

FLORIDA AIDS DRUG ASSISTANCE PROGRAM
September 5, 2013 Statewide Conference Call Minutes
3:00 PM – 4:00 PM

Counties Represented: Alachua, Bay, Bradford, Brevard, Broward, Citrus, Clay, Collier, Desoto, Duval, Escambia, Flagler, Hamilton, Hendry/Glades, Hernando, Hillsborough, Holmes, Indian River, Lafayette, Lake, Lee, Leon, Marion, Martin, Miami-Dade, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, Sumter, Union, Volusia, Wakulla

Headquarters Participants: Lorraine Wells, Steven Badura, Jimmy Llaque, Paul Mekeel, Ashok Rajendran, Eunice Sawaya

The Affordable Care Act & the MarketPlace

- The Department of Health has held meetings with other state agencies to determine the impact of ACA implementation on Florida programs. The Department is developing a coordinated response across government agencies and programs regarding ACA. Once we have that information and/or directive we will proceed accordingly; in addition, our section officials and leadership will inform the community as well based on the directives we receive.

Budget Update

- This year's Part B Federal Funding is \$121.9M of which the earmark amount for ADAP is \$83.9 million; compared to last year which was \$87.4M. ADAP received a funding cut of 4.1% (less than expected but still a cut)
- ADAP Supplemental dollars received this year is \$6.8M, last year it was \$6.9M.
- Additionally, ADAP received \$13M in GR dollars, this includes the additional \$2.5M that was awarded last year by the legislature and other Patient Care dollars.
- ADAP has applied for Part B Supplemental and in June of this year, applied for Emergency Relief Funds (ERF) as done in previous years. Last year ADAP applied for and received \$13M in ERF funding. This year ADAP applied again and it is anticipated that the program will receive the same amount. The ERF award should be received sometime towards the middle to end of September.

Client Demographic Update

- The number of clients enrolling in ADAP has increased over the years, however, the gender demographics remains steady at 73-74% male, 26% female. 2010/2011 (15,589), 2011/2012 (15,722), 2012/2013 (19,266) These are enrolled numbers—not served. ADAP is currently serving over 11,000 clients per month.
- At the end of the RW White FY 2012/2013 our data shows that there were 19,266 clients enrolled in ADAP. Of that 16,415 clients were served (meaning received medication either throughout the year or at least once for the period).

Insurance

- ADAP continues to see an increase in clients and utilization. Since RW 2010 we have moved from a monthly medication cost to the program of \$7.5 million per month to an average of \$10.5 million per month currently.
- During the 1st qtr. of the Ryan White Grant Year 11/12, ADAP served an average of 7,000 clients each month. In comparison, the 1st qtr. of 2011/2012 ADAP served an average of 9,700 clients each month—an increase of 27%. Moving into the 1st qtr. of this year, ADAP is now serving, on average, over 11,500 clients—this is an increase from last year of 15%.
- Last year ADAP enrolled 4,067 new clients into the program of which 43% (or little over 1700) had CD4's greater than 500; between April –June of this year ADAP has enrolled 1,095 new clients of which 37% have a CD4 equal to or greater than 500.

- As you may already be aware, Florida has an aggressive testing program—we can credit that to the prevention section. New positives contribute to the growing demand. Linkage and retention initiatives are also at work; as well as the NIH that recommends early treatment for patients. All of these are contributing factors to the growing demand for ADAP services. Although clients' records are closed to the program throughout the year for various reasons; we still have more new client enrollments than we do closures.
- Therefore, we must do our best to streamline and ensure that ADAP is the payer of last resort. Always keeping in mind, ADAP like other Ryan White programs has limited funding. By statute, Grantees such as the Part B program are expected to “vigorously pursue eligibility for other funding sources,” to ensure ADAP is the payer of last resort and to extend finite resources.

■ **New Adherence Tool for clients**

- A new adherence tool called **Care4today** is currently under evaluation by our medical director Dr. Beal and the ADAP program office.
- Research shows that taking medication on time is not always easy for our clients; so we're looking at **Care4Today** as a tool to assist clients with adherence. It's a free phone app and is client driven. It has a secure 2-way messaging platform that can transmit reminders plus perform additional functions such as:
 - Set-up medication reminders
 - Set up prescription refill reminders
 - Track how often one takes their medication
 - Share information about utilization with the doctor
 - It also contains another component that provides client support with adherence: **Care4Family**
- We will be having discussions with the ADAP Advisory Group for their thoughts and feedback along with how best to implement this; as well as with our HAPCs who are the HIV/AIDS Patient Care Coordinators for the state. You will hear more about this in the near future.

■ **ADAP PREMIUM PLUS INSURANCE**

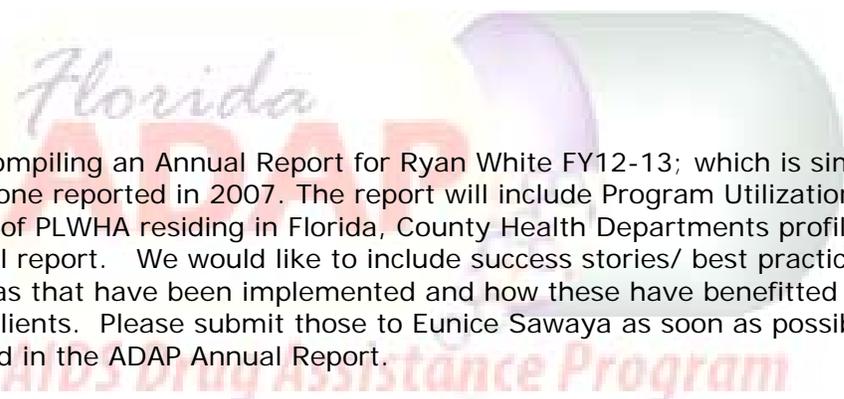
- **AICP Transition Phase Two:** Florida ADAP is transitioning AICP clients into ADAP to streamline co-pay services and expanded access to pharmaceutical services. The Health Council of South Florida (HCSF) will continue to assist the program in managing the client's medical benefits, with clients submitting their premiums to the local CBO.
- HCSF sent out a letter on August 26 to all AICP clients, asking that they contact their local CHD to set up an appointment to enroll into ADAP.
- Once enrolled, ADAP staff should send an encrypted email to ADAP HQ requesting a temporary card. Please take time to go over the Welcome Packet with the client.
- If a client does not need co-pay assistance, they will still need to enroll into ADAP and will be identified in the database so the system will not close them out.
- Please set up appointments for AICP clients to come in. All AICP clients must be enrolled in ADAP by November 7, 2013.
- **Review of the Premium Plus Insurance Module Training:** Recapping the ADAP database Insurance Module training held on August 22nd
 - CVS temporary cards need to be requested from ADAP headquarters thru an encrypted email. The auto card feature is being implemented and will be available thru the database by the first week of October.

○ **Request for Exception Form**

- The main purpose of the Exception Form is to monitor client's regimen adherence as well as track the reasons why clients are closed to the ADAP program. Our goal is not to have clients close, however if they do close, this form helps with linkage and retention efforts.
- Each week ADAP staff is provided with an email notification containing the 30-day closure report. Please review the report to identify those who will close with-in 30 days. If needed, contact the client to determine why there has not been a pick-up or reenrollment. You may contact ADAP headquarters for any resolution. If any insurance clients who did not pick up for the last 90 days from their last pick up or pick-ups not logged timely, the client record will be closed on the 91st day and you will be required to fill out the Request for Exception form to reopen the file.
- There are some scenarios where a client does not have to pay their copays & deductibles and therefore ADAP is not identified as the payer. When this occurs, ADAP is not receiving the pick-up information and it is not captured in the database. The ADAP IT team is working on a process (creating a table) to capture all missing pickups of a client to prevent them from being closed.
- The Exception form will pop-up when you search a client whose record was closed because of No Drug pick-up. Please be sure to use the form on-line and fill it out electronically so that the information will be stored in the database. There have been a couple instances where counties have printed the exception form and are filling it out manually and sending it to ADAP HQ for approval. This prevents the form from being sent to the IT team through the database and makes the process to open a client more cumbersome. Please fill out the form completely on-line, select 'Save Data', the form will be sent electronically to ADAP IT. When the form pops up again (it will be blank), go to the bottom of the form, enter the SSN of the client, click on 'Search By SSN or Member ID' the form will repopulate. Print it out for your records, obtain signatures where appropriate, then you may send it to ADAP HQ via email (encrypted) or fax, which alerts the IT team that the form has been completed and is ready for final approval. Please allow up to 5 business days for approval.

○ **Database Enhancement: Logging missing or early drug pick-ups:**

- A new feature is being implemented in the ADAP database to capture missing pick-ups. This feature has been scheduled to be implemented by the first week of October. There are a couple of scenarios where pick-ups from a CVS may not be recorded in the ADAP database and will be able to be manually entered:
 - Pick-ups are recorded ONLY when a claim is processed and ADAP pays for the co-pay.
 - Medicare Part D: Some Medicare Part D clients may have insurance that will pay the co-pays. This is most likely to occur when a person comes out of the 'donut-hole' and is in the catastrophic phase. If you have a client listed on the 30-day closure report who has been picking up, please have them request a print out from the CVS pharmacy which the pharmacy can fax to you. The copy of the print out of the pick-up from CVS will serve as backup documentation.
 - The client may have paid the co-pay themselves.
- This feature will be available to record early pick-ups for immigration workers.
- Currently, if you have verification of pick-ups not recorded, please send to ADAP headquarters to have logged for your clients.



Annual Report

- The ADAP is compiling an Annual Report for Ryan White FY12-13; which is similar in format as the one reported in 2007. The report will include Program Utilization, demographics of PLWHA residing in Florida, County Health Departments profile & Pharmaceutical report. We would like to include success stories/ best practice of innovative ideas that have been implemented and how these have benefitted the program and clients. Please submit those to Eunice Sawaya as soon as possible so they can be included in the ADAP Annual Report.

Medical Team

- A new ARV, an Integrase Inhibitor – Tivicay (dolutegravir) was approved on August 12th by the FDA. It is the 2nd approved integrase inhibitor. Isentress (Raltegravir) was the 1st approved.
- Tivicay is a once daily medication, a 50 mg dose as compared to raltegravir which is 400mg twice a day. This new ARV is to treat both treatment naïve adults and treatment experienced adults, including those who have been treated previously with isentress (Raltegravir).
- Clinical trials have shown that regimens containing dolutegravir are effective in reducing viral loads. Tivicay is well tolerated, very effective, no boosting is needed. Common side effects include insomnia and headache. Also possible are hypersensitivity reactions and abnormal liver function in those co-infected with Hepatitis B and /or C.
- Tivicay will be discussed with the ADAP Advisory Workgroup on their 9/9/13 meeting. The timeline for its addition is yet to be determined. As ADAP has done previously, if and when the drug is available through ADAP, a notice will be sent to the community and community providers.

WebEx Trainings for ADAP staff

- September 26, 2013 November 14, 2013 December 12, 2013