

*Florida*  
**FLORIDA AIDS DRUG ASSISTANCE PROGRAM**  
**Statewide Conference Call**  
**April 10, 2012**  
**Scheduled 10:00 a.m. – 12:00 noon**

**Counties Represented:** Alachua, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Columbia, Desoto, Escambia, Flagler, Hendry/Glades, Hernando, Hillsborough, Indian River, Jackson, Lake, Lee, Manatee, Marion, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Palm Beach, Pasco, Pinellas, Putnam, St. Lucie, Union, Volusia.

**Headquarters Participants:** Jimmy Llaque, Steven Badura, Sheila Price, Stephanie Brown, Makeshia Barnes, Lorraine Wells, Joe May, Suzanne Stevens, Craig Reynolds, Debbie Taylor, Pam Fillmore, Kate Goodin, Debbie Norberto, Sherry Riley.

**NGA**

- The bureau received its NGA on April 2, 2012 for a total of \$127.8M.
  - ADAP received \$87.4M which is an increase of \$1.2M from last FY.
  - \$6.9 supplemental is an increase of \$290,000.00
  - Supplemental dollars the program will need to apply for:
    - Emergency Relief Fund
    - A percentage of an additional \$40M award

**PCIP**

- Pre-Existing Condition Insurance Plan
  - Additional information will be shared at the next conference call.

**SIX MONTH RECERTIFICATION**

- HRSA mandates that all clients currently enrolled in ADAP or applicants on the waiting list to recertify every six (6) months to maintain their status in the program.
  - *Florida ADAP is enforcing this requirement with the following changes:*
    - All clients in the program or applicants on the waiting list must recertify BEFORE their 6-month enrollment period ends.
    - This change will take effect April 30, 2012.
    - Any person (existing client or waiting list applicant) who does not complete recertification with-in the 6-month period will be closed.
    - The ADAP database allows for early recertification.
    - If a person is closed to the program, he/she may reapply but will be placed on the waiting list for services.
- Lorraine asked for feedback from the counties to see how the information has been relayed to clients and the response from clients.
  - Clients have been receiving notices in their medications bag when they pick up.
  - Case managers have been informing clients
  - Client response has been positive
  - Clients are being reminded during any appointments they come in for
  - Re-registration appointments are being made during face-to-face with clients
  - Calls are being made to clients
- Lorraine asked for feedback on how the Medicare Part D clients are being contacted.
  - Clients are being called.
  - Case managers are making contact by phone.
  - Some staff are going to client's homes when needed.

- As an adherence measure, CVS contacts clients to remind them to order and pick-up their medications.

### **APPLICANTS WITH INCOMES BETWEEN 135 – 150% FPL**

- Jimmy Llaque reminded everyone that those with incomes between 135-150% FPL may be eligible for assistance to pay for medications.
- AWAPP has been discontinued and applicants who would have qualified are placed on the waiting list and should access PAPs for their medicines. Welvista is the primary vehicle for obtaining medications.
- The program is able to track the number of clients receiving PAP assistance through Welvista reports.
- Suzanne Stevens reminded CHDs of the use of the 'Medicaid Pre-screening' tool to determine if a person is eligible for assistance. The tool can be used by case managers or ADAP staff. CMS website also has the tool available.

### **PAP NOTIFICATION**

- When any client is enrolled into the program, the PAP they were accessing MUST be notified that the person has been enrolled and now accessing services.
- With more applicants being enrolled into ADAP, some pharmaceutical companies have not seen a reduction in the number of persons accessing their services for medications. The question is why hasn't there been a reduction?
- Feedback included:
  - There may be other medical agencies that access PAPs for applicants who do not notify.
  - Clients are applying directly themselves
  - Not all applying may be on a waiting list
  - Suggestion: the pharmacy companies need to ask applicants about a waiting list letter and do better follow-up with inquiries to their services.
- Welvista is the primary vehicle for obtaining medications. The ADAP headquarters sends Welvista a list of all applicants enrolled into the program. The program is able to track the number of those receiving PAP assistance thru reports from Welvista.

### **LABS**

- Pam Fillmore reported on e-labs. Over a thousand labs are processed daily.
- A new vendor has been employed to make the ELR system work better for surveillance and ADAP. One solution is to attach a state number to clients for tracking and efficiency. Any data entries from hard copies are then transferred as electronic versions to pass along to the counties.
- Lab survey: A lab survey was previously sent out to gain feedback on enrollments vs labs. Questions asked on conference call: What happens if a person is not able to get labs and needs to recertify or enroll? Are persons turned away? What are some of the problems being encountered?
  - Some clients go to private doctors, so receiving labs are a challenge
  - Some providers order only the viral load and not CD4
  - Some providers are given notice of requirement of ADAP
  - Some labs are hard to get
  - Some results are faxed to CHD
  - Medications are provided to clients to carry them over till labs and recertification is final
  - For rural counties, labs and ADAP office are in the same building
- Question was asked if a change could be made for just one lab per year, instead of the 2 times now required.
  - Need 2X a year to track a client's progress
  - Some counties are able to do 4X a year
  - One county reported that it is done once every 8 months
- Dr. Beal requested that anyone needing help in getting labs, to call the medical team or ADAP headquarters. Work with your local planning body to let them know of any challenges. If a person is

in the program and waiting for labs, they may be placed in admin-suspend to give the additional time needed to complete recertification.

### **CENTRAL PHARMACY**

- Reminder of the timely returns of meds not picked up by clients. Timeframe may be found in the ADAP manual, section 5, page 2. Carol mentioned that up to 30 days is okay if needed before returning meds.
- 21 day refill window: Some counties have been asking if the 21 day refill restriction could be changed to 15 days due to shipping delays.
  - It is not possible at this time, as it would require rewriting the program for CP system
  - CHDs may call Central Pharmacy for individual issues
  - If there is a problem with not being able to order all meds for a client at one time due to how the prescription was written, have the physician rewrite any prescriptions

### **UPCOMING CONFERENCE CALL**

- The next ADAP conference call will be on May 29th. Staff was encouraged to submit topics of interest to include on the next call.

### **CLOSING REMARK**

- To keep us updated with the contact list, counties are to send any changes in staff.
- Reminder to send any topics you would like covered on the next call.

**The meeting adjourned at 11:45 a.m.**