

CAREAssist Bridge Program

Program Summary & Instructions

[Link to CAREAssist Bridge Application](#)

Purpose

The CAREAssist Bridge Program (Bridge) provides financial assistance to assist members in accessing HIV medications. Bridge will also assist with payments for limited medical services necessary to allow a primary care provider to prescribe HIV treatments. Assistance provided under this program is intended to assist persons in meeting medications access needs while applying and enrolling in other long-term medication assistance programs.

Eligibility

Persons applying for Bridge must meet eligibility requirements. Applicants will:

- Have documented HIV infection confirmed by medical provider signature on the Bridge application. Out of state medical providers must attach a copy of the applicant's most current laboratory results
- Reside in Oregon
- Have income at or below \$2,600 gross monthly for a family of 1 (300% Federal Poverty Level) See the FPL chart at the following link: <http://egov.oregon.gov/DHS/ph/hiv/services/docs/FPL2008.pdf>
- Apply for long term medication assistance programs such as Medicaid, Medicare, Oregon Medical Insurance pool and CAREAssist
- Have no received Bridge assistance within the past 12 months and have not been excluded from the CAREAssist program due to termination or restriction

Application Submission Requirements

The Bridge application must be submitted by the applicant's medical provider. Incomplete applications will not be accepted. Fax the completed application to 971-673-0177. CAREAssist will process the Bridge application within one (1) business day. CAREAssist program office hours are Monday through Friday 8:00 AM to 5:00 PM.

If the Bridge application is approved CAREAssist staff will fax the pharmacy and medical provider a letter of authorization. This letter will also be copied to the applicant's HIV case manager. If the applicant is denied the medical provider and HIV case manager will be informed.

Bridge Member Benefits

The benefits of Bridge apply to dates of service on or after enrollment date.

- Full cost prescriptions will be paid for up to 90 days. Authorization will be provided in 30-day increments. Over the counter medications are not covered.
- Full cost laboratory and medical visits necessary to facilitate access to HIV related medication therapy for up to 90 days. Authorization will be provided in 30-day increments. See allowable CPT codes listed below.

Allowable Medical Service CPT Codes

The following CPT codes will be covered by the Bridge program:

CPT Code	Procedure/Lab
99201-5	New Patient
99215	Established patient – long
99214	Established patient – long
99213	Established patient – medium

CPT Code	Procedure/Lab
99211	Establish patient; nurse or staff member
36415	Blood draw
86778	Toxo Titre
86708	Hep A

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CPT Code	Procedure/Lab
99212	Established patient – Short
88185	CD8
88184	CD8
88183	CD4
88182	CD4
87901	HIV Genotype
87536	Viral Load

CPT Code	Procedure/Lab
86704	Hep B
86701	HIV Ab
86592	RPR
86360	T cell absolute
85025	CBC
80053	Metabolic panel
87340	Hep B
86803	Hep C

Additional Bridge Policy

- Assistance provided under this program is intended to assist persons in meeting medication access needs while applying and enrolling in other long-term medication assistance programs. Up to 90 days of assistance can be provided, however, CAREAssist will approve services in a 30-day increment to assure long term assistance is being sought by the applicant. CAREAssist does not assume any ongoing responsibility to provide Bridge members with medication or medical care beyond the 90-day benefit.
- Bridge members who do not have health insurance with pharmacy benefits are required to concurrently apply for health insurance at the direction of CAREAssist staff. Bridge members must be available to work with their CAREAssist caseworker to assure progress toward a sustainable means of medication access. Failure to do so may result in cancellation of Bridge enrollment.
- Bridge coverage is available to primary care providers who are assessing a client's ongoing medical needs. Payment for specialty care referrals are not covered, although exceptions may be considered for prior authorization.

Questions

Please contact CAREAssist if you have questions regarding this information or if you need this information in an alternate format.

1-800-805-2313 (outside of Portland)

971-673-0144 (inside Portland area)

www.healthoregon.org/careassist