

FLORIDA AIDS DRUG ASSISTANCE PROGRAM
February 12, 2013 Statewide Conference Call Minutes
10:00 AM – 12:05 PM

Counties Represented: Alachua, Bay, Brevard, Broward, Charlotte, Citrus, Collier, Columbia, Duval, Escambia, Flagler, Hendry/Glades, Hillsborough, Indian River, Jackson, Lafayette, Lee, Leon, Levy, Manatee, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Orange, Palm Beach, Pasco, Pinellas, Putnam, Santa Rosa, Sarasota, St. Lucie, Sumter, Suwannee, Volusia, Wakulla, Washington

Headquarters Participants: Lorraine Wells, Cleo Bergeron, Steven Badura, Jimmy Llaque, Paul Mekeel, Ashok Rajendran, Eunice Sawaya, Sheila Price.

PROGRAM UPDATE

■ Staff changes and adjustments

- Makeshia has accepted a position with the Emergency Management program, Paul Mekeel is now the consultant for her counties.
- Stephanie will be out for a few weeks on medical leave and Eunice Sawaya will fill in for her while she is out.
- The consultant map has been updated to reflect staff changes.
- The recent office move and phones / fax machine presented some challenges, which have been resolved.

QUALITY ASSURANCE

■ Password Reset

ADAP headquarters is currently working on a project to implement a new feature for ADAP staff to reset their password by entering a valid User Name and DOH Email. A link with "Temporary Password" will be sent.

How it will work:

A new button on the ADAP Login page called "Forgot Password" will be added. When staff clicks the button, it will prompt staff to enter a valid DOH User name and Email Address on the pop-up window. That window will verify, validate, and confirm that the staff is the right user and an email will be sent with "Temporary Password" and a link to "Reset" the password.

Timeline:

The IT team has completed the coding and the application will move to testing phase this week and expect implementation around the first week of March 2013.

■ Quality Technical Assistance Module (QTA):

ADAP will be introducing a Quality Technical Assistance Module.

The purpose of this module is to ensure ADAP HQ staff provide the most timely customer service possible. One of the program goals has been: "to provide high quality service and promote access to HIV treatment and care".

The county self assessments that were sent out and returned helped us to assess and evaluate the local programs, as well as allowing staff to evaluate ADAP. That information is being used to improve services and identify areas that may need T.A., as well as identify unique issues or processes that may need tweaking.

A new item will be added under the 'ADMIN' tab called "QTA". When the tab is selected, a new window will appear to populate technical assistance needs. It will also include a table allowing users to see the ADAP Staff's status, for example: HQ Staff is "Out for lunch", "on vacation", or "in a

meeting", etc. Once a request is submitted, a HQ Staff member will address the issue and get it resolved.

Timeline:

The QTA is in the design phase now, and the expected implementation date is in March 2013. ADAP is inviting those who would like to participate in the test phase of this application to please contact Ashokkumer Rajendran if you are interested at Ashokkumer_Rajendran@doh.state.fl.us

■ Annual Report

A draft of the FY11/12 Annual Report outline was sent out with the agenda for the counties to review. Counties who may have best practices to share are invited: this may benefit other counties. We may also want to include client personal stories. Any comments / stories may be sent by February 28th to Eunice Sawaya at Eunice_Sawaya@doh.state.fl.us.

ADAP PREMIUM PLUS INSURANCE PROGRAM

■ AICP Transition

On January 2nd ADAP began the transition of AICP clients. The Health Council of South Florida identified 601 who were receiving special services and were therefore eligible for the transition. As of February 11th there were 110 clients transitioned. Please review your 'list' (please see the temporary CVS cards that were sent to your county) and determine if you need to call clients or gain assistance from the CBO's. Robert Sandrock at Health Council of South Florida is also available to assist.

■ Technical Assistance Crosswalk

As a result of the transition a number of issues surrounding Med D and AICP were identified. A 'crosswalk' was sent on February 8th to help troubleshoot and identify those issues. The transition has, in some cases, revealed information that was either not disclosed or obtained from the clients which can cause a delay in the transition.

As a reminder: any client transitioning is able to obtain his/her medications from their current provider if they are not able to transition immediately. **Clients should not be put into a situation where they cannot get their meds.**

AICP & PART D challenges:

- Insurance plans that do not have CVS as part of their network for drug pick up: ADAP will forward insurance information on a case by case basis to CVS for a waiver. If no waiver is available, then ADAP will continue to serve these clients through the Bureau of Public Health Pharmacy.
- Any clients with special situations: Staff should contact HCSF for assistance and evaluation to see if they will continue in the program.
- Clients with other resources: Will need to be evaluated to see if they are to continue in the program.
- Specialty drugs: Fuzeon may be a tiered drug. Problems getting some drugs may have to do with the client's insurance. When problems are encountered, ADAP HQ may need to contact CVS corporate to investigate. CVS will adhere to standards we have set in the contract.
- Part D and CVS card problems and processing claims:
Some pharmacists at the local CVS pharmacies are not familiar with processing the claim for secondary insurances. CVS has been putting out notices for TA to the pharmacies. Information is given to all AICP clients when they receive their temporary cards which gives instructions on processing the claim.

- AICP clients who do not want to transfer into ADAP: This is not an option. Clients need to participate, this is not an entitlement program and there is limited funding to serve clients. We are able to rebate to get funds returned to the program. Any client who does not transfer into ADAP may lose payment assistance thru HCSF.
- Deadline to enroll: The AICP transition runs thru March 31st. We need to get all enrolled ASAP.
- AICP is funded by the HIV/AIDS ADAP thru HCSF, which provides the wrap-around for coverage. ADAP provides the assistance with co-pays & deductibles.
- Part D & co-pays: No client should pay a co-pay for drugs on the ADAP formulary. If they are told a co-pay is due, it indicates that the pharmacy is not processing the claim correctly or that the client is not providing both cards.
- The 800 number on back of card: When some pharmacies call the 800 number they are told that CVS is not familiar with ADAP or the process involved. CVS is responsive in correcting the issue. CVS sends out notices regarding our program. This is the same information that is included in the welcome packet. It displays all the procedures for the pharmacist to process claims correctly. Similar to our programs, they experience turn-over.
- New AICP clients: New clients to the AICP program are not eligible to enroll in ADAP at this time, only those identified in the original list from HCSF.
- Medicare clients eligible to enroll in Part D: Applicants eligible for Medicare must enroll into a Part D plan before they are able to access ADAP services. ADAP does not cover premiums for Medicare Part D clients. Clients who have a penalty due to late enrollment are responsible for the payment.

MEDICARE PART D CLIENTS MANUAL ENROLLMENT

Clients who are enrolled in a Medicare Part D Plan and whose records have not been verified (matched) with CMS, but are placed in ADAP for an "Administrative Review", have been manually enrolled into the ADAP Premium Plus Insurance Program and are able to access CVS/Caremark.

This change will eliminate the need to have eligible Medicare Part D clients wait 30 days until a CMS match is conducted. It will also ensure that clients have access to co-pay and deductible assistance by ADAP through their local CVS pharmacy. Please be reminded, and inform clients ONLY IF NEEDED, that any co-pays or deductibles paid by ADAP during the time that they are enrolled manually in the ADAP Premium Plus Program will NOT count towards their TrOOP expenses. ADAP contributions will count toward their TrOOP once their records have been verified (matched) with CMS which is done on a monthly basis.

Removal of the waiting list infrastructure

There is no longer a Waiting List with the understanding that, if necessary, due to changes in funding or other unforeseen circumstances, the program would re-institute the waiting list.

The waiting list was eliminated in late September 2012. The waiting list infrastructure is still in place in the database and will be used to facilitate the 'administrative review' process.

ADAP is currently enrolling applicants within 2-3 days. ADAP is at the point where the current waiting list infrastructure will be removed sometime next month. The enrollment process that was in place

prior to the institution of the waiting list will be re-implemented. The infrastructure created challenges for certain counties for various reasons. ADAP wants to ensure that clients can easily access services, thus promoting compliance and adherence. The ADAP program will continue to manage and review enrollment and funding.

PCIP Update

ADAP has been working for several months on implementing the PCIP (Pre-Existing Condition Insurance Plan) Program for identified ADAP clients. One hurdle has been the requirement for clients to use the federal mail-order program for all medications rather than having the option to use a retail pharmacy.

The HIV/AIDS & Hepatitis Program has received a determination from the Federal PCIP that it will be discontinuing the mail order maintenance medication requirement and will revert back to the 2012 Federal PCIP prescription benefit which allows coverage for medications at retail pharmacies.

This determination will allow ADAP to move forward with the implementation of the ADAP PCIP. Initially, in coordination with the Health Council of South Florida, we will now begin transitioning identified clients beginning with Hillsborough County.

More PCIP Program information will be sent out soon and training will be provided for ADAP staff.

CENTRAL PHARMACY

Prescriptions Procedures

- Original scripts must be sent to Central Pharmacy (CP) before any medications are filled.
- Under emergency situations ONLY, a provider or nurse may fax a script and must call CP pharmacist for the fill.
- A 30 day script only will be accepted, this gives time to get another script - no refills are accepted verbally.
- Dr. Beal may be available to help in some emergencies. Staff are to let the client know that Dr. Beal's name will be on the bottle if he calls it in.

EDUCATION / TRAINING

- **Maraviroc (Selzentry) Form:** When requesting Selzentry for a client, use the most current form located on the ADAP intranet site: under Forms, attachment M.

ADAP TRAININGS

- The ADAP training format will be changed in 2013 and will offer some face-to-face training in Tallahassee. For information on scheduled trainings in 2013, please visit the ADAP intranet site or contact Sheila Price at sheila_price@doh.state.fl.us.

CONFERENCE CALL

- Next scheduled conference call is for March 21, 2013.