

AIDS Drug Assistance Program Statewide Conference Call

Minutes
November 18, 2010

Bureau Staff: Lorraine Wells, Stephanie Brown, Makeshia Barnes, Steve Badura, Jimmy Llaque, Alex Bello, Brenda Andrews, Justin Ferrill, Debbie Taylor, Ken Hart, Joe May, Megan Daily, Sreekanth Battu, Bruce Campbell

Roll Call: Alachua, Bay, Brevard, Broward, Charlotte, Collier, Columbia, Duval, Escambia, Franklin, Gadsden, Hamilton, Hendry/Glades, Highlands, Hillsborough, Indian River, Jackson, Lee, Leon, Martin, Monroe, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Taylor, Volusia

OPENING

Lorraine Wells gave opening remarks and stated the purpose of the call is to provide information, discuss changes for clients on Medicare Part D and ADAP counting towards TrOOP, and to get feedback on clients selected for enrollment under the emergency grant fund.

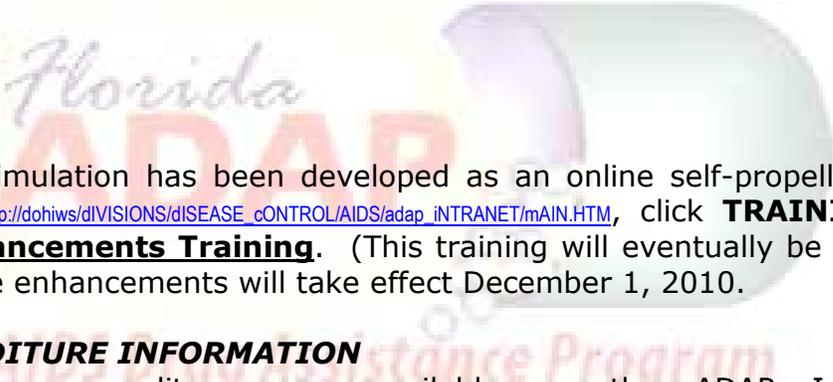
MEDICARE PART D

Information was disseminated to the county health departments regarding the upcoming changes to Medicare Part D clients. As of January 1, all ADAP clients who have Medicare Part D will be deselected in the database to access their Medicare benefits. When they hit the donut hole, they will be reactivated in ADAP at that time. A Pharmacy Benefits Manager (PBM) will be on board starting April 1st who will help Medicare Part D clients with their Medicare Part D access. If clients reach the donut hole and have no other resources to obtain their meds, then they can come back into ADAP until such time we can coordinate them with a PBM. Cases for individuals who are unable to pay their copays will be reviewed case by case to assess the individual's situation. Also, there are some PAPs that can help with Medicare Part D plans. This information is found in the Cost Containment Guidance as an Attachment.

We are still waiting on HRSA's guidance regarding Medicare Part D and ADAP counting towards Troop.

PROGRAMMATIC/DATABASE

The PDA process is being updated. Medications must be selected and printed on the PDA. Drug pickups must be logged within 14 days, or the PDA itself must be cancelled within 14 days prior to dispensing or authorizing medications.



A web-based simulation has been developed as an online self-propelled training tool. Go to http://dohiws/divISIONS/dISEASE_cONTROL/AIDS/adap_INTRANET/mAIN.HTM, click **TRAININGS** then click **PDA Enhancements Training**. (This training will eventually be transferred to Trak-it.) The enhancements will take effect December 1, 2010.

DRUG EXPENDITURE INFORMATION

The September expenditures are available on the ADAP Intranet at http://dohiws/divISIONS/dISEASE_cONTROL/AIDS/adap_INTRANET/mAIN.HTM, click **REPORTS**, scroll down to **ADAP EXPENDITURE REPORTS** and click **September**. October is currently being uploaded. Central Pharmacy is developing a dashboard listing expenditures with real-time account of expenditures.

Conference calls will be conducted with select county health departments who have far exceeded their budgets. Invitations will go out next week. Meanwhile, each county should evaluate their process for ordering and management of their budget.

HRSA EMERGENCY FUND ENROLLMENT

Everyone has done a great job enrolling individuals into the program. To date we attempted 324 individual enrollments. Of those 324, 90 were closed to the program for a variety of reasons (e.g., to Medicaid or Medicare, moved out of state, in jail, insurance, and some non-responsive). Two hundred and thirty-four (234) individuals have been enrolled into the program to date.

When clients come into the program their medications should first be assessed to determine what they already have on hand. If a client has meds on hand a notation can be typed in the database showing the amount on hand to avoid them being closed due to non pickups. We have about another 100 people who are trying to enroll into the program. If unable to make contact with an applicant within the prescribed timeframe the client must be closed to the program. However, they may reapply should they decide to do so.

FPL 300%

The process to reduce the Federal Poverty Level (FPL) for the Ryan White Patient Care Program has been suspended based on comments received from the field and recent meetings. However, the reduction will be forthcoming and the revised guidance will be disseminated.

Names of affected clients will be sent to CHD ADAP staff. Notices will be placed in clients' bags to give them 30-day+ notice of the upcoming changes. Case managers and ADAP staff should work with clients in the interim to obtain medical assistance through other medical services.

POLICY ENFORCEMENT

Timeliness of enrollment and medication pickups should be strongly stressed to clients. Policies will be enforced on pickups and re-certifications.



CENTRAL PHARMACY

Central Pharmacy asked that managers provide ample time to get prescriptions transferred for those coming off of the waiting list. Transfer only medications that are needed immediately. If they have two or three months of medications already hold these until needed.

WELVISTA UPDATE

Welvista has been assisting clients who were placed on the waiting list since June. Abbot and Merck have begun providing Norvir and Kaletra, Isentress and Crixivan. Tibotec joined Welvista in October bring Presista and Intelence. Beginning December 1, Gilead will join Welvista providing Atripla, Tronada, Viread, Emtreva.

Visit http://dohiws/dIVISIONS/dISEASE_cONTROL/AIDS/adap_INTRANET/mAIN.HTM, for a listing of drugs and application information. The process takes one to three days and medications are sent directly to the patients. The \$20 application fee charged by Welvista is waived where applicants are on the ADAP waiting list. In January, ViiV will be joining Welvista as well.

Meeting adjourned at 11:30 a.m.