

Florida
FLORIDA AIDS DRUG ASSISTANCE PROGRAM
Statewide Conference Call
July 12, 2011
3:00 PM -4:30 PM
AIDS Drug Assistance Program

INVITEES: Included in the invitees were ADAP County Health Department Contacts, Community Case Managers, representatives from statewide Lead Agencies, HIV/AIDS Program Managers, among other stakeholders. Roll was not called.

HEADQUARTERS ATTENDEES: Roxanne Sieks, Jimmy Llaque, Ivan Cook, Debbie Taylor, Megan Daily, Sheila Price, Lorraine Wells, Justin Ferrill, Makeshia Barnes, Steve Badura and Ken Hart

INTRODUCTION:

Purpose: Lorraine Wells explained the purpose of the conference call was to provide an arena for open dialogue regarding ADAP Premium Plus and the Pharmacy Benefits Manager (PBM) and to discuss CVS and the PBM contract. This is an opportunity to hear from the field and answer questions.

Lorraine provided a brief background of True Out-of-Pocket (TrOOP) and the PBM. Starting January 1, ADAP dollars counted towards TrOOP. An RFP was submitted to get a PBM on board to facilitate TrOOP. Though a PBM was not in place yet, alternative strategies were implemented to help bridge the gap.

Once on board, the PBM network will facilitate ADAP TrOOP services. CVS Caremark, was awarded the bid. Our goal is to ensure Medicare Part D clients can access their plan once they are through the donut hole. Clients will pick up medications or use mail order services directly from CVS Caremark Pharmacies year-round. ADAP will cover the co-pays and possibly deductibles.

ADAP PREMIUM PLUS:

Lorraine explained that ADAP Premium Plus is a component of ADAP that manages clients with insurance, or co-pays which includes AICP, Medicare, and Medicaid clients with Share of Cost.

CVS CAREMARK-PBM CONTRACT UPDATE:

With the anticipated contract with CVS Caremark as the provider we will have the capacity to bill various providers and coordinate benefits with private insurance, Medicare Part D plans, etc. Having the PBM in place will ensure ADAP is always the payor of last resort. A contract has been developed and is routing through final DOH review for execution.

MEDICARE PART D MATCH:

With the data sharing agreement in place with the Centers for Medicare and Medicaid Services (CMS), ADAP will get monthly updates that include Medicare Part D enrollment information. ADAP will continue to match client information with the CMS database monthly.

A recent match with the CMS database identified clients who were unaware they had Medicare Part D coverage. These client records are labeled as ADAP Premium Plus in the database. Prescriptions for this group of clients should be transferred to Central Pharmacy.

Additionally, 126 records were identified as having income levels below 135% without proper documentation for a Medicare waiver. Following verification with FMMIS, over 100 of these records have been closed because they were identified as recipients of additional Medicare/Medicaid financial assistance either through Qualified Medicare Beneficiary (QMB), Special Low Income Beneficiaries (SLMB) or Low Income Subsidy (LIS)/Extra Help. Coordination with CHDs and CM is in progress to notify and work with these clients.

Lorraine continued explaining more about AWAPP. AWAPP is a wrap-around pilot project administered by the Health Council of South Florida that helps clients whose income levels are between 135-150% FPL. These clients may be eligible for partial LIS. If a client has Medicare Part D and falls between 135-150% FPL, they should be asked to apply for AWAPP services. Clients whose income levels are above 135% and don't qualify for other programs, can be referred to ADAP.

Clients requesting to get a Medicare waiver must provide supporting documentation of a denial from other financial assistance programs indicating the reason for denial. If the applicant is denied because he/she refuses to cooperate with Medicaid, or other public assistance programs, that does not make him/her eligible for ADAP services.

ADAP TROOP CONTRIBUTIONS:

Jimmy also discussed the CMS TrOOP submission. Starting January 1, 2011, ADAP dollars can count toward Medicare Part D True-Out-of-Pocket (TrOOP) costs. Despite not being able to secure the PBM by January 1, 2011, a secured data-sharing connection with CMS to report ADAP client enrollment information as well as the contributions made towards a client's Medicare Part D TrOOP costs was established. ADAP TrOOP submission in the form of batch files will continue to be a monthly activity until the PBM provider is secured in August of this year.

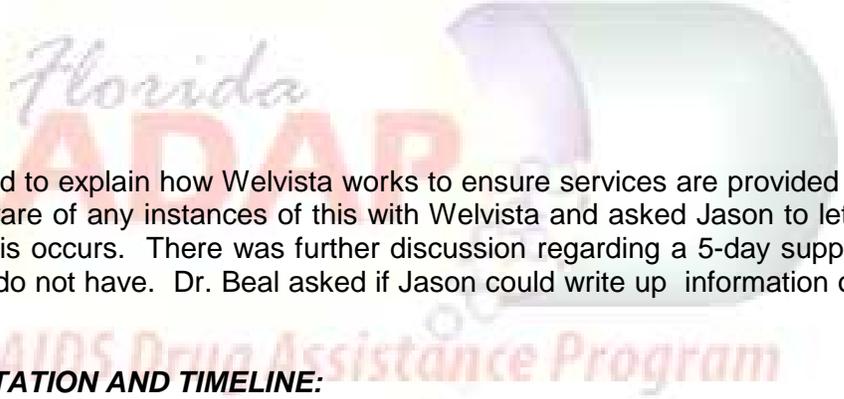
[Comment from Donna: Data from Relay Health has not been received, and nothing from the Florida ADAP yet. Lorraine will make calls to try to get information as to why there has been trouble getting information from CMS. Lorraine requested she send her an email about this and she will follow up after her meeting in Washington, D.C. next week. Lorraine asked her to let us know if she receives the information anytime soon so we will be aware.]

Jimmy continued with an explanation of the batch process.

Dr. Beal requested feedback stating patients are having to go off medications because of system issues.

[Comment from Jason/Broward County: Jason responded regarding Dr. Beal's statement that some are experiencing disruptions and have experienced patients having to wait for several weeks to receive medications from Welvista. Traditionally, they should have drugs within 48 hours. He suggested to call ADAP if you have clients experiencing this problem. He prefers using PPAs because they have medications readily available more often.]

Lorraine emphasized the importance of making sure clients are eligible for the waiting list and that proper documentation is in the file.



Lorraine proceeded to explain how Welvista works to ensure services are provided timely. She said she is not aware of any instances of this with Welvista and asked Jason to let us know of situations when this occurs. There was further discussion regarding a 5-day supply from AHF which rural areas do not have. Dr. Beal asked if Jason could write up information on 5-day fills process.

PBM IMPLEMENTATION AND TIMELINE:

Once the contract with the PBM is signed – there will be a 30-45 day implementation plan. We need local collaboration with goals to assist patients.

- ▶ Prescriptions for Medicare Part D clients will be transferred.
- ▶ Clients will be given ID cards. CVS will ensure they have proper Medicare Part D information and will bill ADAP for balance.
- ▶ ADAP is constructing a Medicare Part D module in the database. [Rita/Broward County wanted to know if clients could use other pharmacies] Pharmacies used MUST be part of the CVS network
- ▶ AICP clients do not have to switch to CVS at this time
- ▶ Anyone who needs a list of Medicare Part D clients, it is available through the database as a report.

If anyone is interested is interested in participating in a feedback group please email Jimmy at Jimmy_Llaque@doh.state.fl.us