicaid**
Average Monthly Cost Per Client/Beneficiary	**$495.47**	**$2,003.00**
Average Annual Cost Per Client/Beneficiary	**$5,945.64**	**$24,036.00**

Sources: *AICP Operational Cost Data Base, Health Council of South Florida, Inc., 2008-2012; **2012 State of Florida Medicaid HIV/AIDS Patients Expenditures Data, FY 2011-2012.

- **Return of active AICP clients to employment.** AICP helps clients maintain and improve health in order to return to work. In 2012, approximately one fourth of all clients voluntarily disenrolled to return to employment.

Program Recommendations

The following program recommendations are designed to assure that AICP continues to respond to the ongoing service demands of a changing health delivery system.

Systems Level Recommendations

1. **Local Ryan White Part A and Part B Insurance-Assistance Funding -** Collaborate with Ryan White entities and local health departments to prioritize and protect the availability of emergency insurance-assistance funding to assure access to supplemental insurance services and co-payments as an appropriate use of funds once client premiums are covered.
2. **Quality in AICP Network CBOs -** Administer the AICP CBO Opinion Questionnaires as an ongoing quality assurance activity on a regular schedule when merited.
3. **CBO Provider Workshop -** Enhance AICP operations and service delivery at the local CBO level by conducting provider workshops for AICP providers to show case best practices, establish network contacts, and peer-to-peer information sharing across the state.

Program Effectiveness, Utilization and Quality Recommendations

4. **Qualified AICP Personnel with Specialized Knowledge** – Increase program knowledge of AICP through statewide case management education.
5. **AICP Outreach -** Maintain program visibility, awareness, and knowledge throughout Florida's diverse communities and populations in the form of client media activities including client print media and public service announcements. Technology tools such as postings on the Council web site and other public relations vehicles should be employed.

Fiscal Impact Recommendations

6. **Quality AICP Financial Management Systems** - Provide CBOs specialized fiscal training to promote high compliance and competency in program fiscal operations.
7. **AICP Premium Payments -** Assess the need to increase the AICP monthly premium cap above $750.00 per month per policy based on program funding, client need and CBO insurance premium payment utilization data.

Closing

The 2012 program report supports a strong track record of AICP successfully preserving the private health insurance benefits of low-income Floridians living with HIV/AIDS. As future demand for health care alternatives to Medicaid and other public assistance programs increases, AICP should continue to stand out as a lower cost alternative for comprehensive care and treatment for persons living with HIV/AIDS at substantial costs savings to the state of Florida and its taxpayers.

ENDNOTES

1. *HIV/AIDS Surveillance Report, National Centers for Disease Control, 2013.*
2. *Ibid.*

DATA LIMITATIONS

1/ Insurance claim data provides information on inpatient care, outpatient specialty care, and limited prescription data. However, payments for routine physician visits were not included on many insurance claims reports (i.e. Explanation of Benefits, EOBs) due to the operation of capitated payment protocols within systems of managed care. In a few cases, insurance companies did not report pharmaceutical payments in the Explanation of Benefits and therefore claims data do not accurately reflect pharmaceutical benefits. In order to capture pharmaceutical expenditures for these cases, claims data was adjusted to include the estimated annual per client expenditures for antiretroviral medications according to the National Alliance of State & Territorial AIDS Directors (NASTAD) 2013 National ADAP Monitoring Report.

2/ The continuing low level of response by private insurance carriers to program requests for insurance claims reports (i.e. EOBs) serves to delimit the total aggregate amount of useable data in the analysis of program cost-effectiveness. HIPAA legislation continues to impact the collection of EOB data by restricting access to protected client health information.

3/ Insurance carriers continue to justify their inability to comply with EOB requests. Various insurance carriers indicated that they do not maintain archival records of insured's EOBs. Other carriers stated that they cannot generate these types of data from their computer systems, or would not reveal this confidential information to anyone except the insured.

4/ A small proportion of insurance claims data were self-reported by clients through the solicitation of AICP case managers.

5/ The continuing lack of uniformity with regard to private insurance carriers' insurance claims reports (i.e. EOBs) serves to delimit the total aggregate amount of useable data in the analysis of program cost-effectiveness.

INTRODUCTION

Florida ranks third behind New York and California in the number of reported HIV cases (including those with AIDS) nationwide.[1] In Florida, it is estimated that 96,614 individuals are living with HIV/AIDS.[2] AICP has played a critical role in the HIV/AIDS epidemic by providing insurance assistance to more than 9,600 clients through May 2013.

The *AICP 2012 Cost Benefit Analysis (CBA)* is the twenty second cost benefit analysis report produced since 1990. The annual CBA provides a program analysis of AICP through a comprehensive review of operational performance and utilization data. This operational information is required to evaluate the overall efficiency and cost-effectiveness of AICP in preserving the private health insurance coverage of low-income Floridians living with HIV/AIDS.

This year's review and evaluation includes three main areas: 1) program effectiveness, utilization, and quality of services including the 2012 Client Satisfaction survey results; 2) AICP at a system level; and 3) fiscal data analysis and impact.

The Program Effectiveness, Utilization, and Quality of Services section provides data related to client participation by disease status, gender, race and ethnicity, and Federal Poverty Level (FPL). A discussion of client attrition from AICP is presented in this section as well as client participation according to premium amount.

The 2012 Client Satisfaction Survey includes information regarding insurance utilization patterns, client satisfaction with the quality of their private health insurance benefits, and data on access to medical care and pharmaceutical services. Information obtained through the survey responses provides client satisfaction feedback which monitors overall trends in client perceptions and needs, and can be applied to help guide statewide quality control and training plans.

The Fiscal Data Analysis and Impact section of the CBA captures the fiscal expenditures relative to the value of private-sector health care services purchased through the program. In this analysis, service-cost utilization data are collected from client insurance carrier Explanation of Benefits (EOB) documentation, Florida Medicaid data, and AIDS Drug Assistance Program data. Since 1995, AICP has collected and processed EOB data for program cost savings review and analysis.

The AICP is designed to fulfill an important cost-effective role in the overall HIV/AIDS service delivery system in Florida. The goal of the CBA is to provide a balanced understanding of the program and assess the operational benefits of Ryan White funded insurance assistance programs as a viable and cost-effective means of preserving health care insurance coverage for individual and families living with HIV/AIDS. The AICP is evaluated annually and this year's report continues this effort by assessing AICP's role and effectiveness in preserving the continuation of private health care coverage of low-income Floridians living with HIV/AIDS.

AICP GOALS

The AIDS Insurance Continuation Program preserves the private health insurance coverage of low-income Floridians who cannot afford to pay their private health insurance premiums, deductibles and co-payments. AICP ensures continuity of medical care to insured low-income Floridians living with HIV/AIDS at a significant cost savings to the state of Florida through the following system level and programmatic goals:

System Level Goals

1. AICP is a model program for the Florida Department of Health and state of Florida.

2. Insurance continuation achieves effective cost avoidance for the Medicaid Program and the State of Florida.

Programmatic Goals

1. AICP maintains health insurance coverage for low-income persons living with HIV/AIDS.

2. Specialized care and support services are provided to prevent HIV/AIDS disease progression and promote self-sufficiency.

3. AICP offers consumer friendly AICP community education, outreach, and marketing in linguistically appropriate English, Spanish, and Creole languages.

4. The Health Council effectively administers AICP via high operational standards for timeliness, client centered communications, training, quality assurance, technical support and sound fiscal management.

AICP AT A SYSTEM LEVEL

A review of the AICP's operational history is performed annually through an assessment of its a) organizational operations at the systems level, b) program effectiveness and quality of care to clients, and c) fiscal analysis of cost-effectiveness.

Summary of AICP Historical Evolution

The AIDS Insurance Continuation Program (AICP) is administered by the Health Council of South Florida, Inc. (the Council), which first piloted the program as a demonstration project in Broward and Monroe counties in 1990. The project was formerly titled the AIDS Insurance Demonstration Program (AIDP) and began with a base budget of $348,218.00 in Fiscal Year 1990-1991. Two community-based HIV/AIDS case management organizations were selected to participate in the demonstration project: AIDS Help (Monroe County) and Center One (Broward County). These community-based case management organizations were responsible for enrolling all AIDP program participants.

Once initial funding was obtained, HRS acted as the fiscal agent for the project and provided reimbursement to both the community-based HIV/AIDS case management organizations and the Council, as statewide administrator. The Council was responsible for reviewing the monthly invoices submitted by the participating organizations and oversaw the project development and implementation.

As enrollment climbed in AIDP through FY 1993, and as the project's cost savings and benefits became increasingly evident, HRS began negotiations with the Council in July 1993 to expand the program statewide. On November 14, 1993, a contract was signed for the Council's administration of the new statewide AIDS Insurance Continuation Program (AICP) and on January 1, 1994, statewide client enrollment of AICP was implemented. Throughout its history, and as the demand for AICP services continued to grow, the level of funding from the Federal Government and the State of Florida remained responsive to the needs of program participants. TABLE 1 profiles all Federal and State programmatic funding over eighteen years of AICP operation.

TABLE 1

OVERVIEW OF AICP HISTORICAL FEDERAL AND STATE FUNDING OPERATIONAL PERIOD -- FY1995-1996 TO FY 2012-2013			
FISCAL YEAR	**FEDERAL FUNDS**	**STATE FUNDS**	**TOTAL**
1995-1996	$2,072,189	$309,638	$2,381,827
1996-1997	$1,241,143	$1,291,801	$2,532,945
1997-1998	$1,381,905	$1,438,311	$2,820,216
1998-1999	$1,691,585	$1,760,631	$3,452,216
1999-2000	$1,964,647	$2,128,368	$4,093,016
2000-2001	$2,204,647	$2,388,368	$4,593,016
2001-2002	$2,894,222	$2,898,794	$5,793,016
2002-2003	$2,541,496	$3,651,520	$6,193,016
2003-2004	$3,391,496	$3,944,685	$7,336,181
2004-2005	$4,141,496	$3,944,685	$8,086,181
2005-2006	$4,141,496	$4,244,685	$8,386,181
2006-2007	$4,091,496	$5,794,685	$9,886,181
2007-2008	$4,391,496	$6,794,685	$11,186,181
2008-2009	$4,633,283	$6,794,685	$11,457,968
2009-2010	$7,163,283	$6,794,685	$13,957,968
2010-2011	$7,349,952	$6,454,951	$13,804,903
2011-2012	$9,336,079	$6,454,951	$15,791,030
2012-2013	$10,216,793	$6,454,951	$16,671,744

Source: Health Council of South Florida.

Client-Directed Services

One of the major emphases of the AICP is to ensure that program services are accessible to eligible residents for their duration of enrollment in the program. TABLE 2 provides an overview of the services provided by AICP in calendar year 2012 according to Service Types, Service Objectives and Services Limits. Over the lifetime of the program, a number of supplemental services have been added to augment the base service of premium assistance. However, these other AICP services have expanded, or become restricted in accordance with program funding levels.

TABLE 2

OVERVIEW OF CURRENT AICP CLIENT SERVICES		
SERVICE TYPES	**SERVICE OBJECTIVES**	**SERVICE LIMITS**
PREMIUM PAYMENTS (Individual)	To preserve the private health insurance coverage of individual Floridians with HIV/AIDS.	Monthly Maximum Premium Amount of **$750.00**
PREMIUM PAYMENTS (Family)	To preserve the private health insurance of low-income Florida families impacted by HIV/AIDS.	
DEDUCTIBLE PAYMENTS	To provide low-income AICP clients with expanded financial insurance assistance and to maximize monthly premium cost reductions.	Annual Maximum Deductible Amount of **$2,500.00**
PHARMACEUTICAL CO-PAYMENTS	To assist low-income AICP clients with financial assistance promoting quality adherence to HAART.	Monthly Maximum Co-Payment Amount of **$100.00**
POLICY CONVERSION PAYMENTS	To provide all AICP clients with continuity of health insurance coverage after COBRA.	Monthly Maximum Premium Amount of **$750.00**
POLICY UPGRADE PAYMENTS	To provide low-income AICP clients with expanded HIV/AIDS drug formularies under private insurance.	Monthly Maximum Premium Amount of **$750.00**

Source: Health Council of South Florida.

Client Qualification Criteria

AICP is available for Floridians who are either HIV symptomatic or have a diagnosis of AIDS In order to qualify for AICP services, applicants must meet the required program qualification criteria. They must be determined eligible to receive HIV/AIDS Patient Care Program Services and provide proof of eligibility at the time of application (a) posses valid private health insurance coverage under a group, individual or Consolidated Omnibus Reconciliation Act (COBRA) policy; and b) sign all forms and paperwork required by the program. Once enrolled, clients must contact their designated case managers at least once every sixty days.

Statewide Social Marketing Planning

In 2012, AICP continued the implementation of the *AICP Network CBO Marketing Plan* and *AICP Network CBO Social Marketing and Referral Report (ASMRR).* The promotion and coordination of equitable program access for all eligible Floridians has remained a program priority and the statewide *AICP Network CBO Marketing Plan* requires that each AICP Network CBO submit a concise, comprehensive social marketing and outreach plan for the fiscal year within sixty (60) days of signing the Letter of Agreement (LOA) with each local provider. The specific social-marketing activity items described in the *ASMRR* include the following: (a) dissemination of provider AICP handout materials, through community outreach activities; (b) implementation of case manager trainings; (c) implementation of consumer seminars; (d) development of internal and or external agency AICP advertisements; and (e) development of AICP-related articles for internal and or external agency newsletters.

2011-2014 HIV/AIDS Division Strategic Plan

The Council, in addition to its role as statewide administrator of AICP, is also part of a network of local health planning councils. One of their primary statutory roles is to improve health services for HIV/AIDS patients. The 2011-2014 HIV/AIDS Program Division Strategic Plan addresses the AICP mission statement and the strategic and operational goals of the AICP. The intent of the 2011-2014 HIV/AIDS Strategic Plan is to move the organization forward to increase its effectiveness in attaining the mission, priorities, and goals and objectives, with regard to the HIV/AIDS epidemic and AICP administration.

Statewide Community-Based Structure of Operations

The statewide operational structure of AICP is based on the participation of fifteen community-based AIDS Service Organizations (ASOs) referred to as AICP Network CBOs. Each Network CBO serves as a primary AICP enrollment and case management site. The ongoing collaboration and partnership with existing CBOs is intended to facilitate access to AICP enrollment, improve ongoing case monitoring and services operations, and support the cost-effectiveness of the program.

The community based network structure of AICP was constructed to form an efficient and cost-effective model of service delivery. The AICP Network CBOs are empowered to manage AICP operations at the local level. Program operations seek to minimize overhead costs, while simultaneously seeking to maximize program efficiency and responsiveness. AICP Network CBOs perform the following system level tasks:

Client System Tasks: Outreach and recruitment activities, assistance with the application process and enrollment of eligible applicants including the verification of eligibility for HIV/AIDS Patient Care Program Services every six months, notifying AICP of any changes to enrollee information and initiating and monitoring case management contact with enrollees once every 60 days.

Finance System Tasks: Paying private insurance premiums, co-payments and deductibles to enrollees' insurance carriers, third-party administrators (TPAs), employers, etc., securing pro rata refunds (premium funds paid in excess of what is required or for an enrollee who is no longer insured) and monthly invoicing of premium payments to the Council.

Programmatic System Tasks: Monitoring and reporting total number of active AICP Network CBOs enrollees each month, assisting the Council and the Florida Department of Health with program data collection and completing special programmatic reports as necessary.

PROGRAM EFFECTIVENESS, UTILIZATION, AND QUALITY OF SERVICES

This section focuses on program operations and utilization. While the program has undergone some major changes over the years in service utilization patterns, these results can be largely tracked to the program's scope of funding and locally generated outreach efforts leading to increased statewide enrollment.

Client Participation in 2012

During calendar year 2012, AICP served a cumulative total of 2,492 eligible clients compared to 2,307 clients served in 2011 (please refer to TABLE 3). This change represents an 8% increase in AICP enrollment for the calendar year. A 13% decrease in 2011 client enrollment was attributed to the program being closed to new enrollment and the statewide delay-in-service being in effect from April through November 2011. From January 1, 2012 through December 31, 2012, AICP enrolled 471 new clients.

TABLE 3

AICP CLIENT LEVEL OPERATIONS DATA CALENDAR YEAR 2011 AND 2012		
	2011	**2012**
Annual Growth Rate Total Clients Served (Calendar Year Incurred)	-13.0% (from 2010)	8.0% (from 2011)
Total Clients Served	2,307	2,492
Total New Applicants Enrolled	690	471
Total Female Clients Served	356	367
Total Male Clients Served	1,951	2,125
Total White Clients Served	1,564	1,687
Total Black (Non-Hispanic) Clients	335	351
Total Hispanic Clients Served	399	446
Total Other Clients Served	9	8

Source: AICP 2011 and 2012 Ryan White Data Reports.

Disenrollments and Returning Clients to the Workforce

Throughout calendar year 2012, a total of 567 active AICP clients were disenrolled for several reasons (please refer to TABLE 4). The leading reasons for clients being disenrolled from AICP were attributed to (a) having Medicare (24.5%), (b) no longer eligible (21.2%), and (c) returning to the workforce (20.3%). Clients were also disenrolled from AICP to a lesser degree due to COBRA ending (no conversion policy available) [9.2%] or moving out of the state (6.7%). In some cases, clients may have opted out of AICP for Medicaid or Medicare due to total medical disability, inability to pay premium increases above the AICP premium cap or the exhaustion of lifetime benefits under private health insurance.

The trend of clients disenrolling from the program to return to work has been sustained at a five-year average of 28% during the years 2008-2012. This trend indicates that approximately a third of AICP clients are able to maintain their health care through private health insurance coverage and eventually become well enough to return to the work force.

TABLE 4

AICP 5-YEAR CLIENT WITHDRAWAL TRENDS										
REASON FOR WITHDRAWAL	**2008**	**%**	**2009**	**%**	**2010**	**%**	**2011**	**%**	**2012**	**%**
Returned to Work	67	31.2%	134	28.0%	121	31.9%	81	28.3%	115	20.3%
COBRA Ended (no conversion)	33	15.3%	91	19.0%	63	16.6%	50	17.5%	52	9.2%
Client Non-Compliance	33	15.3%	54	11.3%	42	11.1%	33	11.5%	32	5.6%
No Longer Eligible (income/assets)	29	13.5%	63	13.2%	39	10.3%	32	11.2%	120	21.2%
Client Died	19	8.8%	18	3.8%	18	4.7%	17	5.9%	15	2.6%
Moved Out of State	15	7.0%	46	9.6%	22	5.8%	23	8.0%	38	6.7%
Insurance Cancelled by Insurer	10	4.7%	28	5.8%	18	4.7%	19	6.6%	22	3.9%
Client has Medicare	8	3.7%	29	6.1%	33	8.7%	20	7.0%	139	24.5%
Client has Medicaid	1	0.5%	16	3.3%	23	6.1%	11	3.8%	34	6.0%
Total	215	100.0%	479	100.0%	379	100.0%	286	100.0%	567	100.0%

Source: AICP Operational Database

The rate of insurance cancellations in 2012 was 3.9%. Based on program Notification of Change data, the majority of insurance cancellations are for reasons other than non-payment which include the following: (a) employer enacted group plan alterations or terminations; (b) insurance carrier enacted increases in monthly premium rates which exceed the maximum premium cap established by AICP; (c) insurance carrier enacted reductions in policy benefits and/or life-time expenditure caps (limitations to policy benefits and/or life-time caps may motivate those enrolled in AICP to voluntarily terminate coverage and seek Medicaid enrollment); (d) insurance carrier mergers or closures; and (e) fraudulent conduct on the part of the insured when applying for or utilizing insurance coverage.

In 2012, disenrollments due to client non-compliance was 5.6%. These disenrollments were completed in accordance with AICP policy regarding client non-compliance including (a) client failed to comply with the AICP 60 day contact rule, (b) client failed to complete HIV/AIDS Patient Care Programs eligibility requirements, (c) client failed to comply with AICP Client Rights and Responsibilities Statement, and (d) client whereabouts were unknown.

Client Participation of All Groups

AICP has historically strived to improve equitable program access of underserved groups. Gender trends in AICP demonstrate the percentage of change of both male and female clients enrolled in the program over a five-year period during 2008-2012 (See Table 5). The overall participation of males in 2012 increased 3.5% compared to year 2008. The overall number of participating females in 2012 decreased 4.4% compared to the number of females served in 2008.

In terms of race/ethnicity trends over the period 2008-2012, the participation of racial and ethnic populations in AICP varied (please see Table 5). The number of enrolled White non-Hispanics clients increased by 6.1% in 2012 compared to 2008. Furthermore, the participation of Black non-Hispanics decreased 17.2% since the base year. The participation of Hispanics in year 2012 increased 5.7% compared to 2008.

As reported by the network CBOs in the 2012 AICP Social Marketing and Referral Reports, client word of mouth, physician knowledge, and program brochure distribution continue to be the most effective referral and marketing sources for AICP.

TABLE 5

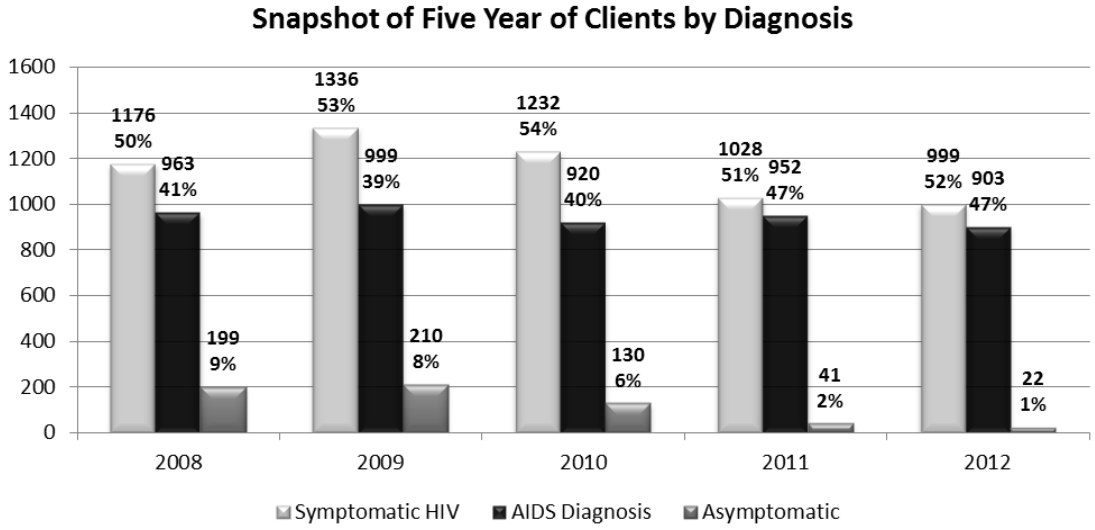
EQUITY TRENDS IN AICP ENROLLMENT BY RACE/ETHNICITY						
Client Populations	**2008**	**2009**	**2010**	**2011**	**2012**	**Growth 2008 to 2012**
Men	2,054	2,543	2,239	1,951	2,126	3.5%
Women	383	481	423	356	366	-4.4%
Total	2,437	3,024	2,662	2,307	2,492	2.3%
Whites (Non-Hispanic)	1,590	1,935	1,746	1,564	1,687	6.1%
Blacks (Non-Hispanic)	424	517	415	335	351	-17.2%
Hispanics	422	571	499	399	446	5.7%
Native Americans	0	0	2	2	2	200.0%
Asian/Pacific Islanders	1	1	0	7	6	500.0%

Source: AICP Operational Database

Client Participation by Disease Status

The proportion of individuals with HIV and AIDS participating in AICP has stabilized over time (please refer to EXHIBIT 1). During the period 2008, the proportion of AICP clients with a diagnosis of Symptomatic HIV infection was the largest cohort and clients living with AIDS account for the second largest cohort over the identical period. This trend continues in Calendar Year 2009, 2010 and 2011. In Calendar Year 2012, the percentage of AICP clients diagnosed with Symptomatic HIV infection (52%) was the largest cohort of clients and those clients living with AIDS (47%) was the second largest cohort. Clients diagnosed with Asymptomatic HIV infection (1%) represented the smallest cohort in Calendar year 2012.

EXHIBIT 1



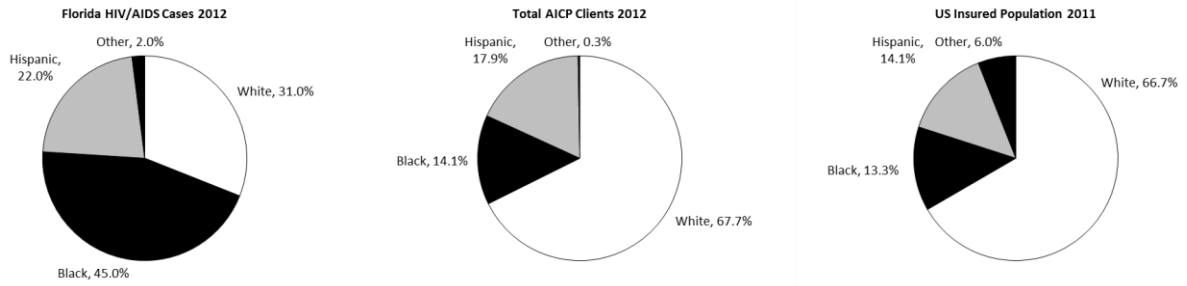
Source: 2008 to 2012 AICP Reports.

The AICP assists clients with HIV/AIDS who have active private health insurance coverage and meet the HIV/AIDS Patient Care Programs eligibility requirements in addition to AICP qualification criteria. It is important to note that the demographic data presented in the *2012 AICP CBA* is derived from a population already pre-selected from the general HIV/AIDS population based on specific program qualification criteria. AICP was compared to the population of Floridians living with HIV/AIDS, and the U.S. privately insured populations. AICP enrollees appear to be more representative of the insured

populations at the national level in contrast to the population of Floridians living with HIV/AIDS (please refer to EXHIBIT 2).

EXHIBIT 2

Comparison of AICP Client Demographics: Florida AIDS Cases and U.S. Privately Insured Population

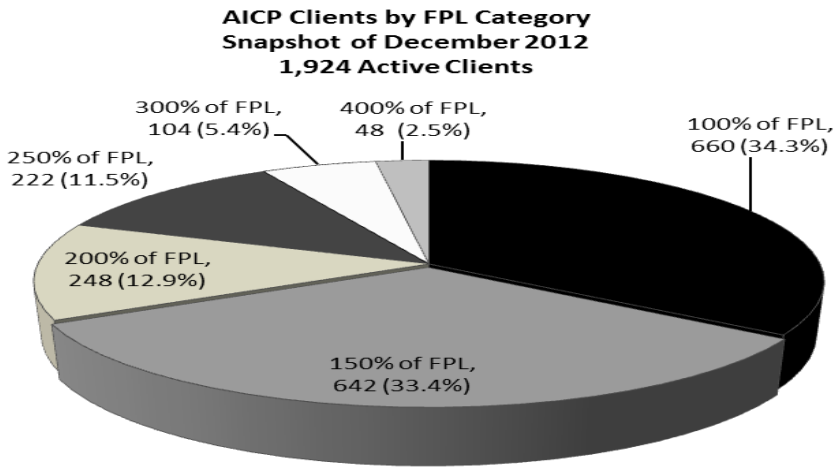


Source: 2012 Ryan White Data Report; Florida Department of Health, U. S. Census.

Client Participation by Federal Poverty Levels

In 2012, AICP assisted clients with HIV/AIDS whose annual incomes were less than or equal to 400% of the Federal Poverty Level (FPL). The majority of clients served in 2012 (81%) were at 200% or below of the FPL (please refer to EXHIBIT 3). AICP clients with incomes between 201%-250% of the FPL accounted for 11.5% of the total clients served in 2012 whereas only 5.4% of clients served had annual incomes between 251%-300% of the FPL and 2.5% had annual incomes between 301%-400%. Based on historical FPL data AICP continues to assist a majority of clients needing the most assistance due to limited financial resources.

EXHIBIT 3



Source: 2012 AICP Reports.

Client Participation by Premium Amounts

AICP has experienced increases in average client premium amounts over the past four years (please refer to TABLE 6). In 2012, the average client premium increased 3% compared to year 2011. The total client premium increase was 14.7% since the year 2008 from $432.03 to $495.47 in 2012 and the average premium increase was 3.2% for the identical time period. The five-year average client premium is approximately $468.15 per month.

TABLE 6

AVERAGE ANNUAL CLIENT PREMIUMS 2008 TO 2012	
Calendar Year	**Average AICP Client Premium**
2008	$ 432.03 (+2.2%)
2009	$ 463.83 (+7.4%)
2010	$ 468.28 (+.9%)
2011	$ 481.15 (+2.7%)
2012	$ 495.47 (+3%)
Average	**$ 468.15***

Source: Health Council of South Florida, AICP 2008, 2009, 2010, 2011 and 2012 Cost Benefit Analyses and Annual Administrative Reports.

The *Special December 2012 AICP Active Client Premium-Amount Report* provides a snapshot illustration of the variations of AICP premium amounts for clients enrolled in the program as of December 2011 (please refer to TABLE 7). The report quantifies the impact of premiums on AICP operations and categorizes client premiums into two distinct ranges: (1) the Standard Premium Range (SPR) (i.e. premiums between $1 to $750.00), and; (2) the Outlier Premium Range (OPR) (i.e. premiums in excess of $750.00). The largest cohort of clients (95%) represents amounts in the SPR ($1.00 - $750.00), while in the OPR category, 5% of clients are represented.

TABLE 7

Special December 2012 AICP Active Client Premiums Report

AICP Premium Amount		*Number of Active Clients*	*Percentage of Active Clients*	*Ranking Cohort*
STANDARD-PREMIUM RANGE (SPR)				
SPR-1/	**$1.00 – 100.00**	**(0)**	**(0%)**	**8th**
SPR-2/	**$101.00 – 200.00**	**(63)**	**(3%)**	**7th**
SPR-3/	**$201.00 – 300.00**	**(169)**	**(9%)**	**5th**
SPR-4/	**$301.00 – 400.00**	**(404)**	**(21%)**	**2nd**
SPR-5/	**$401.00 – 500.00**	**(556)**	**(29%)**	**1st**
SPR-6/	**$501.00 – 600.00**	**(263)**	**(14%)**	**3rd**
SPR-7/	**$601.00 – 700.00**	**(221)**	**(11%)**	**4th**
SPR-8/	**$701.00 – 750.00**	**(157)**	**(8%)**	**6th**
		(1,833)	**(95%)**	

Note: 62% of all "Active/December 2012" AICP clients possess premiums between $101.00 and $500.00 (SPR Cohorts 1, 2, 3, 4 and 5).

OUTLIER-PREMIUM RANGE (OPR)				
OPR-1/	**$751.00 – 800.00**	**(58)**	**(3.0%)**	
OPR-2/	**$801.00 – 900.00**	**(19)**	**(1.0%)**	
OPR-3/	**$901.00 – 1,600.00**	**(14)**	**(1.0%)**	
		(91)	**(5.0%)**	
	Totals:	**1,924**	**100%**	

Client Satisfaction Survey Results

AICP distributes client surveys on an annual basis to all clients served by the program during each calendar year. The qualitative and quantitative data obtained from client surveys provides a mechanism for gaining valuable insight into the value of AICP as perceived by clients and the quality of care received. The annual AICP client survey incorporates a series of key quality-outcome questions. In general, AICP client quality-outcome measures include client perceptions concerning (a) personal quality of health; (b) intensity of health care services utilization; and (c) quality of access to specialized HIV/AIDS clinical care, which includes HAART pharmaceutical regimens and HIV/AIDS experienced health care professionals.

Through the clients' programmatic feedback, AICP monitors and tracks client health trends so that program feedback is received and improvements can be made. Based on national research and AICP generated operations data, AICP administrators postulate that the program can help motivate clients to improve their health by providing continued access to private-sector health care professionals experienced in treating HIV/AIDS. Several key survey questions are incorporated into the *AICP 2012 Client Survey* to address client access to HIV/AIDS medical care and treatment.

The *AICP 2012 Client Survey* contains 28 questions, utilizing a Lykert scale for responses, and multiple choice answers. In March 2013, the Council distributed the *AICP 2012 Client Survey* to 1,588 clients who had received one or more premium-payment service months in calendar year 2012. The surveyed population reflected the program's total client population as distributed across fifteen AICP Network CBOs. A total of 524 surveys were completed by clients residing across Florida, and returned to AICP's operational headquarters, representing a response rate of 33%.

TABLE 8

Overview of 2012 AICP Client Survey Responses by Network CBO

Network CBO	Survey Distribution		Survey Responses		Response Rate
	Surveys Mailed	Percent of Total Surveys Mailed	Survey Responses	Percent of Total Survey Responses	
AHELP (AIDS Help, Inc.)	42	2.6%	15	2.9%	35.7%
BASIC (Bay AIDS Services and Information Coalition, Inc.)	10	0.6%	3	0.6%	30.0%
BBCAR (Big Bend CARES)	14	0.9%	3	0.6%	21.4%
BROW (Broward House)	282	17.8%	87	16.6%	30.9%
CAPP (Comprehensive AIDS Program of Palm Beach County)	80	5.0%	32	6.1%	40.0%
HCNEF (Health Planning Council of Northeast Florida)	44	2.8%	17	3.2%	38.6%
HCSWF (Health Planning Council of Southwest Florida)	57	3.6%	20	3.8%	35.1%
HOPE (Hope & Help Center of Central Florida)	213	13.4%	74	14.1%	34.7%
MBCHC (Miami Beach Community Health Center)	215	13.5%	60	11.5%	27.9%
NFAN (Northeast Florida AIDS Network)	63	4.0%	23	4.4%	36.5%
OASIS (Okaloosa AIDS Support & Informational Services)	11	0.7%	5	1.0%	45.5%
PROJ (Project Response)	38	2.4%	13	2.5%	34.2%
THCI (The Health Councils)	179	11.3%	68	13.0%	38.0%
WELL (The Wellness Center of South Florida)	299	18.8%	83	15.8%	27.8%
WFLC (Well Florida Council, Inc.)	41	2.6%	21	4.0%	51.2%
Overall Sample Statewide	**1,588**	**100.0%**	**524**	**100.0%**	**33.0%**

Source: 2012 AICP Client Survey

Client Ratings on AICP Overall Quality

In calendar year 2012, as with all prior years, AICP received very high marks for overall client satisfaction (please refer to EXHIBIT 4), with 97.2% of respondents rating the program as "Excellent", "Very Good" or "Good". Only eleven (2.1%) participants rated the program as "Fair," and only two participants rated the program as "Poor".

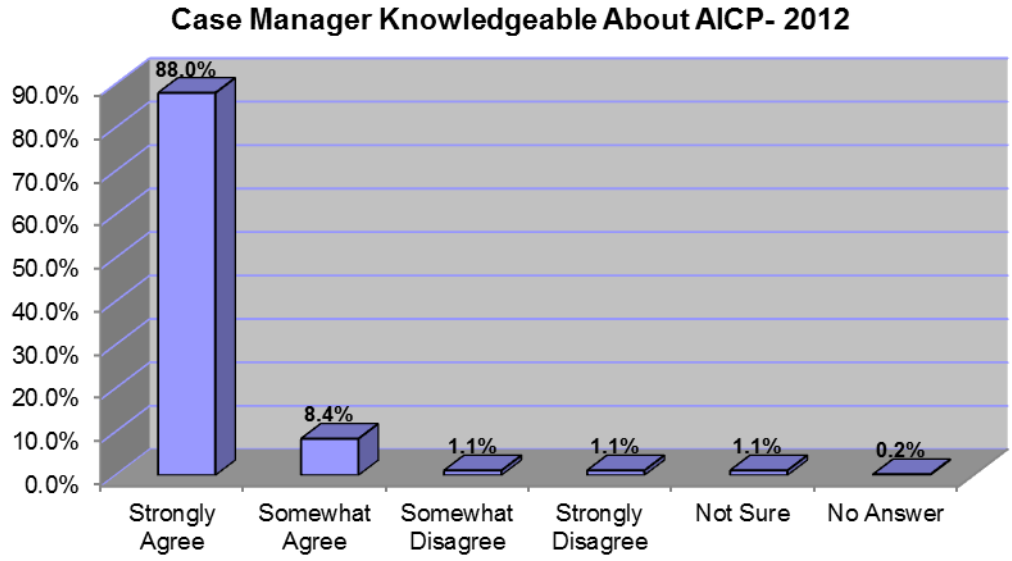
EXHIBIT 4

Source: 2012 AICP Client Survey.

Client Ratings on AICP Operational Efficiency

Due to the large geographic size of the State of Florida and the extensive numbers of case managers involved, it is extremely important that any adverse trends in AICP case management quality are promptly identified and corrected. Since program survey instruments play an important role in this process, the *AICP 2012 Client Survey* includes a key question regarding AICP case manager competency in the performance of client-centered AICP administrative duties. According to the survey the majority of client respondents (96.4%), "Strongly Agreed" or "Somewhat Agreed" that their case manager was knowledgeable about AICP (please refer to EXHIBIT 5).

EXHIBIT 5



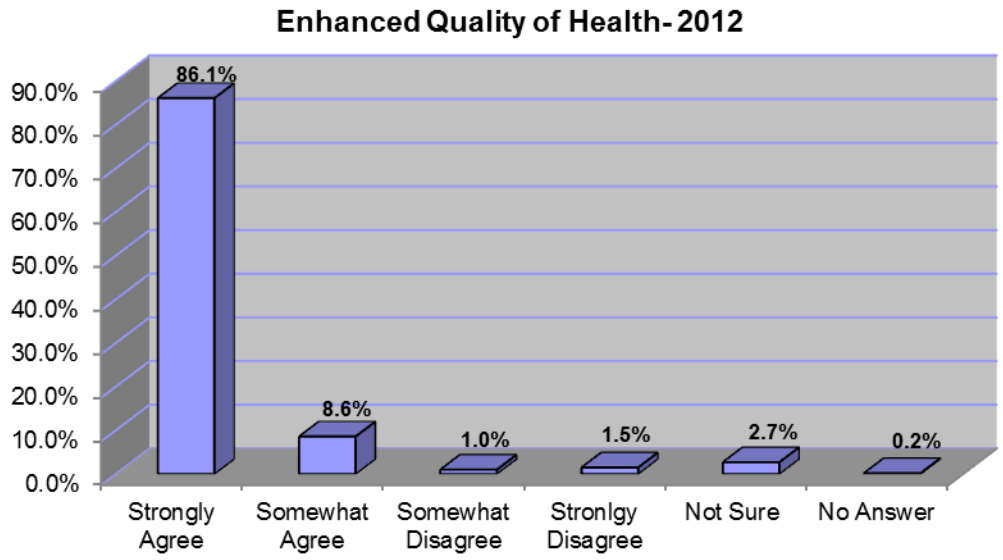
Source: 2012 AICP Client Survey.

Client Ratings on Changes in Quality of Personal Health

Several key survey questions have been developed by AICP to ascertain important client "quality outcomes" over the prior year of program enrollment. These AICP client quality-outcome measures include: (a) client-perceived changes in quality of health; (b) client-perceived changes in intensity of service utilization; and, (c) client-perceived changes in access to care. In terms of changes in the quality of client health, the survey inquired as to whether clients believed that participation in AICP had helped them to improve the quality of their health.

According to results from the *AICP 2012 Client Survey*, 94.7% of client respondents indicated that AICP had assisted them in improving the quality of their health, with 86.1% indicating "Strongly Agree," and 8.6% indicating "Somewhat Agree," as positive responses to the question (please refer to EXHIBIT 6).

EXHIBIT 6

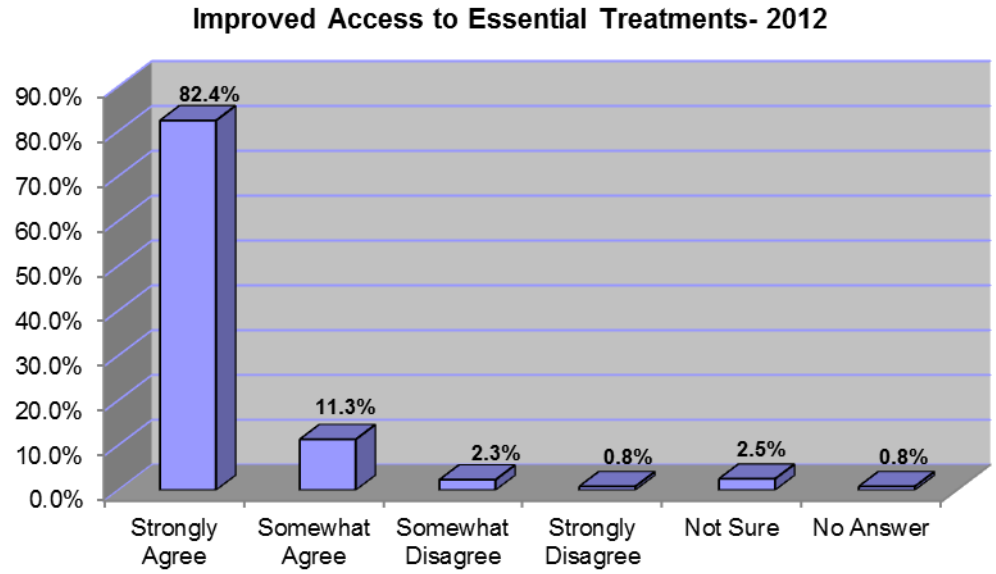


Source: 2012 AICP Client Survey.

Client Ratings on Improved Access to Essential Treatments

With reference to verifying changes in the quality of health care access for clients, the *AICP 2012 Client Survey* has again demonstrated that clients attribute high marks to the program in sustaining access to vital private-sector health care and needed medical treatments. According to the survey, 93.7% of client respondents indicated that access to essential treatments had improved, with 82.4% indicating "Strongly Agree," and 11.3% indicating "Somewhat Agree," as positive responses to the question (please refer to EXHIBIT 7).

EXHIBIT 7

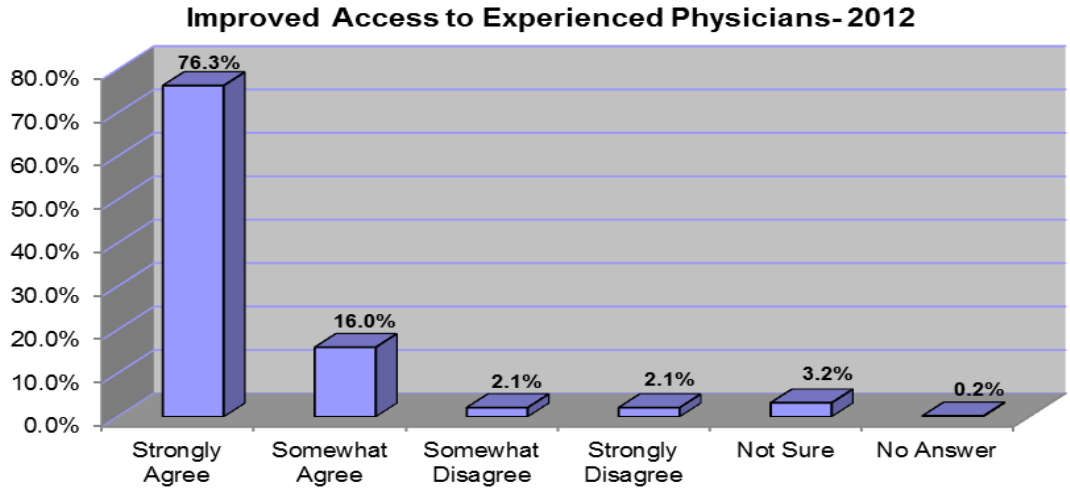


Source: 2012 AICP Client Survey.

Access to Physicians Experienced in Treating HIV/AIDS

With regard to verifying changes in access to physicians experienced in treating HIV/AIDS, the *AICP 2012 Client Survey* has again demonstrated that clients attribute high marks to AICP in sustaining access to physicians experienced in treating HIV/AIDS (please refer to EXHIBIT 8). According to the survey, 92.3% of client respondents indicated that access to experienced physicians had improved, with 76.3% indicating "Strongly Agree," and 16.0% indicating "Somewhat Agree," as positive responses to the question.

EXHIBIT 8

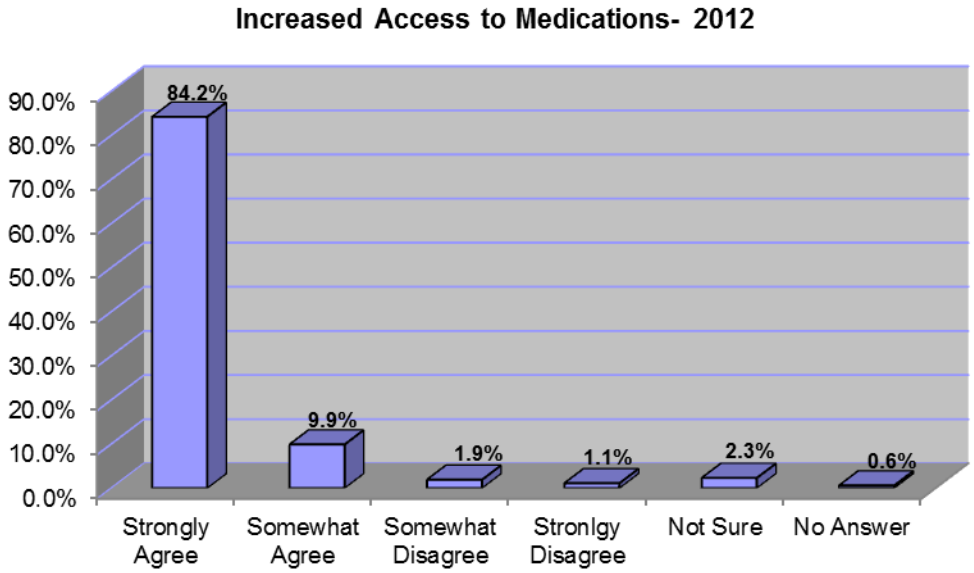


Source: 2012 AICP Client Survey.

Client Ratings on Increased Access to Medications

With regard to verifying changes in access to life-sustaining HIV/AIDS medications, the *AICP 2012 Client Survey* has again demonstrated that clients attribute high marks to AICP in sustaining access to vital medications. According to the survey, 94.1% of client respondents indicated that access to essential medications had improved, with 84.2% indicating "Strongly Agree," and 9.9% indicating "Somewhat Agree," as positive responses to the question (please refer to EXHIBIT 9).

EXHIBIT 9



Source: 2012 AICP Client Survey.

Client Opinions on AICP Alternatives

Every year, AICP asks its clients where they would receive their HIV/AIDS care and treatment, if AICP was not available (please refer to TABLE 9). This question is very important since access to general health care can help prevent the onset of costly Opportunistic Infections (OIs) arising from immune system damage. In 2012, the largest share of respondents (53.6%) was unsure of where they would seek out needed care and treatment if AICP did not exist. The next largest cohorts of clients would obtain medical care and treatment from ADAP, the AIDS Drug Assistance Program (20.4%); followed by the Local HIV/AIDS Clinics/Ryan White Program (16.8%). Smaller cohorts of clients stated that they would seek medical care and treatment from the Federal Medicare Program and the State Medicaid Program (2.3% and 2.1%, respectively). A small percentage reported they would seek out care from local hospitals as charity care and compassionate use programs (each with 1.0%); and a small proportion of clients stated that would rely on the Veteran's Administration if AICP did not exist (0.4%).

TABLE 9

Overview of AICP Alternatives
Year 2012

	Number of Clients	Percent of Clients
Don't know	281	53.6%
ADAP	107	20.4%
Local HIV/AIDS (Ryan White Program Part A or B)	88	16.8%
Medicare (Parts A & B)	12	2.3%
Medicaid	11	2.1%
Local Hospitals (Charity Care)	5	1.0%
Compassionate Use	5	1.0%
VA	2	0.4%
No answer	13	2.5%
Total Clients	524	100.0%

Source: 2012 AICP Client Survey.

Since Anti-Retroviral Medications (ARIs) are a significant and critical component of the clinical regimen for many Floridians enrolled in AICP, the *AICP 2012 Client Survey* also queried clients on how they would obtain their medications if their private health insurance reduced the amount they pay for their HIV/AIDS drugs (please refer to TABLE 10). The largest share of respondents (52.3%) did not know where they would obtain needed pharmaceuticals. The next largest cohort of clients (38.0%) indicated that they would obtain their medications from ADAP, the AIDS Drug Assistance Program. The third largest share of responding clients (16.0%) indicated that they would seek out pharmaceutical assistance from local HIV/AIDS clinics (Ryan White Program). Small cohorts of clients stated that they would seek out medications from compassionate use programs (3.8%) and the Florida Medicaid Program (2.3%). Local hospitals as charity care, and the Veterans' Administration (VA) would be approached by 0.8% and 0.6% of AICP clients, respectively.

TABLE 10

	Number of Clients	Percent of Clients
Don't Know	274	52.3%
ADAP	199	38.0%
Local HIV/AIDS Clinics (Ryan White Program Part A or B)	84	16.0%
Compassionate Use Programs	20	3.8%
Medicaid	12	2.3%
Local Hospitals (Charity Care)	4	0.8%
VA	3	0.6%
No Answer	16	3.1%
Total Clients	524	100.0%

Note: Number of responses exceeds the 524 clients surveyed due to more than one alternative being selected.

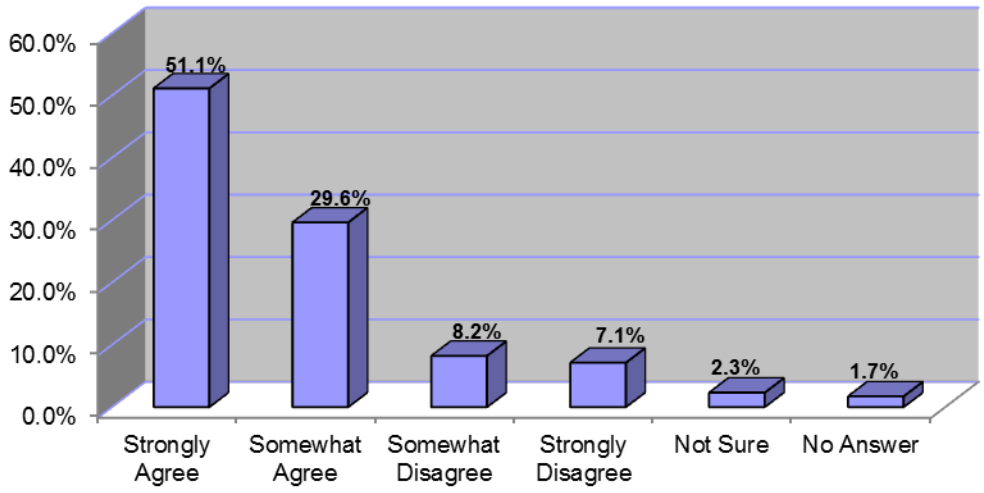
Source: 2012 AICP Client Survey.

Client Opinions on Satisfaction with Private Insurance Benefits

The *AICP 2012 Client Survey* asked clients to indicate whether they were satisfied with the health care benefits obtained from their private insurance coverage (please refer to EXHIBIT 10). According to the survey 80.7% of client respondents reported that they were satisfied with their health insurance coverage, with 51.1% indicating "Strongly Agree," and 29.6% indicating "Somewhat Agree," as positive responses to the question. A total of 15.3% reported dissatisfaction with their private coverage, with 7.1% indicating "Strongly Disagree," and 8.2% indicating "Somewhat Disagree," as negative responses to the question.

EXHIBIT 10

Satisfied with Current Private Insurance Coverage- 2012



Source: 2012 AICP Client Survey.

Client Data on Types of Health Insurance Policy Coverage

The *AICP 2012 Client Survey* asked clients to indicate their type of health insurance policy coverage (please refer to TABLE 11). The largest share (48.3%) of AICP clients were covered by individual policies. Above one quarter (27.9%) reported possessing group policies, and approximately 18% reported having a COBRA group policy. A small number (4.2%) reported possessing a private Medicare gap coverage. It is important to note that once COBRA benefits terminate, clients often convert to individual policies, the highest-ranking type, in order to continue their health insurance benefits.

TABLE 11

Type of Private Insurance Policies

	Number of Clients	Percent of Clients
Individual Policy	253	48.3%
Group Policy	146	27.9%
COBRA Policy	92	17.6%
Medicare Gap Policy	22	4.2%
No answer	11	2.1%
Total Clients	524	100.0%

Source: 2012 AICP Client Survey.

In terms of client satisfaction with their current private health insurance coverage in helping maintain the best possible health, Table 12 provides a cross comparison of client satisfaction according to the type of private insurance clients have. Between 80.0 and 85.0 percent of clients enrolled in individual, group, and COBRA health policies reported being satisfied with their current health plans; in comparison to 68.1% of clients who are enrolled in private Medicare Gap policies.

TABLE 12

Satisfaction with Current Private Health Insurance Coverage in Helping Maintain the Best Possible Health by Type of Private Insurance Policy

	Type of Private Insurance Policies									
	All Types		Individual		Group		COBRA		Medicare Gap	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Strongly Agree	268	51.1%	128	50.6%	74	50.7%	50	54.3%	14	63.6%
Somewhat Agree	155	29.6%	76	30.0%	50	34.2%	26	28.3%	1	4.5%
Somewhat Disagree	43	8.2%	25	9.9%	10	6.8%	5	5.4%	3	13.6%
Strongly Disagree	37	7.1%	19	7.5%	10	6.8%	7	7.6%	1	4.5%
Not Sure	12	2.3%	2	0.8%	1	0.7%	2	2.2%	2	9.1%
No answer	9	1.7%	3	1.2%	1	0.7%	2	2.2%	1	4.5%
TOTAL	524	100.0%	253	100.0%	146	100.0%	92	100.0%	22	100.0%

Note: Number of responses across Type of Private Insurances Policies does not add to 524 clients due to 11 clients not selecting any policy type.

Source: 2012 AICP Client Survey.

Family Coverage

Privately insured low-income families can be considered eligible for program premium payment assistance if one or more immediate family members are HIV-symptomatic or diagnosed with AIDS. AICP clients were asked to report whether their health insurance policy was a family-coverage policy, with 4.0% responding in the affirmative.

Client Data on Health Care Plan Types and Benefits Coverage

Since AICP is a public-sector program that preserves client access to the private health care system, it is important to understand which types of health insurance plans program clients utilize to receive care and treatment under AICP. The *AICP 2012 Client Survey* specifically asked clients to indicate their type of health plan (please refer to TABLE 13). In response, the largest percentage (45.2%) of AICP clients indicated being served through Preferred Provider Organizations (PPOs), and just under a third (29.6%) identified enrollment in non-Medicare Health Maintenance Organizations (HMOs), for a combined total of 74.8%. Small cohorts indicated enrollment in "other" types of health plans (10.5%) and in a POS/Point of Service Plan (5.9%). Additionally, 4.6% of clients indicated being enrolled in Indemnity Health Plans (80/20 Plans); which are typically not associated with provider networks, and combine features from HMOs and PPOs and allow enrollees to pay a flat fee at a network provider, or upon primary care physician's recommendation, a specialist outside the network at higher prices.

TABLE 13

Health Plan Types		
	Number of Clients	Percent of Clients
PPO	237	45.2%
HMO	155	29.6%
Other	55	10.5%
POS	31	5.9%
80/20 Plan (Indemnity)	24	4.6%
No Answer	22	4.2%
Total Clients	524	100.0%

Source: 2012 AICP Client Survey.

Client Reported Changes in Policy Pharmaceutical Benefits

An important concern to AICP is whether the actual value of clients' health insurance policy benefits is sufficient to meet their health care needs. This consideration is especially important in relation to pharmaceutical benefits, which include medications utilized in HAART clinical regimens and represent a recurring annual health care cost. In addition to asking clients whether they were satisfied with their overall health care benefits, the *AICP 2012 Client Survey* also asked clients to indicate whether any changes had occurred during the prior year with regard to their policy's pharmaceutical benefits (please refer to TABLE 14). Responses are presented by type of insurance plans, to include in the order listed: Preferred-Provider Organizations (PPOs); Non-Medicare HMOs; and All Others. The All Other category - combines all other types inclusive of Medicare HMOs and 80/20 Plans, due to their limited presence among total plan types.

The *AICP 2012 Client Survey* revealed that 54.6% of client respondents experienced no measurable changes over the last year in the monthly amount their health insurance company or HMO will pay for their HIV/AIDS drug prescriptions, and of those reporting benefit changes, a larger percentage indicated their benefits had increased, rather than decreased at 29.2% versus 13.0%, respectively. Changes are similar across all insurance plan types.

TABLE 14

Changes in Insurance Medication Payment Benefits 2012

Insurance Plans by Type	Respondents with Decreased Benefits		Respondents with Increased Benefits		Respondents with No Change in		No Answer		Total	
Preferred Provider Organization (PPO)	30	12.7%	72	30.4%	130	54.9%	5	2.1%	237	100.0%
HMO	15	9.7%	48	31.0%	91	58.7%	1	0.6%	155	100.0%
All Others	21	19.1%	26	23.6%	57	51.8%	6	5.5%	110	100.0%
No answer	2	9.1%	7	31.8%	8	36.4%	5	22.7%	22	100.0%
All Types	68	13.0%	153	29.2%	286	54.6%	17	3.2%	524	100.0%

Source: 2012 AICP Client Survey.

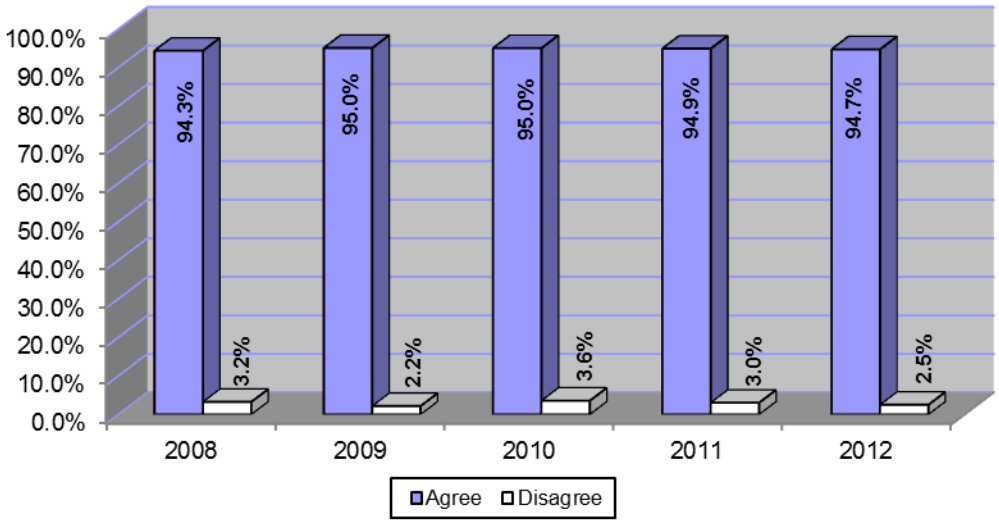
Client Perceived Impact of AICP Enrollment on Quality of Health and Access to Care

A five-year analysis confirms that the overall client satisaction with AICP is consistenly in the ninetieth percentile. In the area of enhanced quality of health, clients have indicated equally favorable feedback, with responses also in the ninetieth percentile across the most recent five-year program period (please refer to Exhibit 11). A large proportion of clients indicated that they are unaware of other sources of care and treament (53.6%) in the event that AICP was no longer funded, and 52.6% indicated that they

were unaware of other sources for obtaining HIV/AIDS medications. These two responses demonstrate the value of AICP to its clients in an environment of limited alternative health care resources.

EXHIBIT 11

Five-Year Trend of Enhanced Quality of Health



Source 2008-2012 AICP Client Surveys

Summary Observations of 2012 Client Survey Results

As in previous program surveys, the *AICP 2012 Client Survey* contains an extensive amount of data that has proven to be consistent from year to year. During 2012, client overall satisfaction with quality of health and improved access to care is consistently in the ninetieth percentile as demonstrated in Exhibit 12 Additionally, 80.7% of AICP surveyed clients indicated satisfaction with their health insurance converage. Surveyed clients also reported a high level of satisfaction with their case manager's knowledge of AICP. This high level of satisfaction with Case Manager knowledge of AICP is an important factor which assures client access to AICP services and continuity of private health insurance benefits. Overall, these ratings reinforce the AICP's high level of client satisfaction with the program in addition to its continued success in meeting operational objectives.

EXHIBIT 12

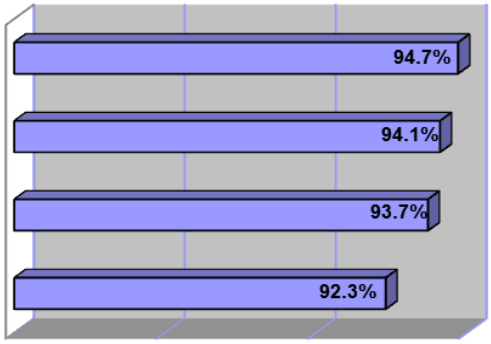
Perceived Impact of AICP Enrollment on Quality of Health and Improved Access 2012

Enrollment in AICP has improved quality of client health

Enrollment in AICP has improved access to HIV/AIDS medications

Enrollment in AICP has improved access to essential HIV/AIDS treatments

Enrollment in AICP has improved access to M.D.s



Percent Agree

Source: 2012 AICP Client Survey.

Summary Observations

The AICP 2012 CBA utilization outcomes reveal that AICP enrollees continue to represent the demographics of the privately insured population at the national level. AICP client premiums have remained stable during 2008-2012; with the five-year average premium at approximately $468.15 per month. Of those clients enrolled in AICP, the majority, or 81%, fall within 200% of the Federal Poverty Level.

As in previous program surveys, the *AICP 2012 Client Survey* contains an extensive amount of data that has proven to be consistent from year to year. During 2012, client overall satisfaction with quality of health and improved access to care is consistently in the ninetieth percentile as demonstrated in Exhibit 12. Additionally, 80.7% of AICP surveyed clients indicated satisfaction with their health insurance converage. Surveyed client's also reported a high level of satisfaction (96.4%) with their Case Manager's knowledge of AICP. This high level of satisfaction with Case Manager knowledge of AICP is an important factor which assures client access to AICP services and continuity of private health inurance benefits. Overall ratings of the program show that nine in ten (90.3%) view the program as very good or excellent reinforcing AICP's consistent and favorable level of client satisfaction with the program in addition to its continued success in meeting operational objectives.

The *AICP 2012 Client Survey* reaffirms the system level benefits experienced by clients participating in AICP. These benefits include client access to a variety of health insurance carrier plans (PPOs, HMOs, POS plans and traditional indemnity coverage); and flexible benefit options, such as family health plans. Additional benefits include, improved client acess to essential treatments (93.7%), physicians experienced in treating HIV/AIDS (92.3%) and increased access to HIV medications (94.1%). As a result of increased access to care, clients also report enhanced quality of health through AICP (94.7%), one of the highest ratings reported. Of course the true measure of success for clients enrolled in AICP is that they continue to access private health insurance coverage in order to remain healthy and return to work. In 2012, 20% of clients who disenrolled from AICP did so to return to work.

FISCAL DATA ANALYIS AND IMPACT

During calendar year 2012 the AICP disbursed a total of $12,913,101 in premium-payments and administrative reimbursements to fifteen AICP Network CBOs. In addition to premium payments, the AICP disbursed other program funds to the AICP Network CBOs which include special-services payments and administrative reimbursement fees. TABLE 15 presents the total program disbursements (premium payments, AICP Network CBO administrative fees, and special services disbursements) to each AICP Network CBO. The table also illustrates the percentage of reimbursement that each CBO received according to the total number of AICP clients served. As expected, 72% of total reimbursements by AICP in 2012 occurred among the largest AICP Network CBOs serving major urban areas with high population densities. The distribution of reimbursements to the five largest AICP Network CBOs are as follows: 20.1% to Hope and Help, Inc. (Orlando, Orange County); 16.3% to Broward House and 15.9% to The Wellness Center of South Florida (Ft. Lauderdale, Broward County); 9.9% to Miami Beach Community Health Center (Miami-Dade County); and 9.4% to The Health Councils, Inc. (Tampa/St. Petersburg, Hillsborough County).

TABLE 15

TOTAL ANNUAL DISBURSEMENTS TO AICP NETWORK CBOs OPERATIONAL PERIOD -- 01/01/12 TO 12/31/12			
Organization	**Reimbursement Payment**	**Percentage of Total Disbursements**	**Clients Served**
AHELP	$291,647	2.3%	62
BASIC	$64,810	0.5%	9
BBCAR	$66,750	0.5%	15
BROW	$2,110,054	16.3%	394
CAPP	$654,780	5.1%	126
HCNEF	$318,290	2.5%	65
HCSWF	$966,328	7.5%	160
HOPE	$2,596,959	20.1%	544
MBCHC	$1,278,879	9.9%	235
NFAN	$553,131	4.3%	111
OASIS	$148,311	1.1%	23
PROJ	$247,251	1.9%	41
THCI	$1,211,220	9.4%	259
WELL	$2,053,196	15.9%	377
WFLC	$351,495	2.7%	71
TOTAL	$12,913,101	**100%**	**2,492**

AICP Funding and Operational Events

In FY 2012-2013, the program's total budget at $16,671,744 enabled the program to enroll new applicants and continue level enrollment to cover the insurance premiums, co-payments and deductibles of all qualified clients through the fiscal year ending June 30, 2013.

The AICP operational performance profile illustrated in TABLE 16 provides an overview of AICP fiscal operations, cost efficiencies and performance in calendar year 2012, in comparison to calendar year 2011.

TABLE 16

SNAPSHOT OF AICP PROGRAM LEVEL OPERATIONS DATA CALENDAR YEAR 2012 AND 2011		
	2012	**2011**
Annual Program Budget (Fiscal Years)	**$16,671,744**	**$15,791,030**
Program Funding Sources (Annual) State of Florida General Revenue Federal Ryan White CARE Act – Part B	**$ 6,454,951** (39%) **$10,216,793 (**61%)	**$6,454,951** (41%) **$9,336,079** (59%)
Total Health Insurance Premiums Paid (Calendar Year Incurred)	**$11,817,182**	**$10,754,889**
Average Monthly Premium Per Client (Calendar Year Incurred)	**$495.47**	**$481.15**
Total Co-Payments Paid	**$431,087**	**$430,373**
Total Deductibles Paid	**$243,317**	**$160,244**
Average Program Service Cost Per Client (Calendar Year Incurred, Premiums, Special Services and Administrative Outlays)	**$7,019.64**	**$6,824.76**
Average Health Care Purchased Per Client (Calendar Year Incurred) NOTE: Prorated care value varies per noted EOB expenditures.	**$31,689.18**	**$27,913.27**
Program Gross Value Added Ratio (GVAR) NOTE: All AICP VAR calculations are dynamic and reflect the ratio of premiums paid to value of care purchased.	**$5.34 (GVAR)**	**$4.83 (GVAR)**

Source: Health Council of South Florida, AICP 2011 Cost Benefit Analysis, AICP 2011 and 2012 CARE Act Data Reports

AICP Cost-Benefit Methodology and Data Analysis

The *AICP 2012 CBA* compares the aggregate program expenditures of health insurance premiums and AICP Network CBO administrative fees with the documented expenditures of insurance carriers on health care services for AICP clients. AICP analyzes client insurance carrier Explanation of Benefits (EOBs) information to produce accurate program cost data and support operational accountability. The analysis of EOB data also allows the program to compare program expenditures to the Florida Medicaid Program and the national average costs of HIV/AIDS care and treatment which includes HIV/AIDS pharmaceutical expenditures.

The *AICP 2012 CBA* examines the programmatic administrative and premium-payment cost data for the calendar-year period of January 1st through December 31st. The *AICP 2012 CBA* generates per-client average cost data, as well as gross and net savings, represented by the Gross Value Added Ratio (GVAR) and the Net Value Added Ratio (NVAR). The GVAR represents the total value of care and treatment services purchased including administrative and premium-payment costs whereas the NVAR reflects the total value of care and treatment services purchased less administrative costs. Thus the NVAR portrays the true program benefit that the AICP obtained for its clients and the taxpayers of Florida.

All budget references to state and federal funding of AICP are presented in state fiscal-year format (July 1 through June 30). As a result of the extensive time and intensity required to collect and analyze client EOBs, it has not been possible for AICP to produce programmatic cost-benefit analysis reports in accordance with the State of Florida's July to June fiscal-year timeframe. Therefore, calculations are operational-domain data and reflect the actual expenditures and savings within the 2012 calendar year.

To complete the EOB portion of the *AICP 2012 CBA* an accounting of all procedures paid by insurance carriers on behalf of AICP clients served in 2012 was conducted. In mid-January 2013 EOBs were requested from 1,588 AICP clients who received one or more months of AICP premium-payment services in the year 2012. Of the total 217 EOBs received, 102 were usable based on a minimum of five or more months of client insurance utilization data. AICP staff calculated the average amount paid by the AICP in premiums for enrollees and analyzed the amount expended by the insurance companies for care and treatment, including the adjusted average cost of HIV/AIDS pharmaceutical benefits not captured in some cases by insurance carrier EOBs, during the same time period. According to the National Alliance of State & Territorial AIDS Directors (NASTAD) 2013 National ADAP Monitoring Project Annual Report, the estimated annual per client expenditures for antiretroviral medications in 2012 were $12,648. Additional estimates have been reported at $11,000 per year[3] and at $10,500 per year [4]. Lastly, a prorated administrative fee was calculated based upon the number of total months of premiums that were paid on behalf of the clients in the sample.

The 102 AICP clients included in the sample study received a total of 1181 combined months of health insurance coverage through the AICP in 2012. The AICP provided $605,206.00 in programmatic expenditures to cover the sample cohort premium payments. In terms of benefits received, the sample population obtained a value of $3, 232,297.00 in private-sector health care goods and services. TABLE 17, illustrates the estimated GVAR and NVAR value-added health care goods and services purchased in calendar year 2012 for the 102 AICP sample clients surveyed. As explained earlier, the GVAR and NVAR represent the baseline elements used to project the program's overall cost-effectiveness.

AICP Year 2012 and Historical Direct Cost Savings

The *AICP 2012 CBA* illustrates the historical cost savings of the program to the State of Florida and its taxpayers across a five-year time frame from 2008 to 2012. In order to provide a comprehensive analysis of cost-effectiveness, both the program's direct and indirect costs are addressed for each fiscal year. Based upon the data presented, from calendar year 2008 to calendar year 2012, the AICP achieved a total of more than $218 million in "gross" direct cost savings (please refer to TABLE 18). If administrative expenses are factored out, the AICP's approximate "net" direct cost savings across five years of operation is adjusted to $207 million (please refer to TABLE 19).

TABLE 17

2012 COST BENEFIT ANALYSIS SAMPLE RESULTS CALCULATED AICP COST SAVINGS FOR 102 ACTIVE CLIENTS OPERATIONAL PERIOD – 01/01/12 TO 12/31/12			
VALUE-ADDED RATIO CALCULATION			
Program Costs		**Direct Program Savings**	
Total Average AICP Premiums Expenditures (102 Sample Clients)	**$605,206.00**	**Total Dollar Value of Care Purchased in Private-Sector** (Total Value of EOB Claims Data for 102 Sample Clients)	**$3,232,297.00**
		Less Total Sample Program Premium Cost	**$605,206.00**
		Total SAMPLE Program GROSS-COST Savings	**$2,627,091.00**
		Gross Value-Added Ratio (GVAR) = $5.34	
Total Prorated Programmatic Administration Cost (102 Sample Clients)	**$75,026.00**	**Total Dollar Value of Care Purchased in Private-Sector**	**$3,232,297.00**
Total Prorated Special Services Cost (102 Sample Clients)	**$34,297.00**	**Less Total Sample Program Cost**	**$714,529.00**
Total SAMPLE Program Cost	**$714,529.00**	**Total SAMPLE Program NET-COST Savings**	**$2,517,768.00**
		Net Value-Added Ratio (NVAR) = $4.52	

Source: Health Council of South Florida, AICP 2012 Cost Benefit Analysis

TABLE 18

OVERVIEW OF GROSS DIRECT PROGRAM COST SAVINGS CALENDAR YEARS 2008 TO 2012						
Evaluative Elements	**2012**	**2011**	**2010**	**2009**	**2008**	**Totals**
Total Program Benefits Purchased	$63,103,751	$51,946,113	$61,537,532	$51,832,383	$43,941,919	$272,361,698
Less Total Cost of Premium Outlays	$11,817,182	($10,754,889)	($10,815,032)	($11,253,467)	($9,605,221)	($54,245,791)
Total GROSS Program Benefits Purchased	$51,286,569	$41,191,224	$50,722,500	$40,578,916	$34,336,698	$218,115,907
Gross Value Added Ratio	**$5.34**	**$4.83**	***$5.69**	***$4.61**	***$4.57**	**$5.02 Avg. GVAR**

Source: Health Council of South Florida. * Includes estimated annual drug expenditures.

TABLE 19

OVERVIEW OF NET DIRECT PROGRAM COST SAVINGS CALENDAR YEARS 2008 TO 2012						
Evaluative Elements	**2012**	**2011**	**2010**	**2009**	**2008**	**Totals**
Total Program Benefits Purchased)	$63,103,751	$51,946,113	$61,537,532	$51,832,383	$43,941,919	$272,361,698
Less Total Cost of Premium, Special Services & Administrative Outlays	($13,950,986)	($12,706,496)	($12,952,134)	($13,410,707)	($11,457,829)	($64,478,152)
Total NET Program Benefits Purchased	$49,152,765	$39,239,617	$48,585,398	$38,421,676	$32,484,090	$207,883,546
Net Value Added Ratio	**$4.52**	**$4.09**	***$4.75**	***$3.87**	***$3.84**	**$4.22 Avg. NVAR**

Source: Health Council of South Florida. *Includes estimated annual drug expenditures. **AICP value added ratios (VARs) reflect total program costs.

Cost Comparisons with Florida's Public Program Alternatives

Program savings are derived by approximating the value of HIV/AIDS care and treatment costs which the AICP redirects away from public-sector programs such as Florida's Medicaid Program and other public health care programs. Each economic unit of HIV/AIDS care and treatment provided through private health insurance for enrolled program clients may be considered an economic unit of HIV/AIDS care and treatment that was not required of Florida's Medicaid Program. A review of active AICP clients in calendar year 2012 by FPL and health status demonstrates the potential indirect cost savings of the AICP to the Florida Medicaid Program. In 2012, 41% of the total AICP clients served were diagnosed with AIDS and possessed incomes at 150% or below the FPL; this subset represented 793 clients who could be eligible for Medicaid.

According to State of Florida Medicaid Program cost data for HIV/AIDS care and treatment in FY 2011-2012 (please refer to APPENDIX C), the average Medicaid cost per beneficiary with HIV/AIDS was approximately $2,003.00 per month, or $24,036.00 per annum.[5] Hence, if the potential Medicaid-eligible cohort of 793 AICP clients would have received care and treatment services from Medicaid in 2012, a net obligation of approximately $14.3 million in additional HIV/AIDS expenditures may have been incurred by the Florida Medicaid Program (please refer to TABLE 20).

TABLE 20

OVERVIEW OF INDIRECT PROGRAM COST SAVINGS CALENDAR YEAR 2012			
	TOTAL AICP CLIENTS AT OR BELOW 150% FPL WITH AIDS	**TOTAL PER-CLIENT ANNUAL HIV/AIDS PROGRAM COST**	**TOTAL PER CLIENT ANNUAL HIV/AIDS PROGRAM COSTS**
AICP	**793** AICP clients who could be considered broadly eligible for Florida Medicaid or PAC Waiver Program services because of their income and HIV/AIDS status.	**$5,945.64*** A multiple of **$495.47,** the average 2012 AICP per client monthly premium.	**$4,714,892.00**
FLORIDA MEDICAID	**793**	**$24,036.00****	**$19,060,548.00**
TOTAL ESTIMATED ANNUAL AICP COST SAVINGS TO MEDICAID: $14,345,656.00			

Source: *AICP Operational Cost Data Base, Health Council of South Florida, 2012
**State of Florida Medicaid Program HIV/AIDS Expenditure Data, FY 2011-2012

National Data Comparison

Although AICP savings represent a very broad estimate of costs for large groups with symptomatic HIV infection or AIDS, the cost avoidance to publicly sponsored program alternatives is further demonstrated when comparison data are related to national averages for HIV/AIDS care in the U.S. HIV/AIDS health care costs vary from a conservative estimate of $24,036 to a high of $30,000 per annum in contrast to only $7,019.64 under AICP (please refer to TABLE 21).

TABLE 21

ANNUAL HIV/AIDS CARE COSTS: AICP AND MEDICAID EXPENDITURES

Patient Description	Annual HIV/AIDS Care Costs		
	Private Insurance[1]	**Florida Medicaid[2]**	**National Avg[3]**
Annual average cost of rendering HIV/AIDS drug therapy to an individual with symptomatic HIV infection/diagnosis of AIDS.	**$7,019.64***	**$11,508.00****	**$11,000.00*****
Annual average cost of rendering medical care to an individual with a diagnosis of AIDS.		**$12,528.00****	**$19,000.00*****
Total Average Annual Costs	**$7,019.64***	**$24,036.00****	**$30,000.00*****

* Average amount paid per AICP client in 2012, representing the value of all program services provided to include premium payments in addition to AICP Special Services payments and administrative outlays.
** Medicaid data calculated from State of Florida Medicaid HIV/AIDS Patient Expenditures FY 2011-2012.
*** Excludes the total annual cost of treating individuals with Opportunistic Infections (OIs) and/or more advanced stages of HIV-related illness.

Source: 1) AICP Operational Cost Data Base, Health Council of South Florida, 2012, 2) Agency for Health Care Administration, FY 2011-2012, 3) Kaiser Family Foundation: Financing HIV/AIDS Care: A Quilt with Many Holes HIV/AIDS Policy Brief (May 2004).

Pre-Existing Condition Insurance Plan (PCIP) Pilot

Beginning in the late fall of 2011, the Department of Health authorized the HCSF to begin a small pilot program for 20 program eligible clients to be enrolled in the Federal Pre-Existing Condition Insurance Plan (PCIP). The PCIP pilot program was limited to Monroe County. The PCIPs covered services very similar to those available under private health insurance and had no lifetime caps on benefits. The maximum premium amount covered by the program was $750.00 per month. In addition to premium assistance, the program covered drug co-payments, deductibles and co-insurance up to $5,950 per year per client. All clients enrolled in PCIP during calendar year 2012 elected the Extended Option Plan which offered more comprehensive benefits and a lower annual deductible.

In reference to outcomes for calendar year 2012, the PCIPs provided comprehensive medical care and benefits to clients in addition to being very cost effective. The monthly average premium per client for calendar year 2012 was $335.59. The average monthly deductible was $70.40 and the average monthly drug co-payment was $45.79. The total monthly cost per client in the PCIP Pilot was $451.78 or if annualized amounted to $5,421.36 (Please see Appendix E).

DISCUSSION AND ANALYSIS

Program Background

AICP seeks to ensure access to high quality health care services and vital life-sustaining Highly Active Anti-Retroviral Therapies to low-income Floridians living with HIV/AIDS. This is achieved through the preservation of health insurance coverage which provides clients access to a wide array of private health care benefits and services. Clients enrolled in AICP receive these life saving services at a significant costs-savings to the State of Florida and its taxpayers.

Summary of 2012 Program Outcomes

The value of AICP is observed within the program benefits and outcomes extended to clients. These include a) access to comprehensive private health insurance benefits and service delivery networks providing specialized care for HIV/AIDS; b) maintenance and increased quality of health for many clients; and c) the ability and opportunity to return to employment and regain self-sufficiency. The program outcomes of AICP are summarized as follows:

- Private Health Care Services at a Lower Cost

  The AICP saves money by paying private health insurance premiums in order to maximize the utilization of existing health care insurance resources. For every dollar spent on AICP, AICP enrollees receive private-sector medical care goods and services of substantially greater value than if the public sector attempted to provide the services directly. The AICP 2012 CBA calculated the program's current overall cost-effectiveness or Gross Value Added Ratio (GVAR) to be $5.34 for every dollar invested. Over the past twelve years, AICP obtained over $5 in private medical care goods and services in return for every dollar expended.

AICP Program and Client Savings			
	Program Outlays	**Value of Care Purchased**	**GVAR**
2010	$10,815,032	$61,537,532	$5.69
2011	$10,754,889	$51,943,113	$4.83
2012	$11,817,182	$63,103,751	$5.34
Totals*	$97,170,990	$496,308,821	$5.11
*Totals are cumulative for the period 2001-2012			

- Avoidance of HIV/AIDS Cost Shifting from Private to Public Sectors

  AICP avoids the transfer of health care costs for AIDS-spectrum disease to the public sector by maintaining private insurance coverage for low-income persons with HIV/AIDS. The AICP augments a portion of the State's financial contribution to the care and treatment of chronic conditions, including HIV/AIDS, by enrolling residents with HIV/AIDS who might otherwise potentially qualify for the Florida Medicaid Program and other public assistance programs.

- Continuity of Care and Access to HIV/AIDS Specialists and Comprehensive Medical Care

  The AICP allows clients to utilize private health insurance benefits to maintain continuity of health care with physicians who are familiar with their medical history and are experienced in the treatment of AIDS-spectrum disease. AICP ensures that clients enrolled in the program maintain their health through access to comprehensive health care services such as specialty physician visits, HIV/AIDS medications, inpatient hospitalizations and home health care services.

- Enhanced Quality of Health

  AICP clients are able to utilize private health insurance benefits to enhance their quality of health. In 2012, AICP survey results showed that 94.7% of clients reported enhanced quality of health through their private health insurance benefits. AICP assures enhanced quality of health for clients by allowing access to comprehensive HIV/AIDS health care services available through private health insurance networks. These benefits include access to comprehensive prescription drug coverage, hospitalization care, and specialty care services.

- Return of Active AICP Clients to Employment

  AICP helps clients maintain and improve health in order to return to work. In 2012, 20.2% of clients voluntarily disenrolled in order to return to employment. AICP clients returning to work in 2012 was not exceptional to that year. In fact, this trend has been ongoing throughout the 2008-2012 timeframe, with an average pattern of 28% disenrolling to return to work on an annual basis over the five-year period.

Impact Analysis

AICP has proven itself as an innovative State Government HIV/AIDS program which serves as an excellent model of public health program planning. AICP assures the continuation of private health insurance coverage for low-income Floridians living with HIV/AIDS who would otherwise lose their health insurance coverage because they are unable to afford to pay their private health insurance premiums.

Through the continuation of private health insurance benefits under AICP, clients living with HIV/AIDS are able to access high quality health care services and vital life sustaining Highly Active Anti-retroviral Therapies. By doing so, clients are able to maintain access to care and in some cases also improve health status through the program.

AICP augments the State's already large financial contribution to the care and treatment of multiple chronic conditions affecting Florida's most vulnerable populations including HIV/AIDS. Floridians enrolled in AICP are diverted away from enrolling in the Florida Medicaid Program at a significant cost savings to the State. In 2011-2012 the State of Florida Medicaid Program expended an average monthly cost per client/beneficiary living with HIV/AIDS of **$2,003.00** compared to the average AICP monthly cost of **$495.47** per client/beneficiary. The average per client annual cost for AICP was **$5,495.64** (average client premium of $495.47 x 12 months) which compares favorably with the average FY 2011-2012 annual outlay of **$24,036.00** per beneficiary for Florida's Medicaid Program Clients.

Of most significance is the fact that AICP helps clients return to the workforce. AICP enables clients to return to work and regain self-sufficiency through the maintenance and in some cases improvement of their health status in the program. AICP clients who return to work in many cases are able to

continue their private insurance through employer sponsored insurance benefits once disenrolled from the AICP.

Conclusion

The AICP continues to be one of the most cost-effective public health programs in operation today. The program stands out as an example of how the public sector can find innovative solutions to some of its most challenging problems. The AICP exists as both a health care safety net for residents whose health suddenly fails due to HIV/AIDS as well as a programmatic alternative for the State's Medicaid Program, AIDS Drug Assistance Program (ADAP) and other public assistance programs. By preserving private health care sector access to HIV/AIDS care and treatment for eligible Florida residents, the program provides incentives for insured Floridians with HIV/AIDS to retain their private health coverage. In the year ahead, program administrators plan to build upon AICP's solid record of cost-effectiveness and excellence in serving insured low-income Floridians with HIV/AIDS.

PROGRAM RECOMMENDATIONS

AICP has demonstrated ongoing leadership and innovation in quality-assurance activities. As the HIV/AIDS epidemic and the state's HIV/AIDS service system evolves, AICP administrators plan to be responsive to the ongoing demands of a changing health care service delivery system. In order to meet these future challenges, the following program recommendations by category are presented for Calendar Year 2012.

Systems Level Recommendations

1. **Local Ryan White Part A and Part B Insurance-Assistance Funding** - *Collaborate with Ryan White entities and local health departments to prioritize and protect the availability of emergency insurance-assistance funding to assure access to supplemental insurance services and co-payments as an appropriate use of funds once client premium payments are covered.*

   AICP has collaborated with local Ryan White Part A Planning Councils and Part B Consortia in Florida to sustain local HIV/AIDS funding allocated to insurance-assistance services. This emergency funding is critical to AICP as a vital source of premium-payment and helps to ensure that clients retain their private health insurance coverage during the time they are assigned to the statewide delay in service wait list. It is advised that AICP continue to assess and monitor the need for Ryan White Part A/B insurance assistance funding over the next year.

2. **Quality in AICP Network CBOs** - *Administer the AICP CBO Opinion Questionnaires as an ongoing quality assurance activity on a regular schedule when merited.*

   In the past, AICP conducted CBO Opinion Questionnaires of its Network CBO providers. The outcomes of the AICP CBO Opinion Questionnaire were useful in providing the Council valuable feedback in determining the statewide Program issues of the AICP CBOs. It is recommended that AICP continue to implement AICP CBO Opinion Questionnaires on a biennial basis in an effort to ensure ongoing quality assurance and program responsiveness.

3. **CBO Provider Workshop** - *Enhance AICP operations and service delivery at the local CBO level by conducting AICP provider workshops to showcase best practices, establish network contacts and peer-to-peer information sharing across the state.*

   The CBO Provider Workshop was deferred in FY 2011-2012 due to the implementation of the statewide delay-in-service waitlist. The Council plans to conduct its next Provider Workshop during the upcoming 2012-2013 Fiscal Year.

Program Effectiveness, Utilization, and Quality Recommendations

4. **Qualified AICP Personnel with Specialized Knowledge** - *Increase program knowledge of AICP through statewide case management education.*

   Program knowledge and service excellence of AICP case managers across the state is critical to ensure the effectiveness of AICP. In 2012, AICP will continue its efforts to improve and refine existing case management policy manuals in addition to devoting more program resources toward conducting individual and regional AICP case manager training sessions.

5. **AICP Outreach** - *Maintain program visibility, awareness, and knowledge throughout Florida's diverse communities and populations in the form of client media activities.*

   AICP strives to apply innovative strategies to improve community program education and awareness. "Lack of knowledge" is a fundamental barrier to program access. In the year ahead, AICP will continue to promote awareness of AICP via program outreach materials and the Council web site.

Fiscal Impact Recommendations

6. **Quality AICP Financial Management Systems** - *Provide CBOs specialized fiscal training to promote high compliance and competency in program fiscal operations.*

   AICP Network CBOs continue to demonstrate high compliance and competency in program fiscal operations. AICP is positioned to continue the development and integration of fiscal training materials into AICP case manager training protocols.

7. **AICP Premium Payments** - *Continue to assess the need to increase the AICP monthly premium cap above $750.00 per month per policy based on client and CBO insurance premium payment utilization data.*

   As insurance costs continue to rise for Floridians living with HIV/AIDS, AICP will explore the feasibility of increasing the AICP premium cap above $750.00 per month.

ENDNOTES

1. HIV/AIDS Surveillance Report, National Centers for Disease Control, 2013
2. Ibid.
3. HIV/AIDS Policy Issue Brief, Financing HIV/AIDS Care: A Quilt with Many Holes, May 2004
4. Journal of Clinical Infectious Diseases, Distribution of Health Care Expenditures for HIV-Infected Patient, April 2006
5. Florida Medicaid HIV/AIDS Patient Expenditures Fiscal Year 2011-2012, State of Florida Agency for Health Care Administration.

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Bureau of HIV/AIDS, Florida Department of Health (DOH)

2013 The Florida Division of Disease Control Surveillance Report, January 2013

Health Council of South Florida, Inc.

2012 AICP Monthly Enrollment/Attrition Reports

2011 AICP Cost Benefit Analyses (2002, 2003, 2004, 2005, 2006, 2007,2008, 2009, 2010)

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2006 Distribution of Health Care Expenditures for HIV-Infected Patients, April 2006

National Alliance of State and Territorial AIDS Directors

2013 National ADAP Monitoring Project: Annual Report Module One, January 2013

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National Centers for Disease Control and Prevention (CDC)

2013 HIV/AIDS Surveillance Report 2011, Volume 23

U.S. Census Bureau

2012 Current Population Reports: Health Insurance Coverage in the United States for 2011

APPENDIX A

AICP 2012 CLIENT SURVEY

Client Demographics:

1. Please check the appropriate box if you belong to any of the following racial/ethnic groups

☐ White non-Hispanic ☐ Black non-Hispanic ☐ Hispanic ☐ Asian

☐ Native American/Pacific Islander ☐ Other

2. Please check the appropriate box for your country of origin:

☐ U.S.A. ☐ Haiti ☐ Jamaica ☐ Bahamas ☐ Dominican Republic ☐ Puerto Rico ☐ Cuba ☐ Mexico

☐ Nicaragua ☐ Colombia ☐ Brazil ☐ Other (please write in) _____

3. Gender: ☐ Male ☐ Female ☐ Transgender

4. Are you a veteran? ☐ Yes ☐ No

Program Satisfaction:

1. How did you first find out about the Insurance Continuation Program?
   (Please check ONLY one response.)

☐ **Community Organization**	☐ **Clinic**
☐ **Doctor**	☐ **Friends/Family**
☐ **Case Manager**	☐ **Newspaper/TV/Newsletter**
☐ **Hospital**	☐ **Employer**
☐ **Health Department**	☐ **Church**
☐ **Own Investigating**	☐ **Internet**

2. Please rate your satisfaction with the quality of AICP's service and assistance. (Please check one)

☐ **Poor** ☐ **Fair** ☐ **Good** ☐ **Very Good** ☐ **Excellent**

3. Enrolling into the AICP was quick and simple. (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

4. The community-based organization that enrolled you in AICP has done a good job at managing your program membership and benefits. (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

5. Your AICP case manager is knowledgeable about the AICP. (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

6. Please add any comments, (good or bad), about your experience with the AICP. You may attach additional pages if necessary. Your detailed stories on how AICP helped you are welcomed and needed!

APPENDIX A

Health Care Utilization:

1. Has enrollment in AICP assisted you in improving the quality of your health over the last year? (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

2. To what extent would you say you agree with each of the following statements:

Because of my enrollment in AICP, I have experienced:

A. Improved access to a physician(s) experienced in treating HIV/AIDS. (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

B. Increased ability to obtain critical HIV/AIDS drugs and therapies. (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

C. Improved access to most or all of the essential HIV/AIDS treatments. (Please check one)

☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

Are there any other experiences you wish to comment on about your health care utilization? (Please write in)

3. If you were not currently enrolled in the AICP, how would you obtain the HIV/AIDS medical care and treatment you require to stay healthy? (Please check ONLY one)

☐ **ADAP** (AIDS Drug Assistance Program) ☐ **Medicaid** ☐ **Local Hospitals** (Charity Care)

☐ **Compassionate Use** ☐ **VA** (Veterans' Administration) ☐ **Medicare** (Parts A & B)

☐ **Local HIV/AIDS Clinics** (Ryan White Program (RW) Part A or B) ☐ **Don't Know**

4. Over the last year, has the number of your visits to an emergency room… ? (Please check one)

☐ **Greatly Decreased** ☐ **Somewhat Decreased** ☐ **No Change** ☐ **Somewhat Increased** ☐ **Greatly Increased**

5. Over the last year, has the number of your admissions to a hospital…? (Please check one)

☐ **Greatly Decreased** ☐ **Somewhat Decreased** ☐ **No Change** ☐ **Somewhat Increased** ☐ **Greatly Increased**

6. Over the last year, have you obtained one or more HIV/AIDS drugs from any of the following organizations? (Please check all that apply)

☐ **ADAP** ☐ **Private Insurance** ☐ **Florida Medicaid**
☐ **VA** ☐ **Compassionate Use** ☐ **Local HIV/AIDS Clinics**

APPENDIX A

Health Insurance:

1. What is the name of your health insurance company?

   _____

2. Are you satisfied with your current private health insurance coverage in helping you to maintain the best possible health? (Please check one)

   ☐ **Strongly Disagree** ☐ **Somewhat Disagree** ☐ **Somewhat Agree** ☐ **Strongly Agree** ☐ **Not Sure**

3. What type of health insurance policy do you have? (Please check all that apply):

   ☐ **COBRA** ☐ **Group** ☐ **Individual** ☐ **Medicare Gap Policy (covers what Medicare does not)**

4. To your knowledge, are you currently eligible for Medicaid? ☐ **Yes** ☐ **No**

5. What type of insurance plan do you have? (Please check one):

   ☐ **HMO**(Health Maintenance Organization) ☐ **PPO**(Preferred Provider Organization)

   ☐ **POS** (Point of Service) ☐ **80/20 (Indemnity)** ☐ **Other:** _____

6. Is this a Family policy? ☐ **Yes** ☐ **No**

7. Over the last year, how much has your health insurance company or HMO decreased or increased the monthly amount they will pay for your HIV/AIDS drugs prescriptions? (Please check one)

   ☐ **Greatly Decreased** ☐ **Somewhat Decreased** ☐ **No Change** ☐ **Somewhat Increased** ☐ **Greatly Increased**

8. If your health insurance company or HMO does reduce the **amount they will pay** for your HIV/AIDS drugs, how would you obtain the drugs you need but can't afford? (Please check as many as apply)

   ☐ **ADAP** (AIDS Drug Assistance Program) ☐ **Compassionate Use** ☐ **VA** (Veterans' Administration)

   ☐ **Local HIV/AIDS Clinics** (RW Part A or B) ☐ **Medicaid** ☐ **Local Hospitals** (Charity Care) ☐ **Don't Know**

9. Are you currently receiving services or coverage from any of the following programs? (Please check as many as apply)

   ☐ **ADAP** (AIDS Drug Assistance Program) ☐ **Compassionate Use** ☐ **VA** (Veterans' Administration)

   ☐ **Local HIV/AIDS Clinics** (RW Part A) ☐ **Medicaid** ☐ **PAC Waiver** ☐ **Medicare** (Parts A & B)

   ☐ **Local Hospitals** (Charity Care) ☐ **Not Currently Receiving Services**

Thank you for completing this survey. Please return in the envelope provided or send it to the secure AICP fax:

Attn.: Francia Alcala, AICP Enrollment Coordinator

Fax: 305-592-0981 Phone: 305-592-1452, ext. 121

APPENDIX B

2012 AICP Cost Benefit Analysis Claims Data

2012 AICP Cost Benefit Analysis

CBO	RECORD #	TOTAL CLAIM AMOUNTS	ESTIMATED HIV/AIDS MEDICATION AMOUNTS	TOTAL PREMIUM MONTHS	TOTAL PREMIUMS PAID
CAPP	11376	$23,826.85		12	$9,000.00
WELL	12458	$61,549.64		12	$6,000.00
BROW	12120	$23,190.13		12	$6,444.00
MBCHC	13243	$27,497.77		12	$2,073.84
THCI	13636	$2,260.60	$12,648.00	12	$4,941.60
BROW	12627	$18,569.70		12	$8,897.76
BROW	8755	$25,388.82		12	$8,340.00
CAPP	13742	$2,372.66	$12,648.00	12	$5,742.10
CAPP	13713	$12,240.98		12	$6,017.76
HOPE	14146	$72,424.32		6	$3,990.00
THCI	6902	$28,280.14		12	$5,688.00
HOPE	99	$37,970.70		12	$5,460.00
WELL	10591	$42,867.39		12	$1,197.80
NFAN	14151	$6,139.81	$12,648.00	8	$2,215.80
BROW	11528	$25,254.56		12	$9,000.00
HCNEF	14187	$9,702.49		6	$2,941.44
CAPP	10349	$45,132.89		12	$5,264.16
CENT	2759	$19,217.51		12	$9,000.00
BROW	14168	$10,086.10		6	$3,101.52
PROJ	14017	$27,346.57		9	$6,039.00
THCI	10614	$34,044.89		12	$2,180.04
WELL	11521	$2,006.93	$12,648.00	12	$6,744.00
ACHD	12893	$23,959.07		12	$6,612.00
CENT	3082	$46,557.49		12	$9,000.00
MERCY	10911	$18,812.52		12	$7,080.00
BROW	10274	$69,293.27		12	$6,433.98
PROJ	5353	$19,161.65		12	$4,803.00
THCI	12434	$25,571.88		12	$2,370.00
MBCHC	14206	$13,659.75		6	$4,500.00
BROW	12704	$36,456.30		12	$4,920.00
MERCY	13030	$20,443.11		12	$2,070.24
HCSWF	11047	$28,950.38		12	$5,850.00
BBCAR	8802	$3,418.53		12	$680.00
WELL	13216	$24,828.97		12	$9,000.00
OASIS	11101	$2,865.20	$12,648.00	12	$6,852.00

APPENDIX B

2012 AICP Cost Benefit Analysis Claims Data

CAPP	8699	$29,006.94		12	$5,767.44
THCI	13869	$51,362.88		12	$7,225.68
SCAN	1164	$114,816.46		12	$6,792.00
BROW	11884	$30,859.50		12	$8,844.00
HOPE	13463	$28,712.67		12	$9,000.00
HCNEF	13862	$20,573.04		12	$4,536.00
HOPE	13236	$28,862.28		12	$1,717.20
WELL	10303	$52,355.84		12	$9,000.00
WELL	12156	$21,936.60		12	$6,825.60
AHELP	10619	$170,137.18		12	$3,611.16
HOPE	5370	$96,596.15		12	$9,000.00
MBCHC	13066	$28,542.11		12	$7,536.72
THCI	6073	$23,683.54		12	$3,264.48
WELL	10532	$30,382.34		12	$1,693.20
NFAN	13297	$20,495.69		12	$10,205.52
THCI	6360	$43,702.68		12	$12,184.80
MBCHC	5229	$50,800.34		12	$5,797.56
CENT	2690	$23,004.41		12	$4,800.00
CAPP	7020	$55,562.54		12	$9,000.00
ACHD	12150	$2,556.26	$12,648.00	12	$3,886.92
HCSWF	13108	$21,711.89		12	$4,779.00
MERCY	10851	$42,540.64		12	$9,000.00
HOPE	13432	$33,689.91		12	$9,000.00
THCI	5457	$36,880.04		12	$12,055.56
WELL	13265	$19,309.50		12	$7,408.44
BROW	14156	$6,768.92		6	$3,604.06
BROW	13891	$1,580.20	$12,648.00	12	$3,348.00
CAPP	2630	$37,340.39		12	$9,000.00
HOPE	11201	$29,310.48		12	$8,789.16
THCI	13057	$570.99	$12,648.00	12	$2,157.60
THCI	13980	$17,604.18		12	$8,223.00
WELL	11879	$2,298.17		12	$6,528.00
PROJ	13531	$23,319.79		12	$5,848.20
THCI	12562	$39,006.01		12	$3,936.00
HCSWF	13104	$34,896.92		12	$4,800.00
BROW	13601	$27,291.46		12	$9,000.00
APFL	7089	$173,880.61		12	$4,846.00
HCSWF	14185	$47,249.59		6	$2,526.00
AHELP	13880	$501.98	$12,648.00	12	$4,187.40
CAPP	13620	$21,701.58		12	$7,501.92

APPENDIX B

2012 AICP Cost Benefit Analysis Claims Data

THCI	12773	$48,620.26		12	$8,784.00
BROW	13640	$30,628.37		12	$3,888.00
HCSWF	13504	$44,627.53		12	$4,798.20
HOPE	12922	$11,184.30		12	$5,734.68
HOPE	11086	$7,067.49		12	$6,000.00
NFAN	13315	$1,405.55	$12,648.00	12	$7,540.68
THCI	13795	$34,543.75		12	$3,480.00
BROW	11897	$19,975.72		12	$5,544.00
ACHD (WFLC)	11348	$32,582.61		12	$6,336.00
WELL	13718	$24,570.90		12	$5,035.68
HCSWF	13223	$39,261.16		12	$5,484.00
MERCY (MBCHC	11532	$3,625.92	$12,648.00	12	$4,669.80
CAPP	10294	$28,944.67		12	$11,381.88
MERCY (MBCHC	13233	$27,120.45		12	$5,652.00
MERCY (MBCHC	12889	$28,023.17		12	$6,070.68
MERCY (MBCHC	13065	$5,743.05	$12,648.00	12	$5,856.00
HOPE (THCI)	12649	$27,564.24		12	$6,000.00
NFAN	13296	$1,304.17	$12,648.00	12	$3,696.00
HOPE	10345	$51,091.18		12	$8,550.00
WELL	13310	$2,973.16	$12,648.00	12	$2,998.80
BROW	10666	$516.93	$12,648.00	12	$4,264.50
THCI	12094	$37,373.34		12	$9,000.00
HOPE	2048	$12,576.11		12	$9,000.00
HOPE	12391	$757.86	$12,648.00	12	$5,316.00
AHELP	13931	$23,726.68		12	$3,613.80
THCI	12655	$42,430.95		12	$4,143.60
BROW	12494	$8,936.91		12	$4,690.68
TOTALS		**$3,029,928.69**	**$202,368.00**	**1,181**	**$605,205.64**

Total responses	217
Total response rate	13.7%
Usable responses	102
Usable response rate	6.4%

Gross VAR =	$5.34

Average months enrolled	12
Sample Average Annual Premium Amount	$5,933.39
Average Annual Premium Amount	$5,945.64
Sample Average Claim Amount	$31,689.18

APPENDIX C

Florida Medicaid Aids Patients Expenditures FY2011-2012 (Statewide)

Bucket	Service	Undup Recipients	Claims	Units	Amount	$Per Eligible Month
01	HOSPITAL INPATIENT SERV	5,768	11,202	57,028	$81,507,136.43	$353.91
02	HOSPITAL INSURANCE BENE	892	1,387	8,582	$1,562,462.86	$6.78
03	HOSPITAL OUTPATIENT SER	13,073	266,203	750,333	$22,012,482.19	$95.58
04	HOSPITAL OUTPATIENT XOV	1,862	10,719	56,266	$1,780,227.02	$7.73
05	SKILLED NURSING XOVER	19	25	230	$17,122.58	$0.07
06	SKILLED NURSING CARE	337	2,916	68,515	$20,241,414.56	$87.89
07	INTERMEDIATE CARE	305	2,256	51,691	$9,999,864.50	$43.42
08	GENERAL CARE	9	43	1,094	$187,673.25	$0.81
10	ICF-MR CLUSTER	1	12	366	$138,173.79	$0.60
11	ICF-MR PRIVATE	2	24	678	$272,871.30	$1.18
12	PHYSICIAN SERVICES	15,871	626,165	1,267,092	$18,682,041.20	$81.12
13	PHYSICIAN XOVER	1,749	6,034	15,736	$219,610.69	$0.95
14	PRESCRIBED MEDICINE	15,118	708,317	708,317	220,859,993.55	$959.00
15	OTHER LAB AND X-RAY	10,123	214,344	226,411	$4,996,132.36	$21.69
16	LAB AND X-RAY XOVER	317	1,313	1,389	$13,517.00	$0.06
17	PATIENT TRANSPORTATION	5,425	29,381	25,715	$1,769,844.73	$7.68
18	TRANSPORTATION XOVER	668	4,319	16,329	$167,447.04	$0.73
19	FAMILY PLANNING SERVICE	960	3,479	3,497	$151,561.98	$0.66
20	HOME HEALTH SERVICES	3,477	45,833	2,237,541	$3,278,219.54	$14.23
21	HOME HEALTH XOVER	379	2,342	25,315	$35,663.85	$0.15
22	EPSDT SCREENING	736	1,420	1,420	$108,412.07	$0.47
23	CHILD DENTAL	744	6,299	2,844	$134,953.82	$0.59
24	CHILD VISUAL SERVICES	223	1,309	1,727	$28,164.27	$0.12
25	CHILD HEARING SERVICES	55	116	138	$5,636.11	$0.02
26	ADULT DENTAL SERVICES	1,782	11,515	11,753	$589,144.57	$2.56
27	ADULT VISUAL SERVICES	3,490	18,229	24,655	$394,977.75	$1.72
28	ADULT HEARING SERVICES	87	241	315	$27,250.38	$0.12
29	CASE MANAGEMENT-CMS	131	2,486	5,890	$55,639.43	$0.24
31	NURSE PRACTITIONER SERV	1,071	2,292	41,552	$84,710.77	$0.37
32	OTHER XOVER PRACTITIONE	334	602	14,298	$14,945.81	$0.06
33	HOSPICE	412	3,492	36,860	$5,544,290.46	$24.07
34	COMMUNITY MENTAL HLTH S	1,228	24,328	154,057	$1,818,364.89	$7.90
35	HCB-AGING	209	12,188	106,791	$513,330.94	$2.23
36	HCB-DEVELOPMENTAL SERVI	103	17,216	252,344	$2,686,716.71	$11.67
37	HCB-AIDS	6,641	165,304	728,387	$9,869,992.22	$42.86
39	PREPAID HEALTH PLAN	3,425	17,888	3	$21,041,911.28	$91.37
40	RURAL HEALTH CLINICS	219	979	979	$77,322.92	$0.34
42	PERSONAL CARE SERVICES	50	2,931	9,776	$725,369.17	$3.15
43	PRIVATE DUTY NURSING SE	22	5,682	58,913	$1,279,129.10	$5.55
44	PHYSICAL THERAPY SERVIC	74	2,153	5,643	$45,461.45	$0.20
45	SPEECH THERAPY SERVICES	93	3,957	13,106	$216,488.87	$0.94
46	OCCUPATIONAL THERAPY SE	79	3,397	10,822	$175,969.77	$0.76
47	RESPIRATORY THERAPY SER	98	5,376	14,905	$253,152.12	$1.10
48	Hospital inp over 45 days	243	705	9,787	$10,793,998.42	$46.87
49	FEDERALLY QUALIFIED CEN	1,463	5,595	5,595	$679,114.13	$2.95
52	MEDIPASS SERVICES	9,141	85,692	0	$171,384.00	$0.74
53	CLINIC SERVICES	3,668	13,626	13,626	$2,084,988.91	$9.05
54	COMMUNITY SUPPORTED LA	35	2,363	47,513	$234,057.16	$1.02
55	Kitty Backy	1	105	970	$7,760.00	$0.03
56	CASE MANAGEMENT-ADULT M	243	5,631	31,420	$375,640.40	$1.63
57	DEVELOPMENTAL EVAL & IN	65	663	2,533	$36,528.00	$0.16
58	TSFC-CASE MGT	11	378	1,876	$22,512.00	$0.10
59	TSFC-COMMUNITY MENTAL H	92	2,657	6,588	$179,193.28	$0.78
60	TSFC-THERAPIES	2	10	43	$5,839.40	$0.03
61	ADULT CONGREGATE LIVING	8	188	1,597	$51,596.63	$0.22
62	PHYSICIAN ASSISTANT SER	1,766	3,899	4,012	$176,776.05	$0.77
63	PREPAID-MENTAL HEALTH	7,180	66,898	0	$6,191,411.84	$26.88
64	SCHOOL BASED SERVICES	34	531	951	$5,361.73	$0.02
65	DIALYSIS CENTER	120	16,725	638,865	$1,619,436.21	$7.03
66	NH DIVERSION WAIVER	5	32	0	$48,612.41	$0.21
67	BRAIN & SPINAL CORD INJU	1	122	1,341	$6,257.92	$0.03
68	PROVIDER SERVICE NETWORK	721	6,691	0	$13,382.00	$0.06
70	DRUGS FOR SENIORS	12	81	11,501	$5,499.07	$0.02
71	ASSISTIVE CARE SERVICES	189	2,020	37,705	$349,594.30	$1.52
72	HEALTHY START WAIVER	239	289	289	$66,402.97	$0.29
74	HEALTHY START MEDIPASS	490	2,530	0	$5,060.00	$0.02
76	DISEASE MANAGEMENT FEE	2,647	24,641	0	$4,398,752.56	$19.10
78	CYSTIC FIBROSIS	6	557	4,081	$16,201.99	$0.07
89	PACE	2	9	0	$34,271.60	$0.15
91	ENHANCED BENEFIT	972	8,691	8,691	$61,111.41	$0.27
	TOTAL	21,343	2,497,043	7,848,287	$461,225,539.69	$2,002.70

Total Undup Recipients	21,343
Total Expenditures	461,225,540
Total Eligible Month	230,302
Per Eligible Month Expenditure	$2,003

APPENDIX D

2012 Client Survey Quotations and Personal Stories

"Without the assistance from AICP I can assure you that I probably would not be alive! Thank you!"

"My co-pay assistance and insurance assistance has been such a lifesaver!"

"If they stop my insurance, I would not be able to make it!"

"I am extremely grateful for this program. Without it, I would not be able to afford insurance and my medications. Thank you!"

"I would not have the great health care and services I needed if AICP did not exist!"

"Thank you so much for this program. Without it, I would not be able to retain my medical coverage and stay healthy. You are saving lives every day with this program."

"Without this program I would be DEAD! It makes all the difference in my life. Because of this program, I continue to receive care and services I need!"

"AICP has allowed me to continue with my private health insurance coverage that provides me effective and quality health care. AICP has also allowed me to stay with my current physician, who is a HIV/AIDS specialist, and whom I have been with for years. I am very thankful for this continued coverage!"

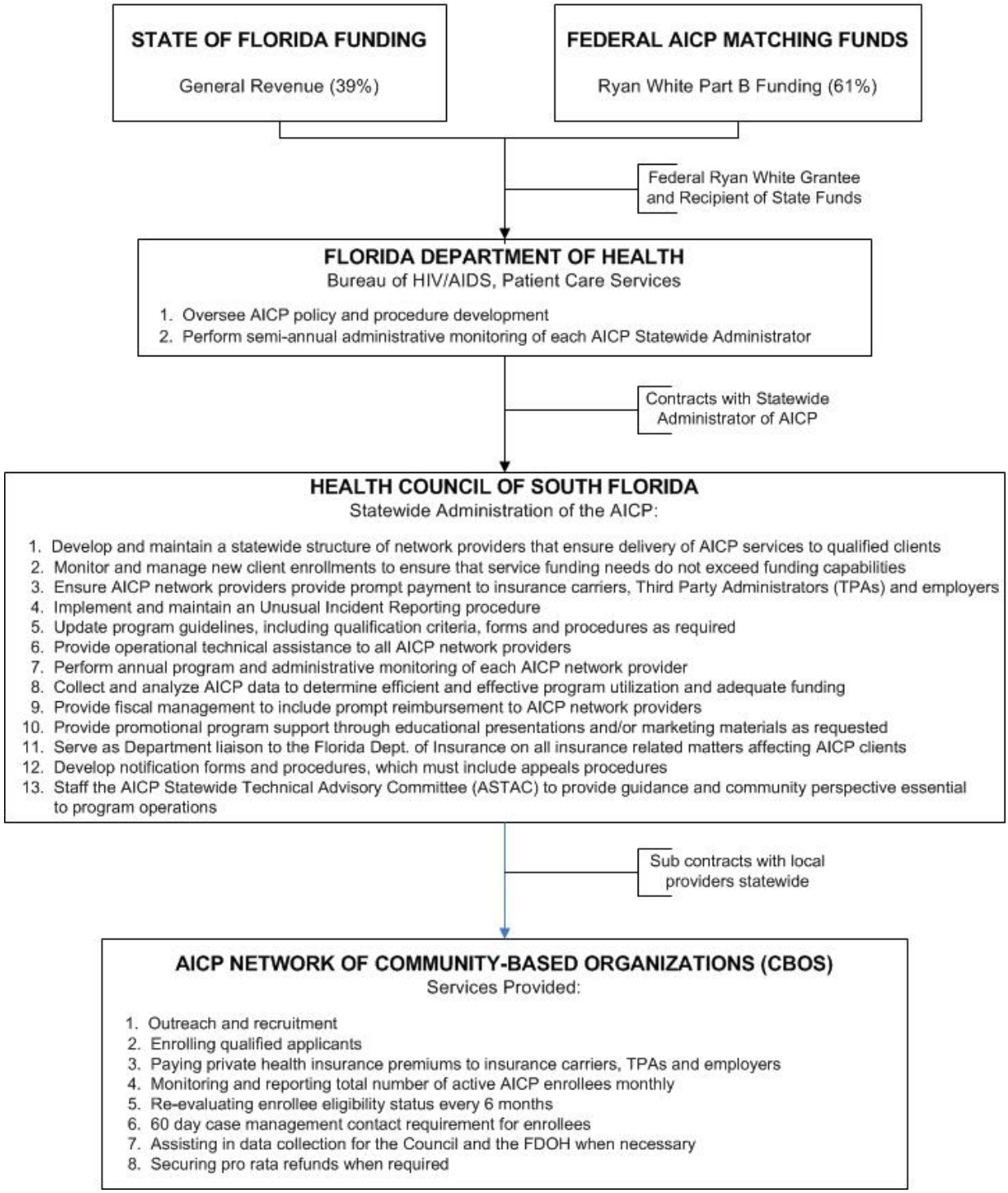
"When I was laid off from my job and unable to find work, I did not know how I was going to be able to afford my health insurance and care for myself. But thanks to AICP I am able to see my doctors and take care of my HIV/health."

2012: A Profile in Service – A Long Term Survivor

"Because I have been able to utilize the full benefit of my insurance coverage, I have been able to receive treatment (and surgery) for conditions indirectly attributable to the HIV/AIDS infection, but are equally difficult to manage. In many ways, AICP has been a powerful tool in allowing me to address concurrent health issues. I feel very strongly about the need to continue and expand the AICP program – mostly because of my personal experience and success with it. It is my personal opinion that AICP is a win/win situation. AICP extends the scope of traditional Ryan White Part A & B programs – effectively increasing healthcare benefits, at a fraction of the cost of the monthly insurance premiums. For some folks like myself, AICP has provided a welcomed safety net when the odds were definitely stacked against me."

APPENDIX E

AIDS Insurance Continuation Program (AICP) Operations Overview



APPENDIX F

AICP – PCIP Utilization Report

January 2012 – December 2012

Month	# of Clients	Premiums Paid	Deductibles Paid	Co-payments Paid	Total Expenditures
January	8	$2,904.00	0	$150.00	$3,054.00
February	20	$5,474.00	0	$568.74	$6,042.74
March	20	$6,342.00	0	$915.00	$7,257.00
April	17	$5,979.00	$306.05	$669.85	$6,954.90
May	19	$6,626.00	$527.00	$360.12	$7,513.12
June	20	$6,626.00	$3,354.83	$3928.03	$13,908.86
July	20	$6,989.00	0	0	$6,989.00
August	20	$6,989.00	$2,730.20	$560.80	$10,280.00
September	20	$6,989.00	$2,817.28	$945.00	$10,751.28
October	22	$7,857.00	$2,770.94	$427.70	$11,055.64
November	20	$6,435.00	$1,987.10	$1,302.96	$9,725.06
December	20	$7,304.00	$1,557.33	$610.81	$9,472.14
Totals	226	$76,514.00	$16,050.73	$10,439.01	$103,003.74

PCIP Outcomes:

Average # Clients = 19

Average Monthly Premium = $335.59

Average Annual Premium = $4,027.08

Average Monthly Deductible = $70.40

Average Annual Deductible = $844.80

Average Monthly Co-pay = $45.79

Average Annual Co-pay = $549.48

Average total Monthly Cost = $451.78

Average total Annual Cost =$5,421.36